

Rev 2/11		DATE THE WELL WAS COMPLETED MM DD YY <u>4 24 19</u>		West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH		FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED	
ST/CO USE ONLY DATE RECEIVED MM DD YY		PERMIT NO. DW- <u>14-19-007</u>		WATER WELL COMPLETION REPORT		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	
LOCATION OF WELL							
Well Owner: Last Name <u>Jarusewicz</u>				First Name <u>Felix</u>			
Street/Road				County <u>Hampshire</u>		Zip Code <u>26704</u>	
Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other				AREA NAME/LOCATION: <u>Misty Meadows</u> <u>Lot #54</u>		TYPE OF WELL: <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other	
WELL LOG				DRILLING METHOD		GROUTING RECORD	
Depth		State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		<input type="checkbox"/> Cable Tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other Hole Diameter <u>6</u> (in) Total depth <u>179</u> (ft)		Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>3</u> Installation Method: <u>PUMPED</u>	
From (ft.)	To (ft.)						
0	2	<u>dirt + Rocks</u> <u>Red Clay</u> <u>Brown Shale</u> <u>Light Gray Shale</u> <u>Dark Gray Shale</u> <u>95' Water - 5 GPM</u> <u>118' Water - 40 GPM</u> <u>Fractured Area</u>		CASINGS RECORD MAIN CASING TYPE <u>DRIVE</u> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>60</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)		ESTIMATED WELL YIELD Estimated at <u>45</u> G.P.M. Static Water Level <u>29</u> (ft) *Pumping level below land surface <u>177</u> (ft) after <u>1/2</u> hrs. at <u>45</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.	
2	5						
5	22						
22	56						
56	179						
				SCREEN RECORD		WELL HEAD COMPLETION	
				<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft)		Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>Harvard</u>	
				GRAVEL PACK RECORD		VARIANCE ISSUED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)		Request Number _____	
COMMENTS BY INSTALLER:							
I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.							
Company Name <u>B.W. Smith Well Drilling</u> WV Contractor No. <u>038405</u> Business Registration No. <u>1005-5395</u> Master Well Driller Certification No. <u>574</u> Master Well Driller (print) <u>Charles Wolford</u> Master Well Driller Signature <u>Charles Wolford</u>							
SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.) Journeyman Well Driller Certification No. _____ Journeyman Well Driller (please print) _____ Apprentice and Name (s) _____							

SS-177
Rev 6/11West Virginia Department of Health & Human
ResourcesLat: N: 39 16 57
Long: W: 78 33 49Hampshire County Health Department
**ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT**Permit #: **ST-14-19-16**

Tax District Name: _____

Map # 36 Parcel # 166Name of Owner: Felix Jarvsewic Installer: Gary's ExcavatingOwner Address: 11558 Brass Lantern Ct, Va 20194Property Location: Misty MeadowsSubdivision: Misty Meadows Lot number: lot 54Type of Facility: new Facility is: New ☒ Existing ☐ Lot Size (ft²/acres): 10 acresDesign Loading: Bedrooms: 3 or GPD: _____ Water Supply: Existing: ☐ Proposed ☒ Type: well**System requires a perpetual maintenance program as per 64CSR9.7.2: Yes ☐ No ☐****SEWAGE TANK COMPONENTS**

Septic Tank 1	Septic Tank 2	Septic Tank 3	Pump Chamber
Capacity in Gallons:	<u>1000</u>		
Constructed of:	<u>Concrete</u>		
Manufacturer:	<u>Jolin</u>		
4" inspection port or riser to surface?	<u>riser</u>		

ABSORPTION FIELD

Class I System: Chamber: ☒ Eljen ☐ Gravelless Pipe: ☐ Gravel Media Trenches ☐ Other: _____

Manufacturer: Infiltrator Square footage: Permitted 1200 ft² Installed 1200 ft²

Number of lines: 3 Trench width: 36 inches

Lengths of lines: 80' 80' 80' _____, _____, _____, _____, _____, _____

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: 68', Water Supply: >100', Water Line: _____, Property Line: _____Average Depth: 24in Maximum depth: 26in**Class II System:** Design type: _____

