SW-257
Rev. 8/01

Hampshire County Health Department

PERMIT

Owner Richard & Jennifer Spinks and Driller B.W. Smith Well Drilling

are hereby issued a permit to construct a well located
(Construct, Modify, or Abandon)

at Hidden Hollow's Lot #4 Phase 1

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date issued: 1/10/2023

Expires: 1/10/2024

Permit No.: DW-14-23-057

Derrick Haggerty — Registered Sanitarian
Issuing Officer — Title

Hampshire County
County Health Department

This permit is not transferable and any change of information submitted in application dated will automatically render this permit invalid

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

SS-177
Rev 6/11

West Virginia Department of Health & Human Resources

Permit #: ST-14-23-76

Lat: N: 39 22 28

Long: W 78 46 45

Hampshire County Health Department

Tax District Name: Romney

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION REPORT

Map # 28 Parcel # 80

Name of Owner: Richard & Jennifer Spinks Installer: William Frye

Owner Address: PO Box 1436, DE 19966

Property Location: Hidden Hollows SD

Subdivision: Hidden Hollows SD Lot number: Lot 4

Type of Facility: Residence Facility is: New ☒ Existing ☐ Lot Size (ft²/acres): 24.3 acres

Design Loading: Bedrooms: 3 or GPD: _____ Water Supply: Existing: ☒ Proposed ☐ Type: well

System requires a perpetual maintenance program as per 64CSR9.7.2: Yes ☐ No ☒

SEWAGE TANK COMPONENTS

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK		Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:	1000			Distance to dwelling:		NA		
Constructed of:	Concrete			Distance to water	Line:			
					Source:	>120'		
Manufacturer:	Jolin			Distance to property line:		>100'		
4" inspection port, or riser to surface?	port			Effluent filter?		no		

ABSORPTION FIELD

Class I System: Chamber: ☒ Eljen ☐ Gravelless Pipe: ☐ Gravel Media Trenches ☐ Other: _____

Manufacturer: Infiltrator Square footage: Permitted 900 ft² Installed 900 ft²

Number of lines: 3 Trench width: 36 inches

Lengths of lines: 60' 60' 60' ____' ____' ____' ____' ____' ____'

Inspection ports installed? Yes ☐ No ☒ Distribution box used? Yes ☒ No ☐ Outlets level? Yes ☒ No ☐

If chambers, length of each section: 4' Gravelless pipe diameter: _____

If bed configuration used, dimensions: _____ X _____ Maximum depth to bed bottom on upslope side: _____

Distance of absorption field to: Dwelling: NA , Water Supply: 120' , Water Line: _____ , Property Line: >100'

Average Depth: 22" Maximum depth: 26"

