8S-182A Rev 6/07

West Virginia Department of Health & Human Resources Department of Health



Application for a Permit to Install or Modify an Onsite Sewage Disposal System

Property Owner Several Share Sha	Property Owner	every	Shine	eton	Pho	ne (H) 309-3	57 0570 (W)	
Has this property ever been previously denied for a permit? Yes \ No \ Date \	Address _ M+. T	2000	9	City Dd	FIELDS	State	Zip Code	210845
Has this property ever been previously denied for a permit? Yes \ No \ Date \ Pacility is New \ Existing \ Lot Size \ Acres \ Sq. Pt \ Water Source \ Number of Bedrooms \ Number of Bedroom	Property Location	anex	MK	5A09.7	+ 540	chey R	690	Course Service
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Type Facility Residence Number of Bedrooms Number Individuals Served Design Daily Flow gpd Deed Recorded in Deed Book Page County Tax Map Parcel No. Subdivision Name 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 comptly 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 sewage systems installer of the existing or proposed locations of sewage systems and water sources including wells. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of an existing or proposed sewage systems or wells if presently unknown to me. Date: Sewage Disposal System Information Sewage Disposal System Information Sewage Disposal System Information Sewage Disposal System Information Date: Separature of Owner: Signature of Owner: S	Facility is New	Existing	Lot Size	Acre	s 🗆 /So. Pt. 🗆	Water Sour	ce	-
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Sewage Disposal System Information Lot Z	informing the sewage s further understand that existing or proposed se	ystem installer of it is my responsib wage systems or	the existing or pility to consult wells if present	proposed locati the sanitarian for by unknown to r	ons of sewage sy or assistance as n	stems and water secessary and to	sources including determine the loc	g wells. I ation of any
Check all that apply: Septic Tank Absorption Field Holding Tank Pit Privy Vault Privy Alternative System (attach detailed plans) Chemical/Composting Toilet Other Minutes Test Holes #1 205 mins. #2 220 mins. #3 215 mins. #4 190 mins Total Minutes = 830 Divided by 24= 34.5 Average time for water to fall one incl Six-foot hole is free of water or solid rock? Yes No Test conducted on (date) Thereby certify that the percolation test was conducted in accordance with the procedures outlined in the Sewage Treatment and Collection System Design Standards, 64CSR47. Notice: all homeowner installers must pass a certification examination administered by the Local Health Department prior to conducting perc testing. Port Health Department Use: Coordinates N W Date Rec'd					m Information	Lõ	TZ	
Alternative System (attach detailed plans) Chemical/Composting Toilet Other Percolation Test: Test Holes #1 205 mins. #2 220 mins. #3 215 mins. #4 190 mins Total Minutes = 830 Divided by 24= 34.5 Average time for water to fall one incl Six-foot hole is free of water or solid rock? Yes No Test conducted on (date) Thereby certify that the percolation test was conducted in accordance with the procedures outlined in the Sewage Treatment and Collection System Design Standards, 64CSR47. Notice: all homeowner installers must pass a certification examination administered by the Local Health Department prior to conducting perc testing. Poste: 2 8 - 2018 Signature of Certified Installer: For Health Department Use: Coordinates N W Date Rec'd					-14: T1-	l nan-in-	1 .v	-
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Drain Field	. Seeny of w	Outlet Filter	Used ? Yes	389	Cop Seam O or 1	
Drain Field: Materials: 300 ft²/BR 400 No. Lines	Gravel G	Section 0's	Chambers C	No Manu	facturer or 1	Mid Seam
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Report Width (ft)	Average	(n)	- 1 / / -	_x		
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Absorption Bed:	Length (A)	ply): Distributio	n Box 🗔 s		Pipe ASTMA	2037
Effluent distribution If Absorption Bed: I Separation Distances (ft)	0-(ii)	Width	If chamba	☐ Pump dos	ed Sinhon	- 7
Separation Distances (ft) Abs Draw a sketch of the proper and the proposed sewage and	Sentio	Charit	statioers:	# Used	_ Brand	sed
Ahe	Omti- o	Bldg Foundation	n 20	GFS R		Patring
Draw a sketch of the	orption neld to:	Bldg Foundation Bldg Foundation	Prope	rty Line	Water S	
and the proposed sewage en	ty showing any ex	isting or	Prope	rty Line	Water Suppl	y
Draw a sketch of the proper and the proposed sewage sy Design Sketch:	as it is to be	installed. Show all	vell locations, the k	ocation of all et-	set suppl	y
Sketch:		and the second second	suuctures and facili	ities to be served	by on-site server	e locations,
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eby certify that the installati be done in compliance with	IOU OF IDOUTHCAND	ii or am bares or me	sewade mshozat sa	stem, including	redunen marci iar se	andarus,