

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

Rec 6-23-99

WELL COMPLETION REPORT

Date(s) June 18, 1999 County Hampshire Permit #: DW-14-99-269
Town: _____ Area Name/Location North River Highland Lot # 21
Well Owner: Guy Gsell Address: 241 Wagner Drive
Telephone Number: 717-243-3960 Carlisle, PA 17013
Well Driller: Randal C. Miller Address: P. O. Box 952
Telephone Number: 304-822-4092 Romney, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0 - 25'	Soft Red Sandstone	Type of Well: <u>DW</u> Drilling Method: <u>Air Rotary Hammer</u> Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u> Well Depth: <u>180'</u> Date Completed: <u>June 18, 1999</u> CASING: Length <u>40</u> Feet Height above ground <u>1</u> Feet <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
25 - 78	Red Sandstone-consolidated	
78 - 80	Brown (broken) Sandstone	
80 - 120	Red Sandstone	
120 - 122	Broken Red Sandstone	
122 - 134	Red Sandstone	
134 - 136	Broken Gray Sandstone	SCREEN <input type="checkbox"/> None Installed Type _____ Diameter _____ Slot/Gauge _____ Length _____ Set Between _____ Ft. and _____
136 - 141	Gray Sandstone	
141 - 155	Red Sandstone	
155 - 163	Lt. Blue Sandstone	
163 - 180	Red Sandstone	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	65		
Pumping Rate (GPM)	30		
Pumping Level (Ft Below Grade)	178		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	4		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Royer-Conduit type
 Well Seal: Type, Make, Etc. _____
 Well Platform: _____
 Length _____ Width _____ Thickness _____
 Grouting: pressure ☒ 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 report is true to the best of my knowledge and belief.

120' - 2 GPM
 136' - 2 GPM
 150' - 26 GPM

Randal C. Miller 432
 Name _____ Certification No. _____
A & S Well Drilling and Pump Co.
 Registered Business Name _____
 Signed *[Signature]* Date 6-18-99

SMALL SEWAGE DISPOSAL INSTALLATION PERMIT

PERMIT NO. SP-PP-14-86To: Nancy & Dean LayanAddress: 608 Wardsboro AveSeven Md 21144You are hereby issued a permit to
a small sewage disposal system consisting of a
and located atNorth River Highland
Lot # 21

This small sewage disposal system shall meet the following specifications:

1. Septic Tank
 - a. Shall be made of _____ and not less than _____ gallon capacity.
2. Soil-Absorption System
 - a. Shall consist of _____ distribution lines 4" in diameter.
 - b. Each distribution line shall be _____ feet in length.
 - c. Each trench shall be _____ inch width with ZERO slope on trench bottom and ZERO slope on each distribution line.
 - d. No trench shall be more than _____ inches deep.
 - e. Total soil-absorption area in trench bottoms shall be _____ sq. ft.
 - f. Filter material shall be _____ and not greater than 1/2 - 2 1/2 inches in diameter.
 - g. Filter material under each line shall be not less than _____ inches deep and not less than _____ inches over each distribution line.
 - h. Filter material shall be covered with _____ prior to backfilling.
 - i. Trenches shall be backfilled at least 6" above ground surface to provide for settling of backfill.
3. Other Small Sewage or Excreta Disposal Systems (Name the type system to be used, then use back of sheet to describe the details of the system.) _____
4. Special Requirements
 - a. Small sewage and excreta disposal systems shall be located at least 10 ft. from any property line and a minimum of 20 ft. from any stream or roadside cut.
 - b. Septic tanks shall be located at least 10 ft. and excreta disposal systems a minimum of 20 ft. from building foundation.
 - c. Septic tanks shall be located a minimum of 50 ft. and soil-absorption systems and excreta disposal systems a minimum of 100 ft. from any ground water supply or cistern.
5. This permit is not transferable and automatically expires 6 months after date of issue.
6. The applicant or his agent must notify this department, phone _____ at least _____ hours before the system is ready for inspection.
7. All small sewage and excreta disposal systems must be inspected and approved prior to being covered with earth or otherwise put into service. Any applicable system or part thereof covered before being inspected shall be uncovered at the direction of the SANITARIAN.
8. This permit is NULL AND VOID when official inspection reveals conditions are different than those stipulated in this permit or if facts later become known that a health hazard would result by the installation of this system.

8-14-85

Date of Issue

HAMPSHIRE COUNTY HEALTH DEPT.

66 N. HIGH STREET

ROMNEY, W. VA. 26757

Health Department

[Signature]
Name
[Signature]
Title

(Use reverse side of page for sketch of system)