

STATE OF WEST VIRGINIA HEALTH DEPARTMENT

Community (Kno) 115 #49
Permit No.: ST-14-02-324
Tax Map: 7-A Parcel #: 49
County Road: _____

PRINTED OR TYPED

ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

County: Amber

Labossiere

Name of Owner: S Labossiere + M. Selan Installer: David Adams
Address: 359 MARCAM ST Romney WV 26757
Property Location: Community Knolls left house or right before turn
Type of Facility: House Facility is: New Existing () Lot Size: 3.2 Sq. Ft. (Acres)
Design Loading in gpd/No. Bedrooms: 4 BR Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: D-1
Distances (in feet) of Tank to: Dwelling: 27 Private () / Public () Water Source: 150 Property Line: 107

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: 30 inches/feet Depth to Bottom of Field: 30 inches
If Bed, Dimensions (in Feet): _____ If Chamber System, Name: Inf. No. 2 No. of Units: 39
Approved and Adequate Materials Used? Yes () No () Size Equates to: 1200 Square Feet of Standard Gravel Field.
Distances (in feet) of System to: Dwelling: 41 Private () / Public () Water Source: 190 Property Line: 107

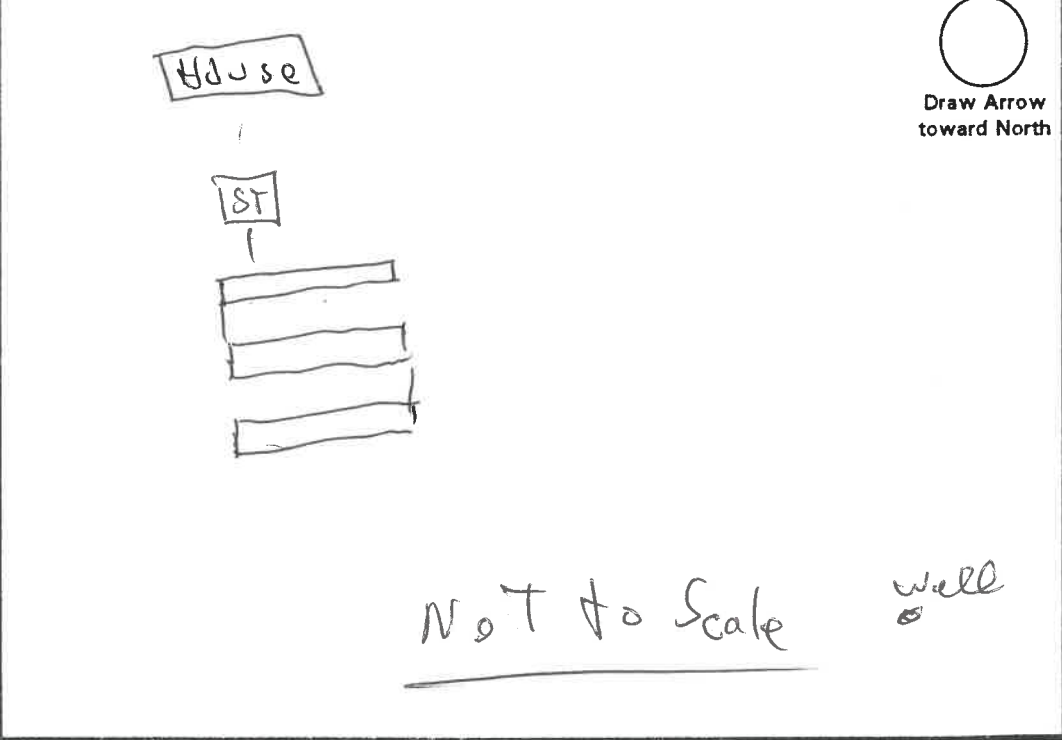
Remarks: _____

An inspection indicates that the sewage disposal system described above **DOES MEET** (X), **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): 4-12-02
Final Inspection Date: 8-29-02

Sanitarian: [Signature]

The proposed sewage system shall consist of:

Septic Tank: Capacity: 1000 gallons Material: CONC Manufacturer: ?

Absorption Field: Equivalent to 1200 square feet of conventional gravel trench system.

Trench System: No. of Lines: 4, Lengths: 100, 100, 100, 100, _____, _____ feet.

Gravel Trench Width: _____ inches, or Gravelless Pipe Diameter: 10 inches,

If Chamber System: Manufacturer: _____, Number of Chambers: _____.

Soil absorption bed: Requires an oversizing of bottom surface area by 30%.

If soil absorption bed, Length: _____ feet by Width: _____ feet, or if Chamber System,

Manufacturer: _____, Number of Chambers: _____.

Distances (to nearest):

Septic Tank to: Building Foundation: 20 feet, Property Line: 20 feet, Water Supply: 100 feet.

Absorption Field to: Building Foundation: 20 feet, Property Line: 20 feet, Water Supply: 100 feet.

