

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-94-307

Name of Owner Nick Cannon

Address P.O. Box 15 Green Spring

Property Address Lot #19 French's Neck West

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served Res. No. Water Closets

Lot Size 2.42 ^{acres} ~~sq. ft.~~ Area suitable for sewage disposal installation sq.ft.

Source of Water Supply well No. Lavatories

No. Bedrooms 2 No. Showers or Tubs No. Baths

No. Garbage Grinders NA No. Automatic Washers 1

SEPTIC TANK

Material concrete Length x Width x Depth = cubic feet

Liquid Depth ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 10' Water Supply 95' Nearest Property Line 40'

SOIL ABSORPTION SYSTEM

Type Drain Line Material SB2 graveless Trench Width 24 Inches

Trench Depth 24-30 Inches Total Absorption area in Trench Bottom 900 sq. ft.

Diameter of Drain Line 10 Inches Type Filter Media

No. of Drain Lines 3 Depth Filter Media Under Drain Line Inches

Length of Each Line 100, 100, 100 ft. Depth Filter Media Over Drain Line in.

Distance of Disposal Field to: (a) Dwelling 25'

(b) Water Supply 100' (c) Nearest Property Line 15'

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.

8-25-94
Date

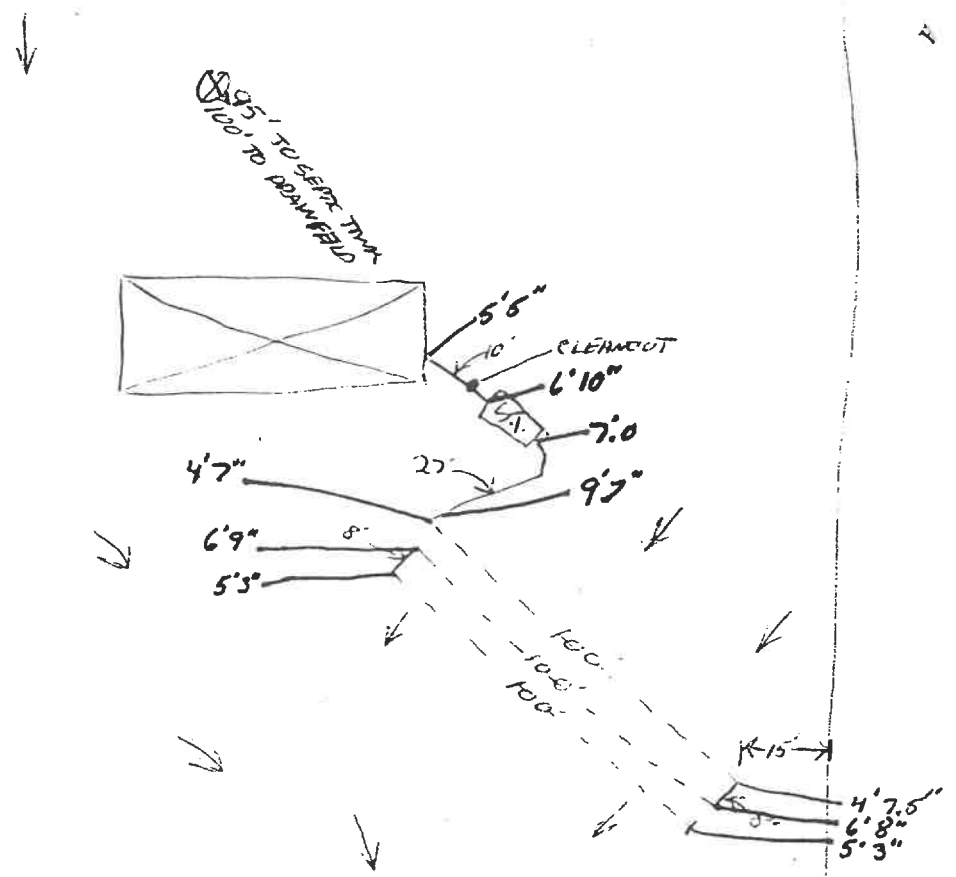
[Signature]
Sanitarian

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.

