



Lat: N: 39 12 30

Hampshire County Health Department

Tax District Name: \_\_\_\_\_

Long: W 78 25 25

**ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION REPORT**

Map # 6238.8 Parcel # 02-38-8

Name of Owner: Gregory Unger Installer: Gary's Excavating

Owner Address: 668 Germany Rd., VA 22655

Property Location: Hamp. House Estates

Subdivision: Hamp. House Estates Lot number: 12

Type of Facility: new Facility is: New  Existing  Lot Size (ft<sup>2</sup>/acres): 1

Design Loading: Bedrooms: 3 or GPD: \_\_\_\_\_ Water Supply: Existing:  Proposed  Type: well

**System requires a perpetual maintenance program as per 64CSR9.7.2: Yes  No**

**SEWAGE TANK COMPONENTS**

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:	<b>1000</b>			Distance to dwelling:	<b>30'</b>		
Constructed of:	Plastic			Distance to water	Line:		
					Source:		
Manufacturer:	<b>Infiltrator</b>			Distance to property line:	<b>&gt;50'</b>		
4" inspection port, or riser to surface?	port			Effluent filter?	no		

**ABSORPTION FIELD**

**Class I System:** Chamber:  Eljen  Gravelless Pipe:  Gravel Media Trenches  Other: \_\_\_\_\_

Manufacturer: Infiltrator Square footage: Permitted 1200 ft<sup>2</sup> Installed 1200 ft<sup>2</sup>

Number of lines: 34 Trench width: 36 inches

Lengths of lines: 60' 60' 60' 60' \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

Inspection ports installed? Yes  No  Distribution box used? Yes  No  Outlets level? Yes  No

If chambers, length of each section: 4' Gravelless pipe diameter: \_\_\_\_\_

If bed configuration used, dimensions: \_\_\_\_\_ X \_\_\_\_\_ Maximum depth to bed bottom on upslope side: \_\_\_\_\_

Distance of absorption field to: Dwelling: 48', Water Supply: >100', Water Line: \_\_\_\_\_, Property Line: 28'