Materials:

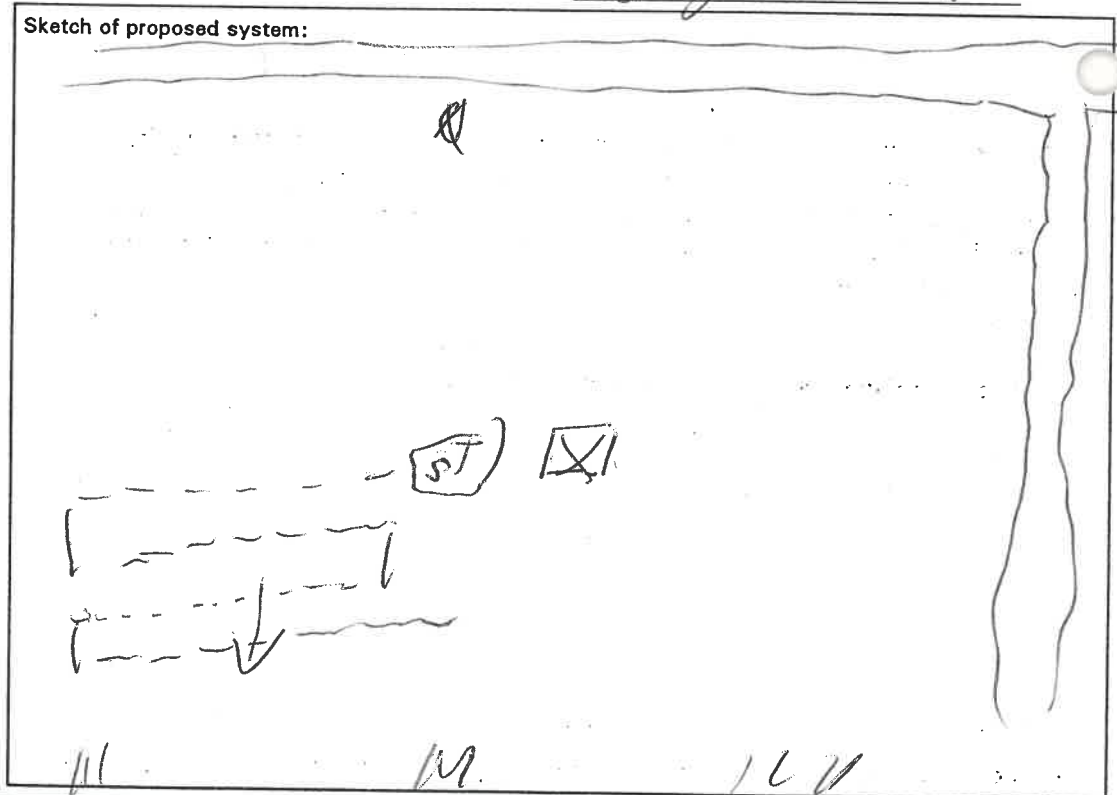
The installation or modification of all parts of the sewage disposal system, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Certified Installer or Owner-Installer: Gay Hanks

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

- Direction of ground slope
- (P) Percolation test site
- Property line
- (X) Residence or facility served
- (ST) Septic Tank
- - Soil absorption lines
- |||| Trees
- (X) Water source
- * Water supply line

Sketch of proposed system:



Show all structures or facilities to be served by on-site sewage system on the lot or tract.

FOR HEALTH DEPARTMENT USE ONLY:

Date Received: 4-1-02

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: Issued Denied Permit No.: _____

Rec. 9-17-02

WELL COMPLETION REPORT

Date(s) 9-06-02 County Hampshire Permit #: DW-14-02-231
 Town: Romney Area Name/Location Community Knolls Lot 49
 Well Owner: Michael Selan Address: 359 North Marsham Street
 Telephone Number: 822-4106 Romney, WV 26757
 Well Driller: Christoher Wolford Address: P. O. Box 952
 Telephone Number: 822-4092 Romney, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS: Pressure Grouted
0-1	Field Grass & Sod	Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u>
1-13	soft Brown Dirt	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u>
13-21	Red Shale	Well Depth: <u>700</u> Date Completed: <u>8-08-02</u>
21-37	Redsandstone	CASING: Length <u>60</u> Feet Height above ground <u>1</u> Feet
37-45	Lt. Blue Sandstone	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
45-50	Red Sandstone	Other _____ Type _____
50-69	Lt. blue Sandstone CONS	SCREEN
69-292	Red Sandsstone	<input checked="" type="checkbox"/> None Installed
292-304	Lt. Blue sandstone	Type _____ Diameter _____
304-490	Red Sandstone	Slot/Gauge _____ Length _____
490-700	Lt. Blue sandstone	Set Between _____ Ft. and _____ Ft.

PUMPING OR BAILING TEST

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	190		
Pumping Rate (GPM)	1/2		
Pumping Level (Ft. Below Grade)	685		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	15		

WELL HEAD

Pltless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. Royer W/1" Conduit
 Well Seal: Type, Make, Etc. _____
 Well Platform:
 Length _____ Width _____ Thickness _____
 Pressure Grouting: Yes No
 All Public Water Supplies must be grouted.