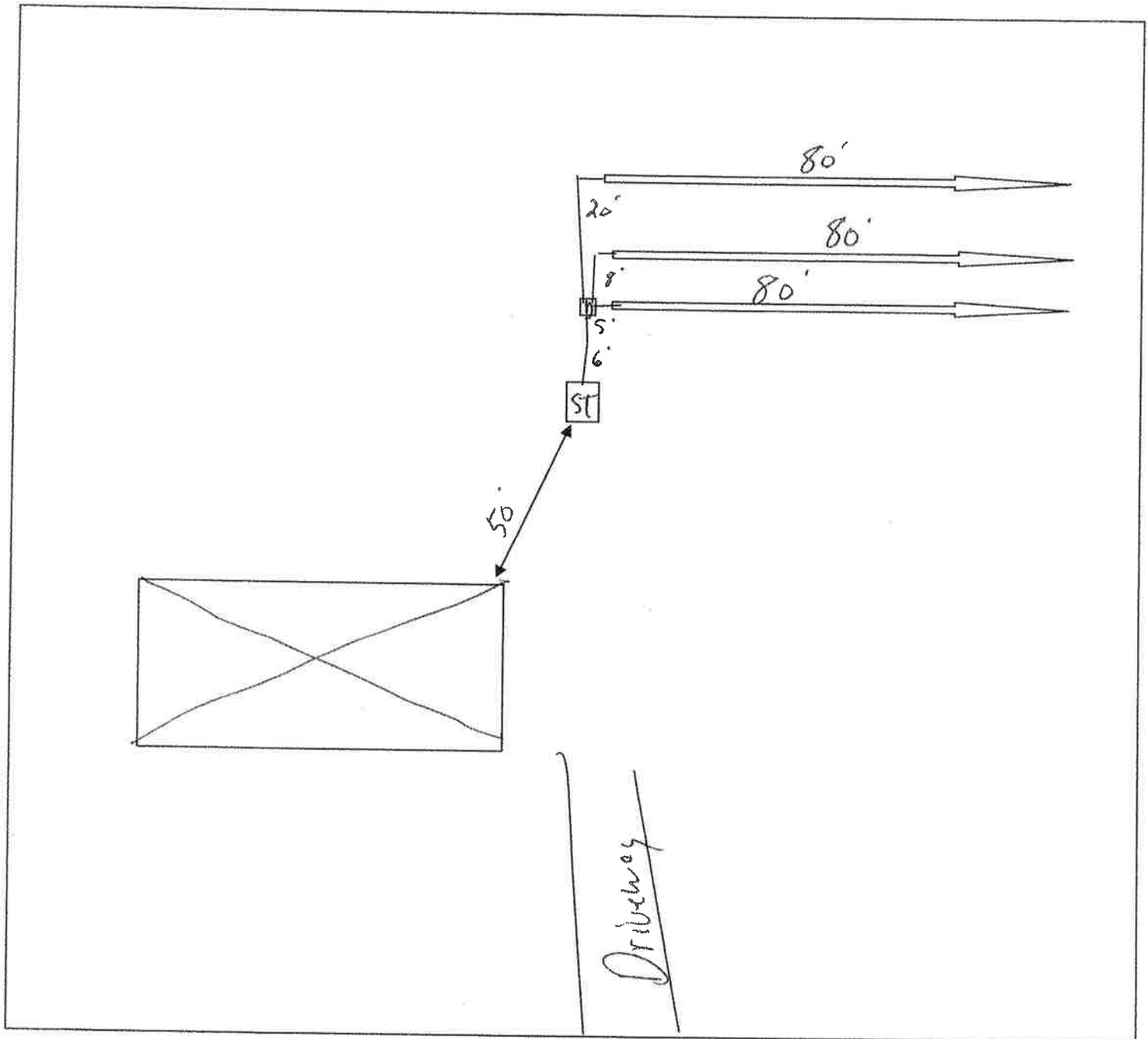
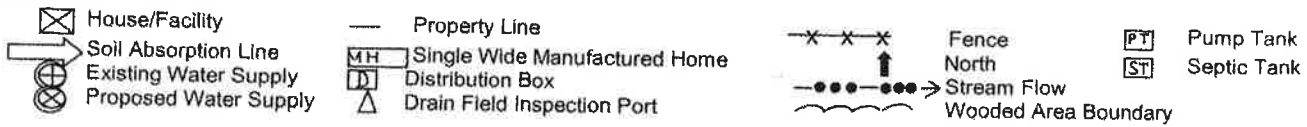
Remarks: _____

