

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

WELL COMPLETION REPORT

Date 6/7/88-6/7/89 County Hampshire Permit #: DW-14-88-88-296
Town Romney WVA Area Name/Location mill mtn orchard Lot #15
Well Owner: Richard Davey Address: P.O. Box 402 Romney WVA 26757
Telephone Number: 922-3628
Well Eiler: Melvin O Callie Address: Rt 1 Box 153 Paw Paw WVA
Telephone Number: 304-496-9947 25434

WELLOG

DEPT IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
1-30 ft	Red Shell	Type of Well: <u>DW</u> Drilling Method: <u>Rotary Hammer</u>
30-50 ft	flint Rock	Well Diameter: <u>6 1/8</u> Casing O.D.: <u>6 3/8</u>
50-35 ft	Coarse	Well Depth: <u>165 ft</u> Date Completed: <u>6/7/88</u>
40-0 ft	Lime stone	CASING: Length <u>35</u> Feet Height above ground <u>1</u> Feet
60-0 ft	flint Rock	☒ Steel ☐ Plastic ☐ Cast Iron
110 ft	1/2 gal min	Other _____ Type _____
7-14 5 ft	flint Rock	SCREEN
145 ft	15 gal min	☒ None Installed
145-165 ft	flint Rock	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>over flow</u>		
Pumping Rate (GPM)	<u>15</u>		
Pumping Level (Ft Below Grade)	<u>165</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>14 min</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To be installed by owner
Well Cap: Type, Make, Etc. 6 1/8" Poly or 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.

Melvin O Callie 007
Name _____ Certification No. _____
mta state water well drilling L.L.P.
Registered Business Name _____
Melvin O Callie 8/26/91
Signed _____ Date _____