

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

SW258

*Rec'd
2-22-90*

WELL COMPLETION REPORT

Date(s) 1-24-90 County HAMPSHIRE Permit #: DW-14-01-90194
Town: Reo Area Name/Location Reo Hill Sub. Lot #10
Well Owner: JOHNNY HOWARD Address: P.O. Box 915
Telephone Number: 304-496-8338 STEPHEN CITY VA. 22655
Well Driller: RANDAL C. MILLER Address: (P#) Box 186
Telephone Number: 304-738-3266 RODGEEVA VA. 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-6'	CLAY (UNCONSOLIDATED)	Type of Well: <u>DW</u> Drilling Method: <u>AIR ROTARY HAMMER</u>
6-10'	BROWN SHALE (UNCONSOLIDATED)	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
10-23'	GRAY SHALE (BEDROCK)	Well Depth: <u>100'</u> Date Completed: <u>1-24-90</u>
23-28'	BLUE SHALE (CONSOLIDATED)	CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet
28-32'	LIMESTONE (CONSOLIDATED)	<input checked="" type="checkbox"/> Steel GALV. <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
32-41'	LIMESTONE (CONSOLIDATED)	Other _____ Type _____
41-91'	CEMENT & SOT CASING	
91-100'	LIMESTONE (WATER 40 GPM)	SCREEN
100'	LIMESTONE (CONSOLIDATED)	<input checked="" type="checkbox"/> None Installed
	STOPPED DRILLING	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>45</u>		
Pumping Rate (GPM)	<u>40</u>		
Pumping Level (Ft Below Grade)	<u>90</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. ROYER CONDUIT TYPE
Well Seal: Type, Make, Etc. _____
Well Platform: TO BE INSTALLED BY OWNER
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.

RANDAL C. MILLER 432
Name MILLER BRAS. DRILLING Certification No.
Registered Business Name RANDAL C. MILLER
Signed _____ Date 1-24-90

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WELL COMPLETION REPORT

Date(s) July 7, 1995 County Hampshire Permit #: DW-14-06-95-244
Town: Rio Area Name/Location Rio Hills Subd Lot #10
Well Owner: Leslie Metz Jr. Address: P.O. Box 68
Telephone Number: 304 496-8425 Rio WV 26755
Well Driller: Jerry W Adams Address: P.O. Box 952
Telephone Number: 304 822-4092 Romney, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-36'	BROWN Shale - UNCONSOLIDATED	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary Hammer</u>
36'	GRAY Shale - Consolidated	Well Diameter: <u>6"</u> Casing O.D.: <u>6-5/8"</u>
83'	GRAY Shale - Consolidated	Well Depth: <u>162'</u> Date Completed: <u>July 7, 95</u>
	Red Iron Water 10 GPM	CASING: Length <u>95</u> Feet Height above ground <u>1</u> Feet
	Cased off	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
94'	GRAY Shale - Consolidated	Other _____ Type _____
	Set Casing - GROUT	
120'	GRAY Shale - Consolidated	SCREEN
147'	GRAY Shale - Consolidated	<input checked="" type="checkbox"/> None Installed
	Water 100 GPM	Type _____ Diameter _____
162'	GRAY Shale - Consolidated	Slot/Gauge _____ Length _____
	Stopped Drilling	Set Between _____ Ft. and _____ Ft.
	Operation - Test Well Yield	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	40' est.		
Pumping Rate (GPM)	100		
Pumping Level (Ft Below Grade)	145		
Duration of Test (In Hours)	1/2		
Recovery Time to Static Level (In Hours)	1/2		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To be installed w/ Pump System
Well Cap: Type, Make, Etc. Royer 6-5/8" Conduit Type
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.

Jerry W Adams 004
Name Certification No.
A & S Well Drilling
Registered Business Name
Jerry W Adams July 7, 95
Signed Date

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-01-007Tax Map: 2 Parcel #: 0028County: HamshireON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

County Road: _____

Name of Owner: Leslie A. Metz Jr. Installer: Wagil Peck Jr.Address: P.O. Box 68 R.R. 1, WV 26726Property Location: RIO HILLS 4 miles south of house on leftType of Facility: House Facility is: New () Existing (X) Lot Size: 9.3 Sq. Ft./AcresDesign Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: NOLANDistances (in feet) of Tank to: Dwelling: 25' Private (X)/Public () Water Source: 95' Property Line: 10'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (X), Diameter: 10 Inches

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: _____

No. of Lines: 3 Length (in feet) of Each: 100, 100, 100, _____, _____, _____Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24 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 Square Feet of Standard Gravel Field.Distances (in feet) of System to: Dwelling: 50' Private (X)/Public () Water Source: 110' Property Line: 10'

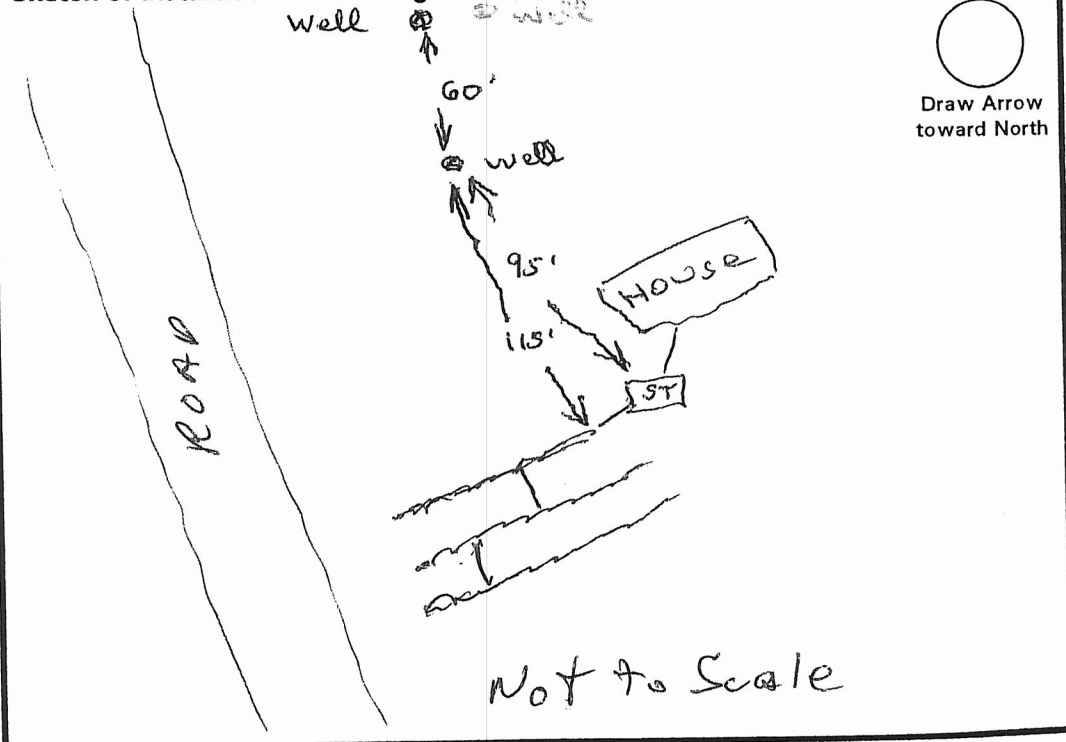
Remarks: _____

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 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.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Visit Date(s): 9-29-00Final Inspection Date: 11-21-00Sanitarian: J. Kindon