SS 177 7/96

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA

________________ **HEALTH DEPARTMENT**

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

County: Hampshire

Permit No.: ST-1484-271

Tax Map: 21 Parcel #: 0032

County Road: ________

Name of Owner: Michael & Kimberly Burke Installer: Ralph Davis

Address: HC 78 Box 141 Kirby, WV 26755

Property Location: Pine Hill Rd Parcel South of RT 50 on left

Type of Facility: Res.

Facility is: New ( ) Existing (x)

Design Loading in gpd/No. Bedrooms: 3 BR + 750 gpd

Lot Size: 14 Sq. Ft./Acres

Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Sold

Distance (in feet) of Tank to: Dwelling: 5 Private (x)/Public ( ) Water Source: 57 Property Line: 107

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter: ____ Inches

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, 80, 80

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inches

If Bed, Dimensions (in Feet): ________ If Chamber System, Name: Infiltrator No. of Units: 57

Approved and Adequate Materials Used? Yes (x) No ( ) Size Equates to 1290 Square Feet of Standard Gravel Field.

Distance (in feet) of System to: Dwelling: 50 Private (x)/Public ( ) Water Source: 120 Property Line: 107

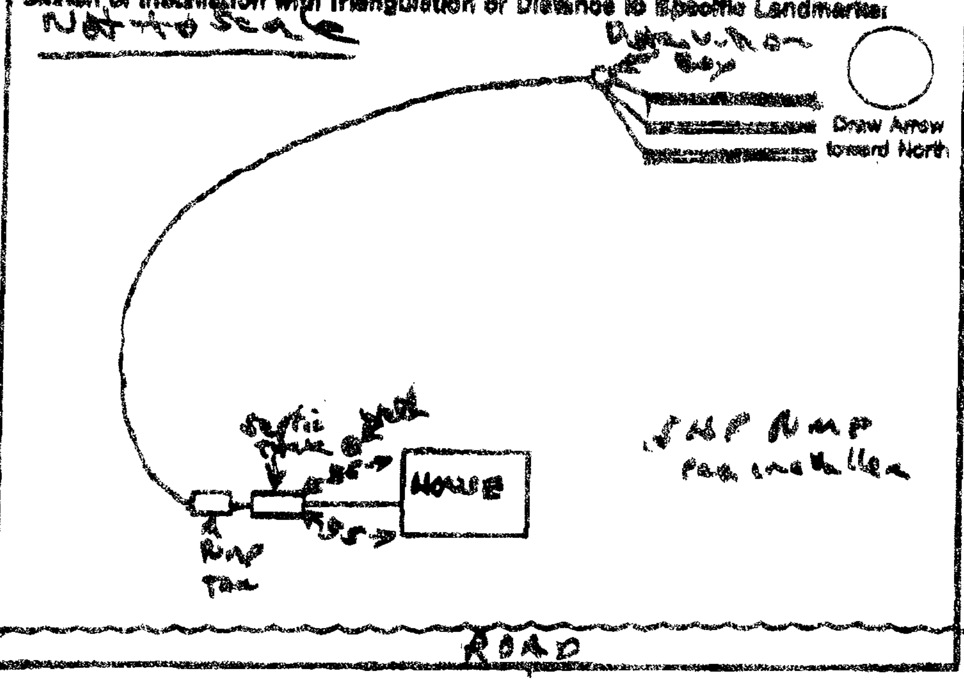
Remarks: ________

An inspection indicates that the sewage disposal system described above **DOES MEET (x), 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) 5-13-04

Final Inspection Date: 6-4-04

Sanitarian: [signature]

SW258

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

WELL COMPLETION REPORT

Date(s) 12-21-2005 County Hampshire Permit #: DW-14-06-100

Town Augusta Area Name/Location [illegible]

Well Owner: JOANN McCabe Address: [illegible] WHITES LANDING RD

Telephone Number: 540 636-8309 LINDEN, VA 22642

Well Driller: B. W. Smith Well Drilling Address: P. O. Box 440

Telephone Number: 446-4977 Springfield, WV 26763

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-8	Soft dirt
8-9	Loose River Gravel
9-11	Red shale
11-16	Light Blue Sandstone (Hard)
16-25	Red shale
25-48	Light Blue sandstone
48-180	Layers of Red
	+ Gray shale

REMARKS:

Type of Well: D/W Drilling Method: Air Rotary

Well Diameter: 6" Casing O.D.: 6 5/8"

Well Depth: 180' Date Completed: 12-21-2005

CASING: Length 30' Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other ______ Type

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)	20		
Pumping Rate (GPM)	7		
Pumping Level (Ft Below Grade)	178		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	1		

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.

[illegible] - 80' 1 1/2 GPM
92' 5 1/2 GPM

Name: Chris Wolford Certification No.: 574

Registered Business Name: B. W. Smith Well Drilling

Signed: Chris Wolford Date: 12-21-2005