

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

For the sale of Property at: 103 Hooker Trail / 20 Shirley Lane, MN

SELLER REPRESENTS AND WARRANTS, INTENDING THAT SUCH BE RELIED UPON REGARDING THE ABOVE PROPERTY, THAT (each Seller initial ONE of the following and state Year Constructed): 1982

| | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Property (all portions) was constructed after January 1, 1978. (If initialed, complete section V only.)

Property (any portion) was constructed before January 1, 1978. (If initialed, complete all sections.)

Seller is unable to represent and warrant the age of the property. (If initialed, complete all sections.)

SELLER AGREES TO COMPLY WITH REQUIREMENTS OF THE FEDERAL RESIDENTIAL LEAD-BASED PAINT HAZARD REDUCTION ACT OF 1992.

Lead Warning Statement. Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

II. Seller Disclosure (each Seller complete items 'a' and 'b' below)

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) ☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____

(ii) ☒ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the Seller (check (i) or (ii) below):

(i) ☐ Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below). _____

(ii) ☒ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

III. Purchaser Acknowledgment (each Purchaser initial and complete items c, d, e and f below)

c. ☐ ☐ Purchaser has read the Lead Warning Statement above.

d. ☐ ☐ Purchaser has received copies of all information listed above. ☐ ☐ (If none listed, initial here.)

e. ☐ ☐ Purchaser has received the pamphlet Protect Your Family from Lead in Your Home.

f. ☐ ☐ Purchaser has (each Purchaser initial (i) or (ii) below):

(i) ☐ Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

(ii) ☐ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards

IV. Agent's Acknowledgment (Initial item 'g' below)

g. ☒ ☐ Listing and Selling Sales Associates are aware of their duty to ensure compliance with 42 U.S.C. 4852d. These Associates have informed the Seller and the Purchaser of their obligations under this law as evidenced by the Seller and the Purchaser having completed this form.

V. Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

[Signature] 7/20/21
Seller Date

[Signature] 7/20/21
Seller Date

[Signature] 7/20/2021
Agent Date

Purchaser Date

Purchaser Date

Agent Date

ITEMS TO CONVEY (AT NO VALUE)

Seller Willard Shirkley + Joel Hendry
 Street Address 103 Hooks trail + 20 Shirkley Ln County Hardy
 City Mathias, West Virginia Zip 26872

| Yes | No | # Items | Yes | No | # Items | Yes | No | # Items |
|-------------------------------------|-------------------------------------|-----------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Alarm System | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Freezer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Satellite Dish |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Built-in Microwave | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Furnace Humidifier | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Storage Shed 1-1 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ceiling Fan 3 Hooks | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Garage Opener | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stove or Range 1-1 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Central Vacuum | <input type="checkbox"/> | <input checked="" type="checkbox"/> | w/remote | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Trach Compactor |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2 Clothes Dryer 1-1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Gas Log | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wall Mount Brackets |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2 Clothes Washer 1-1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hot Tub, Equip & Cover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wall Oven |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cooktop | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Intercom | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Water Treatment System |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Dishwasher | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Playground Equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Window A/C Unit 1-1 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Disposal | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pool, Equip, & cover | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Window Fan |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Electronic Air Filter | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2 Refrigerator 1-1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Window Treatments |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fireplace Screen/Door | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Refrigerator w/ice maker | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wood Stove |

A. **As-Is Items:** Seller will not warrant the condition or working order of the following items and/or systems:

All sold "as-is"

B. **Items That Do Not Convey:**

N/A

SELLER:

Willard Shirkley 7/20/21
 Signature Date

Joel Hendry 7/21/21
 Signature Date

PURCHASER:

 Signature Date

 Signature Date

Final Inspection (see Residential Sales Contract #8) of FINAL PROPERTY INSPECTION made on _____

The items to convey and the following items are acceptable: Roof, Structure, Heating System, Plumbing, Water Heater, Exhaust fans, Lights/Outlets, Central Air, Attic Fans, Smoke Detectors, Door Keys, Blinds/Shades, etc. All items are in acceptable condition (see Regional Sales Contract #7) or are noted below

- ☐ Seller to credit the Purchaser \$ _____.
- ☐ Repairs to be paid from escrow as per escrow agreement.
- ☐ Seller to correct discrepancies within _____ days.

