

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Tax Map: Parcel #:

County Road:

County: NAMPSHIREON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Name of Owner: Russ + Mary Seibert Installer: RALPH DAVIS
 Address: 7031 BRENTWOOD DRIVE MARIOTTVILLE, MD 21104
 Property Location: NORTH RIVER HOLDINGS TRACT #28
 Type of Facility: W-SE Facility is: New ☒ Existing ☐ Lot Size: 2.7 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 2 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1050 Material: concrete Manufacturer: J-I-D
 Distances (in feet) of Tank to: Dwelling: 42 Private ☐ Public ☐ Water Source: well Property Line: 10'

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: 24 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____ No. of Units: _____
 Approved and Adequate Materials Used? Yes ☒ No ☐ Size Equates to: 900 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 10 Private ☐ Public ☐ Water Source: well Property Line: 10'
 Remarks: _____

An inspection indicates that the sewage disposal system described above
DOES MEET ()
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:

wellHouseSTDraw Arrow
toward NorthNOT to ScaleVisit Date(s): 11-26-01Final Inspection Date: 1-7-02Sanitarian: J. K. [Signature]

S.S.#
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Hampshire HEALTH DEPARTMENT
APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY
OR ABANDON A WATER WELL

X PLEASE PRINT:

X Property Owner: Ross + Mary SeifertCertified Driller: B. Mark SmithX Address: 7031 Brentwood Dr.
Marysville MD 21104Address: HC 86 Box 2-A
Springfield WV 26763 Phone: 822-4786X Phone: (home) 410-745-1505 (business) 410-792-4371Driller Certification No.: 001 WV Contractor's No.: WV00022X Directions to property: Take 29 to Delray, turn right into North River Bend, take
left fork, then take 1st Rd to right, go to T turn right onto Renderous Rd
Second drive on left
(Please provide specific and detailed directions)

Proposed facility to be served:

Facility served is

☐ Residence, No. of bedrooms: 2 No. of individuals served: 2☒ New☐ Other _____☐ ExistingX Property deed recorded in Book No.: 408 X Page(s): 207 X Date the property deed was recorded: 7/19/01X Subdivision name: North River Wilderness X Lot #: _____ X Section #: _____X County tax map: 98 X Parcel No.: 38 X Size of Lot: 2.45 Square feet/ acres

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed well driller and to inform that driller of existing property lines and points of potential contamination. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or potential points of contamination.

X Russ Seifert (as)
(Signature of the owner or authorized agent)

Benjamin Mark Smith

Water well will be ☒ constructed ☐ modified and will be used for ☒ potable water. ☐ water exploration ☐ abandoned or other purposes: _____

Type of Casing: SteelType and Method of Grouting: pressureIf abandoning well, Abandonment Method: N/A

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments _____ Sewers & Drains (non-watertight) _____ Privies (vault) _____

Sewage Absorption Fields 100 Sewers & Drains (hydrostat. tested) _____ Sewage Holding Tank _____Septic Tank 100 Barnyard/Feeding/Watering Area _____

Other: _____

X Distance to Property Line: 2' 1' 7"

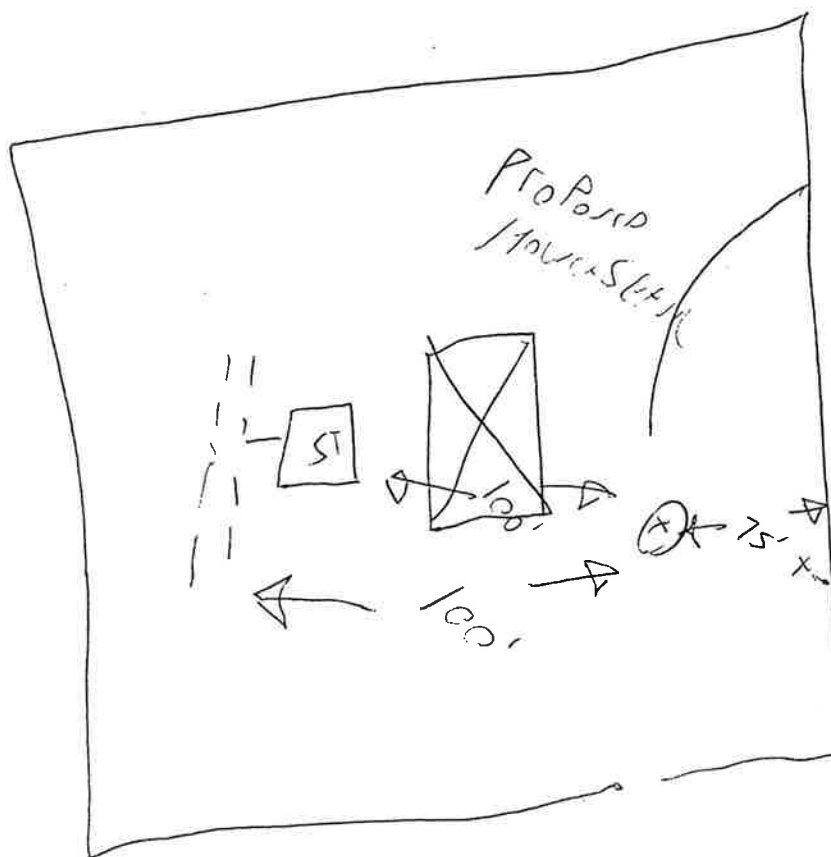
I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Driller Benjamin Mark Smith

Date 11/19/01

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

<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Water Supply	<input checked="" type="checkbox"/> Percolation Test Site
--- Soil Absorption Line	→ Dir. Of Ground Slope	___ Property Line
Trees	ST Septic Tank	MH Mobile Home



FOR HEALTH DEPARTMENT USE ONLY:

Date Received: 12-14-01

Date Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____