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

SW258

Rec'd 3-16-90

WELL COMPLETION REPORT

Date(s) 3-2-90 County Hampshire Permit #: DW-H-02-90-222

Town: Del Ray Area Name/Location North River Wilderness Lot #2

Well Owner: Harry W. Oates Address: P.O. Box 289

Telephone Number: 304-856-2516 Highview W.Va. 26808

Well Driller: Randal Co 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
0-49'	Brown Shale (Unconsolidated)
49'	Blue Shale (Bedrock)
62'	Blue Shale (Consolidated)
	Cement Set Casing
120'	Limestone (Water 4 GPM)
193'	Limestone (Water 1 GPM)
225'	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: 225' Date Completed: 3-2-90

CASING: Length 63 Feet Height above ground 1 Feet

☒ Steel (New) ☐ 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)	46		
Pumping Rate (GPM)	15		
Pumping Level (Ft Below Grade)	215		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	2		

WELL HEAD

Pitless Adapter: Type, Make, Etc. —

Well Cap: Type, Make, Etc. Rayer 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 Co Miller — 432
Name — Certification No.

Miller Bros. Drilling
Registered Business Name

Randal C Miller — 3-2-90
Signed — Date

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Clampton County Health Department Installation Permit No. ST-14-90-209

Name of Owner Nancy M. Oates

Address Box 289 Big Otter WV

Property Address North River Wilderness Lot #2

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served dwelling No. Water Closets —

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

Source of Water Supply well No. Lavatories —

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

No. Garbage Grinders — No. Automatic Washers —

SEPTIC TANK

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

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

Distance to: Dwelling 12' Water Supply 80' Nearest Property Line 75'

SOIL ABSORPTION SYSTEM

Type Drain Line Material 2729 Trench Width 36 Inches

Trench Depth 22-26 Inches Total Absorption area in Trench Bottom 600 sq. ft.

Diameter of Drain Line 4 Inches Type Filter Media gravel #6 - 3/4"

No. of Drain Lines 2 Depth Filter Media Under Drain Line 6-8 Inches

Length of Each Line 100, 100, ____, ____ ft. Depth Filter Media Over Drain Line 2-3 in.

Distance of Disposal Field to: (a) Dwelling 20'

(b) Water Supply 100'+ (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.

3-2-90
Date

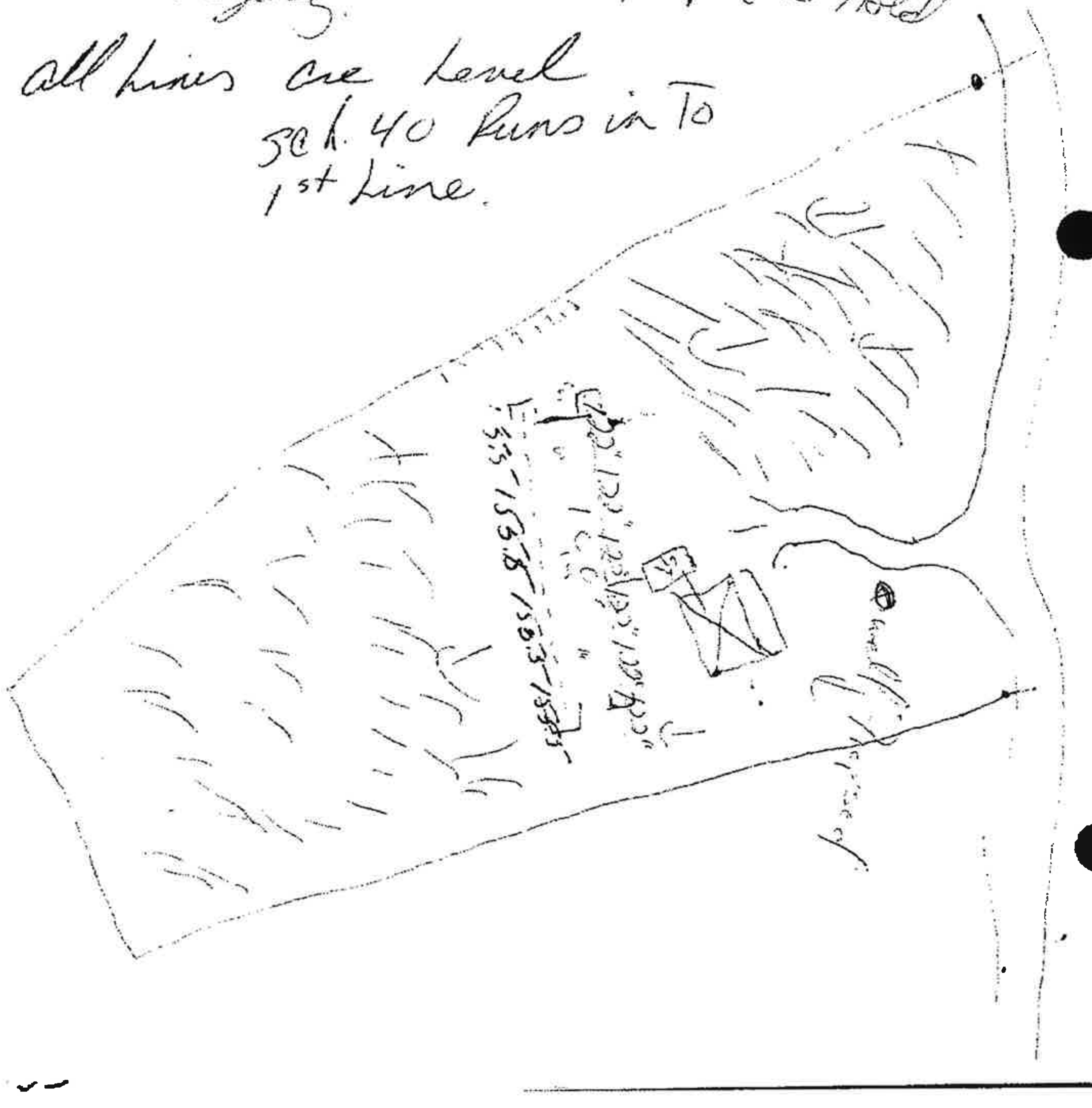
Sanitarian

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.

all lines are level
all lines are end capped
[illegible]
~~All~~ Tank has rubber grommet
used valve seal on pipe to hold
Packing.

all lines are level
sch. 40 runs into
1st line.



