

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPEDMineral County HEALTH DEPARTMENTPermit No.: ST-029-05-043Tax Map: 13 Parcel #: 106County: MineralON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMCounty Road: Knoblopy

Name of Owner: Nelson A. Pyle Installer: Norman A. Pawks
 Address: Rt 1, Box 122-A 44, Keyser, WV 26726
 Property Location: Woods at Taylor Lake, Lot 77
 Type of Facility: Residence Facility is: New (X) Existing () Lot Size: 2 Sq.-Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: —

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Slagco
 Distances (in feet) of Tank to: Dwelling: — Private (X)/Public () Water Source: — Property Line: 710'

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: 4 Length (in feet) of Each: 100, 100, 100, 100, —, —, —Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24 inchesIf Bed, Dimensions (in Feet): — If Chamber System, Name: —, No. of Units: —Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 1200 Square Feet of Standard Gravel Field.Distances (in feet) of System to: Dwelling: — Private ()/Public (X) Water Source: — Property Line: 710'

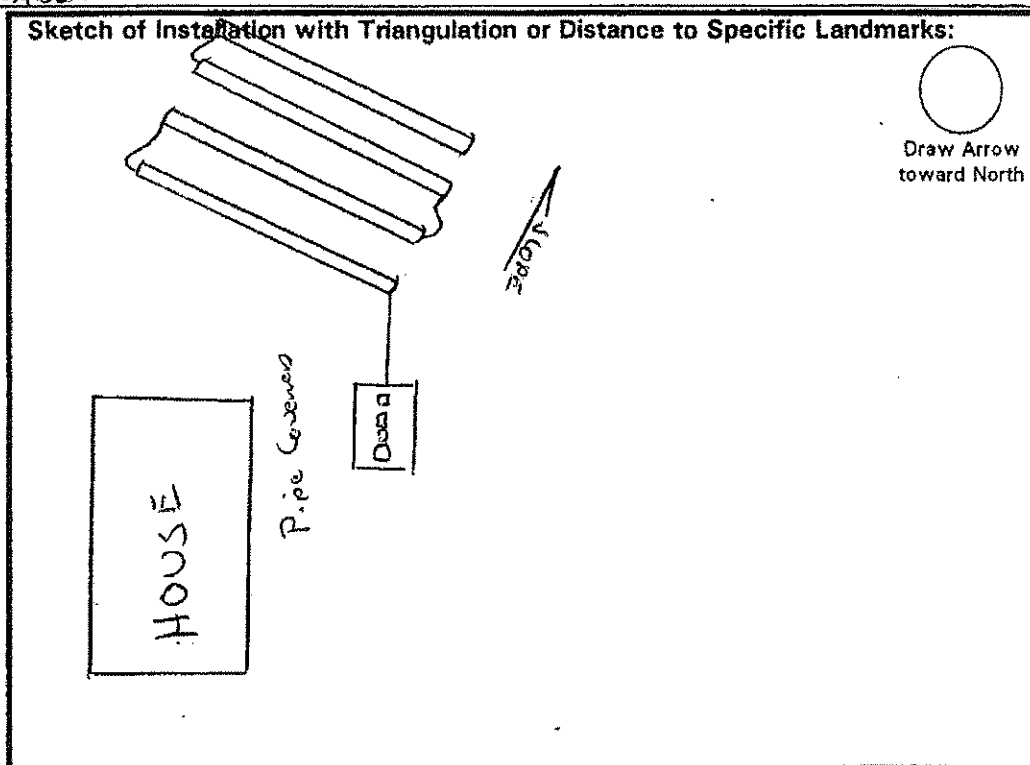
Remarks: No well at time of SS inspection; House already built before
SS application was made.

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.

