

Stewart

WELL COMPLETION REPORT

Date(s) 11-11-2004 County Hampshire Permit #: DW-14-05-113
 Town: Delray Area Name/Location Paul's Woods development lot 19
 Well Owner: Peggy Sue Stewart Address: P.O. Box 164
 Telephone Number: 496-1247 Riv, WV 26755
 Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
 Telephone Number: 822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-15	Red dirt + sand	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
15-70	Red + Dark Brown Sandstone	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
70-113	Red shale	Well Depth: <u>240'</u> Date Completed: <u>11-11-2004</u>
113-240'	Red sandstone	CASING: Length <u>118</u> Feet Height above ground <u>1</u> Feet
		<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		DRIVE SHOE
		SCREEN
		<input type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>100</u>		
Pumping Rate (GPM)	<u>17</u>		
Pumping Level (Ft Below Grade)	<u>238</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. _____
 Well Seal: Type, Make, Etc. _____
 Well Platform:
 Length _____ Width _____ Thickness _____
 Grouting: Yes No
 All Public Water Supplies must be grouted.

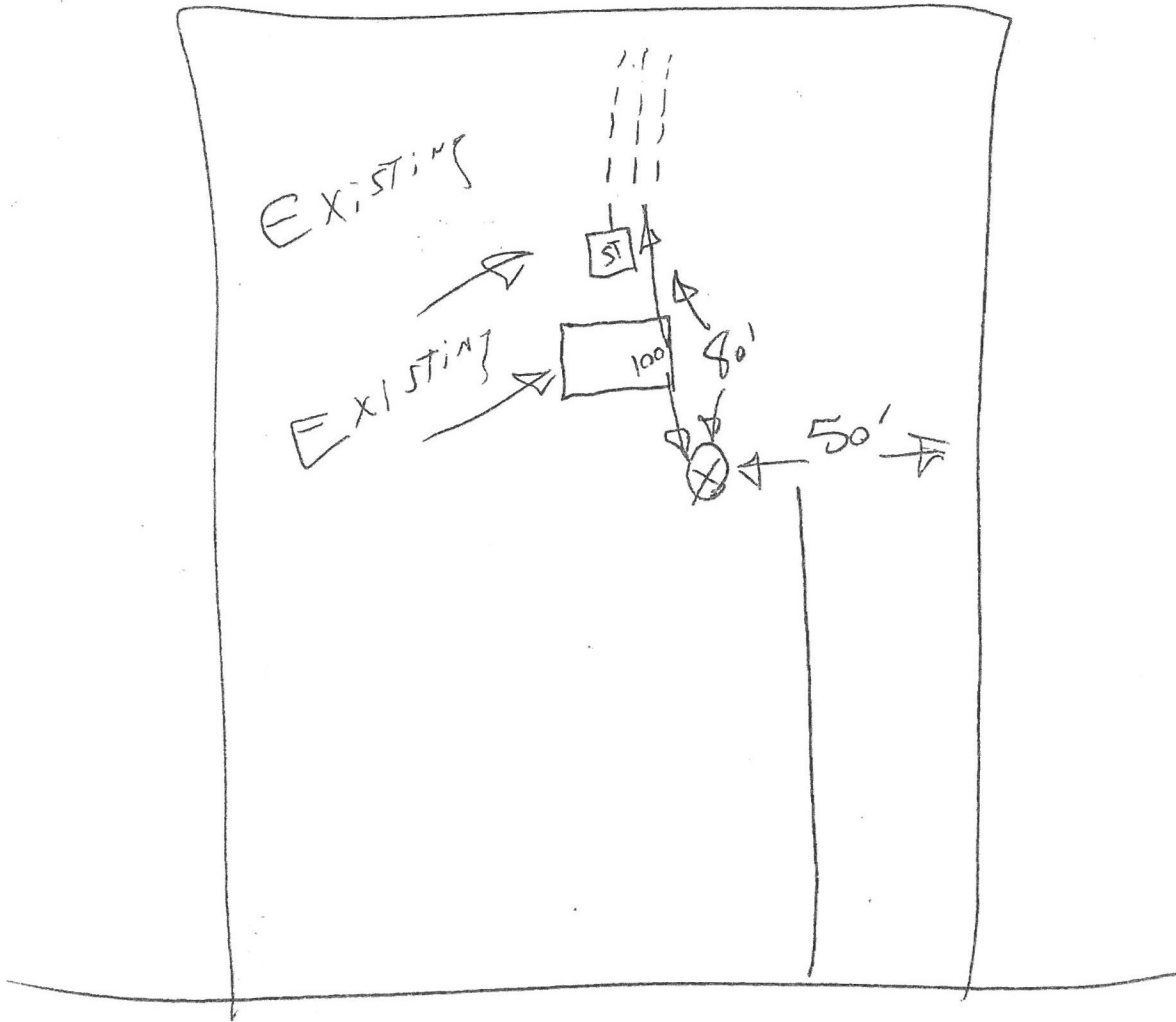
I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

H²O = 135' 3 GPM
 159' 6 GPM
 187' 8 GPM

Chris Wolford 574
 Name Certification No.
B.W. Smith Well Drilling
 Registered Business Name
Chris Wolford 11-11-2004
 Signed Date

Please draw a sketch of the property showing existing or proposed well with locations, and distance to structures, existing or proposed sew, systems within 200 feet of well location, slope of site and lot dimensions. Locate and show distances to animal pens, barnyards or any other factor which can be a possible source of contamination for the water supply.

