

STATE OF WEST VIRGINIA

INSPECTION TO BE PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-02-152

Tax Map: 4 Parcel #: 0040

County Road: \_\_\_\_\_

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

County: Hampshire

Lillian Samille

Name of Owner: William Sadler Installer: Ed Sporemaier

Address: HC 64 Box 1340 Romney WV 26257

Property Location: Jersey Mt Rd 5.5 miles on Right

Type of Facility: House Facility is: New ( ) Existing ( ) Lot Size: 49 Sq. Ft./Acres

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

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: S+S

Distances (in feet) of Tank to: Dwelling: 22 Private ( )/Public ( ) Water Source: 75' Property Line: 10'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe (X), Diameter: 20 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: 2 Length (in feet) of Each: 100, 100, 100, \_\_\_\_\_

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

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

Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.

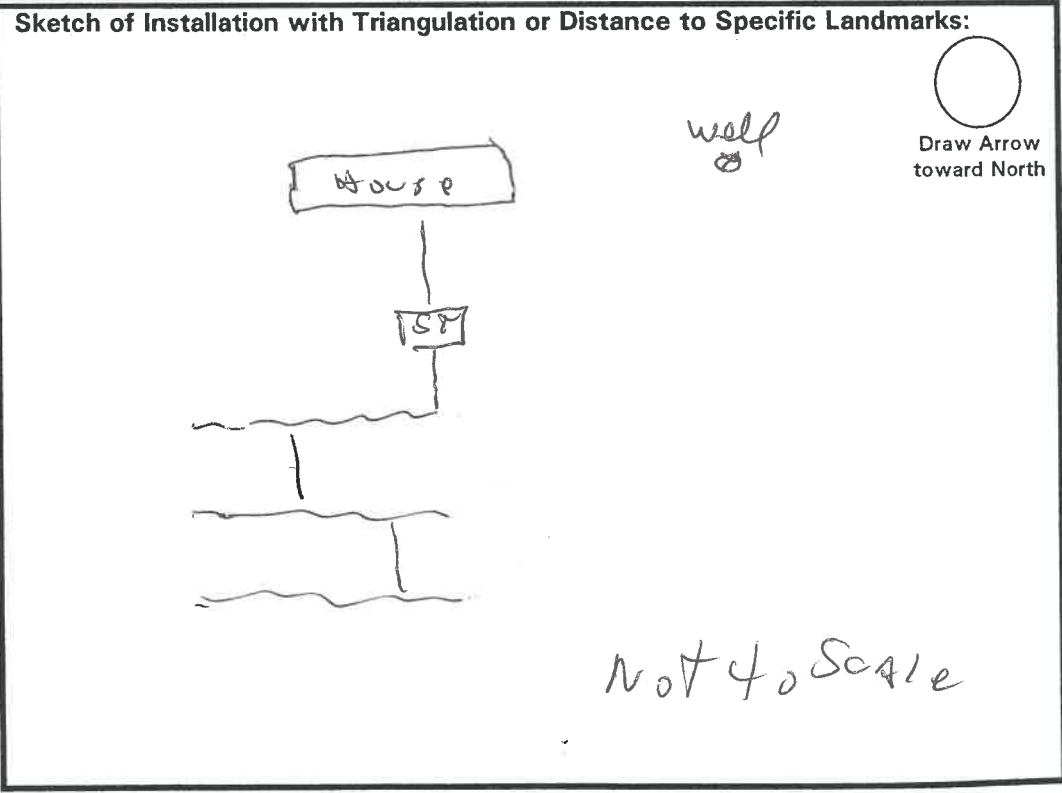
Distances (in feet) of System to: Dwelling: 60 Private ( )/Public ( ) Water Source: 103' Property Line: 10'

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): 11-5-01

Final Inspection Date: 11-9-01

Sanitarian: J. R. [Signature]

**The proposed sewage system shall consist of:**

Septic Tank: Capacity: 1000 gallons Material: Cement Manufacturer: S+S

Absorption Field: Equivalent to 900 square feet of conventional gravel trench system.

Trench System: No. of Lines: 3, Lengths: 100, 100, 100 feet.

Gravel Trench Width: \_\_\_\_\_ inches, or Gravelless Pipe Diameter: \_\_\_\_\_ inches,

If Chamber System: Manufacturer: \_\_\_\_\_, Number of Chambers: \_\_\_\_\_.

Soil absorption bed: Requires an oversizing of bottom surface area by 30%.

If soil absorption bed, Length: \_\_\_\_\_ feet by Width: \_\_\_\_\_ feet, or if Chamber System,

Manufacturer: \_\_\_\_\_, Number of Chambers: \_\_\_\_\_.

**Distances (to nearest):**

Septic Tank to: Building Foundation: 10+ feet, Property Line: 10+ feet, Water Supply: 30+ feet.

Absorption Field to: Building Foundation: 10+ feet, Property Line: 10+ feet, Water Supply: 100+ feet.

