

**INSPECTION TO BE
PRINTED OR TYPED**

STATE OF WEST VIRGINIA

Mineral County HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-029-03-063

Tax Map: _____ **Parcel #:** _____

County Road: Eel Welsh

County: Mineral

Name of Owner: DAVID AND Gabriole Gensch Installer: Carl E. Simon

Address: 214 S. Main Street, Kaysen, WV 26726

Property Location: Whitetail Ridge Lot 24

Type of Facility: Residence Facility is: New (☒) Existing () Lot Size: ± 9 Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 2 Source of Water Supply: Pressure Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Jelco

Distances (in feet) of Tank to: Dwelling: ? Private ☒/Public () Water Source: ? 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 (X) No () Size Equates to: 900 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 7 Private (☒) / Public (☐) Water Source: ? Property Line: >10'

Remarks: No house on well onsite at time of septic system inspection.

An inspection indicates that the sewage disposal system described above

DOES MEET (X).

DOES NOT MEET (),

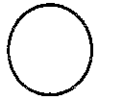
CANNOT BE DETERMINED TO

MEET () the minimum standards established by the West Virginia Bureau of Public Health.

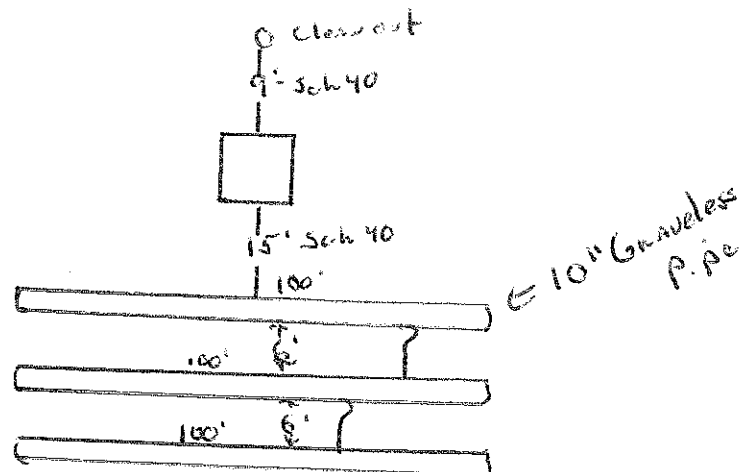
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a **does meet** system since inadequate information is known.

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:



**Draw Arrow
toward North**



Visit Date(s): 3 - 26 - 03

Final Inspection Date: 4-17-03

Sanitarian: Will. R. Nichols RS

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

SW258
10/01

WELL COMPLETION REPORT

Date(s) 4/18/03 County Mineral Permit #: DW-029-03-042
Town: Burlington Area Name/Location White Tail Sub
Well Owner: Dave & Gabriele Gersch Address: 214 S. Main Street
Telephone Number: 304-788-7565 Keyser WV 26726
Well Driller: Miller Bros. Drilling LLC Address: P.O. Box 952
Telephone Number: 304-822-4092 Romney, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
00 - 03	Soft Dirt	Pressure Grouted
03 - 50	Brown Shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u>
50 - 80	Gray Shale	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u>
80 - 220	Blue Shale	Well Depth: <u>220'</u> Date Completed: <u>4/18/03</u>
		CASING: Length <u>40</u> Feet Height above ground <u>1</u> Feet
		<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.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	75		
Pumping Rate (GPM)	18		
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. Rover Conduit Type
Well Seal: Type, Make, Etc. _____
Well Platform: _____
Length _____ Width _____ Thickness _____
Pressure 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.

Christopher Wolford 574
Name _____ Certification No. _____
Miller Bros. Drilling, LLC
Registered Business Name _____
Signed Chris Wolford Date 4/18/03