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FROM

SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire Health Department Installation Permit No. ST-14-93-009

Name of Owner Richard Spica

Address HCR 78 Box 140-5, Kirby, WV 26729

Property Address Short Mtn Village Lot #32

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served home No. Water Closets ——

Lot Size 2.25 acres 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 0 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 15' Water Supply 120' Nearest Property Line 30'

SOIL ABSORPTION SYSTEM

Type Drain Line Material sch. 30 Trench Width 36 Inches

Trench Depth 24 Inches Total Absorption area in Trench Bottom 960 sq. ft.

Diameter of Drain Line 4 Inches Type Filter Media stone - 60 ton

No. of Drain Lines 4 Depth Filter Media Under Drain Line 8 Inches

Length of Each Line 70, 100, 100, 40 ft. Depth Filter Media Over Drain Line 2 in.

Distance of Disposal Field to: (a) Dwelling ——

(b) Water Supply 120 (c) Nearest Property Line 30

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.

5-13-93
Date

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.

Loc 8-17-92

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

# WELL COMPLETION REPORT

Permit #: DW-14-06-92-354

Date(s): 6-25-92 / 6-25-92 County: Hampshire Area Name/Location: Short mountain village Lot # 32

Town: Augusta n/a Address: HCR 78 Box 1465 Kirby WV 26729

Well Owner: Richard Spicer

Telephone Number: 304-496-8485

Well Driller: Melvin D Collis Address: P.O. Box 593 Slanesville WV 25444

Telephone Number: 304-496-9947

WELL LOG

| DEPTH IN FEET | FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING |
|---|---|
| 1-30 Ft | Soft Sand |
| 30-80 Ft | Flint Rock |
| 80 Ft | 1 gal/min |
| 80-125 Ft | Flint Rock |
| 125-165 Ft | Flint Rock |
| 165 Ft | 14 Gal/min |
| 165-185 Ft | Flint Rock |

REMARKS:

Type of Well: D/W Drilling Method: Rotary Hammer

Well Diameter: 6 3/4 Casing O.D.: 6 5/8

Well Depth: 185 Ft Date Completed: 7/14/92

CASING: Length 40 Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☐ 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) | 40 | | |
| Pumping Rate (GPM) | 15 | | |
| Pumping Level (Ft Below Grade) | 185 | | |
| Duration of Test (In Hours) | 1 | | |
| Recovery Time to Static Level (In Hours) | 12 | Min | |

WELL HEAD

Pitless Adapter: Type, Make, Etc. To Be installed By Owner

Well Cap: Type, Make, Etc. 6 5/8 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.

Melvin D Collis 007
Name Certification No.

Water Well Service Drilling LTD
Registered Business Name

Melvin D Collis 7/28/92
Signed Date