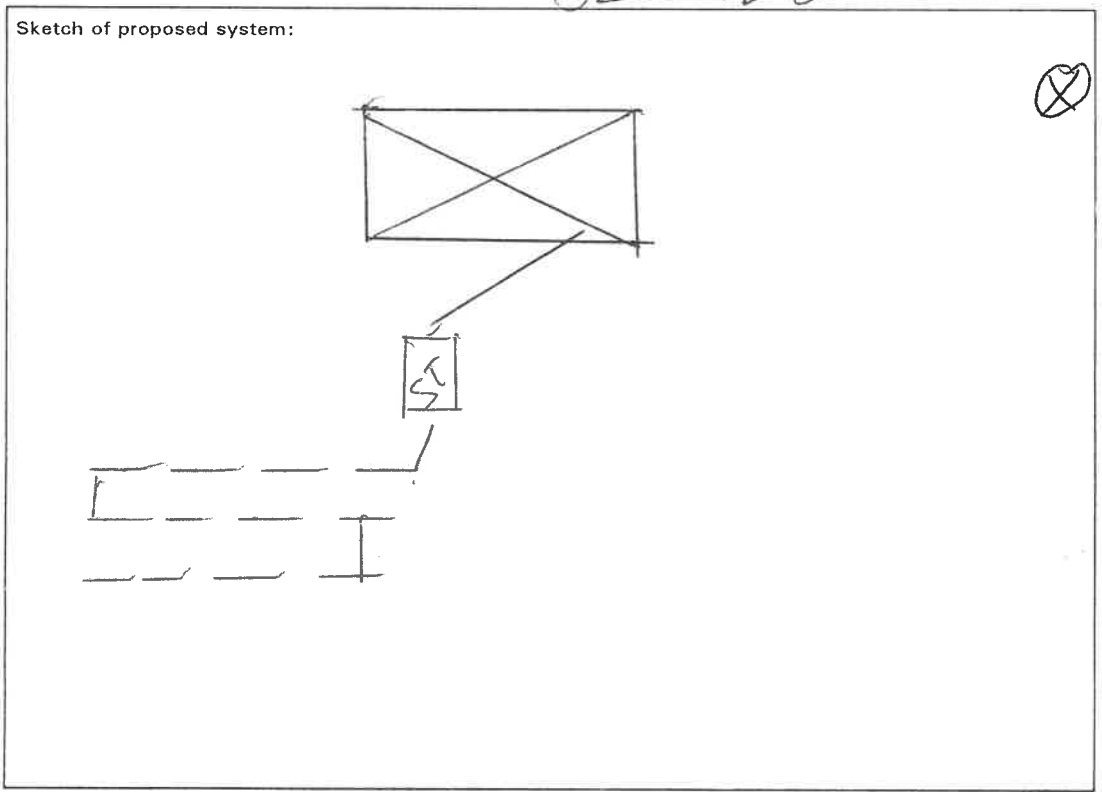
**Materials:**

The installation or modification of all parts of the sewage disposal system, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Certified Installer or Owner-Installer: [Signature]

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

- Direction of ground slope
- Ⓟ Percolation test site
- Property line
- ⊠ Residence or facility served
- ST Septic Tank
- - Soil absorption lines
- |||| Trees
- ⊗ Water source
- \* Water supply line



Show all structures or facilities to be served by on-site sewage system on the lot or tract.

<b>FOR HEALTH DEPARTMENT USE ONLY:</b>	<b>COUNTY:</b> _____
Date Received: <u>10-29-01</u>	Coordinates: N _____ W _____
Date Site Evaluated: _____	Reviewed by: _____ Date fee paid: _____
Received From: _____	Permit: <input type="checkbox"/> Issued <input type="checkbox"/> Denied Permit No.: _____

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

*Recd 10-11-01*

SW258

**WELL COMPLETION REPORT**

Date(s) 10-05-01 County Hampshire Permit #: DW-14-02-84  
 Town: Romney Area Name/Location Jersey Mtn road past Buckshots Junkyard  
 Well Owner: Lillian Saville Address: HC 64 Box 1340  
 Telephone Number: 822-7474 Romney, WV 26757  
 Well Driller: Christopher Wolford Address: P. O. Box 412  
 Telephone Number: 496-9972 Shanks, WV 26761

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-1	Grass & Dirt	Pressure Grouted  Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u> Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u> Well Depth: <u>400</u> Date Completed: <u>10-04-01</u> <b>CASING:</b> Length <u>50</u> Feet Height above ground <u>1</u> Feet <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
1-4	Brown Dirt	
4-30 Lt.	Brown Shale	
30-110	Red Shale	
110-190	Lt. Blue Shale	
137-181	Red Sandstone	
181-241	Lt. Blue Sandstone	
241-291	Red Sandstone	
291-323	Lt. Blue Sandstone	
323-390	Red Sandstone	
390-400	Lt. Blue Sandstone	<b>SCREEN</b> <input 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)	150		
Pumping Rate (GPM)	4		
Pumping Level (Ft Below Grade)	398		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	5		

**WELL HEAD**

Pitless Adapter: Type, Make, Etc. \_\_\_\_\_  
 Well Cap: Type, Make, Etc. Royer W/1" Conduit  
 Well Seal: Type, Make, Etc. \_\_\_\_\_  
 Well Platform:  
 Length \_\_\_\_\_ Width \_\_\_\_\_ Thickness \_\_\_\_\_  
 Grouting:  Pressure  No  
 All Public Water Supplies must be grouted.

