

INSTALLEDSS-177
Revised 1-71WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Morgan Co Health Department Installation Permit No. 04-97-152
 Name of Owner Robert & Patricia Harrigan
 Address 12617 Laurie Dr. Silver Spring MD 20904-1504
 Property Address Potomac Valley Vista Sub B Lot 13

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served residence ☒ No. Water Closets _____
 Lot Size 6,973 sq. ft. Area suitable for sewage disposal installation _____ sq. ft.
 Source of Water Supply well No. Lavatories _____
 No. Bedrooms 3 No. Showers or Tubs _____ No. Baths _____
 No. Garbage Grinders _____ No. Automatic Washers _____

SEPTIC TANK

Material concrete Length _____ x Width _____ x Depth _____ = _____ cubic feet
 Liquid Depth _____ ft. Liquid Capacity 1000 gal.
 Distance to: Dwelling ☒ Water Supply 100' Nearest Property Line 10'

SOIL ABSORPTION SYSTEM

Bed system 30' x 40'
 Type Drain Line Material plastic Trench Width N/A Inches
Bed
 Trench Depth 18 Inches Total Absorption area in Trench Bottom 1200 sq. ft.
 Diameter of Drain Line 4 Inches Type Filter Media gravel
 No. of Drain Lines N/A Depth Filter Media Under Drain Line 6 Inches
 Length of Each Line N/A, _____, _____, _____ ft. Depth Filter Media Over Drain Line 2 in.
 Distance of Disposal Field to: (a) Dwelling ☒
 (b) Water Supply 100' (c) Nearest Property Line 10'

An inspection of the septic tank system described herein disclosed that said system ~~(MEETS)~~ DOES NOT MEET the minimum standards established by the West Virginia State Department of Health.

Date

3/1/99

Sanitarian

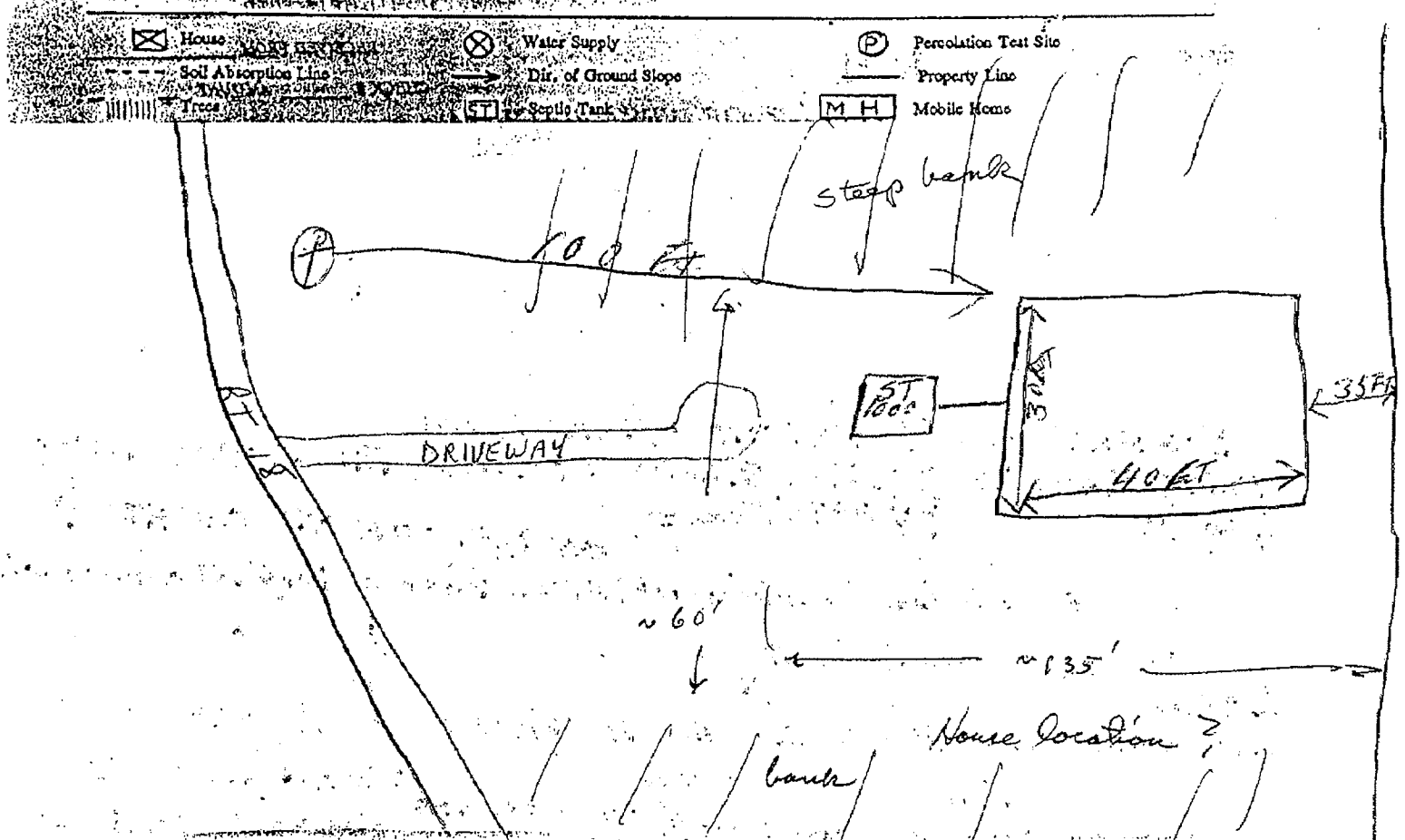
[Signature]

