SS 177 7/96

INSPECTION TO BE PRINTED OR TYPED

County: HAMPSHIRE

STATE OF WEST VIRGINIA
HAMPSHIRE HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-H-64-146
Tax Map: 6713 Parcel #: 13
County Road:

Name of Owner: JIMMIE ROBERTS Installer: E. SHREMMER
Address: 51 RITCHIE RD, CAPITOL HEIGHTS, MD 20743
Property Location: S. BRANCH RIVER, 10.5 MI ON RIGHT
Type of Facility: RESIDENCE Facility is: New (X) Existing ( ) Lot Size: 220 Sq. Ft./Acres
Design Loading in gpd/No. Bedrooms: 6 BR Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 PUMP 1000 SEPTIC Material: CONCRETE Manufacturer:
Distance (in feet) of Tank to: Dwelling: 25 Private (X)/Public ( ) Water Source: 75 Property Line: 230

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter: ____ 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 (X) or Bed ( ) Other:

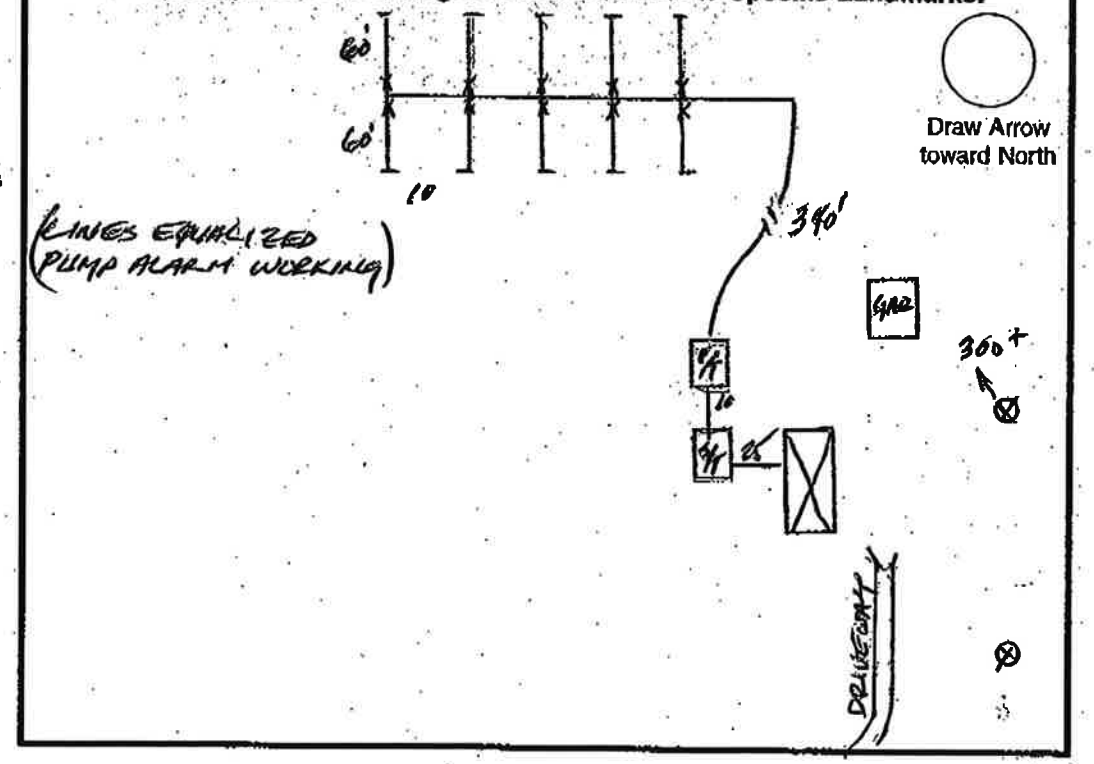
No of Lines: 10 Length (in feet) of Each: 60'
Width of Trenches: 12 inches/feet Depth to Bottom of Field: 12 inches
If Bed, Dimensions (in Feet): If Chamber System, Name: , No. of Units:
Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: Square Feet of Standard Gravel Field.
Distance (in feet) of System to: Dwelling: 360' Private (X)/Public ( ) Water Source: 360 Property Line: 250
Remarks: SEE ATTACHED SPECIFICATIONS FOR PUMP & FIELD INFORMATION

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) 10-21-03, 6/8/04
Final Inspection Date: 10/6/04

Sanitarian: [signature]

