Office of Environmental Health Services ENVIRONMENTAL ENGINEERING DIVISION

WELL COMPLETION REPORT

Date(s) Town: Avoista County Ampshire Permit #: Dw-14-04-96-16 Town: Avoista Area Name/Location Mist, Neadows Sub, Lot 47-46 Well Owner: Heary Ostheimer Address: 427 Notingham Rd. Telephone Number: 302-732-5392 Newark DE, 19711-7404 Well Driller: Kanda, C Miller Address: PO Box 412 Telephone Number: 304-496-9972 Shanks W 26761 WELL LOG DEPTH IN FEET FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING REMARKS: Pressure Grouted O-68 Brown Shale (Location Dispersion of Well: Dw Drilling Method: Air Cotary Casing O.D.: 158 Blue Shale (Consort data) Well Depth: 380 Date Completed: 4-18-96 Set Casing: Length & Feet Height above ground I Feet	7
Town: Avgusta Area Name/Location Misty Neadows Sub, Lot 477446 Well Owner: Heary Osthermer Address: 427 Nottingham Rd. Telephone Number: 302-732-5392 Well Driller: MANCA: C Miller Address: PO Box 412- Telephone Number: 304-496-9972 WELL LOG DEPTH IN FEET FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING REMARKS: Pressure Grouted O-Lob Brand Male (Noonson descriptions) Well Diameter: 6/8 Casing O.D.: 578 Blue Shale (Descriptions) Well Diameter: 6/8 Casing O.D.: 578 Well Diameter: 6/8 Date Completed: 4-18-96 Set CASING: Length & Feet Height above ground I Feet	- - - - - - -
Well Owner: Heaty Stheimer Address: 427 Nottingham Rd. Telephone Number: 302-732-5392 Well Driller: KANGAL C. Miller Address: PO Box 4/2 Telephone Number: 304-496-9972 WELL LOG DEPTH IN FEET FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING REMARKS: Pressure Grouted O-Lob Braun Shale (Incompositional Dividence of Well: DW Drilling Method: Alargory Well Diameter: Lobs Casing O.D.: 558 Well Diameter: Lobs Date Completed: 4-18-96 Set CASING: Length & Feet Height above ground I Feet	
Well Driller: KANDA. C. Miller Telephone Number: 304-496-9972 WELL LOG DEPTH IN FEET FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING O-68 Brown Male (Linguistic Language) Blue Shale (Decrock) Well Diameter: 6/8 Casing O.D.: Well Depth: 380 Date Completed: 4-18-96 CASING: Length & Feet Height above ground I Feet	
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Blue Shale (Bedrock) 83 Blue Shale (Consort data) Well Diameter: 6/8 Well Depth: 380 Date Completed: 4-18-96 CASING: Length & Feet Height above ground I Feet	YAZ
Well Depth: 380 Date Completed: 4-18-96 Casing O.D.: Date Completed: 4-18-96 Casing O.D.: Feet Plus Sands Date Completed: 4-18-96 Casing O.D.: Feet	4.4
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PUMPING OR BAILING TEST WELL HEAD	
DETAILS #1 #2 #3 Pitless Adapter: Type, Make, F.C.	
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Pumping Rate (GPM) 7 Well Seal: Type, Make, Etc.	
Pumping Level (Ft Below Grade) 370 Well Platform:	
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Recovery Time to Static Level (In Hours) Recovery Time to Static Level (In Hours) Hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that the strue to the best of my knowledge and belief.	lis re(

SS-177 Revised 1-71

WEST VIRGINIA SEPTIC TANK INSPECTION FORM

JI THE TANK INSTRUCTION FORM
Mamphine (Number Health Department Installation Permit No. 57-14-96-272
Name of Owner Honny Ostheimer
Address 427 Nottingham Rd. Downe, OF 19711
Property Address Misty Meadown Sect. 120t # 47
DESCRIPTION & NUMBER OF UNITS SERVED
Type Facility Served Mo. Water Closets
Lot Size 3 Grant. Area suitable for sewage disposal installation — sq.ft
Source of Water Supply No. Lavatories
No. Bedrooms 3 No. Showers or Tubs No. Baths
No. Garbage Grinders No. Automatic Washers
SEPTIC TANK
Material Material Length x Width x Depth = cubic feet
Liquid Depthft. Liquid Capacity gal.
Distance to: Dwelling 20' Water Supply 90' Nearest Property Line 100' SOIL ABSORPTION SYSTEM
Type Drain Line Material Mavelless Trench Width 24 Inches
Trench Depth Inches Total Absorption area in Trench Bottom sq. ft.
Diameter of Drain Line // Inches Type Filter Media
No. of Drain Lines 4 Depth Filter Media Under Drain Line Inches
Length of Each Line 0,80,80,80 ft. Depth Filter Media Over Drain Lineir
Distance of Disposal Field to: (a) Dwelling 38'
(b) Water Supply
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.
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.

