7-11-96

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

SW258

WELL COMPLETION REPORT

Date(s) 7-6-96 County Hampshire Permit #: DW-14-05-96-23

Town: _____ Area Name/Location French's Neck W Lot 10

Well Owner: Gary + Carol Wilson Address: Rt 8 Box 220

Telephone Number: 788-5422 Keyser WV 26726

Well Driller: B. Mark Smith Address: HC 86 Box 2-A

Telephone Number: 822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-14	Clay
15-	Gravel
16-310	hard gray shale
311	water
312-370	hard gray shale
	90 Gph.

REMARKS:

Type of Well: Home Drilling Method: Air-hammer

Well Diameter: 6" Casing O.D.: 6 5/8"

Well Depth: 370 Date Completed: 7/6/96

CASING: Length 26 Feet Height above ground 1 Feet

☑ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☑ 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)	14		
Pumping Rate (GPM)	1.5		
Pumping Level (Ft Below Grade)	350		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	8		

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.

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 recon is true to the best of my knowledge and belief.

B. Mark Smith #D01
Name Certification No.

B.W. Smith well Drilling
Registered Business Name

Benjamin Mark Smith 7/6/96
Signed Date

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-97-191

Name of Owner Dary & Carol Wilson

Address HC 72 Box 220, Keyser, WV

Property Address Trunck's Neck West Lot #10

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served cabin No. Water Closets —

Lot Size 3.32 ~~sq. ft.~~ acres 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 — No. Automatic Washers —

SEPTIC TANK

Material precast Length — x Width — x Depth — = — cubic feet

Liquid Depth — ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 20' Water Supply 80' Nearest Property Line 75'

SOIL ABSORPTION SYSTEM

Type Drain Line Material gravelless Trench Width 24 Inches

Trench Depth 24-36 Inches Total Absorption area in Trench Bottom 900 sq. ft.

Diameter of Drain Line 10 Inches Type Filter Media —

No. of Drain Lines 5 Depth Filter Media Under Drain Line — Inches

Length of Each Line 40, 60, 60, 60, 80 ft. Depth Filter Media Over Drain Line — in.

Distance of Disposal Field to: (a) Dwelling 95'

(b) Water Supply 160' (c) Nearest Property Line 25'

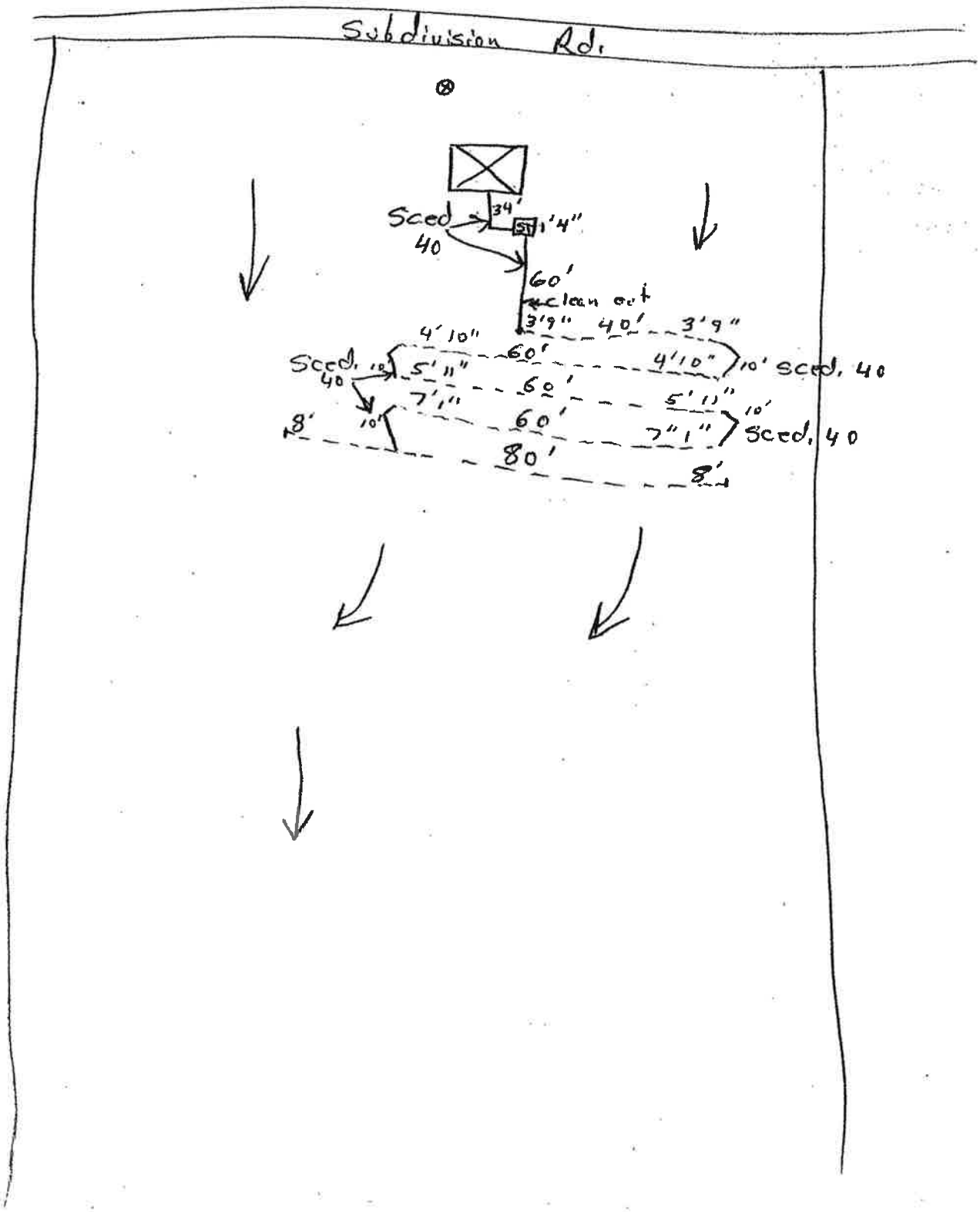
An inspection of the septic tank system described herein disclosed that said system (MEETS, ~~DOES NOT MEET~~) the minimum standards established by the West ~~Virginia State~~ Department of Health.

10-4-96
Date

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.


Subdivision Rd.
Sced
40
34'
1'4"
60'
clean out
3'9"
40'
3'9"
4'10"
60'
4'10"
10' sced. 40
Sced. 40
5'11"
60'
5'11"
7'1"
60'
7'1"
10' Sced. 40
8'
80'
8'