

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

(11-15-84) hold until Mr. Gaffney
COD completes system

Hampshire Health Department Installation Permit No. ST-14-8540
Name of Owner Philip D Gaffney
Address Star Route 1 Box 139A Hay Road Augusta WV
Property Address Hay Road 1.4 mi from Rt 29 Right introduce

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served House No. Water Closets _____
Lot Size 20 acres sq. ft. Area suitable for sewage disposal installation 200 sq. ft.
Source of Water Supply hole well No. Lavatories _____
No. Bedrooms 2 No. Showers or Tubs _____ No. Baths _____
No. Garbage Grinders no No. Automatic Washers ✓

SEPTIC TANK

John precast
Material _____ Length _____ x Width _____ x Depth _____ = _____ cubic feet
Liquid Depth _____ ft. Liquid Capacity 1000 gal.
Distance to: Dwelling 45' Water Supply hole Nearest Property Line acres

SOIL ABSORPTION SYSTEM

Type Drain Line Material plastic 2729 Trench Width 24 Inches
Trench Depth 28-45 Inches Total Absorption area in Trench Bottom _____ sq. ft.
Diameter of Drain Line 4 Inches Type Filter Media gravel (350#)
No. of Drain Lines 3 Depth Filter Media Under Drain Line 6-14 Inches
Length of Each Line 80, 80, 80, _____ ft. Depth Filter Media Over Drain Line 2 in
Distance of Disposal Field to: (a) Dwelling 63
(b) Water Supply hole (c) Nearest Property Line acres

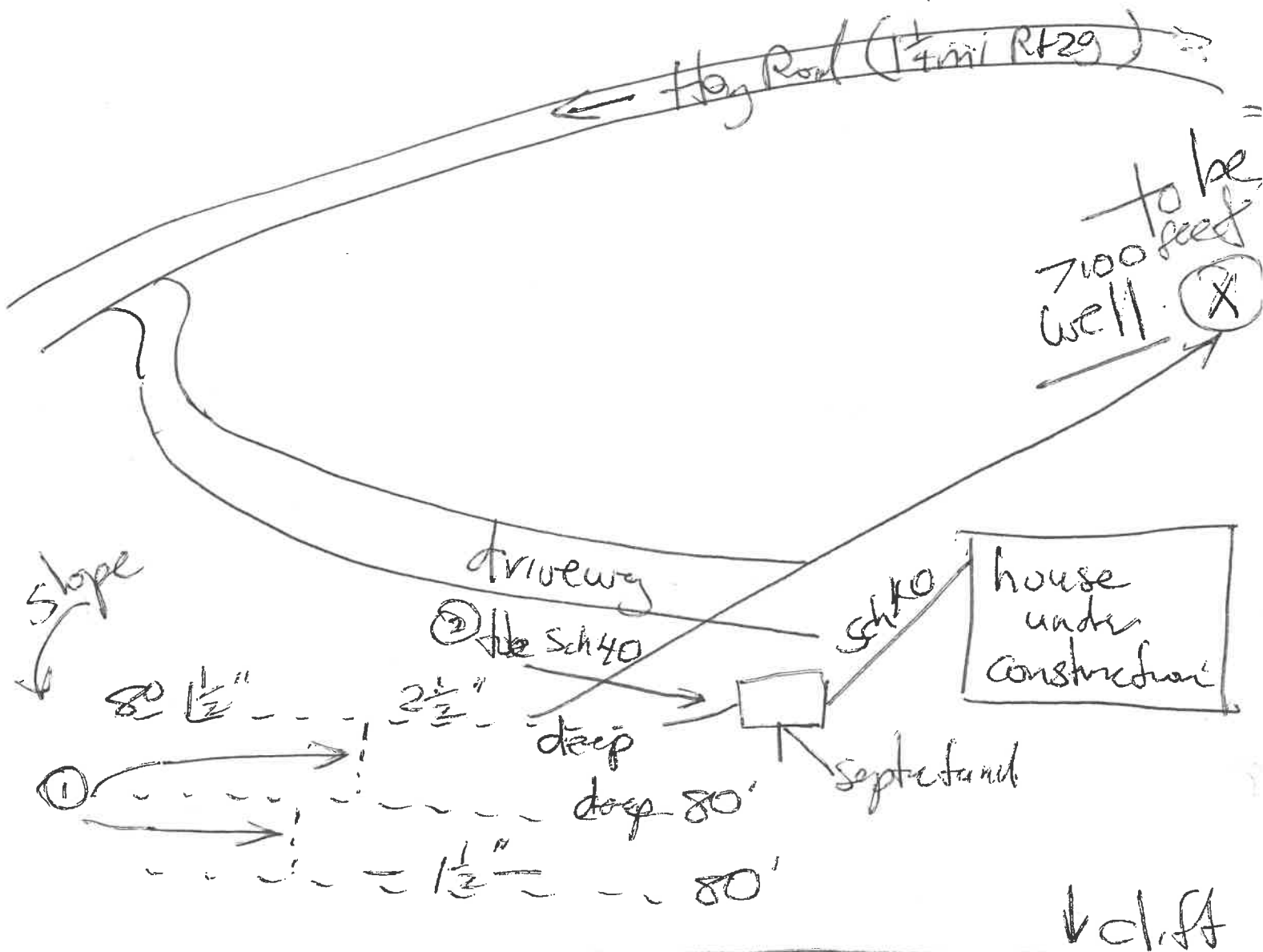
See back An inspection of the septic tank system described herein disclosed that said system (MEETS) DOES NOT MEET the minimum standards established by the West Virginia State Department of Health.

