

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

WELL COMPLETION REPORT

Date(s) 6/27/91 - 6/27/91 County Hampshire Permit #: DW-14-06-91-284
Town: Shonesville nva Area Name/Location off front stairs Rd. in Cedar Grove Estate #258
Well Owner: John F. Boose Address: 302 Oakton Dr Westminster md 21157
Telephone Number: no
Well Driller: Malvin O. Collins Address: P.O. Box 543 Shonesville nva
Telephone Number: 304-486-9947 25444

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
1-10 ft	Yellow Shale	Type of Well: <u>D/W</u> Drilling Method: <u>Rotary Hammer</u>
10-100 ft	Lime Stone	Well Diameter: <u>6 1/8</u> Casing O.D.: <u>6 5/8</u>
Bot 20 ft	Casing	Well Depth: <u>305</u> Date Completed: <u>7/10/91</u>
100-200 ft	Lime Stone	CASING: Length <u>20</u> Feet Height above ground <u>1</u> Feet
200 ft	2 gal m	☒ Steel ☐ Plastic ☐ Cast Iron
200-305 ft	Lime Stone	Other _____ Type _____
		SCREEN
		☒ 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>125 ft</u>		
Pumping Rate (GPM)	<u>2</u>		
Pumping Level (Ft. Below Grade)	<u>305</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>2.17 min</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To Be Installed By Owner
Well Cap: Type, Make, Etc. 6 5/8" Roper Conduit
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.

Malvin O. Collins 007
Name _____ Certification No. _____
Water State Water well Drilling L.L.C.
Registered Business Name _____
Malvin O. Collins 7/29/91
Signed _____ Date _____

SS-177-

Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-91-630
Name of Owner John F. Boose
Address 302 Denton Dr. Westminster, MD 21157
Property Address Cedar Grove Estates Lot #58

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served future house No. Water Closets ---
Lot Size 4+ acres sq. ft. Area suitable for sewage disposal installation --- sq. ft.
Source of Water Supply future 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 40' Water Supply 100' Nearest Property Line 75'

SOIL ABSORPTION SYSTEM

Type Drain Line Material plastic Trench Width 36 Inches
Trench Depth 24 Inches Total Absorption area in Trench Bottom 900 sq. ft.
Diameter of Drain Line 4 Inches Type Filter Media gravel - 30 tan +
No. of Drain Lines 3 Depth Filter Media Under Drain Line 6 Inches
Length of Each Line 100, 100, 100 ft. Depth Filter Media Over Drain Line 2 in.
Distance of Disposal Field to: (a) Dwelling 30'
(b) Water Supply 100' (c) Nearest Property Line 75'

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.

2-3-91
Date

Lee O'Hara
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.

FRANK HAINES RD.

