

SS-183 7/96

PERMIT TO BE PRINTED OR TYPED

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

Permit No.: ST-14-00-371
Tax Map _____ Parcel # _____
County Road No.: _____

Owner: Melbourne Corp
Address: P.O. Box 567
Cyan Branch, WV

Certified Installer: P. W. Edwell
Address: W.C.G. Box 128
Point, WV

You are hereby issued a permit to: Install, or modify an on-site sewage disposal system located:
Regal H. 11 S Lot # 6

Facility: House Design Flow: 3 Lot Size: 20 Sq. Ft./Acres Water Source: well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 3-1-00, 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 900 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: 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: May also be 10" gravelless or equivalent 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.

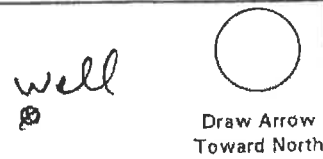
All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department: 72 hours or more prior to planned inspection time.

Sketch of system:

NOT TO SCALE

10,000 Square foot Reserve Area Required



5-22-00
Issue Date

822-5111
County Office / Phone Number

Additional specifications on reverse:

P. W. Edwell
Health Officer or Sanitaria