



WEST VIRGINIA DEPARTMENT OF HEALTH

PERMIT



OWNER: John W. Smith and DRILLER: Raymond Honaker

are hereby issued a permit to construct a well located
(Construct, Modify or Abandon)
at Alderson, WV

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date Issued 1/12/05

Steve Wallace
Issuing Officer

Sanitarian
Title

Expires 1/12/06

MONROE
County Health Department

Permit No. DW-01-05-01

This permit is not transferable and any change of information submitted in application dated 12/19/04 will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

PAW

7702120E HEALTH DEPARTMENT
APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY
OR ABANDON A WATER WELL

PLEASE PRINT:

Property Owner: John W. Smith

Certified Driller: Raymond W. Hester

Address: RR. 1 Box 169
ALDERSON W. Va 24910

Address: HC 73 Box 15
Alderson W. Va 24910 Phone: 445-2875

Phone: (home) 304-445-7925(business)

Driller Certification No.: 200 WV Contractor's No.: WV011147

Directions to property: 1/2 mile south of Alderson on Route 3 - .6 mile Dark Hollow Rd

(Please provide specific and detailed directions)

Proposed facility to be served:

Facility served is

Residence, No. of bedrooms: _____ No. of individuals served: _____

New

Other Camp

Existing

Property deed recorded in Book No.: 109 Page(s): 366 Date the property deed was recorded: _____

Subdivision name: _____ Lot #: _____ Section #: _____

County tax map: _____ Parcel No.: _____ Size of Lot: 114 Square feet/acres

To the best of my knowledge, the information provided with this application is true and I understand that I am responsible for employing a properly certified and licensed well driller and to inform that driller of existing property lines and points of potential contamination. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or potential points of contamination.

John W. Smith
(Signature of the owner or authorized agent)

Water well will be constructed modified and will be used for potable water. water exploration abandoned or other purposes: _____

Type of Casing: metal

Type and Method of Grouting: Ben Seal

If abandoning well, Abandonment Method: concrete

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments _____ Sewers & Drains (non-watertight) _____ Privies (vault) _____
Sewage Absorption Fields none Sewers & Drains (hydrostat. tested) _____ Sewage Holding Tank _____
Septic Tank none Barnyard/Feeding/Watering Area _____
Other: _____

Distance to Property Line: _____

I certify that the installation or modification of all parts of the well, 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 Driller Raymond W. Hester

Date 12-19-04

WV Department of Health and Human Resources
 Bureau of Public Health
 Office of Environmental Health Services
 ENVIRONMENTAL ENGINEERING DIVISION

SW258
 10/01

WELL COMPLETION REPORT

Date(s) 2-12-05 County MARSH Permit #: DW-01-05-01
 Town: Alderson Area Name/Location Alderson Next Hollow Road
 Well Owner: John W. Smith Address: RR 1, Box 169
 Telephone Number: 304-445-1925 Alderson, WV 24910
 Well Driller: Raymond Nowak Address: HC 73, Box 15C
 Telephone Number: 304-445-2825 Alderson, WV 24910

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0-44	Brown Soil	Type of Well: <u>Potable</u> Drilling Method: <u>Rotary</u> Well Diameter: <u>6 1/2</u> Casing O.D.: <u>6 3/4</u> Well Depth: <u>420</u> Date Completed: <u>2-12-05</u> CASING: Length <u>44</u> Feet Height above ground <u>1 1/4</u> Feet <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron Other _____ Type _____
	Top blue shale	
44-100	blue shale	
	lit H ² O	
100-340	blue shale	SCREEN <input checked="" type="checkbox"/> None Installed Type _____ Diameter _____ Slot/Gauge _____ Length _____ Set Between _____ Ft. and _____ Ft.
	lit H ² O	
340-420	limestone	

PUMPING OR BAILING TEST

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

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
 Well Cap: Type, Make, Etc. _____
 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.

