

INSPECTION TO BE  
PRINTED OR TYPED

HEALTH DEPARTMENT

Tax Map: 37 Parcel #: 8-1

County: HamPSHIRE

ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORM

County Road: \_\_\_\_\_

Name of Owner: CARRON JORDAN Installer: JAMES HALSTON  
Address: HC 71 BOX 129C Augusta, WV 26004  
Property Location: NICK DAY CORNER Rd 2.5 miles on Right  
Type of Facility: House Facility is: New (  ) Existing ( ) Lot Size: 24.5 Sq. Ft./Acres  
Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: NOIDA  
Distance (in feet) of Tank to: Dwelling: 19 Private ( ) /Public ( ) Water Source: 80 Property Line: 100

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter: \_\_\_\_\_ Inches  
Chamber Soil Absorption Trenches (  ) or Bed ( )  
Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( )  
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: \_\_\_\_\_

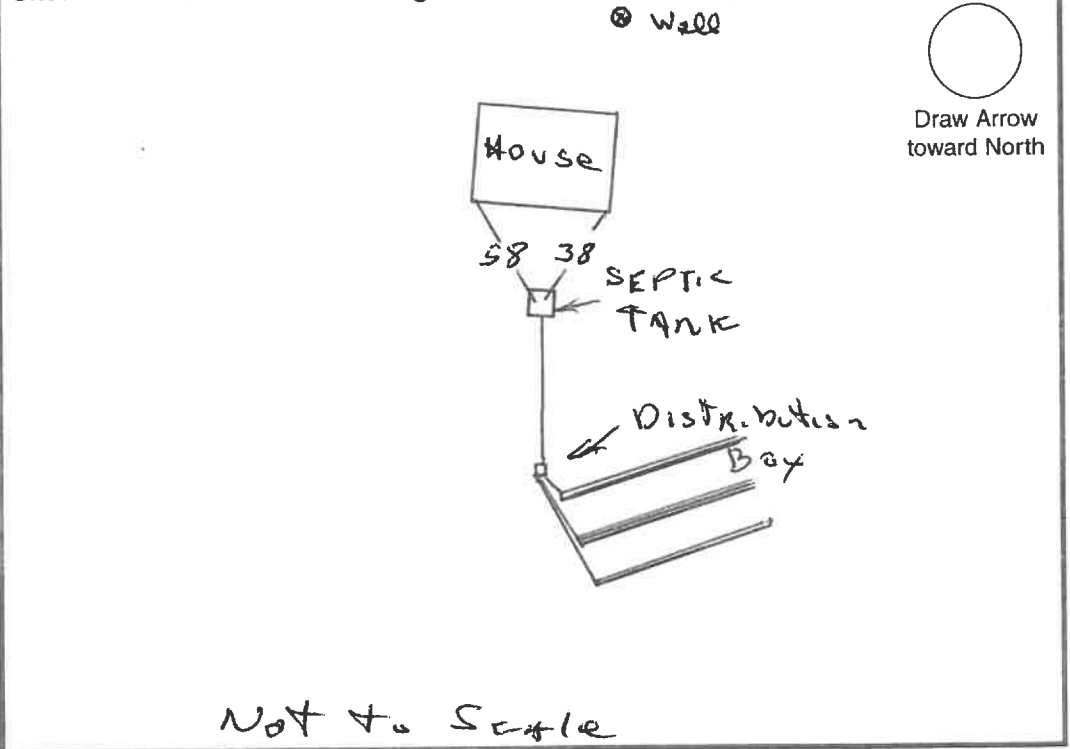
No of Lines: 3 Length (in feet) of Each: 80, 80, 80  
Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inches  
If Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: INF. TREATOR No. of Units: 34  
Approved and Adequate Materials Used? Yes (  ) No ( ) Size Equates to 200 Square Feet of Standard Gravel Field.  
Distance (in feet) of System to: Dwelling: 40 Private (  ) /Public ( ) Water Source: 103 Property Line: 80  
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) 6-30-03

Final Inspection Date: 10-2-03

Sanitarian: J. J. Kunder

**WV STATE DEPARTMENT OF HEALTH**  
**Office of Environmental Health Services**  
**ENVIRONMENTAL ENGINEERING DIVISION**

SW2f

*Per 1-8-03*

**WELL COMPLETION REPORT**

Date(s) 12-18-02 County Hampshire Permit #: DW-14-03-107  
 Town: \_\_\_\_\_ Area Name/Location \_\_\_\_\_  
 Well Owner: Carroll Jordan Address: HC 63 Box 93 A  
 Telephone Number: 304-358-2249 Moyers, WV 26815  
 Well Driller: B. Mark Smith Address: HC 86 Box 2-A  
 Telephone Number: 304-822-4786 Springfield, WV 26763

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-1	Soil	Type of Well: <u>home</u> Drilling Method: <u>Air-hammer</u>
2-12	yellow shale	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
13-25	red shale	Well Depth: <u>360'</u> Date Completed: <u>12/18/02</u>
26-52	brown shale	CASING: Length <u>70</u> Feet Height above ground <u>1</u> Feet
53-205	gray + red sandrock w/ layers shale	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
206	water	Other _____ Type _____
207-277	hard gray sandrock	SCREEN
278-280	highly fractured water bearing formation	<input type="checkbox"/> None Installed
281-360	hard gray shale w/ layer sandrock 900 gph	Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____

**PUMPING OR BAILING TEST**

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>100</u>	<u>est.</u>	
Pumping Rate (GPM)	<u>15</u>		
Pumping Level (Ft Below Grade)	<u>360</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>1</u>		

**WELL HEAD**

Fitness Adapter: Type, Make, Etc. \_\_\_\_\_  
 Well Cap: Type, Make, Etc. Water-tight  
 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 rec is true to the best of my knowledge and belief.

B. Mark Smith #2001  
 Name B.W. Smith Well Drilling Certification No. \_\_\_\_\_  
 Registered Business Name Benjamin Mark Smith  
 Signed \_\_\_\_\_ Date 12-18-02