

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

SW258

Rec 2-22-99

WELL COMPLETION REPORT

Date(s) FEBRUARY 4 1999 County _____ Permit #: DW-14-99-148
 Town: ROMNEY, WVA Area Name/Location LOT# 80 LOT AT SUBDIVISION - GRASSY LICK RD
 Well Owner: EDWARD A. BROWN Address: 411 WASHINGTON ST., CUMBERLAND, MD
 Telephone Number: 301-777-3493 21502
 Well Driller: PAUL W. WACHTER Address: ROUTE 7, BOX 12795
 Telephone Number: 304-258-2261 BERKLEY SPRING, WVA

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-6	RED CLAY & SHALE	Type of Well: <u>WATER</u> Drilling Method: <u>PERCUSSION</u>
6-14	RED SHALE	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8</u>
14-211	RED SANDSTONE	Well Depth: <u>500</u> Date Completed: <u>2-4-99</u>
211-304	GRAY SANDSTONE	CASING: Length <u>45-4</u> Feet Height above ground <u>3</u> Feet
304-325	OPEN TEAM W.B. 1 GPM	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
325-477	RED SANDSTONE	Other _____ Type _____
477-498	OPEN TEAM W.B. 60 GPM	
498-500	RED SANDSTONE	
		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)	<u>122</u>		
Pumping Rate (GPM)	<u>60</u>		
Pumping Level (Ft. Below Grade)	<u>499</u>		
Duration of Test (In Hours)	<u>1.44</u>		
Recovery Time to Static Level (In Hours)	<u>1.44</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. BRASS-MARTIN (5-10)
 Well Cap: Type, Make, Etc. ALUMINUM-CONDUIT (BOYER) TIGHT
 Well Seal: Type, Make, Etc. _____
 Well Platform:
 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.

WAYNE (PAUL) W. WACHTER 123
 Name _____ Certification No. _____
MT STATE WELL DRILLING LTD.
 Registered Business Name _____
Paul W. Wachter FEBRUARY 4, 1999
 Signed _____ Date _____

93-177 7/96

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

Hampshire HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-14-98-216
Tax Map: _____ Parcel #: _____
County Road: _____County: HampshireName of Owner: Edmund Brown Installer: Donna
Address: 411 Washington St. Cumberland rd 21502
Property Location: 450 Mountain Lot #80
Type of Facility: House Facility is: New (☒ Existing () Lot Size: 2066 Sq-Ft./Acres
Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: Solida
Distances (in feet) of Tank to: Dwelling: 43 Private (☒)/Public () Water Source: 145 Property Line: 168

ON-SITE DISPOSAL SYSTEM

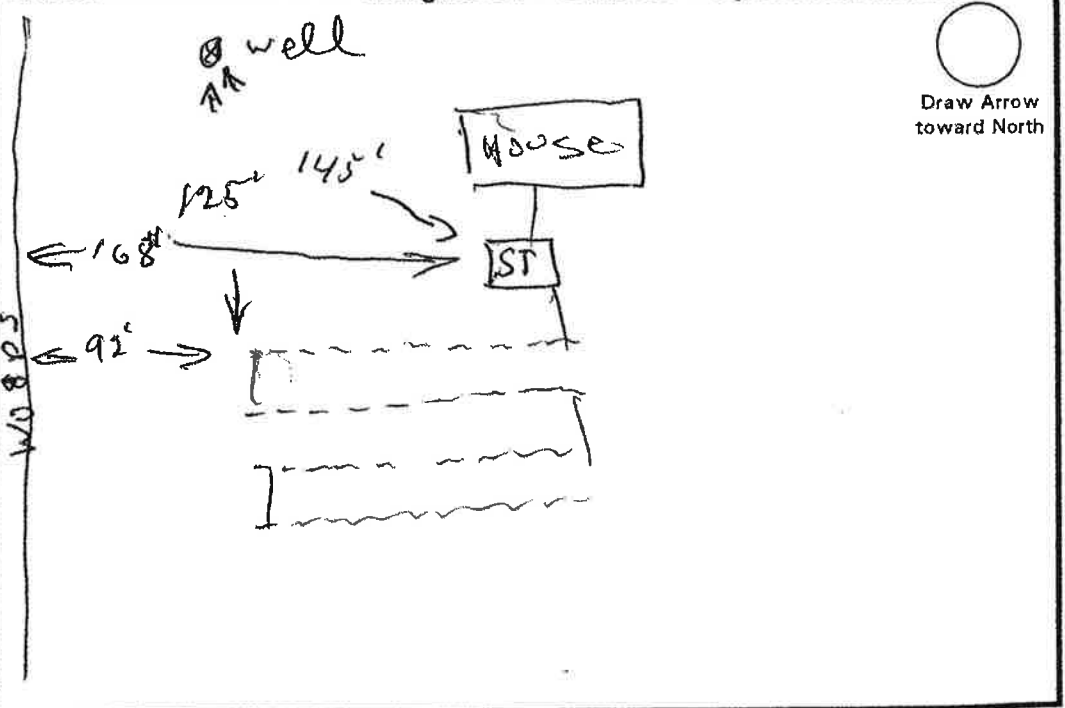
Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (☒), Diameter: 10 inches
Chamber Soil Absorption Trenches () or Bed ()
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other: _____No. of Lines: 4 Length (in feet) of Each: 100, 100, 100, 100
Width of Trenches: 24 inches/feet Depth to Bottom of Field: 2436 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes (☒ No () Size Equates to: 1200 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 64 Private (☒)/Public () Water Source: 125 Property Line: 92
Remarks: After house drainage must be diverted away septic system

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): 1-26-99Final Inspection Date: 5-11-99Sanitarian: [Signature]