Hampshire County Health Department
On-Site Sewage Disposal System
Inspection Form

Permit # ST-14-13-31

Name of Owner: Richard W.Faya Installer:Richard Faya
Address: PO Box 41, Capon Bridge,WV 26711
Property Location: [redacted] Lot Size: 3.759 acres
Type of Facility: Facility is: ☐ New x Existing
Design Loading in gpd/# Bedrooms: 2 Source of Water:

SEWAGE TANK COMPONENT

Capacity in Gallons: *1000* Material:precast concrete Pump Chamber *1000* gal
Distances (in feet) of Tank to: Dwelling *40'*
Private x Public ☐ Water Source: *>100'* Property Line: *50'*

ON-SITE DISPOSAL SYSTEM

Class I Systems:Standard Soil Trenches( )or Bed( ) Gravelless Pipe( ), Diameter __ In.
Chamber Soil Absorption Trenches(x) or Bed( )
Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) LPP ( )
Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: _____

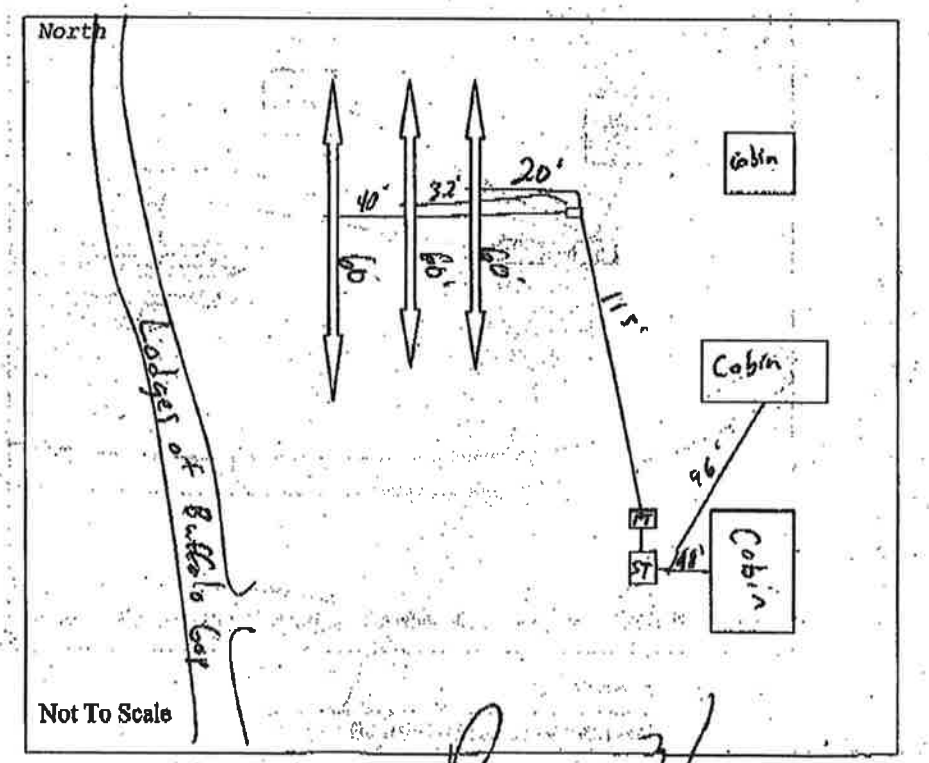
No. of Lines: *3* Length (in feet): *60's*
Width of Trenches: *36* inches/feet Depth to Bottom of Field: *24* inches
Size Equates to *900* sq ft of SGF
Distance (in feet) of System to: Dwelling *80'*
Private (x) Public ( )Water Source: *>100'* Property Line: *45'*
Remarks:

GPS: N39 20 06.8 w78 27 30.1

An inspection indicates that The sewage disposal system Described above
DOES MEET x
DOES NOT MEET ☐ or
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.



