

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

WELL COMPLETION REPORT

Date(s) 4-26-91 County HAMPSHIRE Permit #: DW-14-04-91-202
Town: AUGUSTA Area Name/Location EAST VIEW ESTATES LOT #16
Well Owner: GILBERT MARSHALL Address: 300 RAILROAD ST.
Telephone Number: 703-347-5129 WARRENTON VA. 22186
Well Driller: RANDAL C MILLER Address: RT# 1 BOX 186
Telephone Number: 304-738-3266 REDGLEY W. VA. 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-26'	RED SHALE (UNCONSOLIDATED)	Type of Well: <u>DW</u> Drilling Method: <u>AIR ROTARY HAMMER</u>
26'	RED SANDSTONE (BED ROCK)	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 3/8"</u>
41'	RED SANDSTONE (CONSOLIDATED)	Well Depth: <u>350'</u> Date Completed: <u>4-27-91</u>
	RED CEMENT + SET CASING	CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet
120'	BLUE SANDSTONE (WATER 1/2 GPM)	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
171'	RED SANDSTONE (CONSOLIDATED)	Other _____ Type _____
285'	RED SANDSTONE (WATER 2 1/2 GPM)	
350'	RED SANDSTONE (CONSOLIDATED)	
	STOPPED DRILLING	SCREEN
		<input checked="" type="checkbox"/> 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>100</u>		
Pumping Rate (GPM)	<u>3</u>		
Pumping Level (Ft Below Grade)	<u>36</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>12</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 _____ Certification No. _____
MILLER BROS. DRILLING
Registered Business Name _____
Randal C Miller 4-27-91
Signed _____ Date _____