

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

SW258

WELL COMPLETION REPORT

Date(s) 9/29/93 County Hampshire Permit #: DW-14-07-94-36
Town: _____ Area Name/Location Lake Ferndale Lot 35-B
Well Owner: Donald Wayne CARE Address: 7511 Donset Ct.
Telephone Number: 703-364-8497 Manassas Va. 22110
Well Driller: B. Mark Smith Address: Hc 86 Box 2-A
Telephone Number: 822-4786 Springfield WV. 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-20	clay	Type of Well: <u>home</u> Drilling Method: <u>Air-hammer</u>
21-40	Brown shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
41-60	hard gray shale	Well Depth: <u>165</u> Date Completed: <u>9/29/93</u>
61-65	brown shale	CASING: Length <u>50</u> Feet Height above ground <u>1</u> Feet
66-84	hard gray shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
85	water	Other _____ Type _____
86-109	hard gray shale	
110	water	SCREEN
111-165	hard gray shale	<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	<u>600 Gph</u>	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>65</u>		
Pumping Rate (GPM)	<u>10</u>		
Pumping Level (Ft Below Grade)	<u>145</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Standard
Well Seal: Type, Make, Etc. _____
Well Platform:
Length _____ Width _____ Thickness _____
Grouting: ☒ Yes ☐ No
All Public Water Supplies must be grouted. pressure

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.

B. Mark Smith #001
Name BW Smith Well Drilling Certification No.
Registered Business Name Benjamin Mark Smith 9/29/93
Signed _____ Date _____

1 WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire Health Department Installation Permit No. 9C148-102
Owner Patricia Short
HC 65 Box 2720 Springfield, WV 26763
Address Lake Fandale lot #35 Section B

DESCRIPTION & NUMBER OF UNITS SERVED

Facility Served Home No. Water Closets _____
_____ sq. ft. Area suitable for sewage disposal installation 5000 sq. ft.
Type of Water Supply well No. Lavatories _____
Rooms 3 No. Showers or Tubs _____ No. Baths _____
Garbage Grinders NO No. Automatic Washers ✓

SEPTIC TANK

precast concrete
Length _____ x Width _____ x Depth _____ = _____ cubic feet
Depth _____ ft. Liquid Capacity 1000 gal.
Distance to: Dwelling 36 Water Supply 100' Nearest Property Line 100'

SOIL ABSORPTION SYSTEM

Drain Line Material chanck Trench Width 36 Inches
Depth _____ Inches Total Absorption area in Trench Bottom 1200 sq. ft.
Diameter of Drain Line 36 Inches Type Filter Media chanck
Number of Drain Lines _____ Depth Filter Media Under Drain Line NA Inches
Depth of Each Line 72, 78, 90, _____ ft. Depth Filter Media Over Drain Line _____ in.
Distance of Disposal Field to: (a) Dwelling 68'
(b) Water Supply 168' (c) Nearest Property Line 25'

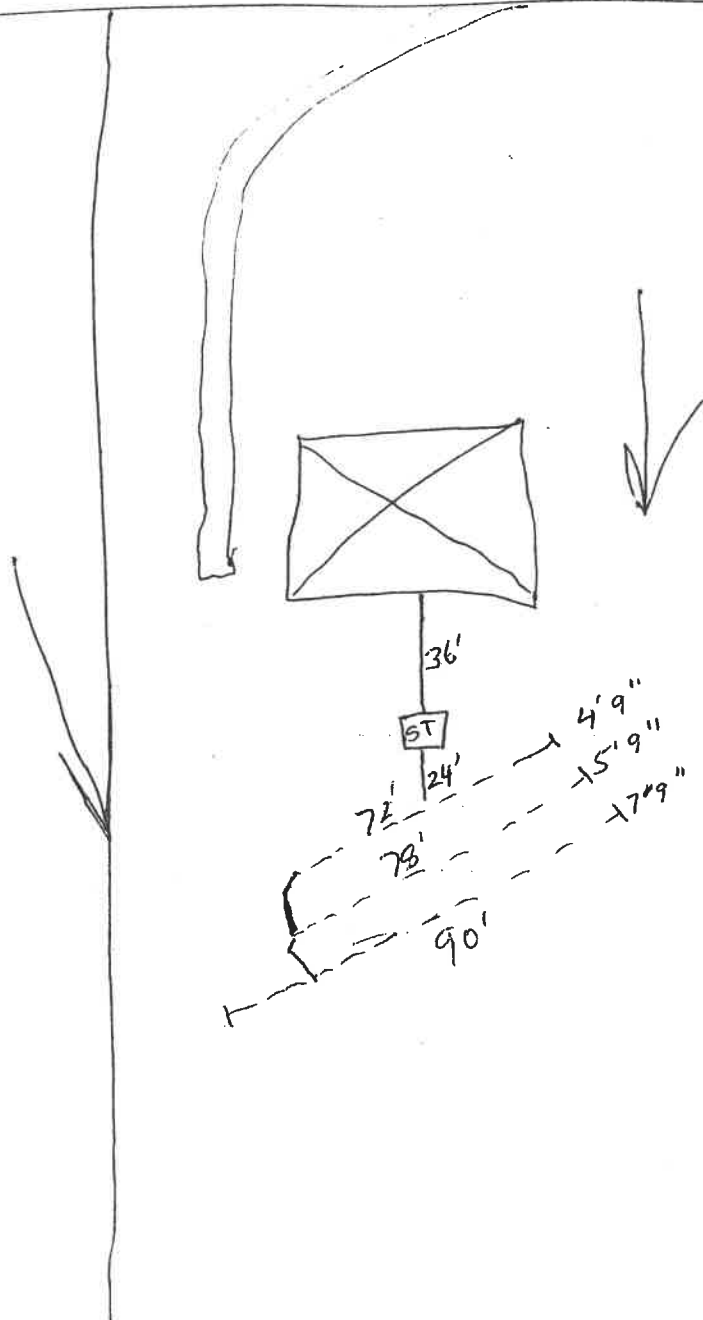
Inspection of the septic tank system described herein disclosed that said system MEETS (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

3-19-98
David Darg RS
Sanitarian

SKETCH OF SYSTEM TO BE DRAWN ON BACK

A copy of this inspection report must be given to owner and the original retained in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.

Sub. Rd.



All Speed. 40

36" std. Chan