

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

Permit # **ST-14-07-169A**

Name of Owner: John & Ellen Gordon Installer: A & E Construction
Address: 3200 Hyde Park Ct, Adamstown, MD 21710
Property Location: Bluffs on the Potomac 9 Lot Size: 20 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 750 gal
Distances (in feet) of Tank to: Dwelling 39'
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 () or Bed ()
Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed ()
Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed (X) Other: LPP

No. of Lines: 5 Length (in feet) of Each: 60'
Width of Trenches: 12 inches Depth to Bottom of Field: 12 inches
If Bed, Dimensions (in feet): If Chamber System, Name: , No. of Units:
Approved and Adequate Materials Used? Yes (X) No () Size Equates to 1500 sq ft of SGF
Distance (in feet) of System to: Dwelling 90' Private (X) Public ()
Water Source: >100' Property Line: 25'

Remarks: _____

GPS: N W

An inspection indicates that
The sewage disposal system
Described above

DOES MEET X

DOES NOT MEET ☐ or

CANNOT BE DETERMINED TO

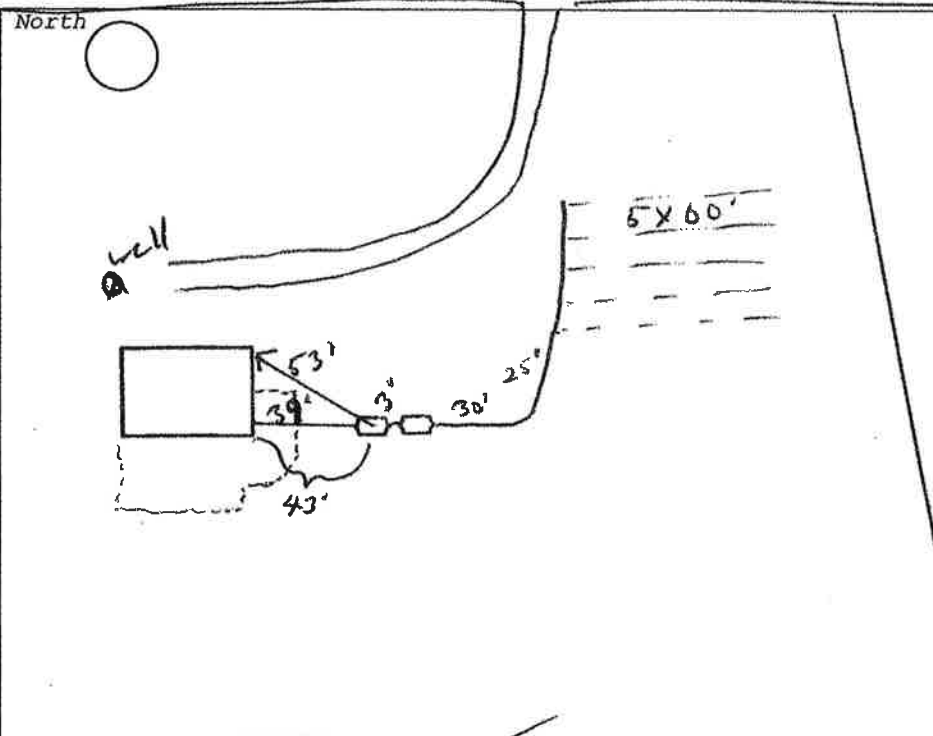
MEET ☐ the minimum standards

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: 12/13/2007

SANITARIAN: *[Signature]*

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

SW258
10/01

Rev
5-4-07

WELL COMPLETION REPORT

Date(s) 4-16-2007 County Hampshire Permit #: DW-14-07-140
Town: Springfield Area Name/Location: Bluffs of the Potomac sub. Lot #9
Well Owner: JOHN + ELLEN Gordon Address: 3200 HYDE PK. CT.
Telephone Number: 301-874-0812 ADAMSTOWN, MD 21710
Well Driller: B.W. SMITH WELL DRILLING 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: |
|---------------|--|---|
| 0-4' | Clay + shale | Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u> |
| 4-60' | Brown shale (soft) | Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u> |
| 60-110' | Gray + Brown shale | Well Depth: <u>600'</u> Date Completed: <u>4-16-2007</u> |
| 110-152' | Gray shale | CASING: Length <u>120'</u> Feet Height above ground <u>1</u> Feet |
| 152-160' | Brown + Gray shale | <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron |
| 160-600' | Layers of Gray + Dark Gray shale | Other <u>DRIVE SHOE</u> Type _____ |
| | | SCREEN |
| | | <input checked="" type="checkbox"/> 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>174</u> | | |
| Pumping Rate (GPM) | <u>3 1/4</u> | | |
| Pumping Level (Ft. Below Grade) | <u>598</u> | | |
| Duration of Test (In Hours) | <u>2</u> | | |
| Recovery Time to Static Level (In Hours) | <u>16</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 = Around 200' 3/4 GPM

Well was fracked after
initial drilling and now
produces much more water

Chris Welford 574
Name B.W. Smith Well Drilling Certification No. _____
Registered Business Name Chris Welford Date 4-16-2007
Signed _____