

INSPECTION TO BE  
PRINTED OR TYPED

STATE OF WEST VIRGINIA

HEALTH DEPARTMENT

Permit No.: ST-18-02-266

County: Hampshire

ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORM

Tax Map: Parcel #:

County Road:

Name of Owner: Susan Cappitello Installer: Steve Peasemaker  
 Address: 13126 Palmera Ridge Ct Herndon, VA 20171  
 Property Location: The Crossings Lot #198  
 Type of Facility: House Facility is: New (X) Existing ( ) Lot Size: 4.2 Sq-Ft./Acres  
 Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: Well

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1800 Material: Concrete Manufacturer: Volco  
 Distances (in feet) of Tank to: Dwelling: 10 Private (X)/Public ( ) Water Source: Well Property Line: 10'

## ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter: \_\_\_\_\_ Inches  
 Chamber Soil Absorption Trenches (X) 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: 90, 90  
 Width of Trenches: 36 inches/feet Depth to Bottom of Field: 36 inches  
 If Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: Infiltrator No. of Units: 30  
 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: 66' Private (X)/Public ( ) Water Source: Well Property Line: 10'

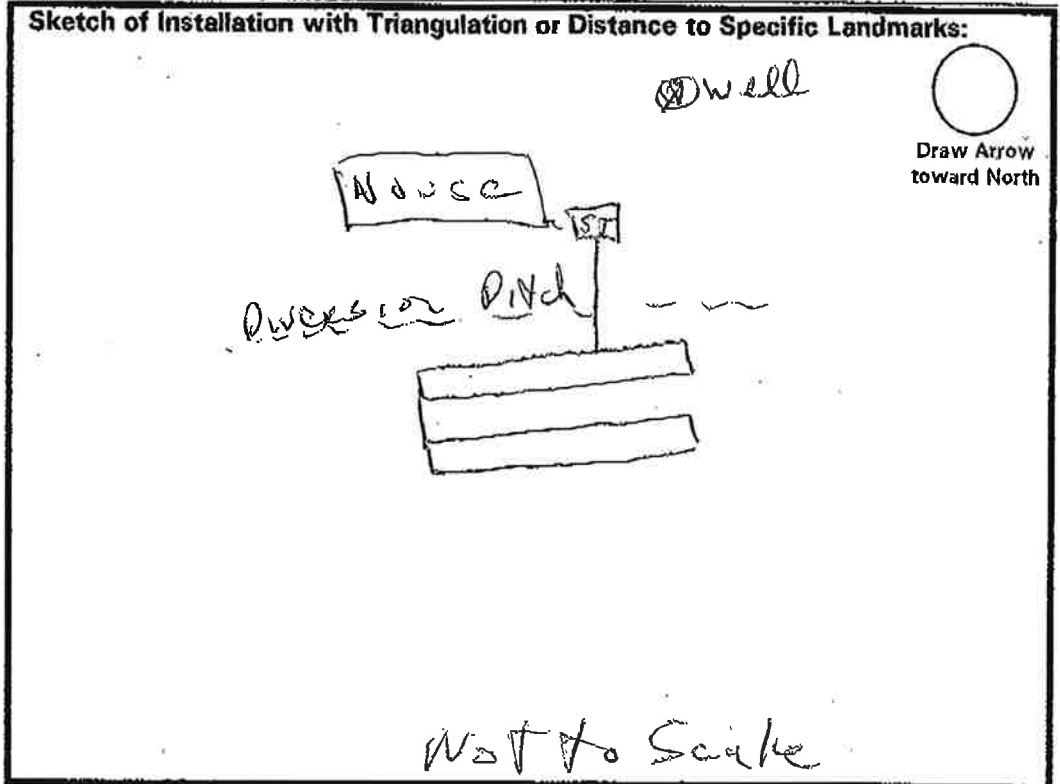
Remarks:

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): 1-18-02

Final Inspection Date: 2-21-02

Sanitarian: J. Kender

2A 7/96

E PRINT:

## STATE OF WEST VIRGINIA

## HEALTH DEPARTMENT

APPLICATION FOR A PERMIT TO INSTALL OR MODIFY  
A SMALL ON-SITE SEWAGE DISPOSAL SYSTEMS.S. #  
on file

Property Owner: Susan Cappitelli Certified Installer: Steve Peaceemaker Class: ☒ I ☐ II  
 Address: 13106 Pelmar Ridge Ct Address: HC-34 BOX 15  
Herndon Va 20171 Bloomery WV 26817 Phone: 856-2561  
 Phone: (home) 703 471 9562 (business) 703 729 3353 Installer No.: 54-89-0214 WV Contractor's No.: WV011679  
 Directions to property: The Crossings Lot # 198

## Proposed facility to be served:

(Please provide specific and detailed directions)

☒ Residence, No. of bedrooms: 3 No. of individuals served: 4☐ Other, \_\_\_\_\_Facility served is: ☒ New ☐ Existing Water Source: WellProperty deed recorded in Book No.: 317 Page(s): 657Date the property deed was recorded: 4-16-90

If lot or tract created after July 1, 1970, please refer to Subdivision box. →

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created.

