

Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

WELL COMPLETION REPORT

Date(s) 11-2-94 County Hampshire Permit #: DW-14-10-95-105
 Town: Highview Area Name/Location Back Creek Rd., directly across from ent. to Dry Run
 Well Owner: George Brown, Jr. Address: 2666 Nicodemus Rd.
 Telephone Number: 410-848-2525 Westminster, MD 21157
 Well Driller: Randal C. Miller Address: Rt. 1 Box 186
 Telephone Number: 304-738-3266 Ridgley, WV 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-11'	Brown Sand (Unconsolidated)	Pressure Grouted
11'	Blue Shale (Bedrock)	Type of Well: <u>DW</u> Drilling Method: <u>Air Rotary Hammer</u>
22'	Blue Shale (Consolidated)	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
	Set Casing	Well Depth: <u>130'</u> Date Completed: <u>11-2-94</u>
90'	Blue Shale (Water Bgn)	CASING: Length <u>23</u> Feet Height above ground <u>1</u> Feet
110'	Blue Shale (Water Bgn)	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
130'	Blue Shale (Consolidated)	Other _____ Type _____
	Stopped Drilling	SCREEN
		<input checked="" 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)	8		
Pumping Rate (GPM)	50		
Pumping Level (Ft Below Grade)	130		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Royer-Conduit type
 Well Seal: Type, Make, Etc. _____
 Well Platform: _____
 Length _____ Width _____ Thickness _____
 Grouting: Pressure 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.

Randal C. Miller 432
 Name _____ Certification No. _____
 Registered Business Name Miller Bros. Drilling
 Signed Randal C. Miller Date 11-2-94

Rev. 3/79

SMALL SEWAGE DISPOSAL INSTALLATION PERMIT

To:

George Brown

Address:

2666 Nicodemus Rd.
Westminster, MD 21157

You are hereby issued a permit to install
a small sewage disposal system consisting of a septic tank and drainfield
and located at Back Lick Rd, Capon Springs WV. 2.59 from
Yellow Springs or Highview

This small sewage disposal system shall meet the following specifications:

1. Septic Tank
 - a. Shall be made of precast concrete and not less than 1000 gallon capacity.
2. Soil-Absorption System
 - a. Shall consist of 4 distribution lines 4" in diameter.
 - b. Each distribution line shall be 100' 100' 100' 100' feet in length.
 - c. Each trench shall be 36 inch width with ZERO slope on trench bottom and ZERO slope on each distribution line.
 - d. No trench shall be more than 24 inches deep.
 - e. Total soil-absorption area in trench bottoms shall be 1200 sq. ft.
 - f. Filter material shall be gravel and not greater than 1/2 - 2 1/2 inches in diameter.
 - g. Filter material under each line shall be not less than 6 inches deep and not less than 2 inches over each distribution line.
 - h. Filter material shall be covered with paper prior to backfilling.
 - i. Trenches shall be backfilled at least 6" above ground surface to provide for settling of backfill.
3. Other Small Sewage or Excreta Disposal Systems (Name the type system to be used, then use back of sheet to describe the details of the system.)
None unless problems at construction.
4. Special Requirements
 - a. Small sewage and excreta disposal systems shall be located at least 10 ft. from any property line and a minimum of 20 ft. from any stream or roadside cut.
 - b. Septic tanks shall be located at least 10 ft. and excreta disposal systems a minimum of 20 ft. from building foundation.
 - c. Septic tanks shall be located a minimum of 50 ft. and soil-absorption systems and excreta disposal systems a minimum of 100 ft. from any ground water supply or cistern.
5. This permit is not transferable and automatically expires 12 months after date of issue.
6. The applicant or his agent must notify this department, phone 822-5111 at least 72 hours before the system is ready for inspection.
7. All small sewage and excreta disposal systems must be inspected and approved prior to being covered with earth or otherwise put into service. Any applicable system or part thereof covered before being inspected shall be uncovered at the direction of the SANITARIAN.
8. This permit is NULL AND VOID when official inspection reveals conditions are different than those stipulated in this permit or if facts later become known that a health hazard would result by the installation of this system.

2-8-91
Date of Issue

Hampshire County Health Department

66 North High Street










Romney, West Virginia

Health Department

Lee C. Hara
NameSanitarian
Title

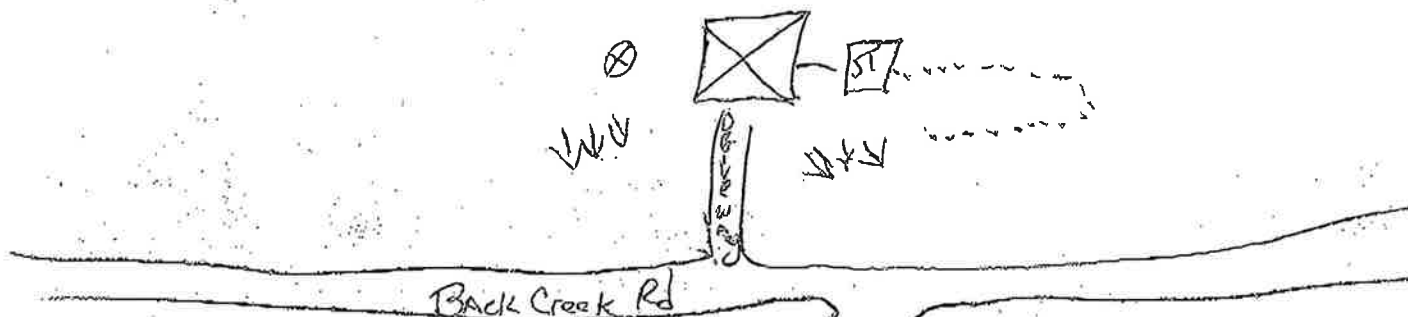
(Use reverse side of page for sketch of system)

Please draw a sketch of the property showing existing or proposed well location, location of structures, existing proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

	House		Water Supply		Percolation Test Site
	Soil Absorption Line		Dir. of Ground Slope		Property Line
	Trees		Septic Tank		Mobilehome

21 Acres
Private

No Septic Yet



PART III

SEWAGE DISPOSAL SYSTEM INFORMATION

☐ Install ☐ Modify
☐ Septic Tank ☐ Absorption Field ☐ Holding Tank ☐ Pit Privy ☐ Vault Privy
☐ Chemical/Composting Toilet ☐ Alternate System (attach detailed plans)
 Other _____

DESCRIPTION OF PROPOSED SYSTEM:

Septic Tank: Capacity _____ Material _____ Nearest Prop. Line _____
 Absorption Field: _____ Sq. ft. with _____ lines and _____ long
 Pipe ASTM No. _____ Nearest Property Line _____
 Type of Water Supply: _____ Area Suitable for Absorption Field: _____ Sq. ft.
 Six-foot hole free of water or solid rock? ☐ Yes ☐ No

PERCOLATION TEST:

TEST HOLE: #1 #2 #3 #4
 minutes minutes minutes minutes
 Total minutes _____, divided by 24 = _____ average time for water to fall one inch.
 Test done on _____ (date) using approved procedures outlined in the Design Standards.

Signed: _____

Signature of Installer

Certification No.

Date