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

Rec 3-29-04 SW258

WELL COMPLETION REPORT

Home

Date(s) 3-23-2004 County Hampshire Permit #: DW-14-04-40

Town: Romney Area Name/Location River Road, past Trough Store

Well Owner: Jim Roberts Address: 51 Ritchie Rd

Telephone Number: 301-350-4200 Capitol Heights MD 20743

Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440

Telephone Number: 822-4786 Springfield WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS; KIND, THICKNESS, AND IF WATER BEARING
0 - 21	Red Clay
21 - 26	Brown Shale + Clay
26 - 88	Gray shale
88 - 190	Black shale
190 - 300	Gray shale

REMARKS:

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

Well Diameter: 6 1/8" Casing O.D.: 6 5/8"

Well Depth: 300' Date Completed: 3-23-2004

CASING: Length 40 Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other Type

DRIVE SHOE

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)	60		
Pumping Rate (GPM)	25		
Pumping Level (Ft Below Grade)	298		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc.

Well Cap: Type, Make, Etc.

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.

H^2O = 60' 1 GPM
196' 1 GPM
190' 23 GPM

Chris Wolford 574
Name Certification No.

B.W. Smith Well Drilling
Registered Business Name

Chris Wolford 3-23-2004
Signed Date

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

SW258

Rev 1.04

WELL COMPLETION REPORT

Date(s) 7-01-2004 County Hampshire Permit #: DW-14-04-235

Town: Romney Area Name/Location River Road

Well Owner: Jim Roberts Address: 1213 Old Love Point Rd
Stevensville MD 21666

Telephone Number: 301-350-4200

Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
Springfield, WV 26763

Telephone Number: 822-4786

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-28	Red Clay
28-169	Black shale
169-240'	Gray Shale

REMARKS:

Type of Well: DW Drilling Method: Air Rotary

Well Diameter: 6 1/8" Casing O.D.: 6 5/8"

Well Depth: 240' Date Completed: 7-01-2004

CASING: Length 100 Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other Type

DRIVE SHOE

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)	95		
Pumping Rate (GPM)	40		
Pumping Level (Ft Below Grade)	238		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc.

Well Cap: Type, Make, Etc.

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.

H^2O = 130' Trace
169' 40 GPM

Chris Wolford 574
Name Certification No.

B. W. Smith Well Drilling
Registered Business Name

Chris Wolford 7-01-2004
Signed Date

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

10/01

Rec'd 2/1/05

WELL COMPLETION REPORT

Date(s) 7-01-2005 County Hampshire Permit #: OW-14-05-267

Town: Romney Area Name/Location River Rd.

Well Owner: Jim Roberts Address: 51 Ritchie Rd
Capitol Heights MD 20743

Telephone Number: 301-350-4200

Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
Springfield, WV 26763

Telephone Number: 822-4786

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-10	soft dirt + River Gravel
10-220'	Gray Shale

REMARKS:

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

Well Diameter: 6 1/8" Casing O.D.: 6 5/8"

Well Depth: 220' Date Completed: 7-01-2005

CASING: Length 40' Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other DRIVE SHOE 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)	30		
Pumping Rate (GPM)	25		
Pumping Level (Ft. Below Grade)	218		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. _____

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.

H^2O = 42' 25 GPM

Chris Wolford 574
Name Certification No.

B.W. Smith Well Drilling
Registered Business Name

Chris Wolford 7-01-2005
Signed Date

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

Rev. 12/05

SW258
10/01

WELL COMPLETION REPORT

Date(s) 10-17-2005 County Hampshire Permit #: DW-14-06-092

Town: Romney Area Name/Location River Rd.

Well Owner: Jimmie Roberts Address: 1213 OLD COVE POINT RD.
STEVENSVILLE, MD 21666

Telephone Number: 301-350-4200

Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
Springfield, WV 26763

Telephone Number: 822-4786

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0 - 11	River Gravel
11 - 120'	Gray Shale

REMARKS:

Type of Well: O/W Drilling Method: Air Rotary

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

Well Depth: 120' Date Completed: 10-17-2005

CASING: Length 20 Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other DRIVE SHOE 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)	22		
Pumping Rate (GPM)	40		
Pumping Level (Ft. Below Grade)	118		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. _____

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.

H^2O = 33' 1/4 GPM
54' 20 GPM
78' 20 GPM

Chris Wolford 574
Name Certification No.

B.W. Smith Well Drilling
Registered Business Name

Chris Wolford 10-17-2005
Signed Date