

Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

WELL COMPLETION REPORT

Date(s) 4-18-96 County Hampshire Permit #: DW-14-04-96-169
 Town: Augusta Area Name/Location Misty Meadows Sub, Lot #47+46
 Well Owner: Henry Ostheimer Address: 427 Nottingham Rd.
 Telephone Number: 302-732-5392 Newark, DE. 19711-7404
 Well Driller: RANDY C Miller Address: PO Box 412
 Telephone Number: 304-496-9992 SHANKS, WV 26761

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-68'	BROWN SHALE (UNCONSOLIDATED)	Pressure Grouted
68'	BLUE SHALE (BEDROCK)	Type of Well: <u>DW</u>
83'	BLUE SHALE (CONSOLIDATED)	Drilling Method: <u>AIR ROTARY HAN</u>
	Set Casing	Well Diameter: <u>6 1/8"</u>
190'	BLUE SANDSTONE (WATER 3gpm)	Casing O.D.: <u>6 5/8"</u>
355'	BLUE SANDSTONE (WATER 1gpm)	Well Depth: <u>380'</u>
380'	BLUE SANDSTONE (CONSOLIDATED)	Date Completed: <u>4-18-96</u>
	Stopped Drilling	CASING: Length <u>84</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 _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	100		
Pumping Rate (GPM)	7		
Pumping Level (Ft. Below Grade)	370		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	4		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Roger-Conduit Type
 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 rec is true to the best of my knowledge and belief.

Randy C Miller
 Name of Driller
 Miller Bros. Drilling
 Registered Business Name
 Signed _____
 Certification No. 432
 Date 4-18-96

SS-177

Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-96-222
 Name of Owner Henry Osthimer
 Address 427 Nottingham Rd., Newark, DE 19711
 Property Address Misty Meadows Sub. 1 Lot # 47

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served house No. Water Closets
 Lot Size 3 acres sq. ft. 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 0 No. Automatic Washers 1

SEPTIC TANK

Material concrete Length x Width x Depth = cubic feet
 Liquid Depth ft. Liquid Capacity 1000 gal.
 Distance to: Dwelling 20' Water Supply 90' 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 960 sq. ft.
 Diameter of Drain Line 10 Inches Type Filter Media
 No. of Drain Lines 4 Depth Filter Media Under Drain Line Inches
 Length of Each Line 80, 80, 80, 80 ft. Depth Filter Media Over Drain Line in.
 Distance of Disposal Field to: (a) Dwelling 38'
 (b) Water Supply 100' (c) Nearest Property Line 45'

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.

4-9-96
 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.

