



Lat: N: 38.84.885

HARDY COUNTY Department of Health

Tax Map Name: _____

Long: W 78.93.874

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

Map # _____ Parcel # _____

Name of Owner: KEVIN GASH Installer: JEREMY SHINGLETON

Owner Address: 898 CEDARWOOD RD. DRIVE MATHIAS, WV

Property Location: SAME

Subdivision: _____ Lot number: _____

Type of Facility: EXISTING HOME Facility is: New Existing Lot Size (ft²/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:	<u>1000</u>			Distance to dwelling:	<u>20+</u>		
Constructed of:	<u>PLASTIC</u>			Distance to water	Line:		
Manufacturer:	<u>INFILTRATOR</u>			Source:			
4" inspection port, or riser to surface?	Riser <input checked="" type="checkbox"/> Port <input type="checkbox"/>	Riser <input type="checkbox"/> Port <input type="checkbox"/>	Riser <input type="checkbox"/>	Distance to property line:	<u>50+</u>		
				Effluent filter?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

ABSORPTION FIELD

Class I System: Chamber: Eljen Gravelless Pipe: Gravel Media Trenches Other: _____

Manufacturer: Infiltrator Square footage: Permitted 900 ft² Installed 1200 ft²

Number of lines: 3 Trench width: 18-36 inches

Lengths of lines: 80, 80, 80, , , , , , , ,

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: 30+, Water Supply: 100+, Water Line: _____, Property Line: _____

Drainfield laterals installed on-contour: Yes No Average Depth: 24" Maximum depth: 24"

Class II System: Design type: _____

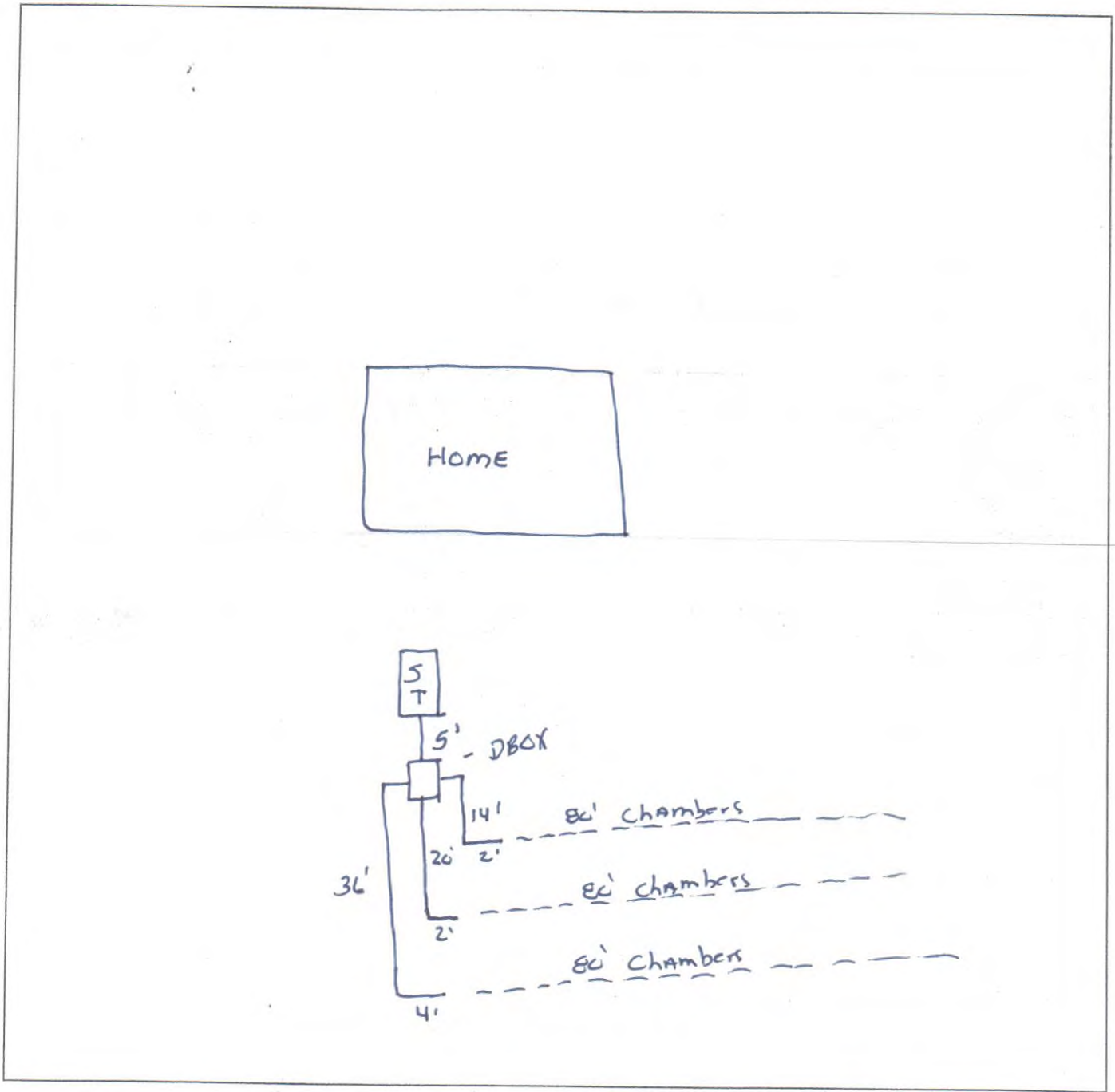
Remarks: _____

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 Landmarks.
Include reserve area boundaries,**

LEGEND:

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



System is: Approved System is NOT Approved:

COMMENTS:

Dates visited: _____

Will Owen
Sanitarian

1-10-2021
Date Final Inspection