

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

Filed 9-30-88

WELL COMPLETION REPORT

Date(s) 6/1/88 County Hampshire Permit #: DW-14-11-88-13
Town: _____ Area Name/Location S. from + 127429, Frank Hains Rd. 3/4 m
Well Owner: Willis A. Hiett Address: P.O. 277, Capon Bridge, WV 26711
Telephone Number: _____
Well Driller: C. Edward Shirley Address: Pt 2, Box 400, Stephenson, Va. 226
Telephone Number: 703-663-3419

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-30	shale	Type of Well: <u>Drilled</u> Drilling Method: <u>Rotary</u>
30-415	slate	Well Diameter: <u>6 1/4</u> Casing O.D.: <u>6 1/8</u>
415-416	water opening	Well Depth: <u>440</u> Date Completed: <u>12/14/87</u>
416-440	slate	CASING: Length <u>40</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)			
Pumping Rate (GPM)	<u>10</u>		
Pumping Level (Ft Below Grade)			
Duration of Test (In Hours)	<u>4</u>		
Recovery Time to Static Level (In Hours)			

WELL HEAD

Pitless Adapter: Type, Make, Etc. We did not install pitless adapter
Well Cap: Type, Make, Etc. _____
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.

C. Edward Shirley 011
Name Certification No.
Shirley Well Drilling, Inc.
Registered Business Name
C. Edward Shirley 6/1/88
Signed Date