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

Permit # ST-14-11-86

Name of Owner: Richard Lane Installer: Jason Hott
Address: P.O. Box 155, Smithsburg, MD 21783
Property Location: Spring Gap Mountain Lot 17 Lot Size: 5.01AC Acres
Type of Facility: Residence Facility is: **X** New ☐ Existing
Design Loading in gpd/# Bedrooms: 2 Source of Water: Well

SEWAGE TANK COMPONENT

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

ON-SITE DISPOSAL SYSTEM

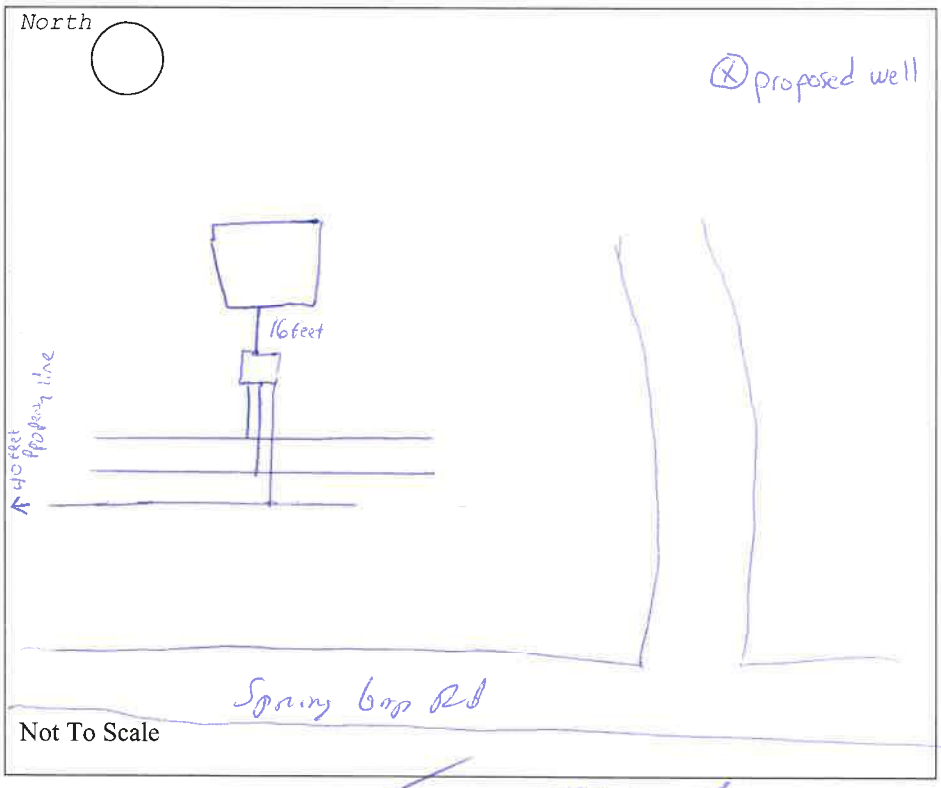
Class I Systems: Standard Soil Trenches( )or Bed( ) Gravelless Pipe( ), Diameter __ In.
Chamber Soil Absorption Trenches **(X)** or Bed( )
Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) LPP ( )
Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or 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 ___
Private ( ) Public ( ) Water Source: ___ Property Line: ***40'***
Remarks: ***Dwelling/well not constructed at time of inspection***
GPS: N39 27 23.6 W78 29 52.9

An inspection indicates that The sewage disposal system Described above
DOES MEET *X*
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: 4/27/2011

SANITARIAN:

SS-182A
Rev. 8/01
Side B

Sewage Disposal System Information

Application is for a permit to: ☒ **Install** ☐ **Modify**
Check all that apply: ☑ **Septic Tank** ☒ **Absorption Field** ☐ **Holding Tank** ☐ **Pit Privy** ☐ **Vault Privy**
☐ **Alternate System (attach detailed plans)** ☐ **Chemical/Composting Toilet** ☐ **Other:** _____

Septic Tank: Capacity (gallons) 1000 Material concrete Manufacturer John
Absorption Field: Equivalent to 1200 sq.ft. of conventional gravel trench system.
☐ Trench System: No. of lines _____ Lengths ___, ___, ___, ___, ___, ___ ft. Pipe ASTM No. _____
☐ Gravel Trench Width _____ inches; or Gravelless Pipe Diameter _____ inches.
☐ Chamber System: Manufacturer INF-4 No. of Chambers 60
☐ Soil Absorption Bed (Requires oversizing of bottom surface area by 30%.)
If soil absorption bed: Length _____ feet by Width _____ feet Pipe ASTM No. _____
If chamber system: Manufacturer _____ No. of Chambers _____

Distances in feet (to nearest) Septic tank to Bldg. foundation 20+ Property line 20+ Water supply 50+
Absorption field to: Bldg. foundation 20+ Property line 20+ Water supply 100+

