

STATE OF WEST VIRGINIA HEALTH DEPARTMENT

Permit No.: ST-14-01-217

INSPECTION TO BE PRINTED OR TYPED

Tax Map: Parcel #:

County Road:

County: Hampshire ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Name of Owner: Pauline Hubig, Installer: W. Meado
Address: 1131 University Blvd Apt 2018 Silver Spring Md
Property Location: Peach Lake Farms
Type of Facility: house, Facility is: New (X) Existing (), Lot Size: 2.31 Sq Ft./Acres
Design Loading in gpd/No. Bedrooms: 3 BR, Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000, Material: concrete, Manufacturer: Volin
Distances (in feet) of Tank to: Dwelling: 21, Private (29)/Public (), Water Source: 125' Property Line: 50' (well stake)

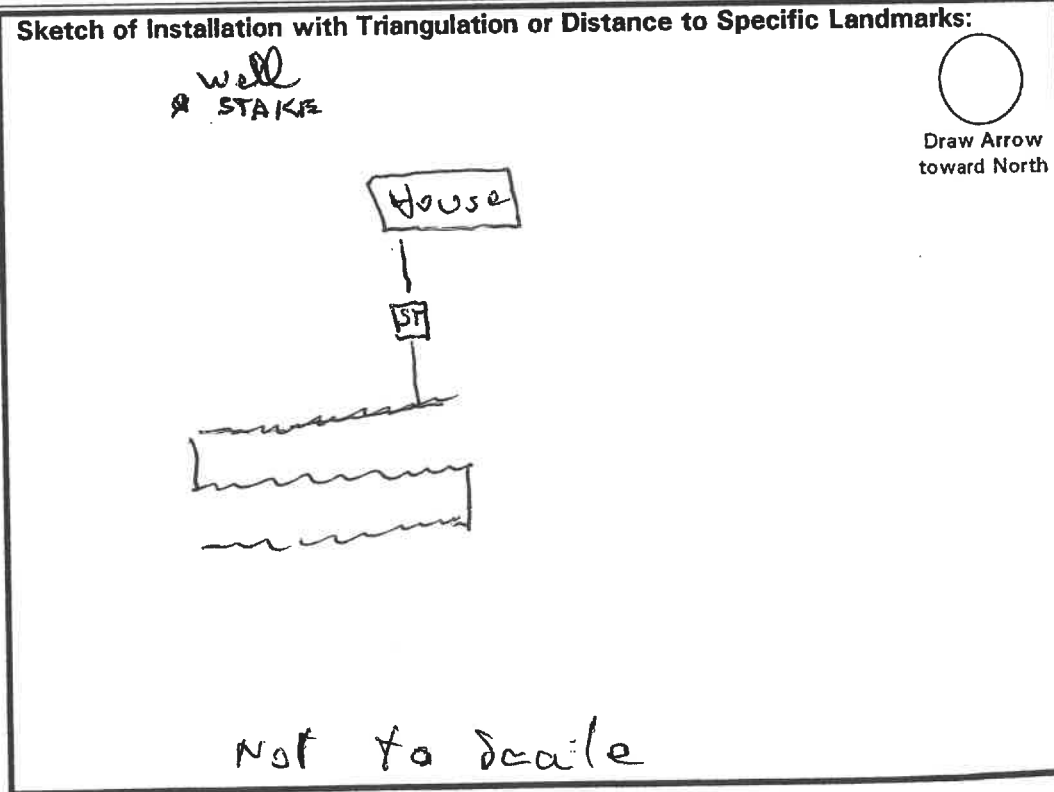
ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (X), Diameter: 10 Inches
Chamber Soil Absorption Trenches () 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: 100, 100, 100
Width of Trenches: 24 inches/feet, Depth to Bottom of Field: 24-26 inches
If Bed, Dimensions (in Feet):, If Chamber System, Name:, No. of Units:
Approved and Adequate Materials Used? Yes (X) No (), Size Equates to: 900 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 55', Private (14)/Public (), Water Source: 120' Property Line: 50' (well stakes)

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): 1-29-01
Final Inspection Date: 2-8-01

Sanitarian: J. K. ...

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

SW258

Per. 3-29-01

WELL COMPLETION REPORT

Date(s) March 26, 2001 County Hampshire Permit #: DW-14-01-150
 Town: Three Churches Area Name/Location Peach Lake Farms Sub Lot#48
 Well Owner: Pauline Hubig Address: 1131 University Blvd. Apt.2018
 Telephone Number: 301-699-7530 800-211-1202 Silver Spring, MD. 20902
 Well Driller: Chris Wolford/Miller Bros. Drilling Address: P.O. Box 412
 Telephone Number: 304-822-4092 Shanks, WV 26761

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-4	Top soil + dirt	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>320'</u> Date Completed: <u>3-26-01</u> CASING: Length <u>80</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 _____
4-9	Red Shale	
9-19	Dk. Brown Shale	
19-36	Red Sandstone	
36-70	Red Shale	
70-79	Red Sandstone	
79-97	Lt. Blue Sandstone	
97-137	Red Sandstone	
137-142	Lt. Blue Sandstone	
142-169	Lt. Blue Sandstone	
169-207	Lt. Blue Sandstone	
207-240	Red Sandstone	
240-265	Lt. Blue Sandstone	
265-320 Red Sandstone		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)	60		
Pumping Rate (GPM)	8		
Pumping Level (Ft Below Grade)	310		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	3		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Royer, Conduit Type
 Well Seal: Type, Make, Etc. _____
 Well Platform:
 Length _____ Width _____ Thickness _____
 Grouting: Yes No **Pressure**
 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.
Miller Bros. Drilling
 Registered Business Name
Randal C. Miller
 Signed 3-27-01
 Date