

STATE OF WEST VIRGINIA

MINERAL COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST -029 - 03 - 049
Tax Map _____ Parcel # _____
County Road No.: _____

PERMIT TO BE
PRINTED OR TYPED

Owner: Ronald D. Kuykendall
Address: Rt 6 Box 6491
Keyser, WV 26726

Certified Installer: Benny W. Evans
Address: Rt 1 Box 228-C
Keyser, WV 26726

You are hereby issued a permit to: install, or modify an on-site sewage disposal system located:
1 1/2 mile on Push Root Road from Headsville Road on right

Facility: Residence Design Flow: 3 BR Lot Size: _____ Sq. Ft./Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION DATED 11/20/02, 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: concrete.
- Soil disposal system with a minimum equivalency of 10,000 square feet of conventional gravel trench area.
Depth to the bottom of the trench or bed installation shall be: 30 inches from original ground surface.
- Gravel system: Lengths of lines: 100 , 100 , 100 , _____ , _____ , _____ feet, Width: 36 inches.
- Chamber system: Number of units: _____, Length of lines: _____, _____, _____, _____ units,
Manufacturer of chamber: _____.
- Bed system: Gravel, Chamber; Length: _____ feet, Width: _____ feet.
- Other: _____

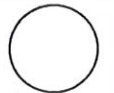
This permit is non-transferable and automatically expires 12 months after issue date.

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:
48 hours or more prior to planned inspection time.

Sketch of system:



Draw Arrow
Toward North

See Application

November 21, 2002
Issue Date

Mineral 788-1321
County Office / Phone Number

**Additional specifications
on reverse:**

Carl A. [Signature]
Health Officer or Sanitarian

Row Key Kennell

12-10-02

Bennie Euser

