

SS 177 7/98

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-05-224Tax Map: 36 Parcel #: 0167

County Road: _____

County: WayneON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Name of Owner: Erica and Palladinetti Installer: Bob Phum
 Address: 34275 Swickersville Pk Bluemont, VA 20135
 Property Location: Misty Meadows Section II Lot #55
 Type of Facility: House Facility is: New (☒) Existing () Lot Size: 24.1 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 2BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Jolia
 Distance (in feet) of Tank to: Dwelling: 17 Private (☒) Public () Water Source: 94 Property Line: 10'

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 () or Bed () Other: _____

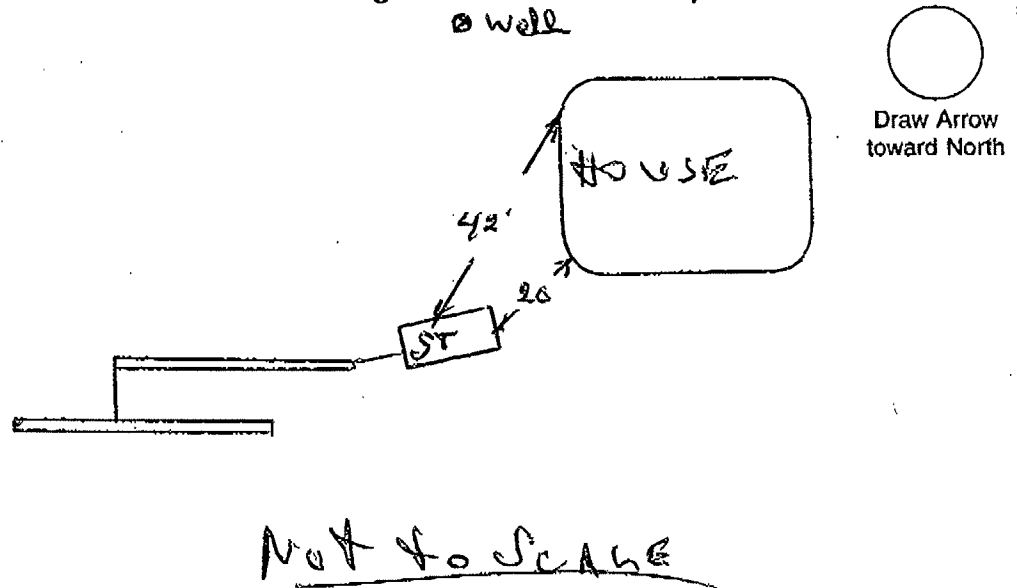
No of Lines: 2 Length (in feet) of Each: 90 90
 Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: Biodifuser No. of Units: 30
 Approved and Adequate Materials Used? Yes (☒) No () Size Equates to 900 Square Feet of Standard Gravel Field.
 Distance (in feet) of System to: Dwelling: 40 Private (☒) Public () Water Source: 123 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:

Visit Date(s) 1-28-05Final Inspection Date: 5-4-5Sanitarian: J. L. Linder

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

WELL COMPLETION REPORT

Date(s) 4-29-05 County Hampshire Permit #: DW1405175
 Town: Augusta Area Name/Location Misty Meadows Lot #55
 Well Owner: Enrico & Judy Palladinetti Address: 34275 Swickersville TPK
 Telephone Number: (540)554-2745 Bluomount VA 20135
 Well Driller: Miller Brothers 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:
		Drive Shoe
0-36	Brown shale	Type of Well: <u>Drilled</u> Drilling Method: <u>Air rotary</u>
36-360	Blue shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
		Well Depth: <u>360'</u> Date Completed: <u>4-29-05</u>
		CASING: Length <u>40</u> Feet Height above ground <u>1.5</u> Feet
		<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input 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)	30		
Pumping Rate (GPM)	1		
Pumping Level (Ft. Below Grade)	358		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)			

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.

Jeffrey Miller

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Name

Certification No.

Miller Brothers Drilling LLC

4-29-05

Registered Business Name

Signed

Date