

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

SW251

WELL COMPLETION REPORT

Need 8-14-92

Date(s) 8-4-92 County Hampshire Permit #: DW-14-07-93-24
 Town: _____ Area Name/Location Rauen Rock
 Well Owner: Arthur Watson Address: 1215 Willow Rd.
 Telephone Number: 282-6095 Baltimore Md. 21222
 Well Driller: B. Mark Smith Address: Star Rt 1 Box 2-A
 Telephone Number: 822-4786 Springfield Wv. 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-18	soft brown shale	Type of Well: <u>Home</u> Drilling Method: <u>Air-Lammer</u>
19-274	hard limestone	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
275	water	Well Depth: <u>345</u> Date Completed: <u>8-4-92</u>
276-345	hard limestone	CASING: Length <u>29</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
	<u>480 Gph.</u>	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>4</u>		
Pumping Rate (GPM)	<u>8</u>		
Pumping Level (Ft Below Grade)	<u>335</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1</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.

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 Certification No.
B. W. Smith Well Drilling
 Registered Business Name
Benjamin Mark Smith 8-4-92
 Signed Date

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-91-431

Name of Owner Arthur Watson

Address 1215 Willow Rd. Baltimore, MO 21222

Property Address Raven Rock Sub. Lot # 24

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served vacation home No. Water Closets

Lot Size 5' ^{ac} sq. ft. Area suitable for sewage disposal installation sq. ft.

Source of Water Supply well-to-be No. Lavatories

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

No. Garbage Grinders 0 No. Automatic Washers 1

SEPTIC TANK

Material precast Length x Width x Depth = cubic feet

Liquid Depth ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 40' Water Supply 100' Nearest Property Line 125'

SOIL ABSORPTION SYSTEM

Type Drain Line Material gravelless Trench Width 30' 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 3 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 60'

(b) Water Supply 200' (c) Nearest Property Line 175'

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.

Date 9-20-91

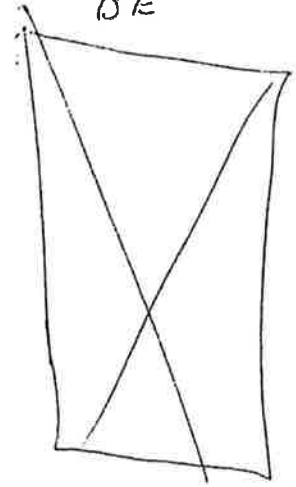
[Signature]
Sanitarian

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.

DRIVE
WAY

70
BE



5040
25 FT