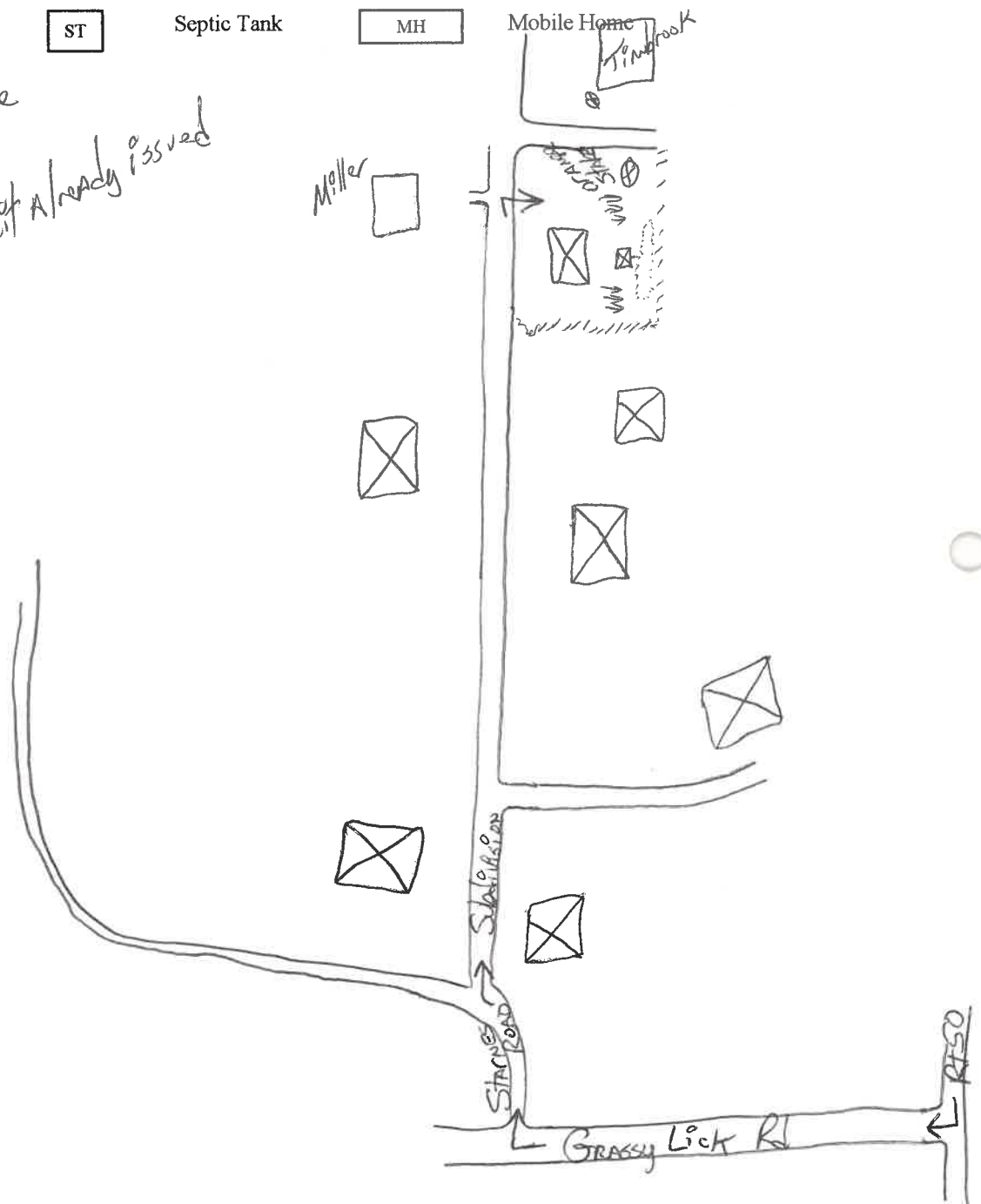
I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

Christopher Wolford
 Name _____ Certification No. _____
 Registered Business Name Miller Bros. Drilling
Chris Wolford
 Signed _____ Date 9-06-02

Please draw a sketch of the property showing existing or proposed well with locations, and distance to structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate and show distances to animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

- ☒ House
- ⊗ Water Supply
- Ⓟ Percolation Test Site
- Soil Absorption Line
- Dir. Of Ground Slope
- ___ Property Line
- ||||| Trees
- ST Septic Tank
- MH Mobile Home

*55# on site
Septic permit already issued*



FOR HEALTH DEPARTMENT USE ONLY:

COUNTY: _____

Date Received: 4.22.02

Coordinates: N _____ W _____

Date Evaluated: _____

Reviewed by: _____ Date fee paid: _____

Received From: _____

Permit: Issued Denied Permit No.: _____