SS-I77
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire Health Department Installation Permit No. ST-14-93-330

Name of Owner Harold E. Belt

Address 2008 Bunfoot St. Falls Church VA 22043

Property Address Short Mtn Est. Lot #15

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served cabin No. Water Closets —

Lot Size 6 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 0 No. Automatic Washers 0

SEPTIC TANK

Material concrete Length — x Width — x Depth — = — cubic feet

Liquid Depth — ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 20' Water Supply 100' Nearest Property Line 200'

SOIL ABSORPTION SYSTEM

Type Drain Line Material graveless Trench Width 24 Inches

Trench Depth 24 Inches Total Absorption area in Trench Bottom 480 sq. ft.

Diameter of Drain Line 10 Inches Type Filter Media —

No. of Drain Lines 2 Depth Filter Media Under Drain Line — Inches

Length of Each Line 80, 80 ; — ft. Depth Filter Media Over Drain Line — in.

Distance of Disposal Field to: (a) Dwelling 40'

(b) Water Supply 100'+ (c) Nearest Property Line 140'

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.

4-19-93
Date

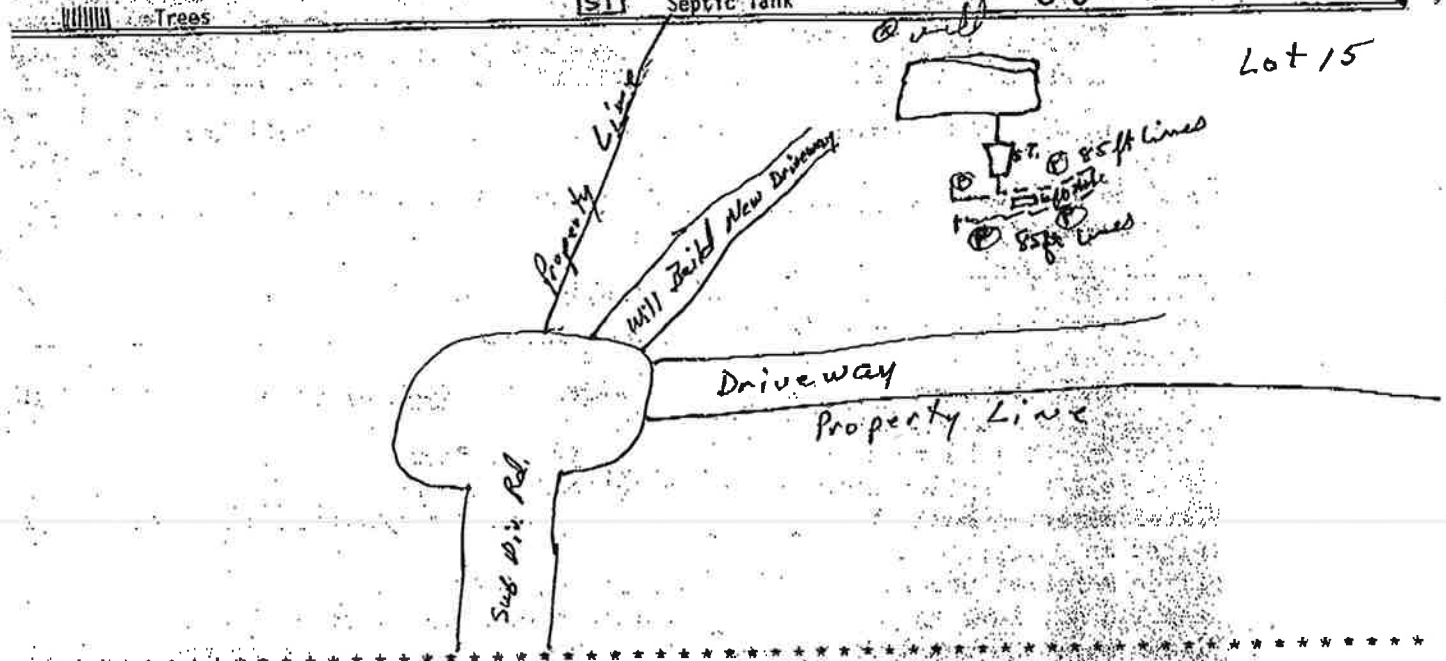
Sanitarian

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.

Please draw a sketch of the property showing existing or proposed well location, location of structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

House — Soil Absorption Line — Trees — Water Supply — Dir. of Ground Slope — Septic Tank — Percolation Test Site — Property Line — Mobilehome



PART III
SEWAGE DISPOSAL SYSTEM INFORMATION

[X] Install [ ] Modify

[X] Septic Tank [X] Absorption Field [ ] Holding Tank [ ] Pit Privy [ ] Vault Privy

[ ] Chemical/Composting Toilet [ ] Alternate System (attach detailed plans)

Other

DESCRIPTION OF PROPOSED SYSTEM:

Septic Tank: Capacity 1000 Gal Material Concrete Nearest Prop. Line 90ft

Absorption Field: ~~536~~ 540 Sq.ft. with 2 lines and 85 long

Pipe ASTM No. 9727 PVC Nearest Property Line 80ft

Type of Water Supply: 100ft + Area Suitable for Absorption Field: 536 Sq.ft.

Six-foot hole free of water or solid rock? [✓] Yes [ ] No

PERCOLATION TEST:

TEST HOLE:	#1	#2	#3	#4
	45 minutes	90 minutes	120 minutes	120 minutes

Total minutes 375, divided by 24 = 15 minutes average time for water to fall one inch.

Test done on 3-31-97 (date) using approved procedures outlined in the Design Standards.

Signed: Billy L. Hart

Billy L. Hart
Signature of Installer

54-87270
Certification No.

3-31-97
Date

Rec'd 5-10-93

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

SW258

WELL COMPLETION REPORT

Date(s) 5/7/93 County Hampshire Permit #: DW-14-04-93-226

Town: _____ Area Name/Location Short Mt. Lot 15

Well Owner: Harold Belt Address: 2008 Burfoot St.

Telephone Number: 703-893-7428 Falls Church Va. 22043

Well Driller: B. Mark Smith Address: HC 86 Box 2-A

Telephone Number: 822-4786 / 822-5867 Springfield WV. 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-14	Soft Shale
15-131	hard red Sandrock
132-139	hard brown Shale
140-164	hard red Sandrock
165	Water 1½ Gpm
166-193	hard red Sandrock
	w/ layers of red Shale
194	water 4½ Gpm
195-285	hard red Sandrock
	w/ layer of red Shale
	300 Gph.

REMARKS:

Type of Well: home Drilling Method: Air-hammer

Well Diameter: 6¼" Casing O.D. 6 5/8"

Well Depth: 285 Date Completed: 5/7/93

CASING: Length 42 Feet Height above ground 1 Feet

☑ Steel Galv ☐ 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)	90		
Pumping Rate (GPM)	5		
Pumping Level (Ft Below Grade)	265		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1½		

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 Certification No.

B.W. Smith Well Drilling

Registered Business Name

Benjamin Mark Smith 5/7/93

Signed Date