Hampshi_ County Health Depar ient
On-Site Sewage Disposal System
Inspection Form

Permit # ST-14-09-36

Name of Owner: Roger Lechner Installer: Bob Plum
Address: HC 60 Box 38-F, Levels, WV 25431
Property Location: Potomac River Hills Lot 31 Lot Size: 2AC Acres
Type of Facility: Residence Facility is: ☐ New **X** Existing
Design Loading in gpd/# Bedrooms: 3 Source of Water: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: ***1000*** Material: precast concrete Pump Chamber ___ gal
Distances (in feet) of Tank to: Dwelling ***18'***
Private X Public ☐ Water Source: ***> 50'*** Property Line: ***> 100'***

ON-SITE DISPOSAL SYSTEM

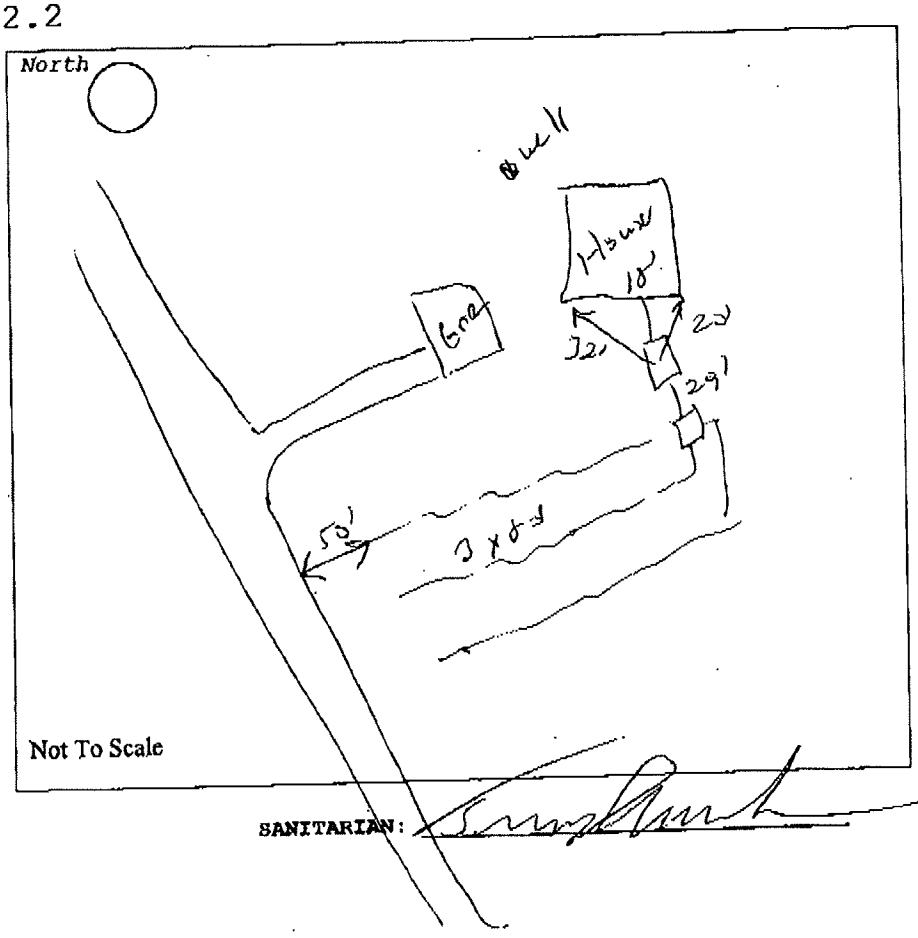
Class I Systems: Standard Soil Trenches( )or Bed( ) Gravelless Pipe( ), Diameter __ In.
Chamber Soil Absorption Trenches **(X)** or Bed( )
Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) LPP ( )
Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: _____

No. of Lines: ***3*** Length (in feet) of Each: ***80'***
Width of Trenches: ***36*** inches/feet Depth to Bottom of Field: ***30*** inches
If Bed, Dimensions (in feet):_____ Size Equates to _____ sq ft of SGF
Distance (in feet) of System to: Dwelling ***55'***
Private (X) Public ( )Water Source: ***> 100'*** Property Line: ***50'***
Remarks: _____
GPS: N39 30 01.9 w78 34 42.2

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: 9/3/2009

SANITARIAN:

ST/CO USE ONLY
DATE RECEIVED
MM DD YY
___ ___ ___

WAS COMPLETED
MM DD /
8 17 09

PERMIT NO.
DW-14-09-104

WEST VIRGINIA WATER WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

LOCATION OF WELL
Well Owner: Last Name Lechner First Name Roger
Street/Road HC60 Box 38F Levels County Hampshire Zip Code 25431

Latitude: ___ Deg ___ Min ___ Sec
Longitude: ___ Deg ___ Min ___ Sec
Acquired By: ☐ GPS ☐ Topo ☐ Other

AREA NAME/LOCATION:
Potomac River Hills
Lot 31

TYPE OF WELL:
☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other ___

WELL LOG

Depth From (ft.)	Depth To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
0	24	Brown shale
24	162	Blue + gray shale + sandstone

If additional space is needed, use additional sheets and attach w/permit # at top.

DRILLING METHOD
☐ Cable Tool ☐ Rotary
☒ Rotary Hammer ☐ Other
Hole Diameter 6 7/8 (in)
Total depth ___ (ft)

CASINGS RECORD
MAIN CASING TYPE
☐ Steel ☒ Plastic
☐ Other ___
Casing Diameter 7" (in)
Wall Thickness SDR-21 (in)
Casing Length 40 (ft)
Other Casing or Liner Used
Type ☐ Steel ☐ Plastic
☐ Other ___
Casing/Liner Diameter ___ (in)
Length ___ (ft) from ___ (ft)
to ___ (ft)

SCREEN RECORD
☒ Not Installed ☐ Installed
Material: ☐ Bronze ☐ Plastic
Diameter of screen ___ (in)
Slot size ___
Length ___ (ft) from ___ (ft)
to ___ (ft)

GRAVEL PACK RECORD
Gravel Pack: ☐ Yes ☒ No
From ___ (ft) to ___ (ft)

GROUTING RECORD
Grouting Material:
☐ Cement ☒ Bentonite Clay
Other ___
No. of Bags: ___
Installation Method:

PUMP INSTALLED
By Driller ☒ Yes ☐ No

ESTIMATED WELL YIELD
Estimated at 5 G.P.M
Static Water Level 60 (ft)
*Pumping level below land surface ___ (ft) after ___ hrs. at ___ G.P.M. (Estimated)
*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION
Casing height above grade 1 (ft)
Type Of Well Cap Installed: Rayer Bug Proof

VARIANCE ISSUED ☐ Yes ☒ No
Request Number ___

COMMENTS BY INSTALLER:

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name Miller Enterprises LLC WV Contractor No. WW-0044126
Business Registration No. 2000-2018 Master Well Driller Certification No. 602
Master Well Driller (print) Brian Allred
Master Well Driller Signature [signature]

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)

Journeyman Well Driller Certification No. ___
Journeyman Well Driller (please print) ___
Apprentice and Name (s) ___