

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hamshire Health Department Installation Permit No. ST-14-92-388

Name of Owner Milton & Ann Richards

Address 8429 Osman Dr. Alexandria, Va. 22309

Property Address Whispering Pines Lot 34

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served House No. Water Closets

Lot Size 5 ^{acres} sq. ft. Area suitable for sewage disposal installation sq. ft.

Source of Water Supply well No. Lavatories

No. Bedrooms 3 No. Showers or Tubs No. Baths

No. Garbage Grinders none No. Automatic Washers 1

SEPTIC TANK

Material Concrete Length x Width x Depth = cubic feet

Liquid Depth ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 24ft. Water Supply 94ft. Nearest Property Line 220ft.

SOIL ABSORPTION SYSTEM

Type Drain Line Material Plastic Trench Width 36" Inches

Trench Depth 22"-24" Inches Total Absorption area in Trench Bottom 1200 sq. ft.

Diameter of Drain Line 4 Inches Type Filter Media gravel

No. of Drain Lines 4 Depth Filter Media Under Drain Line 8 Inches

Length of Each Line 100, 100, 100, 100 ft. Depth Filter Media Over Drain Line 4 in.

Distance of Disposal Field to: (a) Dwelling 48ft

(b) Water Supply 110ft (c) Nearest Property Line 390ft

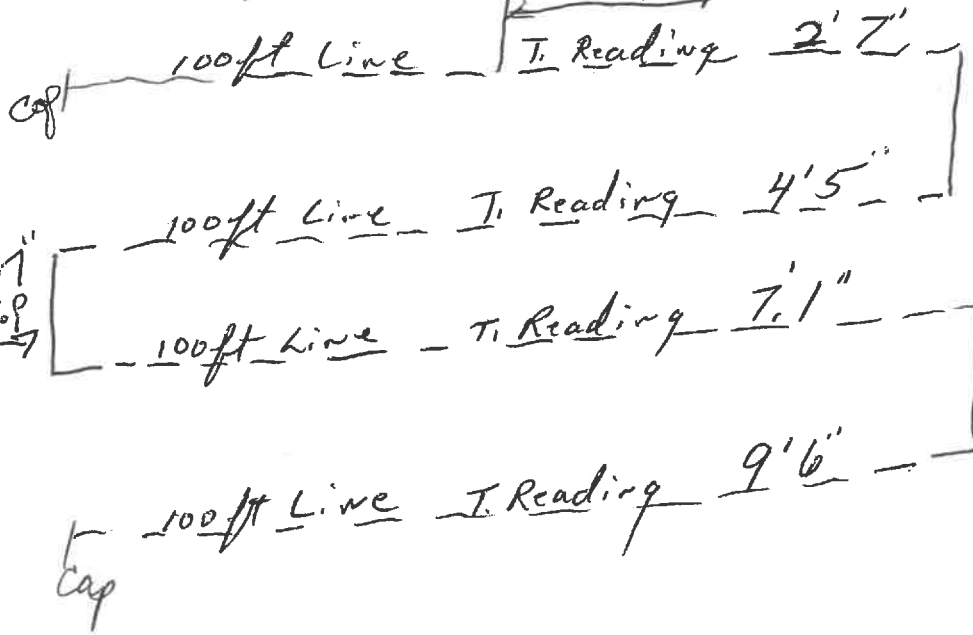
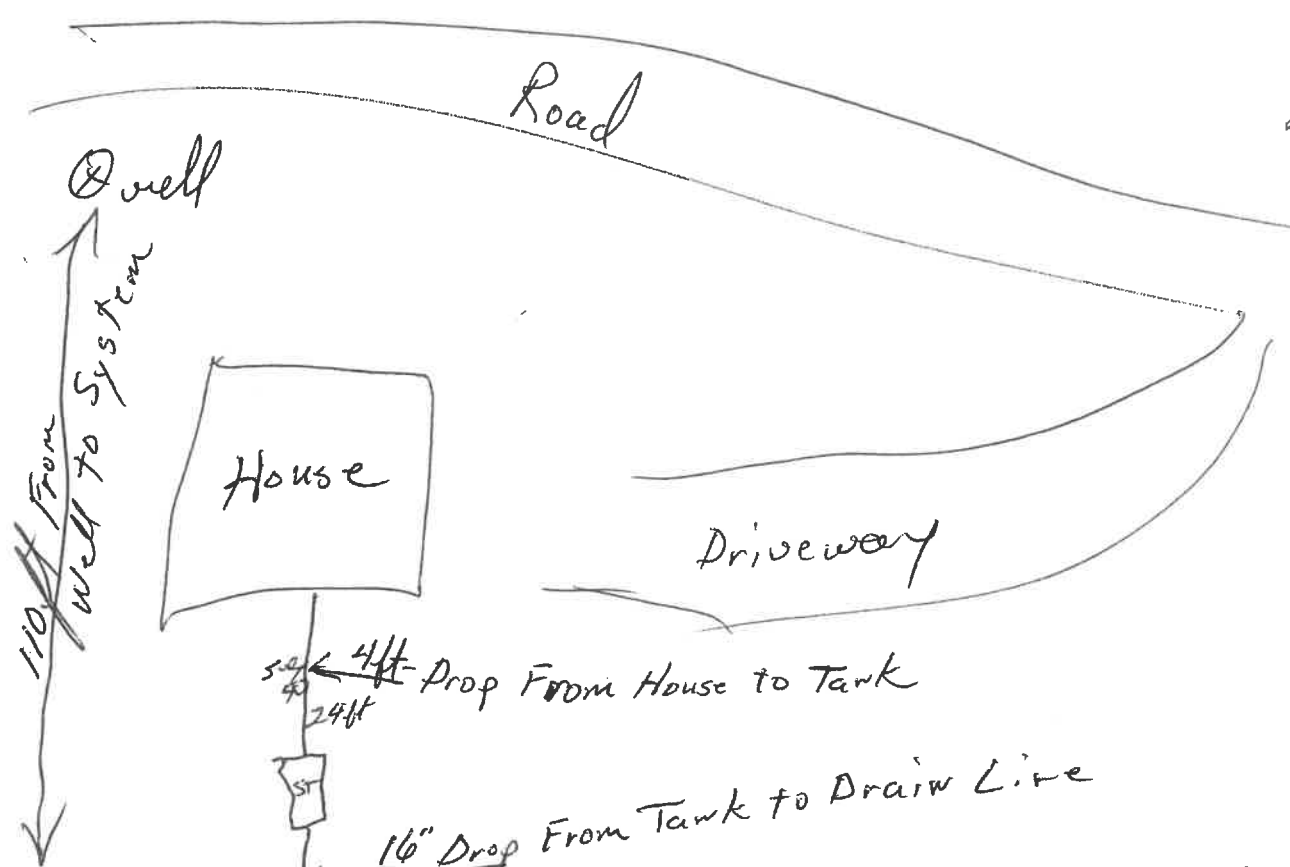
An inspection of the septic tank system described herein disclosed that said system MEETS (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

