Hampshire County Health Department On-Site Sewage Disposal System Inspection Form

ST - 14 - 07 - 240Permit #

Name of Owner: Robert Meehan Installer: Travis Kidwell 8161 Arabia Rd, Lumber Bridge, NC 28357 Address: Property Location: Potomac Highland Farms Lot 44 Lot Size: 2.349AC Acres Type of Facility: Residence Facility is:
New x Existing Design Loading in gpd/# Bedrooms: 1 Source of Water: Ex Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Manufacturer: Pump Chamber gal Distances (in feet) of Tank to: Dwelling 14' Private x Public 🗆 Water Source: 80' Property Line: 50'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches()or Bed() Gravelless Pipe(), Diameter 1n. Chamber Soil Absorption Trenches(x) or Bed() Class II Systems: Pumped/Dosed Soil Absorption Trenches () or Bed () Evapotranspiration Trenches () or Bed () Shallow Soil Absorption Trenches () or Bed () Other:

No. of Lines: 4 Length (in feet) of Each: 24, 44, 54, 60 Width of Trenches: 36 inches/feet Depth to Bottom of Field: 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 sq ft of SGF Distance (in feet) of System to: Dwelling 25' Private (x) Public () Water Source: 105' Property Line: 12'

Remarks:

DOES MEET

GPS: N39 28 42.3 W78 34 54.3

North An inspection indicates that The sewage disposal system Described above DOES NOT MEET D or CANNOT BE DETERMINED TO quell 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 105 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 60 Water conservation and Maintaining an even usage of Water throughout the week. Visit Date(s): SANITARIAN: Smg Margh

FINAL INSPECTION DATE: 4/20/2007

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TRAVIS KIPWON'S ISUDDY
WV STATE DEPARTMENT OF HEALTH Office of Environmental Health Services ENVIRONMENTAL ENGINEERING DIVISION
WELL COMPLETION REPORT
Date(s) 3-26-07 County HAMPS//IFR Permit #: DW-14-07-170
TOWA: LEVELS Area Name/Location TOTOMAC TUHIAND FACMS Lot T
Well Owner: ROBERT J. MEEHRN Address: 8161'ARASIA RD.
Telephone Number: 910-878-0110 LUMBEE BRIDGE, NC 28357
Well Driller: B.N. SMITH WELL ORILLING Address: F.O. DOX 440
Telephone Number: 304-496-9977 SPRIAGFIELD, WU 36763
WELL LOG
DEPTH IN FEET FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING REMARKS: Drive Shoe
0-15 RED SHALE Type of Well: DOMESTIL Drilling Method: AIr D.T.H-
16-394 MARA REDSANROCK Well Diameter: 611 Casing O.D.: 65/80.0.
Well Depth: 440 Date Completed: 3-26-07
REATGONY SMALE CASING: Length 60 Feet Height above ground _ Feet
395 WATER Destin
296440 HARD SANDRock Other
Type
SCREEN
None Installed
Type Diameter
Siot/Gauge Length
Sith Gauge Length Set Between Ft. and
Set Between Ft. and rt.
PUMPING OR BAILING TEST WELL HEAD

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	230	S	Sec.
Pumping Rate (GPM)	10	19-19-19-19-19-19-19-19-19-19-19-19-19-1	0.111
Pumping Level (Ft Below Grade)	4.4	0	
Duration of Test (In Hours)	1	13	記録す
Recovery Time to Static Level (In Hours)	.4		

	oter: Type, Make, Etc	
Well Cap:	Type, Make, Etc.	fast a - a
Well Seal:	Type, Make, Etc.	
Well Platfor		
I an at a second	Width Th	ickness

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.

B. MARK SMITH 00/ Name B.G. SMITH WELL ORILLING Registered Business Name Stend A Date