

SS-177
Rev 3/04

West Virginia Department of Health & Human Resources
Department of Health

Permit #: ST-029-14-016
Tax Map Name: _____
Map # 42A Parcel # 12
County Road: _____
Coordinates: N _____ W _____

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT

Name of Owner: ROBERT & CARL FREEMAN Installer: WALTER FIELDS
Address: 8504 GRIGSBY DR. SPRINGFIELD, VA 22152
Property Location: PAINTER HILL RD TO THE BLUFFS, STR RT TO LOT #24 (SECT)
Type of Facility: RESIDENCE Facility is: New Existing Lot Size (ft²/acres): 20
Design Loading in gpd/No. Bedrooms: 3 Source of Water Supply: WELL

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: _____
Distance (ft) of System to: Dwelling: 50' Private Public Water Source: 125' Property Line: _____

ON-SITE DISPOSAL SYSTEM

Class I System: Standard Soil Absorption Trenches or Bed Gravelless Pipe Diameter: _____ Inches
Chamber Soil Absorption Trenches or Bed
Class II System: 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: 3 inches/feet. Depth to Bottom of Field: 24 inches.
If Bed, Dimensions: _____ feet. If Chamber System, Name: ABC, No. of Units: _____
Approved & Adequate Materials Used? Yes No Size Equates to: _____ Sq. Ft. of Standard Field
Distance (ft) of System to: Dwelling: 100' Private Public Water Source: 100' Property Line: _____
Remarks: _____

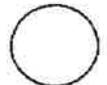
An inspection indicates that the sewage disposal system described above **DOES MEET** , **DOES NOT MEET** , **CANNOT BE DETERMINED TO MEET** the minimum standards established by the West Virginia Bureau for Public Health.

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:

SEE ATTACHED Dwg



Draw Arrow toward North

Visit Date(s): 8-21-13
Final Inspection Date: 8-27-13

Sanitarian: D. J. [Signature] 12.5.

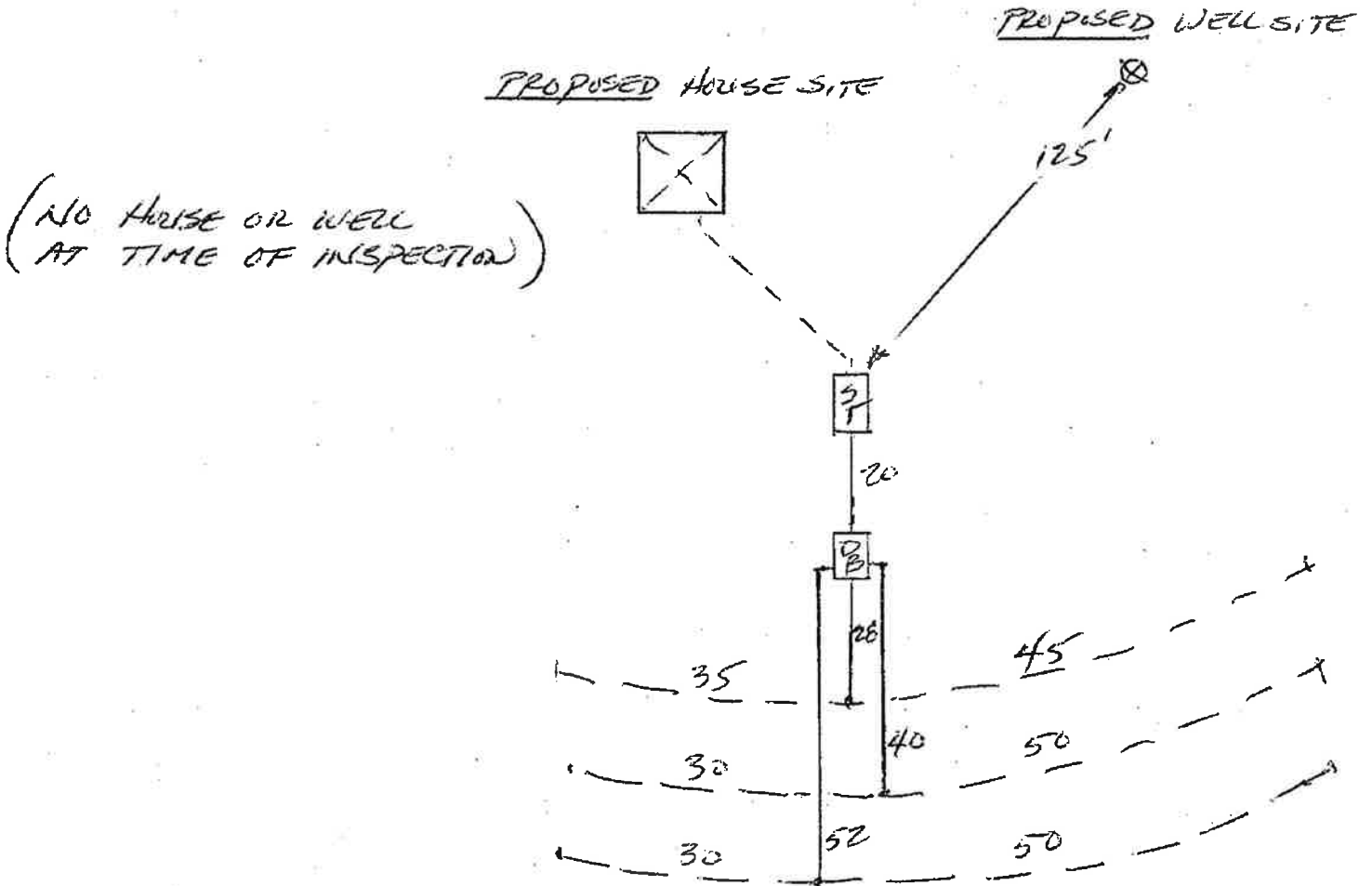
ROBERT & CARI FREEMAN
8504 GRIGSBY DR
SPRINGFIELD, VA 22152