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 4/4/2019

Sanitarian

4/17/2019
Date Final Issued

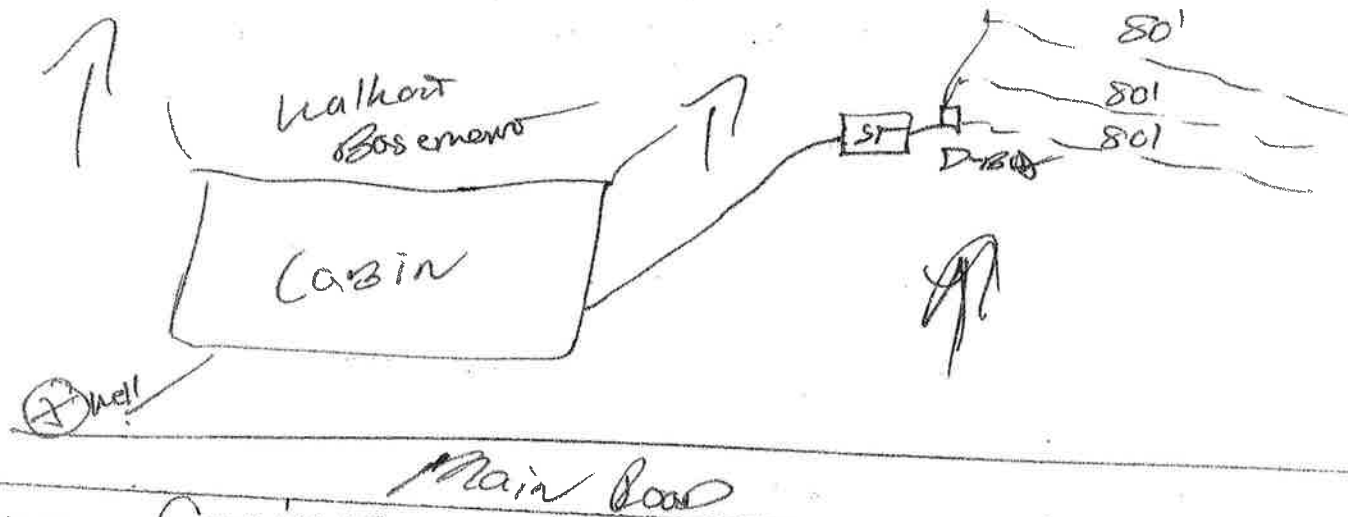
Septic Tank: Capacity (gallons) 1000 Material Concrete
 Manufacturer John Outlet Filter Used? Yes ☐ No ☒ Top Seam ☐ or Mid Seam ☒
 Manufacturer _____

Drain Field: Materials: Gravel ☐ Gravelless Pipe ☐ Chambers ☒ Other _____ Brand _____
 300 ft²/BR ☒ 400 ft²/BR ☐ Other _____ No. Bedrooms 3 X 150 ft²/BR = 450 total ft²
 No. Lines 3 Length of Lines (ft) 80', 80', 80'
 Trench Width (ft) 3 Average Depth 24" Max Depth 36" Pipe ASTM No. _____
 Effluent distribution (check all that apply): Distribution Box ☒ Serial ☐ Pump dosed ☐ Siphon dosed ☐
 If Absorption Bed: Length (ft) _____ Width _____ If chambers: # Used _____ Brand _____

Separation Distances (ft) Septic tank to: Bldg Foundation 20' Property Line 20' Water Supply 50'
 Absorption field to: Bldg Foundation 20' Property Line 20' Water Supply 100'

Draw a sketch of the property showing any existing or proposed well locations, the location of all structures, property line locations, and the proposed sewage system as it is to be installed. Show all structures and facilities to be served by on-site sewage on the lot.

