

WV Department of Health and Human Resources
Bureau of Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258
10/01

per 8-2605

WELL COMPLETION REPORT

Date(s) 7-28-2005 County Hampshire Permit #: DW-14-05-179
Town: Springfield Area Name/Location Deer Ridge sub. Lot #7
Well Owner: ALLAN Hixon, SR. Address: 2185 HIGH GERMANY RD.
Telephone Number: _____ WARFORDSBURG, PA 17267
Well Driller: B.W. Smith well Drilling Address: P.O. Box 440
Telephone Number: 822-4786 Springfield, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-48	Clay + Loose Gravel	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
48-260	Light Blue shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
		Well Depth: <u>260</u> Date Completed: <u>7-28-2005</u>
		CASING: Length <u>54</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 _____
		SCREEN
		<input checked="" type="checkbox"/> 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)	<u>75</u>		
Pumping Rate (GPM)	<u>1</u>		
Pumping Level (Ft. Below Grade)	<u>258</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. _____
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.

H₂O = 115 1 Gpm

Name Chris Wolford Certification No. 574
Registered Business Name B.W. Smith well Drilling
Signed Chris Wolford Date 7-28-2005

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Wangshine County Health Department Installation Permit No. 57-14-91-326
Name of Owner Charles L. Rahm Jr.
Address 5235 Central Ave. Baltimore, Md 21207
Property Address Deer Ridge Estates Lot 7

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served Trailer No. Water Closets —
Lot Size 2.278 ^{acres} sq. ft. Area suitable for sewage disposal installation — sq.ft.
Source of Water Supply well-to-be No. Lavatories —
No. Bedrooms 2 No. Showers or Tubs — No. Baths —
No. Garbage Grinders — No. Automatic Washers —

SEPTIC TANK

Material concrete Length — x Width — x Depth — = — cubic feet
Liquid Depth — ft. Liquid Capacity 1000 gal.
Distance to: Dwelling 12' Water Supply 75' Nearest Property Line 100'

SOIL ABSORPTION SYSTEM

Type Drain Line Material 2729 Trench Width 36 Inches
Trench Depth 24 Inches Total Absorption area in Trench Bottom 510 sq. ft.
Diameter of Drain Line 4 Inches Type Filter Media #6 stone - 38 tons
No. of Drain Lines 2 Depth Filter Media Under Drain Line 10 Inches
Length of Each Line 85, 85, —, — ft. Depth Filter Media Over Drain Line 2 in.
Distance of Disposal Field to: (a) Dwelling 35'
(b) Water Supply 110' (c) Nearest Property Line 40'

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.

7-16-91
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.

Turkey Dr.

