

PERMIT TO BE  
PRINTED OR TYPED

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

Permit No.: ST-14-01-230  
Tax Map \_\_\_\_\_ Parcel # \_\_\_\_\_  
County Road No.: \_\_\_\_\_

Owner: RONALD G. SEWERS Certified Installer: RONALD G. SEWERS  
Address: P.O. Box 179 Address: P.O. Box 179  
BLOOMERY, WV BLOOMERY, WV

You are hereby issued a permit to: ☒ install, or ☐ modify an on-site sewage disposal system located:  
MONUMENT HILL LOT # 6

Facility: HOUSE Design Flow: 4 BR Lot Size: 3.192 Acres Water Source: well  
BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 2-2-01, 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 1600 square feet of conventional gravel trench area.  
Depth to the bottom of the trench or bed installation shall be: -36 inches from original ground surface.  
☒ Gravel system: Lengths of lines: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ feet. Width: 36 inch  
☐ Chamber system: Number of units: \_\_\_\_\_, Length of lines: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ unit  
Manufacturer of chamber: \_\_\_\_\_  
☐ Bed system: ☐ Gravel. ☐ Chamber; Length: \_\_\_\_\_ feet. Width: \_\_\_\_\_ feet.  
☐ Other: \*Distribution Box with Four 80 foot lines 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: 22 hours or more prior to planned inspection time.

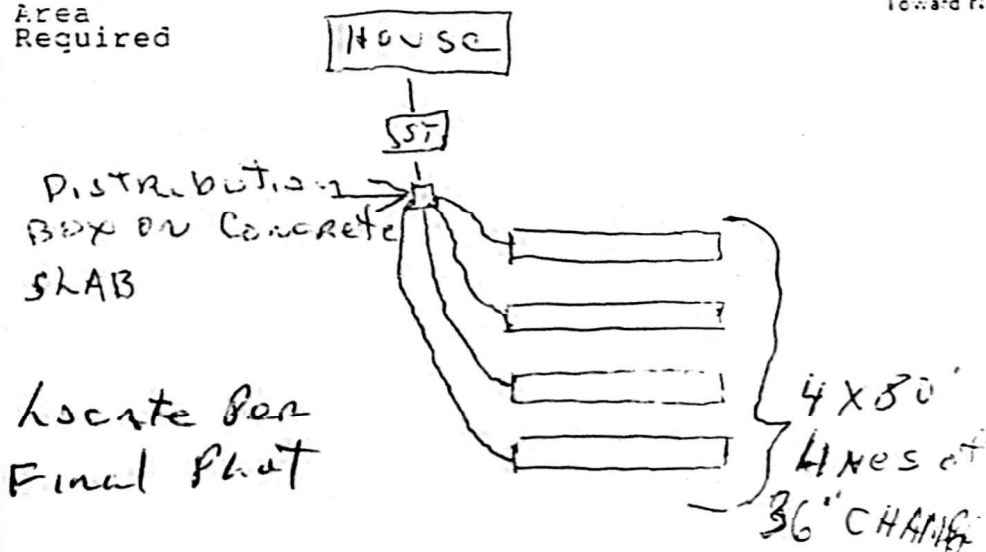
Sketch of system:

