



Lat: N: 39 19 32

Hampshire County Health Department

Tax District Name: \_\_\_\_\_

Long: W 78 51 11

**ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION REPORT**

Map # 17 Parcel # 14

Name of Owner: Doug Nicholes Installer: Ricky Ramey

Owner Address: 399 Beam Rd, WV 26757

Property Location: Cabin on the Mtn

Subdivision: Cabin on the Mtn Lot number: Lot 1 & 3

Type of Facility: new Facility is: New  Existing  Lot Size (ft<sup>2</sup>/acres): 15 acres

Design Loading: Bedrooms: 1 or GPD: \_\_\_\_\_ Water Supply: Existing:  Proposed  Type: well

**System requires a perpetual maintenance program as per 64CSR9.7.2: Yes  No**

**SEWAGE TANK COMPONENTS**

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:	<b>1000</b>			Distance to dwelling:	<b>80'(camper)</b>		
Constructed of:	Concrete			Distance to water	Line:		
					Source:		
Manufacturer:	<b>Jolin</b>			Distance to property line:	<b>&gt;100'</b>		
4" inspection port, or riser to surface?	port			Effluent filter?	no		

**ABSORPTION FIELD**

Class I System Chamber:  Eljen  Gravelless Pipe:  Gravel Media Trenches  Other: \_\_\_\_\_

Manufacturer: Infiltrator Square footage: Permitted 400 ft<sup>2</sup> Installed 400 ft<sup>2</sup>

Number of lines: 1 Trench width: 36 inches

Lengths of lines: 80' \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Inspection ports installed? Yes  No  Distribution box used? Yes  No  Outlets level? Yes  No

If chambers, length of each section: 4' Gravelless pipe diameter: \_\_\_\_\_

If bed configuration used, dimensions: \_\_\_\_\_ X \_\_\_\_\_ Maximum depth to bed bottom on upslope side: \_\_\_\_\_

Distance of absorption field to: Dwelling: >150'(camper), Water Supply: 159', Property Line: >100'

Average Depth: 24in Maximum depth: 26in



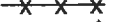











Class II System: Design type: \_\_\_\_\_

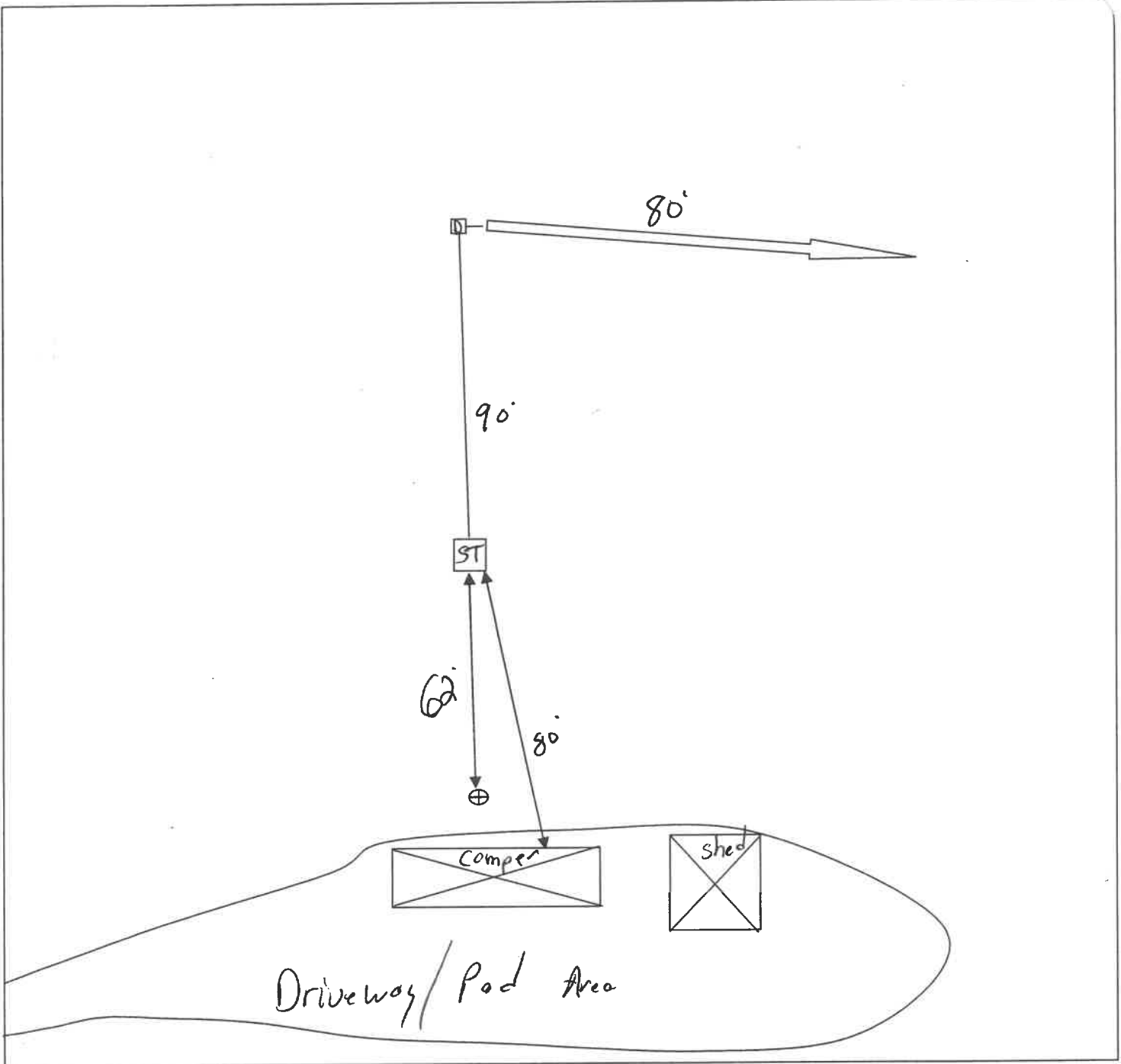
Remarks: Permanent dwelling not constructed at time of septic inspection. D-box installed for any future expansion.

