

STATE OF WEST VIRGINIA

INSPECTION TO BE PRINTED OR TYPED

Mineola County HEALTH DEPARTMENT

Permit No.: ST-029-04-092

County: Mineola

ON-SITE SEWAGE DISPOSAL SYSTEM

Tax Map: Parcel #:

County Road: Rt 46

INSPECTION FORM

Name of Owner: Paul Kaminski Installer: William McGreggor

Address: 618 New Field Road Glen Burnie, MD 21061

Property Location: Rt 46, left corner Kanton's Cut-off

Type of Facility: Residence Facility is: New (X) Existing () Lot Size: 16.10 Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Piles

Distances (in feet) of Tank to: Dwelling: 750' Private ()/Public () Water Source: 7100' Property Line: 710'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: inches Chamber Soil Absorption Trenches (X) 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: 90, 90, 60

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inches

If Bed, Dimensions (in Feet): If Chamber System, Name: Bior: Closures, No. of Units: 40

Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 1200 Square Feet of Standard Gravel Field.

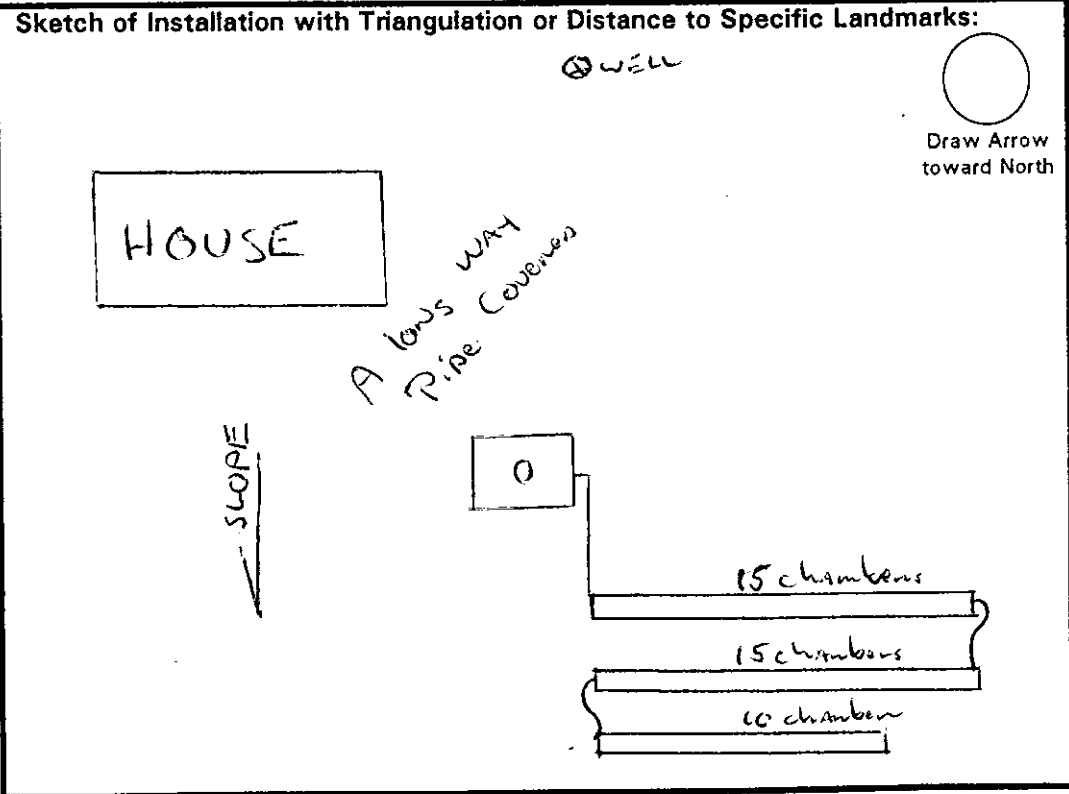
Distances (in feet) of System to: Dwelling: 7100' Private ()/Public () Water Source: 7100' Property Line: 710'

Remarks:

An inspection indicates that the sewage disposal system described above DOES MEET (X), DOES NOT MEET (), CANNOT BE DETERMINED TO MEET () 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 does meet system since inadequate 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.

