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

SW258

Received 9-Oct-89

WELL COMPLETION REPORT

Date(s) Aug 9 1989 County Hampshire Permit #: DW-14-07-90-18

Town: Yellow Springs Area Name/Location RT 259 Capon Lake Bridge - last house before bridge

Well Owner: C. Paul Gilson Address: 9519 Narragansett Place

Telephone Number: (703) 281-2616 Vennia, VA 22180

Well Driller: Jerry W Adams Address: P.O Box 73

Telephone Number: (304) 298-3280 Fort Ashby, WV 26719

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-5'	Sand & Clay - Unconsolidated
6'	Sandstone - Unconsolidated
14'	Sand & Gravel - Unconsolidated
23'	Sandstone - Unconsolidated
39'	Sandstone - Consolidated
51'	Sandstone - Consolidated
	Cement & set Casing
60'	Sandstone - Consolidated
76'	Sandstone - Water 3 GPM
89'	Gray Sandstone
	Consolidated - Water 1 GPM
100'	Gray Sandstone Consolidated
	Stopped Drilling operation
	Test Well Yield

REMARKS:

Type of Well: D/W Drilling Method: Air Rotary Hamme

Well Diameter: 5-½" Casing O.D.: 6-5/8"

Well Depth: 100' Date Completed: Aug 9, 1989

CASING: Length 53 Feet Height above ground 2 Feet

☑ Steel GALV. ☐ Plastic ☐ Cast Iron

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)	8		
Pumping Rate (GPM)	4		
Pumping Level (Ft Below Grade)	95		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To be installed W/Pump Syst

Well Cap: Type, Make, Etc. Royer 6-5/8" 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.

Jerry W Adams — Name — 004 — Certification No.

A-S Pump Co. — Registered Business Name

Jerry W Adams — Signed — Aug 9, 1989 — Date

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. S-14-90-89

Name of Owner Paul Gilson

Address Rt. 259, Capon Lake, WV

Property Address Capon Lake

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served home No. Water Closets —

Lot Size 4/+ ~~sq. ft.~~ Area suitable for sewage disposal installation — sq.ft.

Source of Water Supply well No. Lavatories —

No. Bedrooms 3 No. Showers or Tubs — No. Baths —

No. Garbage Grinders — No. Automatic Washers —

SEPTIC TANK

Material pre-cast concrete Length ____ x Width ____ x Depth ____ = ____ cubic feet

Liquid Depth ____ ft. Liquid Capacity 1,000 gal.

Distance to: Dwelling 25' Water Supply 60' Nearest Property Line acres +

SOIL ABSORPTION SYSTEM

Type Drain Line Material 2729 Trench Width 36 Inches

Trench Depth 24 Inches Total Absorption area in Trench Bottom 600 sq. ft.

Diameter of Drain Line 4 Inches Type Filter Media gravel - 24 in

No. of Drain Lines 2 Depth Filter Media Under Drain Line 10 Inches

Length of Each Line 100, 100, ___, ___ ft. Depth Filter Media Over Drain Line 2 in.

Distance of Disposal Field to: (a) Dwelling 45-50'

(b) Water Supply 105' (c) Nearest Property Line acres +

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.

9-21-89
Date

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.

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