

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

Permit No.: ST-14-03-198
Tax Map 6 Parcel # 3
County Road No.: _____

PERMIT TO BE
PRINTED OR TYPED

Owner: McDoune Properties Certified Installer: Travis Kudwell
Address: P.O. Box 567 Address: P.O. Box 9
Capon Bridge, WV 26711 Levels, WV 25701

You are hereby issued a permit to: install, or modify an on-site sewage disposal system located:
SHADOW KNOLLS Lot 18

Facility: House Design Flow: 3 BR Lot Size: 20.3 Sq. Ft./Acres Water Source: well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 6-26-08, 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 1200 square feet of conventional gravel trench area. Depth to the bottom of the trench or bed installation shall be: 24-36 inches from original ground surface.
 - Gravel system: Lengths of lines: _____, _____, _____, _____, _____ feet, Width: 26 inches.
 - Chamber system: Number of units: 39, Length of lines: 13, 13, 13, _____ units. Manufacturer of chamber: _____
 - Bed system: Gravel, Chamber; Length: _____ feet, Width: _____ feet.
 - Other: 240 linear feet of 36" Chamber System
Diversion Ditch if needed

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

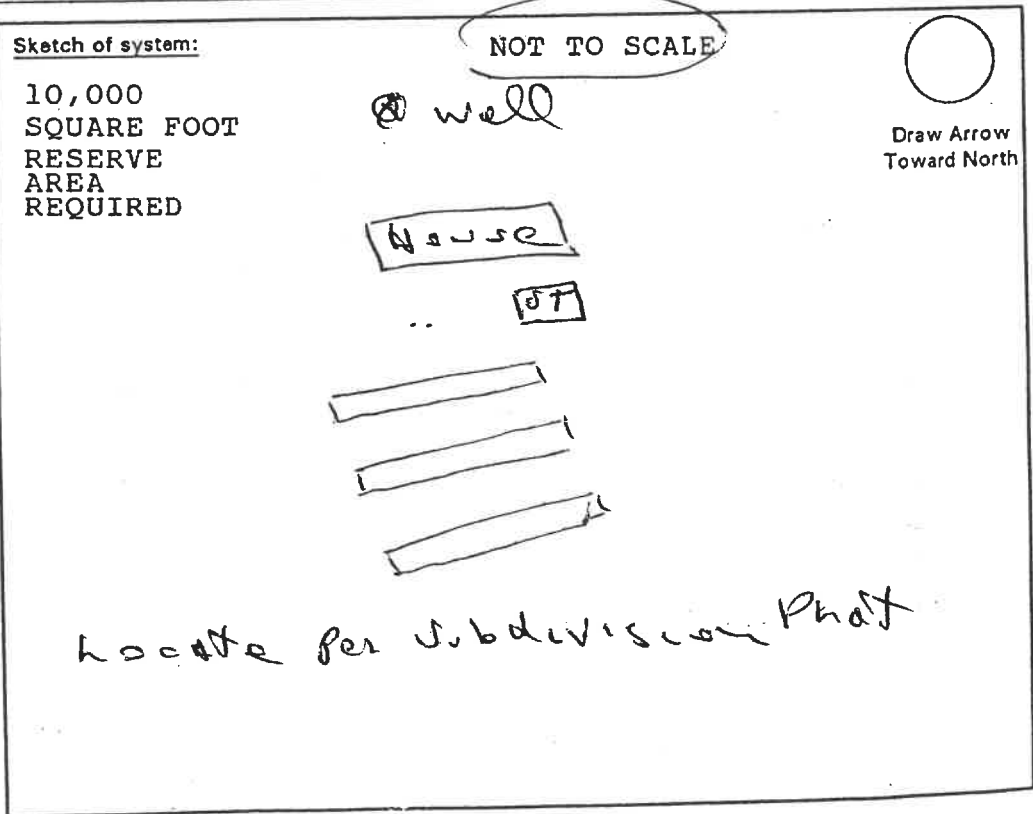
This permit is **NULL and VOID** when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

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: 72 hours or more prior to planned inspection time.

2-20-08
Issue Date

822-5111
County Office / Phone Number



Additional specifications
on reverse:

[Signature]
Health Officer or Sanitarian

STATE OF WEST VIRGINIA
Hampshire HEALTH DEPARTMENT
APPLICATION FOR A PERMIT TO INSTALL OR MODIFY
A SMALL ON-SITE SEWAGE DISPOSAL SYSTEM

Property Owner: Melbourne Properties Certified Installer: Travis Kidwell Class: I II
 Address: P.O. Box 567 Address: P.O. Box 9
Capon Bridge, WV 26711 Levick, WV 25431 Phone: 492 5440
 Phone: (home) _____ (business) 856-2957 Installer No.: 51620207 WV Contractor's No.: 33455
 Directions to property: Shadow Knolls

Proposed facility to be served: *(Please provide specific and detailed directions)*
 Residence, No. of bedrooms: 3 No. of individuals served: 3
 Other, _____
 Facility served is: New Existing Water Source: well
 Property deed recorded in Book No.: 408 Page(s): 372
 Date the property deed was recorded: _____
 If lot or tract created after July 1, 1970, please refer to Subdivision box. →
 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.
 Subdivision name: Shadow Knolls Approval number: WV615100
 County tax map: 6 Parcel No.: 3 1 of 19
 Size of Lot: 20.312 square feet 1/2 acres

Unless the division of a tract, lot or parcel results in lots in excess of two acres and in which those lots have an average frontage of 150 feet or more, permits for individual sewage disposal systems shall be withheld until a completed application for the subdivision is approved 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 with this application is true and I understand that I am responsible for employing a properly certified and licensed sewage system installer and for informing that installer of the existing or proposed locations of any water sources and property lines. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing water sources or water supply lines.

