

SW25£

Date(s) 11/19/96 County Hampshire Permit #: DW-14-10-97-116
Town: _____ Area Name/Location Greenburg est. lot # 7
Well Owner: Johnny Small Address: P.O. Box 137
Telephone Number: N/A
Well Driller: B. Mark Smith Address: HC 86 Box 2-A
Telephone Number: 822-4786 Springfield WV 26763

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-90	Brown Shale	Type of Well: <u>None</u> Drilling Method: <u>Air hammer</u>
91-174	hard gray Shale	Well Diameter: <u>6 7/8"</u> Casing O.D.: <u>6 5/8"</u>
175-	Water	Well Depth: <u>250'</u> Date Completed: <u>11/19/94</u>
176-214	hard gray Shale	CASING: Length <u>105</u> Feet Height above ground <u>1</u> Feet
215-	Water	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
216-250	hard gray Shale	Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	360 bph	

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	145		
Pumping Rate (GPM)	6		
Pumping Level (Ft Below Grade)	240		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1		

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. Standard

Well Seal: Type, Make, Etc. _____

Well Platform: _____

Length _____ Width _____ Thickness _____

Grouting: ☒ Yes ☐ No

All Public Water Supplies must be grouted.

B. Mark Smith #001
Name B. W. Smith Well Drilling Certification No.
Registered Business Name Benjamin Mark Smith 11/19/96
Signed Date

STATE OF WEST VIRGINIA

TO BE
PRINTED

HEALTH DEPARTMENT

Permit No.: ST-14-01-136

Tax Map: 017 Parcel #: 030

County Road: _____

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORM

Name of Owner: Mrs. BRANCE DAVID STANLEY Installer: P. J. K. Howell
 Address: P.O. BOX 526 Augusta, WV
 Property Location: Frenchburg Estates Lot # 2
 Type of Facility: House Facility is: New () Existing (x) Lot Size: 3.5 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: J & L
 Distances (in feet) of Tank to: Dwelling: 15' Private (x)/Public () Water Source: 100' Property Line: 20'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (x), Diameter: 10 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: _____

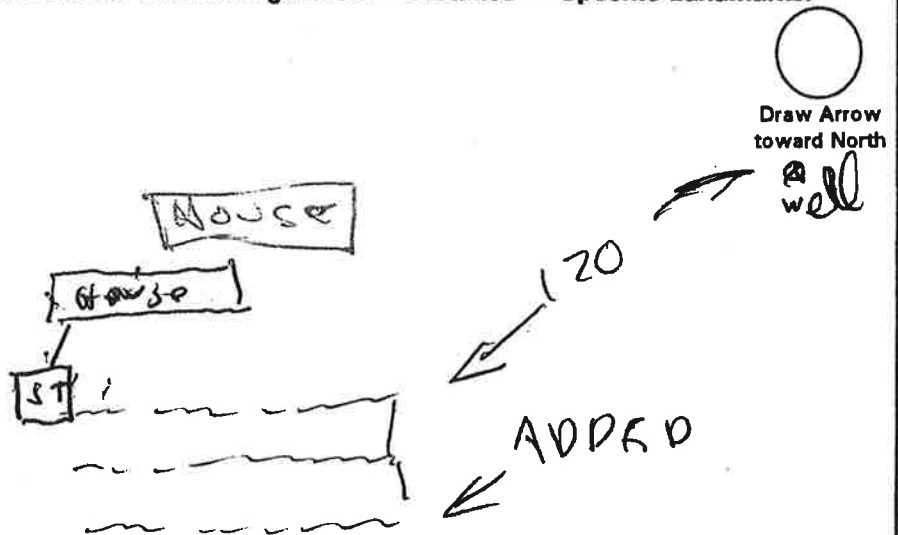
No. of Lines: 2 Length (in feet) of Each: 100, 100, 100
 Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24-36 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____
 Approved and Adequate Materials Used? Yes (x) No () Size Equates to: 900 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 25' Private (x)/Public () Water Source: 170' Property Line: 40'
 Remarks: 100 feet added

An inspection indicates that the sewage disposal system described above
DOES MEET (x)
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): 10-25-00Final Inspection Date: 11-3-00Sanitarian: J. K. Howell

Lot # 7

Frenchburg Estates

Outlet

14 0

5

End cap

BT 50

TANK 5' 1"

Outlet Hole 5' 10"

1st line 6' 7" 6' 7 $\frac{1}{2}$ " 6' 7" 6' 7"

2nd line 7' 6" 7' 6" 7' 5 $\frac{1}{2}$ " 7' 6"

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

SEPTIC TANK INSPECTION FORM

Hampshire County Health Department Installation Permit No. ST-14-97-238

Name of Owner Johanny Small

Address P.O. Box 137 Springfield, WV

Property Address Frenchburg Est. Lot #7

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served mobile home No. Water Closets _____
Lot Size 2 ^{acres} ~~sq. ft.~~ Area suitable for sewage disposal installation _____ sq.ft.
Source of Water Supply proposed well No. Lavatories _____
No. Bedrooms 2 No. Showers or Tubs _____ No. Baths _____
No. Garbage Grinders _____ No. Automatic Washers _____

SEPTIC TANK

Material precast Length x Width x Depth = cubic feet
Liquid Depth ft. Liquid Capacity 1000 gal.
Distance to: Dwelling 15' Water Supply 100' + Nearest Property Line 20'

SOIL ABSORPTION SYSTEM

Type Drain Line Material gravelless Trench Width 24 Inches
Trench Depth 30-40 Inches Total Absorption area in Trench Bottom 600 sq. ft.
Diameter of Drain Line 10 Inches Type Filter Media _____
No. of Drain Lines 2 Depth Filter Media Under Drain Line _____ Inches
Length of Each Line 100, 100, _____, _____ ft. Depth Filter Media Over Drain Line _____ in.
Distance of Disposal Field to: (a) Dwelling 25'
(b) Water Supply 100' + (c) Nearest Property Line 40'

An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

Date 11-18-96


Sanitarian

SKETCH OF SYSTEM TO BE DRAWN ON BACK

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.