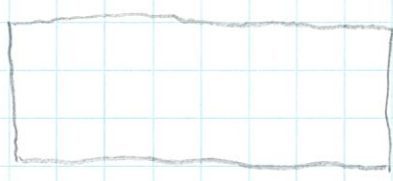


Visit Date(s): 4-23-04

Final Inspection Date: 9-15-04

Sanitarian: William R. Miller-RS

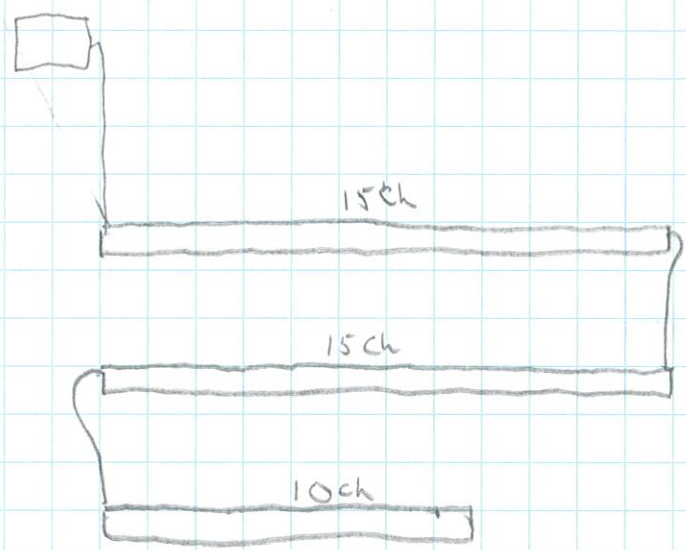
⊗ WELL



Pipe cover

40
Bill Diggan

LOW WAY



1000 sq ft
Piles Tank

Paul KRM/usk
Bill 9-15-04
Bill KMC Guessem

STATE OF WEST VIRGINIA

MINERAL COUNTY HEALTH DEPARTMENT

Permit No.: ST-029-04-092

PERMIT TO BE PRINTED OR TYPED

ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Tax Map Parcel #

County Road No.:

Owner: Paul Kaminski

Certified Installer: William McGregor

Address: 618 New Field Road, Burnie, MD 21061

Address: 188 Marsh Avenue, Westernport, MD 21562

You are hereby issued a permit to: [X] install, or [] modify an on-site sewage disposal system located:

Route 46, left from Kantor's Cutoff

Facility: Residence Design Flow: 3 BR Lot Size: 16.10 Sq. Ft./Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 11/10/03, AND THE PROPER INSTALLATION OF THE HEREIN DESCRIBED SYSTEM, THE SYSTEM SHALL BE IN COMPLIANCE WITH APPLICABLE WEST VIRGINIA SEWAGE SYSTEM RULES AND DESIGN STANDARDS.

The sewage system shall consist of a:

- [X] Septic tank - Capacity: 1000 gallons or more, Constructed of: concrete.
[X] Soil disposal system with a minimum equivalency of 1200 square feet of conventional gravel trench area.
Depth to the bottom of the trench or bed installation shall be: 30 inches from original ground surface.
[X] Gravel system: Lengths of lines: 100, 100, 100, 100, feet, Width: 36 inches.
[] Chamber system: Number of units: Length of lines: units, Manufacturer of chamber:
[] Bed system: [] Gravel, [] Chamber; Length: feet, Width: feet.
[] Other:

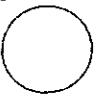
This permit is non-transferable and automatically expires 12 months after issue date.

This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department: 48 hours or more prior to planned inspection time.

Sketch of system:



Draw Arrow Toward North

See Application

April 26, 2004 Issue Date

Mineral 788-1321 County Office / Phone Number

Additional specifications on reverse:

Handwritten signature and title: Health Officer or Sanitarian

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

SW258

WELL COMPLETION REPORT

Date(s) 6-29-04 County Mineral Permit #: DW-029-04-060
 Town: Jennings Randolph Area Name/Location Kantors cutoff
 Well Owner: Paul Kaminiski Address: 618 New Field Road
Glen Burnie, MD 21061
 Telephone Number: _____
 Well Driller: Wayne's Water 'n' Wells Address: 19139 Garrett Highway
Oakland, MD 21550
 Telephone Number: 301-387-7181

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0 - 3	Brtown clay & Shale	Type of Well: <u>Water</u> Drilling Method: <u>Air Hammer</u>
3 - 13	Coal	Well Diameter: <u>6</u> Casing O.D.: <u>6</u>
13 - 202	Dk Gray SHale 45 10 gpm	Well Depth: <u>742</u> Date Completed: <u>7-1-04</u>
202 - 208	Coal	CASING: Length <u>63</u> Feet Height above ground <u>2</u> Feet
208 - 260	Dk Gray Shale	<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
260 - 263	Coal	Other _____ Type _____
263 - 742	Dk Gray SHale & Sandstone	
		SCREEN
		<input 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)			
Pumping Rate (GPM)	<u>1.5</u>		
Pumping Level (Ft Below Grade)	<u>167</u>		
Duration of Test (In Hours)	<u>12</u>		
Recovery Time to Static Level (In Hours)			

WELL HEAD

Pitless Adapter: Type, Make, Etc. S-10 Pitless
 Well Cap: Type, Make, Etc. Varnet Proof
 Well Seal: Type, Make, Etc. _____
 Well Platform:
 Length _____ Width _____ Thickness _____
 Grouting: Yes No Grout + Bent Press Pump Taper
 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.

Wayne T. Bollen 391
 Name Certification No.
Wayne's Water 'n' Wells Inc
 Registered Business Name
Wayne T. Bollen 6/29/04
 Signed Date

*Received
8/25/04*