SS-177
Revised 1-71

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-91-604

Name of Owner Patten Corp.

Address

Property Address Crossings Lot #164

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served new home No. Water Closets —

Lot Size 3.79 ~~sq. ft.~~ acres Area suitable for sewage disposal installation — sq.ft.

Source of Water Supply well No. Lavatories —

No. Bedrooms 2 No. Showers or Tubs — No. Baths —

No. Garbage Grinders — No. Automatic Washers —

SEPTIC TANK

Material concrete Length — x Width — x Depth — = — cubic feet

Liquid Depth — ft. Liquid Capacity 1000 and 750 gal.

Distance to: Dwelling 15 Water Supply 100 Nearest Property Line 100

SOIL ABSORPTION SYSTEM

Type Drain Line Material gravelless Trench Width 24 Inches

Trench Depth 24 Inches Total Absorption area in Trench Bottom 600 sq. ft.

Diameter of Drain Line 10 Inches Type Filter Media —

No. of Drain Lines 2 Depth Filter Media Under Drain Line — Inches

Length of Each Line 100, 100, —, — ft. Depth Filter Media Over Drain Line — in.

Distance of Disposal Field to: (a) Dwelling 100

(b) Water Supply 100 (c) Nearest Property Line 40

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

SKETCH OF SYSTEM TO BE DRAWN ON BACK

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

WEST VIRGINIA
SEPTIC TANK SPECIFICATION FORM

HAMPSHIRE COUNTY HEALTH DEPARTMENT INSTALLATION PERMIT NO. _____

NAME OF OWNER _____

ADDRESS _____

PROPERTY ADDRESS The Crossings Lot # 164

DESCRIPTION & NUMBER OF UNITS SERVED

TYPE FACILITY SERVED New Home LOT SIZE _____ ACRES/SQ.FT.

SOURCE OF WATER SUPPLY Well NO. BEDROOMS 2

NO. GARBAGE GRINDERS _____ NO. AUTOMATIC WASHERS _____

SEPTIC TANK

MATERIAL Concrete LIQUID CAPACITY 1000 and 750 GALLONS

DISTANCE TO: DWELLING 15 WATER SUPPLY 100 NEAREST PROPERTY LINE 100

SOIL ABSORPTION SYSTEM

TYPE DRAIN LINE MATERIAL plastic DIAMETER OF DRAIN LINE 10 INCHES

TRENCH WIDTH 24 INCHES TRENCH DEPTH 24 INCHES

NO. OF DRAIN LINES 2 LENGTH OF EACH LINE 100, 100, ____, ____, ____, FT.

TOTAL ABSORPTION AREA IN TRENCH BOTTOM 600 SQ.FT.

