

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

Permit No.: ST-14-04-171

Tax Map: 8 Parcel #: 0239

County Road: _____

County: WYOMING

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Name of Owner: Michael & Michelle Kidwell Installer: TRAVIS Kidwell
Address: NC 60 BOX 113-F POINTS WV 25432
Property Location: Potomac Highland Farms Lot #25
Type of Facility: 10-35 Facility is: New (☒) Existing () Lot Size: 4.7 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: Valia
Distance (in feet) of Tank to: Dwelling: _____ Private () /Public () Water Source: 65 Property Line: 10'

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: 60 68 52
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INF-4, No. of Units: 45
Approved and Adequate Materials Used? Yes (☒) No () Size Equates to 900 Square Feet of Standard Gravel Field.
Distance (in feet) of System to: Dwelling: 85 Private (☒) /Public () Water Source: 108 Property Line: 10'
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.

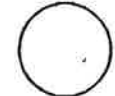
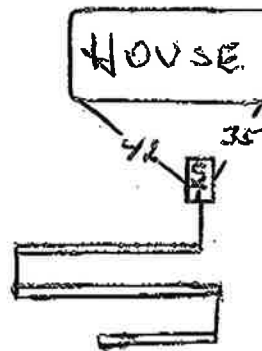
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a does meet system since inadequate information is known.

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:

NOT TO SCALE

well



Draw Arrow toward North

Visit Date(s) 12-1-03

Final Inspection Date: 10-1-04

Sanitarian: J. K. [Signature]

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

Hampshire

SW258

OCT 26 2004

Co. Health

WELL COMPLETION REPORT

Date(s) 9-02-2004 County Hampshire Permit #: DW-14-04-130
 Town: Levels Area Name/Location Potomac Highlands Farm Lot 25
 Well Owner: Mike Kidwell Address: HC 60 Box 113-1F
 Telephone Number: 442-5760 Points, WV 25437
 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:
0-17	Brown shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
17-20	Red shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
20-33	Red sandstone	Well Depth: <u>400'</u> Date Completed: <u>9-02-2004</u>
33-60	Red shale	CASING: Length <u>70</u> Feet Height above ground <u>1</u> Feet
60-70	Light Blue sandstone	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
70-400'	Layers of Red + Light Blue sandstone	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)	<u>150</u>		
Pumping Rate (GPM)	<u>3 1/2</u>		
Pumping Level (Ft. Below Grade)	<u>398</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>3</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 = 230' 3 1/2 Gpm

Name Chris Wolford Certification No. 574
 Registered Business Name B.W. Smith Well Drilling
 Signed Chris Wolford Date 9-02-2004