

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

SW258

Lots 11-13

WELL COMPLETION REPORT

Date(s) 5-31-92 County Hampshire Permit #: DW-14-05-92-29
Town: _____ Area Name/Location Deer Ridge Estates
Well Owner: Dennis Sager Address: 56 Vienna Ct.
Telephone Number: 301-698-9122 Fredrick Md. 21702
Well Driller: B. Mark Smith Address: Star. Rt. 1 Box 2-A
Telephone Number: 304-822-4786 Springfield WV. 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-11	Clay	Type of Well: <u>None</u> Drilling Method: <u>Air-hammer</u>
12-22	Brown shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
23-194	Hard blue shale	Well Depth: <u>307</u> Date Completed: <u>5-30-92</u>
195	Water 2 Gpm	CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet
196-264	Hard blue shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
265	Water 10 Gpm	Other _____ Type _____
266-307	Hard blue shale	
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	720 Gph.	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	60		
Pumping Rate (GPM)	12		
Pumping Level (Ft. Below Grade)	385		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Standard
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.

B. Mark Smith 001
Name _____ Certification No. _____
B.W. Smith Well Drilling
Registered Business Name _____
Benjamin Mark Smith 5/31/92
Signed _____ Date _____

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hamshire County Health Department Installation Permit No. ST-14-13-094
Name of Owner Dennis Syper
Address 56 Vienna Court, Frederick, MD 21702
Property Address Deer Ridge Sub. Lots 11, 12, 13

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served cabin No. Water Closets
Lot Size 13 ^{acres} sq. ft. Area suitable for sewage disposal installation sq. ft.
Source of Water Supply well No. Lavatories
No. Bedrooms 2 No. Showers or Tubs No. Baths
No. Garbage Grinders No. Automatic Washers

SEPTIC TANK

Material concrete Length x Width x Depth = cubic feet
Liquid Depth ft. Liquid Capacity 1000 gal.
Distance to: Dwelling 30' Water Supply 100' Nearest Property Line 50'

SOIL ABSORPTION SYSTEM

Type Drain Line Material infiltrator Trench Width 36 Inches
Trench Depth 24-30 Inches Total Absorption area in Trench Bottom 540 sq. ft.
Diameter of Drain Line Inches Type Filter Media
No. of Drain Lines 2 Depth Filter Media Under Drain Line Inches
Length of Each Line 72, 108, ft. Depth Filter Media Over Drain Line in.
Distance of Disposal Field to: (a) Dwelling 40
(b) Water Supply 100' (c) Nearest Property Line 50'

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.

Date 3-1-93

David Dwyer
Sanitarian

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.

