

SS-183
Rev 8/04
Side A

West Virginia Department of Health & Human Resources
Mineral County Health Department

Permit No.: ST-029 -16-033
Tax Map 26, Parcel #: 29.4
County Road: _____
Coordinates: N _____ W _____

PERMIT
ON-SITE SEWAGE DISPOSAL SYSTEM

Owner: Ted Corbin Certified Installer: R.J. Staggs
Address: 51 Hansbury Court Address: 92 Old Market Rd
Inwood, WV 25428 Burlington, WV 26710

You are hereby issued a permit to: ☒ install, or ☐ modify an on-site sewage disposal system located:
Beaver Run Rd to Tony Cook Rd. Approx. 1 mile back on Right.

Facility: Residence Design Flow: 3 RR Lot Size: 10 Sq. Ft./Acres Water Source: well

Based upon review of the information on your submitted application, dated 3-6-16, and the proper installation of the herein described system, the system shall be in compliance with applicable West Virginia Sewage System Rules and Design Standards.

The sewage system shall consist of a:

- ☒ Septic tank - Capacity: 1000 gallons or more. Constructed of: Concrete
☒ Soil disposal system with a minimum equivalency of 900 square feet of conventional gravel trench area.
Depth to the bottom of the trench or bed installation shall be 28" inches from original ground surface.
☒ Gravel system: Lengths of lines: 100, 100, 100 feet. Width: 36" inches.
☒ Chamber system: Number of units: _____. Lengths of lines: 60, 60, 60 units.
Manufacturer of chamber: _____
☐ Bed system: ☐ Gravel ☐ Chamber Length: _____ feet. Width _____ feet.
☒ Other: Suggest installing with D-Box on level pad and speed
levelers.

This permit is non-transferable and automatically expires 12 months after issue date.

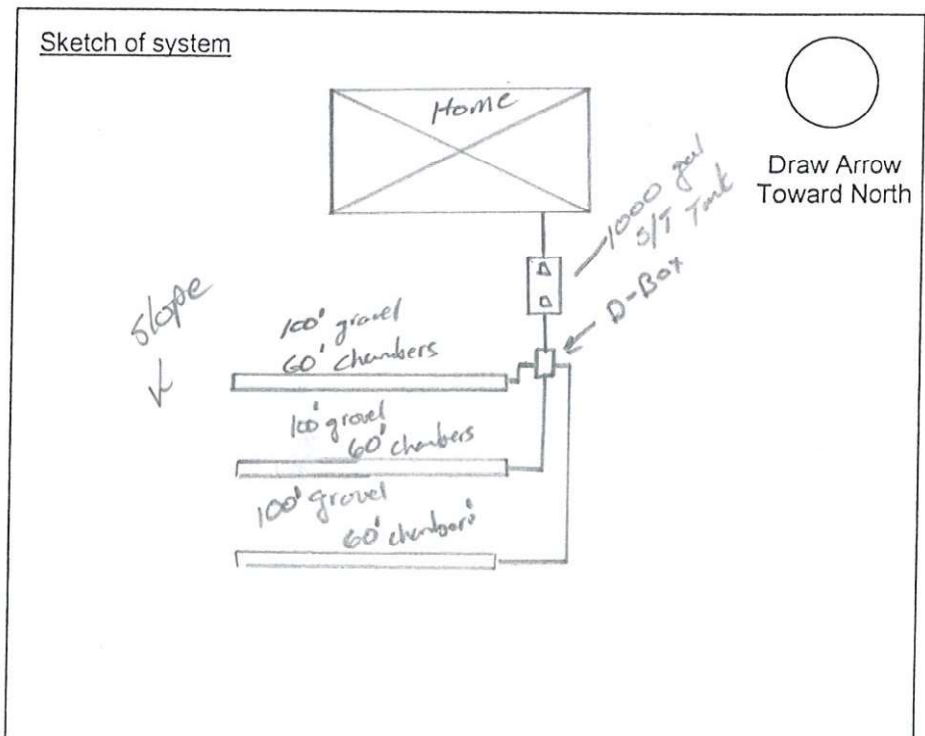
This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department 48 hours or more prior to planned inspection time.
County Office / Phone Number:
304-788-1321

Additional Specifications
on Reverse.

