

# Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

Permit # **ST-14-08-121**

Name of Owner: Jason & Terri Gough Installer: Bob Plum  
Address: PO Box 56, Ft. Ashby, WV 26719  
Property Location: Springfield Lot Size: 117AC Acres  
Type of Facility: Residence 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 41'  
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: 4 Length (in feet) of Each: 80'  
Width of Trenches: 36 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 (X) No ( ) Size Equates to 1600 sq ft of SGF  
Distance (in feet) of System to: Dwelling 65' Private (X) Public ( )  
Water Source: > 100' Property Line: > 100'

Remarks:     

GPS: N39 27 49.1 W78 43 00.3

An inspection indicates that  
The sewage disposal system  
Described above

DOES MEET ☒ X

DOES NOT MEET ☐ or

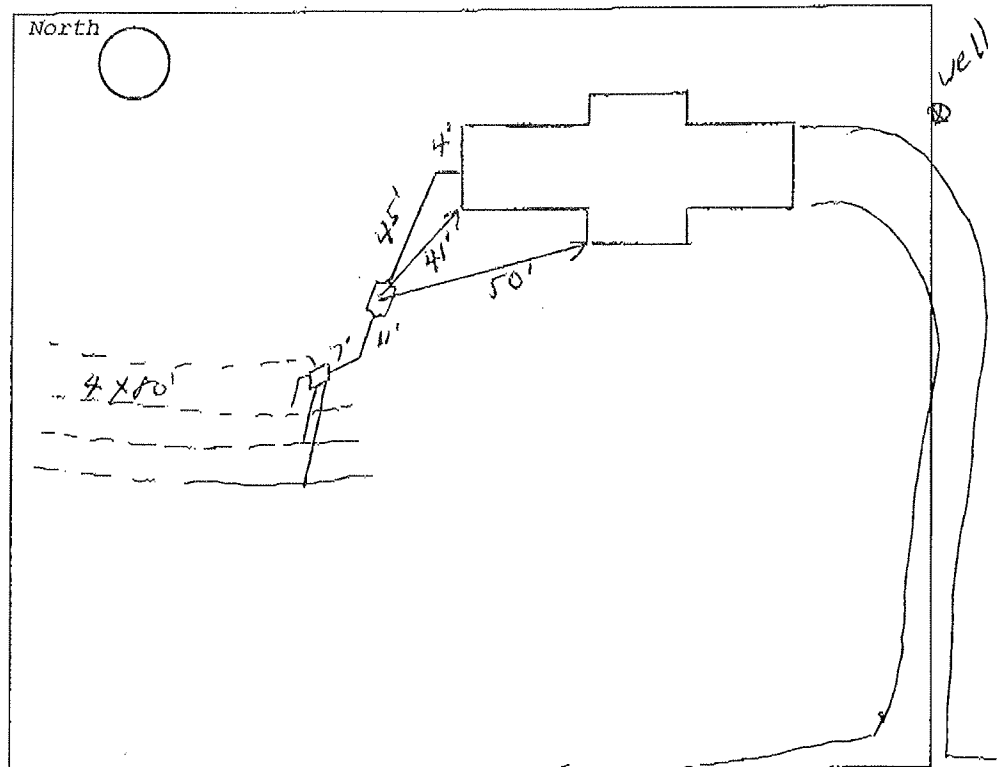
CANNOT BE DETERMINED TO

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: 7/7/2008

SANITARIAN: *Bob Plum*

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

3-460

10/01

## WELL COMPLETION REPORT

Date(s) 1-31-08 County HAMPSHIRE Permit #: DW-14-08-100  
Town: SPRINGFIELD Area Name/Location RT. 28 - NEAR MINERAL CO. LINE  
Well Owner: JASON & TERRI GOUGH Address: P.O. BOX 56  
Telephone Number: 304-822-8807 FT. ASHBY, WV 26719  
Well Driller: B.M. SMITH WELL DRILLING INC. Address: P.O. BOX 440  
Telephone Number: 304-496-9977 SPRINGFIELD, WV 26763

## WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-25	CLAY/SOFT YELLOW SHALE	Type of Well: <u>DOMESTIC</u> Drilling Method: <u>AIR D.T.H.</u>
25-40	GRAY/BROWN SHALE	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
41	TRACE OF WATER (CASED OFF)	Well Depth: <u>280'</u> Date Completed: <u>1-31-08</u>
42-72	HARD GRAY SHALE	CASING: Length <u>50</u> Feet Height above ground <u>1</u> Feet
73	TRACE OF WATER	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
74-89	HARD GRAY SHALE	Other _____ Type _____
90	WATER	SCREEN
90-129	HARD GRAY SHALE	<input checked="" type="checkbox"/> None Installed
130	WATER	Type _____ Diameter _____
131-280	HARD GRAY SHALE	Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.

## PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>50</u>		
Pumping Rate (GPM)	<u>5</u>		
Pumping Level (Ft. Below Grade)	<u>280</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>2</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.

B. MARK SMITH

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Name B.M. SMITH WELL DRILLING INC. Certification No. \_\_\_\_\_  
Registered Business Name \_\_\_\_\_ Date 1-31-08  
Signed \_\_\_\_\_