Raymond Nowak 200
 Name Certification No.
Raymond Nowak Well Drilling
 Registered Business Name
Raymond Nowak 2-16-05
 Signed Date

PERMIT TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
Monroe County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-32-05-46
Tax Map _____ Parcel # _____
County Road No.: _____

Owner: John W. Smith
Address: Rt. 1 Box 169
Alderson WV 24910

Certified Installer: Conn Feamster
Address: HC 71 Box 24
Alderson WV 24910

You are hereby issued a permit to: install, or modify an on-site sewage disposal system located:
Turn on Dark Hollow Rd. (3/1) near Alderson go .6 mi. turn right go .4 mi. to house.

Facility: SFD Design Flow: _____ Lot Size: 114 Sq. Ft./Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 5/16/05, AND THE PROPER INSTALLATION OF THE HEREIN DESCRIBED SYSTEM, THE SYSTEM SHALL BE IN COMPLIANCE WITH APPLICABLE WEST VIRGINIA SEWAGE SYSTEM RULES AND DESIGN STANDARDS.

The sewage system shall consist of a:

- Septic tank - Capacity : 1000 gallons or more, Constructed of: _____.
- Soil disposal system with a minimum equivalency of 600 square feet of conventional gravel trench area.
Depth to the bottom of the trench or bed installation shall be: 24 inches from original ground surface.
- Gravel system: Lengths of lines: _____, _____, _____, _____, _____, _____ feet, Width: _____ inches.
- Chamber system: Number of units: 32, Length of lines: _____, _____, _____, _____, _____ units,
Manufacturer of chamber: Infiltrator.
- Bed system: Gravel, Chamber; Length: _____ feet, Width: _____ feet.
- Other: _____

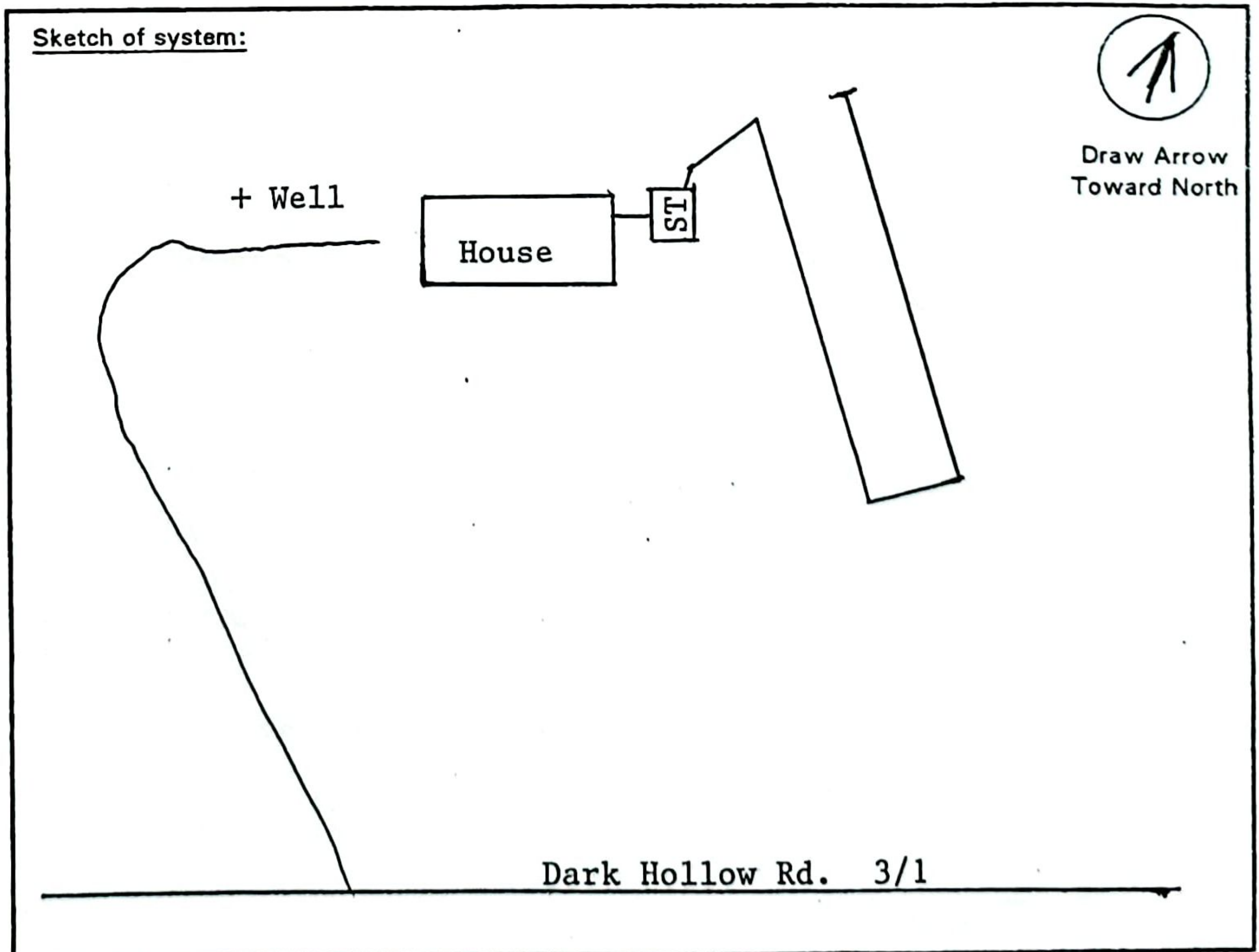
This permit is non-transferable and automatically expires 12 months after issue date.

