

STATE OF WEST VIRGINIA

HEALTH DEPARTMENT

Permit No.: ST-14-07-31

INSPECTION TO BE PRINTED OR TYPED

Tax Map: 29 Parcel #: 74

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

County: Hampshire

County Road: _____

Name of Owner: Kenneth Paul Hartwell III Installer: WENDELL Meade

Address: 7717 Middlegate Ct. Pasadena, Md 21122

Property Location: SHERMAN ESTATES LOT # 28

Type of Facility: HOUSE Facility is: New (X) Existing () Lot Size: 2.08 Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 4 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: Jolia

Distances (in feet) of Tank to: Dwelling: _____ Private ()/Public () Water Source: _____ Property Line: 10'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches Chamber Soil Absorption Trenches (X) 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: 3 Length (in feet) of Each: 80, 80, 80

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 18 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INF-4, No. of Units: 60

Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 1200 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: _____ Private ()/Public () Water Source: _____ Property Line: 10'

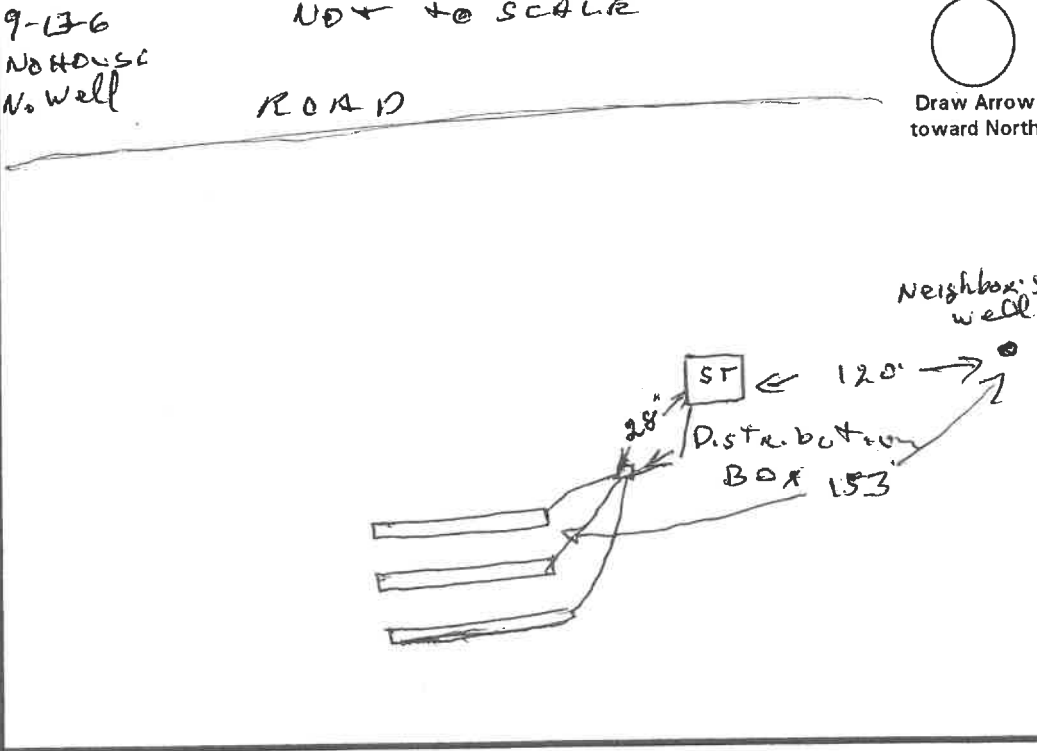
Remarks: _____

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): 8-2-6

Final Inspection Date: 9-13-6

Sanitarian: [Signature]

WV Department of Health and Human Resources
 Bureau of Public Health
 Office of Environmental Health Services
 ENVIRONMENTAL ENGINEERING DIVISION

*Rec
10-7-06*

WELL COMPLETION REPORT

Date(s) 10-05-06 County Hampshire Permit #: DW1407016
 Town: Romney Area Name/Location Sherman Estates Lot 28
 Well Owner: Kenneth P Hartwell III Address: 7717 Middlegate Court
 Telephone Number: (410) 409-1396 Pasadena MD 21122
 Well Driller: Miller Brothers Drilling Address: PO Box 670
 Telephone Number: (304) 822-4092 Augusta WV 26704

WELL LOG

DEPTH IN FEET	FORMATIONS KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-3	Brown silt	Type of Well: <u>House</u> Drilling Method: <u>Air rotary</u>
3-19	Brown shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>7"</u>
19-56	Blue shale & sandstone	Well Depth: <u>322'</u> Date Completed: <u>10-05-06</u>
	with soft brown streaks	CASING: Length <u>60</u> Feet Height above ground <u>1.5</u> Feet
56-322	Blue shale & sandstone	<input type="checkbox"/> Steel <input checked="" 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 _____

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	60		
Pumping Rate (GPM)	10		
Pumping Level (Ft. Below Grade)	320		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)			

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. _____
 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.

Bobby Allred 602
 Name Certification No.
Miller Brothers Drilling 10-05-06
 Registered Business Name Date
 Signed _____