

# FAX

COPY

Office of Environmental Health Services  
Kearneysville District Health Office  
1948 Wiltshire Road, Suite 6  
Kearneysville, WV 25430  
Phone: 304-725-9453 Fax: 725-3108

DATE: 10-6-06

PAGES (Includes Cover): 8

TO: Ray McBride

FAX: \_\_\_\_\_

FROM: ENVIRONMENTAL ENGINEERING DIVISION

- ☐ Bradley R. Reed, P.E., District Engineer (District Supervisor)
- ☒ Alan F. Marchun, EI
- ☐ Justin Jordan, EIT

PUBLIC HEALTH SANITATION DIVISION

- ☐ Richard L. Wheeler, R.S., District Sanitarian

SECRETARY

- ☐ Yvonne Wilson, Office Assistant III



COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EW-100  
(Revised 1/1/95)

## Office Use Only

Date Received \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Approved by \_\_\_\_\_  
Permit Number \_\_\_\_\_West Virginia Bureau of Public Health  
Environmental Engineering Division  
815 Quarrier Street, Suite 418  
Charleston, West Virginia 25301-2616

AUG 14 1998

PUBLIC WATER SUPPLY SYSTEM APPLICATION  
FOR A PERMIT TO CONSTRUCT, ALTER, OR RENOVATENAME OF APPLICANT McBRIDE Investments DATE July 31 1998  
STREET OR PO BOX NO HC 71 Box 44 TELEPHONE NO 304-496-7342  
CITY AUGUSTA COUNTY Hampshire ZIP CODE 26704  
NAME OF ENGINEERING FIRM DRILLING CO. 155 WELL DRILLING & PUMP CO.  
STREET OR PO BOX NO P.O. 952 TELEPHONE NO \_\_\_\_\_  
CITY RUMNEY COUNTY HAMPSHIRE ZIP CODE 26757

| LOCATION OF PLANT |               | LOCATION OF SOURCE WATER |               |
|-------------------|---------------|--------------------------|---------------|
| Latitude          | _____° _____' | Latitude                 | _____° _____' |
| Longitude         | _____° _____' | Longitude                | _____° _____' |

(If applying for water plant or water well permit)

IN ACCORDANCE WITH TITLE 64, SERIES 3, PUBLIC WATER SUPPLY  
REGULATIONS OF THE WEST VIRGINIA DIVISION OF HEALTH, WE HEREBY MAKE  
APPLICATION TO CONSTRUCT ALTER, OR RENOVATE AS FOLLOWS:Trailers are on individual  
sewage systems installed  
in the late 1990s. Inspected  
by the Hampshire Co.  
Health Dept.new Spring Well (Well is running dry)  
+ Pump House52' of 6 5/8" OD Steel Casing  
pressure grouted entire length

AA Rogers Rd

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

NOTE: A \$300 permit fee must accompany a permit application (i.e. \$150 permit fee for a well application). Make check or money order payable to "West Virginia Department of Health and Human Resources." Cash not accepted. Permit applications which include both water and sewer systems need only submit a single \$300 fee.

EG-5

**WATER SYSTEM DESIGN INFORMATION AND DATA SHEET**

Complete all portions of the Design Data Sheet applicable to the project. Omission of required information will result in the application being denied. When both sewer system and water system are to be constructed, Design Data Sheets for both sewage and water must be completed and attached to the application.

Attachment 1: To be attached to application for sewage disposal and/or water system.

Applicant McBREDE INVESTMENTS Project Location Hampshire  
(County)

Number of customers 13 Estimated population served 30

Estimated peak flow 25 gpm Minimum consumer pressure at 30 psi

**Source of Supply:**

Municipal ( ) Public Service District ( ) Well ☒

Other \_\_\_\_\_  
(specify)

Pressure at connection to public supply N/A psi.

Capacity of well 30 gpm, if applicable.

Type of System: Gravity ( ) Hydropneumatic ☒

Other \_\_\_\_\_  
(specify)

Size of water lines 1"

Length of water lines of each size 1000'

YES NO

\_\_\_ Project location map attached

\_\_\_ Project site plan attached

X Details of well construction attached

\_\_\_ Fire hydrants to be installed  
(Hydraulic calculation must be included)

\_\_\_ Storage tank required: Size of tank \_\_\_\_\_

\_\_\_ Elevation of top of storage tank \_\_\_\_\_

\_\_\_ Chlorination: Contact time \_\_\_\_\_ minutes

\_\_\_ Miscellaneous treatment \_\_\_\_\_

6W-256 2/97

# HEALTH DEPARTMENT

## APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY OR ABANDON A WATER WELL

PLEASE PRINT:

Property Owner: McBride InvestmentCertified Driller: Miller Brothers DrillingAddress: Hc 71 Box 44Address: P.O. Box 412Augusta, WV 26704SHANKS WV 26761 Phone: 304-496-9972Phone: (home) (304) 496-7342 (business) 496-7342Driller Certification No.: 255 WV Contractor's No.: \_\_\_\_\_Directions to property: Rt 50 on A.A. Rogers Rd.

(Please provide specific and detailed directions)

Proposed facility to be served:

Facility served is

☐ Residence, No. of bedrooms: 30 No. of individuals served: 30 People☐ New☒ Other approx. 13 Trailers☒ ExistingProperty deed recorded in Book No.: 219 Page(s): 729 Date the property deed was recorded: 11-3-76Subdivision name: Golden Acres Trailer Park Lot #: 13 lots Section #: \_\_\_\_\_County tax map: 10 Parcel No.: 0024000000 Size of Lot: 20 Square feet/acres 20

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a property certified and licensed well driller and to inform that driller of existing property lines and points of potential contamination. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or potential points of contamination.

