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

Ald 33.68

SW258

## **WELL COMPLETION REPORT**

| Date(s) 8/8-18/88 County HA  | MRShire Permit #: DW-14-08-89-57  |
|--|---|
| Town: Area Name/Locati   | White Did Van Latter 1421   |
| Well Owner: Sene Bisi  | Address: 25 Acotn Circle  |
| Telephone Number: 856-2762 321-966   | to towson Md. 21204   |
| Well Driller: B. Mark Smith  | Address: STAP Rt Box 2-A  |
| Telephone Number: 304-822-4786   | Springfield WV. 26/63   |
| WELL LOG   |   |
| DEPTH IN FEET FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING  | REMARKS: perforated from 165 to 185'  |
| D-38 Clay  | Time of Mally NAME Drilling Mathods (Able ~ 100)  |
| 39.45 Soft Shale   | Well Diameter: Casing O.D.:   |
| 46-50 Grave  | Well Depth: 332 Date Completed: 8/18/88   |
| 51-65 hard Slale   | CASING: Length 55 Feet Height above ground Feet   |
| Wolld hard limestone Shake   | Steel   Plastic   Cast Iron   |
| 111-115 (Revice_   | —<br>Other  |
| 16-168 hard limestone Shale  | f C/p_1/  |
| 169-173 Fractured limpstone  | SCREEN  |
| . water  | None Installed  |
| 174-185 hard linestone   | Type Diameter   |
| 186-232 Soft Shake + CAV   | Slot/Gauge Length   |
| 1  | Set Between Ft. and Ft.   |
| 1800 Gph.  |   |
| PUMPING OR BAILING TEST  | WELL HEAD   |
| DETAILS #1 #2 #3   | Pitless Adapter: Type, Make, Etc., To be installed  |
| Static Water Level (Ft. Below Grade)   | Well Cap: Type, Make, Etc. Hoyer  |
| Pumping Rate (GPM)   | Well Seal: Type, Make, Etc.   |
| Pumping Level (ft Below Grade)   | Well Platform:  |
| Duration of Test (In Hours)  | Length Width Thickness  |
| Recovery Time to Static Level (In Hours)   | Grouting: DV Yes D No All Public Water Supplies must be grouted. Our Hand type II               |
| Additional pump test will be made  |   |
| hereby certify that this well was drilled and constructed under my s<br>s true to the best of my knowledge and belief. | supervision, in compliance with all requirements of the referenced permit, and that this record |
|  | B. Mark Smith DO!   |
|  | B.W. 5mith Well Drifting No.  |
| •  | Registered Business Name  |
| _  | Signed by Date Vale   |
|  |   |

\$5-177 Revised 1-71

## WEST VIRGINIA SEPTIC TANK INSPECTION FORM

| SEPTIC TANK INSPECTION FORM   |
|---|
| 66 North Institution Permit No. STANSING Health Department Installation Permit No.  |
| Name of Owner ( CON 1815)   |
| Address 25 tron ( 10 Jot 103 15 20 No 2 (204  |
| Property Address Pullals Rice Rich Lot 87   |
| DESCRIPTION & NUMBER OF UNITS SERVED  |
| Type Facility Served ( ) ( ) ( ) No. Water Closets  |
| Lot Size Size sq. ft. Area suitable for sewage disposal installationsq.ft   |
| Source of Water Supply And Mo. Lavatories   |
| No. Bedrooms No. Showers or Tubs No. Baths  |
| No. Garbage Grinders No. Automatic Washers  |
| Material Length x Width x Depth = cubic feet  |
| Liquid Depth ft. Liquid Capacity 1000 gal.  |
| Distance to: Dwelling 30 Water Supply 10050 Nearest Property Line Vou   |
| SOIL ABSORPTION SYSTEM  |
| Type Drain Line Material  |
| Trench Depth 6 30 Inches Total Absorption area in Trench Bottom 5 sq. ft.   |
| Diameter of Drain Line Type Filter Media  |
| No. of Drain Lines 2 Depth Filter Media Under Drain Line 1 Inches  Length of Each Line 1,70,  |
| <i>i</i>  |
| Distance of Disposal Field to: (a) Dwelling // 14  (b) Water Supply (c) Nearest Property Line   |
| (b) Water Supply 100 (c) Nearest Property Line Visit  |
| 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. |
| Date  Sanitarian  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.

T-516 P0005 #8/ large will should be removed prior to over ( ned topso,1)

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