

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

SW258

WELL COMPLETION REPORT

Date(s) 11-16-89 County HAMPSHIRE Permit #: DW 14-10-90-120
 Town: DELRAY Area Name/Location Mt. View Estates Lot #27
 Well Owner: HARRY OATES Address: P.O. Box 289
 Telephone Number: 304-856-2516 HIGHVIEW W.VA. 26808
 Well Driller: RANDAL G MILLER Address: Rt #1 Box 186
 Telephone Number: 304-738-3266 Redeely W.VA. 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-28'	RED SHALE (UNCONSOLIDATED)	Type of Well: <u>DW</u> Drilling Method: <u>Air Rotary Hammer</u>
28'	RED SANDSTONE (BEDROCK)	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 7/8"</u>
40'	RED SANDSTONE (CONSOLIDATED)	Well Depth: <u>175'</u> Date Completed: <u>11-16-89</u>
	CEMENT + SET CASING	CASING: Length <u>42</u> Feet Height above ground <u>2</u> Feet
110'	BLUE SANDSTONE (CONSOLIDATED)	<input checked="" type="checkbox"/> Steel <u>GALV.</u> <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
147'	RED SANDSTONE (WATER 20 GPM)	Other _____ Type _____
175'	RED SANDSTONE (CONSOLIDATED)	
	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)	<u>54</u>		
Pumping Rate (GPM)	<u>20</u>		
Pumping Level (Ft. Below Grade)	<u>166</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. ROYER - 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.

RANDAL G MILLER 432
 Name Certification No.
MILLER BROS. DRILLING
 Registered Business Name
Randal G Miller 11-16-89
 Signed Date

SS-177
Revised 1-71WEST VIRGINIA
SEPTIC TANK INSPECTION FORMHampshire County Health Department Installation Permit No. ST-14-89-75Name of Owner Paul DisparrelAddress Box City, WV 26810Property Address Mountain View Estates - Box #27DESCRIPTION & NUMBER OF UNITS SERVEDType Facility Served Cabin No. Water Closets 1Lot Size 211 acres sq. ft. Area suitable for sewage disposal installation 1 sq. ft.Source of Water Supply well to be No. Lavatories 1No. Bedrooms 2 No. Showers or Tubs 1 No. Baths 1No. Garbage Grinders 1 No. Automatic Washers 1SEPTIC TANKMaterial Cement Length x Width x Depth = cubic feetLiquid Depth ft. Liquid Capacity 1000 gal.Distance to: Dwelling Water Supply Nearest Property Line SOIL ABSORPTION SYSTEMType Drain Line Material plastic Trench Width 36 InchesTrench Depth 18-24 Inches Total Absorption area in Trench Bottom 1000 sq. ft.Diameter of Drain Line 4 Inches Type Filter Media gravel - 32 tonNo. of Drain Lines 3 Depth Filter Media Under Drain Line 6 InchesLength of Each Line 80, 70, 50 ft. Depth Filter Media Over Drain Line 6 in.Distance of Disposal Field to: (a) Dwelling (b) Water Supply well to be (c) Nearest Property Line 30'

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.

8-22-88
Date[Signature]
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.

Lot #27

