SS/177 7/96

INSPECTION TO BE PRINTED OR TYPED

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

Permit No.: ST-14-04-281

County: Hampshire

Tax Map: 5 Parcel #: 5

County Road: _____

Name of Owner: Robert Fenton Installer: Same

Address: P.O. Box 32 Kearneysville, WV 25430

Property Location: Capon Glen Section 2 Lot #5

Type of Facility: House Facility is: New (X) Existing ( ) Lot Size: 6.4 ~~Sq Ft~~/Acres

Design Loading in gpd/No. Bedrooms: 2BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Volin

Distance (in feet) of Tank to: Dwelling: 21 Private (X)/Public ( ) Water Source: 50+ to be 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: 3 Length (in feet) of Each: 80, 80, 80, _____, _____, _____, _____

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INF-4, No. of Units: 60

Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to 1200 Square Feet of Standard Gravel Field.

Distance (in feet) of System to: Dwelling: 50 Private (X)/Public ( ) Water Source: 100+ to be 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.

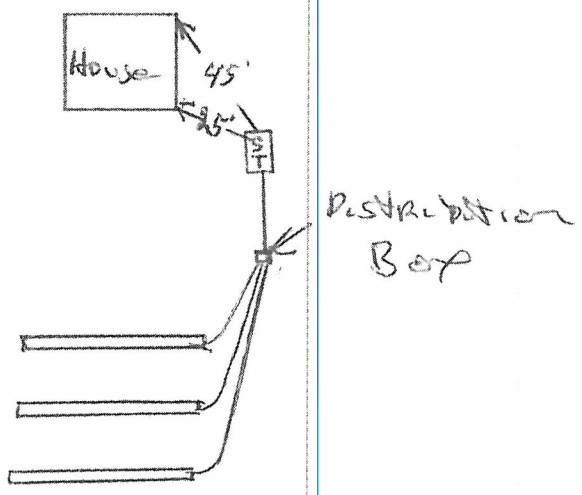
Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

5-2-04
No Well

Not to Scale

Draw Arrow toward North



Visit Date(s) 5-24-04

Final Inspection Date: 7-2-04

Sanitarian: [signature]

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

Rec 1-27-06

SW258
10/01

WELL COMPLETION REPORT

Date(s) 1-16-06 County Hampshire Permit #: DW1406149

Town: Capon Bridge Area Name/Location Capon Glen Lot 5 Sycamore Road

Well Owner: Robert & Tammy Fenton Address: 105 Derik Court

Telephone Number: (304)264-0625 Martinsburg WV 25401

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
0-30	Brown shale
30-50	Blue shale
50-200	White sandstone with soft streaks
200-364	White sandstone
364-520	Sandstone with broken streaks

REMARKS:

Type of Well: Drilled Drilling Method: Air rotary

Well Diameter: 6 1/8" Casing O.D.: 7"

Well Depth: 520' Date Completed: 1-16-06

CASING: Length 100 Feet Height above ground 1.5 Feet

☐ Steel ☒ Plastic ☐ Cast Iron

Other _____ Type

SCREEN 420' 4" certalok liner

☒ 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)	120		
Pumping Rate (GPM)	60		
Pumping Level (Ft. Below Grade)	518		
Duration of Test (In Hours)	4		
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.

Bobby Allred — Name — 602 — Certification No.

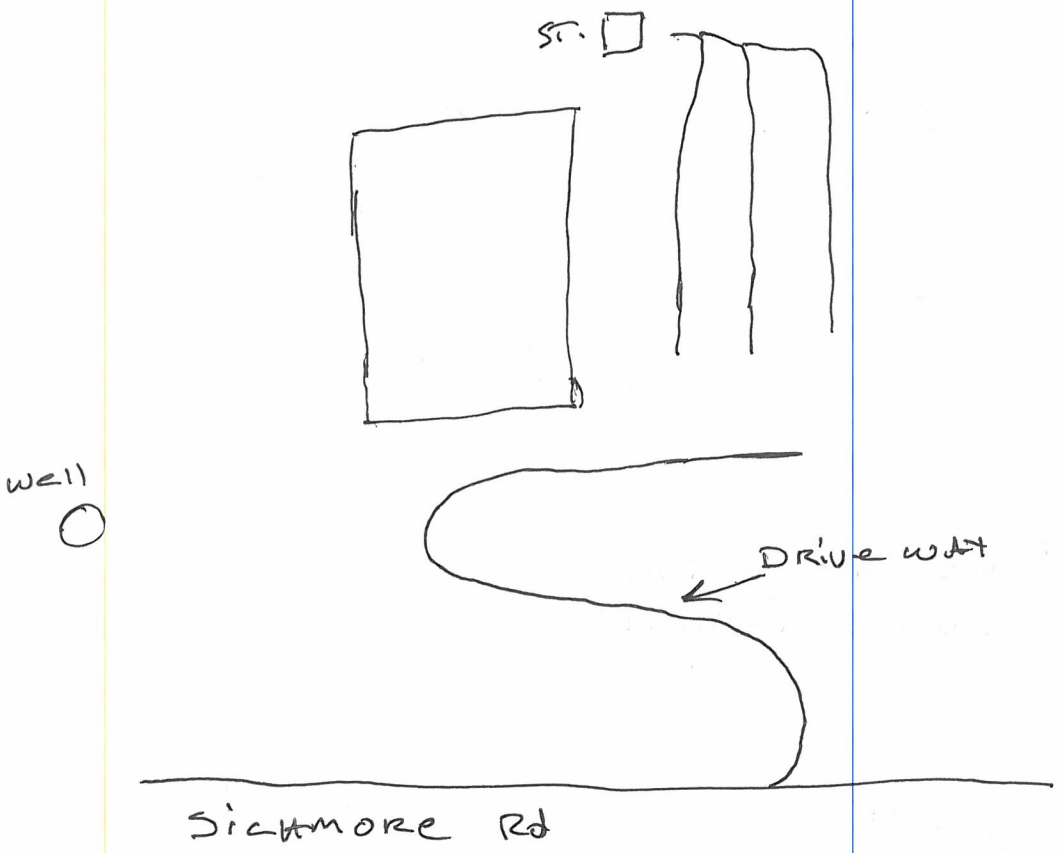
Miller Brothers Drilling LLC — Registered/Business Name — 1-16-06 — Date

Bobby Allred — Signed

SW-256
Rev. 8/01
Side B

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

⊠	House	⊗	Water Supply	(P)	Percolation Test Site
___	Soil Absorption Line	→	Dir. Of Ground Slope	_____	Property line
||||	Trees	ST	Septic Tank	MH	Mobile Home



FOR HEALTH DEPARTMENT USE ONLY County:_____ Coordinates N_____ W_____ Date Recv'd. 11-4-05
Date Site Evaluation _____ Reviewed by_____ Date Fee Paid _____ Received From _____
Contractor's Bond/Letter of Credit Exp. Date Verified By _____ Liability Insurance Exp. Date Verified By _____
Water Well Permit ☐ Issued ☐ Denied Permit No._____ Comments_____
_____