

STATE OF WEST VIRGINIA

INSPECTION TO BE  
PRINTED OR TYPED

Pendleton County HEALTH DEPARTMENT

Permit No.: ST-76-00-051

Tax Map: \_\_\_\_\_ Parcel #: \_\_\_\_\_

County: Pend. 36

ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORM

County Road: \_\_\_\_\_

Name of Owner: JOE TAYLOR Installer: D. MEADOWS

Address: 8384 MAIN ST. PORT REPUBLIC VA 24471

Property Location: HIDDEN VALLEY

Type of Facility: CABIN Facility is: New (x) Existing ( ) Lot Size: 10-96 Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 2 Source of Water Supply: CISTERN

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: Rockingham

Distances (in feet) of Tank to: Dwelling: 16' Private ( )/Public ( ) Water Source: 65' Property Line: 100ft  
CISTERN

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches (x) or Bed ( ) Gravelless Pipe (x), Diameter: 10 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: 2 Length (in feet) of Each: 70, 70

Width of Trenches: 10 inches/feet Depth to Bottom of Field: 18-24 inches

If Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: \_\_\_\_\_, No. of Units: \_\_\_\_\_

Approved and Adequate Materials Used? Yes (x) No ( ) Size Equates to: 420 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 40' Private ( )/Public ( ) Water Source: 40' Property Line: 100ft

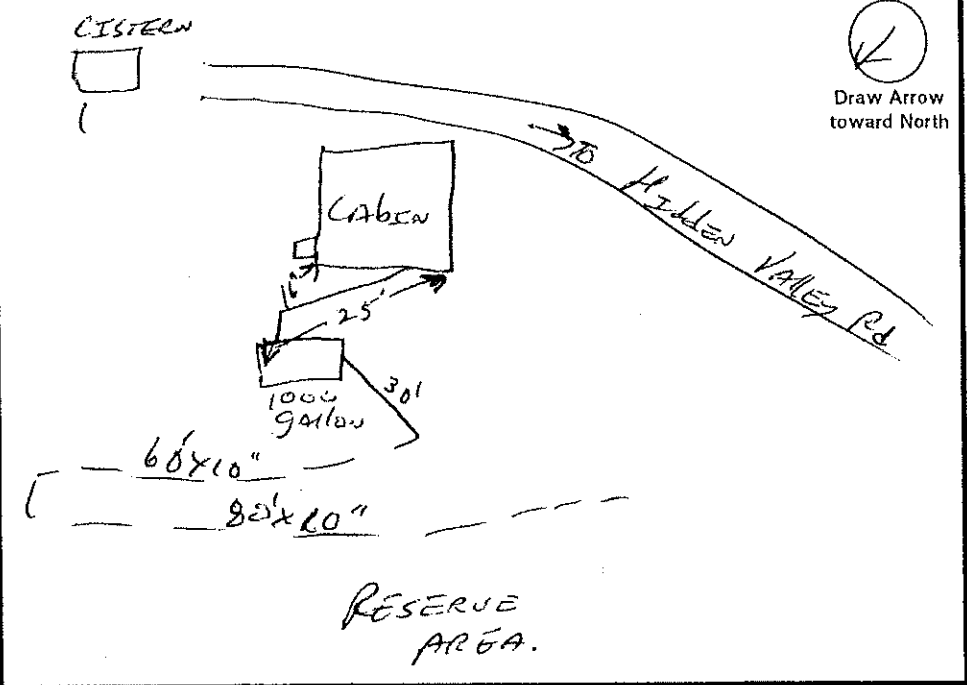
Remarks: CISTERN

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): \_\_\_\_\_

Final Inspection Date: JUNE 5, 2000

Sanitarian: Jay R. Mann, P.S.

Rev 3/08	DATE THE WELL WAS COMPLETED MM DD YY 3 15 13	STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
ST/CO USE ONLY DATE RECEIVED MM DD YY	PERMIT NO. DW-03-36-13-013		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

**LOCATION OF WELL**  
Well Owner: Last Name Woodward First Name Timothy L.  
Street/Road Hickory Valley Rd County Pendleton Zip Code 26807

Latitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec  
Longitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec  
Acquired By:  GPS  Topo  Other

**AREA NAME/LOCATION:**  
Smith Creek

**TYPE OF WELL:**  
 Potable  Public Water Supply  
 Geothermal  Industrial  
 Commercial  Dewatering  
 Irrigation  Test/Exploratory  
 Other

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 checked="" type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____
From (ft.)	To (ft.)	Hole Diameter <u>6</u> (in) Total depth <u>470</u> (ft)	No. of Bags: <u>401</u> Installation Method: <u>Positive Placement</u>
0	4	<b>CASINGS RECORD</b> MAIN CASING TYPE <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Other <u>Galv</u>	<b>PUMP INSTALLED</b> By Driller <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	8	Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.188</u> (in)	<b>ESTIMATED WELL YIELD</b> Estimated at <u>1 1/2</u> G.P.M. Static Water Level <u>300</u> (ft) *Pumping level below land surface _____ (ft) after _____ hrs. at _____ G.P.M. (Estimated)
8	14	Casing Length <u>33</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Other	*Note: For Public Water Supply wells please submit required yield and drawdown tests.
14	21	Casing/Liner Diameter <u>4</u> (in) Length <u>465</u> (ft) from <u>5</u> (ft) to <u>470</u> (ft)	<b>WELL HEAD COMPLETION</b> Casing height above grade <u>2</u> (ft) Type Of Well Cap Installed: <u>Vacuum Proof</u>
21	70	<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 _____	<b>VARIANCE ISSUED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____
70	71	Length _____ (ft) from _____ (ft) to _____ (ft)	<b>COMMENTS BY INSTALLER:</b>
71	85	<b>GRAVEL PACK RECORD</b> Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	
85	90		
90	112		
112	115		
115	147		
147	154		
154	174		
174	177		
177	233		
233	375		
375	385		
385	422		
422	425		
425	470		

If additional space is needed, use additional sheets and attach w/permit # at top.

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 Hyre's Well & Pump WV Contractor No. WV030768  
Business Registration No. 2188-0259 Master Well Driller Certification No. 573  
Master Well Driller (print) JASON HYRE  
Master Well Driller Signature [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) \_\_\_\_\_