R. B. Shadepard
 (Signature of the owner or authorized agent)

Application is herein made to: Install Modify a/an:
 Septic Tank Absorption Field Alternate System Other: _____
 Soil percolation tests were conducted on 6-20-02, at a depth of 21 inches.
 The time, in minutes, for the final 6 inch drop in each test hole is as follows:

| Test Hole: | #1 | #2 | #3 | #4 | 6 feet hole free of Water and solid rock |
|------------|------------|------------|------------|------------|---|
| Time: | <u>176</u> | <u>190</u> | <u>183</u> | <u>191</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

 Times given for each percolation test hole are to be added together to give a total number of minutes: 740,
 then the total shall be divided by 24 in order to give the average time for a one inch drop: 30.8 (minutes per inch)

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.

Signed: Travis Kidwell, on this date: 6-22-02

Reverse of form must be completed.

The proposed sewage system shall consist of:

Septic Tank: Capacity: 1000 gallons Material: concrete Manufacturer: Jolia

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

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

Gravel Trench Width: _____ inches, or Gravelless Pipe Diameter: _____ 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: 10 feet, Property Line: 100 feet, Water Supply: 100 feet.

Absorption Field to: Building Foundation: 30 feet, Property Line: 100 feet, Water Supply: 100 feet.

Materials:

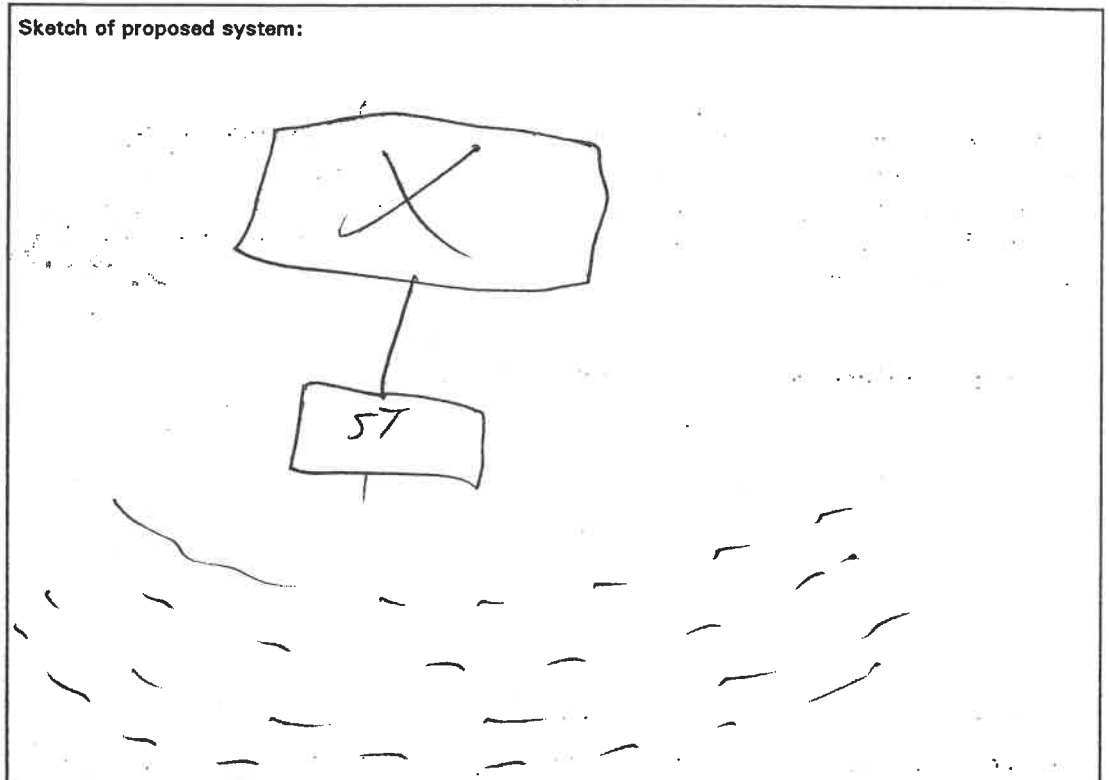
The installation or modification of all parts of the sewage disposal system, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended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

Signature of Certified Installer or Owner-Installer: *Tom Huber*

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
- Ⓟ Percolation test site
- Property line
- ⊠ Residence or facility served
- ST Septic Tank
- Soil absorption lines
- |||| Trees
- ⊗ 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: 6-26-02

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: Issued Denied Permit No.: _____