

INSPECTION TO BE  
PRINTED OR TYPED

## STATE OF WEST VIRGINIA

Hampshire Co HEALTH DEPARTMENTON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORMPermit No.: ST-14-06-253A

Tax Map: \_\_\_\_\_ Parcel #: \_\_\_\_\_

County Road: Foxes Hollow

County: \_\_\_\_\_

Name of Owner: Carlos Ortega Installer: Dave AdamsAddress: 13206 Penneview Lane Fairfax, VA 22033Property Location: Foxes Hollow Rd Hidden Hollows S/D Lot 6Type of Facility: SFD Facility is: New (X) Existing ( ) Lot Size: 26 Sq. Ft. (Acres)Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: wellPump Tank 750 gallon

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast conc Manufacturer: \_\_\_\_\_Distances (in feet) of Tank to: Dwelling: 23 Private (X)/Public ( ) Water Source: 750 Property Line: 710

## 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 (X) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( )

Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: \_\_\_\_\_

No. of Lines: 5 Length (in feet) of Each: 60Width of Trenches: 12 inches/feet Depth to Bottom of Field: 12-24 inches

If Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.Distances (in feet) of System to: Dwelling: \_\_\_\_\_ Private (X)/Public ( ) Water Source: 7100 Property Line: 710

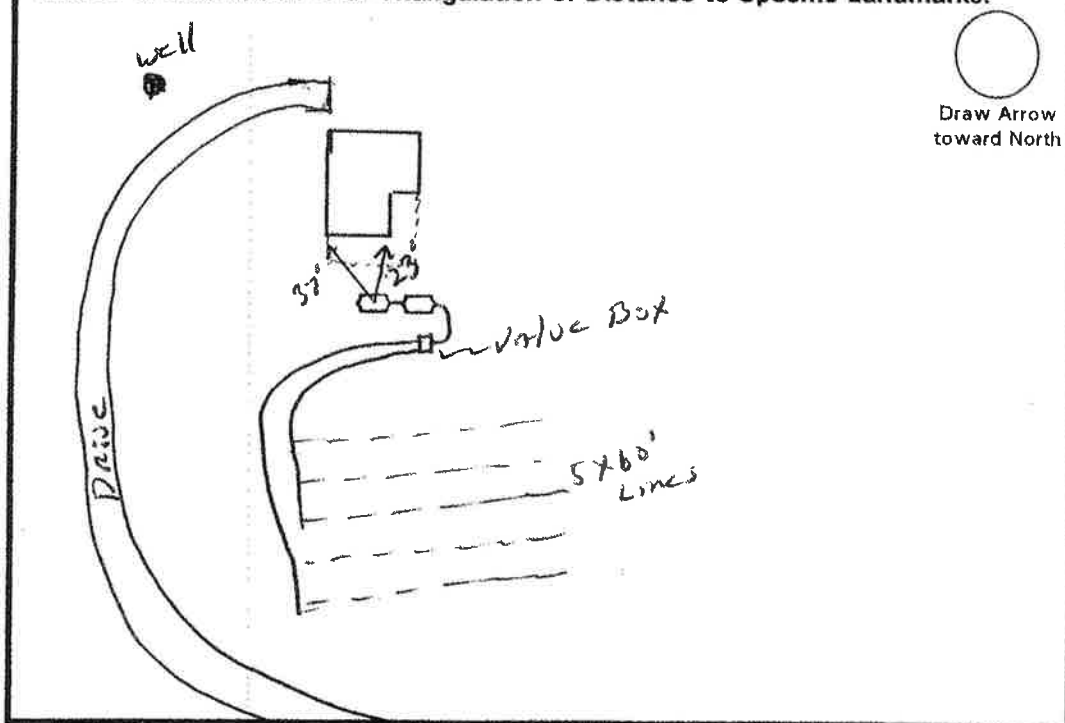
Remarks: \_\_\_\_\_

An inspection indicates that the sewage disposal system described above  
**DOES MEET (X),**  
**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:



Visit Date(s): \_\_\_\_\_

Final Inspection Date: 1/11/07Sanitarian: [Signature]

**WV STATE DEPARTMENT OF HEALTH**  
Office of Environmental Health Services  
**ENVIRONMENTAL ENGINEERING DIVISION**

SW258

*Rec  
8-15-06*

**WELL COMPLETION REPORT**

Date(s) 7-12-2006 County Hampshire Permit #: DW-14-06-R3  
Town: Romney Area Name/Location Fox's Hollow Rd. Hidden Hollows sub. Lot 6  
Well Owner: CARLOS Ortega Address: 13206 PENERVIEW LN  
Telephone Number: 703-449-1726 FAIRFAX, VA 22033  
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:
0-2	Brown shale + Clay	Type of Well: <u>D/W</u> Drilling Method: <u>Air Rotary</u>
2-58	Brown shale	Well Diameter: <u>6"</u> Casing O.D.: <u>6 5/8"</u>
58-600'	Gray shale	Well Depth: <u>600'</u> Date Completed: <u>7-12-2006</u>
		CASING: Length <u>80'</u> Feet Height above ground <u>1</u> Feet
		<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		<b>SCREEN</b>
		<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>86</u>		
Pumping Rate (GPM)	<u>Trace</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>75</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.

H<sub>2</sub>O = Between 100' - 200'  
Trace • GPM

Chris Wolford 574  
Name B.W. Smith Well Drilling Certification No.  
Registered Business Name Chris Wolford  
Signed \_\_\_\_\_ Date 7-12-2006