SS 177 7/96

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
Hampshire County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

County: Hampshire

Permit No.: ST-14-98-327
Tax Map: ______ Parcel #: ______
County Road: ______

Name of Owner: Roger Kesner   Installer: A. Haines
Address: P.O. 178 SLANESVILLE WV
Property Location: Kedron Rd. first dirt to right go to end [illegible] Acres #
Type of Facility: House   Facility is: New (✓) Existing ( )   Lot Size: 30 ~~Sq. Ft.~~/Acres
Design Loading in gpd/No. Bedrooms: 3BR   Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000   Material: concrete   Manufacturer: Jolley
Distances (in feet) of Tank to: Dwelling: 96'   Private (✓)/Public ( ) Water Source: 103'   Property Line: 100'+

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( )   Gravelless Pipe (✓) Diameter: 10 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: ______

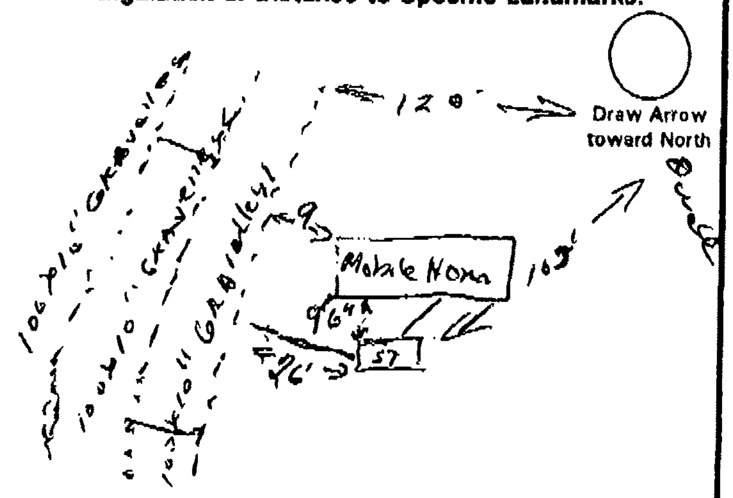
No. of Lines: 3   Length (in feet) of Each: 100, 100, 100, ___, ___, ___, ___
Width of Trenches: 24 inches/feet   Depth to Bottom of Field: 24 inches
If Bed, Dimensions (in Feet): ______   If Chamber System, Name: ______, No. of Units: ______
Approved and Adequate Materials Used? Yes (✓) No ( )   Size Equates to: 900 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 9'   Private (✓)/Public ( ) Water Source: 120'   Property Line: 100'+
Remarks: ______

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:



Visit Date(s): 6-2-98
Final Inspection Date: 7-2-98
Sanitarian: [illegible] R.S.

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

LOT, 3

WELL COMPLETION REPORT

Date(s) 4-15-98- 4-15-99 County Hampshire Permit #: DW-14-98-188

Town: Romney WVa Area Name/Location

Well Owner: Roger Keesner Address: P.O. Box 1333

Telephone Number: Berkley Springs WVa

Well Driller: Roger T DeHaven Address: 250 Well Drillers Ln

Telephone Number: 122-3300 Wevertown Va 22603

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-17	Shale
17-300'	Red Slate
WATER AT	275-278 10GPM

REMARKS:

Type of Well: WATER Drilling Method: AIR HAMMER

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

Well Depth: 300' Date Completed: 6/30/98

CASING: Length 21 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)			
Pumping Rate (GPM)	10		
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. _____

Well Seal: Type, Make, Etc. _____

Well Platform:

Length _____ Width _____ Thickness _____

Grouting: ☑ Yes ☐ No BENSEAL 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 6-30-98
Signed Date

FINAL MAILED TO: _____