

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

Permit # ST-14-07-261

Name of Owner: Tammy & Michael Sparks Installer: Billy G. Hart
Address: PO Box 414, Great Mills, Md 20634
Property Location: Rt. 220 Lot Size: 11.38AC Acres
Type of Facility: Residence Facility is: ☒ New ☐ Existing
Design Loading in gpd/# Bedrooms: 3 Source of Water: Prop Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Manufacturer: _____
Pump Chamber _____ gal
Distances (in feet) of Tank to: Dwelling _____
Private ☐ Public ☐ Water Source: _____ 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 ()
Evapotranspiration Trenches () or Bed ()
Shallow Soil Absorption Trenches () or Bed () Other: _____

No. of Lines: 3 Length (in feet) of Each: 60'
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 18 inches
If Bed, Dimensions (in feet): _____ If Chamber System, Name: _____, No. of Units: _____
Approved and Adequate Materials Used? Yes (x) No () Size Equates to 900 sq ft of SGF
Distance (in feet) of System to: Dwelling _____ Private () Public ()
Water Source: _____ Property Line: > 100'

Remarks: Dwelling not constructed/Well not drilled at time of inspection
GPS: N39 16 3.5 W78 54 58.3

An inspection indicates that
The sewage disposal system
Described above

DOES MEET ☐

DOES NOT MEET ☐ or

CANNOT BE DETERMINED TO

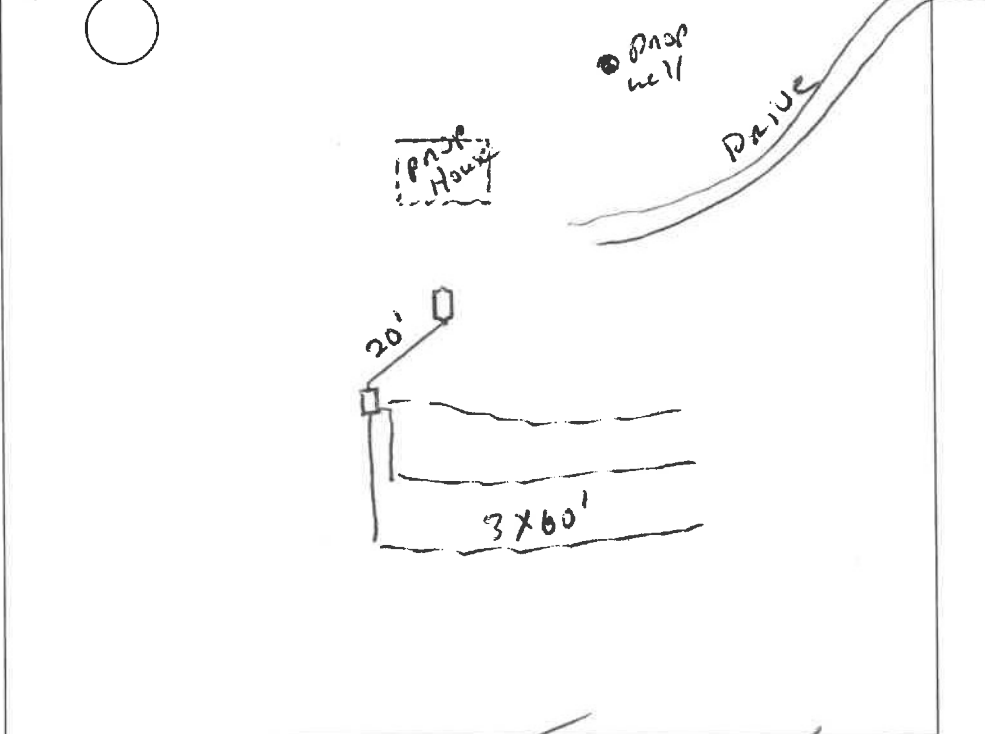
MEET ☐ the minimum standards
Established by the West Virginia
Bureau of Public Health.

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): _____

North



FINAL INSPECTION DATE: 6/12/2007

SANITARIAN: Billy G. Hart

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

SW258
10/01

See
7-30-07

WELL COMPLETION REPORT

Date(s) 7-25-07 County Hampshire Permit #: DW 1407244
Town: Purgitsville Area Name/Location Rt 220 Purgitsville
Well Owner: Tammy & Michael Sparks Address: PO Box 414
Telephone Number: (301)994-2941 Great Mills MD 20634
Well Driller: Miller Well Drilling Address: PO Box 670
Telephone Number: (304)822-4092 Augusta WV 26704

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-27	Brown shale	Type of Well: <u>House</u> Drilling Method: <u>Air rotary</u>
27-500	Blue & gray shale	Well Diameter: <u>6"</u> Casing O.D.: <u>7"</u>
		Well Depth: <u>500'</u> Date Completed: <u>7-25-07</u>
		CASING: Length <u>40</u> Feet Height above ground <u>1</u> Feet
		<input type="checkbox"/> Steel <input checked="" 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.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	100		
Pumping Rate (GPM)	1 qt		
Pumping Level (Ft. Below Grade)	498		
Duration of Test (In Hours)	2		
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 602
Name Certification No.
Miller Well Drilling
Registered Business Name
Bobby Allred 7-25-07
Signed Date