WV STATE DEPARTMENT OF HEALTH Office of Environmental Health Services

SW258

		11.979	Office	of Environmental Health Services
284		EN	IVIRO	of Environmental Health Services NMENTAL ENGINEERING DIVISION WELL COMPLETION REPORT
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(1 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 A 1 A	20.0	V210 - 60	WELL COMPLETION REPORT
Date(s) 10-6	7-3-4-5-89	Coumbi	HAV	MPSHIRE Permit #: DW-14-09-90-75
Town: CAPO	N Brader	County _	na/l·oo	cation CARON BRIDGE SUB. LOT#10 Sec. Ho
Well Owner: ${\cal H}$	ARRY CAIE	S Creation	ne/ Loc	Address: Box 289
Telephone Numb	er 304-85	6-251	6	HEGHMAN W.VA 26808
Well Driller: 🏂	ANDAL Co.	More	٤	Address: P#1 Box 186
Telephone Numb	er: 304-738	-3266		Ridgeles W. Va. 26753
WELL LOG	ž.	Notes to est	es 11	Assistant and the second secon
DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AN	in is water o	EARING	
0-13	YELLOW SAN	The second of the	401411111	1 70 1
13'	WHETE SANGE	NE RON	Carl.	
20'	WHETE SANDS	224		Cesnig C.D.
	COMENTY SOT	The second second	See part	Date Completed:
315	REN SANGT	IN	XID/G	CASING: Length Feet Height above ground Feet
322'	WHITE SANGE			Last Iron
340	PLUE SANDS	INDECT WE	KZ NA"	Type
522'	BLUE SANDS	BNE CHA	er K	WALLEY
621	BLUE SANDS	OWE (W)	TERM	None Installed
665	BUE Suids	TONE CON	50177	pe Diameter
200	STORES DED	THE		Slot/Gauge Length
				Set Between Ft. and
UMPING OR BAI	LING TEST			WELL HEAD
D	ETAILS	#1 #2	#3	Pitless Adapter: Type, Make, Ekc
Static Water Leve	al (Ft. Below Grade)	490		Well Cap: Type, Make, Etc. Koyea, Coucht Typs
Pumping Rate (G	iPM)	5	in the	Well Seal: Type, Make, Etc.
Pumping Level (Ft Below Grade) 655			Well Platform: 10 be PUSTALLED by OWNER	
Duration of Test (In Hours)				Length Thickness
Recovery Time to	Static Level (In Hours) 4		Grouting: Yes No All Public Water Supplies must be grouted.
ereby certify that	this wall was delibed	t anatomic and a	10 100	
true to the best o	it my knowledge and be	elief.	widel III	my supervision, in compliance with all requirements of the referenced permit, and that this recor
7	15.15	36	200	MARINE 432
الأجو				Certification No.

SS#17	T 94	000	
Rev	44	1-	71

SEPTIC TANK INSPECTION FORM

Health Department Installation Permit No. 190-104
Name of Owner Have W. Dots Steve Diane Nace
Address 3-92
Property Address 10 Cabin atapm Bridge 20 Rd
DESCRIPTION & NUMBER OF UNITS SERVED
Type Facility Served No. Water Closets
Lot Size sq. ft. Area suitable for sewage disposal installation sq.ft
Source of Water Supply No. Lavatories
No. Bedrooms No. Showers or Tubs No. Baths
No. Garbage Grinders No. Automatic Washers
Material SEPTIC TANK x Width x Depth = cubic feet
Liquid Depth ft. Liquid Capacity gal.
Distance to: Dwelling Water Supply 85 Nearest Property Line 100
SOIL ABSORPTION SYSTEM
Type Drain Line Material
Trench Depth / Inches Total Absorption area in Trench Bottom 199 sq. ft.
Diameter of Drain Line Thiches Type Filter Media
No. of Drain Lines Depth Filter Media Under Drain Line Tinches
Length of Each Line / , m, ft. Depth Filter Media Over Drain Line in
Distance of Disposal Field to: (a) Dwelling
(b) Water Supply (c) Nearest Property Line (5)
An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.
Date Sanitarian
CVETTOU OF CVCTEM TO BE DEBUT ON BROW

SKETCH OF SYSTEM TO BE DRAWN ON BACK

Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.

Steve & Dione Jace

David Duby

Paw	Bloomery Pike Paw, WV 25434 DATE 4- ORDER NO.	DATE 4-13-19 ORDER NO.			
DRESS	Steve NACE				
Y, STATE, ZIP	CASH C.O.D. PAID OUT				
	CHARGE MERCHANDISE RETURNED	8 9			
QUANTITY	DESCRIPTION	PRICE	AMOUNT		
	Pump Septic		2680		
	JUL .				
	THE	1113	1500		
	TOTAL		265.00		

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL.