

Rec'd 4/24/07

**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	FORMATION: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:		
0-240	Blue & gray shale & sandstone	Type of Well: <u>House</u>	Drilling Method: <u>Air rotary</u>	
		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 _____	
		<b>SCREEN</b>		
		<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 Miller Brothers Drilling Certification No.  
Registered Business Name Tanning 4-24-07  
Signed Bobby Allred Date

## STATE OF WEST VIRGINIA

HAROY COUNTY HEALTH DEPARTMENT  
ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORM

Permit No.: ST-16-07-041

Tax Map: \_\_\_\_\_ Parcel #: \_\_\_\_\_

County Road: \_\_\_\_\_

Name of Owner: Todd Cianfrocca Installer: James Riddleman

Address: 1207 Oxbridge Drive Lot F1 33549

Property Location: Trout Creek Pass Subdivision Lot 36 Mathias WV

Type of Facility: NEW HOME Facility is: New  Existing  Lot Size: 16:02 Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 3 Bed Source of Water Supply: Proposed well

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: PLASTIC Manufacturer: FRACO

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: \_\_\_\_\_

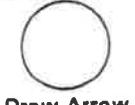
An inspection indicates that the sewage disposal system described above **OES MEET** , **OES NOT MEET** , **ANNOT BE DETERMINED TO EET**  the minimum standards established by the West Virginia Bureau of Public Health.

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 **yes 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

Inspection Date(s): April 16, 2007

Final Inspection Date: October 12, 2007

Sanitarian: William Davis / Saniti

SUB DIVISION Rd

DOWNWARD