This permit is **NULL and VOID** when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department: 24 hours or more prior to planned inspection time.

Sketch of system:



Issue Date 7/27/05

Monroe County Office / Phone Number 772-3064

Additional specifications on reverse:

Steve Wallaw
Health Officer or Sanitarian

TAW

SS-182
Rev. 8/01
Side A

Monroe County DEPARTMENT OF HEALTH
STATE OF WEST VIRGINIA



APPLICATION FOR A PERMIT TO
CONSTRUCT, MODIFY OR ABANDON A WATER WELL AND/OR
INSTALL OR MODIFY A SMALL SEWAGE DISPOSAL SYSTEM

Property Owner(s) John W. Smith Soc. Sec. No. (s) 234-54-9248

Address RFL Box 169

City, State, Zip ALDERSON WV 24910 Telephone: (H) 304-445-7925 (W) 504-1111

Location of property (be specific): 1/2 mile south of ALDERSON on RT-3, 6 mile DARK Hollow Rd

Facility served is: New Existing Size of Lot 114 sq. ft./acres. Water Source: WEI

Type Facility: Residence: No. of bedrooms 2 No. of individuals served 2
 Other _____

Property Deed Recorded in Book No. 109 Page 366 Date Recorded _____

County tax map _____ Parcel No. _____

Name of subdivision _____ Approval No. _____ Section _____ Lot _____

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created. On lots created after July 1, 1970, permits for individual sewage disposal systems shall be withheld until a subdivision approval has been granted which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the well driller and sewage system installer of the existing or proposed locations of sewage systems and well. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of the existing sewage system or well if said location is presently unknown to me.

Date: 5-16-2005

Signature of Owner: John W. Smith

WATER WELL INFORMATION

Application is for a permit to Construct Modify or Abandon a water well.

If constructed or modified, well will be used for potable water water exploration other _____

If abandoning well, abandonment method: _____

Type of casing _____ Type & Method of Grouting _____ Distance to Property Line _____ ft.

Distance of Well from Potential Sources of Contamination:

Streams, rivers, impoundments _____ Sewers & drains (non-watertight) _____ Privies (vault) _____
Sewage absorption fields _____ Sewers & drains (hydrostat. tested) _____ Barnyard/feeding _____
Septic tank _____ Sewage holding tank _____ Water areas _____
Other _____

Well Driller (please print) _____ Telephone _____

Business Address _____

Well Driller's Certification No. _____ Expiration Date _____ Liability Insurance Expiration Date _____

Dept. of Labor Contractor's License No. _____ Exp. Date _____ Issued to _____

Contractor's Bond or Letter of Credit Expiration Date _____

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit and current liability insurance coverage.

