

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

SW258

WELL COMPLETION REPORT

Date(s) Aug 5, 1985 County Hampshire Permit #: DW-14-7-86-23
Town: DeLeay Area Name/Location NORTH RIVER RD, RIGHT AT CHRISTIAN CHURCH CABIN #1 FOUND LOT #2
Well Owner: BERNARD FLAHERTY Address: 10902 DUBLIN RD.
Telephone Number: 301-845-8683 WALKERSVILLE, MD. 21793
Well Driller: Jerry Adams (A+S Pump Co.) Address: PO Box 73.
Telephone Number: 304-298-3280 Fat Ash By, WVA. 26219

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
4'	Soil, Rock (unconsolidated)	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary Hoam</u>
7'	clay + yellow shale "	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
14'	Red shale "	Well Depth: <u>159</u> Date Completed: <u>Aug 5, 1985</u>
38'	Red shale (consolidated)	CASING: Length <u>97</u> Feet Height above ground <u>2</u> Feet
85'	Red shale + clay (unconsolidated)	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
88'	Gray shale Bedrock (consolidated)	Other _____ Type _____
95'	Cement Set Casing	
110'	Limestone (consolidated)	SCREEN
121'	Red shale (consolidated)	<input checked="" type="checkbox"/> None installed
128'	Limestone (consolidated)	Type _____ Diameter _____
141'	Red Flint Rock water (120 cfm)	Slot/Gauge _____ Length _____
157'	Red Flint Rock - Test well	Set Between _____ Ft. and _____ Ft.
	yield + 5 Topical Drilling operation	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>54</u>		
Pumping Rate (GPM)	<u>120</u>		
Pumping Level (Ft. Below Grade)	<u>125</u>		
Duration of Test (In Hours)	<u>3</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To Be installed at Later Date
Well Cap: Type, Make, Etc. Royer Co. For 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 Pump Co PO Box 73 Fat Ash By, W. 26219
Registered Business Name
Jerry W. Adams Aug 5, 1985
Signed Date

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST. 1485147
Name of Owner Bernard W. Farnham
Address 10802 Doherty Road, Williamsport, PA 17793
Property Address Cabin, The Forest, Lot #2

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served Cabin No. Water Closets _____
Lot Size 2024 sq. ft. Area suitable for sewage disposal installation _____ sq. ft.
Source of Water Supply well hole No. Lavatories _____
No. Bedrooms 2 No. Showers or Tubs _____ No. Baths _____
No. Garbage Grinders NO No. Automatic Washers ☒

SEPTIC TANK

Jolin
Material Concrete Length _____ x Width _____ x Depth _____ = _____ cubic feet
Liquid Depth _____ ft. Liquid Capacity 1000 gal.
Distance to: Dwelling 10 Water Supply 50 Nearest Property Line Acres

SOIL ABSORPTION SYSTEM

Type Drain Line Material plastic Trench Width 36 Inches
Trench Depth 26 1/2 Inches Total Absorption area in Trench Bottom 63 1/2 sq. ft.
Diameter of Drain Line 4 Inches Type Filter Media gravel
No. of Drain Lines 4 Depth Filter Media Under Drain Line 6 Inches
Length of Each Line 70 1/2 ft. Depth Filter Media Over Drain Line 2 in.
Distance of Disposal Field to: (a) Dwelling 20
(b) Water Supply 100 (c) Nearest Property Line field 75'

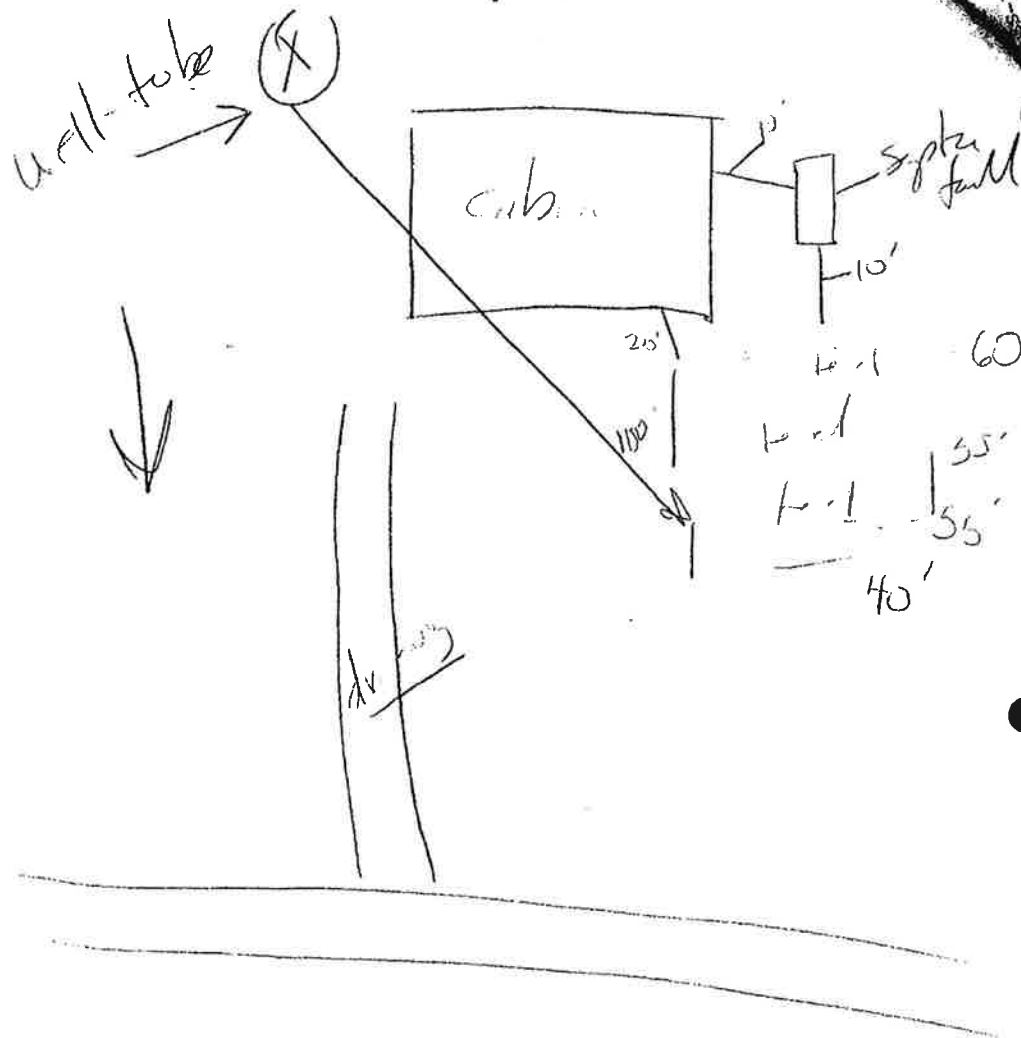
An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

6-25-85
Date

David D. Lippert
Sanitarian

SKETCH OF SYSTEM TO BE DRAWN ON BACK

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.



C David D. L. pps
San Francisco