

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

SW258
10/01

WELL COMPLETION REPORT

Date(s) 4-24-07 County Hardy Permit #: Dw 16-07-019
Town: Mathias Area Name/Location Trout Pass Subdivision Lot 36
Well Owner: Todd Cianfrocca Address: 1207 Oxbridge Drive
Telephone Number: (813)785-8988 Lutz Florida 33549
Well Driller: Miller Brothers Drilling Address: PO Box 670
Telephone Number: (304)822-4092 Augusta WV 26704

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-240	Blue & gray shale	Type of Well: <u>House</u> Drilling Method: <u>Air rotary</u>
	& sandstone	Well Diameter: <u>6"</u> Casing O.D.: <u>7"</u>
		Well Depth: <u>240'</u> Date Completed: <u>4-24-07</u>
		CASING: Length <u>60</u> Feet Height above ground <u>1</u> Feet
		<input type="checkbox"/> Steel <input checked="" 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)	120		
Pumping Rate (GPM)	15		
Pumping Level (Ft. Below Grade)	238		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)			

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.

Bobby Allred 602
Name Certification No.
Miller Brothers Drilling
Registered Business Name
[Signature] 4-24-07
Signed Date

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HARDY COUNTY HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM

INSPECTION FORM

Permit No.: ST-16-07-041

Tax Map: Parcel #:

County Road:

County: HARDY

Name of Owner: Todd CIANFROCCA Installer: JAMES RIGGLEMAN
 Address: 1207 OXBRIDGE DRIVE LANE F1 33549
 Property Location: TROUT PARK PASS Subdivision LOT 36 MARTHA'S WV
 Type of Facility: NEW HOME Facility is: New ☒ Existing () Lot Size: 16.02 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3 bdrms Source of Water Supply: Proposed well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1060 Material: PLASTIC Manufacturer: FRALG
 Distances (in feet) of Tank to: Dwelling: 14' Private ☒/Public () Water Source: 50' Property Line: 100'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
 Chamber Soil Absorption Trenches ☒ or Bed ()
 Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed ()
 Shallow Soil Absorption Trenches () or Bed () Other: _____

No. of Lines: 3 Length (in feet) of Each: 60, 100, 80, _____, _____, _____

Width of Trenches: 18-36 inches/feet Depth to Bottom of Field: 18-36 inches

Bed, Dimensions (in Feet): _____ If Chamber System, Name: INFILTRATOR, No. of Units: 60

Approved and Adequate Materials Used? Yes ☒ No () Size Equates to: 1200 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 90' Private ☒/Public () Water Source: 100' Property Line: 100'

Remarks: _____

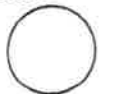
An inspection indicates that the sewage disposal system described above DOES MEET ☒, DOES NOT MEET (), CANNOT BE DETERMINED TO MEET () the minimum standards established by the West Virginia Bureau of Public Health.

To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a does meet system since adequate information is known.

Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

38° 59' 10.861 NORTH > TANK Coordinates
 78° 52' 45.976 WEST



Draw Arrow
toward North

Visit Date(s): April 16, 2007

Final Inspection Date: OCTOBER 12, 2007

Sanitarian: William Owens / Santi

SUB DIVISION Rd

LEZARD

HOME

DECK

ST

16'

6'

74'

60'

15'

100'

80'

21'