Subdivision name: The Crossings Approval number: \_\_\_\_\_

County tax map: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

Size of Lot: 4.7 square feet (acres)

Unless the division of a tract, lot or parcel results in lots in excess of two acres and in which those lots have an average frontage of 150 feet or more, permits for individual sewage disposal systems shall be withheld until a completed application for the subdivision is approved which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

I, the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed sewage system installer and for informing that installer of the existing or proposed locations of any water sources and property lines. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing water sources or water supply lines.

S. Cappitelli

(Signature of the owner or authorized agent)

Application is herein made to: ☒ Install ☐ Modify a/an:☒ Septic Tank ☒ Absorption Field ☐ Alternate System ☐ Other: \_\_\_\_\_Soil percolation tests were conducted on 10-7-99 at a depth of 24 inches.

The time, in minutes, for the final 6 inch drop in each test hole is as follows:

Test Hole:	#1	#2	#3	#4
Time:	<u>120</u>	<u>120</u>	<u>150</u>	<u>108</u>

6 feet hole free of  
Water and solid rock  
☒ Yes ☐ No

Times given for each percolation test hole are to be added together to give a total number of minutes: 498When the total shall be divided by 24 in order to give the average time for a one inch drop: 20.75 (minutes per inch).

The undersigned certifies that the percolation test was conducted by the owner, or a certified installer, using approved procedures as outlined in the Design Standards. In the event that the percolation rate has received previous approval in a subdivision application to the health department, the owner's signature shall certify acceptance of the percolation test results for purposes of system design.

Signed: Steven C. Peaceemaker on this date: 10-7-99

Reverse of form must be completed.

S 10-99-001605-014

## The proposed sewage system shall consist of:

Septic Tank: Capacity: 1000 gallons Material: Concrete Manufacturer: Idia  
 Absorption Field: Equivalent to 900 square feet of conventional gravel trench system.  
☒ Trench System: (No. of Lines: 3, Lengths: 100, 100, 100, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_) feet.  
☐ Gravel Trench Width: 24 inches, or Gravelless Pipe Diameter: 10 inches,  
☐ If Chamber System: Manufacturer: \_\_\_\_\_, Number of Chambers: \_\_\_\_\_  
☐ Soil absorption bed: Requires an oversizing of bottom surface area by 30%.  
 If soil absorption bed, Length: \_\_\_\_\_ feet by Width: \_\_\_\_\_ feet, or if Chamber System,  
 Manufacturer: \_\_\_\_\_, Number of Chambers: \_\_\_\_\_

## Distances (to nearest):

Septic Tank to: Building Foundation: 20 feet, Property Line: 50 feet, Water Supply: 500 feet.  
 Absorption Field to: Building Foundation: 20 feet, Property Line: 10 feet, Water Supply: 100 feet.