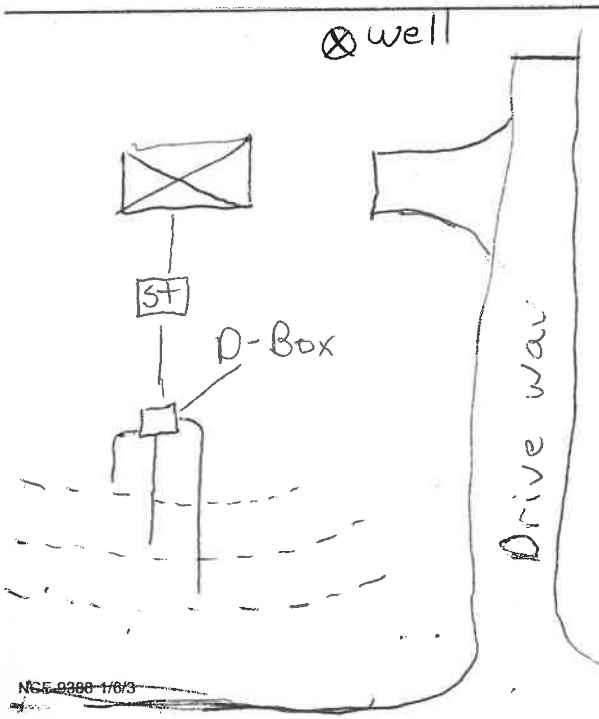
I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Installer (please print) Jason Hott Telephone 304-496-1277
Business Address HC 78 Box 163 Augusta W.V. 26704
Installer's Certification Number 54-05-A-007M Expiration Date _____
Dept. of Labor Contractor's License No. 044800 Exp. Date 11/8/11 Issued to J.M. Hott Excavating
Date: 4/4/11 Signature of Installer: _____

Sketch

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations. Show all structures or facilities to be served by on-site sewage system on the lot or tract.

☒ House -x- Water supply line ⊗ Water Supply |||||| Trees (P) Percolation test site [ST] Septic tank
----- Soil absorption line → Direction of ground slope _____ Property line [MH] Mobile Home



NCS-0388-1/6/3

Rev 3/08

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
___ ___ ___

DATE THE WELL WAS COMPLETED
MM DD YY
6 13 2011

PERMIT NO.
DW- 14-11-084

STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT

Rec'd 7-5-11

FORM SW–258
THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

LOCATION OF WELL
Well Owner: Last Name Lane First Name RICHARD
Street/Road SPRING GAP County HAMPSHIRE Zip Code

Latitude: _____ Deg _____ Min _____ Sec
Longitude: _____ Deg _____ Min _____ Sec
Acquired By: ☐ GPS ☐ Topo ☐ Other

AREA NAME/LOCATION:
6.5 miles on Spring Gap Rd on Right
Spring Gap Lot 17

TYPE OF WELL:
☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other

WELL LOG

Depth From (ft.)	Depth To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
0	40	SOFT Brown & Red Sandstone
40	80	Red & Brown Sandstone (Hard)
80	86	Red Shale
86	98	Red Sandstone
98	105	Gray Sandstone
105	116	Red Sandstone
116	160	SOFT Red Sandstone & Brown Sandstone & Fractured Areas
160	300'	Hard Red Sandstone
115	116'	Water – 2 GPM
134	135'	Water – 3 GPM
190	191'	Water – 3 GPM

If additional space is needed, use additional sheets and attach w/permit # at top.

DRILLING METHOD
☐ Cable Tool ☐ Rotary
☒ Rotary Hammer ☐ Other

Hole Diameter 6 (in)
Total depth _____ (ft)

CASINGS RECORD
MAIN CASING TYPE DRIVE SHOE
☒ Steel ☐ Plastic
☐ Other
Casing Diameter 6 5/8 (in)
Wall Thickness .188 (in)
Casing Length 100 (ft)

Other Casing or Liner Used
Type ☐ Steel ☒ Plastic
☐ Other Certa-Lok
Casing/Liner Diameter 4 (in)
Length 260 (ft) from 0 (ft) to 260 (ft)

SCREEN RECORD
☐ Not Installed ☒ Installed
Material: ☐ Bronze ☒ Plastic
Diameter of screen 4 (in)
Slot size .020"
Length 40 (ft) from 260 (ft) to 300 (ft)

GRAVEL PACK RECORD
Gravel Pack: ☐ Yes ☒ No
From _____ (ft) to _____ (ft)

GROUTING RECORD
Grouting Material:
☐ Cement ☒ Bentonite Clay
Other
No. of Bags: 5
Installation Method:
PRESSURE

PUMP INSTALLED
By Driller ☐ Yes ☐ No

ESTIMATED WELL YIELD
Estimated at 8 G.P.M
Static Water Level 115 (ft)
*Pumping level below land surface
298 (ft) after 1 hrs. at 8 G.P.M. (Estimated)
*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION
Casing height above grade 1 (ft)
Type Of Well Cap Installed: _____

VARIANCE ISSUED ☐ Yes ☐ No
Request Number _____

COMMENTS BY INSTALLER:
SET Pump Above 260'
No Torque Arrester
No Cable Guards
No Rope

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name B.W. SMITH WELL DRILLING WV Contractor No. 038905
Business Registration No. 1005-5795 Master Well Driller Certification No. 574
Master Well Driller (print) Chris Wolford
Master Well Driller Signature Chris Wolford