THROUGHOUT SYSTEM
TRANSIT READINGS

SM-17 - K. CHERRY



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

Permit # ST-14-14-102M

Name of Owner: Mark Davidson/Jerry & Robin Kyer Installer: Jason Whitacre
 Address: 19 George Arnold Lane, Green Spring, WV 26722
 Property Location: Frenchs Neck West Lot 19 Lot Size: 2.42 acres
 Type of Facility: existing Facility is: New Existing
 Design Loading in gpd/# Bedrooms: 4 Source of Water: well

SEWAGE TANK COMPONENT

Capacity in Gallons: **1000** Material: precast concrete
 Distances (in feet) of Tank to: Dwelling
 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: **4** Length (in feet): **100,100,100,60'**
 Width of Trenches: **36** inches/feet Depth to Bottom of Field: **24** inches
 Size Equates to **1200** sq ft of SGF
 Distance (in feet) of System to: Dwelling
 Private (x) Public () Water Source: >100' Property Line: >100'
 Remarks: **added 1 60' line of chambers for addition.**
 GPS: N W

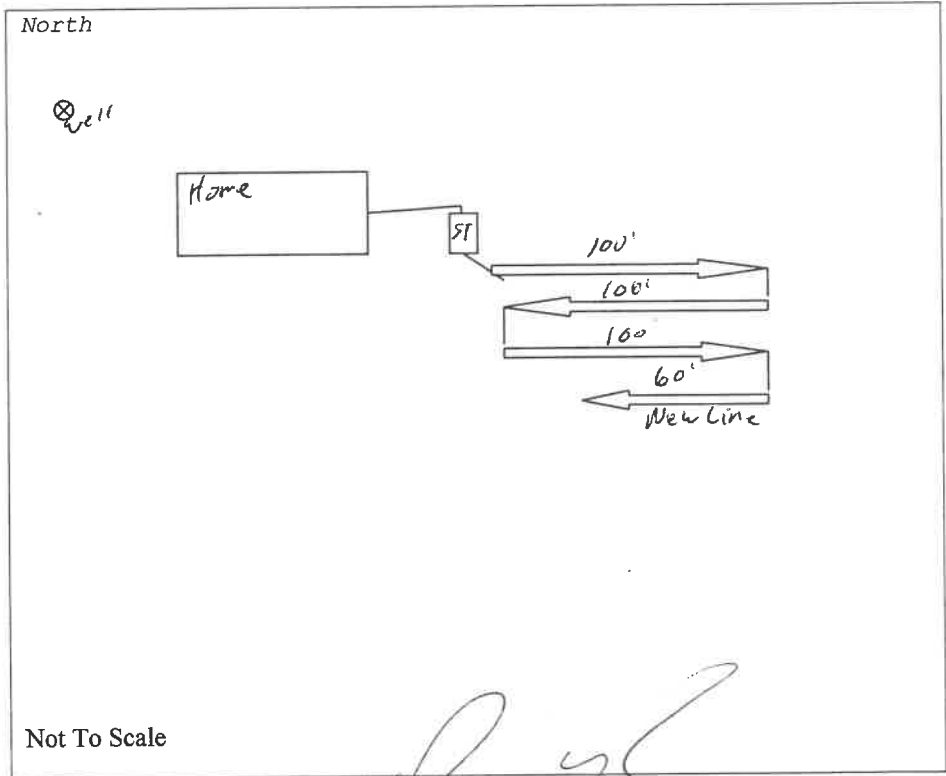
An inspection indicates that
 The sewage disposal system
 Described above

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): **6/18/2014**



FINAL INSPECTION DATE: **6/18/2014**

SANITARIAN: *[Signature]*

well
5-23-94

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

SW258

WELL COMPLETION REPORT

Date(s) 5/21/94 County Hampshire Permit #: DW-14-05-94-264
 Town: _____ Area Name/Location Frenches Neck west Lot 19
 Well Owner: Anita Wright - (nick canyon) Address: Box 15 Green Spring W.V. 26722
 Telephone Number: 492-5355
 Well Driller: B. Mark Smith Address: HC 86 Box 2-A
 Telephone Number: 822-4786 822-5867 Springfield W.V. 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-15	Clay	Type of Well: <u>Rome</u> Drilling Method: <u>Air Hammer</u>
16-20	Shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
21-30	Brown shale	Well Depth: <u>205</u> Date Completed: <u>5/21/94</u>
31-139	Gray shale	CASING: Length <u>42</u> Feet Height above ground <u>1</u> Feet
140	water 5 Gpm	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
141-179	Hard gray shale	Other _____ Type _____
180	water 90 Gpm	
181-205	Hard gray shale	SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	<u>720 Gph</u>	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>40</u>		
Pumping Rate (GPM)	<u>12</u>		
Pumping Level (Ft Below Grade)	<u>180</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. Pressure

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 5/21/94
 Signed _____