#215

Please make checks payable to Hampshire County Health Department
West Virginia Department of Health & Human Resources
_____ Department of Health

Log #03-04

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

Property Owner Teddy Cummings Phone (H) _____ (W) _____
Address 14 Villa ST City Kenova State WV Zip Code 26726
Property Location Lot 37 Sherman Estate August WV 26704

Has this property ever been previously denied for a permit? Yes ☐ No ☒ Date _____
Facility is New ☒ Existing ☐ Lot Size 2.95 Acres ☒/Sq. Ft. ☐ Water Source None
Type Facility Residence ☐ Other ☒ _____
Number of Bedrooms _____ Number Individuals Served _____ Design Daily Flow _____ gpd
Deed Recorded in Deed Book 5 Page 151 County Tax Map 30 Parcel No. 140
Subdivision Name Sherman Estate Approval No. _____ Section _____ Lot 37

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 comply 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 system 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 any existing or proposed sewage systems or wells if presently unknown to me.

Date: 7-25-2024 Signature of Owner: Teddy Cummings

Sewage Disposal System Information

Application is for a permit to: Install ☑ Modify ☐
Check all that apply: Septic Tank ☑ Absorption Field ☑ Holding Tank ☐ Pit Privy ☐ Vault Privy ☐
Alternative System (attach detailed plans) ☐ Chemical/Composting Toilet ☐ Other ☐ _____

Percolation Test: Test Holes #1 30 mins. #2 60 mins. #3 90 mins. #4 720 mins.
Total Minutes = 900 Divided by 24= 37.5 Average time for water to fall one inch.

Six-foot hole is free of water or solid rock? Yes ☑ No ☐ Test conducted on (date) 7/23/24

I hereby 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.**

Date: 7/23/24 Signature of Certified Installer: Ricky Ramey

For Health Department Use: Coordinates N _____ W _____ Date Rec'd 8-16-24
Site Eval _____ By _____ Date Fee Pd _____ Rec'd From _____
Permit Issued ☐ Denied ☐ Permit # _____ Comments Receipt # 2053