Visit Date(s): 08/27/2013

FINAL INSPECTION DATE: 08/27/2013

SANITARIAN:

ST/CO USE ONLY DATE RECEIVED MM DD YY ___ ___ ___

WAS COMPLETED MM DD YY 7 27 15

PERMIT NO. DW- 14-16-004

Health and Human Resources
BUREAU FOR PUBLIC HEALTH

WATER WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

LOCATION OF WELL
Well Owner: Last Name Lombardi First Name VINCE
Street/Road County HAMPSHIRE Zip Code

Latitude: ___ Deg ___ Min ___ Sec
Longitude: ___ Deg ___ Min ___ Sec
Acquired By: ☐ GPS ☐ Topo ☐ Other

AREA NAME/LOCATION:
BUFFALO GAP CAMPGROUND CAPIN BRIDGE

TYPE OF WELL:
☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other ___

WELL LOG

Depth From (ft.)	Depth To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
0	3	Sandy dirt
3	111	Clay, Sand & Broken Limestone
111	122	Hard Blue Limestone
122	140	Broken Limestone & Sand
122		Water – muddy 15 GPM

If additional space is needed, use additional sheets and attach w/permit # at top.

DRILLING METHOD
☐ Cable Tool ☐ Rotary
☒ Rotary Hammer ☐ Other
Hole Diameter 6 (in)
Total depth 140 (ft)

CASINGS RECORD
MAIN CASING TYPE DRIVE SHOE
☒ Steel ☐ Plastic
☐ Other ___
Casing Diameter 6 5/8 (in)
Wall Thickness .188 (in)
Casing Length 120 (ft)

Other Casing or Liner Used
Type ☐ Steel ☐ Plastic
☐ Other ___
Casing/Liner Diameter ___ (in)
Length ___ (ft) from ___ (ft) to ___ (ft)

SCREEN RECORD
☒ Not Installed ☐ Installed
Material: ☐ Bronze ☐ Plastic
Diameter of screen ___ (in)
Slot size ___
Length ___ (ft) from ___ (ft) to ___ (ft)

GRAVEL PACK RECORD
Gravel Pack: ☐ Yes ☒ No
From ___ (ft) to ___ (ft)

GROUTING RECORD
Grouting Material:
☐ Cement ☒ Bentonite Clay
Other ___
No. of Bags: 1
Installation Method: PUMPED

PUMP INSTALLED
By Driller ☐ Yes ☒ No

ESTIMATED WELL YIELD
Estimated at 15 G.P.M
Static Water Level 35 (ft)
*Pumping level below land surface 120 (ft) after 1/2 hrs. at 15 G.P.M. (Estimated)
*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION
Casing height above grade 1 (ft)
Type Of Well Cap Installed: Harvard

VARIANCE ISSUED ☐ Yes ☐ No
Request Number ___

COMMENTS BY INSTALLER:
SET PUMP AT 80' to start with
Used #8 clean Gravel to grout through unconsolidated Areas

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name B.W. SMITH WELL DRILLING WV Contractor No. 038905
Business Registration No. 1005-5395 Master Well Driller Certification No. 574
Master Well Driller (print) Chris Wolford
Master Well Driller Signature Chris Wolford

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)

Journeyman Well Driller Certification No. ___
Journeyman Well Driller (please print) ___
Apprentice and Name (s) ___

COPIES - County Health Department (White and Yellow) Well Owner (Pink) Well Driller (Gold)

ST/CO USE ONLY DATE RECEIVED MM DD YY ___ ___ ___

WAS COMPLETED MM DD YY 8 12 13

PERMIT NO. DW- 14-14-005

Health and Human Resources
BUREAU FOR PUBLIC HEALTH

WATER WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

LOCATION OF WELL
Well Owner: Last Name Loft First Name PAUL K.
Street/Road COOL CREEK County HAMPSHIRE Zip Code 26711

Latitude: ___ Deg ___ Min ___ Sec
Longitude: ___ Deg ___ Min ___ Sec
Acquired By: ☐ GPS ☐ Topo ☐ Other

AREA NAME/LOCATION: Lot 4 of BUFFALO GAP LOT 4

TYPE OF WELL:
☒ Potable ☐ Public Water Supply
☐ Geothermal ☐ Industrial
☐ Commercial ☐ Dewatering
☐ Irrigation ☐ Test/Exploratory
☐ Other ___

WELL LOG

Depth From (ft.)	Depth To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).
0	61	Red Clay
61	140	Fractured Brown Limestone and Clay — Lots of Sand
100	140	very soft Formation
140	160	Hard Blue Limestone water — 25 GPM
140		Water is Brown Colored + Sandy It does settle out

If additional space is needed, use additional sheets and attach w/permit # at top.

