

INSPECTION TO BE PRINTED OR TYPED

Hamshire County HEALTH DEPARTMENT

Tax Map: _____ Parcel #: _____

County: Hamshire ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

County Road: _____

Name of Owner: Tom Alkire Installer: P. J. Kidwell
Address: HC 61 Box 27B Canyon Bridge, WV
Property Location: OAK Ridge West Hot Spc
Type of Facility: House Facility is: New Existing () Lot Size: 1.27 Acres
Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: _____

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Nolia
Distances (in feet) of Tank to: Dwelling: 10' Private (X)/Public () Water Source: 50' Property Line: 55'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (4" 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: 24-36 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 1500 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 10' Private (X)/Public () Water Source: 100' Property Line: 15'

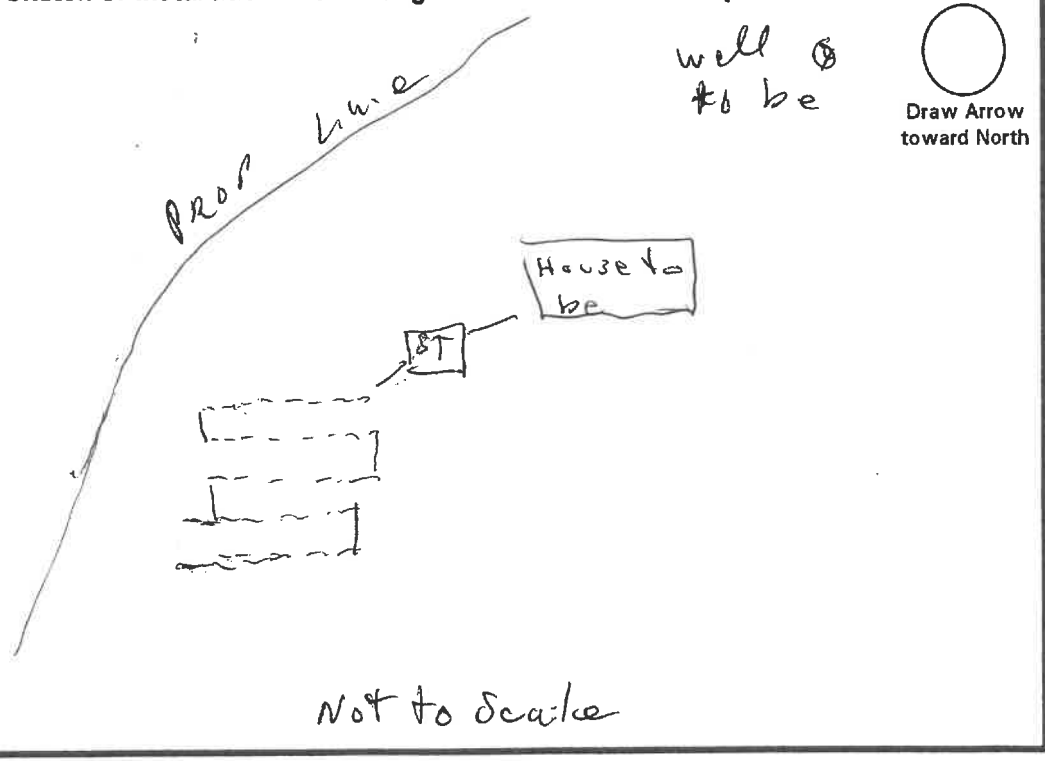
Remarks: _____

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.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:



Visit Date(s): 11-19-98
Final Inspection Date: 3-12-99

Sanitarian: [Signature]

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

Rec 5-17-99

SW258

WELL COMPLETION REPORT

Date(s) 5/7/99 County Hampshire Permit #: DW-14-99-187
 Town: _____ Area Name/Location Oak Ridge West Lot 6
 Well Owner: James A. Jacobs - Mary A. Bradley Address: 2767 Copp Rd
Strasburg Va 22657
 Telephone Number: 540-465-3053
 Well Driller: B. Mark Smith Address: HC 86 Box 2-A
Springfield WV 26763
 Telephone Number: 304-822-4786

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-40	Soft Shale	Type of Well: <u>home</u> Drilling Method: <u>Air-Hammer</u>
41-165	hard gray + Red shale	Well Diameter: <u>6 5/8"</u> Casing O.D.: <u>6 5/8"</u>
166-	Water	Well Depth: <u>200</u> Date Completed: <u>5/7/99</u>
167-200	hard gray + red shale	CASING: Length <u>60</u> Feet Height above ground <u>1</u> Feet
		<input checked="" 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.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>80</u>		
Pumping Rate (GPM)	<u>40</u>		
Pumping Level (Ft Below Grade)	<u>150</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1</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 Benjamin Mark Smith Date 5/7/99
 Signed _____ Date _____