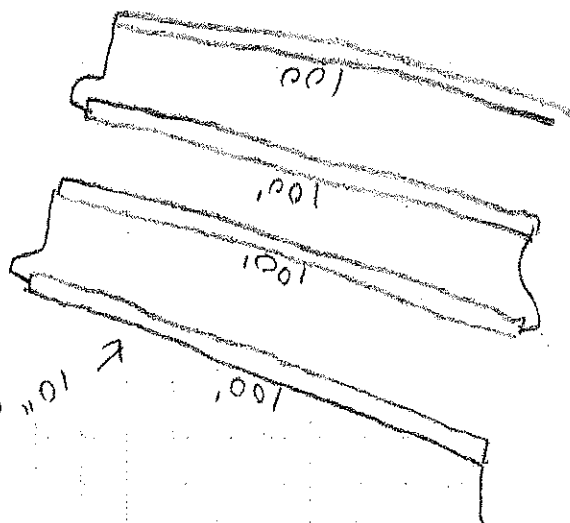
Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Visit Date(s): 10-13-04Final Inspection Date: 10-18-04Sanitarian: William R. Nix

No well

1000 sq ft Glass Tail

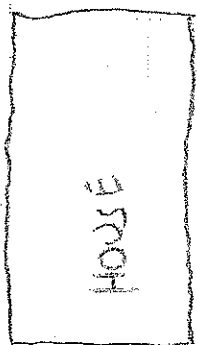


STOP

10" Gravel



Pipe Covered



Relief Piles
10-18-04
Down Piles

PERMIT TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA
MINERAL COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-029-05-043
Tax Map 13 Parcel # 106
County Road No.: _____

Owner: Nelson A. Pyle
Address: Rt 1 Box 122 A44
Keyser, WV 26726

Certified Installer: Norman A. Parks
Address: Rt 4 Box 148
Keyser, WV 26726

You are hereby issued a permit to: ☒ install, or ☐ modify an on-site sewage disposal system located:
Woods at Taylor Lake, Lot 77

Facility: Residence Design Flow: 3 BR Lot Size: 2 Sq. Ft./Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 5/25/2004, 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.
- ☒ Soil disposal system with a minimum equivalency of 1200 square feet of conventional gravel trench area.
Depth to the bottom of the trench or bed installation shall be: 30 inches from original ground surface.
- ☒ Gravel system: Lengths of lines: 100, 100, 100, 100, _____, _____ feet, Width: 36 inches.
- ☐ Chamber system: Number of units: _____, Length of lines: _____, _____, _____, _____ units,
Manufacturer of chamber: _____.
- ☐ 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: 48 hours or more prior to planned inspection time.

Sketch of system:

See Application

Draw Arrow
Toward North

October 14, 2004
Issue Date

Mineral 788-1321
County Office / Phone Number

Additional specifications
on reverse:

Barclay A. [Signature]
Health Officer or Sanitarian

WV Department of Health and Human Resources
Bureau for Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258

WELL COMPLETION REPORT

Date(s) 11/12/04 County Mineral Permit #: DW-029-05-037
Town: _____ Area Name/Location Woods at Taylor Lake Lot 77
Well Owner: Nelson Pyle Address: Rt 1 Box 122 A44
Telephone Number: 304-788-3969 Kuper WV 26724
Well Driller: B. Mark Smith Address: P.O. Box 440
Telephone Number: 304-822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-10	Soft Shale	Type of Well: <u>Home</u> Drilling Method: <u>Air-Hammer</u>
11-23	Hard brown Shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
24-54	Hard gray Shale	Well Depth: <u>260</u> Date Completed: <u>11/12/04</u>
60-	Water	CASING: Length <u>50</u> Feet Height above ground _____ Feet
61-260	Hard gray Shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	<u>600 gph</u>	

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>50 est.</u>		
Pumping Rate (GPM)	<u>10</u>		
Pumping Level (Ft Below Grade)	<u>260</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>4</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Watertight
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.

B. Mark Smith #001
Name B. Mark Smith Well Drilling Certification No.
Registered Business Name Benjamin Mark Smith 11/12/04
Signed _____ Date

Received
1/28/05