(Signature of the owner or authorized agent)

Water well will be ☒ constructed ☐ modified and will be used for ☒ potable water ☐ water exploration ☐ abandoned or other purposes: \_\_\_\_\_

Type of Casing: 6 5/8" O.D. SteelType and Method of Grouting: Bentonite

If abandoning well, Abandonment Method: \_\_\_\_\_

Distance of Well from Potential Sources of Contamination:

|                                |             |                                    |          |                     |          |
|--------------------------------|-------------|------------------------------------|----------|---------------------|----------|
| Streams, Rivers & Impoundments | <u>100'</u> | Sewers & Drains (non-watertight)   | <u>—</u> | Privies (vault)     | <u>—</u> |
| Sewage Absorption Fields       | <u>100'</u> | Sewers & Drains (hydrostat tested) | <u>—</u> | Sewage Holding Tank | <u>—</u> |
| Septic Tank                    | <u>100'</u> | Barnyard/Feeding/Watering Area     | <u>—</u> |                     |          |
| Other:                         |             |                                    |          |                     |          |

Distance to Property Line: 100'

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Driller: R. C. MillerDate: 7-31-98

Reverse of form must be completed

WV STATE DEPARTMENT OF HEALTH  
Office of Environmental Health Services  
ENVIRONMENTAL ENGINEERING DIVISION

SW252

## WELL COMPLETION REPORT

Date(s) 8/10/98 County Hampshire Permit #: \_\_\_\_\_  
Town: Augusta Area Name/Location Golden Acre Trailer Park  
Well Owner: McBride Investments Address: HC 71 Box 44  
Telephone Number: \_\_\_\_\_ Augusta, WV 26704  
Well Driller: Jeffrey G. Miller Address: P. O. Box 412

# State of West Virginia

## OFFICE OF ENVIRONMENTAL HEALTH SERVICES

815 QUARRIER STREET, SUITE 418

CHARLESTON, WEST VIRGINIA 25301-2616  
TELEPHONE 304-558-2981

### PERMIT

PROJECT: (Water Well)  
Golden Acres Trailer Park Water Well

PERMIT NO.: 13,800

LOCATION: Augusta

COUNTY: Hampshire

DATE: 8-20-98

THIS IS TO CERTIFY that after reviewing plans, specifications, application forms, and other essential information that

**McBride Investments**  
**HC 71, Box 44**  
**Augusta, West Virginia 26704**

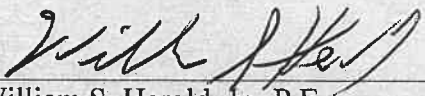
is hereby granted approval to: installed is one (1) public water supply well that was constructed according to the WV Bureau for Public Health's "Design Standards for Public Water Supply Systems," with particular attention to Section 4.3.3.11, Grouting Requirements. Well construction was performed by a WV Certified Water Well Contractor. The well water shall be tested for any organic, inorganic, microbiologic and radiologic contaminants, as required by the WV Bureau for Public Health's "Public Water Systems" regulations. Chlorination (with a minimum 30 minute contact time) will be required. Additional treatment may be required depending on the chemical analyses.

Facilities are to serve the Golden Acres Trailer Park. This well was installed due to the failure of the existing water well to supply adequate water.

**NOTE:** The well log and all yield and drawdown test results and a 2,000' radius potential contamination source survey are to be submitted to the Wellhead Protection Program of the Environmental Engineering Division, WV Bureau for Public Health, 815 Quarrier Street, Suite 418, Charleston, West Virginia 25301. See pages 12-14 in pamphlet "*WV Wellhead Protection Program*" for recording potential sources of contamination.

Validity of this permit is contingent upon conformity with plans, specifications, application forms, and other information submitted to the West Virginia Bureau for Public Health.

FOR THE DIRECTOR

  
William S. Herold, Jr., P.E.  
Assistant Director  
Environmental Engineering Division

WSH:cmh  
Attachment

pc: A & S Well Drilling & Pump Company  
Hampshire County Health Department  
OEHS-EED Kearneysville District Office  
Wellhead Protection Program

0 - Power Pole  
 [ ] - Septic Lid

Lots 2 and 3  
 Septic Pumped

4/29/15

Trailer Lot

[ 3 ]

Trailer

Lot [ 2 ]

DRIVE WAY

0

[ ]

0

MAIN ROAD

Straight line between  
 Power Poles. A couple feet  
 closer to pole on north side. [ ]

Golden Acres Mobile Home Park

CARROLL'S SEPTIC SERVICE INC.



Carroll Septic Service  
 732 Poland Hollow Rd  
 Romney, WV 26757-6925

|             |        |                         |          |         |  |
|-------------|--------|-------------------------|----------|---------|--|
| SOLD BY     |        | DATE                    |          | 4-29-15 |  |
| NAME        |        | McBrude Investments Inc |          |         |  |
| ADDRESS     |        |                         |          |         |  |
| CASH        | C.O.D. | CHARGE                  | ON ACCT. |         |  |
|             |        | Septic Tank             | 18000    |         |  |
|             |        | Cleaned                 | 1080     |         |  |
|             |        | Fuel                    | 5000     |         |  |
|             |        |                         | 240.80   |         |  |
| RECEIVED BY |        |                         |          |         |  |

All claims and returned goods MUST be accompanied by this bill.

Thank  
 You

