

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

WELL COMPLETION REPORT

Date(s) 8-29-96 County Hampshire Permit #: DW-14-05-96-212
Town: Augusta Area Name/Location 1/8 mi. W of McBride's Store across from AA Rodgers Rd.
Well Owner: McBride Investments, Inc. Address: HC 71 Box 44
Telephone Number: 304-496-7342 Augusta, WV 26704
Well Driller: Randal C. Miller Address: Rt. 1 Box 186
Telephone Number: 304-496-9972 Ridgeley, WV 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-8'	ROCK DIRT (UNCONSOLIDATED)	Pressure Grouted S.C. at 300' water stream
8'	BLUE SHALE (CONSOLIDATED)	Type of Well: <u>DW</u> Drilling Method: <u>Air Rotary hammer</u>
20'	LIMESTONE (BEDROCK)	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
41'	LIMESTONE (CONSOLIDATED)	Well Depth: <u>320'</u> Date Completed: <u>8-29-96</u>
	Set Casing	CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet
90'	LIMESTONE (Water 2gpm)	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
194'	LIMESTONE (Water 1gpm)	Other _____ Type _____
300'	LIMESTONE (Water 42gpm)	SCREEN
320'	LIMESTONE (CONSOLIDATED)	<input checked="" type="checkbox"/> None Installed
	Stopped Drilling	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>20</u>		
Pumping Rate (GPM)	<u>45</u>		
Pumping Level (Ft Below Grade)	<u>310</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. Royer-Conduit type
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.

Randal C. Miller 432
Name Certification No.
Miller Bros. Drilling
Registered Business Name Randal C. Miller
Signed Randal C. Miller 8-29-96
Date

State of West Virginia

HEALTH DEPARTMENT

FOR HEALTH DEPARTMENT USE ONLY

COUNTY: _____

Date Recv'd. 5-2-96

Permit #: WW _____ ST _____

Coordinates: N _____ W _____

Date Site Evaluated: _____

Reviewed By: _____

PART I

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

OR

INSTALL OR MODIFY A SMALL SEWAGE DISPOSAL SYSTEM

Instructions: Part I of this application is to be completed by the owner. State and county health department regulations require that water wells and sewage disposal systems be located, designed and constructed in accordance with published standards.

Property Owner: McBride Investments, Inc.
(please print)

Address: HC-71, Box 44, Siguda, W.V. 26764

Date: 4-10-96

Telephone: (home) 496-7342

(business) _____

☐ Water Well

☒ Sewage Disposal System

LOCATION OF PROPERTY (be specific) 1/2 mile west of McBride's Store, on Rt 50

0.5 mile from S of Ridge Run

Name of Subdivision: _____

Section: _____

Lot: _____

Size of Lot: 2 1/2 sq. ft./acres

☒ Residence; No. of Bedrooms 3

No. of individuals served: _____

☐ Other _____

Property Deed Recorded in Book No.: 219

Page: 729

Date Recorded: _____

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the well driller and sewage system installer of the existing or proposed locations of sewage systems and well. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of the existing sewage system or well if said location is presently unknown to me.

[Signature]
Signature of owner

PLEASE PROCEED TO COMPLETE PARTS II AND III, IF NECESSARY

PART II WATER WELL INFORMATION

Water well will be ☒ constructed _____ modified and will be used for ☒ potable water, _____ water exploration, _____ abandoned or other purposes: _____

Well Driller: MILLER BROS. DRILLING

Phone No.: 496-9972

Business Address: RT 1 BOX 186 RIDGELEY, WV 26753

Type of Casing: STEEL

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments _____

Sewers & Drains (non-watertight) _____

Privies (vault) _____

Sewage Absorption Fields 100 +

Sewers & Drains (hydrostat. tested) _____

Barnyard/Feeding _____

Septic Tank 100 +

Sewage Holding Tank _____

Water Areas _____

Other: _____

SIGNATURE OF DRILLER

Randal C Miller

CERTIFICATION # 432

DATE 4/30/96



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Holding Tank

Pit Privy

Alternate System (attach detailed plans)

#1

145 minutes

#2

167 minutes

#3

152 minutes

4

148 min

Test done on 4-2-96 using approved procedures outlined in the Design Standards.

Signed:

Signature of Installer

54-83-124
Certification No

4-10-96
Date



WEST VIRGINIA DEPARTMENT OF HEALTH

SW257

PERMIT



OWNER: McBride Investments, Inc. and DRILLER: Miller Bros. Drilling
are hereby issued a permit to construct
(Construct, Modify or Abandon) a well located
at 1/8 mile west of McBride's Store on Rt. 50 Across from AA Rodgers Rd.
in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date Issued May 2, 1996

Expires May 2, 1997

Permit No. DW-14-05-96-212

Issuing Officer

Sanitarian
Title

Hampshire
County Health Department

This permit is not transferable and any change of information submitted in application dated April 30, 1996
will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

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

Applicant McBRIDE 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
- ☒ 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 _____

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

PLEASE PRINT:

Property Owner: McBride Investment Certified Driller: Miller Brothers Drilling
 Address: Hc 71 Box 44 Address: P.O. Box 412
Augusta, WV. 26704 SHANKS WV 26761 Phone: 304-496-9972
 Phone: (home) (304) 496-7342 (business) 496-7342 Driller 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:

☐ Residence, No. of bedrooms: 30 No. of individuals served: 30 People
☒ Other APPROX. 13 TRAILORS

Facility served is

☐ New

☒ Existing

 Property deed recorded in Book No.: 219 Page(s): 729 Date the property deed was recorded: 11-3-76

 Subdivision name: Golden Ochers TRAILOR PARK Lot #: 13 lots Section #: _____

 County tax map: 10 Parcel No.: 002400000000 Size of Lot: 20 Square feet (acres) 1

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly 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

Date 7-31-98

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

SW258

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
Telephone Number: 496-9972 Shanks, WV 26761

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS: Pressure Grouted
0-35	Loose Brown Rock	Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u>
35-50	Limestone <u>Set</u>	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
50-320	Limestone	Well Depth: <u>320</u> Date Completed: <u>8/2/98</u>
Water	185 ft 30 GPM	CASING: Length <u>52</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 _____
		SCREEN
		<input checked="" 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)	40		
Pumping Rate (GPM)	30		
Pumping Level (Ft. Below Grade)	318		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	4		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Royer Conduit Type Well Cap
Well Seal: Type, Make, Etc. _____
Well Platform: _____
Length _____ Width _____ Thickness _____
Pressure 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.

Jeffrey G. Miller

Name

255

Miller Bros. Drilling

Certification No.

Registered Business Name

8-10-98