NOT TO SCALE

10,000  
Square foot  
Reserve  
Area  
Required

Well

Drawn  
Toward N



Locate for  
Final Plat

Issue Date

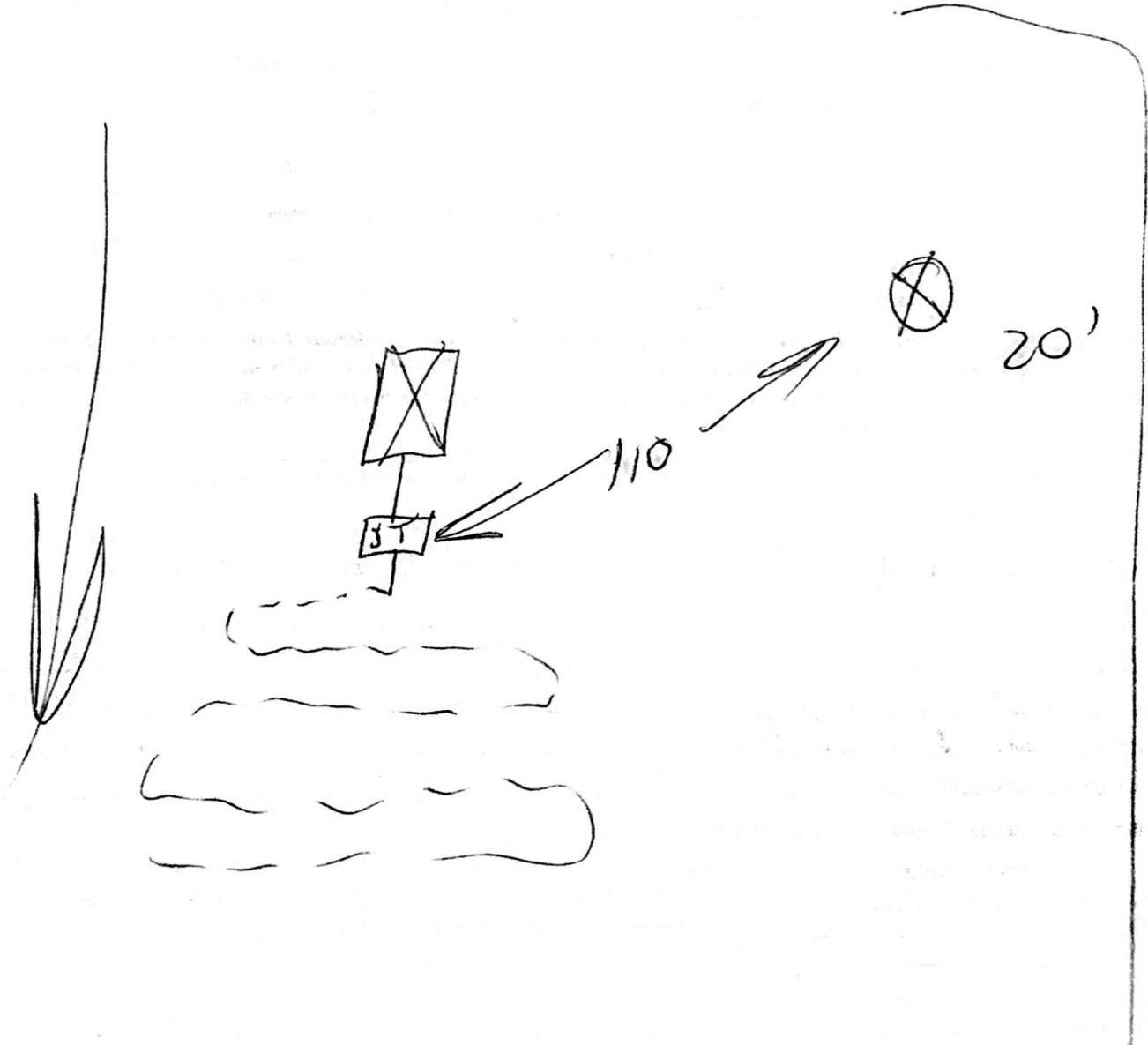
2-13-01  
822-5111  
County Office Phone Number

Additional specifications  
on reverse:

Health Officer or S

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

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> House | <input checked="" type="checkbox"/> Water Supply                           | <input checked="" type="checkbox"/> Percolation Test Site                  |
| --- Soil Absorption Line                  | → Dir. Of Ground Slope   | ___ Property Line  |
| Trees                                     | <span style="border: 1px solid black; padding: 2px;">ST</span> Septic Tank | <span style="border: 1px solid black; padding: 2px;">MH</span> Mobile Home |



**FOR HEALTH DEPARTMENT USE ONLY:**

Date Received: 1-18-01

Date Evaluated: \_\_\_\_\_

Received From: \_\_\_\_\_

COUNTY: \_\_\_\_\_

Coordinates: N \_\_\_\_\_ W \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date fee paid: \_\_\_\_\_

Permit: ☐ Issued ☐ Denied Permit No.: \_\_\_\_\_

Hampshire Co. **HEALTH DEPARTMENT**  
**APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY**  
**OR ABANDON A WATER WELL**

PLEASE PRINT:

Property Owner: Donald G. JonesCertified Driller: Miller Bros. DrillingAddress: P.O. Box 179Address: P.O. Box 412Bloomer, WVAShanks, WV 26761Phone: 304-496-9972Phone: (home) 304-863-652 (business) 703-750-7158Driller Certification No.: 432WV Contractor's No.: WV013740Directions to property: RT 29 NORTH OF CLARKVILLE STATE 1/2 mileHighway SHED on west side of ROAD

(Please provide specific and detailed directions)

Proposed facility to be served:

Facility served is

☒ Residence, No. of bedrooms: 4 No. of individuals served: 5☒ New☐ Other \_\_\_\_\_☐ ExistingProperty deed recorded in Book No.: 386 Page(s): 150 Date the property deed was recorded: 7.00Subdivision name: MONUMENT HILL Lot #: 6 Section #: 1County tax map: 6 Parcel No.: 1. A Size of Lot: 3.192 AC 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.

(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: steelType and Method of Grouting: Bentonite, Pressure

If abandoning well, Abandonment Method: \_\_\_\_\_

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments — Sewers & Drains (non-watertight) — Privies (vault) —Sewage Absorption Fields 120' Sewers & Drains (hydrostat. tested) — Sewage Holding Tank —Septic Tank 110' Barnyard/Feeding/Watering Area —

Other: \_\_\_\_\_

Distance to Property Line: 20'

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

Date

1-5-01