

2nd well

1000  
9-21-93

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

SW258

**WELL COMPLETION REPORT**

Date(s) 9/21/93 County Hampshire Permit #: DW-14-09-94-78  
 Town: \_\_\_\_\_ Area Name/Location Peaceful Valley Estates Lot 20  
 Well Owner: Harry W. Dates Address: P.O. Box 289  
 Telephone Number: 856-2516 Highview WV, 26808  
 Well Driller: B. Mark Smith Address: HC 86 Box 2-A  
 Telephone Number: 822-4786 Springfield WV, 26763  
822-5867

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-70	Brown Shale	Type of Well: <u>home</u> Drilling Method: <u>Air-hammer</u> Well Diameter: <u>6'8"</u> Casing O.D.: <u>6'5 1/2"</u> Well Depth: <u>225</u> Date Completed: <u>9/21/93</u> <b>CASING:</b> Length <u>88</u> Feet Height above ground <u>1</u> Feet <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
71-103	hard gray shale	
104-106	Soft spot	
107-144	hard gray shale	
145-	water	
146-179	hard gray shale	
180-	water	
181-225	hard gray shale	<b>SCREEN</b> <input checked="" type="checkbox"/> None Installed Type _____ Diameter _____ Slot/Gauge _____ Length _____ Set Between _____ Ft. and _____ Ft.
	<u>720 Gph.</u>	

**PUMPING OR BAILING TEST**

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>70</u>		
Pumping Rate (GPM)	<u>12</u>		
Pumping Level (Ft Below Grade)	<u>200</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

**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

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 Certification No.  
B.W. Smith Well Drilling  
 Registered Business Name  
By: Mark Smith 9/21/93  
 Signed Date

*Sett off hole  
Remove Rock*

*cleanest at 90  
near 90*

SS-177  
Revised 1-71

WEST VIRGINIA  
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-4-94-166

Name of Owner Harry Cates

Address P.O. Box 289, High View, WV

Property Address Peaceful Valley Lot #20

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served residential No. Water Closets     

Lot Size 2.84 <sup>acres</sup> sq. ft. Area suitable for sewage disposal installation      sq. ft.

Source of Water Supply well No. Lavatories     

No. Bedrooms 2 No. Showers or Tubs      No. Baths     

No. Garbage Grinders 0 No. Automatic Washers 0

SEPTIC TANK

Material precast Length      x Width      x Depth      =      cubic feet

Liquid Depth      ft. Liquid Capacity 1000 gal.

Distance to: Dwelling      Water Supply 100+ Nearest Property Line 100+

SOIL ABSORPTION SYSTEM

Type Drain Line Material gravelless Trench Width 24 Inches

Trench Depth 24 Inches Total Absorption area in Trench Bottom 600 sq. ft.

Diameter of Drain Line 10 Inches Type Filter Media     

No. of Drain Lines 3 Depth Filter Media Under Drain Line      Inches

Length of Each Line 55, 65, 80, ft. Depth Filter Media Over Drain Line      in

Distance of Disposal Field to: (a) Dwelling     

(b) Water Supply 100+ (c) Nearest Property Line 100+

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.

4/3/94  
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.

