

SS 177/7/96

## STATE OF WEST VIRGINIA

INSPECTION TO BE  
PRINTED OR TYPEDHARDY COUNTY HEALTH DEPARTMENT  
ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORMPermit No.: ST-16-04-032

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

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

County: HARDYName of Owner: WILLIAM & MARY SORENSON Installer: Billy HARTAddress: 808 Richardson DriveProperty Location: Lot 232 Ashton Woods SubdivisionType of Facility: Home Facility Is: New ☒ Existing ( ) Lot Size: 2.0-11 Sq. Ft./AcresDesign Loading in gpd/No. Bedrooms: 3 Bdrm Source of Water Supply: Well

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: TolinDistances (in feet) of Tank to: Dwelling: 10' Private ☒ Public ( ) Water Source: SD? Property Line: 100'

## 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: 2 Length (in feet) of Each: 92', 88'Width of Trenches: 18-36 inches/feet Depth to Bottom of Field: 18-36 inchesIf Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: Infiltrators, No. of Units: 45Approved and Adequate Materials Used? Yes ☒ No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.Distances (in feet) of System to: Dwelling: 20 Private ☒ Public ( ) Water Source: 100' Property Line: 100'Remarks: DISTANCES ARE TO CLEANOUT AS HOME WAS NOT ESTABLISHED AT TIME OF

## INSPECTION

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.

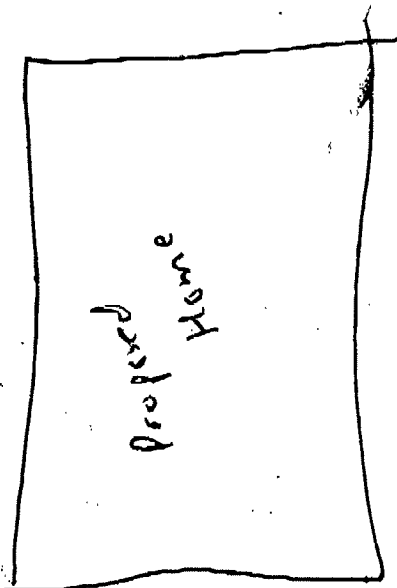
Sketch of Installation with Triangulation or Distance to Specific Landmarks:

39° 08' 46.881 N  
79° 52' 29.355 W

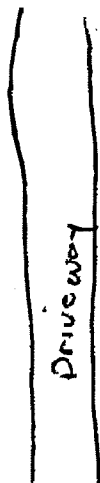
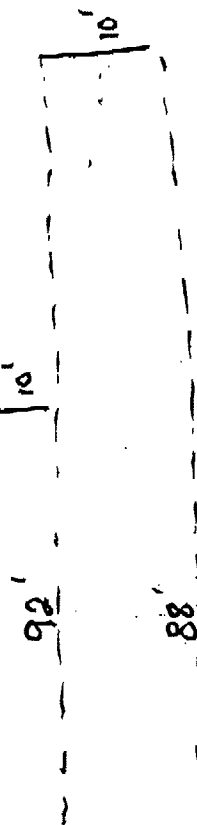


Draw Arrow  
toward North

Visit Date(s): April 26, 2009Final Inspection Date: June 16, 2005Sanitarian: Willie Owens, Sanitar



cleanout



WV Department of Health and Human Resources  
Bureau of Public Health  
Office of Environmental Health Services  
ENVIRONMENTAL ENGINEERING DIVISION

SW258  
10/01

## WELL COMPLETION REPORT

Date(s) 6-20-05 County Hardy Permit #: DW1604020  
Town: Moorefield Area Name/Location Ashton Woods Lot #232  
Well Owner: William & Mary Sorenson Address: 304 Old Lifton Rd.  
Telephone Number: (410)867-4210 Havard MA 01451  
Well Driller: Miller Brothers Drilling LLC Address: PO Box 952  
Telephone Number: (304)822-4092 Romney WV 26757

## WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-70	Brown shale	Type of Well: <u>Drilled</u> Drilling Method: <u>Air rotary</u>
70-320	Gray slate & sandstone	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 1/4"</u>
		Well Depth: <u>320'</u> Date Completed: <u>6-20-05</u>
		CASING: Length <u>100</u> Feet Height above ground <u>2</u> Feet
		<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input type="checkbox"/> 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)	250		
Pumping Rate (GPM)	50		
Pumping Level (Ft. Below Grade)	318		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)			

## 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  
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 Miller 255  
Name \_\_\_\_\_ Certification No. \_\_\_\_\_  
Miller Brothers Drilling LLC 6-20-05  
Registered Business Name \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_