Design Sketch:



Certified Installer Gary's Excavating Inc. Telephone 304 856-2124
 Business Address 181 Northwest Pike Capon Bridge WV 26011
 Certification No. 54-A-99-0214 Exp. Date 6/19/19
 Contractor's License No. WV035678 Exp. Date 6/19/19 Issued to Gary Carpenter

I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with the Sewage Treatment and Collection System Design Standards Rule, 64CSR47, and appropriate manufacturer's recommended procedures and practices.

Date: 3/18/19 Signature of Certified Installer: [Signature]



Hampshire County Health Department

HC 71, Box 9

Augusta, WV 26704

Nursing: (304) 496-9640 Environmental: (304) 496-9641

Fax: (304) 496-9650

**Hampshire County Planning Commission
PO Box 883
Romney, WV 26757**

Dear Sirs:

This office has reviewed an application for Felix B. Jarvsewic & Ae Kyung Hahn to approve lot 54 in Misty Meadows, and further referenced as Tax District , Tax Map 36, Parcel 166, Deed book 546, Page 539-541. This lot contains 10.080 acres. All lots require a percolation test and a sewage disposal area of 10,000 square feet where no development or structures other than the septic system shall be permitted. This lot is to be developed with an individual well and septic system to serve a single family dwelling. N:39 16 57 W:78 32 44

Percolation test results are within limits as set forth by West Virginia CRS 16-1. Six foot soil observation holes indicate no restrictions due to water table or shallow bedrock within the designated sewage disposal area except as noted on the Health Department subdivision application.

The application dated 1/2/2018, is hereby approved by the Hampshire County Health Department. Any changes or revisions to the lot, or subsequent plats, may make this approval null and void.

This approval is not permit for individual water systems or individual sewer systems. Applications for permits must be made separately to the Hampshire County Health Department.

Sincerely,

A handwritten signature in black ink, appearing to read "Derrick Haggerty".

Derrick Haggerty, RS

CC: Felix B. Jarvsewic & Ae Kyung Hahn

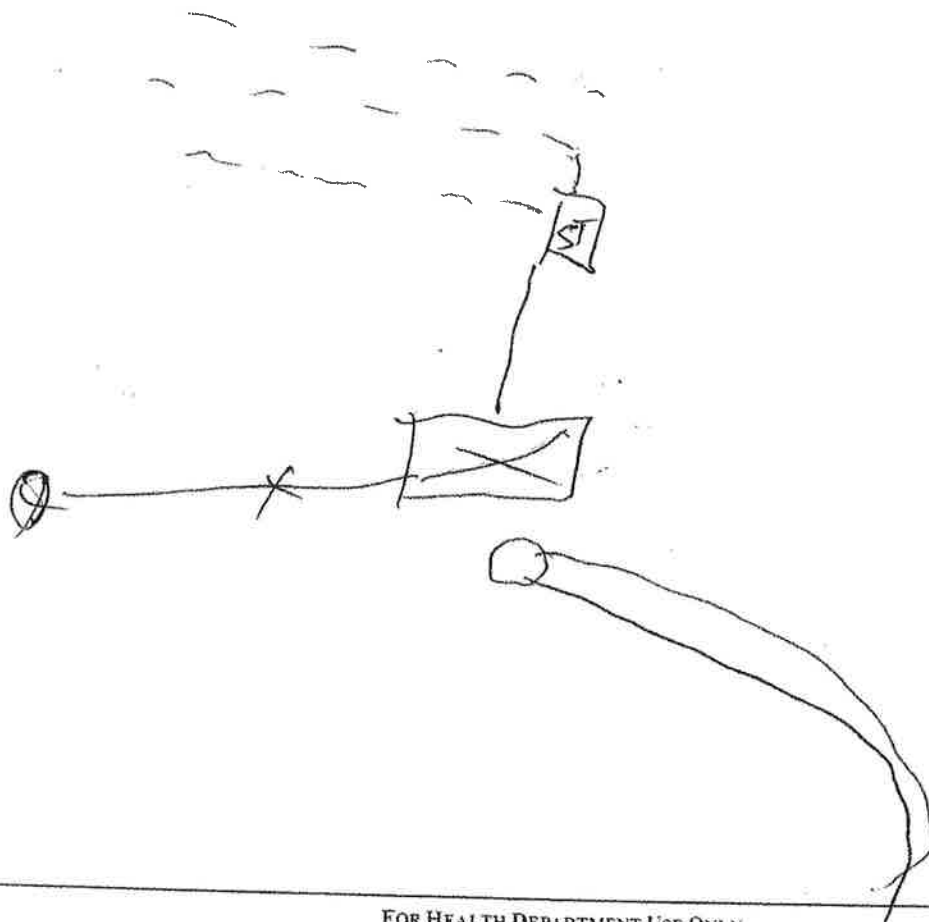
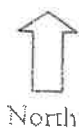
SW-256

