

STATE OF WEST VIRGINIA

HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

INSPECTION TO BE PRINTED OR TYPED

Permit No.: ST-148694
Tax Map: 9 Parcel #: 273
County Road:

County: HAMPSHIRE

Name of Owner: CHRIS LIVINGSTON Installer: Wendell Meade
Address: 812 ARMINGEN DRIVE Pasadena Md 21122
Property Location: EGGH MOUNTAIN HOY 30A
Type of Facility: House Facility is: New ( ) Existing (X) Lot Size: 9 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 2BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: Wald
Distances (in feet) of Tank to: Dwelling: 36 Private (X)/Public ( ) Water Source: 90 Property Line: 104

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: 60, 60, 60
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inches
If Bed, Dimensions (in Feet): If Chamber System, Name: INF-4, No. of Units: 45
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: 60 Private ( )/Public ( ) Water Source: 112 Property Line: 104
Remarks:

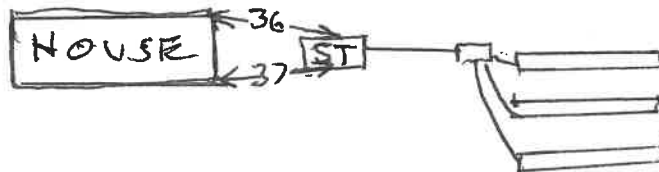
An inspection indicates that the sewage disposal system described above DOES MEET (X), DOES NOT MEET ( ), CANNOT BE DETERMINED TO MEET ( ) the minimum standards established by the West Virginia Bureau of Public Health.

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.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

NOT TO SCALE



Visit Date(s): 9-8-05
Final Inspection Date: 9-23-05

Sanitarian: J. K. [Signature]

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

SW258

**WELL COMPLETION REPORT**

Date(s) 9-17-90 County HAMPSHIRE Permit #: DW-14-03-90-252  
 Town: PIN OAK Area Name/Location EAGLE Mtn. SUB. LOT# A-30  
 Well Owner: FRED CROTZER Address: 6408 CARROLLTON  
 Telephone Number: 301-552-3358 NEW CARROLLTON MD. 20784  
 Well Driller: RANDAL G MEUER Address: Rt#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:
0-53'	Red Sand + Clay (Unconsolidated)	Type of Well: <u>DW</u> Drilling Method: <u>Air Rotary Hammer</u>
53'	Red Shale (Bedrock)	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 3/8"</u>
83'	Red Shale (Consolidated)	Well Depth: <u>225'</u> Date Completed: <u>9-17-90</u>
	Cement + Set Casing	CASING: Length <u>84</u> Feet Height above ground <u>1</u> Feet
92'	Red Shale (Water 2 GPM)	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
110'	Red Shale (Water 2 GPM)	Other _____ Type _____
180'	Red Sandstone (Water 20 GPM)	
225'	Red Sandstone (Consolidated)	
	STOPPED DRILLING	
		<b>SCREEN</b>
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ F

**PUMPING OR BAILING TEST**

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>50</u>		
Pumping Rate (GPM)	<u>30</u>		
Pumping Level (Ft Below Grade)	<u>245</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. ROVER-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 MEUER 432  
 Name \_\_\_\_\_ Certification No. \_\_\_\_\_  
MEUER BUS. DRILLING  
 Registered Business Name \_\_\_\_\_  
Randal G Meuer 9-17-90  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

*Rec'd  
9-19-90*