



Lat: N: 39 9 6

Hampshire County Health Department

Tax District Name: Sherman

Long: W 78 40 1

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

Map # 2 Parcel # 45

Name of Owner: Martin & Betty Quinn Installer: Kent Orndorff

Owner Address: 401 W Rosemary Ln, WV 26757

Property Location: Rio Grande Estates

Subdivision: Rio Grande Estates Lot number: Lot 21

Type of Facility: Residence Facility is: New Existing Lot Size (ft²/acres): 5 acres

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:	1000			Distance to dwelling:	30'		
Constructed of:	Concrete			Distance to water	Line:		
					Source:	>80'	
Manufacturer:	Jolin			Distance to property line:	>50'		
4" inspection port, or riser to surface?	port			Effluent filter?	no		

ABSORPTION FIELD

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

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

Number of lines: 2 Trench width: 36 inches

Lengths of lines: 90' 90' _____, _____, _____, _____, _____, _____, _____,

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: >50', Water Supply: >100', Water Line: _____, Property Line: >50'

Average Depth: 24" Maximum depth: 20"



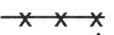











Class II System: Design type: _____

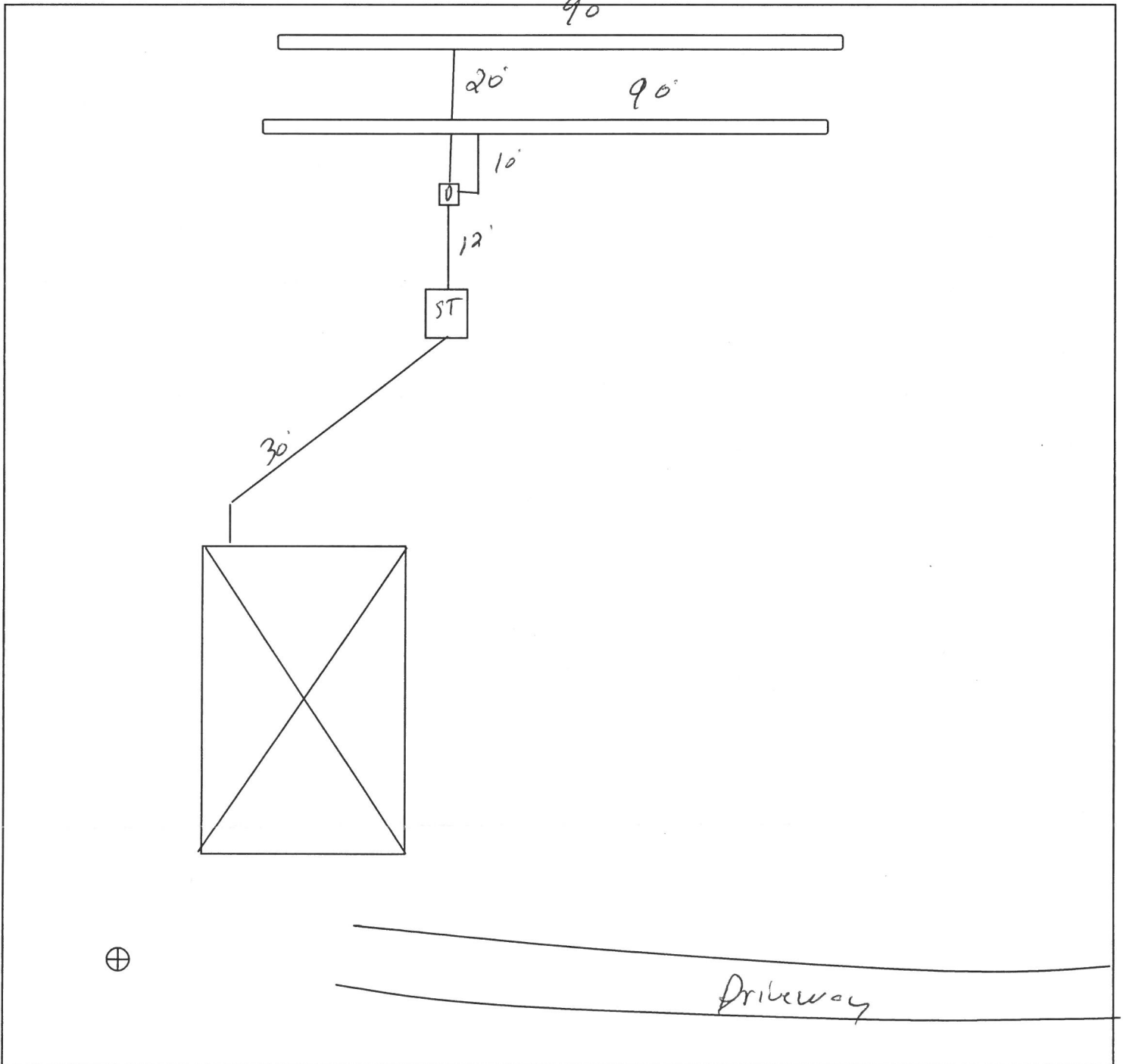
Remarks: _____

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:

Date of Final 10/12/2023

[Signature]
Sanitarian

4/23/2024
Date Final Issued