

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

WELL COMPLETION REPORT

Date(s) Dec. 6, 1991 County Hampshire Permit #: DW 14-12-91-161
Town: Delray Area Name/Location RT 11/2 - White Barn w/Silo - Turn right go to forks
Well Owner: Steve Stahl Address: Keep Right 3/4 mi 12989 ORLEANS ST
Telephone Number: (703) 491-9859 Woodbridge, VA 22192
Well Driller: Jerry W Adams Address: P.O. Box 952
Telephone Number: (304) 822-4092 Ramsey, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-29'	Clay & Brown Shale Unconsolidated	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary Hammer</u>
29'	Gray Shale - Consolidated	Well Diameter: <u>6-5/8</u> Casing O.D.: <u>6-5/8</u>
41'	Gray Shale - Consolidated	Well Depth: <u>142</u> Date Completed: <u>Dec. 6, 1991</u>
	Set Casing - Cement	CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet
80'	Gray Shale - Consolidated	<input checked="" type="checkbox"/> Steel <u>GALV.</u> <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
112'	Gray Shale - Consolidated	Other _____ Type _____
	Water - 5 GPM	SCREEN
133'	Gray Shale - Consolidated	<input checked="" type="checkbox"/> None Installed
	Water - 40 GPM	Type _____ Diameter _____
142'	Gray Shale - Consolidated	Slot/Gauge _____ Length _____
	Stopped Drilling Operation	Set Between _____ Ft. and _____ Ft.
	Test Well yield	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>60</u>		
Pumping Rate (GPM)	<u>45</u>		
Pumping Level (Ft. Below Grade)	<u>130</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To be installed w/ Pump System
Well Cap: Type, Make, Etc. Rayco 6-5/8" Conduit - Type
Well Seal: Type, Make, Etc. _____
Well Platform: To be installed by Owner
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.

Jerry W Adams 004
Name _____ Certification No. _____
A & S Well Drilling
Registered Business Name _____
Jerry W Adams Dec. 6, 91
Signed _____ Date _____

PRINTED OR TYPED

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Tax Map: _____ Parcel #: _____

County Road: _____

County: Wagner Name of Owner: Steve Stahl Installer: 2 DAVIS
 Address: 12984 Oakham ST, WOODBRIDGE, VA 22192
 Property Location: Miles North of Rte
 Type of Facility: 525 Facility is: New () Existing + Lot Size: 0.2 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: _____

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: SOLU
 Distances (in feet) of Tank to: Dwelling: 10 Private () Public () Water Source: 100' Property Line: 100'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe () Diameter: 10 Inches
 Chamber Soil Absorption Trenches () 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: 2 Length (in feet) of Each: 100, 100, 100
 Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____ No. of Units: _____
 Approved and Adequate Materials Used? Yes + No () Size Equates to: 700 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 26 Private () Public () Water Source: 100' Property Line: 100'

Remarks: _____

An inspection indicates that the sewage disposal system described above

DOES MEET (),

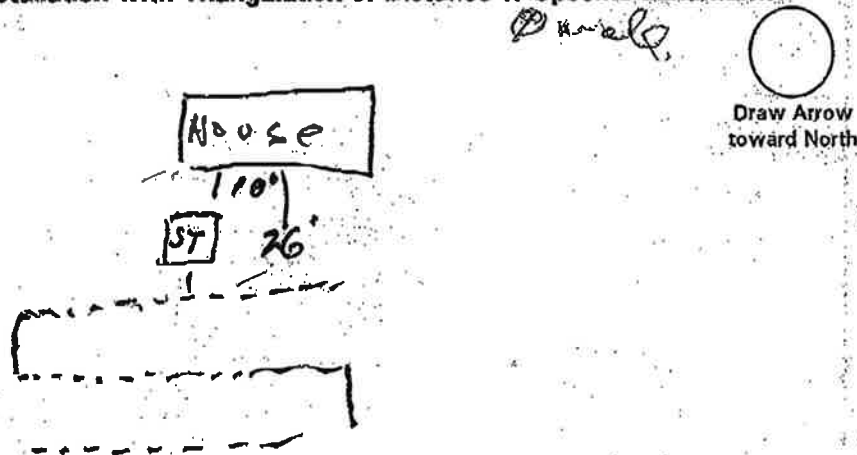
DOES NOT MEET (),

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): 4-28-99Final Inspection Date: 2-23-98Sanitarian: J. E. K. A. S.