

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

SW258

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 NARRAGANSET 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	REMARKS:
0-5'	SAND & Clay - UNCONSOLIDATED	Type of Well: <u>D/W</u> Drilling Method: <u>AIR ROTARY HAMMER</u>
6'	SANDSTONE - UNCONSOLIDATED	Well Diameter: <u>5-1/2"</u> Casing O.D.: <u>6-5/8"</u>
14'	SAND & GRAVEL - UNCONSOLIDATED	Well Depth: <u>100'</u> Date Completed: <u>Aug 9, 1989</u>
23'	SANDSTONE - UNCONSOLIDATED	CASING: Length <u>53</u> Feet Height above ground <u>2</u> Feet
39'	SANDSTONE - CONSOLIDATED	☒ Steel <u>GALV.</u> ☐ Plastic ☐ Cast Iron
51'	SANDSTONE - CONSOLIDATED	Other _____ Type _____
	Cement & SET CASING	
60'	SANDSTONE - CONSOLIDATED	SCREEN
76'	SANDSTONE - WATER 3 GPM	☒ None Installed
89'	GRAY SANDSTONE	Type _____ Diameter _____
	CONSOLIDATED - WATER 1 GPM	Slot/Gauge _____ Length _____
100'	GRAY SANDSTONE CONSOLIDATED	Set Between _____ Ft. and _____ Ft.
	Stopped DRILLING operation	
	Test Well Yield	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>8</u>		
Pumping Rate (GPM)	<u>4</u>		
Pumping Level (Ft. Below Grade)	<u>95</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

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
H S Pump Co.
 Registered Business Name
Jerry W Adams
 Signed

004
 Certification No.

Aug 9, 1989
 Date

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-90-82
Name of Owner Paul Nelson
Address Rt. 259, Capon Lake, WV
Property Address Capon Lake

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served Home No. Water Closets 1
Lot Size 41 sq. ft. Area suitable for sewage disposal installation sq. ft.
Source of Water Supply well No. Lavatories 1
No. Bedrooms 3 No. Showers or Tubs 1 No. Baths 1
No. Garbage Grinders 1 No. Automatic Washers 1

SEPTIC TANK

Material pre-cast concrete Length x Width x Depth = cubic feet
Liquid Depth ft. Liquid Capacity 1,000 gal.
Distance to: Dwelling 28' Water Supply 600' 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 +

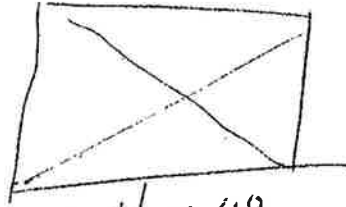
An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

9-21-89
Date

[Signature]
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.

R# 25938 FT
32.40

ST

32.40
10 FT