

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

WELL COMPLETION REPORT

rec'd ✓
5-5-95

Date(s) April 24 95 County Hampshire Permit # DW 14-04-95-181
Town: Romney Area Name/Location SUGAR RUN lot #48
Well Owner: Arthur Deel - Joseph Greenwood Address: 2937 Dalrymple Road
Telephone Number: 410 257-1904 SUNDERLAND, MD 20689
Well Driller: Jerry W Adams 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:
0-9'	Brown Shale - Unconsolidated	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary Hammer</u>
9'	Gray Shale - Consolidated	Well Diameter: <u>6-1/8</u> Casing O.D.: <u>6-5/8</u>
20'	Gray Shale - Consolidated	Well Depth: <u>420</u> Date Completed: <u>April 24, 95</u>
	Set Casing & Grout	CASING: Length <u>21</u> Feet Height above ground _____ Feet
100'	Gray Shale - Consolidated	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
200'	Gray Shale - Consolidated	Other _____ Type _____
274'	Gray Shale - Consolidated	
392'	Gray Shale - Consolidated	SCREEN
420'	DARK GRAY SHALE	<input checked="" type="checkbox"/> None Installed
	Consolidated - Test Well	Type _____ Diameter _____
	Yield Stopped Drilling	Slot/Gauge _____ Length _____
	Operation	Set Between _____ Ft. and _____ Ft

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>135 est</u>		
Pumping Rate (GPM)	<u>2</u>		
Pumping Level (Ft Below Grade)	<u>400</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>6</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To be installed w/ Pump Syst
Well Cap: Type, Make, Etc. Royer - 6-5/8" Conduit
Well Seal: Type, Make, Etc. _____
Well Platform: _____
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.

Name

Jerry W Adams

Certification No.

004

Registered Business Name

Signed

AES Well Drilling

Date

April 24, 95

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

HAMPSHIRE County Health Department Installation Permit No. ST-14-94-202

Name of Owner ARTHUR DEEL

Address 2937 DALRYMPLE ROAD SUNDERSLAND, MD. 20689

Property Address SUGAR RUN LOT #48

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served RESIDENCE No. Water Closets 1

Lot Size 5 ^{ACRES} sq. ft. Area suitable for sewage disposal installation 2 ^{ACRES} sq. ft.

Source of Water Supply WELL No. Lavatories 1

No. Bedrooms 3 No. Showers or Tubs 1 No. Baths 1

No. Garbage Grinders 0 No. Automatic Washers 1

SEPTIC TANK

Material CONCRETE Length x Width x Depth = cubic feet

Liquid Depth ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 20' Water Supply 50' Nearest Property Line 100

SOIL ABSORPTION SYSTEM

Type Drain Line Material 10" GRAVELLES Trench Width 24 Inches

Trench Depth 24 Inches Total Absorption area in Trench Bottom 900 sq. ft.

Diameter of Drain Line 10 Inches Type Filter Media

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

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

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

(b) Water Supply 100' (c) Nearest Property Line 100'

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.

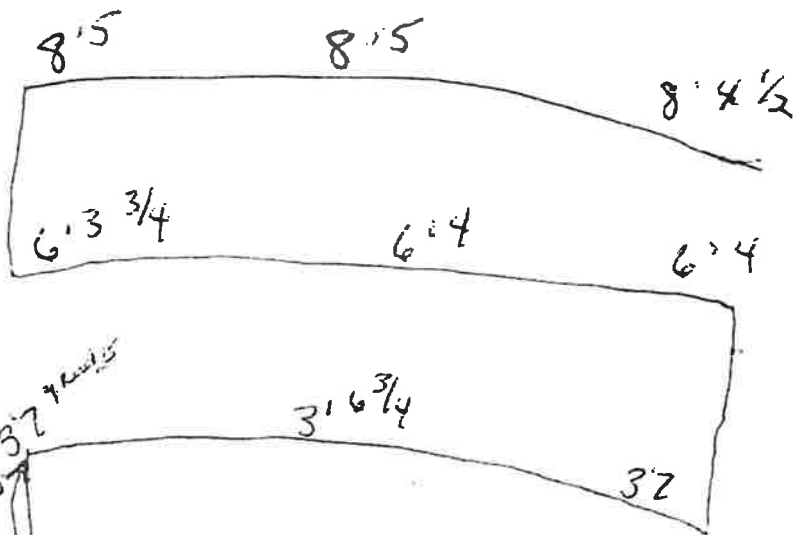
5-31-94
Date

C. DAVID DUNLAP
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.

3" x 100'



1000
gallon