Date: _____

Signature of Certified Well Driller: _____

FOR HEALTH DEPARTMENT USE ONLY County: Monroe Coordinates N _____ W _____ Date Recv'd. 7-27-05
Date Site Evaluation _____ Reviewed by SW Date Fee Paid 7-27-05 Received From _____
Contractor's Bond/Letter of Credit Exp. Date Verified By _____ Liability Insurance Exp. Date Verified By _____
Water Permit Issued Denied Permit No. _____ Sewage Permit Issued Denied Permit No. ST-32-05-46
Comments _____

8/2/05 - sent DEP pamphlet
ct

SEWAGE DISPOSAL SYSTEM INFORMATION

Application is for a permit to: Install Modify
 Check all that apply: Septic Tank Absorption Field Holding Tank Pit Privy Vault Privy
 Alternate System (attach detailed plans) Chemical/Composting Toilet Other: _____

Septic Tank: Capacity (gallons) 1000 Material CONCRETE Manufacturer _____

Absorption Field: Equivalent to _____ sq.ft. of conventional gravel trench system.

Trench System: No. of lines _____ Lengths _____, _____, _____, _____, _____ ft. Pipe ASTM No. _____

Gravel Trench Width _____ inches; or Gravelless Pipe Diameter _____ inches.

Chamber System: Manufacturer INFILTRATOR No. of Chambers 32

Soil Absorption Bed (Requires oversizing of bottom surface area by 30%.)

If soil absorption bed: Length _____ feet by Width _____ feet Pipe ASTM No. _____

If chamber system: Manufacturer _____ No. of Chambers _____

Distances in feet (to nearest) Septic tank to: Bldg. foundation 15' Property line 1/2 mi Water supply 175'

Absorption field to: Bldg. foundation 80' Property line 1/2 mi Water supply 110'

Percolation Test: Test Holes #1 = 60 mins. #2 = 65 mins. #3 = 65 mins. #4 = 70 mins.

Total minutes = 260 divided by 24 = 10.8 average time for water to fall one inch.

Six-foot hole free of water or solid rock? Yes No Test conducted on (date) _____

The undersigned certifies that the percolation test was conducted by the owner, or a certified installer, using approved procedures as outlined in the design standards. In the event that the percolation rate has received previous approval in a subdivision application to the health department, the owner's signature shall certify acceptance of the percolation test results for purposes of system design.

Date: 7-26-2005 Signature of Owner: John W. Smith

I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Installer (please print) CONN FEAMSTER Telephone 445-7720