10-15-84
Date Sanitarian [Signature] - pipes -

SKETCH OF SYSTEM TO BE DRAWN ON BACK

Note: Copy of this inspection report must be given to owner and the original filed in the Health Department files. PERMANENT RECORD - DO NOT DESTROY.

10-8-45



- ① Crossover construction incomplete between lines at time of inspection. (owner to supply documents to HD)
 - ② Thinwall pipe from tank to first drainfield should be schedule 40 (rocks and depth)
(Tank to be remortared)
- Heavy rocks and other debris must be removed from drainfield prior to backfill of lines.

David Dunlop B
Sanitary

WEST VIRGINIA
SEPTIC TANK INSPECTION FORM

West Virginia Health Department Installation Permit No. ST-14-91-243

Name of Owner Phil Valley

Address S.R. 1 Box 139A, Augusta, WV 26704

Property Address Key Rd. on right 1.7 miles

DESCRIPTION & NUMBER OF UNITS SERVED

Type Facility Served house No. Water Closets

Lot Size 2 ^{acres} sq. ft. Area suitable for sewage disposal installation sq. ft.

Source of Water Supply well No. Lavatories

No. Bedrooms 3 No. Showers or Tubs No. Baths

No. Garbage Grinders No. Automatic Washers

SEPTIC TANK

Material John procast Length x Width x Depth = cubic feet

Liquid Depth ft. Liquid Capacity 1000 gal.

Distance to: Dwelling 22' Water Supply 150' Nearest Property Line 75'

SOIL ABSORPTION SYSTEM

Type Drain Line Material plastic Trench Width 36 Inches

Trench Depth 22-24 Inches Total Absorption area in Trench Bottom 765 sq. ft.

Diameter of Drain Line 4 Inches Type Filter Media gravel - 27 tons

No. of Drain Lines 3 Depth Filter Media Under Drain Line 9 Inches

Length of Each Line 85, 85, 85 ft. Depth Filter Media Over Drain Line 2 in

Distance of Disposal Field to: (a) Dwelling 35'

(b) Water Supply 100' (c) Nearest Property Line 45'

An inspection of the septic tank system described herein disclosed that said system (MEETS, DOES NOT MEET) the minimum standards established by the West Virginia State Department of Health.

