

SS-183 7/96

STATE OF WEST VIRGINIA

PERMIT TO BE
PRINTED OR TYPEDHampshire County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-00-375

Tax Map _____ Parcel # _____

County Road No.: _____

Owner: Malboro & Co
Address: P.O. Box 567
Cigar Bridge, WVCertified Installer: P. N. K. K. K.
Address: HC 63 Box 188
P.O. Box, WVYou are hereby issued a permit to: ☒ install, or ☐ modify an on-site sewage disposal system located:Regal Hills lot #1Facility: None Design Flow: 3 BR Lot Size: 2.0 ~~Acres~~ / Acres Water Source: WellBASED 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 _____ 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: x 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.

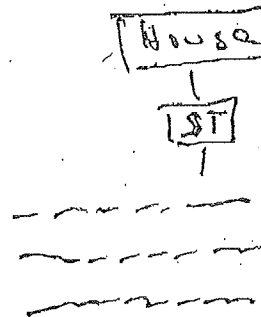
This permit is **NULL and VOID** when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

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
Requiredwell
⊗Draw Arrow
Toward North5-22-00
Issue Date822-5111
County Office / Phone NumberAdditional specifications
on reverse:J. K. K.
Health Officer or Sanitarian

RESIDENTIAL PROPERTY DISCLAIMER STATEMENT

Sellers Name(s): TERESA L. JONES

Property Description: LOT # 1 RESAL HILLS

NOTICE TO OWNER(S): Sign this statement only if you elect to sell the property without representations and warranties as to its condition, except as otherwise provided in the contract of sale and in the listing of latent defects set forth below; otherwise, complete and sign the RESIDENTIAL PROPERTY DISCLOSURE STATEMENT.

Except for the latent defects listed below, the undersigned owner(s) of the real property make no representations or warranties as to the condition of the real property or any improvements thereon, and the purchaser will be receiving the real property "as is" with all defects, including latent defects, which may exist, except as otherwise provided in the real estate contract of sale. The owner(s) acknowledge having carefully examined this statement and further acknowledge that they have been informed of their rights and obligations.

The owner(s) has actual knowledge of the following latent defects: _____

Owner Teresa Jones
Owner _____

Date 8-2-12
Date _____

The purchaser(s) acknowledge receipt of a copy of this disclaimer statement and further acknowledge that they have been informed of their rights and obligations.

Purchaser _____

Date _____

Purchaser _____

Date _____