SS-TTT 7/96

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
_____ HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-1400-169

Tax Map: _____ Parcel #: _____

County Road: _____

County: Hampshire

Name of Owner: Boris Karamanov Installer: R. Miller

Address: 2402 Churchill Road Silver Spring, Md 20906

Property Location: Rockstone Mountain Lot #87

Type of Facility: House Facility is: New (Y) Existing ( ) Lot Size: 50 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: Winchester

Distances (in feet) of Tank to: Dwelling: 24' Private ( )/Public ( ) Water Source: 140' Property Line: 50'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed (X) 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: _____ Length (in feet) of Each: _____, _____, _____, _____, _____, _____, _____

Width of Trenches: _____ Inches/feet Depth to Bottom of Field: _____ Inches

If Bed, Dimensions (in Feet): 30 X 50 If Chamber System, Name: _____, No. of Units: _____

Approved and Adequate Materials Used? Yes (Y) No ( ) Size Equates to: 1500 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 44' Private ( )/Public ( ) Water Source: 164' Property Line: 50'+

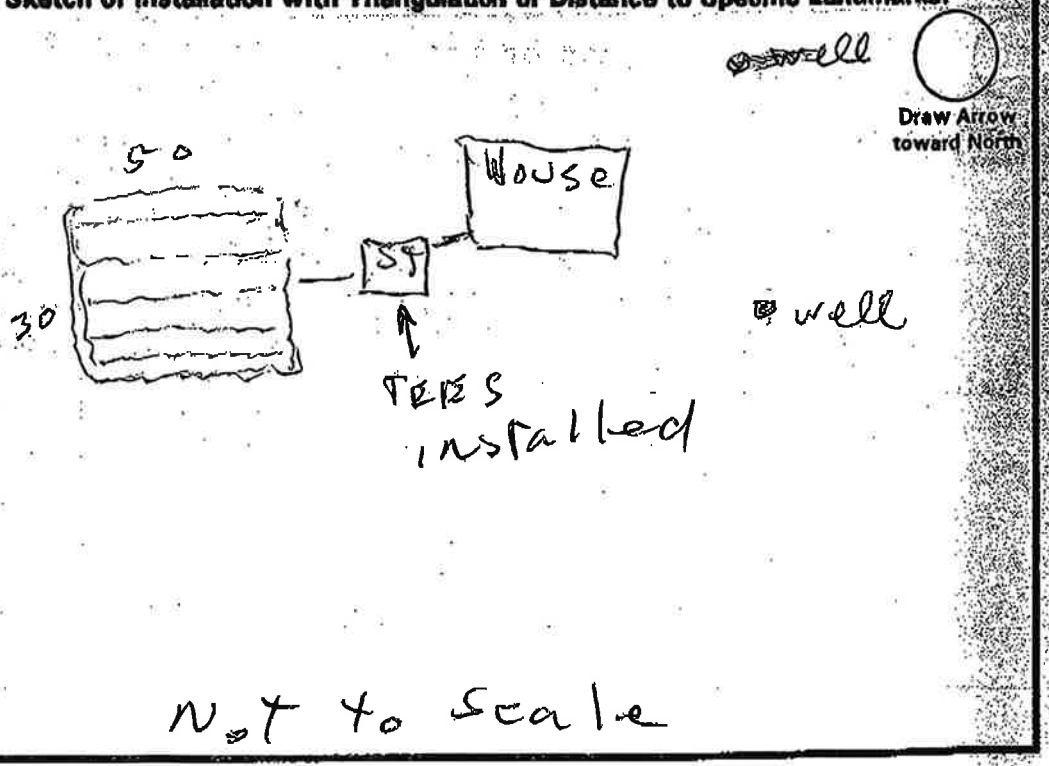
Remarks: _____

An inspection indicates that the sewage disposal system described above
DOES MEET (Y),
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): 11-5-99 11-17-99

Final Inspection Date: 11-17-99

Sanitarian: J Kimble

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

Rec. 8-20-99

SW258

WELL COMPLETION REPORT

Redstone East Lot 27.

Date(s) 8/17/99 County Hampshire Permit #: DW-14-00-17

Town: Bohrertown Area Name/Location Redstone East Trail

Well Owner: Borris Karamanov Address: P. O. Box 530

Telephone Number: 540-592-3780 Upperville, VA 20185

Well Driller: Jeffrey G. Miller Address: P. O. Box 412

Telephone Number: 496-9972 Shanks, WV 26761

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-25	Brown Shale
25-35	Red Shale
35-75	Red Sandstone (Cons)
75-93	Lt. Blue Sandstone
93-167	Red Sandstone
167-172	Lt. Blue Sandstone
172-323	Red Sandstone
323-360	Lt. Blue Sandstone

REMARKS: Pressure Grouted

Type of Well: D/W Drilling Method: Air Percussion

Well Diameter: 6 1/4" Casing O.D.: 6 5/8"

Well Depth: 360 Date Completed: 8/13/99

CASING: Length 50 Feet Height above ground 1 Feet

☒ Steel ☐ Plastic ☐ Cast Iron

Other _____ Type

SCREEN

☒ None Installed

Type _____ Diameter _____

Slot/Gauge _____ Length _____

Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	71		
Pumping Rate (GPM)	10		
Pumping Level (Ft Below Grade)	358		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	8		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____

Well Cap: Type, Make, Etc. _____

Well Seal: Type, Make, Etc. _____

Well Platform:

Length _____ Width _____ Thickness _____

Grouting: ☒ Yes ☐ No Pressure

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 — Name
255 — Certification No.
Miller Bros. DRilling — Registered Business Name
Signed
8/17/99 — Date