



Lat: N: 39 17 4

Hampshire County Health Department

Tax District Name: Sherman

Long: W 78 43 56

**ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION REPORT**

Map # 38 Parcel # 96

Name of Owner: Philip Earp

Installer: Kelly Plum

Owner Address: 2194 Cox Rd, MD 21054

Property Location: Lost Mountain SD

Subdivision: Lost Mountain SD

Lot number: Lot 92

Type of Facility: Residence

Facility is: New ☒ Existing ☐

Lot Size (ft<sup>2</sup>/acres): 4.2 acres

Design Loading: Bedrooms: 3 or GPD: \_\_\_\_\_ Water Supply: Existing: ☐ Proposed ☒ Type: well

**System requires a perpetual maintenance program as per 64CSR9.7.2: Yes ☐ No ☒**

**SEWAGE TANK COMPONENTS**

| SEPTIC TANK                              | Septic Tank 1:  | Septic Tank 2: | Pump Chamber: | SEPTIC TANK                | Septic Tank 1:                         | Septic Tank 2: | Pump Chamber: |
|--|-----------------|----------------|---------------|----------------------------|--|----------------|---------------|
| Capacity in Gallons:                     | <u>1000</u>     |                |               | Distance to dwelling:      | <u>21'</u>                             |                |               |
| Constructed of:                          | <u>Concrete</u> |                |               | Distance to water          | Line: _____<br>Source: <u>&gt;100'</u> |                |               |
| Manufacturer:                            | <u>Piles</u>    |                |               | Distance to property line: | <u>&gt;100'</u>                        |                |               |
| 4" inspection port, or riser to surface? | <u>port</u>     |                |               | Effluent filter?           | <u>no</u>                              |                |               |

**ABSORPTION FIELD**

Class I System: Chamber: ☒ Eljen ☐ Gravelless Pipe: ☐ Gravel Media Trenches ☐ Other: \_\_\_\_\_

Manufacturer: Infiltrator Square footage: Permitted 1350 ft<sup>2</sup> Installed 1350 ft<sup>2</sup>

Number of lines: 3 Trench width: 36 inches

Lengths of lines: 92' 92' 84' \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Inspection ports installed? Yes ☐ No ☒ Distribution box used? Yes ☒ No ☐ Outlets level? Yes ☒ No ☐

If chambers, length of each section: 4' Gravelless pipe diameter: \_\_\_\_\_

If bed configuration used, dimensions: \_\_\_\_\_ X \_\_\_\_\_ Maximum depth to bed bottom on upslope side: \_\_\_\_\_

Distance of absorption field to: Dwelling: >40', Water Supply: >100', Water Line: \_\_\_\_\_, Property Line: 30'

