County: Hampshire

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Tax Map: _____ Parcel #: _____

County Road: _____

Name of Owner: Ronald Wengort Installer: P. J. Rodwell

Address: P.O. Box 81, 17 Mountain Heritage Estates Slanesville, WV 25444

Property Location: Mountain Heritage Estates Lot #17

Type of Facility: House Facility is: New (X) Existing ( ) Lot Size: 2 Ac

Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Dolin

Distances (in feet) of Tank to: Dwelling: 18 Private (X)/Public ( ) Water Source: ~~Well~~ 210 Property Line: 100'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe (X) Diameter: 10 Inches
Chamber Soil Absorption Trenches ( ) or Bed ( )

Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: _____

No. of Lines: 3 Length (in feet) of Each: 100, 100, 100, ____, ____, ____, ____

Width of Trenches: 24 inches/feet Depth to Bottom of Field: 36 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____ No. of Units: ____

Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 908 Square Feet of Standard Gravel Field

Distances (in feet) of System to: Dwelling: 41' Private (X)/Public ( ) Water Source: 235 Property Line: 100'

Remarks: _____

An inspection indicates that the sewage disposal system described above **DOES MEET (X), DOES NOT MEET ( ), CANNOT BE DETERMINED TO MEET ( )** the minimum standards established by the West Virginia Bureau of Public Health.

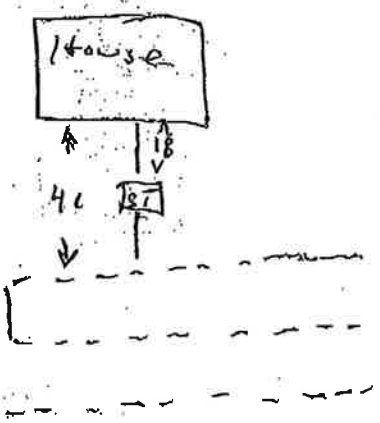
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a **does meet** system since inadequate information is known.

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.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Well

Draw Arrow toward North



Visit Date(s): 8m23m98

Final Inspection Date: 10-1-98 **Sanitarian:** J. Rhodes

WELL COMPLETION REPORT

Date(s) June 20 County Hampshire Permit #: DW-14-63-95-154

Town: Slanesville Area Name/Location MT. Heritage Estates

Well Owner: Ronald Wengert Address: 136 Gravel Beach Road Baltimore, MD 21226

Telephone Number: 410 255-3385

Well Driller: Jerry W Adams Address: P.O Box 952 Romney, WV 26757

Telephone Number: 304 822-4092

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-51'	Clay & Shale-Unconsolidated
51'	Red Flintrock-Consolidated
62'	Red Flintrock-Consolidated
	Set Casing-Grout
124'	Gray Shale-Consolidated
170'	Red Shale-Consolidated
208'	Gray Shale-Consolidated
265'	Red Shale-Water 1-½ GPM
295'	Limestone-Consolidated
310'	Gray Shale-Consolidated
387'	Gray Shale-Water 1-½ GPM
430'	Red Shale-Water 20 GPM
440'	Red Shale-Consolidated

REMARKS:

Type of Well: D/W Drilling Method: Air Rotary H

Well Diameter: 6-¼" Casing O.D.: 6-5/8"

Well Depth: 440 Date Completed: June 20,

CASING: Length ____ Feet Height above ground ____ Feet

☑ Steel ☐ Plastic ☐ Cast Iron

Other ____ Type

SCREEN

☑ None Installed

Type ____ Diameter ____

Slot/Gauge ____ Length ____

Set Between ____ Ft. and ____

Test Well Yield - Stopped Drilling Operation

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	150 est		
Pumping Rate (GPM)	23		
Pumping Level (Ft Below Grade)	425'		
Duration of Test (In Hours)	½		
Recovery Time to Static Level (In Hours)	4		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To be installed W/Pump

Well Cap: Type, Make, Etc. Rayer 6-5/8" 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 th is true to the best of my knowledge and belief.

Jerry W Adams — Name — 004 — Certification No.

A&S Well Drilling — Registered Business Name

Signed — June 20 — Date

FINAL MAILED TO: