

WV Department of Health and Human Resources
Bureau for Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258

*Rec
22407*

WELL COMPLETION REPORT

Date(s) 06-06-07 County Hampshire Permit #: DW-14-07-166
Town: Romney Area Name/Location Applefields of Heaven Lot # 94A
Well Owner: Brien and Kathy Shreve Address: HC65 Box 6285
Telephone Number: 304-822-5026 Romney, WV 26757
Well Driller: Wayne's Water n' Well's, Inc. Address: 19139 Garrett Highway
Telephone Number: 301-334-7181 Oakland, MD 21550

WELL LOG

| DEPTH IN FEET | FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING | REMARKS: |
|---------------|--|---|
| 0-21 | Red/brn sandy clay | Type of Well: <u>Domestic</u> Drilling Method: <u>Air hammer</u> |
| 21-70 | Soft bn sandstone | Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u> |
| 70-75 | Brn sandstone | Well Depth: <u>802</u> Date Completed: <u>06-06-07</u> |
| 75-84 | Gray limestone | CASING: Length <u>147</u> Feet Height above ground <u>2</u> Feet |
| 84-128 | Brn sandstone | <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron |
| 128-225 | Broken bn sandstone | Other _____ Type _____ |
| 225-255 | Gray limestone | |
| 255-802 | T. D. | 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) | <u>802</u> | <u>546</u> | |
| Pumping Rate (GPM) | <u>6</u> | | |
| Pumping Level (Ft Below Grade) | <u>802</u> | | |
| Duration of Test (In Hours) | <u>2</u> | | |
| Recovery Time to Static Level (In Hours) | | | |

WELL HEAD

Pitless Adapter: Type, Make, Etc. Dickens S-10
Well Cap: Type, Make, Etc. Royer Bug Proof
Well Seal: Type, Make, Etc. _____
Well Platform:
Length _____ Width _____ Thickness _____
Grouting: ☒ Yes ☐ No Press pumped bentonite
All Public Water Supplies must be grouted. clay & grout

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.

Wayne T. Bolden 391
Name _____ Certification No. _____
Wayne's Water n' Well's, Inc.
Registered Business Name _____
Signed Wayne T. Bolden Date 6-06-07



Lat: N: 39 19 04.0

Hampshire County Health Department

Tax District Name: Romney

Long: W 78 48 33.3

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

Map # 26 Parcel # 47

Name of Owner: Brian Shreve Installer: John Shreve

Owner Address: 21839 Blue Ridge Mtn Rd, VA 21030

Property Location: Apple Fields of Heaven

Subdivision: Apple Fields of Heaven Lot number: 94

Type of Facility: Residence Facility is: New ☒ Existing ☐ Lot Size (ft²/acres): 10 acres

Design Loading: Bedrooms: 3 or GPD: _____ Water Supply: Existing: ☐ Proposed ☒ Type: cistern

System requires a perpetual maintenance program as per 64CSR9.7.2: 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>33'</u> | | |
| Constructed of: | <u>Concrete</u> | | | Distance to water | Line: | | |
| | | | | | Source: | <u>>50'</u> | |
| Manufacturer: | <u>Piles</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 Trenches ☐ Other: _____

Manufacturer: Infiltrator Square footage: Permitted 1400 ft² Installed 1400 ft²

Number of lines: 4 Trench width: 36 inches

Lengths of lines: 72' 72' 72' 64' _____, _____, _____, _____, _____,

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', Water Supply: >100', Water Line: >10', Property Line: >50'

Average Depth: 22" Maximum depth: 24"

