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

SW258

## **WELL COMPLETION REPORT**

| Date(s)   | 130/94  | Cou             | nty      | H            | Ampshire Permit #: DW-14-07- 95-015   |  |  |  |  |
|---|---|-----------------|----------|--------------|---|--|--|--|--|
| Town:   | 199   | Area            | Nam      | e/Local      | ion Cacapon Ht. Retreat Lot 41  |  |  |  |  |
| Well Owner: Will  | lam & Shirle  | U               | She      | pe           | Address: P.D. Box 59  |  |  |  |  |
| Telephone Number  | 410-827   | 1 8             | 58       | 6            | Grasonville Hd. 21638   |  |  |  |  |
| Well Driller:   | A   | 4,1             | HISTORY. | 4.1          | Address: HC 86 Box 2-A  |  |  |  |  |
|   | 822-47  | 86              |          | 14<br>510 mm | Springfield WV. 26763   |  |  |  |  |
| WELL LOG  |   | .77             | 4        | V            |   |  |  |  |  |
| DEPTH IN FEET FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING |   |                 |          | EARING       | REMARKS:  |  |  |  |  |
| 0-28  | BROWN Sh  | ale             | 7777     |              | Type of Well: home Drilling Method: Air-Hammer  |  |  |  |  |
| 29-106 Gray Shale   |   |                 |          |              | Well Diameter: 6 1/8" Casing O.D.: 6 9/8"   |  |  |  |  |
| 107 Water - 36pm  |   |                 | 4        |              | Well Depth: 305 Date Completed: 8/30/94   |  |  |  |  |
| 108-269   |   |                 |          |              | CASING: Length 42 Feet Height above ground 1 Feet   |  |  |  |  |
| 270   | 270 Water - 3 5pm                                   |                 |          |              | (gi) (i i)  |  |  |  |  |
| 271-345   |   |                 |          |              |   |  |  |  |  |
| 1   |   |                 |          |              | OtherType   |  |  |  |  |
|   | (t  |                 | 65       |              | SCREEN  |  |  |  |  |
|   |   |                 |          |              |   |  |  |  |  |
|   |   |                 |          |              | Type Diameter   |  |  |  |  |
|   |   |                 |          |              |   |  |  |  |  |
|   | 8 8   |                 | J.       | Silver       | Slot/Gauge         Length           Set Between         Ft. and         Ft.                     |  |  |  |  |
|   | 360 G   | h.              |          |              | rt and  |  |  |  |  |
| PUMPING OR BAILI  | NG TEST   |                 |          |              | WELL HEAD   |  |  |  |  |
| DETAILS   |   | #1              | #2       | #3           | Pitless Adapter: Type, Make, Etc.   |  |  |  |  |
| Static Water Level (Ft. Below Grade)                            |   | 50              | 49       | 2, 1         | Well Cap: Type, Make, Etc. Standard   |  |  |  |  |
| Pumping Rate (GPM)  |   | 6               |          |              | Well Seal: Type, Make, Etc.   |  |  |  |  |
| Pumping Level (Ft Below Grade)                                  |   | 270             | Se se    | 11/24/02     | Well Platform:  |  |  |  |  |
| Duration of Test (In Hours)                                     |   | 1               | 2        |              | Length Width Thickness  |  |  |  |  |
| Recovery Time to Static Level (In Hours)                        |   | 1               | (F       |              | Grouting: 🗗 Yes 🗆 No  |  |  |  |  |
|   |   |                 |          |              | All Public Water Supplies must be grouted. Pressure   |  |  |  |  |
| hereby certify that the<br>s true to the best of                | his well was drilled and o<br>my knowledge and beli | constru<br>ief. | cted     | ınder my     | supervision, in compliance with all requirements of the referenced permit, and that this record |  |  |  |  |
|   | _   |                 | i i      |              | B. Mark Suth #001   |  |  |  |  |
| 4   | 묏굕  | 5               |          | ÷            | Name Well Drilling Certification No.  |  |  |  |  |
|   |   |                 | 12       |              | Registered Business Name New Suct 8/30/94   |  |  |  |  |
|   | $\Xi$   |                 |          | 8 8          | Signed Dafe   |  |  |  |  |

Please draw a sketch of the property showing existing or proposed well location, location of structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

| House Soil Absorption Line Trees  | ₩ater Supp  Dir. of Gr  ST Septic Tan | ound Slope                  | <u>(始拍)</u><br>⑤  | Percolation Tes<br>Property Line<br>Mobilehome | it Site        |
|---|---------------------------------------|-----------------------------|---|--|----------------|
| **************************************  | 100'                                  | COPOSED<br>A                | - Actualis |  |                |
|   |                                       | Tank Pitach detailed plans) | * * * * *<br>. Privy  | * * * * * * * * * * * * * * * * * * *          | *****<br>Pr1vy |
| DESCRIPTION OF PROPOSED SYSTEM: Septic Tank: Capacity   |                                       |                             |   |  |                |
| Absorption Field:Sq.ft  | . with                                | Neare                       | st Prop.l   | inelong  |                |
| Pipe ASTM No.  Type of Water Supply:  Six-foot hole free of water or solid rock?  PERCOLATION TEST: | Nearest Property  Area Suitable for   | Line                        |   |  | Sq.ft.         |
| TEST HOLE: #1   | #2<br>inutésmi                        | nuteš                       | #3<br>minut   | es -   | #4             |
| Total minutes, divided by 24 =  Test done on using ap   |                                       |                             | rito fall   | -  |                |
|   |                                       |                             |   |  |                |
| Signature of Installer  |                                       | Certification No.           | 5 9   | Dat  | Δ              |

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## WEST VIRGINIA SEPTIC TANK INSPECTION FORM

|     | SEPTIC TANK INSPECTION FORM   |
|-----|---|
|     | Mampshue Health Department Installation Permit No. St-14-95-05  |
|     | Name of Owner William and Shirley Shupe   |
|     | Address P.O Box 59 Granquille, And.   |
| rie | Property Address of Little Capon Rive Rd, trux into Capon Myn. Retree pht latgate DESCRIPTION & NUMBER OF UNITS SERVED to Lot 41 on right  Type Facility Served from No. Water Closets        |
|     | Type Facility Served frome No. Water Closets  |
| 6   | Lot Size 5.12 sq. ft. Area suitable for sewage disposal installation sq.ft  |
|     | Source of Water Supply No. Lavatories   |
|     | No. Bedrooms No. Showers or Tubs No. Baths  |
|     | No. Garbage Grinders No. Automatic Washers  |
|     | SEPTIC TANK   |
|     | Material Precast   x Width   x Depth   =   cubic feet   |
|     | Liquid Depth ft. Liquid Capacity/OOO gal.   |
|     | Distance to: Dwelling $\frac{\partial O}{\partial O}$ Water Supply $\frac{\partial O}{\partial O}$ Nearest Property Line $\frac{\partial O}{\partial O}$                                      |
|     | SOIL ABSORPTION SYSTEM  |
|     | Type Drain Line Material Maueloss Trench Width 24" Inches   |
|     | Trench Depth 30' Inches Total Absorption area in Trench Bottom 900 sq. ft.  |
|     | Diameter of Drain Line 10' Inches Type Filter Media None  |
|     | No. of Drain Lines 3 Depth Filter Media Under Drain Line Inches   |
|     | Length of Each Line $(0)$ , $(0)$ , $(0)$ , ft. Depth Filter Media Over Drain Line in   |
|     | Distance of Disposal Field to: (a) Dwelling 30'   |
|     | (b) Water Supply 12 (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. |
|     | 1-11-95 Junde   |
| 2 = | Date  |

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.

