WW-2
5-26-95

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

WELL COMPLETION REPORT

Date(s) 5-25-95 County Hampshire Permit #: DW-14-07-95-005
Town: Paw Paw Area Name/Location Christina's World No. 2 Sec 4-A-E Lot 4AE
Well Owner: Ralph Powers Address: P.O. Box 597
Telephone Number: 304-947-7686 Paw Paw WV 25434
Well Driller: Randal C. Miller Address: R#1 Box 186
Telephone Number: 304-738-3216 Ridgeley, W.V. 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-46'	Brown Shale (Unconsolidated)
46'	Blue Shale (Bedrock)
52'	Blue Shale (Consolidated)
	Set Casing
160'	Blue Sandstone (Water 1gpm)
251'	Blue Sandstone (Water 2gpm)
275'	Blue Sandstone (Consolidated)
	Stopped Drilling

REMARKS: Pressure Grouted
Type of Well: DW Drilling Method: Air Rotary Hammer
Well Diameter: 6 1/8" Casing O.D.: 6 5/8"
Well Depth: 275' Date Completed: 5-25-95
CASING: Length 53 Feet Height above ground 1 Feet
☒ Steel ☐ Plastic ☐ Cast Iron
Other _____ Type

SCREEN
☒ 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)	60		
Pumping Rate (GPM)	3		
Pumping Level (Ft Below Grade)	265		
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. Rayer - Conduit Type
Well Seal: Type, Make, Etc.
Well Platform:
Length _____ Width _____ Thickness _____
Grouting: ☒ Yes ☐ No Pressure
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 reco is true to the best of my knowledge and belief.

Randal C. Miller 432
Name Certification No.
Miller Bros. Drilling
Registered Business Name
Randal C. Miller 5-25-95
Signed Date

FINAL MAILED 10/1

SS 177 7/98

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
________ HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

County: Hampshire

Permit No.: ST-14-00-304
Tax Map: ________ Parcel #: ________
County Road: ________

Name of Owner: Ralph Powers   Installer: D. L. Kidwell
Address: P.O. Box 592 Paw Paw, WV 25434
Property Location: Christina's World Lot 4-Area
Type of Facility: House   Facility is: New (X) Existing ( )   Lot Size: 11.75 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 2BR   Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000   Material: Concrete   Manufacturer: N [illegible]
Distances (in feet) of Tank to: Dwelling: 22'6"   Private (X)/Public ( ) Water Source: 205   Property Line: 50'+

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( )   Gravelless Pipe ( ), Diameter: ____ inches
Chamber Soil Absorption Trenches (X) or Bed ( )
Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( )   Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or Bed ( )   Other: ________

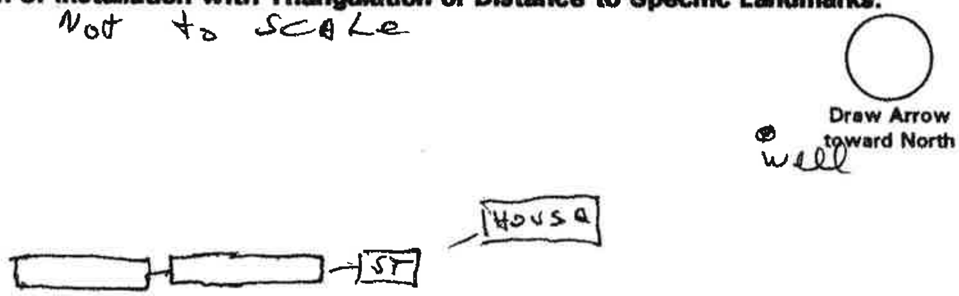
No. of Lines: 2   Length (in feet) of Each: 90, 90, ____, ____, ____, ____, ____
Width of Trenches: 36 inches/feet   Depth to Bottom of Field: 36 inches
If Bed, Dimensions (in Feet): ________   If Chamber System, Name: Infiltrator, No. of Units: 30
Approved and Adequate Materials Used? Yes (X) No ( )   Size Equates to: 900 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 37'   Private (X)/Public ( ) Water Source: 218   Property Line: 50'+
Remarks: ________

An inspection indicates that the sewage disposal system described above
DOES MEET (X),
DOES NOT MEET ( ),
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 <u>does meet</u> 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.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:



Visit Date(s): 4-3-09
Final Inspection Date: 5-2-09
Sanitarian: [signature]