The Agent shall not be liable for any breach of any agreement made by the Seller and Purchaser above.

SELLER:

PURCHASER:

 Signature Date

 Signature Date

 Signature Date

 Signature Date



WEST VIRGINIA NONRESIDENTS WITHHOLDING
FOR SALES OF REAL PROPERTY


Listing Addendum

In connection with the sale of a nonresident's property, West Virginia Code 11-21-71b requires the settlement attorney to withhold funds from net proceeds. A nonresident income tax return may be required in order to report the sale and determine the total tax due or to be refunded.

This addendum is for disclosure purposes only. It is recommended sellers contact their accountant and/or attorney to determine the tax implications and filing procedures. **The West Virginia State Tax Department can be contacted at 304-558-3333** for further information. A copy of the code may be obtained at the following website:

<http://www.wva.state.wv.us/wvtax/WestVirginiaStateTaxDepartment.aspx>

 7/20/2021 
Seller Date

 7/20/2021
Seller Date

Seller Date

Seller Date


DISCLAIMER

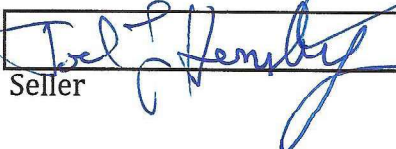
NOTICE TO SELLER: Sign this statement only if you elect to sell the property without representations and warranties as to its condition, except as otherwise provided in the contract of sale and in the listing of latent defects set forth below; otherwise, complete and sign the VOLUNTARY RESIDENTIAL PROPERTY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

Except for the latent defects listed below, the undersigned Seller 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.

The Seller has actual knowledge of the following latent defects:

| | |
|--------------|--|
| no knowledge | |
|--------------|--|

| | |
|---|-----------|
|  | 7/20/2021 |
| Seller | Date |

| | |
|---|---------|
|  | 7/21/21 |
| Seller | Date |

The purchaser acknowledges receipt of this Disclosure/Disclaimer Document.

| | |
|-----------|------|
| | |
| Purchaser | Date |

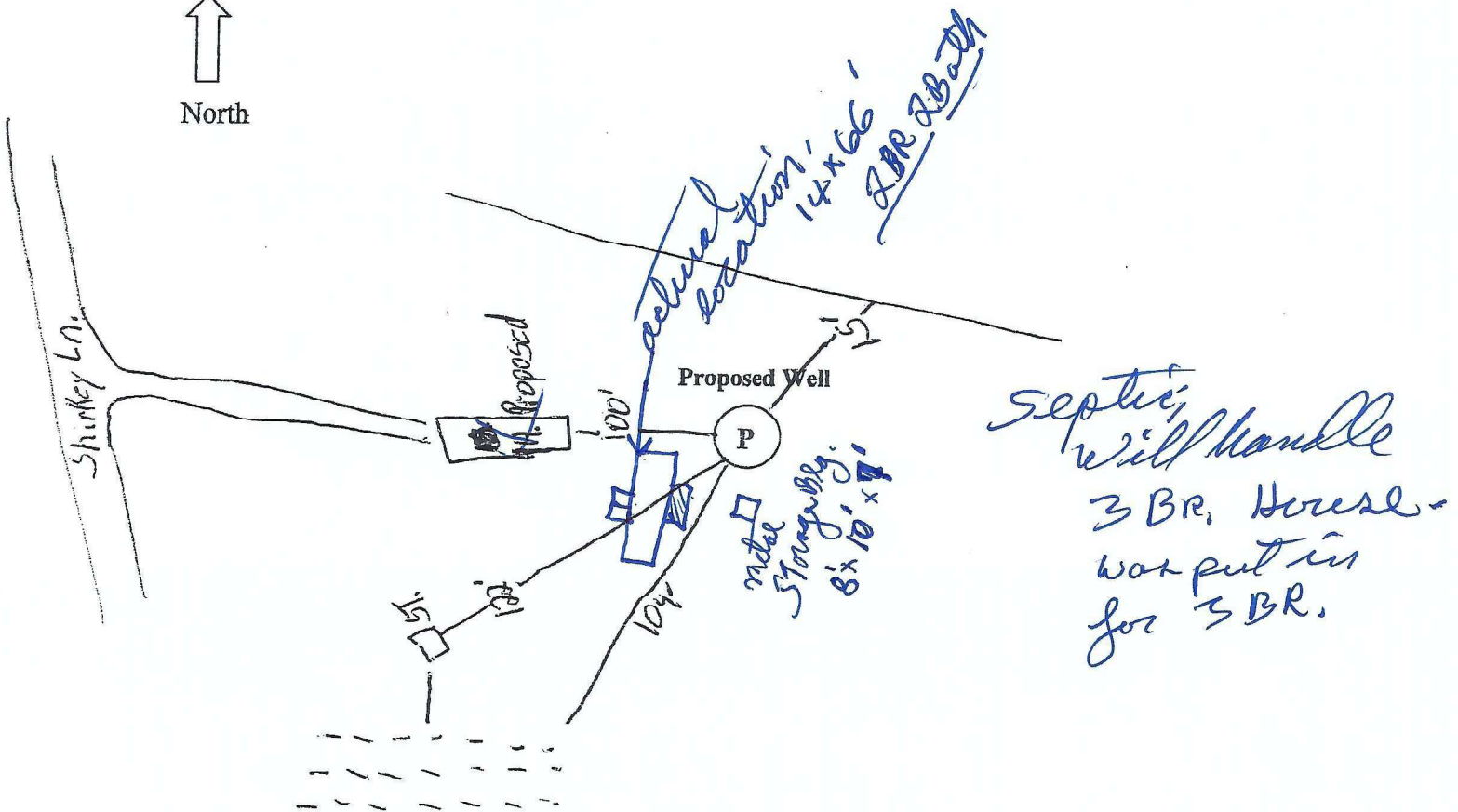
| | |
|-----------|------|
| | |
| Purchaser | Date |