TYPE FILTER MEDIA N/A TONAGE N/A

DEPTH FILTER MEDIA UNDER DRAIN LINE N/A INCHES

DEPTH FILTER MEDIA OVER DRAIN LINE N/A INCHES

DISTANCE OF DISPOSAL FIELD TO: (A) DWELLING 100

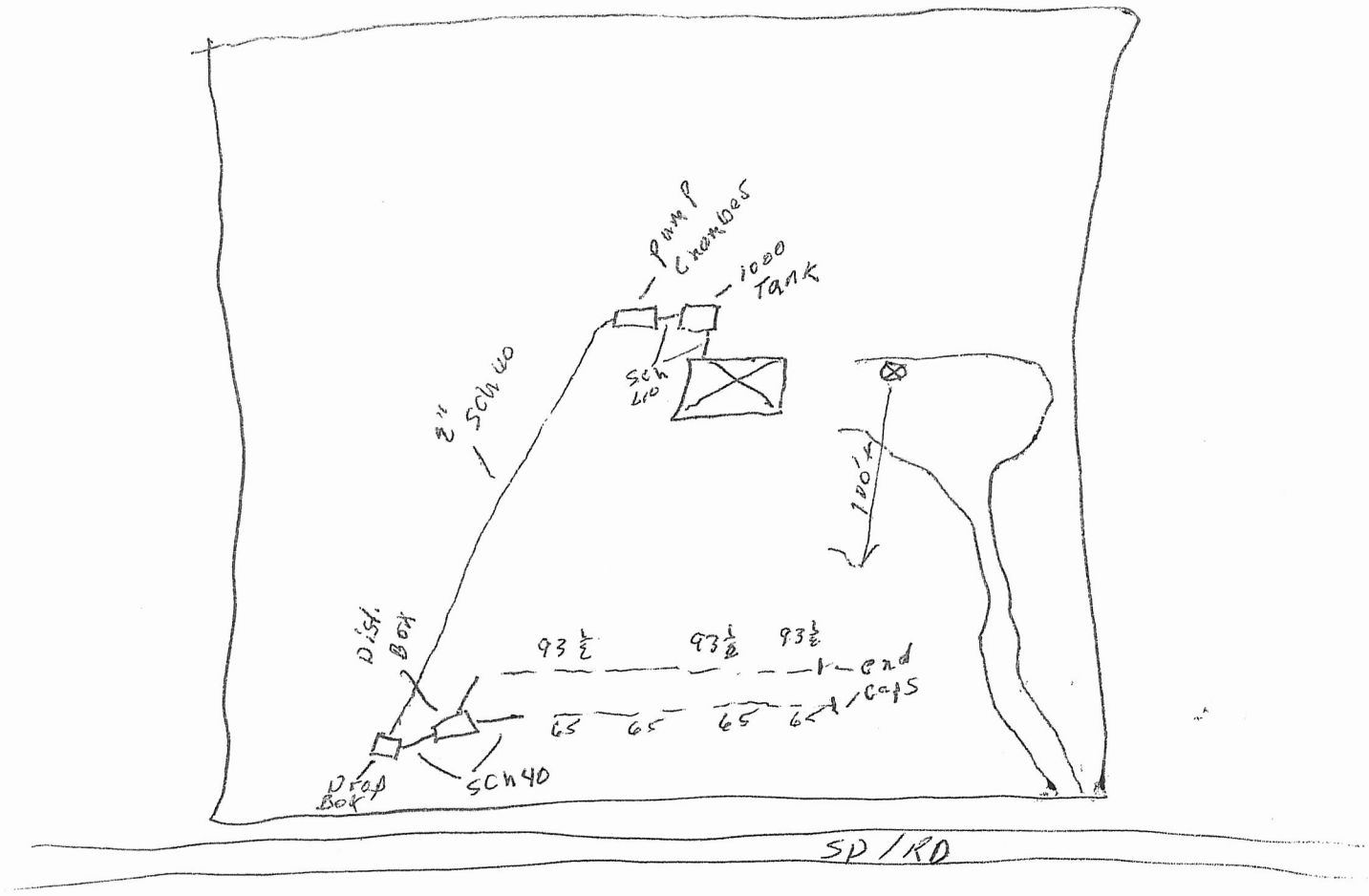
(B) WATER SUPPLY 100 (C) NEAREST PROPERTY LINE 410

7-12-93
DATE

Steven C Pearmeller
INSTALLER (SIGNATURE)

54-89-0241
CERTIFICATION NUMBER

SKETCH OF SYSTEM TO BE DRAWN ON BACK
(PLEASE NOTE TRANSIT READINGS)


pump Chamber
1000 Tank
Sch 40
2" Sch 40
100'
Dist. Box
93½
93½
93½
end
caps
65
65
65
64
Drop Box
Sch 40
SP/RD

4-19-93

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

SW258

WELL COMPLETION REPORT

Date(s) 2-4-93 2-4-94 County Hampshire Permit #: DW-14-02-93-191

Town: Pin Oak Area Name/Location Crossings Lot #164

Well Owner: J. Thomas Stocker Address: 6604 Landin Lane

Telephone Number: 301-229-0991 Bethesda Md. 20817

Well Driller: Paul Hofe Address: RR6 Box 214

Telephone Number: 754 3961 Mtbg. W.V. 25401

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0 - 10	yellow shale
10 - 35	Brown shale
35 - 42	Red shale
42 - 52	Brown shale
52 - 320	Black shale

REMARKS:

Type of Well: Residential Drilling Method: Air Rev.

