

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

Permit # **ST-14-11-41A**

Name of Owner: Ridgerunner Properties LLC      Installer: Walter Fields  
Address: HC 64 Box 1628, Romney, WV 26757

Property Location: Capon Bridge Resort Lot 19 Lot Size: 2.2575AC Acres

Type of Facility: Residence Facility is:  New  Existing

Design Loading in gpd/# Bedrooms: 2 Source of Water: Well

### SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: precast concrete Pump Chamber 600 gal

Distances (in feet) of Tank to: Dwelling 12

Private  Public  Water Source: 105' Property Line: 10'

### ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter \_\_\_ In.  
Chamber Soil Absorption Trenches ( ) or Bed ( )

Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) LPP (x)

Evapotranspiration Trenches ( ) or Bed ( )

Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: \_\_\_\_\_

No. of Lines: 5 Length (in feet) of Each: 60', 60', 60', 60', 60'

Width of Trenches: 12 inches/feet      Depth to Bottom of Field: 12 inches

If Bed, Dimensions (in feet): \_\_\_\_\_ Size Equates to 1500 sq ft of SGF

Distance (in feet) of System to: Dwelling 20'

Private  Public ( ) Water Source: 112' Property Line: 10'

Remarks: \_\_\_\_\_

GPS: N39 19 44.0 W78 25 53.4

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.

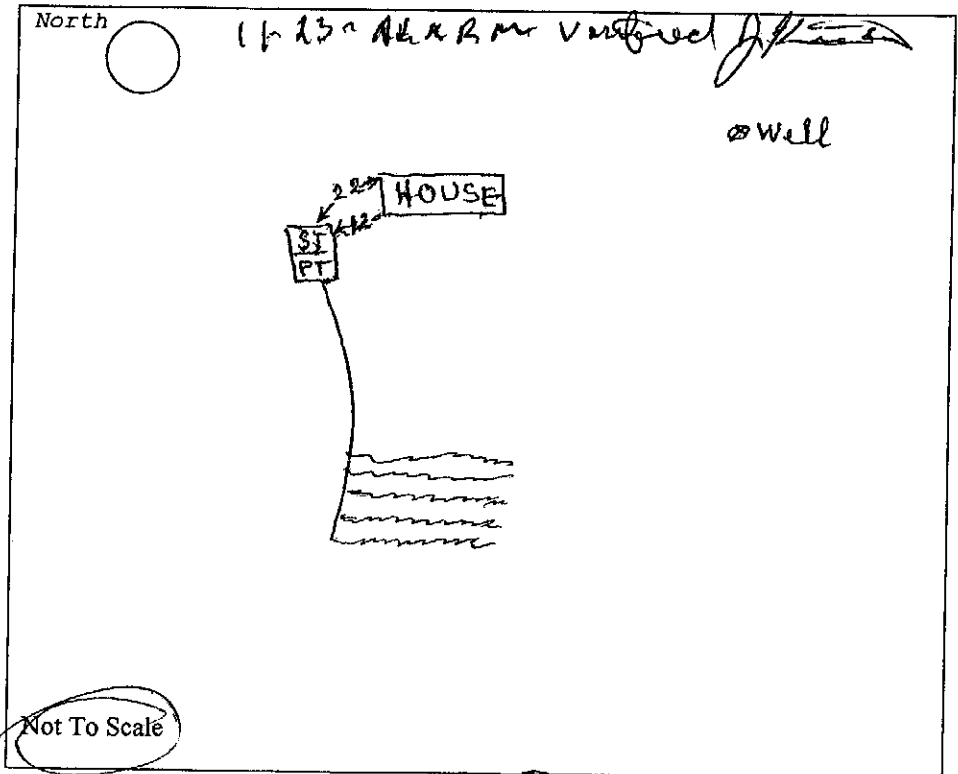
To correct a health hazard,  
Modifications to existing systems  
May be done to improve part of a  
System. Such modifications may  
Not be able to be designated as  
a Does meet system since  
Inadequate information is known.

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): 9-3-2010

11-23-2010

Not To Scale



FINAL INSPECTION DATE: 10/21/2010

SANITARIAN: [Signature]

Rev 3/08  <b>ST/CO USE ONLY</b> DATE RECEIVED  MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>  2  </u> <u>  12  </u>  PERMIT NO. DW- <u>  11115  </u>	<b>STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT</b>	<b>FORM SW-258</b> THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED  FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
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**LOCATION OF WELL**

Well Owner: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street/Road \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other	<b>AREA NAME/LOCATION:</b> <u>  Capon Bridge  </u> <u>  Resort  </u> <u>  Lot # 19  </u>	<b>TYPE OF WELL:</b> <input type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other _____
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WELL LOG		DRILLING METHOD	GROUTING RECORD
Depth	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other	Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: _____ Installation Method: <u>  Lump  </u>
From (ft.)	To (ft.)	Hole Diameter _____ (in) Total depth <u>  10.2  </u> (ft)	<b>PUMP INSTALLED</b> By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No <b>ESTIMATED WELL YIELD</b> Estimated at <u>  100+  </u> G.P.M. Static Water Level <u>  5  </u> (ft) *Pumping level below land surface _____ (ft) after _____ hrs. at _____ G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
0	26	<b>CASINGS RECORD</b> <b>MAIN CASING TYPE</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter <u>  6.75  </u> (in) Wall Thickness <u>  1.38  </u> (in) Casing Length <u>  4.0  </u> (ft) <b>Other Casing or Liner Used</b> Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)	<b>WELL HEAD COMPLETION</b> Casing height above grade <u>  1  </u> (ft) Type Of Well Cap _____ Installed: <u>  Kerr-Lynn Prod  </u>
26	10	<b>SCREEN RECORD</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft)	<b>VARIANCE ISSUED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____
If additional space is needed, use additional sheets and attach w/permit # at top.		<b>GRAVEL PACK RECORD</b> Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	<b>COMMENTS BY INSTALLER:</b>   

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name   M. J. ...   WV Contractor No.   ...    
 Business Registration No.   ...   Master Well Driller Certification No.   ...    
 Master Well Driller (print) \_\_\_\_\_  
 Master Well Driller Signature \_\_\_\_\_

**SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)**

Journeyman Well Driller Certification No. \_\_\_\_\_  
 Journeyman Well Driller (please print) \_\_\_\_\_  
 Apprentice and Name (s) \_\_\_\_\_