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)

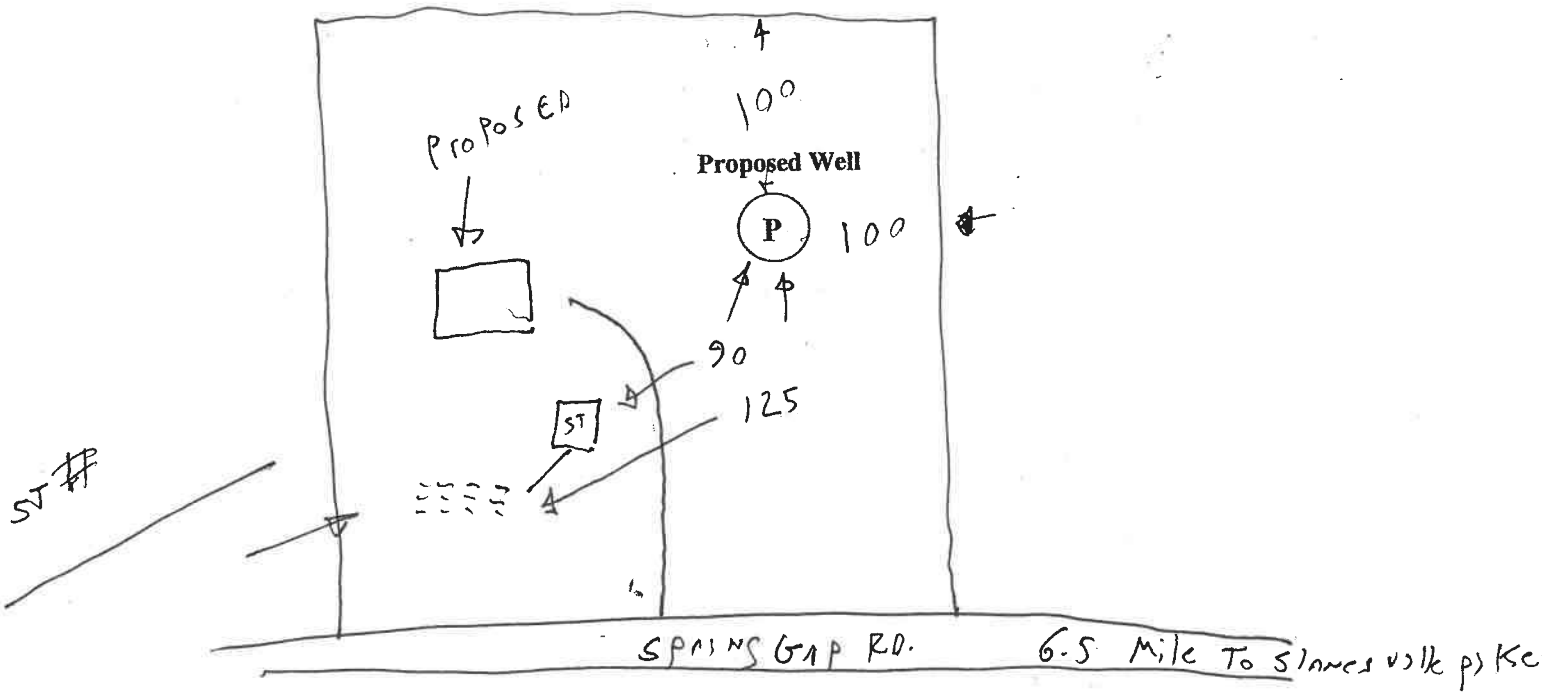
Journeyman Well Driller Certification No. _____
Journeyman Well Driller (please print) _____
Apprentice and Name (s) _____, _____

SW-256
Rev. 3/08
Side B

Please draw a sketch of the property showing existing or proposed well locations, and distances to structures, existing or proposed sewage systems within 100 feet of well location (include adjacent lots). Slope and lot dimensions need to be shown. Locate and show distances to animal pens and feedlots. Note sewage treatment facilities within 200 feet and fertilizer and pesticide storage or preparation areas within 150 feet.

H	House/Facility	W	Existing Water Supply	P	Proposed Water Supply	ST	Septic Tank
___	Soil Absorption Line	→	Dir. Of Ground Slope	_____	Property Line	‖‖	Trees
...---...	Stream, Rivers and Improvements	MH	Mobile Home	UST	Underground Storage Tank	†	Cemetery
B	Barn/Barnyard	FP	Fertilizer & Pesticide Storage	STF	Sewage Treatment Facilities		

North



For Health Department Use Only

County: _____ Coordinates: Lat: _____ Long: _____ Date Received: 04-29-2011

Date Site Evaluation: _____ Reviewed by: _____ Date Fee Paid: 04/29/2011 Rec'd From: Richard Lane

Contractor's Bond Letter of Credit Exp. Date Verified By: _____ Liability Insurance Exp. Date Verified by: _____

Water Well Permit ☐ Issued ☐ Denied Permit No. DW-14-11-084 Comments: _____

Receipt # 1894