Class II System: Design type: _____

Remarks: _____

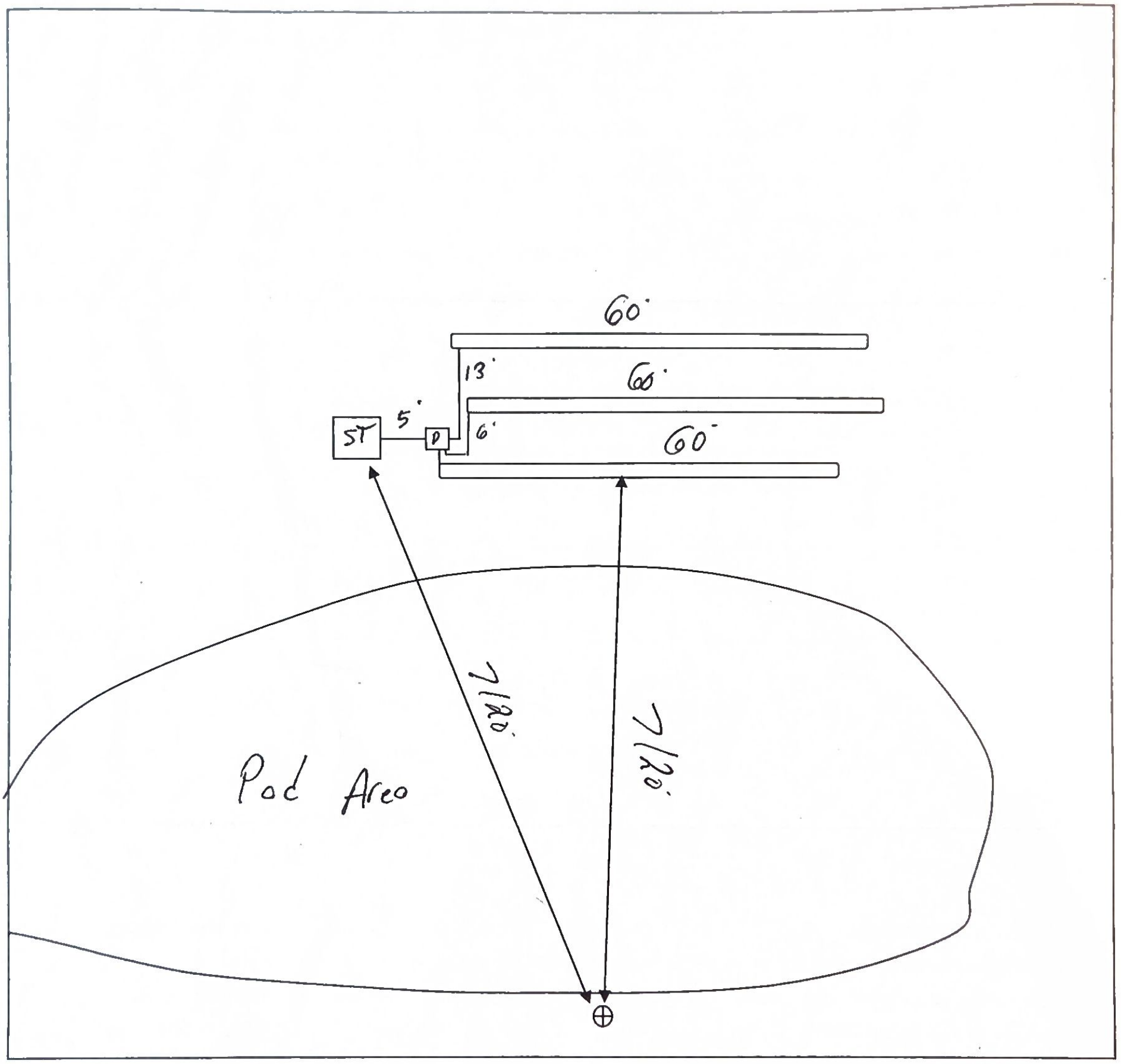
System is installed as per the permitted design and layout. Yes ☒ No ☐

Include sketch of installation on reverse.

Sketch of Installation with Triangulation or Distance to Specific Landmarks.
Include reserve area boundaries,

LEGEND:

House/Facility
Soil Absorption Line
Existing Water Supply
Proposed Water Supply
Property Line
Single Wide Manufactured Home
Distribution Box
Drain Field Inspection Port
Fence
North
Stream Flow
Wooded Area Boundary
Pump Tank
Septic Tank



System is: Approved ☒ System is NOT Approved: ☐

COMMENTS:

Date of Final 5/31/2023

Sanitarian

9/12/2023
Date Final Issued

SS-183
Rev 3/11

West Virginia Department of Health & Human Resources
Hampshire County Health Department

Permit #: ST-14-23-76
Tax District: Romney
Map # 28 Parcel # 80

PERMIT
ON-SITE SEWAGE DISPOSAL SYSTEM

Coordinates: N 39 22 28 W 78 46 45

Owner: Richard & Jennifer Spinks
Address: PO Box 1436
Millsboro, DE 19966

Installer: William Frye
Address: P.O Box 427
Augusta WV 26704

You are hereby issued a permit to: ☒ install ☐ modify an on-site sewage disposal system located:

Hidden Hollows SD Lot 4

Facility: Residence Design Flow: 3 Lot Size (ft²/acres): 24.3 acres Water Source: well

Based upon review of the information on your submitted application, dated 1/13/2023, and the proper installation of the herein described system, the system shall be in compliance with applicable West Virginia Sewage System Rules and Design Standards.

