dep

west virginia department of environmental protection

Division of Water and Waste Management
601 57th Street, S.E.
Charleston, WV 25304
Telephone: (304) 926-0495
Fax: (304) 926-0463

Joe Manchin III, Governor
Stephanie R. Timmermeyer, Cabinet Secretary
www.wvdep.org

ARTHUR DAVIS
6616 ROCK LAWN DRIVE
CLIFTON, VA 20124
ST-14-05-300

Dear Sewage System Owner:

Please find your Sewage System Seal Registration Number from Department of Environmental Protection, Division of Water & Waste Management attached. Please keep this seal with your sewage system installation permit from your local health department. Thank you for your cooperation in this matter.

Sincerely,

Ellen R. Herndon

Ellen R. Herndon
Environmental Resource Specialist III

STATE OF WEST VIRGINIA
WATER RESOURCES
25552
SEPTIC TANK SEAL
DIVISION OF ENVIRONMENTAL PROTECTION

moting a healthy environment.

INSPECTION TO BE PRINTED OR TYPED

HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Tax Map: 02-012 Parcel #: 38

County: HAMPSHIRE County Road: _____

Name of Owner: ARTHUR DAVIS Installer: BILLY HART

Address: 6616 ROCK LAWN DRIVE CLIFTON, VA 20124

Property Location: River Ridge LOT #82

Type of Facility: House Facility is: New (X) Existing ( ) Lot Size: 2.0 Sq. Ft./Acres

Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: Well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: Norlin

Distance (in feet) of Tank to: Dwelling: _____ Private (X)/Public ( ) Water Source: 80 Property Line: 10+

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter: _____ Inches
Chamber Soil Absorption Trenches (X) or Bed ( )

Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: _____

No of Lines: 2 Length (in feet) of Each: 92.88, _____, _____, _____, _____, _____

Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INF-24, No. of Units: 45

Approved and Adequate Materials Used? Yes (X) No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.

Distance (in feet) of System to: Dwelling: _____ Private (X)/Public ( ) Water Source: 105 Property Line: 10+

Remarks: _____

An inspection indicates that the sewage disposal system described above
DOES MEET (X),
DOES NOT MEET ( ),
CANNOT BE DETERMINED TO MEET ( ) the minimum standards established by the West Virginia Bureau of Public Health.

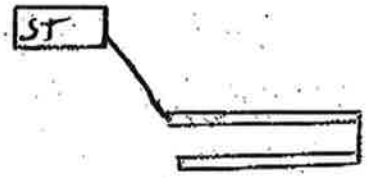
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a **does meet** system since inadequate information is known.

Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

4-27-05
No House
@ Well

Draw Arrow toward North



Not to Scale

Visit Date(s) 4-26-05

Final Inspection Date: 4-27-05 Sanitarian: J Kuntz

SS-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: W.V. Hunter Co. of WV Certified Installer: Billy G. Hart Class: ☐ I ☐ II

Address: 1800 West King St. Martins. WV. 25401 Address: Rt. 1 Box 163 A 2 Paw Paw WV 25434 Phone: 947-7369

Phone: (home) _____ (384) (business) 262-2220 Installer No. 54-A87-0270 WV Contractor's No.: WV020666

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

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

☐ Residence, No. of bedrooms: 04 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: 2-27-02

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: Hampshire Parcel No.: _____

Size of Lot: 20,768 ~~square feet~~ / acres Lot 82

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 3-4-02, 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:	120	120	150	150	☑ Yes ☐ No

Times given for each percolation test hole are to be added together to give a total number of minutes: 540.

then the total shall be divided by 24 in order to give the average time for a one inch drop: 22.5 (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:* 3-4-02

_____ form must be completed

The proposed sewage system shall consist of:

Septic Tank: Capacity: 1000 gallons Material: Concrete Manufacturer: Jolin

Absorption Field: Equivalent to 900 square feet of conventional gravel trench system.

☑ Trench System: No. of Lines: 3, Lengths: 100, 100, 100, _____, _____, _____ feet.

or ☐ Gravel Trench Width: _____ inches, or Gravelless Pipe Diameter: _____ inches,

or ☑ If Chamber System: Manufacturer: Jolin, Number of Chambers: 30.

☐ Soil absorption bed: Requires an oversizing of bottom surface area by 30%.

If soil absorption bed, Length: _____ feet by Width: _____ feet, or if Chamber System,

Manufacturer: _____, Number of Chambers: _____.

Distances (to nearest):

Septic Tank to: Building Foundation: 45 feet, Property Line: 100+ feet, Water Supply: 100+ feet.

Absorption Field to: Building Foundation: 45+ feet, Property Line: 100+ feet, Water Supply: 100 feet

Materials:

The installation or modification of all parts of the sewage disposal system, including required materi standards, shall be done in compliance with applicable design standards issued by the Public Healt Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommende procedures and practices.

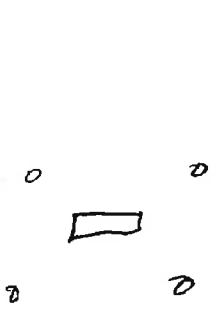
Signature of Certified Installer or Owner-Installer: Billy A. Hart

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

- → Direction of ground slope
- (P) Percolation test site
- — Property line
- ☒ Residence or facility served
- ST Septic Tank
- -- Soil absorption lines
- |||| Trees
- ⊠ Water source
- —×— Water supply line

Show all structures or facilities to be served by on-site sewage system on the lot or tract.

Sketch of proposed system:



FOR HEALTH DEPARTMENT USE ONLY:

Date Received: _____

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____

SS-183 7/96

PERMIT TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA

Hampshire HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST - 14 -05 - 300

Tax Map ______ Parcel # 23

County Road No.: ______

Owner: Arthur Davis

Address: 6616 Rockhaven Dr, Clifton, VA 20124

Certified Installer: Billy Hart

Address: Rt 1 Box 163A2 Romney, WV 25434

You are hereby issued a permit to: [X] install, or [ ] modify an on-site sewage disposal system located: River Ridge Lot #82

Facility: House Design Flow: 3 Lot Size: 20 ~~Sq. Ft.~~/(Acres) Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 4-13-05, 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 900 square feet of conventional gravel trench area.

Depth to the bottom of the trench or bed installation shall be: 24 inches from original ground surface.

[ ] Gravel system: Lengths of lines: ____, ____, ____, ____, ____, ____ feet, Width: 36 inches.

[ ] Chamber system: Number of units: ____, Length of lines: ____, ____, ____, ____, ____ units,

Manufacturer of chamber: ____________.

[ ] Bed system: [ ] Gravel, [ ] Chamber; Length: ______ feet, Width: ______ feet.

[x] Other: Curtain Drain if needed 180 Linear Feet of 36" CHAMBER System

This permit is non-tranferable 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.

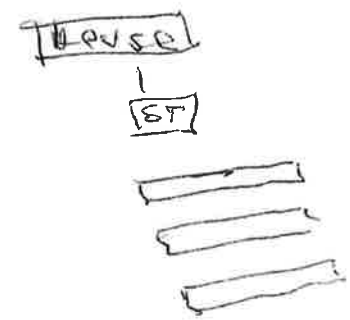
The applicant or his agent must notify this department: 72 hours or more prior to planned inspection time.

Sketch of system: NOT TO SCALE

10,000 SQUARE FOOT RESERVE AREA REQUIRED

Locate per Plat

@ well



Draw Arrow Toward North

4-26-05
Issue Date

496-9640
County Office / Phone Number

Additional specifications on reverse:

[signature]
Health Officer or Sanitarian