

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

SW258

WELL COMPLETION REPORT

Date(s) 7-9-92 County Hampshire Permit #: DW-14-05-92-304
Town: _____ Area Name/Location The Crossings, Lot 207
Well Owner: Charles Daciek Address: 8651 Felsview Drive
Telephone Number: 301/498-3156 Laurel, MD 20723
Well Driller: High Point Drilling, Inc. Address: P.O. Box 190
Telephone Number: 304/725-1644 Charles Town, WV 25414

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-25	Sandstone / Shale	Type of Well: <u>Shale</u> Drilling Method: <u>Rotary</u>
25-45	Gray Shale	Well Diameter: <u>6 1/8</u> Casing O.D.: <u>6 7/8</u>
45-125	Gray Shale	Well Depth: <u>165</u> Date Completed: <u>7-6-92</u>
125-145	Brown & Gray Shale & Water	CASING: Length <u>42</u> Feet Height above ground <u>2</u> Feet
145-165	Gray Shale & Water	<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.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	40		
Pumping Rate (GPM)	20		
Pumping Level (Ft. Below Grade)	160		
Duration of Test (In Hours)	1/2 hr		
Recovery Time to Static Level (In Hours)	8 min.		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Royer Casting
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.

Donald R. Giardina 502
Name _____ Certification No. _____
High Point Drilling, Inc.
Registered Business Name _____
Donald R. Giardina 7-9-92
Signed _____ Date _____