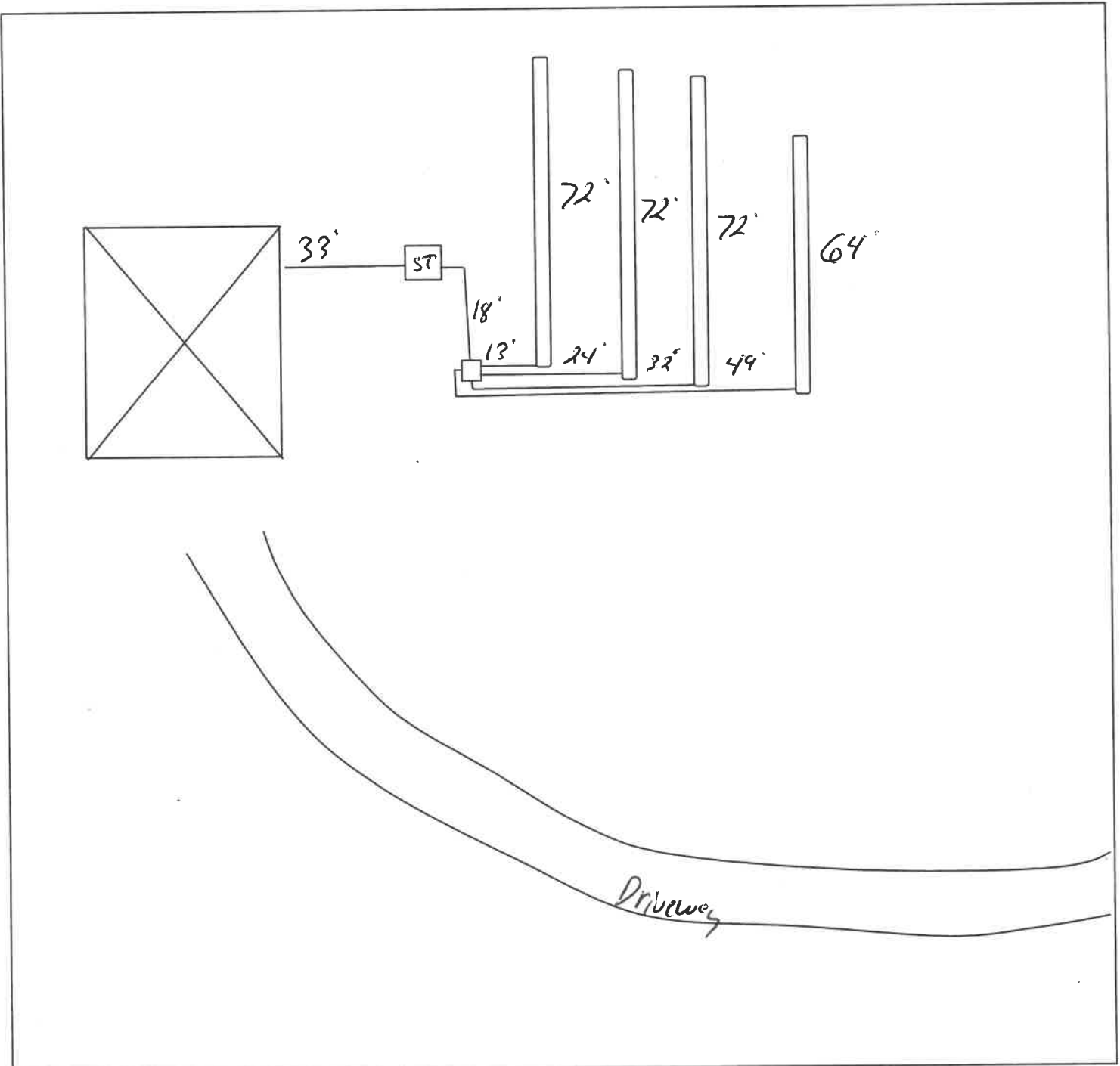
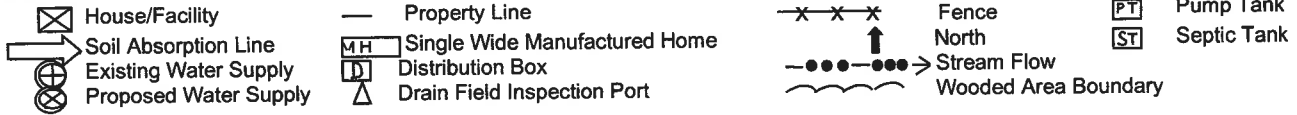
Class II System: Design type: _____

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.**

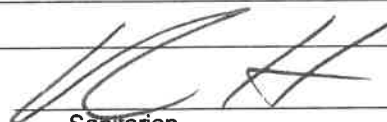
LEGEND:



System is: **Approved** ☒ System is NOT Approved: ☐

COMMENTS:

Date of Final 12/14/2022


Sanitarian

2/28/2023
Date Final Issued