

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Tax Map: 12 Parcel #: 16

County: Wayne **ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM**

County Road: _____

Name of Owner: Norman High Installer: Randy High
Address: P.O. Box 283 - Orangeville WV 26052
Property Location: Huffman Rd 1.5 miles on right
Type of Facility: House Facility is: New (X) Existing () Lot Size: well Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

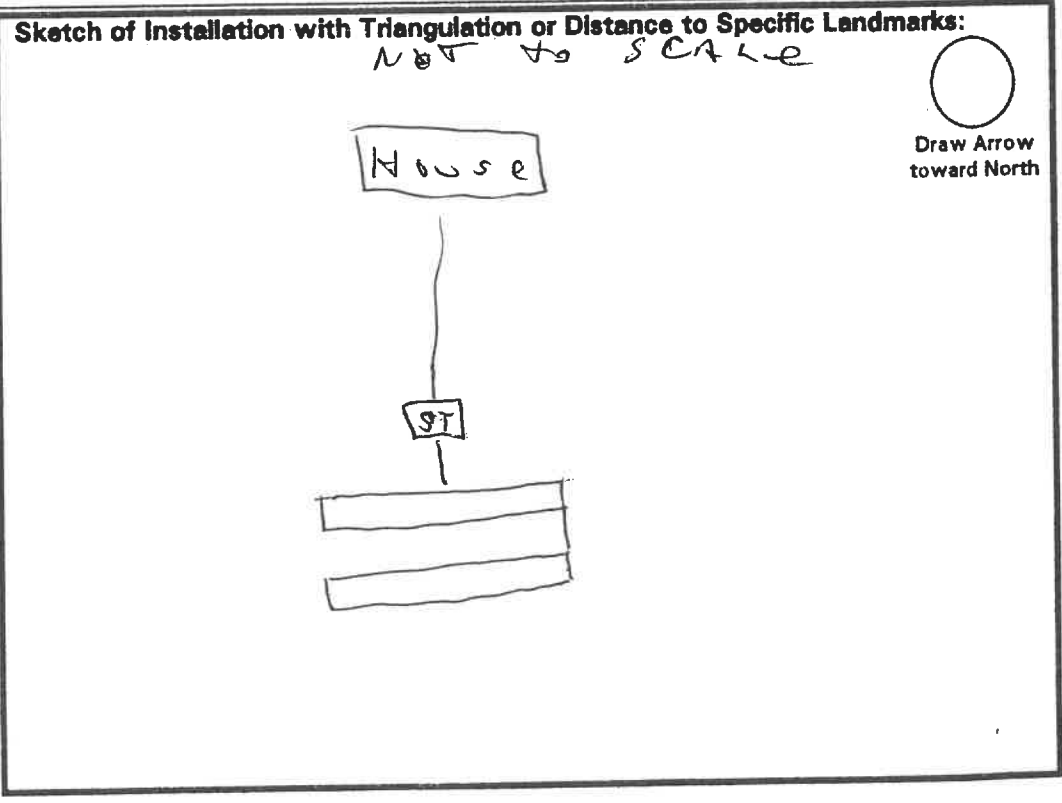
Capacity in Gallons: 1200 Material: concrete Manufacturer: Solwa
Distances (in feet) of Tank to: Dwelling: 100 Private (X)/Public () Water Source: well Property Line: 104

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: 2 Length (in feet) of Each: 90, 90
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 36 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: Infiltation, No. of Units: 30
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: 120 Private (X)/Public () Water Source: well Property Line: 107
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): 8-16-02
Final Inspection Date: 8-28-02

Sanitarian: J. K. [Signature]

4-8-97

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

SW258

WELL COMPLETION REPORT

Date(s) 4-2-97 County Hampshire Permit #: DW-14-03-97-198
Town: Purgitsville Area Name/Location Huffman Rd
Well Owner: Norman + Denette High Address: P.O. Box 283
Telephone Number: 304-289-3947 Purgitsville WV 26852
Well Driller: B. Mark Smith Address: HC 86 Box 2-A
Telephone Number: 304-822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-30	Brown shale	160' - 4" pvc well liner bottom 60' perforated.
31-115	hard gray shale	Type of Well: <u>home</u> Drilling Method: <u>air-hammer</u>
116-118	fractured water bearing formation	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
119-165	hard gray shale	Well Depth: <u>165</u> Date Completed: <u>4-2-97</u>
		CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet
		<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	<u>1200 bph</u>	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>85</u>		
Pumping Rate (GPM)	<u>20</u>		
Pumping Level (Ft Below Grade)	<u>145</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1/2</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Standard
Well Seal: Type, Make, Etc. _____
Well Platform: _____
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.

B. Mark Smith #001
Name B.W. Smith Well Drilling Certification No.
Registered Business Name Bengner Mark Smith
Signed 4-2-97 Date