Business Address HC 71 Box 24

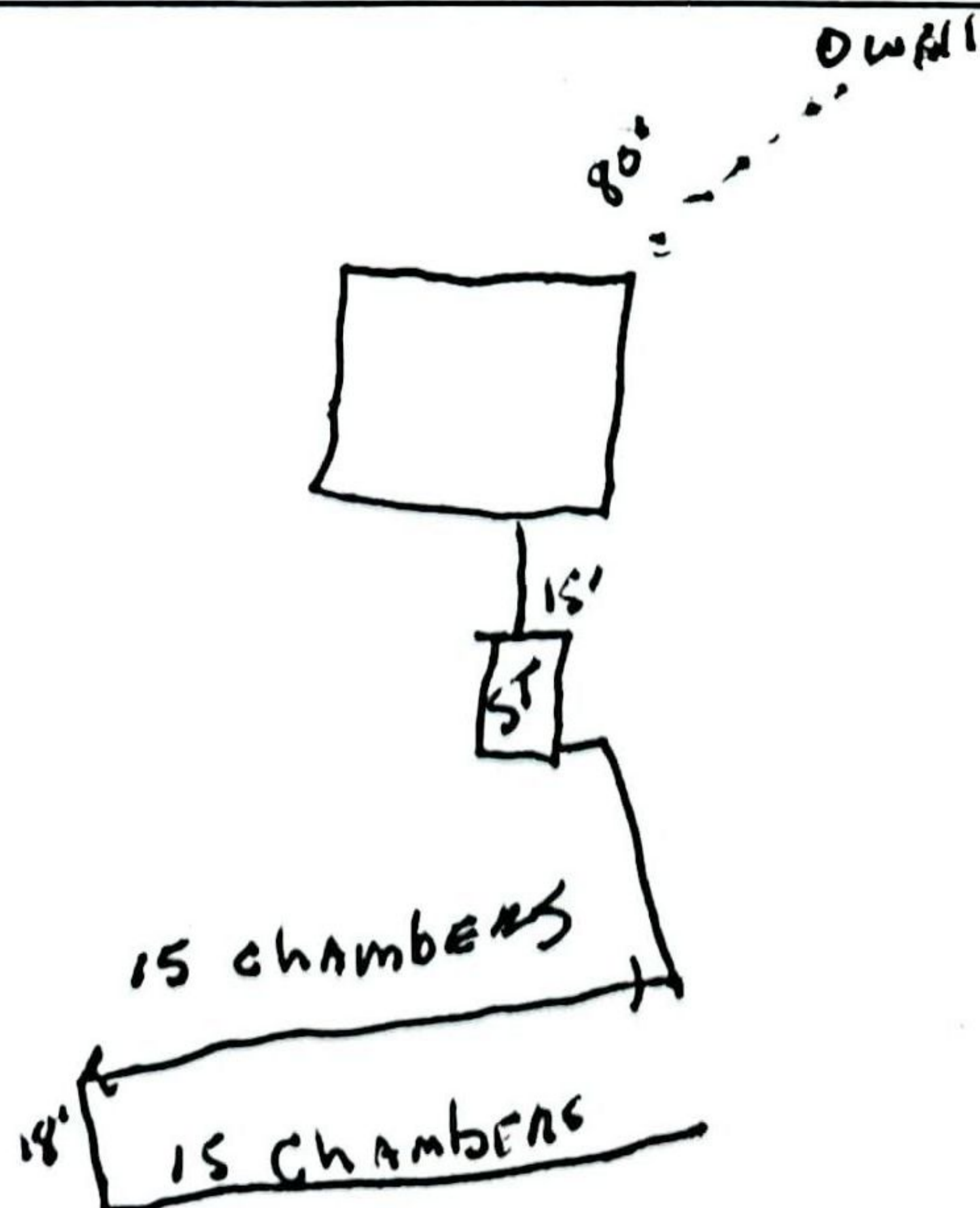
Installer's Certification Number 54910403 Expiration Date _____

Dept. of Labor Contractor's License No. _____ Exp. Date _____ Issued to _____

Date: 7-26-2005 Signature of Installer: Conn Feamster

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

- House -x- Water supply line ● Water Supply ||||| Trees ⊕ Percolation test site [ST] Septic tank
- Soil absorption line • Direction of ground slope _____ Property line [MH] Mobile Home



SS 177 7/96

STATE OF WEST VIRGINIA

Permit No.: ST-32 - 05- 46

INSPECTION TO BE
PRINTED OR TYPED

Monroe County HEALTH DEPARTMENT

Tax Map: _____ Parcel #: _____

ON-SITE SEWAGE DISPOSAL SYSTEM

County Road: 3/1

County: Monroe

INSPECTION FORM

Name of Owner: John W. Smith Installer: Conn Feamster

Address: Rt. 1 Box 169 Alderson WV 24910 HC 71 Box 24 Alderson WV 24910

Property Location: Go .6 mi. on cr 3/1 near Alderson turn right go .4 mi. to house.

Type of Facility: SFD Facility is: New (X) Existing () Lot Size: 114 Sq. Ft./Acres

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

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Greenbrier Vault

Distance (in feet) of Tank to: Dwelling: 61' Private (X)/Public () Water Source: 104' Property Line: 100'+

ON-SITE DISPOSAL SYSTEM

Class I Systems:	Standard Soil Absorption Trenches () or Bed ()	Gravelless Pipe (), Diameter: _____ inches
	Chamber Soil Absorption Trenches (X) 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: 99', 99'

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 20-24 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: Infiltrator, No. of Units: 32

Approved and Adequate Materials Used? Yes (X) No () Size Equates to: 960 Square Feet of Standard Gravel Field.

