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

Rec 6-9-06

SW258
10/01

WELL COMPLETION REPORT

Date(s) 6-01-06 County Hampshire Permit #: DW1506340

Town: Romney Area Name/Location Patterson Estates Lot 2

Well Owner: David & Tracy Moreland Address: HC 64 Box 660

Telephone Number: (301)268-6348 Romney WV 26757

Well Driller: Miller Brothers Drilling LLC Address: PO Box 952

Telephone Number: (304)822-4092 Romney WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-12	Brown shale
12-420	Red & blue shale

REMARKS:

Type of Well: Drilled Drilling Method: Air rotary

Well Diameter: 6" Casing O.D.: 7"

Well Depth: 420' Date Completed: 6-1-06

CASING: Length 80 Feet Height above ground 1 Feet

☐ Steel ☒ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☒ 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)	60		
Pumping Rate (GPM)	4		
Pumping Level (Ft. Below Grade)	418		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)			

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.

Bobby Allred 602
Name Certification No.

Miller Brothers Drilling LLC 6-1-06
Registered Business Name

Signed Date

SS 177 7/96

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
Hampshire Co HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-14-06-421

Tax Map: 20 Parcel #: 47

County: _____ County Road: _____

Name of Owner: David & Tracy Moreland Installer: Billy Hott

Address: HC 64 Box 660 Romney WV 26757

Property Location: Patterson Estates Lot 2 Sand Hill Road

Type of Facility: SFD Facility is: New (X) Existing ( ) Lot Size: 20 Sq. Ft. (Acres)

Design Loading in gpd/No. Bedrooms: 4 Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast conc Manufacturer: _____

Distances (in feet) of Tank to: Dwelling: 52 Private (X)/Public ( ) Water Source: 750 Property Line: 750

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter: ____ Inches
Chamber Soil Absorption Trenches (X) 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: 4 Length (in feet) of Each: 80, 80, 80, 80, _____, _____, _____

Width of Trenches: 36-42 inches/feet Depth to Bottom of Field: 30 inches

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

Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 1600 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 75 Private (X)/Public ( ) Water Source: 115 Property Line: 90

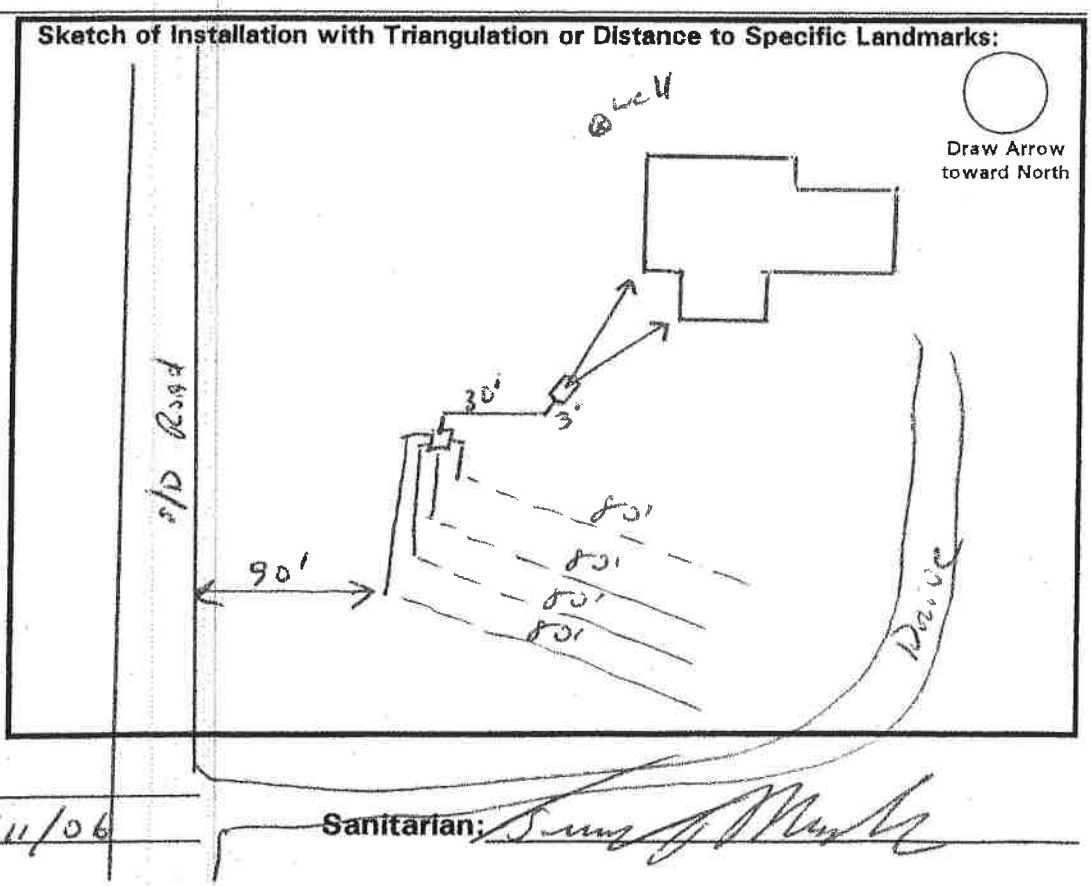
Remarks: _____

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): _____

Final Inspection Date: 12/11/06 Sanitarian: _____