Average Depth: 24in Maximum depth: 26in



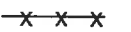










**Class II System:** Design type: \_\_\_\_\_

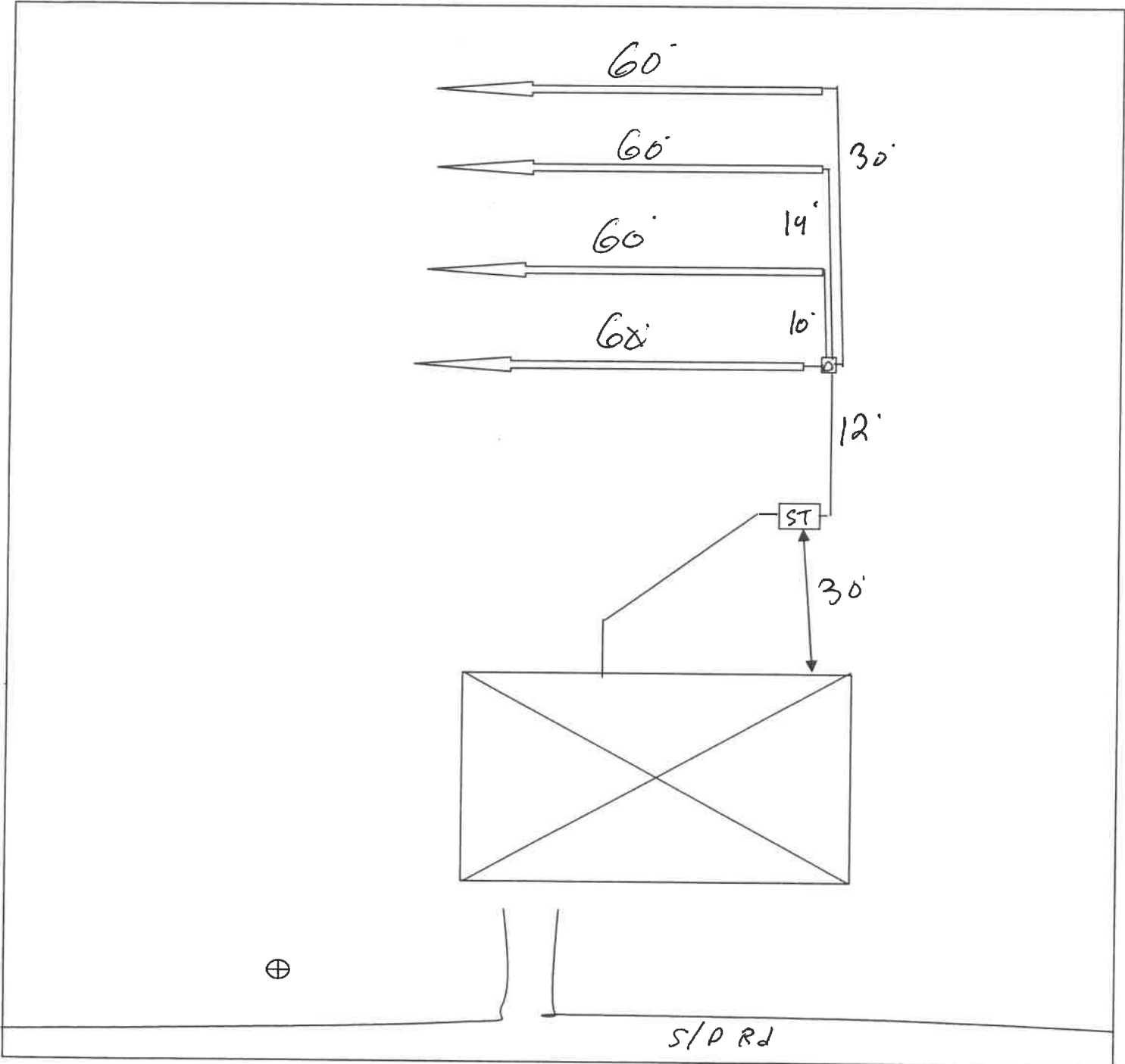
Remarks: \_\_\_\_\_

**System is installed as per the permitted design and layout. Yes  No**   
**Include sketch of installation on reverse.**

**Sketch of Installation with Triangulation or Distance to Specific Landmark  
Include reserve area boundaries.**

**LEGEND:**

- |   |                       |   |                               |  |                      |   |             |
|---|-----------------------|---|-------------------------------|--|----------------------|---|-------------|
|  | House/Facility        |  | Property Line                 |  | Fence North          |  | Pump Tank   |
|  | Soil Absorption Line  |  | Single Wide Manufactured Home |  | Stream Flow          |  | Septic Tank |
|  | Existing Water Supply |  | Distribution Box              |  | Wooded Area Boundary |   |             |
|  | Proposed Water Supply |  | Drain Field Inspection Port   |  |                      |   |             |



System is:  Approved  System is NOT Approved:

COMMENTS: \_\_\_\_\_

Date of Final 12/2/2020

  
Sanitarian

12/11/2020  
Date Final Issued

Rev 3/08  <b>ST/CO USE ONLY</b> DATE RECEIVED  MM DD YY _____	<b>DATE THE WELL WAS COMPLETED</b> MM DD YY <u>10 03 20</u>  PERMIT NO. DW-14-21-006	<b>STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT</b>	<b>FORM SW-258</b> THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED  FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
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<b>LOCATION OF WELL</b> Well Owner: Last Name Fraley <u>Unger</u>		First Name <u>Gregory Ken</u>
Street/Road <u>Hampshire House Estates - Lot 12</u>		County <u>Berkeley</u> Zip Code _____

Latitude _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other	<b>AREA NAME/LOCATION :</b> <u>Hampshire House Estates Lot 12</u>	<b>TYPE OF WELL :</b> <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other _____
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<b>WELL LOG</b>		<b>DRILLING METHOD</b>		<b>GROUTING RECORD</b>	
	<b>Depth</b>	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>6</u> Installation Method: <u>Tremie Pipe</u>
From (ft.)	To (ft.)		Hole Diameter <u>6 1/8</u> (in)	<b>PUMP INSTALLED</b>	
			Total depth <u>250</u> (ft)	By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
0	31	Overburden	<b>ESTIMATED WELL YIELD</b>		
	31	Bedrock	Estimated at <u>8</u> G.P.M		
31	250	Shale	Static Water Level <u>68</u> (ft)		
			*Pumping level below land surface _____ (ft) after _____ hrs. at _____ G.P.M. (Estimated)		
Water	Zones:	138, 203	*Note: For Public Water Supply wells please submit required yield and drawdown tests.		
			<b>WELL HEAD COMPLETION</b>		
		Water is clean and clear.	Casing height above grade <u>1.5</u> (ft)		
			Type Of Well Cap Installed: <u>2 piece sanitary well cap</u>		
			<b>VARIANCE ISSUED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____		
			<b>SCREEN RECORD</b>		
			<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft)		
			<b>GRAVEL PACK RECORD</b>		
			Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)		
		If additional space is needed, use additional sheets and attach w/permit # at top.	<b>COMMENTS BY INSTALLER:</b>		

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above-captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name <u>Payne Drilling Corporation</u>	WV Contractor No. <u>WV059752</u>
Business Registration No. <u>2389-5647</u>	Master Well Driller Certification No. <u>738</u>
Master Well Driller (print) <u>Adam Payne</u>	
Master Well Driller Signature	

**SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)**

Journeyman Well Driller Certification No. \_\_\_\_\_  
 Journeyman Well Driller (please print) \_\_\_\_\_  
 Apprentice and Name (s) \_\_\_\_\_