SKETCH OF SYSTEM TO BE DRAWN ON BACK

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.

Sent
3-1-99
1-1-99

Please draw a sketch of the property, showing existing or proposed well location, location of structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.



PART III SEWAGE DISPOSAL SYSTEM INFORMATION

☒ Installing a new system ☐ Modifying existing system ☐ Replacing existing system

☒ Septic Tank ☒ Absorption Field ☐ Holding Tank ☐ Pit Privy ☐ Vault Privy

☐ Chemical/Composting Toilet ☐ Alternate System (attach detailed plans)

Other _____

DESCRIPTION OF PROPOSED SYSTEM:

Septic Tank Capacity: 1000 GAL Material: CONCRETE Nearest Property Line: 100 FT

Absorption Field: 1200 Sq. ft. with 1200 lines and BED SYSTEM

Pipe ASTM No. D Nearest Property Line: 35 FT

Type Of Water Supply: DRILLED Area Suitable for Absorption Field: 1 ACRE Sq. Ft.

Six-foot hole free of water or solid rock? ☐ Yes ☒ No

PERCOLATION TEST:

TEST HOLE	#1	#2	#3	#4
minutes	155	160	170	175
Total minutes	660			
Divided by 24 =	28			
average time for water to fall one inch.				

Test done on 3/25/97 using approved procedures outlined in the Design Standards.

(Date)

Signature of Installer: Bernard L. Hart Certification No. 54-76-0545 Date 3/31/97

SANITARIAN'S NOTES:

Set clay drain to 2', heavy shale w/ dirt up to 6" (hd)