## Materials:

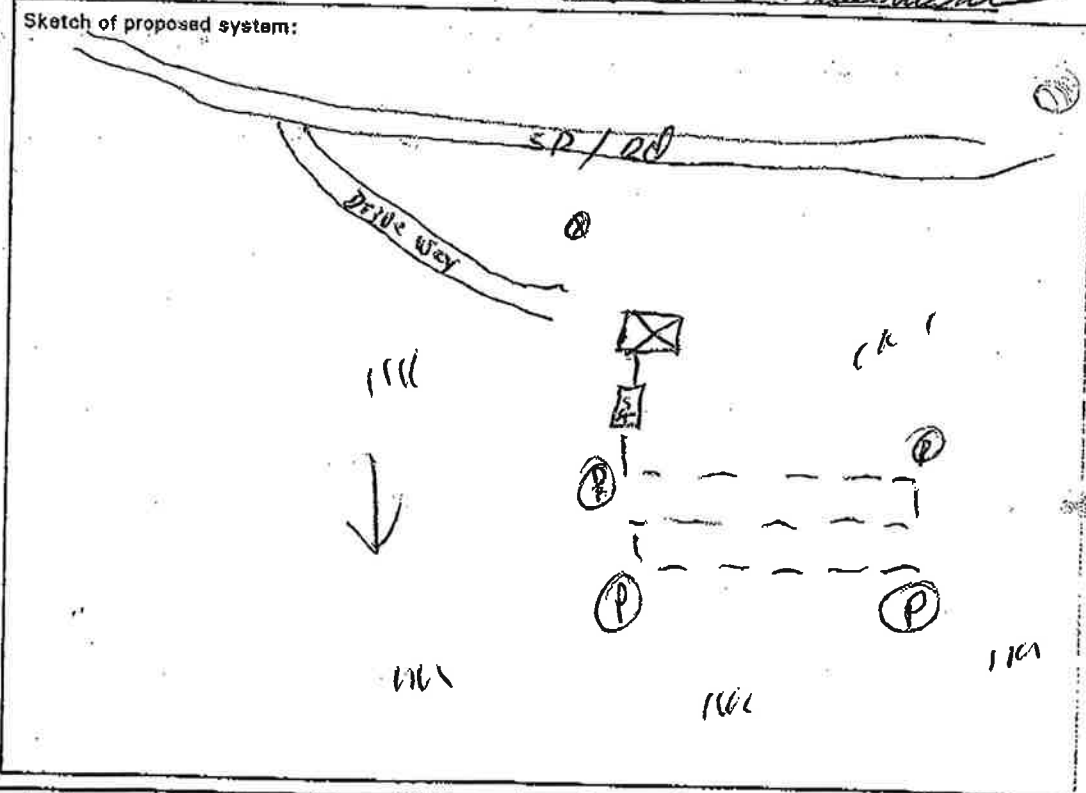
The installation or modification of all parts of the sewage disposal system, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Certified Installer or Owner-Installer: Steven C. Pomeroy

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

- Direction of ground slope
- ⊙ Percolation test site
- Property line
- ⊗ Residence or facility served
- ST Septic Tank
- Soil absorption lines
- |||| Trees
- ⊗ Water source
- ✕ Water supply line

Sketch of proposed system:



Show all structures or facilities to be served by on-site sewage system on the lot or tract.

## FOR HEALTH DEPARTMENT USE ONLY:

Date Received: 10-22-99

Date Site Evaluated: \_\_\_\_\_

Received From: \_\_\_\_\_

COUNTY: \_\_\_\_\_

Coordinates: N \_\_\_\_\_ W \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date fee paid: \_\_\_\_\_

Permit: ☐ Issued ☐ Denied Permit No.: \_\_\_\_\_

183

v. 3/79

## SMALL SEWAGE DISPOSAL INSTALLATION PERMIT

To: Patten Corp. Mid-Atlantic Address: Box 341F  
Martinsburg WV

You are hereby issued a permit to install  
a small sewage disposal system consisting of a septic tank and drainfield  
and located at Crossing # 198

This small sewage disposal system shall meet the following specifications:

1. Septic Tank
  - a. Shall be made of precast concrete and not less than 1000 gallon capacity.
2. Soil-Absorption System
  - a. Shall consist of 3 distribution lines 4" in diameter.
  - b. Each distribution line shall be 100' 100' 100' feet in length
  - c. Each trench shall be 36 inch width with ZERO slope on trench bottom and ZERO slope on each distribution line.
  - d. No trench shall be more than 18-24 inches deep.
  - e. Total soil-absorption area in trench bottoms shall be 900 sq. ft.
  - f. Filter material shall be gravel and not greater than  $1\frac{1}{2}$  -  $2\frac{1}{2}$  inches in diameter.
  - g. Filter material under each line shall be not less than 12 inches deep and not less than 2 inches over each distribution line.
  - h. Filter material shall be covered with grass prior to backfilling.
  - i. Trenches shall be backfilled at least 6" above ground surface to provide for settling of backfill.
3. Other Small Sewage or Excreta Disposal Systems (Name the type system to be used, then use back of sheet to describe the details of the system.) Home Operation Unit, Class II required: service contract, proper discharge area, chlorine or device at endpoint, diversion drain
4. Special Requirements required: 5' min. depth, 6" stone pipe, stone 1' of surface
  - a. Small sewage and excreta disposal systems shall be located at least 10 ft. from any property line and a minimum of 20 ft. from any stream or roadside cut.
  - b. Septic tanks shall be located at least 10 ft. and excreta disposal systems a minimum of 20 ft. from building foundation.
  - c. Septic tanks shall be located a minimum of 50 ft. and soil-absorption systems and excreta disposal systems a minimum of 100 ft. from any ground water supply or cistern.
5. This permit is not transferable and automatically expires 12 months after date of issue.
6. The applicant or his agent must notify this department, phone 822-5111 at least 72 hours before the system is ready for inspection.
7. All small sewage and excreta disposal systems must be inspected and approved prior to being covered with earth or otherwise put into service. Any applicable system or part thereof covered before being inspected shall be uncovered at the direction of the SANITARIAN.
8. This permit is NULL AND VOID when official inspection reveals conditions are different than those stipulated in this permit or if facts later become known that a health hazard would result by the installation of this system.

