

Handwritten:
5-28-96

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

SW258

WELL COMPLETION REPORT

Date(s) 5/20/96 County Hampshire Permit #: DW-14-04-96-209
 Town: _____ Area Name/Location Mt Top properties Lot 5
 Well Owner: John & Maurine Mazzeo Address: 6519 40th Ave
 Telephone Number: 927-5937 University Park Md. 20782
 Well Driller: B. Mark Smith Address: HC 86 Box 2-A
 Telephone Number: 822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-4	Soil + Boulders	Type of Well: <u>home</u> Drilling Method: <u>Air Hammer</u>
5-17	hard white sandrock	Well Diameter: <u>6'8"</u> Casing O.D.: <u>6'5/8"</u>
18-70	Soft yellow shale	Well Depth: <u>510</u> Date Completed: <u>5/20/96</u>
71-197	hard red shale	CASING: Length <u>84</u> Feet Height above ground <u>1</u> Feet
198-	Water 1/4 gallon	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
199-484	hard gray sandrock w/ layers of red shale	Other _____ Type _____
485	water	SCREEN
486-510	hard black sand rock	<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>275</u>		
Pumping Rate (GPM)	<u>40</u>		
Pumping Level (Ft Below Grade)	<u>460</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</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. pressure

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 5/20/96
 Signed Date

J

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-96-363

Name of Owner John Massee

Address 6519 40th Ave., University Park, MD 20782

Property Address Mtn. Top Properties Sect. 1 Lot # 5

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served house No. Water Closets _____

Lot Size 20 ^{acres} sq. ft. Area suitable for sewage disposal installation _____ sq. ft.

Source of Water Supply well No. Lavatories _____

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

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 100'+ Nearest Property Line 100'+

SOIL ABSORPTION SYSTEM

Type Drain Line Material gravelless Trench Width 24 Inches

Trench Depth 30 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 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.

Date 8-23-97

[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.