R.C. 4/14/97

Number of Lines: 1200 Length Of Lines: 1200

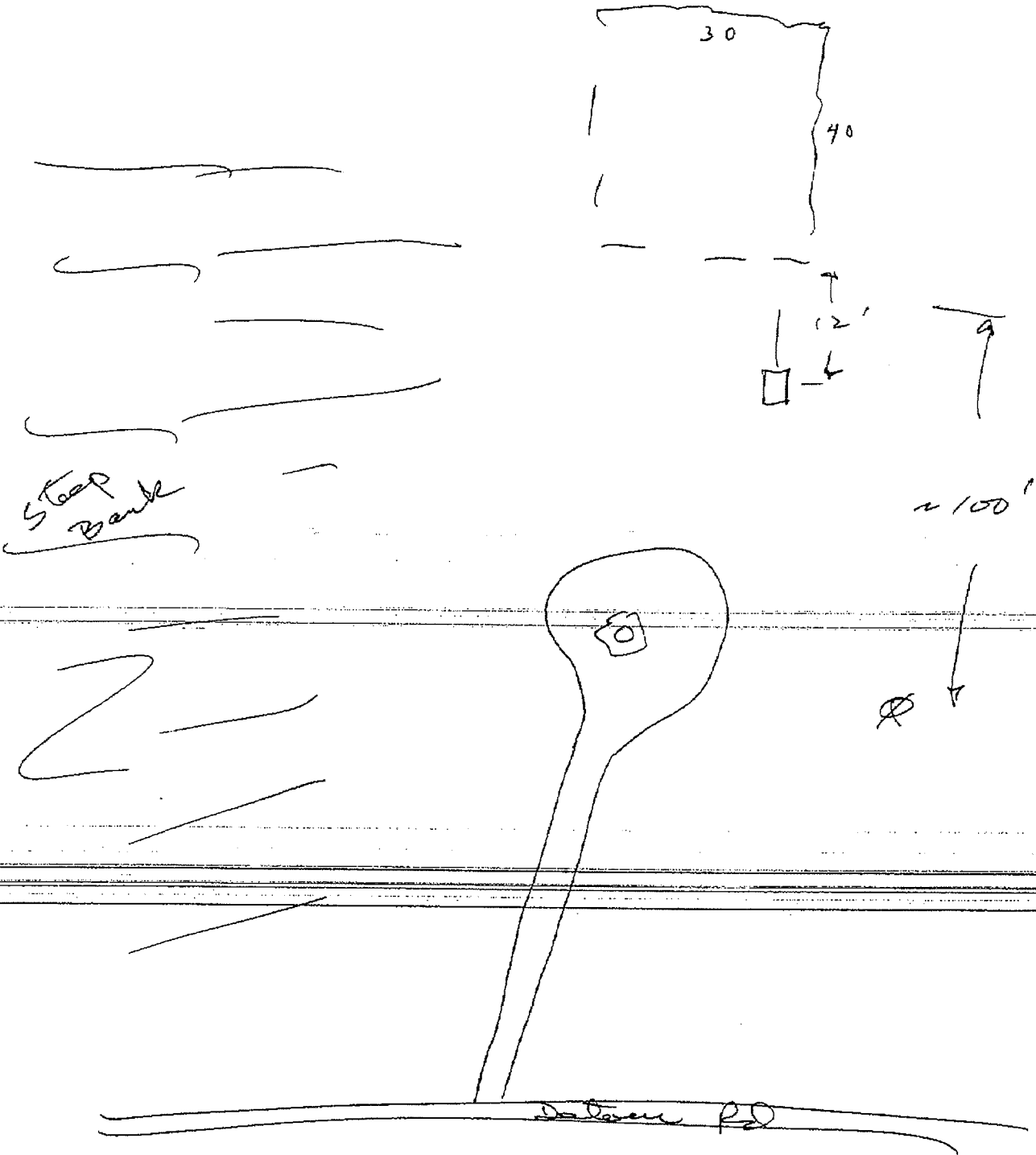
Trench Width: 30" Trench Depth: 33"

SPECIAL REQUIREMENTS: Bed system 30" x 33', 18" deep R.C. 4/29/97

750 ft²
1.3 Bed system
oversize
2.5 5.0
75.0
975.0
1000
34
3
450
needed permitted

① Check for prev. denial
② Needs 30' x 33' bed
w/ reserve bed
③ Can house fit into
that plan. Plat.
w/ house & sheds &
well required
R.C. 4/14/97

no house at ^vimp



WV STATE DEPARTMENT OF HEALTH
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258

WELL COMPLETION REPORT

Date(s) 4-29-97-4-29-98 County Morgan Permit #: WV-33-04-97-139
 Town: Great Cacapon Area Name/Location Patmas Valley Vista Lot 13
 Well Owner: Robert Harrison Address: 12617 Laurie Drive
 Telephone Number: _____ Shinn Springs Md. 20904-1504
 Well Driller: Roger T. DeHaven Address: 250 West Driller Ln
 Telephone Number: 722-3300 Winchester Va 22603

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-12	Quat	Type of Well: <u>Water</u> Drilling Method: <u>Air Hammer</u>
12-105	Yellow Sandstone	Well Diameter: <u>6</u> Casing O.D.: <u>6 5/8</u>
105-145	Red Sandstone	Well Depth: <u>400</u> Date Completed: <u>6-23-98</u>
145-300	Blue Sandstone	CASING: Length <u>21</u> Feet Height above ground <u>1</u> Feet
300-400	Red Sandstone	☒ Steel ☐ Plastic ☐ Cast Iron
145-146	Water 3 gpm	Other _____ Type _____
190-191	Water 57 gpm	
		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)			
Pumping Rate (GPM)	<u>60</u>		
Pumping Level (Ft. Below Grade)			
Duration of Test (In Hours)			
Recovery Time to Static Level (In Hours)			

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Compell
 Well Seal: Type, Make, Etc. _____
 Well Platform: _____
 Length _____ Width _____ Thickness _____
 Grouting: ☒ Yes ☐ No 1 Bag
 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.

Roger T. DeHaven 021
 Name Certification No.
Roger T. DeHaven Well Drilling Inc
 Registered Business Name
Roger T. DeHaven 6-98
 Signed Date