Description of Property:

Type of Water Supply Well
Size of Lot: _____ Sq. Ft. 2.28 Acres
Area Suitable for Absorption Field _____ Sq.Ft.
Six Foot Hole Free of Water or Solid Rock: ✓ YES _____ NO
Percolation Test Result

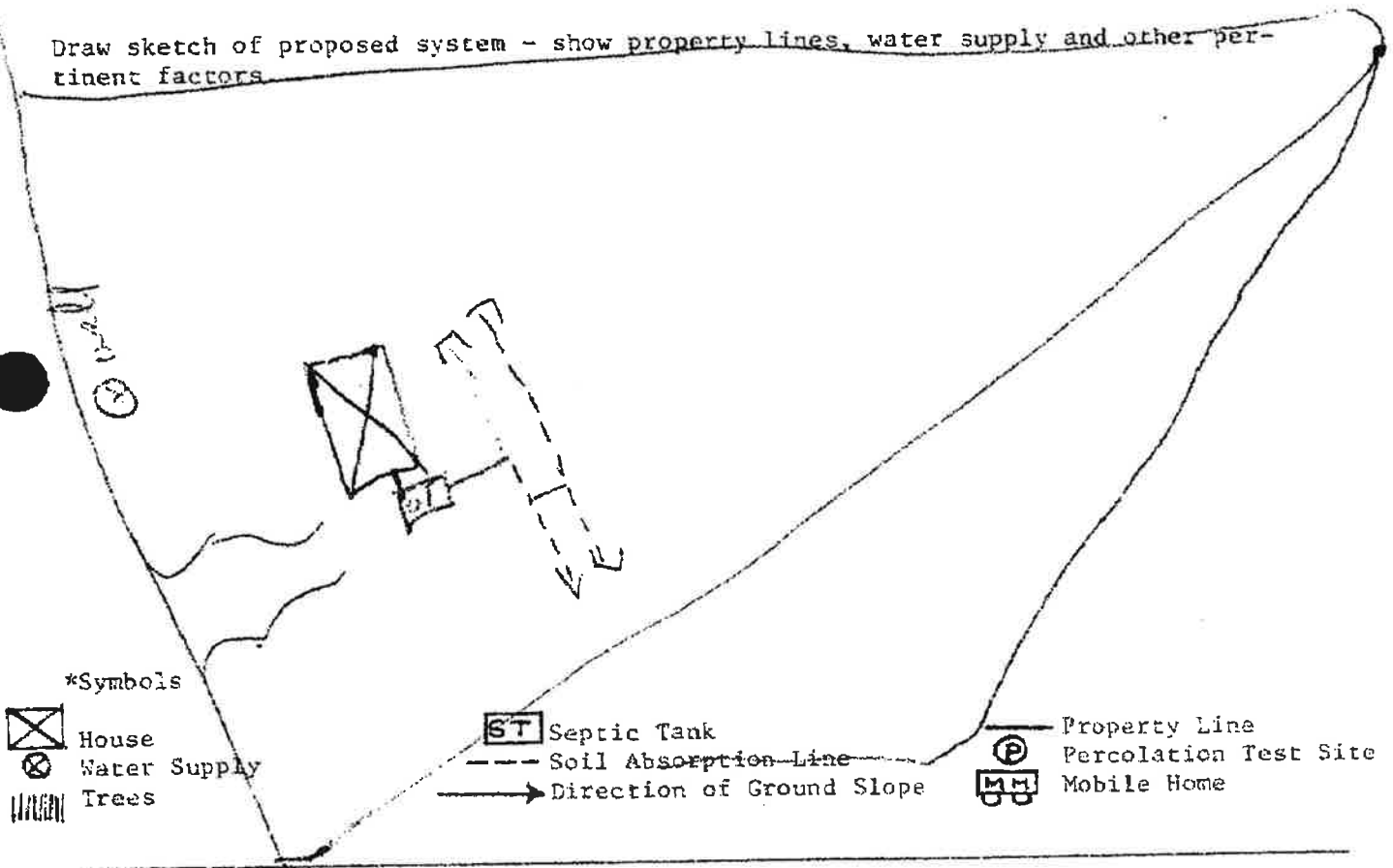
Test Hole Number One	122	Minutes
Test Hole Number Two	137	Minutes
Test Hole Number Three	240	Minutes
Test Hole Number Four	242	Minutes
TOTAL	721	Minutes

Total divided by 24 (6 inches X 4 holes) = 32 average time for water to fall (soak) one inch. Percolation test done on Dec 1989 DATE using approved procedures outlined in the design standards.

Signed: Clifton B Taylor

PLOT LAYOUT - SKETCH*

Draw sketch of proposed system - show property lines, water supply and other pertinent factors



*Symbols

House
Water Supply
Trees
ST Septic Tank
Soil Absorption Line
Direction of Ground Slope
Property Line
P Percolation Test Site
MH Mobile Home

HEALTH DEPARTMENT USE

Date Application Received 1-2-90
Date Site Evaluated 1-5-90
Permit Number 91-14-90-209
Permit Denied _____ (See Attached Letter)
Sanitarian Dunlap