Average Depth: 24in Maximum depth: 26in













Class II System: Design type: \_\_\_\_\_

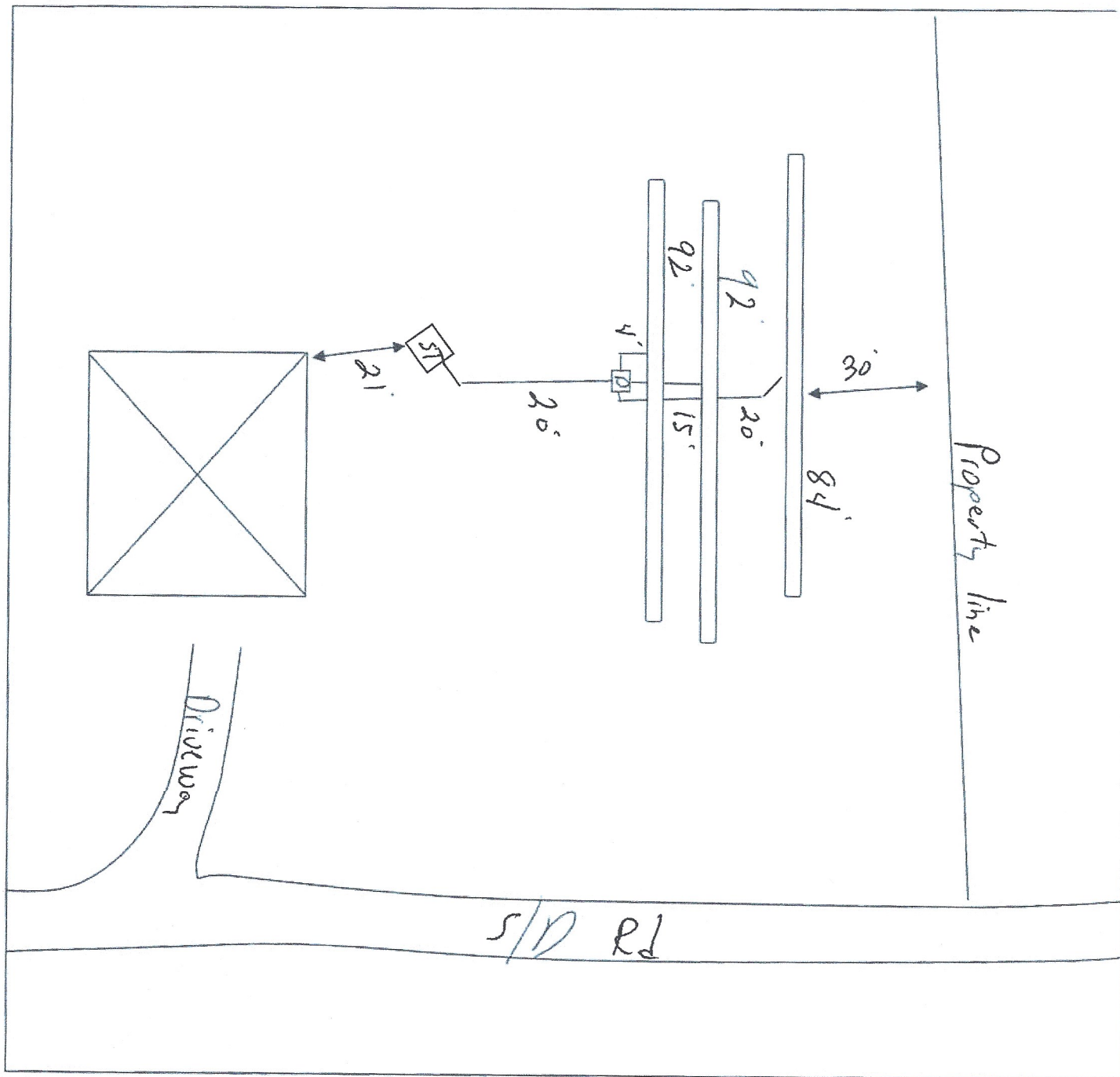
Remarks: \_\_\_\_\_

**System is installed as per the permitted design and layout. Yes ☒ No ☐**  
**Include sketch of installation on reverse.**

**Sketch of Installation with Triangulation or Distance to Specific Landmarks.  
Include reserve area boundaries.**

**LEGEND:**

|   |                       |   |                               |  |                      |   |             |
|---|-----------------------|---|-------------------------------|--|----------------------|---|-------------|
|  | House/Facility        |  | Property Line                 |   | Fence North          |  | Pump Tank   |
|  | Soil Absorption Line  |  | Single Wide Manufactured Home |  | Stream Flow          |  | Septic Tank |
|  | Existing Water Supply |  | Distribution Box              |  | Wooded Area Boundary |   |             |
|  | Proposed Water Supply |  | Drain Field Inspection Port   |  |                      |   |             |



System is: ☒ Approved ☐ System is NOT Approved:

COMMENTS:

