





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

SW258

# WELL COMPLETION REPORT

Date(s) 4/9/93 County Hampshire Permit #: DW-14-02-93-195  
Town: Romney Area Name/Location Mt. Top  
Well Owner: Walter Bittinger Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Well Driller: B. Mark Smith Address: HC 86 Box 2-A  
Telephone Number: 304-822-4786 Springfield WV. 26763

## WELL LOG

| DEPTH IN FEET | FORMATIONS:<br>KIND, THICKNESS, AND IF WATER BEARING | REMARKS:                                                                                                                   |
|---------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 0-42          | hard Slate                                           | Type of Well: <u>home</u> Drilling Method: <u>Air Hammer</u>                                                               |
| 43-110        | hard red Shale                                       | Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>                                                                        |
| 111-217       | hard green Sandrock                                  | Well Depth: <u>385</u> Date Completed: <u>4/9/93</u>                                                                       |
| 218-270       | hard red Sandrock                                    | <b>CASING:</b> Length <u>63</u> Feet Height above ground <u>1</u> Feet                                                     |
| 271-284       | hard gray Sandrock                                   | <input checked="" type="checkbox"/> Steel <u>GALV.</u> <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron |
| 285-          | Water                                                | Other _____ Type _____                                                                                                     |
| 286-385       | hard gray Sandrock                                   |                                                                                                                            |
|               |                                                      | <b>SCREEN</b>                                                                                                              |
|               |                                                      | <input checked="" type="checkbox"/> None installed                                                                         |
|               |                                                      | Type _____ Diameter _____                                                                                                  |
|               |                                                      | Slot/Gauge _____ Length _____                                                                                              |
|               |                                                      | Set Between _____ Ft. and _____ Ft.                                                                                        |
|               | 330 GPH.                                             |                                                                                                                            |

### **PUMPING OR BAILING TEST**

| DETAILS                                  | #1    | #2 | #3 |
|------------------------------------------|-------|----|----|
| Static Water Level (Ft. Below Grade)     | 225   |    |    |
| Pumping Rate (GPM)                       | 5 1/2 |    |    |
| Pumping Level (Ft Below Grade)           | 375   |    |    |
| Duration of Test (In Hours)              | 1     |    |    |
| Recovery Time to Static Level (In Hours) | 1     |    |    |

## WELL HEAD

Pitless Adapter: Type, Make, Etc. \_\_\_\_\_

Well Cap: Type, Make, Etc. Standard

Well Seal: Type, Make, Etc. \_\_\_\_\_

Well Platform: \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Thickness \_\_\_\_\_

Grouting: ☒ Yes ☐ No

All Public Water Supplies must be grouted. pressure 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.

B. Mark Smith 001  
Name B.W. Smith Well Drilling Certification No.  
Registered Business Name Benjamin Mark Smith 4/9/93  
Signed Date

SS-177

Revised 1-71

WEST VIRGINIA  
SEPTIC TANK INSPECTION FORMHampshire Health Department Installation Permit No. ST-14-13-328Name of Owner Walter BittingerAddress P.O. Box 639, Romney, WVProperty Address Serinity Heights

## DESCRIPTION &amp; NUMBER OF UNITS SERVED

Type Facility Served home No. Water Closets       Lot Size 2<sup>+</sup> acres sq. ft. Area suitable for sewage disposal installation        sq. ft.Source of Water Supply well No. Lavatories       No. Bedrooms 3 No. Showers or Tubs        No. Baths       No. Garbage Grinders 0 No. Automatic Washers 1

## SEPTIC TANK

Material concrete Length        x Width        x Depth        =        cubic feetLiquid Depth        ft. Liquid Capacity 1000 gal.Distance to: Dwelling 37' Water Supply 107' Nearest Property Line 200<sup>+</sup>

## SOIL ABSORPTION SYSTEM

Type Drain Line Material gravelless Trench Width 24 InchesTrench Depth 24 Inches Total Absorption area in Trench Bottom 900 sq. ft.Diameter of Drain Line 10 Inches Type Filter Media       No. of Drain Lines 3 Depth Filter Media Under Drain Line        InchesLength of Each Line 100, 100, 100, ft. Depth Filter Media Over Drain Line        in.Distance of Disposal Field to: (a) Dwelling 88'(b) Water Supply 153' (c) Nearest Property Line 285'

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 5-7-93Lee O'Hara  
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.

