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

## Permit # ST-14-08-113 A

Installer:Walter Fields Name of Owner: Edward & Judy Hershey Address: 116 S Mineral St, Keyser, WV 26726 Property Location: French's Neck East Lot 24 Lot Size: 2.2AC Acres Type of Facility: Residence Facility is: X New 🗆 Existing Design Loading in gpd/# Bedrooms: 3 Source of Water: Well SEWAGE TANK COMPONENT Capacity in Gallons: 1000 Material: precast concrete Manufacturer: Pump Chamber 500 gal Distances (in feet) of Tank to: Dwelling 28 Private X Public 🗆 Water Source: > 100' Property Line: > 100' ON-SITE DISPOSAL SYSTEM Class I Systems: Standard Soil Trenches() or Bed() Gravelless Pipe(), Diameter \_\_ In. 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: LPPNo. of Lines: 6 Length (in feet) of Each: 60' Width of Trenches: 18 inches/feet Depth to Bottom of Field: 12 inches If Bed, Dimensions (in feet):\_\_\_\_\_ If Chamber System, Name: \_\_\_\_\_, , No. of Units: Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to 1200 sq ft of SGF Distance (in feet) of System to: Dwelling 60' Private (X) Public ( ) Water Source: 145' Property Line: 18' Remarks: GPS: N W S/D ROAd North An inspection indicates that The sewage disposal system Described above DOES MEET X DOES NOT MEET [] or CANNOT BE DETERMINED TO **MEET** 
d 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 67.60 Contribute to the successful Functioning of a sewage disposal System, this office recommends NY. Water conservation and Maintaining an even usage of Dowell Water throughout the week. Visit Date(s): SANITARIAN: In FINAL INSPECTION DATE: 12/15/2008 1/9/09-72M

					<b>FORM SW-258</b>
Rev 3/08 DATE THE WELL WAS COMPLETED			DATE THE WELL WAS COMPLETED	WEST VIRGINIA 145° THIS REPORT MUST BE	
ST/CO USE ONLY MM DD YY				WEST VIRGINIA	SODMILLED WITHIN SO DILLO
DATE RECEIVED 09 10 2008				COMPLETION	AFTER WELL IS COMPLETED
	05		PERMIT NO.	REPORT	FILL IN THIS FORM
MM	DD	YY	DW-14-08-096		COMPLETELY PLEASE PRINT OR TYPE
Well Owner: Last Name Hershey				First Name EDWARD + JUDY	
Street/Road				County HAMpshir	e Zip Code
				AREA NAME/LOCATION:	TYPE OF WELL:
Latitude: Deg Min Sec				FRENCH'S NECK	Geothermal Industrial
Longitude: Deg Min Sec Acquired By: GPS Topo Other			Topo Other	EAST	Commercial Dewatering
				LOT 24	Irrigation Test/Exploratory
					Other
		WEI	LL LOG	DRILLING METHOD Cable Tool Rotary	GROUTING RECORD Grouting Material:
Depth State the kind of formation			he kind of formation	Rotary Hammer Other	Cement 👗 Bentonite Clay
Dep Dep	pth		ated, their color, caves,		Other
From	From To and		water bearing with	Hole Diameter (in)	No. of Bags: _/ Installation Method:
(ft.)	(ft.)	estima	te flow (GPM).	Total depth <b>\$D</b> (ft) CASINGS RECORD	IRESSURE
	20	STH	u dirt + clau	MAIN CASING TYPE	DUMP INSTALLED
1 <sup>-</sup> 1	33		y dirt + Clay iy Clay ay shale	Steel Plastic DAIUE-H	ESTIMATED WELL VIELD
		674	d d	Casing Diameter 6 5/8 (in)	Estimated at <b>40</b> G.P.M
33	80'	l Gr	KY SAALE	Wall Thickness (IN ) (In	Static Water Level 25 (ft)
	امريد	<u> </u>	TER = 3 GPM	Casing Length <u>40</u> (ft) Other Casing or Liner Used	I uniping level below land barrate
	53			Type 🔲 Steel 🗌 Plastic	$\frac{78}{40}$ (ft) after $\underline{1}$ hrs. at $\frac{1}{40}$ G.P.M. (Estimated)
64	65	W A	TER = 37 6PM	Other	*Note: For Public Water Supply
				Casing/Liner Diameter(i Length(ft) from(ft	
				to (ft)	tt) and drawdown tests. WELL HEAD COMPLETION
				SCREEN RECORD	Casing height above grade (ft)
				Not Installed Installed Material: Bronze Plastic	Type Of Well Cap
1 1					in) Instance.
				Slot size	VARIANCE ISSUED         Yes         No           Request Number
				Length(ft) from(ft)	ft) Request Number COMMENTS BY INSTALLER:
				GRAVEL PACK RECORD	Water cleared up Good
		If additi	ional space is needed, use	Gravel Pack: Yes No	
		top.	nal sheets and attach w/permit # at		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					e
and complete to the best of my knowledge.					_
Company Name B. W. SM17H WELL ORIUASWV Contractor No. 038905 Business Registration No. 1005-595 Master Well Driller Certification No. 574					-
Mastar )	Wall Dri	ller (nrin	_		
Master V	Well Dri	ller Signa	ature Voy		
SITE SU SITEWO	UPERVI: ORK IF	SOR (SIC DIFFER			
Journey	/man We	ll Driller	Certification No		
Journey	yman We	ell Driller	(please print)	9	_
Apprent	tice and	ivame (s)			