Well Diameter: 6 1/8 Casing O.D.: 6 5/8

Well Depth: 320 Date Completed: 4-8-93

CASING: Length 60 Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

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)	50		
Pumping Rate (GPM)	4		
Pumping Level (Ft Below Grade)	310		
Duration of Test (In Hours)	.5		
Recovery Time to Static Level (In Hours)	1.5		

WELL HEAD

Pitless Adapter: Type, Make, Etc. N/A

Well Cap: Type, Make, Etc. Royer w/conduit

Well Seal: Type, Make, Etc. N/A

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.

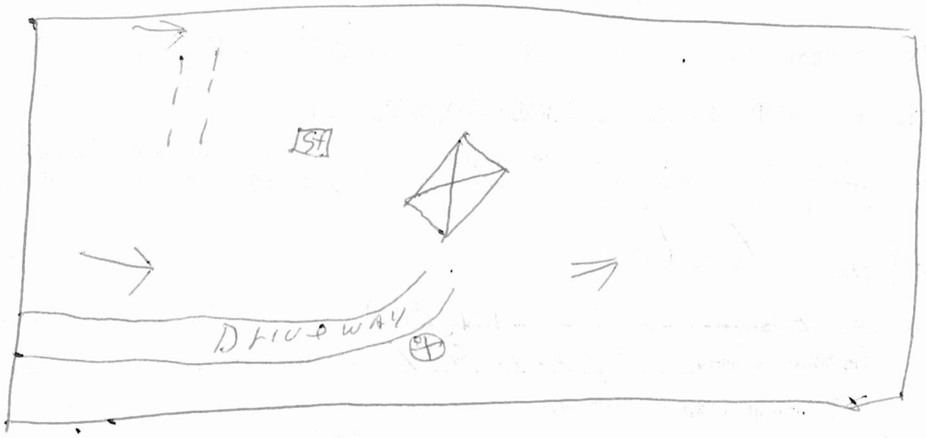
Paul Hofe — Name — 017 — Certification No.

Hofes Well Drlg. — Registered Business Name

Paul J. Hofe — Signed — 4-14-93 — Date

Please draw a sketch of the property showing existing or proposed well location, location of structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

House	Water Supply	Percolation Test Site
Soil Absorption Line	Dir. of Ground Slope	Property Line
Trees	Septic Tank	Mobilehome



LOTS 2 ACRES & UNDER: ATTACH COPY OF PLAT WITH DESIGNATED 10,000 SQUARE FOOT SEPTIC AREA MARKED BY SURVEYOR

* *

PART III
SEWAGE DISPOSAL SYSTEM INFORMATION

[ ] Install [ ] Modify

____Septic Tank ____Absorption Field ____Holding Tank ____Pit Privy ____Vault Privy

____Chemical/Composting Toilet ____Alternate System (attach detailed plans)

Other____

DESCRIPTION OF PROPOSED SYSTEM:

Septic Tank: Capacity____________ Material____________ Nearest Prop.Line____________

Absorption Field: ____________Sq.ft. with ____________lines and ____________long

Pipe ASTM No. ____________ Nearest Property Line____________

Type of Water Supply:____________ Area Suitable for Absorption Field:____________ Sq.ft.

Six-foot hole free of water or solid rock? ____Yes ____No

PERCOLATION TEST:

TEST HOLE: ___#1___ ___#2___ ___#3___ ___#4___

______minutes ______minutes ______minutes ______minutes

Total minutes ________, divided by 24 = ____________average time for water to fall one inch.

Test done on ____________ using approved procedures outlined in the Design Standards.
(date)

Signed:____________________________

____
Signature of Installer

____________ ____________
Certification No. Date

SEPTIC SYSTEM PERMIT RECEIPT NO.____________

DATE RECEIVED____________

RECEIVED FROM____________

INSTALLER'S ADDRESS:

____