

JS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-96-424

Name of Owner Louise & Wally Dynes

Address Baylor Drive Newark, DE

Property Address Misty Meadows Sub Sec 1 Lot 3 Augusta, WA 26709

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served house No. Water Closets _____

Lot Size 5 acres sq. ft. Area suitable for sewage disposal installation _____ sq. ft.

Source of Water Supply well No. Lavatories _____

No. Bedrooms 3 No. Showers or Tubs _____ No. Baths _____

No. Garbage Grinders _____ No. Automatic Washers 1

SEPTIC TANK

Material concrete tank Length _____ x Width _____ x Depth _____ = _____ cubic feet

Liquid Depth _____ ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 25' Water Supply 100' Nearest Property Line 400'

SOIL ABSORPTION SYSTEM

Type Drain Line Material plastic Trench Width 24 Inches

Trench Depth 24 Inches Total Absorption area in Trench Bottom 1200 sq. ft.

Diameter of Drain Line 10 Inches Type Filter Media gravelless system

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

Length of Each Line 100, 100, 100, 100 ft. Depth Filter Media Over Drain Line _____ in.

Distance of Disposal Field to: (a) Dwelling 15'

(b) Water Supply 100' (c) Nearest Property Line 25'

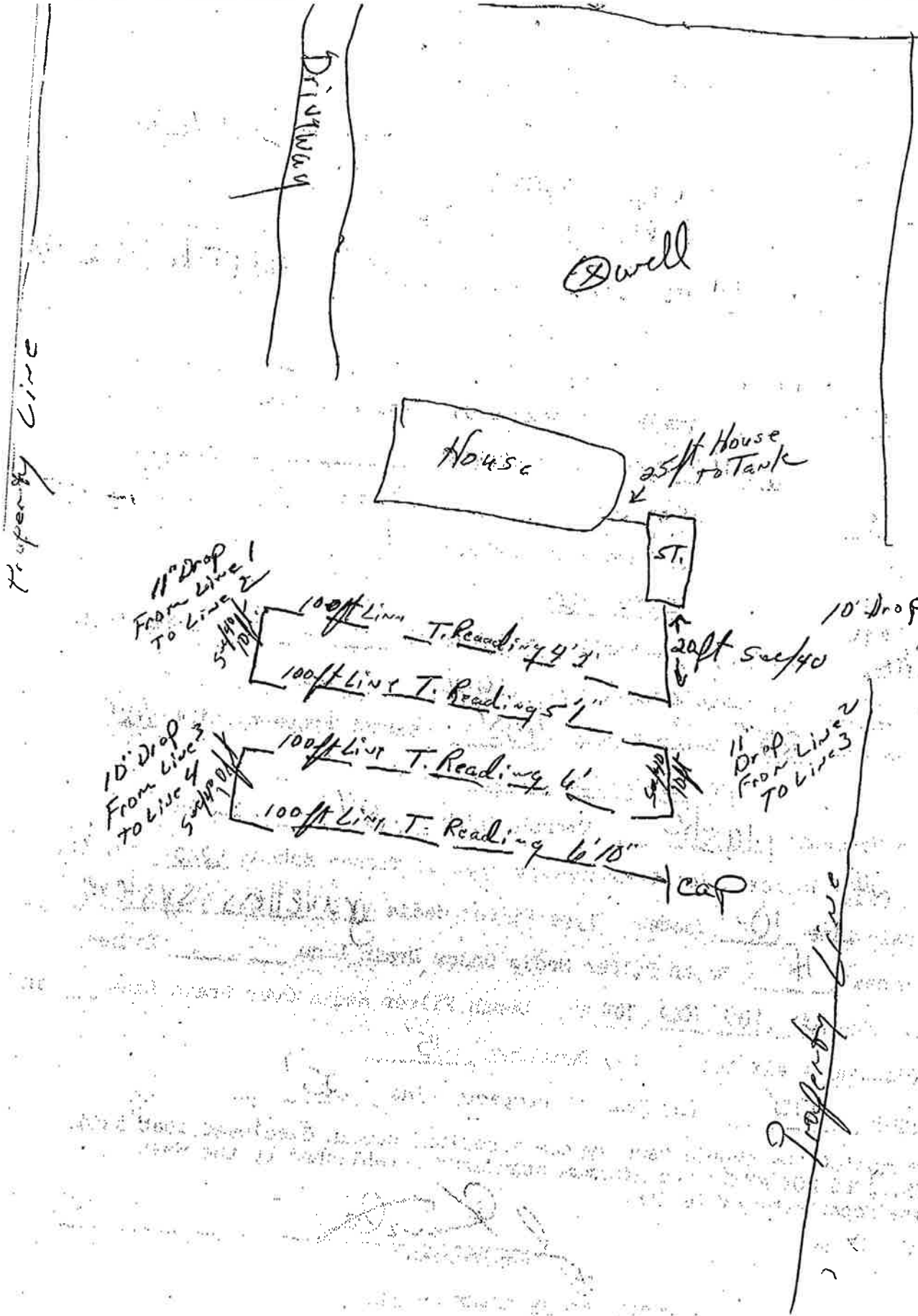
An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

2-15-96
Date

J. K. Korte
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.



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

WELL COMPLETION REPORT

Date(s) 7-12-96 County Hampshire Permit #: DW-14-05-96-22.9
Town: Augusta Area Name/Location Misty Meadows Sec 1, Lot #3
Well Owner: Louise & Wang Dynes Address: Baylor Drive
Telephone Number: _____ NEWARK, DE.
Well Driller: Randal C Miller Address: P.O. Box 412
Telephone Number: 304-496-9972 Shanks WV 26761

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-9'	River Dirt (Unconsolidated)	Pressure Grouted
9'	Limestone (Bedrock)	Type of Well: <u>DW</u> Drilling Method: <u>Air Rotary Hammer</u>
20'	Limestone (Consolidated)	Well Diameter: <u>6 7/8"</u> Casing O.D.: <u>6 7/8"</u>
	Set Casing	Well Depth: <u>255'</u> Date Completed: <u>7-12-96</u>
180'	Limestone (Water 3 gpm)	CASING: Length <u>21</u> Feet Height above ground <u>1</u> Feet
235'	Limestone (Water 47 gpm)	☒ Steel ☐ Plastic ☐ Cast Iron
255'	Limestone (Consolidated)	Other _____ Type _____
	Stepped Drilling	
		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)	<u>10</u>		
Pumping Rate (GPM)	<u>50</u>		
Pumping Level (Ft. Below Grade)	<u>215</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Ray - Conduit Type
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.

Name: Randal C. Miller Certification No. 432
Registered Business Name: Miller Bros. Drilling
Signed: _____ Date: 7-12-96