

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

SW258

*Rec'd
5-15-89*

WELL COMPLETION REPORT

Date(s) 5-9-89 County HAMPSHIRE Permit # DW-14-04-89-276
 Town: CAPON BRIDGE Area Name/Location MOORE'S ESTATES Lot #5
 Well Owner: ALTON WOLFE JR. Address: P.O. Box 162
 Telephone Number: 304-856-3697 CAPON BRIDGE W.VA. 26711
 Well Driller: RANDAL G MILLER Address: Rt #1 Box 186
 Telephone Number: 304-738-3266 RIDGELEY W.VA. 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-8'	CLAY (UNCONSOLIDATED)	Type of Well: <u>DW</u> Drilling Method: <u>AIR ROTARY HAMMER</u> Well Diameter: <u>6 5/8"</u> Casing O.D.: <u>6 5/8"</u> Well Depth: <u>100'</u> Date Completed: <u>5-9-89</u> CASING: Length <u>42</u> Feet Height above ground <u>2</u> Feet <input checked="" type="checkbox"/> Steel GALV <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.
8'	BLUE SHALE (BEDROCK)	
33'	BLUE SHALE (CONSOLIDATED)	
40'	BLUE SHALE (CONSOLIDATED)	
	CEMENT + SET CASINGS	
48'	LIMESTONE (WATER 2GPM)	
63'	LIMESTONE (WATER 18GPM)	
82'	LIMESTONE (WATER 100GPM)	
100'	LIMESTONE (CONSOLIDATED)	
	STOPPED DRILLING	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>15</u>		
Pumping Rate (GPM)	<u>120</u>		
Pumping Level (Ft Below Grade)	<u>90</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. ROYER, CONDUIT TYPE
 Well Seal: Type, Make, Etc. _____
 Well Platform: TO BE INSTALLED BY OWNER
 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.

RANDAL G MILLER 432
 Name Certification No.
MILLER BROS. DRILLING
 Registered Business Name
Randal G Miller 5-13-89
 Signed Date

Moore's Est lot 8

REC'D 10-7-86
HCHD
RETURNED INCOMPLETE
REC'D 10-17-86
HCHD

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

WELL COMPLETION REPORT

Date(s) 7/18/86 County Hampshire Permit #: DW-41-09-87-096
 Town: Capon Bridge Area Name/Location West of Dillon's Run Rd. turn left indev. 1/4 mi to trail
 Well Owner: James Long Address: 2282 Phillips Mill Rd. Forest Hills, Md. 210
 Telephone Number: _____
 Well Driller: C. Edward Shirley Address: Rt 2, Box 400, Stephenson, Va. 22656
 Telephone Number: 703 662-2419

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-30	Dirt	Type of Well: <u>Drilled</u> Drilling Method: <u>Rotary</u> Well Diameter: <u>6 1/4</u> Casing O.D.: <u>6 1/8</u> Well Depth: <u>120</u> Date Completed: <u>7/17/86</u> CASING: Length <u>40</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.
30-70	solid rock	
70-71	water	
71-80	solid rock	
80-81	water	
8-120	solid rock	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)			
Pumping Rate (GPM)	<u>30</u>		
Pumping Level (Ft Below Grade)			
Duration of Test (In Hours)	<u>4</u>		
Recovery Time to Static Level (In Hours)			

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Plastic (We did not install pump.)
 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.

C. Edward Shirley 011
 Name Certification No.
Shirley Well Drilling, Inc.
 Registered Business Name
C. Edward Shirley 7/18/86
 Signed Date

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

SW258

Hand
4-18-90

WELL COMPLETION REPORT

Date(s) 4-13-90 County HAMPSHIRE Permit #: DW-14-03-90-253
 Town: CAPON BRIDGE Area Name/Location MOORE'S ESTATES LOT #9 SEC II
 Well Owner: ALTON WOLFE JR. Address: P.O. Box 162
 Telephone Number: 304-856-3697 CAPON BRIDGE W. VA.
 Well Driller: RANDAL C MILLER Address: R#1 Box 186
 Telephone Number: 304-738-3266 REDGOLEY W. VA. 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-11'	CLAY & YELLOW SHALE (UNCONSOLIDATED)	PRESSURE GROUTED Type of Well: <u>DW</u> Drilling Method: <u>AIR ROTARY HAMMER</u> Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u> Well Depth: <u>100'</u> Date Completed: <u>4-13-90</u> CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet <input checked="" type="checkbox"/> Steel GALV. <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
11'	BLUE SHALE (BEDROCK)	
41'	BLUE SHALE (CONSOLIDATED)	
50'	Pressure CEMENT GROUTED SET CASING	
56'	BLUE SHALE (WATER LOGGING)	
62'	LIMESTONE (CONSOLIDATED)	
90'	LIMESTONE (WATER 15 GPM)	
100'	LIMESTONE (CONSOLIDATED)	SCREEN <input checked="" type="checkbox"/> None Installed Type _____ Diameter _____ Slot/Gauge _____ Length _____ Set Between _____ Ft. and _____ Ft.
	STOPPED DRILLING	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>15</u>		
Pumping Rate (GPM)	<u>75</u>		
Pumping Level (Ft. Below Grade)	<u>90</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. ROYER - CONDUIT TYPE
 Well Seal: Type, Make, Etc. _____
 Well Platform: NOT REQUIRED - PRESSURE GROUTED
 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.

RANDAL C MILLER 432
 Name Certification No.
MEYER BROS. DRILLING
 Registered Business Name
Randal C Miller 4-13-90
 Signed Date