The sewage system shall consist of a:

☒ Septic tank - Capacity: 1000 gallons or more. Constructed of: Concrete or Plastic.

☒ Soil disposal system with a minimum equivalency of 900 square feet of conventional gravel trench area.

Depth to the bottom of the trench or bed installation shall be 24 inches from original ground surface.

☐ Gravel system: Lengths of lines: _____, _____, _____, _____, _____, _____ feet. Width: _____ inches.

☒ Chamber system: Number of lines: 3. Lengths of lines: 60', 60', 60', _____, _____, _____.

Manufacturer of chamber: Infiltrator.

☐ Bed system: ☐ Gravel ☐ Chamber Length: _____ feet. Width _____ feet.

☐ Other: _____

This permit is non-transferable and automatically expires 12 months after issue date.

This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

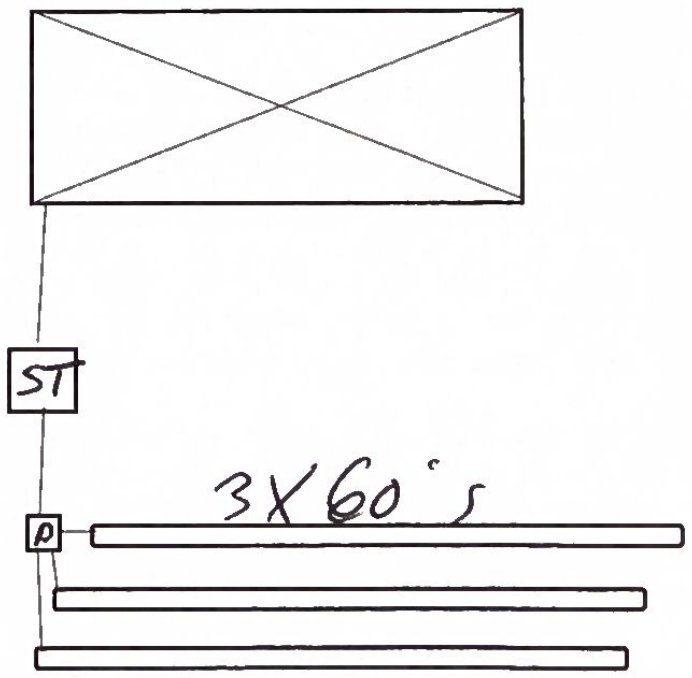
The applicant or his agent must notify this department 72 hours or more prior to planned inspection time. Health Department Phone Number: 304-496-9641

Additional Specifications on Reverse.

Issue Date: 1/23/2023

Sanitarian: _____

Sketch of system



SS-183
Rev 3/11
Side B

PERMIT SUPPLEMENT
ON-SITE SEWAGE DISPOSAL SYSTEM

The following specifications are presented as a summary of common minimum design requirements applicable to the installation and approval of an on-site sewage disposal system. This form is intended to be a general supplement to a permit, and does not include all conditions relevant to a specific site. Should the owner or certified installer have any concerns, you are encouraged to phone the sanitarian who issued the permit.

1. Conventional on-site sewage disposal systems may be installed by a West Virginia Certified Class I Installer. Conventional systems, including privies, are limited to gravel, chamber or gravelless pipe soil absorption systems, installed no shallower than eighteen (18) inches in the ground, and relying upon gravity flow for distribution. All other systems are to be installed by a Certified Class II Installer.

2. The installation inspection shall be made prior to cover and landscaping. Adequate notification for the final inspection shall be given to the local health department. It is recommended that the final cover and landscaping with seeding be done as soon as possible.

3. No part of the system shall be located within 25 feet of a public water supply line, or within 10 feet of a private water supply line, unless protected by a method approved in advance by the health department.

4. A septic tank, vault privy or other sewage tank shall be located a minimum of 50 feet from a private well or ground water source. A minimum of 100 feet is required if water source is downhill of such units.

