SS 1/7 7/96

INSPECTION TO BE PRINTED OR TYPED

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

Permit No.: ST-14-02-400

Tax Map: 6 Parcel #: 3

County: HAMPSHIRE

County Road: _____

Name of Owner: GREGORY James Jones Installer: T Kidwell

Address: 13231 GOLDERS GREEN Berkeley VA 20136

Property Location: SHADOW KNOLLS Second Entrance to END

Type of Facility: House Facility is: New (X) Existing ( ) Lot Size: 2.46 ~~SF~~ Acres

Design Loading in gpd/No. Bedrooms: House Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1010 Material: Concrete Manufacturer: Wilkins

Distances (in feet) of Tank to: Dwelling: 10+ Private (X)/Public ( ) Water Source: 50+ Property Line: 10+ to be

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: 4 Length (in feet) of Each: 66, 30, 48, 48, ____, ____, ____

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 38 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: 10+ Private (X)/Public ( ) Water Source: 100+ Property Line: 10+ to be

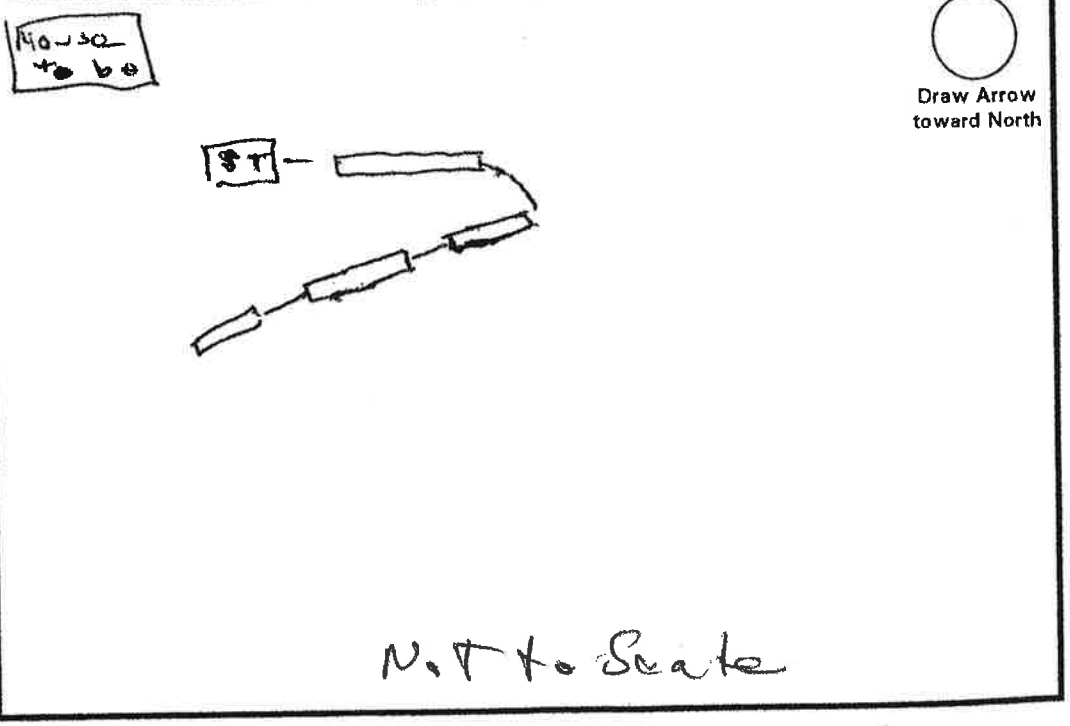
Remarks: _____

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:



Visit Date(s): 5-17-02

Final Inspection Date: 5-30-02

Sanitarian: J. Kinder

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

Rec 7-24-02

SW258
10/01

WELL COMPLETION REPORT

Date(s) 7-18-02 County Hampshire Permit #: DW-14-02-295

Town: Points Area Name/Location shadow Knolls Lot 28

Well Owner: Gregory Jones Address: 13231 Golders Green Place

Telephone Number: 703-753-2624 Bristow, VA 20136

Well Driller: Christopher Wolford Address: P. O. Box 952

Telephone Number: 822-4092 Romney, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING
0-48	Brown Shale
48-62	gray Shale
62-134	Dk. Gray Shale
134-440	Lt. Blue Shale

REMARKS: Prressure Gourted
Pressure Grouted

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

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

Well Depth: 440 Date Completed: 7-17-02

CASING: Length 80 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)	150		
Pumping Rate (GPM)	20		
Pumping Level (Ft. Below Grade)	425		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	6		

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.

Christopher Wolford 574
Name Certification No.

Miller Bros. Drilling
Registered Business Name

Chris Wolford 7-18-02
Signed Date