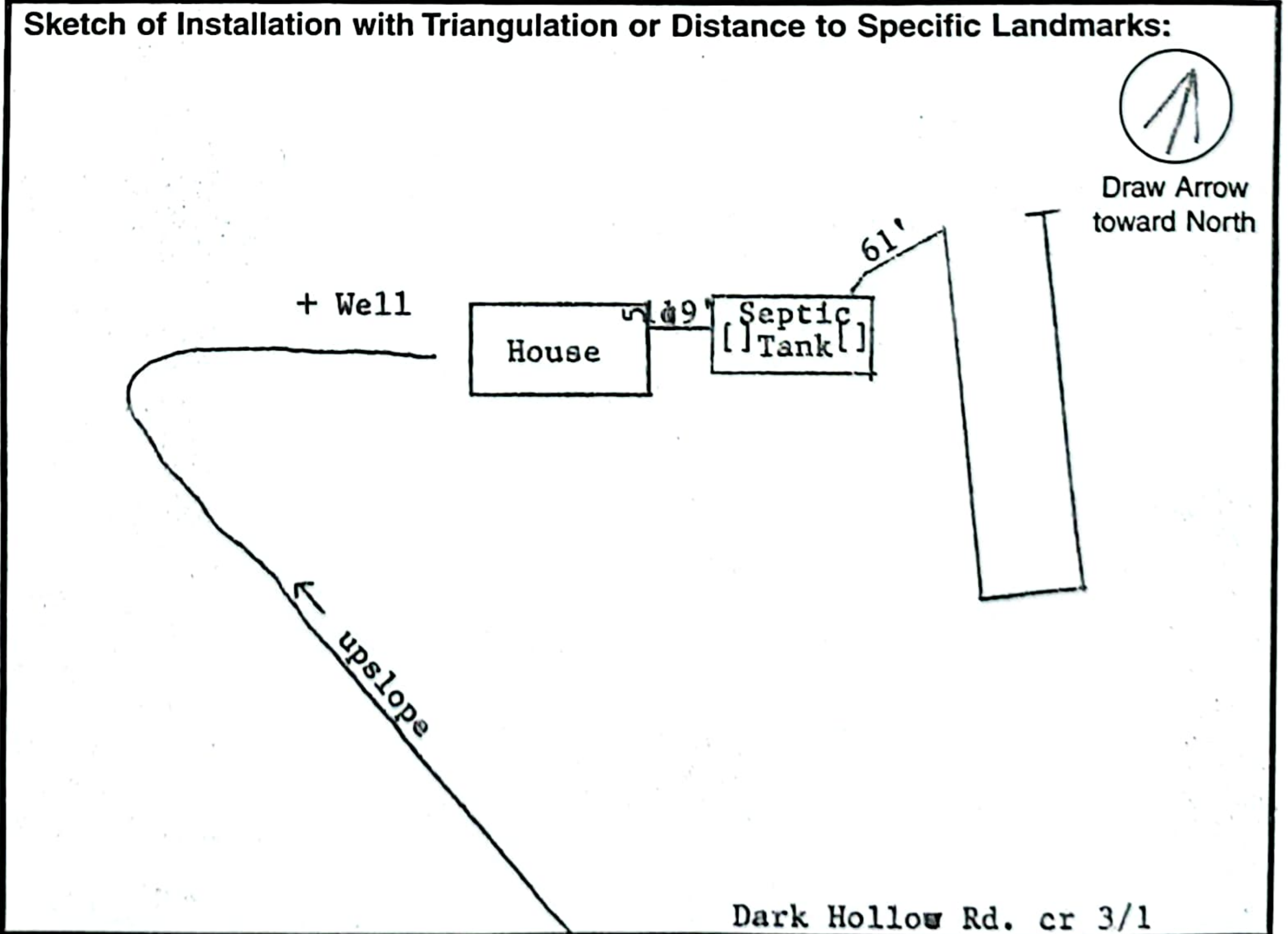
Distance (in feet) of System to: Dwelling: 75' Private (X)/Public () Water Source: 168' Property Line: 100'+

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.



Visit Date(s) 12/21/04

Final Inspection Date: 7/27/05

Sanitarian: Steve Wallau