5. Absorption fields, serial distribution systems, absorption beds, mound systems and other soil absorption systems shall be located to comply with the following distances:

Minimum Distance	FEATURE
10 feet	Building, foundation, or property line
10 feet	Foundation drain upslope from disposal area
20 feet	Stream banks and other open drainage features, whether manmade or natural
20 feet	Manmade cuts in soil and curtain drains
20 feet	Foundation drains down-slope from the disposal area
50 feet	Manmade cuts which intersect rock or shale
50 feet	Water supply cistern
100 feet	Water supply springs and water supply wells

6. The slope of the piping from the facility to the tank shall be1/8 inch per foot, or greater. The piping from the tank to the soil absorption field shall have a minimum drop of 6 inches to a level ground system and a minimum of 10 inches to a sloping ground system. The bottom in each trench or bed and the soil absorption field piping or chambers in each trench or bed shall be level, with zero (0) degree slope.

7. Gravel or aggregate, if used, shall fall within a sizing of 1/2 - 2 1/2 inches in diameter. Such media shall not be less than 6 inches under the 4 inch distribution piping, and not less than 2 inches covering the piping. Hay, straw or untreated paper shall be used to cover the gravel or aggregate prior to inspection by the sanitarian.

8. In chamber systems, the sides are to be "walked in," but the ends are not to be backfilled for the inspection. The chambers shall be installed in accordance with the manufacturer's specifications, or equivalent, including appropriate splash blocks, screws to secure sections and ends and similar requirements.

9. Absorption trenches shall approximate the ground surface contour to minimize depth variation.

10. All mechanical sewer systems with surface discharge and all mechanical sewer systems where additional treatment is required for subsurface discharge shall have a perpetual maintenance program approved by the director.

Rev 3/08

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

DATE OF PUMP INSTALLATION
MM DD YY
7 28 23

WATER WELL PERMIT NO.
DW- 14-23-057

STATE OF WEST VIRGINIA WATER WELL PUMP INSTALLATION REPORT

FORM SW-262
THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER INSTALLATION IS COMPLETED

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

PUMP INSTALLATION LOCATION

Owner: LAST NAME Spinks FIRST NAME Richard

STREET/ROAD Foxes Hollow Rd COUNTY Hampshire ZIP CODE

AREA NAME/LOCATION:
Hidden Hollows Sub

WATER SYSTEM USE: ☒ Potable ☐ Public Water Supply ☐ Geothermal ☐ Industrial ☐ Commercial ☐ Dewatering ☐ Irrigation ☐ Test/Exploratory ☐ Other

PUMPING EQUIPMENT

Type Pump: ☒ Submersible ☐ Jet ☐ Other (specify)
Pump Manufacturer: Franklin
Pump Model: 7 FR 10

INSTALLATION DETAILS

Well Diameter 6 inches
Well Depth 359 (Ft)
Static Water Level (from surface): 74 (Ft.)
Depth of pump: 340 (Ft.)
Riser Pipe: Material Poly Pipe
Pressure Rating 200 (psi)

INSTALLATION DETAILS (CONT.)

Pitless: ☒ Pitless Adapter ☐ Pitless Unit
Pitless Manufacturer: Campbell
Pitless Model: BA 10X
Method of Cutting Hole in Casing for Pitless: Hole Saw
Storage Tank Model: Well X Trol 202
Check Valves Locations: at Pump under Pitless
Well Disinfected: ☒ Yes ☐ No
By Whom: Installer

COMMENTS BY INSTALLER

Check valve is under Pitless, not in ditch due to system being underground Tank; in the well Pressure switch

I hereby certify that this well has been constructed in accordance with state rules and that the information presented herein is accurate and complete to the best of my knowledge.

Pump Equipment Installed by :

Property Owner Name (Print) _____ Owner Signature _____
Pump Installation Test Passed on __/__/__

Company Name B.W. Smith Well Drilling + Pump Co. WV Contractor No. 061399 Business Franchise Number _____
Master Well Driller Certification No. _____ or Pump Installer Certification No. 628
Master Well Driller (print) _____ Master Well Driller Signature _____
Pump Installer (print) Jon Moyer Pump Installer Signature Jon Moyer

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 Name(s) _____, _____, _____