

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Adams County Health Department Installation Permit No. ST-14-89-204
Name of Owner William A. Saltzman, Jr.
Address P.O. Box 388, Shanks, WV 26761
Property Address Camp Run Estates, lot # 19

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served House No. Water Closets —
Lot Size 53/4 ^{acres} sq. ft. Area suitable for sewage disposal installation — sq. ft.
Source of Water Supply well to be No. Lavatories —
No. Bedrooms 2 No. Showers or Tubs — No. Baths —
No. Garbage Grinders — No. Automatic Washers —

SEPTIC TANK

Material pre-cast concrete Length — x Width — x Depth — = — cubic feet
Liquid Depth — ft. Liquid Capacity 1,000 gal.
Distance to: Dwelling 25' Water Supply 100' Nearest Property Line 80'

SOIL ABSORPTION SYSTEM

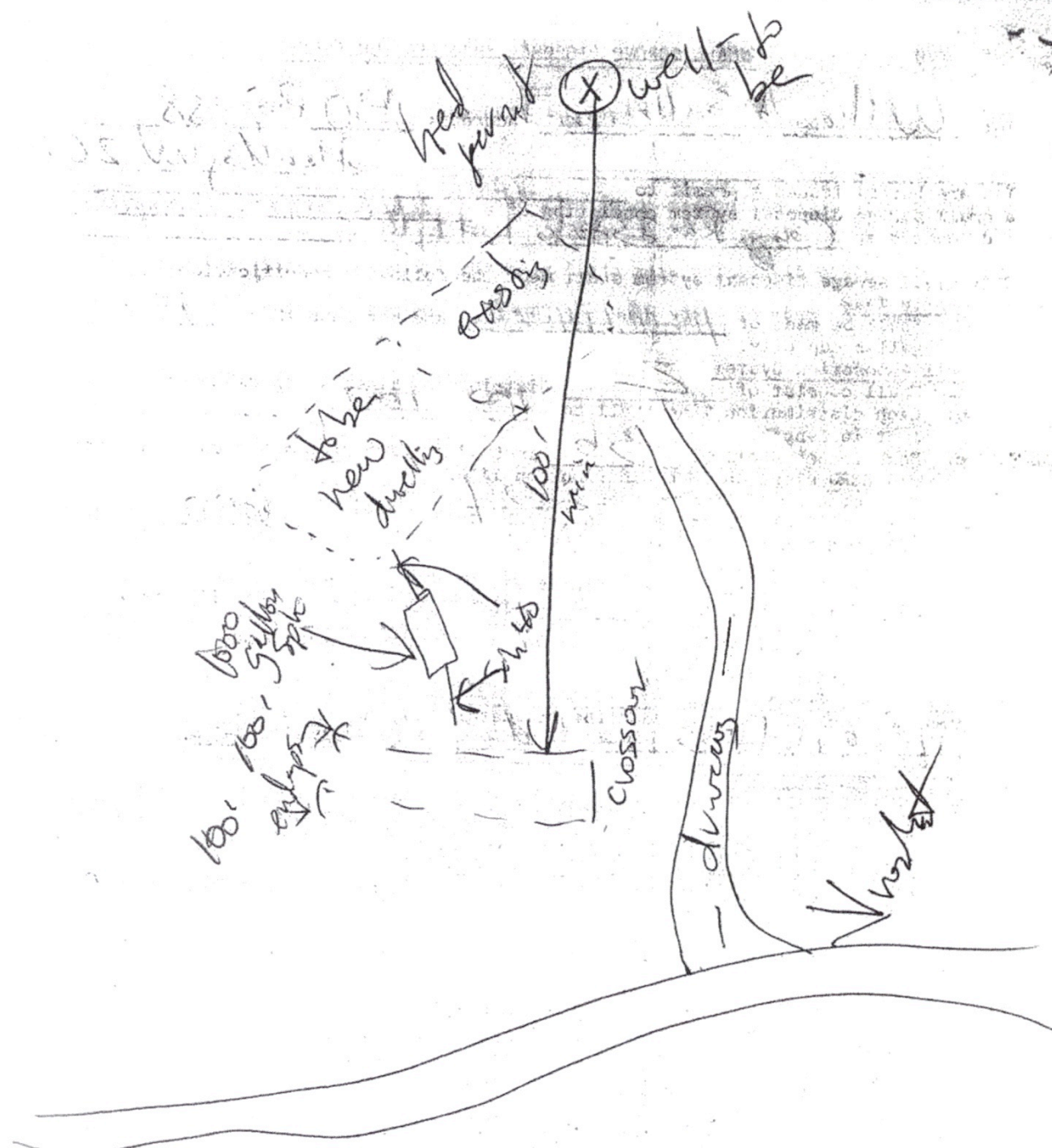
Type Drain Line Material 2729 Trench Width 36 Inches
Trench Depth 22-24 Inches Total Absorption area in Trench Bottom 600 sq. ft.
Diameter of Drain Line 4 Inches Type Filter Media gravel-24 ton
No. of Drain Lines 2 Depth Filter Media Under Drain Line 6 Inches
Length of Each Line 100, 100, —, — ft. Depth Filter Media Over Drain Line 2 in.
Distance of Disposal Field to: (a) Dwelling 40'
(b) Water Supply 125' (c) Nearest Property Line 40'

An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

Date 10-17-89 Sanitarian [Signature]

SKETCH OF SYSTEM TO BE DRAWN ON BACK

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.



David Dunlop
San Juan

5-7-8-90

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

SW258

WELL COMPLETION REPORT

Date(s) 5-7-8-90 County HAMPSHIRE Permit #: DW-14-04-90-271
 Town: SHANKS Area Name/Location CAMP RUN ESTATES LOT #19
 Well Owner: BILL + DIANE SALTZMAN Address: P.O. BOX 388
 Telephone Number: 301-647-6408 SHANKS W.VA. 26761
 Well Driller: RANDAL G MILLER Address: RR #1 BOX 186
 Telephone Number: 304-738-3266 EDGELEY W.VA. 26753

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-43'	YELLOW SHALE (UNCONSOLIDATED)	Type of Well: <u>DW</u> Drilling Method: <u>AIR ROTARY HAMMER</u>
43'	GRAY SHALE (BEDROCK)	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
53'	GRAY SHALE (CONSOLIDATED)	Well Depth: <u>300'</u> Date Completed: <u>5-8-90</u>
!	CEMENT SET CASING	CASING: Length <u>54</u> Feet Height above ground <u>1</u> Feet
90'	BLUE SHALE (WATER 1/2 GPM)	<input checked="" type="checkbox"/> Steel GALV. <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
140'	BLUE SHALE (WATER 2 GPM)	Other _____ Type _____
278'	BLUE SANDSTONE (CONSOLIDATED)	SCREEN
300'	BLUE SANDSTONE (CONSOLIDATED)	<input checked="" type="checkbox"/> None Installed
	STOPPED DRILLING	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>23</u>		
Pumping Rate (GPM)	<u>3 1/2</u>		
Pumping Level (Ft Below Grade)	<u>290</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>5</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. ROYER, CONDUIT TYPE
 Well Seal: Type, Make, Etc. _____
 Well Platform: TO BE INSTALLED BY OWNER
 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.

RANDAL G MILLER 432
 Name Certification No.
MILLER BROS. DRILLING
 Registered Business Name
Randal G Miller 5-8-90
 Signed Date