

INSPECTION TO BE PRINTED OR TYPED

Wampshire County HEALTH DEPARTMENT

Tax Map: _____ Parcel #: _____

ON-SITE SEWAGE DISPOSAL SYSTEM

County Road: _____

County: Wampshire

INSPECTION FORM

Name of Owner: Tom ALKIRE Installer: E McKee

Address: HC 6 Box 77B on Bridge, WV

Property Location: oak ridge West lot #4

Type of Facility: House Facility is: New Existing () Lot Size: 2 Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: Jolid

Distances (in feet) of Tank to: Dwelling: 23 Private /Public () Water Source: 110 Property Line: 50'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe Diameter: 10 Inches Chamber Soil Absorption Trenches () 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: 5 Length (in feet) of Each: 100, 100, 100, 100, 100

Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24-70 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____ No. of Units: _____

Approved and Adequate Materials Used? Yes No () Size Equates to: 1500 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 47 Private /Public () Water Source: 131 Property Line: 95'

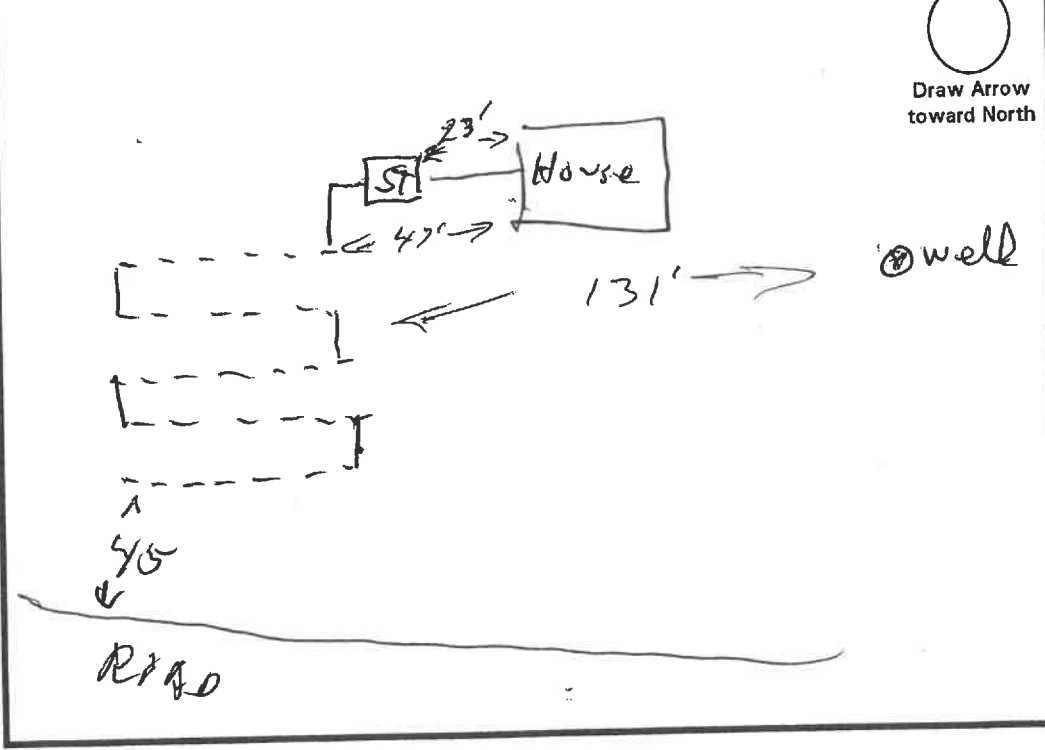
Remarks: _____

An inspection indicates that the sewage disposal system described above **DOES MEET** () **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:



Visit Date(s): 11-19-98

Final Inspection Date: 12-14-98

Sanitarian: Jr. Kaulas

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

SW258

*Rec
12-23-98*

Oak Ridge West Lot 4

WELL COMPLETION REPORT

Date(s) 12/18/98 County Hampshire Permit #: DW-14-99-155
 Town: Capon Bridge Rt. 50 E. Area Name/Location Right on Frog Eye Road, go to "T" take 2nd left
go 7/10 of mile, lot on left.
 Well Owner: R. C. Adams, Inc. Address: HC34 Box 30
Bloomery, WV 26817
 Telephone Number: 540-888-4522
 Well Driller: Jeffrey G. Miller Address: P. O. Box 412
Shanks, WV 26761
 Telephone Number: 496-9972

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS: Pressure Grouted
0-22	Brown Shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u>
22-25	Yellow Shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
25-90	Blue Shale (Cons)	Well Depth: <u>120</u> Date Completed: <u>12/17/98</u>
90-94	Brown Sandstone	CASING: Length <u>40</u> Feet Height above ground <u>1</u> Feet
94-112	Blue Shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
112-120	Brown Sandstone	Other _____ Type _____
Water	<u>75 ft.</u> <u>2 GPM</u>	SCREEN
Water	<u>28 ft.</u> <u>28 GPM</u>	<input checked="" type="checkbox"/> None Installed
Water	<u>112 ft.</u> <u>30 GPM</u>	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>45</u>		
Pumping Rate (GPM)	<u>60</u>		
Pumping Level (Ft Below Grade)	<u>118</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>3</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Royer Conduit Type
 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.

Jeffrey G. Miller 255
 Name Certification No.
Miller Bros. Drilling
 Registered Business Name
Jeffrey G. Miller 12/18/98
 Signed Date