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> House | <input checked="" type="checkbox"/> Water Supply | <input checked="" type="checkbox"/> Percolation Test Site |
| --- Soil Absorption Line | → Dir. Of Ground Slope | ___ Property Line |
| Trees | <input type="checkbox"/> ST Septic Tank | <input type="checkbox"/> MH Mobile Home |



FOR HEALTH DEPARTMENT USE ONLY:

Date Received: 10-18-04

Date Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: Issued Denied Permit No.: _____

Receipt # 8901

STATE OF WEST VIRGINIA HEALTH DEPARTMENT

Permit No.: ST-14-01-193

INSPECTION TO BE PRINTED OR TYPED

Tax Map: 121 Parcel #: 19

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

County Road: _____

County: NEWPSHIRE

Name of Owner: Peggy Stewart Installer: P. J. Kidwell

Address: P.O. Box 164 RIO, WV 26755

Property Location: PALS 5 WOOD HILL Dood Book A-380 Pg 631

Type of Facility: N-SR Facility is: New (X) Existing () Lot Size: 2.28 Sq Ft./Acres

Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: J. D. Lind

Distances (in feet) of Tank to: Dwelling: 15 Private (X)/Public () Water Source: 50' Property Line: 10'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (X), Diameter: 10 Inches Chamber Soil Absorption Trenches () or Bed ()

Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed () Shallow Soil Absorption Trenches () or Bed () Other: _____

No. of Lines: 3 Length (in feet) of Each: 100, 100, 100

Width of Trenches: 24 inches/feet Depth to Bottom of Field: 2.4 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____

Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 900 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 30 Private (X)/Public () Water Source: 100' Property Line: 10'

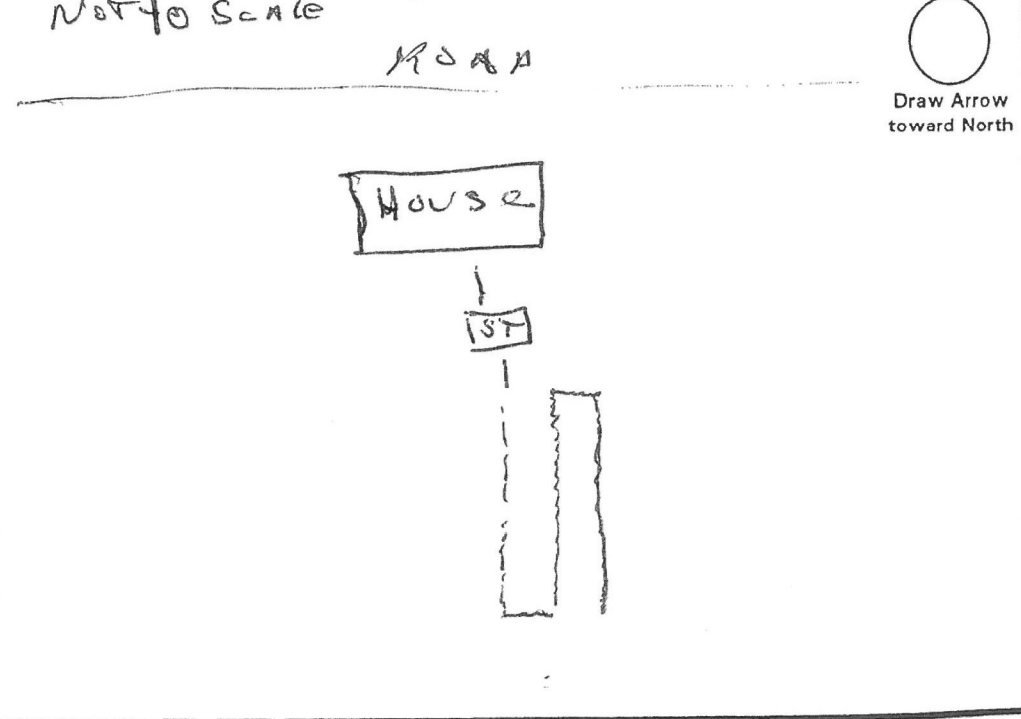
Remarks: _____

An inspection indicates that the sewage disposal system described above DOES MEET (X) DOES NOT MEET () CANNOT BE DETERMINED TO MEET () the minimum standards established by the West Virginia Bureau of Public Health.

To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a does meet system since inadequate information is known.

Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:



Visit Date(s): 11-28-00

Final Inspection Date: 12-7-00

Sanitarian: J. K. [Signature]