Rev. 3/08

Side B

Please draw a sketch of the property showing existing or proposed well locations, and distance to structures, existing or proposed sewage systems within 100 feet of well location (include adjacent lots). Slope and lot dimensions need to be shown. Locate and show distances to animal pens and feedlots. Note sewage treatment facilities within 200 feet and fertilizer and pesticide storage or preparation areas within 150 feet.

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> House/Facility | <input type="radio" value="W"/> Existing Water Supply | <input type="radio" value="P"/> Proposed Water Supply | <input type="checkbox" value="ST"/> Septic Tank |
| --- Soil Absorption Line | → Dir. of Ground Slope | — Property line | Trees |
| --- Stream, Rivers and Impoundments | <input type="checkbox" value="MH"/> Mobile Home | <input type="checkbox" value="UST"/> Under Ground Storage Tank | <input type="checkbox" value="C"/> Cemetery |
| <input type="checkbox" value="B"/> Barn/Barnyard | <input type="checkbox" value="FP"/> Fertilizer and Pesticide Storage | <input type="checkbox" value="STF"/> Sewage Treatment Facilities | |



FOR HEALTH DEPARTMENT USE ONLY

County: _____ Coordinates: Lat: _____ Long: _____ Date Received: 7/30/18
 Date Site Evaluation: _____ Reviewed by: _____ Date Fee Paid: _____ Received From: _____
 Contractor's Bond/Letter of Credit Exp. Date Verified By: _____ Liability Insurance Exp. Date Verified By: _____
 Water Well Permit ☐ Issued ☐ Denied Permit No.: _____ Comments: _____

recap # 8020

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

SW258

WELL COMPLETION REPORT

Date(s) 4-20-96 County Hampshire Permit #: DW-1403-96-162
Town: _____ Area Name/Location Misty Meadows Sec 2 Lot 54
Well Owner: Hunter Co. of VA. Address: Spanesville WV 25444
Telephone Number: 492-54068
Well Driller: NONE Address: _____
Telephone Number: _____

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
Approx 25ft	Hand Dug Well	Abandon A Hand Dug Well
Well Was Closed off		Type of Well: <u>Hand dug</u> Drilling Method: <u>Hand Dug</u>
with Clean-Fill Dirt		Well Diameter: <u>4ft</u> Casing O.D.: <u>none</u>
Approx 7ft to 10ft with		Well Depth: <u>Approx 25ft</u> Date Completed: <u>Closed off Well</u>
Concrete on Top of Earth.		CASING: Length _____ Feet Height above ground _____ Feet
		<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other <u>Abandon Well</u> Type _____
		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)			
Pumping Rate (GPM)			
Pumping Level (Ft Below Grade)			
Duration of Test (In Hours)			
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.

*Well Was Closed
Off.*

Billy G. Hart 5487-0270
Name Certification No.
RT-1/Box 163A2 Paw Paw WV 25434
Registered Business Name
Billy G. Hart 4-20-96
Signed Date