**System is installed as per the permitted design and layout. Yes  No**   
**Include sketch of installation on reverse.**

**Sketch of Installation with Triangulation or Distance to Specific Landmarks**  
**Include reserve area boundaries.**

**LEGEND:**

- |   |                       |   |                               |  |                      |   |             |
|---|-----------------------|---|-------------------------------|--|----------------------|---|-------------|
|  | House/Facility        |  | Property Line                 |   | Fence                |  | Pump Tank   |
|  | Soil Absorption Line  |  | Single Wide Manufactured Home |   | North                |  | Septic Tank |
|  | Existing Water Supply |  | Distribution Box              |  | Stream Flow          |   |             |
|  | Proposed Water Supply |  | Drain Field Inspection Port   |  | Wooded Area Boundary |   |             |



System is:  Approved  System is NOT Approved:

COMMENTS:

Date of Final 10/2/2020

  
Sanitarian

10/28/2020  
Date Final Issued

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

SW258

**WELL COMPLETION REPORT**

Date(s) July 9, 1985 County Hampshire Permit #: DW-14-7086-06  
 Town: Junction Area Name/Location Cabin on the Mountain Lot 1-2-3  
 Well Owner: George Rose Address: 8505 Philadelphia Road  
 Telephone Number: (301) 391-6511 Baltimore, MD 21237  
 Well Driller: Jerry W Adams Address: P.O. Box 73  
 Telephone Number: (304) 298-3280 Fort Ashby, WV 26719

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
3'	DIRT (UNCONSOLIDATED)	Type of Well: <u>O/W</u> Drilling Method: <u>Air Rotary Hammer</u>
4'	BROWN SHALE (UNCONSOLIDATED)	Well Diameter: <u>6 1/8</u> Casing O.D.: <u>6-5/8</u>
25'	Bed ROCK BLUE SHALE	Well Depth: <u>320</u> Date Completed: <u>7-9-85</u>
40'	Cement Set CASING	CASING: Length <u>42</u> Feet Height above ground <u>2</u> Feet
50'	BLUE SHALE (CONSOLIDATED)	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
60'	Limestone (CONSOLIDATED)	Other _____ Type _____
100'	BLUE SHALE (CONSOLIDATED)	
145'	1 <sup>ST</sup> WATER 1/2 GPM BLUE SHALE	SCREEN
200'	BLUE SHALE (CONSOLIDATED)	<input checked="" type="checkbox"/> None Installed
240'	limestone (CONSOLIDATED)	Type _____ Diameter _____
260'	BLUE SHALE (CONSOLIDATED)	Slot/Gauge _____ Length _____
270'	WATER 4 GPM BLUE SHALE	Set Between _____ Ft. and _____ Ft.
320'	BLUE SHALE (CONSOLIDATED)	

STOPPED DRILLING OPERATION

**RUMPING OR BAILING TEST**

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>100</u>		
Pumping Rate (GPM)	<u>4 1/2</u>		
Pumping Level (Ft Below Grade)	<u>310</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>3</u>		

**WELL HEAD**

Pitless Adapter: Type, Make, Etc. To be installed at Later Date  
 Well Cap: Type, Make, Etc. Royer Conduit  
 Well Seal: Type, Make, Etc. \_\_\_\_\_  
 Well Platform: To be installed by OWNER  
 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.

Jerry W Adams 004  
 Name Certification No.  
AES Pump Co.  
 Registered Business Name  
Jerry W Adams July 9, 85  
 Signed Date