DRILLING METHOD
☐ Cable Tool ☐ Rotary
☒ Rotary Hammer ☐ Other

Hole Diameter 6 (in)
Total depth 160 (ft)

CASINGS RECORD
MAIN CASING TYPE
☒ Steel ☐ Plastic DRIVE SHOE
☐ Other ___
Casing Diameter 6.58 (in)
Wall Thickness .188 (in)
Casing Length 141 (ft)

Other Casing or Liner Used
Type ☐ Steel ☐ Plastic
☐ Other ___
Casing/Liner Diameter ___ (in)
Length ___ (ft) from ___ (ft)
to ___ (ft)

SCREEN RECORD
☒ Not Installed ☐ Installed
Material: ☐ Bronze ☐ Plastic
Diameter of screen ___ (in)
Slot size ___
Length ___ (ft) from ___ (ft)
to ___ (ft)

GRAVEL PACK RECORD
Gravel Pack: ☐ Yes ☒ No
From ___ (ft) to ___ (ft)

GROUTING RECORD
Grouting Material:
☐ Cement ☒ Bentonite Clay
Other ___
No. of Bags: 12
Installation Method: PUMPED

PUMP INSTALLED
By Driller ☐ Yes ☐ No

ESTIMATED WELL YIELD
Estimated at 25 G.P.M
Static Water Level 32 (ft)
*Pumping level below land surface 145 (ft) after 1 hrs. at 25 G.P.M. (Estimated)
*Note: For Public Water Supply wells please submit required yield and drawdown tests.

WELL HEAD COMPLETION
Casing height above grade 1 (ft)
Type Of Well Cap Installed: ___

VARIANCE ISSUED ☐ Yes ☐ No
Request Number ___

COMMENTS BY INSTALLER:
4' 10" steel CASING USED For starter Pipe

SET Pump At 80' to start out

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name B.W. SMITH & WELL DRILLING WV Contractor No. 038705
Business Registration No. 1105-5395 Master Well Driller Certification No. 5-74
Master Well Driller (print) Chris Wolford
Master Well Driller Signature Chris Wolford

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)

Journeyman Well Driller Certification No. ___
Journeyman Well Driller (please print) ___
Apprentice and Name (s) ___

COPIES - County Health Department (White and Yellow) Well Owner (Pink) Well Driller (Gold)

Hampshire County Health Department
HC 71, Box 9
Augusta, WV 26704
(304) 496-9640 Fax: (304) 496-9650

January 2, 2009

Hampshire County Planning Commission
P. O. Box 883
Romney, WV 26757

Dear Sirs;

This office has reviewed a plat of survey for B K Haynes Corporation to approve a subdivision located in the Bloomery District, and further referenced as Tax Map 26, Part of Parcel 52, Deed book 460, Page 611 . This subdivision contains 200.012 acres and consists of 21 lots. All lots require a percolation test and a sewage disposal area of 10,000 square feet where no development or structures other than the septic system shall be permitted. These lots are to be developed with individual wells and septic systems to serve single family dwellings.

Percolation test results are within limits as set forth by West Virginia CSR 16-1. Six foot soil observation holes indicate no restrictions due to water table or shallow bedrock within the designated sewage disposal area **except as noted on the Health Department subdivision application.**

The plats of survey dated 10/28/2008 are hereby approved by the Hampshire County Health Department. Any changes or revisions to the Health Department stamped and signed plat, or subsequent final plats approved based upon the approved plat, will make this approval null and void.

This approval is not a permit for individual water systems or individual sewer systems. Applications for permits must be made separately to the Hampshire County Health Department.

