

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

HARDY County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Permit No.: ST-16-04-091

Tax Map: _____ Parcel #: _____

County Road: _____

County: HARDYName of Owner: DONALD PENCE Installer: KEITH DAVEAddress: 400 GARY CT. STERLING VA 20164Property Location: LOWER ARKANSAW Rd Rio, 2 miles ON Right Lot A2-AType of Facility: HOME Facility is: New ☒ Existing () Lot Size: 9.13 Sq. Ft./AcresDesign Loading in gpd/No. Bedrooms: 3 BDRM Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: JOLINDistances (in feet) of Tank to: Dwelling: _____ Private ☒ Public () Water Source: 100' Property Line: 100'

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: 3 Length (in feet) of Each: 100', 100', 40, _____, _____, _____Width of Trenches: 18-36 inches/feet Depth to Bottom of Field: 18-36 inchesIf Bed, Dimensions (in Feet): _____ If Chamber System, Name: INFILTRATORS, No. of Units: 60Approved and Adequate Materials Used? Yes ☒ No () Size Equates to: 1200 Square Feet of Standard Gravel Field.Distances (in feet) of System to: Dwelling: _____ Private ☒ Public () Water Source: 100' Property Line: 100'Remarks: DISTANCES TO DWELLING WERE LEFT BLANK BECAUSE HOME NOT ON LOCATIONAS OF TIME OF INSPECTION

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:

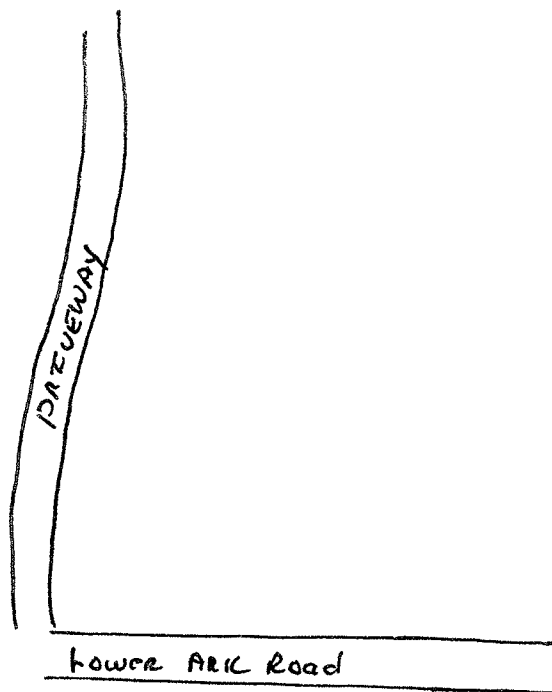
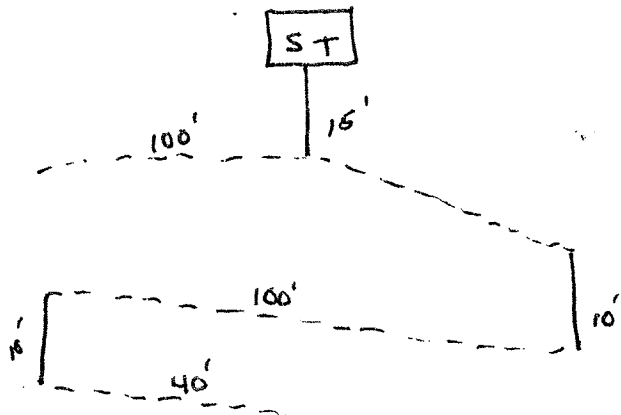
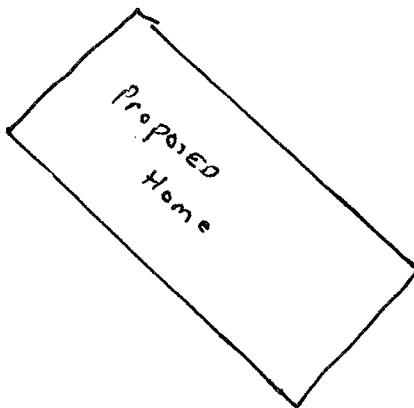
39° 06' 49.719 NORTH78° 42' 14.369 WESTTANK Coordinates

Draw Arrow
toward North

Visit Date(s): 17-19-2004Final Inspection Date: 6-3-2005Sanitarian: With Dave, Saniti

well

road



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

Well # 2

SW258
10/01

WELL COMPLETION REPORT

Date(s) 4-28-2005 County Hardy Permit #: DW1604060
Town: Rio Area Name/Location Lower Arkansas Rd.
Well Owner: Don Pence Address: 400 Gary Ct
Telephone Number: 703-430-7776 Stirling VA 20164
Well Driller: B.W. Smith Well Drilling Address: P.O. Box 440
Telephone Number: 822-4786 Springfield, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-2	Fill dirt + shale	Type of Well: <u>DIW</u> Drilling Method: <u>Air Rotary</u>
2-57	Red + Dark Brown shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
57-74	Layers of Gray + Red shale	Well Depth: <u>240'</u> Date Completed: <u>4-28-2005</u>
74-110	Red shale	CASING: Length <u>80'</u> Feet Height above ground <u>1</u> Feet
110-240'	Layers of Gray + Red shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		DRIVE SHOES
		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>30</u>		
Pumping Rate (GPM)	<u>10</u>		
Pumping Level (Ft. Below Grade)	<u>238</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>1</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 = 85' 5 GPM
168' 2 GPM
229' 3 GPM

Name Chris Wolford Certification No. 574
B.W. Smith Well Drilling
Registered Business Name Chris Wolford
Signed _____ Date 4-28-2005