

# Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # **ST-14-11-100R**

Name of Owner: Jim Childress Installer: Powell's Plumbing Inc  
 Address: 115 Aiken Dr., Romney, WV 26757  
 Property Location: Crystal Valley Estates Lot 68 Lot Size: 2+AC Acres  
 Type of Facility: Residence Facility is:  New  Existing  
 Design Loading in gpd/# Bedrooms: 3 Source of Water: Well

### SEWAGE TANK COMPONENT

Capacity in Gallons: **1000** Material: precast concrete Pump Chamber      gal  
 Distances (in feet) of Tank to: Dwelling **15'**  
 Private  Public  Water Source: **> 100'** Property Line: **> 100'**

### ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter      In.  
 Chamber Soil Absorption Trenches () or Bed ( )  
 Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) LPP ( )  
 Evapotranspiration Trenches ( ) or Bed ( )  
 Shallow Soil Absorption Trenches ( ) or Bed ( ) Other:     

No. of Lines: **3** Length (in feet): **80'**  
 Width of Trenches: **36** inches/feet Depth to Bottom of Field: **24** inches  
 If Bed, Dimensions (in feet):      Size Equates to **1200** sq ft of SGF  
 Distance (in feet) of System to: Dwelling **125'**  
 Private () Public ( ) Water Source: **> 100'** Property Line: **> 100'**

Remarks: S/O Street

GPS: N W

An inspection indicates that  
 The sewage disposal system  
 Described above

**DOES MEET**

**DOES NOT MEET**  or

**CANNOT BE DETERMINED TO**

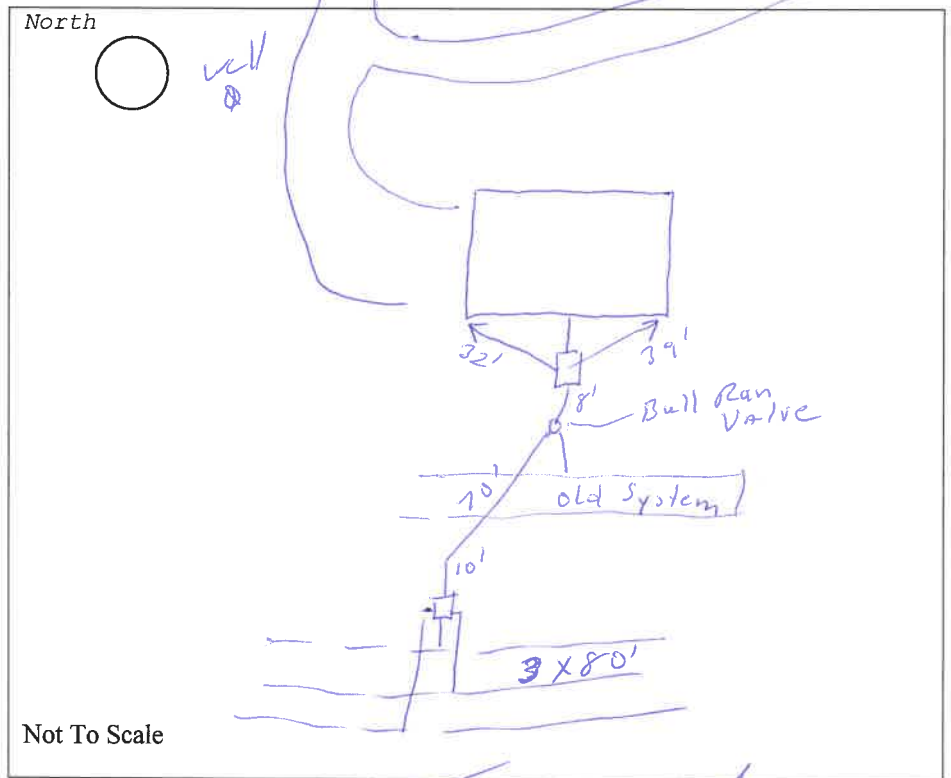
**MEET**  the minimum standards

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):     



**FINAL INSPECTION DATE: 6/13/2011**

**SANITARIAN: [Signature]**

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

SW258

**WELL COMPLETION REPORT**

Date(s) Aug 21, 1990 County Hampshire Permit #: DW-14-07-91-11  
Town: Romney Area Name/Location Crystal Valley - Lot #68  
Well Owner: Joseph & Marie Cox Address: 2403 Hodge Farm Rd.  
Telephone Number: (304) 822-3507 Edgemere, MD 21219  
Well Driller: Jerry W Adams Address: P.O. Box 952  
Telephone Number: (304) 822-4092 Romney, WV 26757

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-12'	BROWN Shale - UNCONSOLIDATED	Type of Well: <u>D/W</u> Drilling Method: <u>AIR ROTARY HAMMER</u>
13'	GRAY Shale - Consolidated	Well Diameter: <u>6-1/8"</u> Casing O.D.: <u>6-5/8"</u>
24'	GRAY Shale - Consolidated	Well Depth: <u>240'</u> Date Completed: <u>Aug. 21, 90</u>
	SET CASING - GROUT W/ Type II Cement	CASING: Length <u>25</u> Feet Height above ground <u>1</u> Feet
60'	GRAY Shale - Consolidated	<input checked="" type="checkbox"/> Steel <u>GALV.</u> <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
98'	GRAY Shale - Consolidated Water 3-GPM	Other _____ Type _____
140'	GRAY Shale - Consolidated	SCREEN
180'	GRAY Shale - Consolidated	<input checked="" type="checkbox"/> None Installed
200'	GRAY Shale - Consolidated	Type _____ Diameter _____
217'	GRAY Shale - WATER 8 GPM	Slot/Gauge _____ Length _____
240'	GRAY Shale - Consolidated	Set Between _____ Ft. and _____ Ft.

**PUMPING OR BAILING TEST** Stopped DRILLING OPERATION  
test well yield

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>65</u>		
Pumping Rate (GPM)	<u>11</u>		
Pumping Level (Ft Below Grade)	<u>230</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>3</u>		

**WELL HEAD**

Pitless Adapter: Type, Make, Etc. To be Installed w/Pump System  
Well Cap: Type, Make, Etc. Royer 6-5/8" 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.

Jerry W. Adams

Name A & S Pump Co.

Registered Business Name

Signed

004

Certification No.

Aug 21, 1990

Date