

Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # **ST-14-08-221**

Name of Owner: Charles & Rebecca Kona Installer: Walter Fields
Address: 13 Mosquito Landing Rd, Tuckahos, NJ 8270
Property Location: French's Neck West Lot 12 Lot Size: 10AC Acres
Type of Facility: Facility is: ☒ New ☐ Existing
Design Loading in gpd/# Bedrooms: 4 Source of Water: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Manufacturer: _____
Pump Chamber _____ gal
Distances (in feet) of Tank to: Dwelling 22'
Private ☒ Public ☐ Water Source: > 100' Property Line: > 100'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches () or Bed () Gravelless Pipe (), Diameter _____ In.
Chamber Soil Absorption Trenches (X) 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: 80'
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 36 inches
If Bed, Dimensions (in feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes (X) No () Size Equates to 1200 sq ft of SGF
Distance (in feet) of System to: Dwelling 600' Private (X) Public ()
Water Source: 700' Property Line: 250'

Remarks: _____

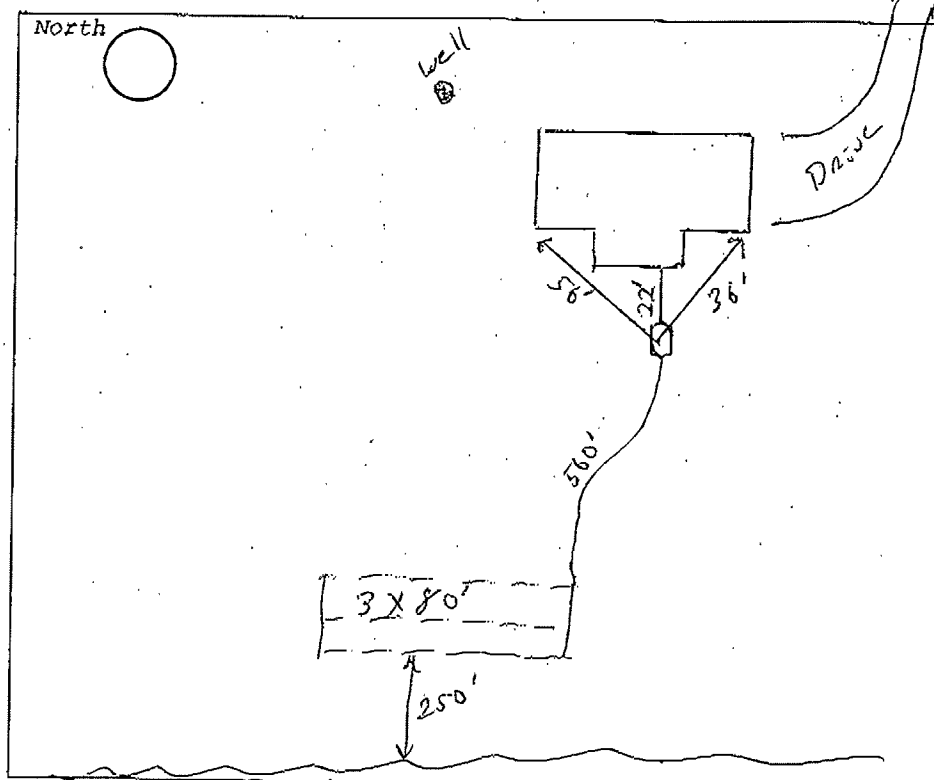
GPS: N39 30 47.3 W78 34 10.0

An inspection indicates that:
The sewage disposal system
Described above
DOES MEET X
DOES NOT MEET ☐ or
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.

Visit Date(s): _____



FINAL INSPECTION DATE: 6/25/2008

SANITARIAN: [Signature]

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

Rec. 1-11-08

WELL COMPLETION REPORT

Date(s) 1-9-2008 County Hampshire Permit # DW-14-08-093
Town: Greenspring Area Name/Location French Neck West Lot 12A
Well Owner: CHARLES Kona Address: 13 MOSQUITO LANDING RD.
Telephone Number: 609-628-1991 WOODBINE, NJ 08270
Well Driller: B.W. SMITH WELL DRILLING INC. Address: P.O. BOX 490
Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0 - 2	Fill Dirt	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
2 - 16	Moist Brown Clay	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
16 - 18	River Gravel	Well Depth: <u>300'</u> Date Completed: <u>1-9-2008</u>
18 - 23	Brown shale	CASING: Length <u>30'</u> Feet Height above ground <u>1</u> Feet
23 - 300'	Blue shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		DRIVE SHAFT
		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)	<u>20</u>		
Pumping Rate (GPM)	<u>1.5</u>		
Pumping Level (Ft. Below Grade)	<u>298</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>6</u>		

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.

H₂O = 32' 1 1/2 GPM

Name Chris Welford Certification No. 574
Registered Business Name B.W. Smith Well Drilling
Signed Chris Welford Date 1-9-2008