Date of Final

5/11/2022

Sanitarian

8/9/2022

Date Final Issued



|  |  |   |   |
|--|--|---|---|
| Rev 2/11   | DATE THE WELL WAS COMPLETED<br>MM DD YY<br>10 14 21  | West Virginia Department of<br>•Health and Human Resources<br>BUREAU FOR PUBLIC HEALTH  | FORM SW-258<br>THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED   |
| ST/GO USE ONLY<br>DATE RECEIVED<br>MM DD YY  | PERMIT NO.<br>DW-14-21-073   | <b>WATER WELL COMPLETION REPORT</b>   | FILL IN THIS FORM COMPLETELY<br>PLEASE PRINT OR TYPE  |
| <b>LOCATION OF WELL</b><br>Well Owner: Last Name <u>Earp</u> First Name <u>PHILIP</u><br>Street/Road <u>TIMBROOK</u> County <u>HAMPSHIRE</u> Zip Code _____  |  |   |   |
| Latitude: _____ Deg _____ Min _____ Sec<br>Longitude: _____ Deg _____ Min _____ Sec<br>Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other  |  | <b>AREA NAME/LOCATION:</b><br><u>LOST MOUNTAIN</u><br><u>S/D</u><br><u>LOT 92</u>   | <b>TYPE OF WELL:</b><br><input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply<br><input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial<br><input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory<br><input type="checkbox"/> Other |
| <b>WELL LOG</b>  |  | <b>DRILLING METHOD</b><br><input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary<br><input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other   | <b>GROUTING RECORD</b><br>Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay<br>Other _____<br>No. of Bags: <u>4</u><br>Installation Method: <u>PUMPED</u>   |
| Depth  | State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM). | Hole Diameter <u>6</u> (in)<br>Total depth <u>700</u> (ft)  | <b>PUMP INSTALLED</b><br>By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| From (ft.)   | To (ft.)   | <b>CASINGS RECORD</b><br>MAIN CASING TYPE<br><input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>DRIVE</u><br><input type="checkbox"/> Other <u>SHOE</u><br>Casing Diameter <u>6 5/8</u> (in)<br>Wall Thickness <u>.188</u> (in)<br>Casing Length <u>80</u> (ft)<br>Other Casing or Liner Used<br>Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic<br><input type="checkbox"/> Other<br>Casing/Liner Diameter _____ (in)<br>Length _____ (ft) from _____ (ft) to _____ (ft) | <b>ESTIMATED WELL YIELD</b><br>Estimated at <u>84</u> G.P.M. Hour<br>Static Water Level <u>210</u> (ft)<br>*Pumping level below land surface<br><u>698</u> (ft) after <u>1/2</u> hrs. at<br><u>84</u> G.P.M. (Estimated) Hour<br>*Note: For Public Water Supply wells please submit required yield and drawdown tests.  |
| 0  | 1  | TOP SOIL  | <b>WELL HEAD COMPLETION</b><br>Casing height above grade <u>1</u> (ft).<br>Type Of Well Cap<br>Installed: <u>Harvard</u>  |
| 1  | 15   | Red dirt / some shale   | <b>VARIANCE ISSUED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Request Number _____  |
| 15   | 41   | Red & Brown shale   | <b>COMMENTS BY INSTALLER:</b><br><u>84 Gallons per Hour</u>   |
| 41   | 700  | Mostly Red Sandstone<br>Red shale<br>Some Blue Sandstone<br><br>Around 400' water - Trickle<br><br>576' - water   |   |
| If additional space is needed, use additional sheets and attach w/permit # at top.   |  | <b>SCREEN RECORD</b><br><input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed<br>Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic<br>Diameter of screen _____ (in)<br>Slot size _____<br>Length _____ (ft) from _____ (ft) to _____ (ft)   |   |
| 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.                   |  | <b>GRAVEL PACK RECORD</b><br>Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>From _____ (ft) to _____ (ft)  |   |
| Company Name <u>BUSMITH WELL DRILLING</u> WV Contractor No. <u>038905</u><br>Business Registration No. <u>1005-5395</u> Master Well Driller Certification No. <u>574</u><br>Master Well Driller (print) <u>Chris Welford</u><br>Master Well Driller Signature <u>Chris Welford</u> |  |   |   |
| <b>SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)</b><br>Journeyman Well Driller Certification No. _____<br>Journeyman Well Driller (please print) _____<br>Apprentice and Name (s) _____                         |  |   |   |

COPIES - County Health Department (White and Yellow) Well Owner (Pink) Well Driller (Gold)