Sketch of system



Issue Date: 3-8-16

Health Officer or Sanitarian: John E. Helgeson

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT

Name of Owner: Ted Corbin Installer: R.J. Stuggs
Address: 51 Hamsbury Court Fairwood WV 25428
Property Location: Beaver Run to Tony Cook Rd, Approx 1 mile back on Right.
Type of Facility: Residence Facility is: New ☒ Existing ☐ Lot Size (ft²/acres): 1.0
Design Loading in gpd/No. Bedrooms: 3 BRs Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Stuggs
Distance (ft) of System to: Dwelling: 24 Private ☒ Public ☐ Water Source: 69 Property Line: 100+

ON-SITE DISPOSAL SYSTEM

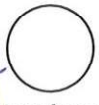
Class I System: Standard Soil Absorption Trenches ☒ or Bed ☐ Gravelless Pipe ☐ Diameter: _____ Inches
Chamber Soil Absorption Trenches ☐ or Bed ☐
Class II System: Pumped/Dosed Soil Absorption Trenches ☐ or Bed ☐ Evapotranspiration Trenches ☐ or Bed ☐
Shallow Soil Absorption Trenches ☐ or Bed ☐ Other: _____
No. of Lines: 3 Length (in feet) of Each: 100, 100, 100, _____, _____, _____, _____
Width of Trenches: 36" inches/feet. Depth to Bottom of Field: 30" inches.
If Bed, Dimensions: _____ feet. If Chamber System, Name: _____, No. of Units: _____
Approved & Adequate Materials Used? Yes ☒ No ☐ Size Equates to: 900 Sq. Ft. of Standard Field
Distance (ft) of System to: Dwelling: 84 Private ☒ Public ☐ Water Source: 196 Property Line: 100+
Remarks: Elev = 936' N = 39° 22' 017" / W = 78° 50' 36.00"
Cross-over design.

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 for 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.

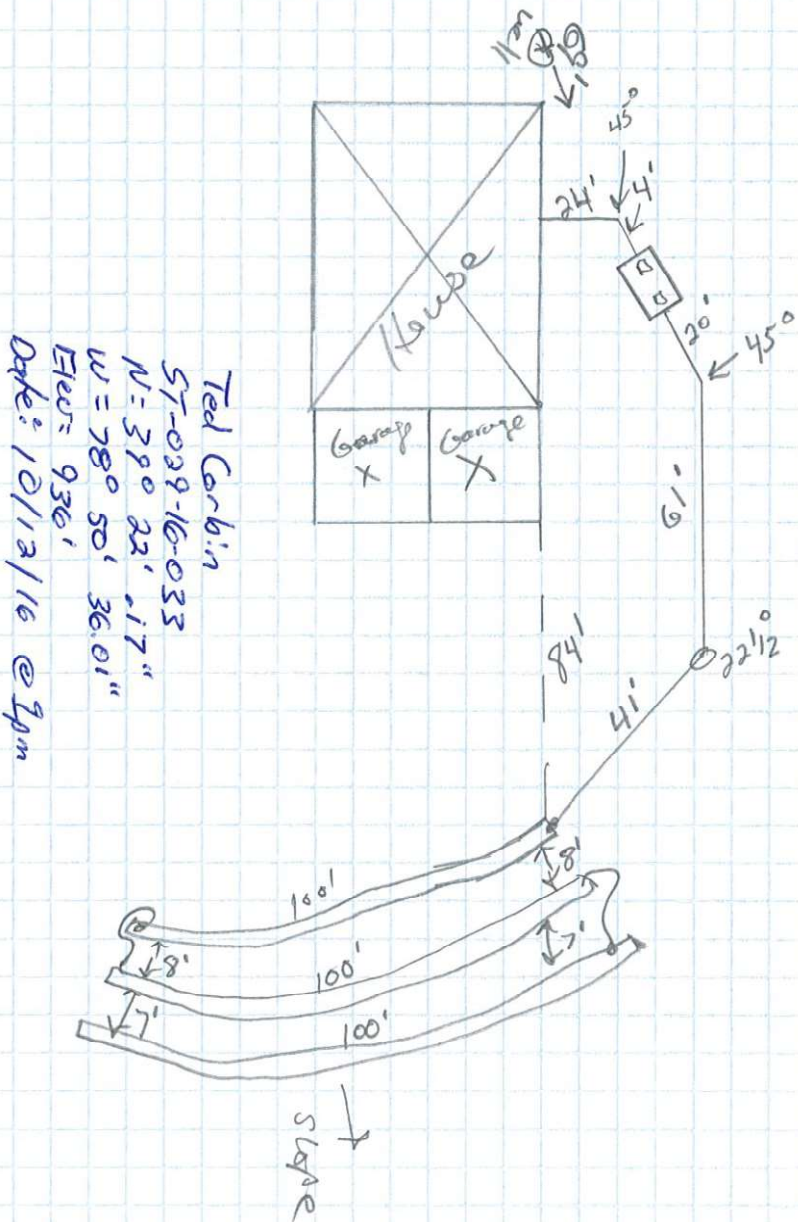
Sketch of Installation with Triangulation or Distance to Specific Landmarks:

See attached drawing 
Draw Arrow toward North

Visit Date(s): 10/12/16
Final Inspection Date: 10/12/16

Sanitarian: [Signature]

Tony Code Rd to Beaver Run →



Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>03 11 16</u> PERMIT NO. DW- <u>029-16-020</u>	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
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LOCATION OF WELL

Well Owner: Last Name <u>Corbin</u>	First Name <u>Theodore</u>	Zip Code _____
Street/Road <u>Tony Cook Rd.</u>	County <u>Mineral</u>	

Latitude: _____ Deg _____ Min _____ Sec
 Longitude: _____ Deg _____ Min _____ Sec
 Acquired By: ☐ GPS ☐ Topo ☐ Other

AREA NAME/LOCATION:
Tony Cook Rd.
TYPE OF WELL:

☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other _____

WELL LOG

Depth		State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
From (ft.)	To (ft.)	
0	1	dirt + roots
1	11	Brown shale
11	47	Dark Brown shale
47	275	Light Blue shale
275	500	Gray + Blue shale

If additional space is needed, use additional sheets and attach w/permit # at top.

DRILLING METHOD

☐ Cable Tool ☐ Rotary
☒ Rotary Hammer ☐ Other

Hole Diameter 6 (in)

Total depth 500 (ft)

CASINGS RECORD
MAIN CASING TYPE

☒ Steel ☐ Plastic DRIVE SHOE
☐ Other _____

Casing Diameter 6 5/8 (in)

Wall Thickness .188 (in)

Casing Length 80 (ft)

Other Casing or Liner Used

Type ☐ Steel ☐ Plastic
☐ Other _____

Casing/Liner Diameter _____ (in)

Length _____ (ft) from _____ (ft) to _____ (ft)

SCREEN RECORD

☒ Not Installed ☐ Installed

Material: ☐ Bronze ☐ Plastic

Diameter of screen _____ (in)

Slot size _____

Length _____ (ft) from _____ (ft) to _____ (ft)

GRAVEL PACK RECORD

Gravel Pack: ☐ Yes ☒ No

From _____ (ft) to _____ (ft)

GROUTING RECORD

Grouting Material:

☐ Cement ☒ Bentonite Clay
 Other _____

No. of Bags: 4

Installation Method:

PUMPED

PUMP INSTALLED

By Driller ☐ Yes ☒ No

ESTIMATED WELL YIELD

Estimated at 42 G.P.M. Hour

Static Water Level 165 (ft)

*Pumping level below land surface 498 (ft) after 1/2 hrs. at

42 G.P.M. (Estimated) Hour

*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION

Casing height above grade 1 (ft)

Type Of Well Cap

Installed: Harvard

VARIANCE ISSUED ☐ Yes ☐ No

Request Number _____

COMMENTS BY INSTALLER:

42 GALLONS per Hour

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name B.W. Smith Well Drilling WV Contractor No. 038405
 Business Registration No. _____ Master Well Driller Certification No. 574
 Master Well Driller (print) Chris Welford
 Master Well Driller Signature Chris Welford

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)

Journeyman Well Driller Certification No. _____

Journeyman Well Driller (please print) _____

Apprentice and Name (s) _____

REC 4-02-16

SW-257
Rev. 8/01

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES



PERMIT



Owner Theodore R. Corbin and Driller B.W. Smith Well Drilling

are hereby issued a permit to _____ construct _____ a well located
(Construct, Modify, or Abandon)

at Tony Cook Road, 1 mile from Middle Ridge Road on left side

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date issued: March 7, 2016 Denny Taketa R.S.
Issuing Officer Title

Expires: March 7, 2017

Permit No.: DW-029-16-020 Mineral
County Health Department

This permit is not transferable and any change of information submitted in application dated
will automatically render this permit invalid

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

SW-257
Rev. 8/01

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES



PERMIT



Owner _____ and Driller _____

are hereby issued a permit to _____ a well located
(Construct, Modify, or Abandon)

at _____

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date issued: _____
Issuing Officer Title

Expires: _____

Permit No.: _____
County Health Department

This permit is not transferable and any change of information submitted in application dated
will automatically render this permit invalid

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