

## STATE OF WEST VIRGINIA

INSPECTION TO BE  
PRINTED OR TYPED

Hamshire County HEALTH DEPARTMENT  
ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORM

Permit No.: ST-14-99-056

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

County: Hamshire

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

Name of Owner: John & Rebecca Corns Installer: Billy B. Hart  
Address: P.O. Box 447 Capon Bridge, WV 26711  
Property Location: Buffalo Ridge Lot 83  
Type of Facility: House Facility is: New ( ) Existing ( ☒ ) Lot Size: 2 ~~Sq Ft~~/Acres  
Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: well

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Tank Manufacturer: Tolin  
Distances (in feet) of Tank to: Dwelling: 10 ft Private ( ☒ )/Public ( ) Water Source: 125 Property Line: 50 ft

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

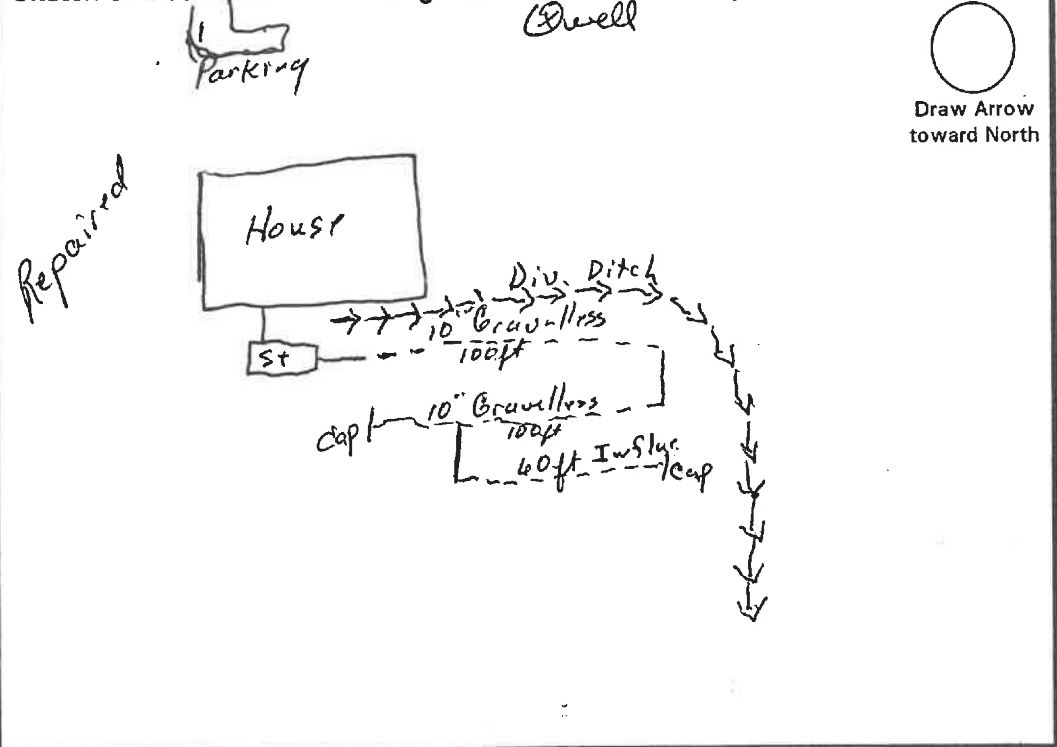
No. of Lines: 3 Length (in feet) of Each: 100 <sup>Gravelless</sup>, 100, 60 ft <sup>Influe. System</sup>  
Width of Trenches: 36" inches ~~48"~~ Depth to Bottom of Field: 36" inches  
If Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: \_\_\_\_\_, No. of Units: \_\_\_\_\_  
Approved and Adequate Materials Used? Yes ( ☒ ) No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.  
Distances (in feet) of System to: Dwelling: 25 Private ( ☒ )/Public ( ) Water Source: 130 Property Line: 50 ft  
marks: \_\_\_\_\_

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 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): 8-26-98Final Inspection Date: 9-10-98Sanitarian: John L. R. S.

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

Rec. 10-28-97

SW258

WELL COMPLETION REPORT

Buffalo Ridge  
Lot 83

Date(s) 10/22, 23/97 County Hampshire Permit #: DW-14-10-98-095  
Town: Capon Bridge Area Name/Location Buffalo Ridge, right onto Grouse Trail, go to T, make right  
Look for ribbon on each side of driveway  
Well Owner: John & Rebecca Corns Address: P. O. Box 602  
Telephone Number: 410-867-2141 Remington, VA 22734  
Well Driller: Jeffrey G. Miller Address: P. O. Box 412  
Telephone Number: 304-496-9972 Shanks, WV 26761

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS: Pressure Grouted
0-6	Brown Shale	Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u>
6-21	Brown Clay	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
21-29	Brown Sandstone	Well Depth: <u>440</u> Date Completed: <u>10/23/97</u>
29-61	Brown Clay	CASING: Length <u>80</u> Feet Height above ground <u>1</u> Feet
61-95	Dark Blue Sandstone	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
95-210	Lt. Blue Sandstone	Other _____ Type _____
210-328	Limestone	
328-347	Lt. Blue Shale	SCREEN
347-440	Limestone	<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
Water	347 ft. 5 GPM	Slot/Gauge _____ Length _____
Water	425 ft. 3 GPM	Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	150		
Pumping Rate (GPM)	8		
Pumping Level (Ft Below Grade)	438		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	12		

WELL HEAD

Pitless Adapter: Type, Make, Etc. \_\_\_\_\_  
Well Cap: Type, Make, Etc. Royer Conduit Type  
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.

Jeffrey G. Miller 255  
Name Certification No.  
Miller Bros. Drilling  
Registered Business Name  
Jeffrey G. Miller 10-27-97  
Signed Date