Hampshire County Health Department
HC 71, Box 9
Augusta, WV 26704
(304) 496-9640 Fax: (304) 496-9650

November 3, 2005

To whom it may concern:

The attached application which contains the percolation rates for Lot #114 (River Ridge Subdivision) is correct to the best of my knowledge and is only good for the specific site at the time of the percolation test.

Sincerely,

Denson Takcta
Sanitarian R.S.

S-182A 7-96
PLEASE PRINT:

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

Property Owner: WV Hunter Co. of WV
Address: 1800 West King St Martins WV 25401
Phone: (home) _____ (business) 262-2770

Certified Installer: Billy G. Hart Class: ☑ I ☐ II
Address: Rt 1 Box 163A2 Paw Paw WV 25434 Phone: 947-7369
Installer No.: 54-A-87-0270 WV Contractor's No.: WV020666

Directions to property: Between Yellow Springs & Wardensville WV on Rt 259

Proposed facilty to be served: *(Please provide specific and detailed directions)*

☐ Residence, No. of bedrooms: 4 No. of individuals served: _____
☐ Other, _____
Facility served is: ☑ New ☐ Existing Water Source: Well
Property deed recorded in Book No.: _____ Page(s): _____
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: River Ridge Approval number: _____
County tax map: Hamp. Parcel No.: _____
Size of Lot: 23,043 ~~square feet~~ / acres Lot 114 5+/-5

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.

_____
(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 6-4-02, at a depth of 24 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:	90	90	120	150	☑ Yes ☐ No

Times given for each percolation test hole are to be added together to give a total number of minutes: 450, then the total shall be divided by 24 in order to give the average time for a one inch drop: 19 (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: Billy G. Hart ***, on this date:*** 6-4-02

Reverse of form must be completed.