

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:

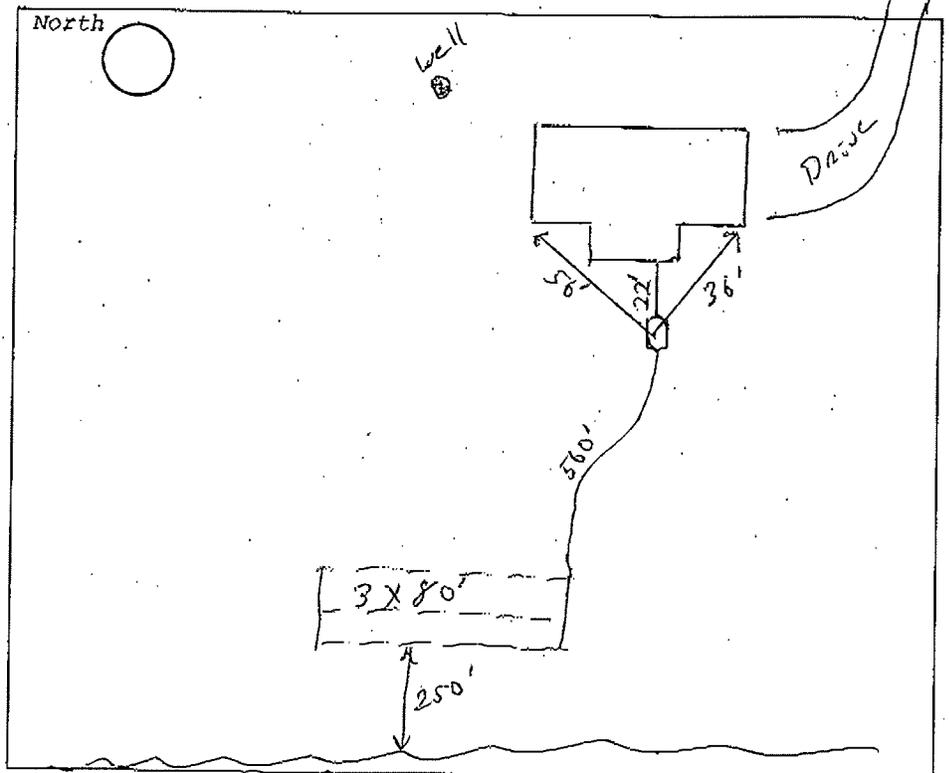
GPS: N39 30 47.3 W78 34 10.0

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: Walter Fields

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