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

	Inspection Form		
	Pern	nit # ST	-14-08-128
Name of Owner: Charles R We Address: 774 Russell Rd., Property Location: Wrights Type of Facility: Residence	Berryville,Va 22611 S/D Lot 1 Lot Size: 8.28	BAC Acres	
Design Loading in gpd/# Bed	_		
	SEWAGE TANK COMPONENT		
Capacity in Gallons: 1000 M	aterial: precast concret	e Pump Char	nber gal
Distances (in feet) of Tank Private X Public □ Water So			
0	N-SITE DISPOSAL SYSTEM		
Class I Systems: Standard Soil Chamber Soil Absorpt: Class II Systems: Pumped/Dose Evapotranspiration T: Shallow Soil Absorpt:) or Bed ()	_	
No. of Lines: 3 Length (in feet) Width of Trenches: 36 inches/fee If Bed, Dimensions (in feet): Distance (in feet) of System to: Water Son Remarks:	t Depth to Bottom of Field Size Equates to <i>1200</i> sq ft	of SGF olic ()	
GPS: N W		,	
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.	North 42	25	
Visit Date(s):	Not To Scale	"	004

FINAL INSPECTION DATE: 4/8/2009

SANITARIAN: Jun Murll

WV Department of Health and Human Resources Bureau for Public Health Office of Environmental Health Services

ENVIRONMENTAL ENGINEERING DIVISION

WELL COMPLETION REPORT

Date(s) $1-22-0$)8	_ Cour	ty	Hamps	shire	Permit #: <u>Dw-140</u>	8 <mark>-103</mark>
Town: Augusta	£	_ Area	Name	/Location	Brill Lane/Wright	's Subdivis	ion Lot l
Well Owner: Char	cles Wean				Address: 774 Russe	ell Road	
Telephone Number:	(540)955-33	27			Berryvill	e VA 226	11
Well Driller: Mill	ler Well Dri	llir	.g		Address: PO Box 67	70	
Telephone Number:	(304)822-40	92			Augusta	WV 26704	
WELL LOG							
DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND	IF WAT	ER BEA	ARING	REMARKS:		
0-30	Red shale &	sar	dst	one	Type of Well: House	Drilling Metho	d:Airroatry
30-182	Blue shale&				Well Diameter: 6 1/8"	0000	-
					Well Depth: 182		
					CASING: Length 40 Feet		ove ground Feet
					□ Steel	☐ Plastic	
					Other		_ Gust Holl
						Type	
					SCREEN		
					X None Installed		
						Discourt	
					TypeSlot/Gauge		
					Set Between		
					Set between	Ft. and	Fi.
PUMPING OR BAIL	ING TEST		Ē	I	WELL HEAD		
DE	TAILS	#1	#2	#3	Pitless Adapter: Type, Make, Etc.		
Static Water Level ((Ft. Below Grade)	60			Well Cap: Type, Make, Etc.		
Pumping Rate (GP	PM)	15			Well Seal: Type, Make, Etc		
Pumping Level (Ft.	Below Grade)	180			Well Platform:		
Duration of Test (In	Hours)				Length Wi	dth	Thickness
Recovery Time to S	Static Level (In Hours	1			Grouting: ☑ Yes ☐ No		
					All Public Water Supplies mus	t be grouted.	
hereby certify that the true to the best of it	nis well was drilled and my knowledge and belie	constru ef.	cted u	nder my s	supervision, in compliance with all rec	quirements of the refere	nced permit, and that this record
					Miller Well Dril	ling	602
					Name Bobby Allred		Certification No.
					lingis eted Business Name		1-22-08
					Signed		Date
						The state of the s	

Rev. 8/01 Side B	
Please d. HI I A CM TOWN	
Please draw a sketch of the property showing existing or proposed well sewage systems within 200 feet of well location, slope and lot dimension any other factors which may be a possible source of contamination for with the source of contamination for with the source of a supply source of contamination for with the source of a supply source of contamination for with the source of a supply source of contamination for with the source of contamination for	CT gray
any other factors which may be a possible source of contamination for well. House -x- Water supply line - 0 receipts a possible source of contamination for well.	with locations and dire
and the dimension for us	ons. Locate and show distance to structures, existing or property
☐ House -x- Water supply line ○ Water Supply IIIII Trees Soil absorption line → Direction of ground slope	ater supply.
Trees	
	D TOOLDITE III C
sewage systems within 200 feet of proposed well location	Property line [MH] Mobile Home
of location	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Proposed Well	
c Toposed Well	
	200 feet
(140.	Cir.
3	
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also	
ner plat	Ch.
- Jawa Makasana	
FOR HEALTH DEPLACES	
FOR HEALTH DEPARTMENT USE ONLY County Date Site Evaluation Coordinates N	OAP
Contractor's Bond/Letter of C Reviewed by Coordinates N	W
Water Well P	Date Rec'd. 1-11-08
Water Well Permit □ Issued □ Denied Permit No. □ Date Fee Pai	Rec'd. From Exp. Date Verified By
Com	ments

Neift # 068371