10-19-90
Date

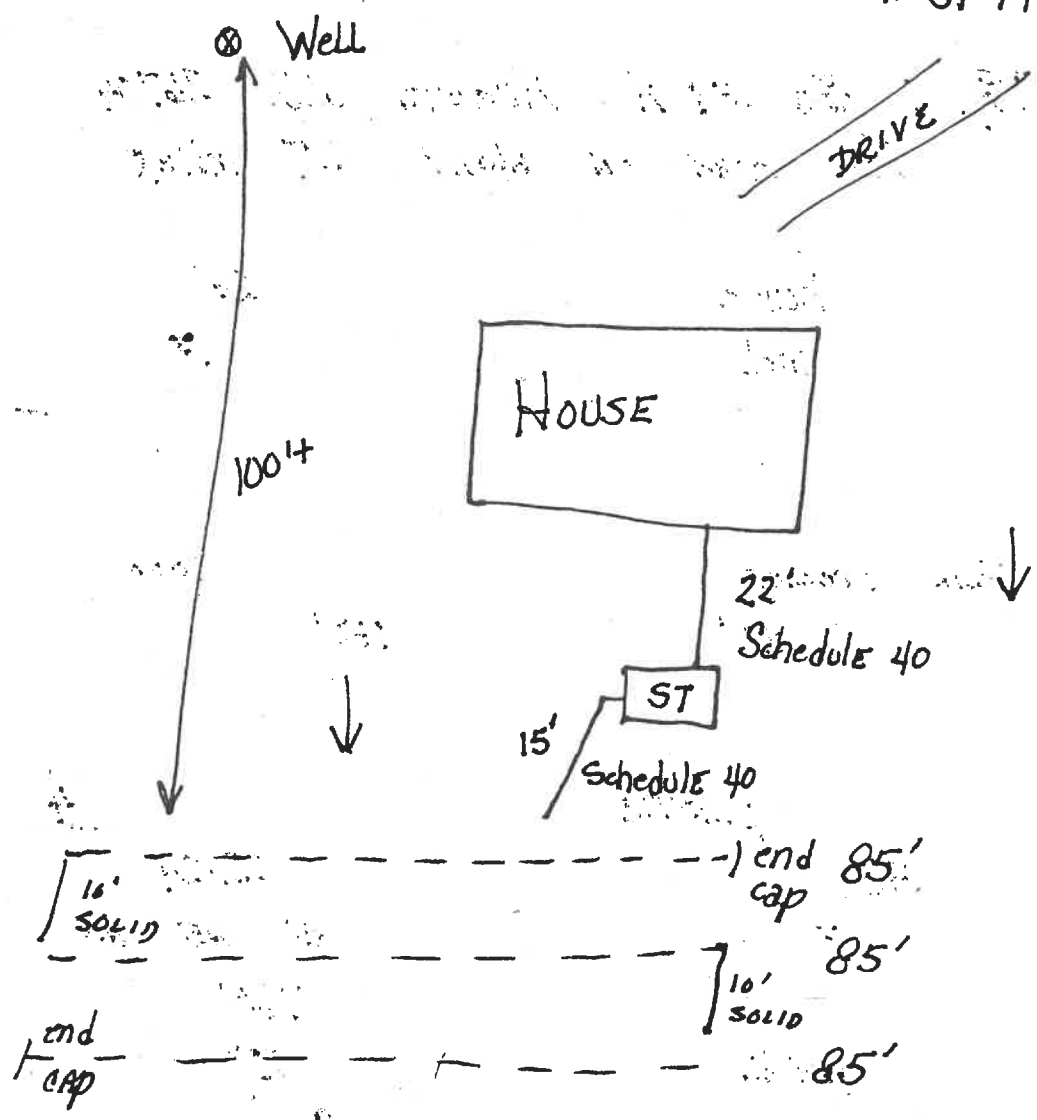
[Signature]
Sanitarian

SKETCH OF SYSTEM TO BE DRAWN ON BACK

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711 GALLERY
(Augusta)

* Augusta
* Hoy Road
* St-14-91-243



* ALL LINES LEVEL TO 2 INCHES

System Installed SEPTEMBER 24, 1990.

Installer
Calvin B. Davis
54-83-124

*Rec'd
9-10-90*

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

SW258

WELL COMPLETION REPORT

Date(s) 9/3-4/90 County Hampshire Permit #: DW-14-08-91-53
 Town: _____ Area Name/Location _____
 Well Owner: Phillip Gallery Address: Sy 1 Box 139 A
496-8009 Augusta Wv. 26704
 Telephone Number: _____
 Well Driller: B. Mark Smith Address: Star Rt Box 2-A
822-4786 Springfield Wv. 26763
 Telephone Number: _____

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-5	brown shale	Type of Well: <u>Home</u> Drilling Method: <u>Air-hammer</u>
6-84	extreme hard sandrock	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u>
85-90	broken formation	Well Depth: <u>275</u> Date Completed: <u>9/4/90</u>
91-184	hard sandrock	CASING: Length <u>21</u> Feet Height above ground <u>1</u> Feet
185-	water	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
186-275	hard sandrock.	<input type="checkbox"/> Other _____ Type _____
		SCREEN
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.
		<u>90 gph.</u>

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)			
Pumping Rate (GPM)	<u>1.5</u>		
Pumping Level (Ft Below Grade)	<u>275</u>		
Duration of Test (In Hours)	<u>1</u>		
Recovery Time to Static Level (In Hours)	<u>12</u>		

WELL HEAD

Pitless Adapter: Type, Make, Etc. To be installed w/ Pump Sys.
 Well Cap: Type, Make, Etc. Standard
 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.

B. Mark Smith 001
 Name Certification No.
B.W. Smith Well Drilling
 Registered Business Name
Benjamin Mark Smith 9/4/90
 Signed Date