

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

SW258

Rec.  
2-8-07

**WELL COMPLETION REPORT**

Date(s) 1-19-2007 County Hampshire Permit #: DW-14-07-104  
Town: Springfield Area Name/Location Lake Ferndale Lot 16  
Well Owner: LOUIS B. Mazzeo Address: P.O. BOX 111  
Telephone Number: 304-492-5352 POINTS, WV 25437  
Well Driller: B.W. SMITH WELL DRILLING Address: P.O. BOX 440  
Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-4	Clay	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
4-75	Brown shale (soft)	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
75-300	Gray shale	Well Depth: <u>300'</u> Date Completed: <u>1-19-2007</u>
		<b>CASING:</b> Length <u>100'</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 _____
		<u>DRIVE SHOE</u>
		<b>SCREEN</b>
		<input checked="" type="checkbox"/> 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)	<u>100</u>		
Pumping Rate (GPM)	<u>25</u>		
Pumping Level (Ft Below Grade)	<u>298</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

**WELL HEAD**

Pitless Adapter: Type, Make, Etc. \_\_\_\_\_  
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 record is true to the best of my knowledge and belief.

H<sub>2</sub>O = Between 100'-120' 16GPM  
133' 46GPM  
174' 20GPM

Chris Wolford 574  
Name B.W. Smith well Drilling Certification No.  
Registered Business Name Chris Wolford  
Signed \_\_\_\_\_ Date 1-19-2007

# Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # **ST-14-07-201-A**

Name of Owner: Louis B Mazzeo Installer: David Adams  
Address: PO Box 111, Points, WV 25437  
Property Location: Lake Ferndale Lot 16 Sec E Lot Size: 5 Acres  
Type of Facility: Residence Facility is: ☒ New ☐ Existing  
Design Loading in gpd/# Bedrooms: 2 Source of Water: Well

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Manufacturer: \_\_\_\_\_  
Pump Chamber 500 gal  
Distances (in feet) of Tank to: Dwelling 16'  
Private ☒ Public ☐ Water Source: > 100' Property Line: > 100'

## ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter     In.  
Chamber Soil Absorption Trenches ( ) or Bed ( )  
Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( )  
Evapotranspiration Trenches ( ) or Bed ( )  
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: LPP

No. of Lines: 5 Length (in feet) of Each: 65'  
Width of Trenches: 12 inches Depth to Bottom of Field: 12-18 inches  
If Bed, Dimensions (in feet):        If Chamber System, Name:       , No. of Units:      
Approved and Adequate Materials Used? Yes (x) No ( ) Size Equates to 900 sq ft of SGF  
Distance (in feet) of System to: Dwelling 15' Private (x) Public ( )  
Water Source: 130' Property Line: > 100'

Remarks: \_\_\_\_\_

GPS: N39 28 26.0 W78 36 10.3

An inspection indicates that  
The sewage disposal system  
Described above

DOES MEET ☒

DOES NOT MEET ☐ or

CANNOT BE DETERMINED TO

MEET ☐ the minimum standards  
Established by the West Virginia  
Bureau of Public Health.

To correct a health hazard,  
Modifications to existing systems  
May be done to improve part of a  
System. Such modifications may  
Not be able to be designated as  
a Does meet system since  
Inadequate information is known.

Although many factors  
Contribute to the successful  
Functioning of a sewage disposal  
System, this office recommends  
Water conservation and  
Maintaining an even usage of  
Water throughout the week.

*Electrical Final 11/20/07*

Visit Date(s): \_\_\_\_\_

FINAL INSPECTION DATE: 5/1/2007

SANITARIAN: *David Adams*