INSTALLER: W. FIELDS
FINAL: 8-27-13
W. Fields

LOC OF PROP:
PAINTER HLW RD TO THE BLUFFS
STAY RT TO LOT # 29 (SEC I)

EPS TANK:

N: 39 26 55
W: 78 46 2.8'



Rev 2/11 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE THE WELL WAS COMPLETED MM DD YY <u>9 23 2013</u> PERMIT NO. DW- <u>029-14-006</u>	West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE																				
LOCATION OF WELL Well Owner: Last Name <u>Freeman</u> First Name <u>ROBERT</u> Street/Road <u>GRACES CABIN</u> County <u>MINERAL</u> Zip Code _____																							
Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other		AREA NAME/LOCATION: <u>BLUFFS ON THE POTOMAC LOT 29</u>																					
WELL LOG <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Depth</th> <th style="width:10%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> <th style="width:70%;">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>2</td> <td>slate Rock Ledge</td> </tr> <tr> <td></td> <td>2</td> <td>25</td> <td>Brown shale</td> </tr> <tr> <td></td> <td>25</td> <td>34</td> <td>Gray + Brown shale</td> </tr> <tr> <td></td> <td>34</td> <td>700'</td> <td>Gray shale</td> </tr> </tbody> </table> <p style="font-size: small;">If additional space is needed, use additional sheets and attach w/permit # at top.</p>		Depth	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).		0	2	slate Rock Ledge		2	25	Brown shale		25	34	Gray + Brown shale		34	700'	Gray shale	DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other Hole Diameter <u>6</u> (in) Total depth <u>700</u> (ft)	
Depth	From (ft.)	To (ft.)	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).																				
	0	2	slate Rock Ledge																				
	2	25	Brown shale																				
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	34	700'	Gray shale																				
		CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>DRIVE</u> <input type="checkbox"/> Other <u>SITOE</u> Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.153</u> (in) Casing Length <u>84</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft)																					
		SCREEN RECORD <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)																					
		GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)																					
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 <u>B.W. SMITH WELL DRILLING</u> WV Contractor No. <u>038905</u> Business Registration No. <u>1005-5345</u> Master Well Driller Certification No. <u>574</u> Master Well Driller (print) <u>Chris Wolford</u> Master Well Driller Signature <u>Chris Wolford</u>		ESTIMATED WELL YIELD Estimated at <u>1</u> G.P.M. Static Water Level <u>260</u> (ft) *Pumping level below land surface <u>648</u> (ft) after <u>1</u> hrs. at <u>1</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.																					
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) _____		WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>Harvard</u> VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____ COMMENTS BY INSTALLER: 60 Gallons per Hour 40 Gallons per Day <u>1 GPM</u> <u>60 Gallons per Hour</u> <u>1440 Gallons per Day</u> Pump To be Installed Later																					

Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____	DATE OF PUMP INSTALLATION MM DD YY <u>4 20 14</u> WATER WELL PERMIT NO. DW- <u>029-14-006</u>	STATE OF WEST VIRGINIA WATER WELL PUMP INSTALLATION REPORT	FORM SW-262 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER INSTALLATION IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
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PUMP INSTALLATION LOCATION
 Owner: LAST NAME FREEMAN FIRST NAME ROBERT

STREET/ROAD GRACES CABIN COUNTY MINERAL ZIP CODE _____

AREA NAME/LOCATION: <u>BLUFFS ON THE POTOMAC</u> <u>LOT 29</u>	WATER SYSTEM USE: <input checked="" 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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PUMPING EQUIPMENT Type Pump: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Other (specify) _____ Pump Manufacturer: <u>Franklin</u> Pump Model: <u>SFR15</u>	INSTALLATION DETAILS (CONT.) Pitless: <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> Pitless Unit Pitless Manufacturer: <u>American Grumby</u> Pitless Model: <u>PT 300</u> Method of Cutting Hole in Casing for Pitless: <u>Hole Saw</u> Storage Tank Model: <u>well/x trail 250</u> Check Valves Locations: <u>at Pump, 200, 400, outside Pitless</u> Well Disinfected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No By Whom: <u>installer</u>
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INSTALLATION DETAILS
 Well Diameter 6 inches
 Well Depth 700 (Ft)
 Static Water Level (from surface): 250 (Ft.)
 Depth of pump: 500 (Ft.)
 Riser Pipe: Material Poly Pipe
 Pressure Rating 250 (psi)

COMMENTS BY INSTALLER

I hereby certify that this well has been constructed in accordance with state rules and that the information presented herein is accurate and complete to the best of my knowledge.

Pump Equipment Installed by :

Property Owner Name (Print) _____ Pump Installation Test Passed on _____	Owner Signature _____
Company Name <u>B.W. Smith well Drilling</u> WV Contractor No. <u>038705</u> Business Franchise Number _____ Master Well Driller Certification No. _____ or Pump Installer Certification No. <u>628</u> Master Well Driller (print) _____ Master Well Driller Signature _____ Pump Installer (print) <u>Jon Mayer</u> Pump Installer Signature <u>[Signature]</u>	

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 Name(s) _____

ROC
5-27-14