Rec'd 11-03-89

SW258

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

WELL COMPLETION REPORT

Date(s) 11-1-89 County HAMPSHIRE Permit #: DW-14-09-90-76
Town: NORTH RIVER Area Name/Location HANGING ROCK SUB. LOT #13
Well Owner: WARREN G. HENLEY SR. Address: 5309 4th ST.
Telephone Number: 301-789-6387 BALTIMORE MD. 21225
Well Driller: RANDAL G. MILLER Address: Rt #1 Box 186
Telephone Number: 304-738-3266 RIDGELEY W. VA. 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-13'	CLAY (UNCONSOLIDATED)
13'	BROWN SHALE (UNCONSOLIDATED)
27'	LIMESTONE (BEDROCK)
41'	LIMESTONE (CONSOLIDATED)
	CEMENT & SET CASING
138'	LIMESTONE (WATER 4 GAL)
162'	LIMESTONE (WATER 4 GAL)
186'	LIMESTONE (WATER 5 GAL)
200'	LIMESTONE (CONSOLIDATED)
	STOPPED DRILLING

REMARKS:

Type of Well: DW Drilling Method: Air Rotary Hammer
Well Diameter: 6 1/8" Casing O.D.: 6 5/8"
Well Depth: 200' Date Completed: 11-1-89
CASING: Length 42 Feet Height above ground 1 Feet
☒ Steel GALV. ☐ 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)	45		
Pumping Rate (GPM)	60		
Pumping Level (Ft Below Grade)	190		
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. BOYER, 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 — 11-1-82
Signed — Date

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. SI-14-90-155

Name of Owner Warren L. Kesler, Sr.

Address 5309 4th St., Baltimore, Md 21225

Property Address Hanging Rock Subd. II -

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served Mobile Home No. Water Closets 1

Lot Size 2+ ~~sq. ft.~~ acres Area suitable for sewage disposal installation — sq.ft.

Source of Water Supply Well No. Lavatories 1

No. Bedrooms 3 No. Showers or Tubs 1 No. Baths 1

No. Garbage Grinders — No. Automatic Washers 1

SEPTIC TANK

Material pre-cast concrete Length ____ x Width ____ x Depth ____ = ____ cubic feet

Liquid Depth ____ ft. Liquid Capacity 1,000 gal.

Distance to: Dwelling 15' Water Supply Well Nearest Property Line 25'

SOIL ABSORPTION SYSTEM

Type Drain Line Material PVC Trench Width 36 Inches

Trench Depth 28-30 Inches Total Absorption area in Trench Bottom ____ sq. ft.

Diameter of Drain Line 4 Inches Type Filter Media stone - 24 inch

No. of Drain Lines 2 Depth Filter Media Under Drain Line 8 Inches

Length of Each Line 100, 100, ___, ___ ft. Depth Filter Media Over Drain Line 3 in.

Distance of Disposal Field to: (a) Dwelling 40'

(b) Water Supply Well (c) Nearest Property Line 10'

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.

11-9-88
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.

Hanging Rock