

025 W22-25

Rev 3/08	DATE THE WELL WAS COMPLETED MM DD YY 07 28 22	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
ST/CO USE ONLY DATE RECEIVED MM DD YY	PERMIT NO. DW-14-23-029		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

LOCATION OF WELL
Well Owner: Last Name Carbaugh First Name Doug + Joy
Street/Road County Hampshire Zip Code 26434

Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other	AREA NAME/LOCATION: <u>Crittton Dwl Hollow Rd</u> <u>Whispering Pines Rd</u> <u>1 mile left on Right</u> <u>Whispering Pines Sub.</u> <u>Lot 76 + 17</u>	TYPE OF WELL: <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other
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WELL LOG	DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	GROUTING RECORD Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>6</u> Installation Method: <u>Pressure</u> <u>Casiner 11" concrete</u>
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Depth		State the kind of formation penetrated, their color, coves, and if water bearing with estimate flow (GPM).
From (ft.)	To (ft.)	
0	18	Yellow Sandstone
18	39	Red shale Set Casing
39	55	Red shale Water 1 gpm
55	130	Red shale Water 4 gpm
130	320	Red shale Stopped Drilling Measured water Yield Water 5 gpm

If additional space is needed, use additional sheets and attach to permit at top.

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name Miller Well Drilling & Pumping WV Contractor No. WV 061400
Business Registration No. 2412-1261 Master Well Driller Certification No. 432
Master Well Driller (print) Randal S Miller
Master Well Driller Signature [Signature]

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)

Journeyman Well Driller Certification No. _____
Journeyman Well Driller (please print) _____
Apprentice and Name (s) _____

PUMP INSTALLED
By Driller Yes No

ESTIMATED WELL YIELD
Estimated at 5 G.P.M.
Static Water Level 50 (ft)
*Pumping level below land surface
310 (ft) after 2 hrs. at
5 G.P.M. (Estimated)
*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION
Casing height above grade 1 (ft)
Type Of Well Cap Rover
Installed: Eug Proof Conduit

VARIANCE ISSUED Yes No
Request Number _____

COMMENTS BY INSTALLER:

Installation Method: Pressure
Grouter 1" tremie

PUMP INSTALLED

By Driller Yes No

ESTIMATED WELL YIELD

Estimated at 5 G.P.M

Static Water Level 50 (ft)

*Pumping level below land surface

310 (ft) after 2 hrs. at

5 G.P.M. (Estimated)

*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION

Casing height above grade 1 (ft)

Type Of Well Cap Royer

Installed: Bug Proof, Conduit

VARIANCE ISSUED Yes No

Request Number _____

COMMENTS BY INSTALLER:

SS-177
Rev 6/11



West Virginia Department of Health & Human Resources

Permit # ST-14-23-33

Lat. N: 30 25 26

Hampshire County Health Department

Tax District Name Bloomery

Long. W: 76 30 0

**ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT**

No # 1 Parcel # 04

Name of Owner: Doug & Joy Carbaugh Installer: Robert Jenks

Owner Address: 13623 Springbook Ave, PA 17268

Property Location: Whispering Pines SD

Subdivision: Whispering Pines SD Lot number: Lot 16 & 17

Type of Facility: Camper Facility is: New Existing Lot Size (ft²/acres): 14 acres

Design Loading: Bedrooms: 3 or GPD: _____ Water Supply: Existing Proposed Type: well

System requires a perpetual maintenance program as per 64CSR5.7.2: Yes No

SEWAGE TANK COMPONENTS

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:	<u>1000</u>			Distance to dwelling:	<u>30' camper</u>		
Constructed of:	<u>Concrete</u>			Distance to water line:	<u>>60'</u>		
Manufacturer:	<u>Jolia</u>			Distance to property line:	<u>>50'</u>		
4" inspection port, or riser to surface?	<u>port</u>			Effluent filter?	<u>no</u>		