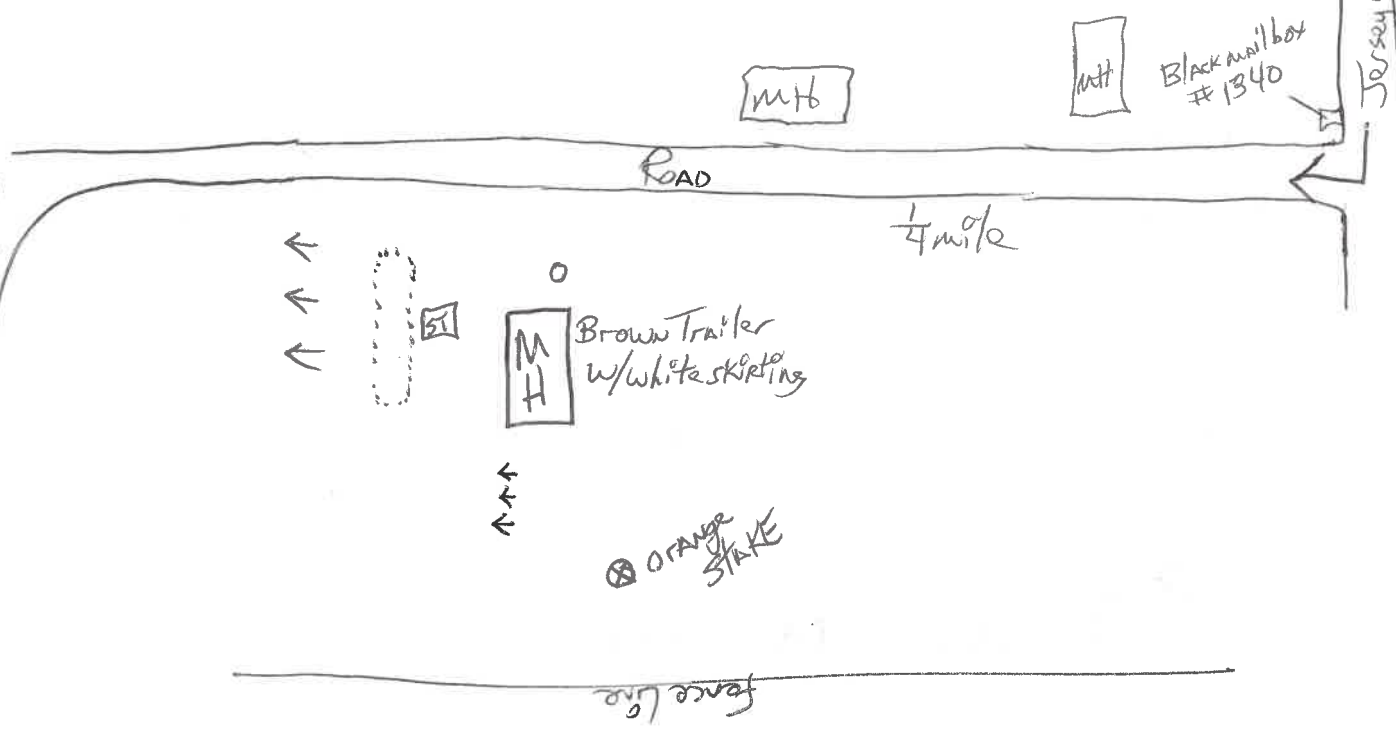
I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

Christopher Wolford 574  
 Name Certification No.  
Miller Bros. Drilling  
 Registered Business Name  
*Christopher Wolford* 10-05-01  
 Signed Date

Please draw a sketch of the property showing existing or proposed well with locations, and distance to structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate and show distances to animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

- |                                     |                      |                                     |                      |                                     |                       |
|-------------------------------------|----------------------|-------------------------------------|----------------------|-------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> | House                | <input checked="" type="checkbox"/> | Water Supply         | <input type="checkbox" value="P"/>  | Percolation Test Site |
| ---                                 | Soil Absorption Line | →                                   | Dir. Of Ground Slope | ---                                 | Property Line         |
|                                     | Trees                | <input type="checkbox" value="ST"/> | Septic Tank          | <input type="checkbox" value="MH"/> | Mobile Home           |

FARM House



**FOR HEALTH DEPARTMENT USE ONLY:**

COUNTY: \_\_\_\_\_

Date Received: 9-17-01

Coordinates: N \_\_\_\_\_ W \_\_\_\_\_

Date Evaluated: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date fee paid: \_\_\_\_\_

Received From: \_\_\_\_\_

Permit:  Issued  Denied Permit No.: \_\_\_\_\_