8-8-91; removed, now expires 8-8-93  
Hampshire County Health Department  
66 North High Street  
Romney, West Virginia

Name

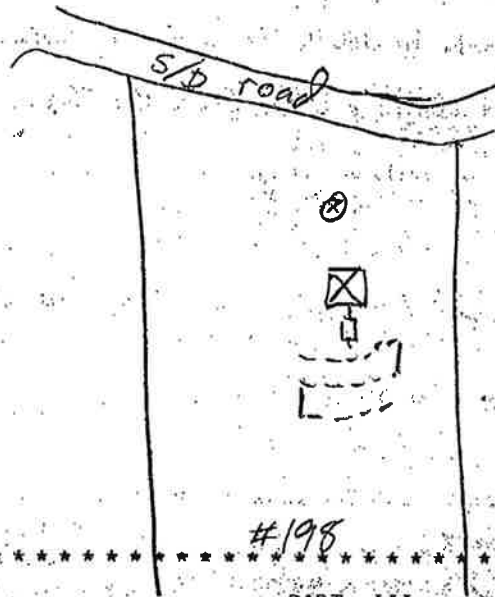
Title

Health Department

Use of this unit requires either continuous power on to remain functioning or system will be shutdown and

Please draw a sketch of the property showing existing or proposed well location, location of structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Water Supply	<input checked="" type="checkbox"/> Percolation Test Site
<input checked="" type="checkbox"/> Soil Absorption Line	<input checked="" type="checkbox"/> Dir. of Ground Slope	<input checked="" type="checkbox"/> Property Line
<input checked="" type="checkbox"/> Trees	<input checked="" type="checkbox"/> ST Septic Tank	<input checked="" type="checkbox"/> Mobilehome



### PART III SEWAGE DISPOSAL SYSTEM INFORMATION

☒ Install ☐ Modify  
☒ Septic Tank ☒ Absorption Field ☐ Holding Tank ☐ Pit Privy ☐ Vault Privy  
☐ Chemical/Composting Toilet ☐ Alternate System (attach detailed plans)

Other \_\_\_\_\_

#### DESCRIPTION OF PROPOSED SYSTEM:

Septic Tank: Capacity 1000 gal Material concrete Nearest Prop. Line >10'  
 Absorption Field: 900 Sq. ft. with 3 lines and 100' long  
 Pipe ASTM No. \_\_\_\_\_ Nearest Property Line >10'  
 Type of Water Supply: well Area Suitable for Absorption Field: \_\_\_\_\_ Sq. ft.  
 Six-foot hole free of water or solid rock? ☒ Yes ☐ No

#### PERCOLATION TEST:

TEST HOLE: #1 180 minutes #2 270 minutes #3 300 minutes #4 360 minutes  
 Total minutes 1110, divided by 24 = 46 min average time for water to fall one inch.  
 Test done on 7/19/91 (date) using approved procedures outlined in the Design Standards.

Signed: Richard A. Hestges

Richard A. Hestges  
Signature of Installer

87-054A-258  
Certification No.

7/19/91  
Date



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

SW258

# WELL COMPLETION REPORT

Date(s) 4/3/01 County Hampshire Permit #: DW-14-01-159  
Town: \_\_\_\_\_ Area Name/Location The Crossings #1400 (Walnut) Ph. 6  
Well Owner: Susan Cappitelli Address: 13106 Peluca Ridge Ct  
Telephone Number: 703-471-9562 Herndon VA 20171  
Well Driller: Dr. Mark Smith Address: HC 86 Box 2-A  
Telephone Number: 304-822-4786 Springfield WV 26763  
**WELL LOG:**

## WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-12	clay	Type of Well: <u>home</u> Drilling Method: <u>Air-hammer</u>
13-25	yellow shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
26-180	hard gray shale	Well Depth: <u>260</u> Date Completed: <u>4/3/01</u>
181-	water	CASING: Length <u>44</u> Feet Height above ground _____ Feet
182-260	hard gray shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
	540 gph	

### PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	95		
Pumping Rate (GPM)	9		
Pumping Level (Ft Below Grade)	240		
Duration of Test (In Hours)	1		
Recovery Time to Static Level (In Hours)	1		

## WELL HEAD

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.

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.

By Mark Smith #001  
Name Certification No.  
Smith Well Drilling  
Registered Business Name  
Benjamin Mark Smith 4/3/01  
Signed Date