ABSORPTION FIELD

Class I System: Chamber: Eljen Gravelless Pipe: Gravel Media Tranches Other: _____

Manufacturer: Infiltrator Square footage: Permitted 1200 ft² installed 1200 ft²

Number of lines: 3 Trench width: 36 inches

Lengths of lines: 80' 80' 80' _____

Inspection ports installed? Yes No Distribution box used? Yes No Outlets level? Yes No

If chambers, length of each section: 4' Gravelless pipe diameter: _____

If bed configuration used, dimensions: _____ X _____ Maximum depth to bed bottom on upslope side: _____

Distance of absorption field to: Dwelling: >40' camper, Water Supply: >120', Water Line: _____, Property Line: >30'

Average Depth: 24" Maximum depth: 27"

Class II System: Design type: _____

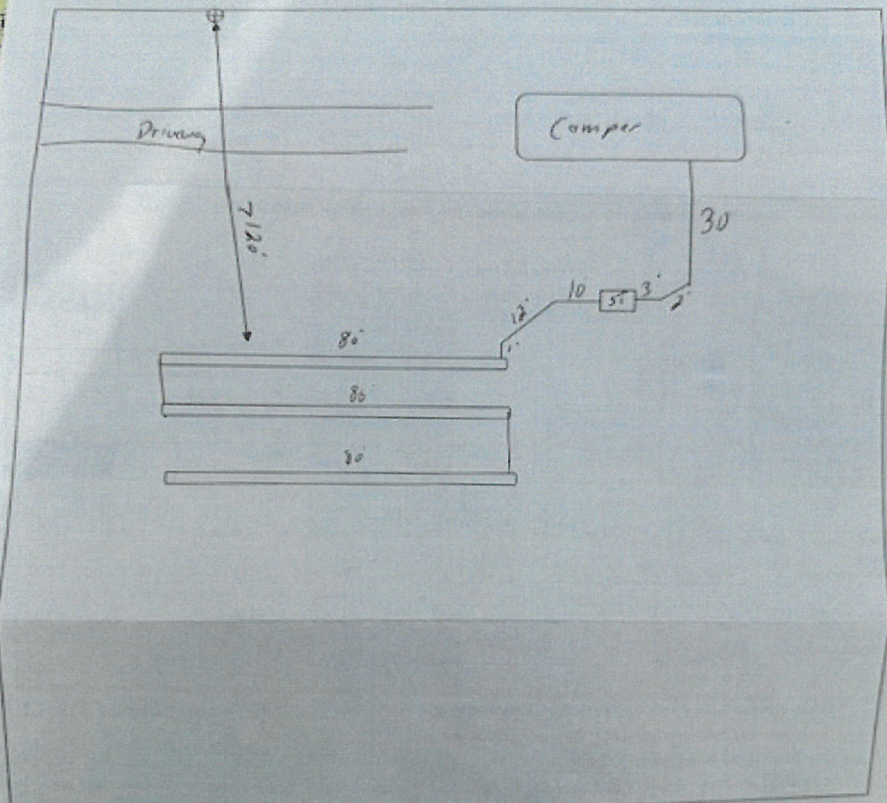
Remarks: _____

System is installed as per the permitted design and layout. Yes No
Include sketch of installation on reverse.

Sketch of Installation with Triangulation or Distance to Specific Landmarks.
 Include reserve area boundaries.

LEGEND:

- | | | | |
|-----------------------|-------------------------------|----------------------|-------------|
| House/Facility | Property Line | Fence | Septic Tank |
| Soil Absorption Line | Single Wide Manufactured Home | North | Pump Tank |
| Existing Water Supply | Distribution Box | Stream Flow | Septic Tank |
| Proposed Water Supply | Drain Field Inspection Port | Wooded Area Boundary | |



System is: Approved System is NOT Approved:

COMMENTS: _____

Date of Final 5/11/2023 _____
 Sanfarian _____
 9/12/2023
 Date Final Issued