Sincerely,
Jim Kinder R.S.

cc: B K Haynes Corporation

Lot # 20-05

Hampshire County Health Department

HC 71, Box 9
Augusta, WV 26704
Nursing: (304) 496-9640 Environmental: (304) 496-9641
Fax: (304) 496-9650

SUBDIVISION APPROVAL APPLICATION

I. General Information

Name of Applicant: BK Haines Corporation Phone: 540-635-3160
Mailing Address: 501 South Royal Ave. Front Royal VA 22630
Property Owner Name & Address: Same

Deed Recorded in Book: H50 Page # 501 County of: Hampshire
Tax District: Map: 26 Parcel: 52
Total Acreage of Tract: 200.031 Total Acreage to be developed: 200.031
Number of Lots to be developed: 21 Drinking water source: well
Location of Property (be specific, map may be attached): Rt 50 E to Cold Stream Rd 90 approx 4.5 miles to H Rubenstein Rd take left 90 left onto Buffalo Gap
Type of Structure(s) to be constructed:
Signature of Applicant: BK Haines Date:

II. Check List

☐ Three (3) copies of plat plan of property (show lot layout, lot dimensions, lot numbers, streets, location of percolation test holes and six foot test holes, location of wells and public water lines, location of 10,000 square foot reserve area) must accompany this application.

☐ A $150.00 per lot permit of approval fee must accompany any application.

*In addition, a site visit of the proposed subdivision must be made by the appropriate Health Department Representative prior to permit issuance.

III. Health Department Use Only

Date Application Received: 5-2-08 Receipt # 22899 By:
Approval Issued ☐ Yes ☐ No Permit # ST-14-07 Date: 1-2-09
Sanitarian:

Hampshire County Health Department

Subdivision Name: Lodges At Buffalo Gap
Total # of Lots: 21 **Name of Applicant:** BK Haynes Corporation
Name of Certified Installer Responsible for Testing: Charles Kent Orndorff
Installer Certification #: 54-05-0030
Installer Signature: Charles Kent Orndorff **Date:** 12/19/07
Installer Address: P.O. Box 48 Delray, WV 26714

Type System	Lot Number	GPS North			GPS West			Average Results	6' hole results: Depth to water	6' hole results: Depth to rock	Date Conducted
I	1	39	20	10.8	78	27	28.2	26.1	6'	6'	10/19/07
I	2	39	20	09.1	78	27	34.3	27.1	6'	6'	10/19/07
I	3	39	20	07.2	78	27	33.1	30	6'	6'	10/19/07
II	4	39	20	05.6	78	27	30.0	35.7	6'	6'	10/19/07
I	5	39	20	06.8	78	27	25.7	30.4	6'	6'	10/19/07
I	6	39	20	02.4	78	27	32.2	33.6	6'	6'	10/19/07
I	7	39	20	03.2	78	27	33.5	26.1	6'	6'	10/19/07
I	8	39	20	00.7	78	27	36.8	28	6'	6'	10/19/07
I	9	39	20	03.0	78	27	34.2	38.3	6'	6'	10/19/07
I	10	39	20	02.4	78	27	32.2	39.7	6'	6'	10/19/07
I	11	39	20	01.4	78	27	33.2	32.3	6'	6'	10/19/07
I	12	39	20	00.1	78	27	35.4	34.1	6'	6'	10/19/07
II	13	39	19	57.7	78	27	37.2	30.1	6'	6'	10/19/07
I	14	39	19	58.9	78	27	37.4	36.2	6'	6'	10/19/07
I	15	39	19	56.8	78	27	38.7	40.1	6'	6'	10/19/07
II	16	39	19	55.8	78	27	42.0	28.4	6'	6'	10/19/07
I	17	39	19	50.9	78	27	34.9	29.9	6'	6'	10/19/07
I	18	39	19	46.5	78	27	39.4	32	6'	6'	10/19/07
I	19	39	19	49.2	78	27	28.5	28	6'	6'	10/19/07
I	20	39	19	51.3	78	27	23.7	30.5	6'	6'	10/19/07
I	21	39	19	58.0	78	27	21.9	31.8	6'	6'	10/19/07