Date 1-27-93

Sanitarian Lee O'Hara

SKETCH OF SYSTEM TO BE DRAWN ON BACK

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.



← 2' 2" Drop Line 1 to Line 2

← 3' 1" Drop Line 3 to Line 4

*Rec'd
1-27-93*

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

SW258

WELL COMPLETION REPORT

Date(s) 1-18-25-93 County Hampshire Permit #: DW-14-01-93-176
 Town: Slansville Area Name/Location Whispering Pines Sub. Lot #34
 Well Owner: Milton V. III + Amy J. Richards Address: 8429 OSMAN DR
ALEXANDRIA, VA, 22309
 Telephone Number: 703-780-0036
 Well Driller: Randal C Miller Address: #1 Box 186
Ridgely WV 26753
 Telephone Number: 304-738-3266

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-43'	BROWN SHALE (UNCONSOLIDATED)	Type of Well: <u>DW</u> Drilling Method: <u>AIR ROTARY HAMMER</u>
43'	Red SANDSTONE (Bedrock)	
53'	Red SANDSTONE (CONSOLIDATED)	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
	CEMENT SET CASING	Well Depth: <u>250'</u> Date Completed: <u>1-25-93</u>
86'	Blue SANDSTONE (CONSOLIDATED)	CASING: Length <u>54</u> Feet Height above ground <u>1</u> Feet
217'	Blue SANDSTONE (WATER 20 GPM)	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
236'	Blue SANDSTONE (WATER 6 GPM)	Other _____ Type _____
250'	Blue SANDSTONE (CONSOLIDATED)	SCREEN
	STOPPED DRILLING	<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)	<u>80</u>		
Pumping Rate (GPM)	<u>80</u>		
Pumping Level (Ft Below Grade)	<u>235</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. Paper-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 C Miller 432
 Name _____ Certification No. _____
Miller Bros. Drilling
 Registered Business Name _____
Randal C Miller 1-25-93
 Signed _____ Date _____