SW-256
Rev. 3/08
Side B

20 Shirley lane

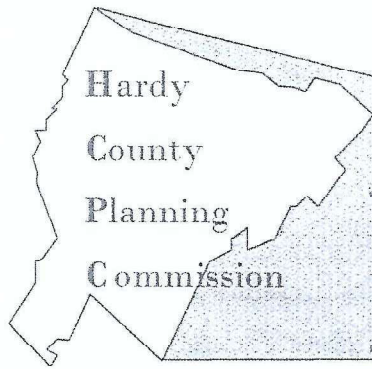
Please draw a sketch of the property showing existing or proposed well locations, and distances to structures, existing or proposed sewage systems within 100 feet of well location (include adjacent lots). Slope and lot dimensions need to be shown. Locate and show distances to animal pens and feedlots. Note sewage treatment facilities within 200 feet and fertilizer and pesticide storage or preparation areas within 150 feet.

H House/Facility **W** Existing Water Supply **P** Proposed Water Supply **ST** Septic Tank
--- Soil Absorption Line → Dir. Of Ground Slope _____ Property Line ||| Trees
----- Stream, Rivers and Improvements **MH** Mobile Home **UST** Underground Storage Tank **†** Cemetery
B Barn/Barnyard **FP** Fertilizer & Pesticide Storage **STF** Sewage Treatment Facilities



For Health Department Use Only

County: _____ Coordinates: Lat: _____ Long: _____ Date Received: 12/1/08
Date Site Evaluation: _____ Reviewed by: _____ Date Fee Paid: _____ Rec'd From: 10m 97.50
Contractor's Bond Letter of Credit Exp. Date Verified by: _____ Liability Insurance Exp. Date Verified by: _____
Water Well Permit ☐ Issued ☐ Denied Permit No. _____ Comments: _____



Hardy County Planning Commission

204 Washington Street
Moorefield, WV 26836
(304) 530-0257

FOCUSED

ON THE FUTURE OF HARDY COUNTY

LETTER OF ZONING COMPLIANCE

This letter states that an inspection was performed on April 8, 2009 by the Hardy County Planning Office. The inspection was in regards to enforcement of the Hardy County Improvement Location Permit and Zoning Ordinance. This letter is a follow up confirming that the applicant has or has not complied with the zoning regulations. Any questions in regards to this letter should be directed to the Planning Office at the number above.

Name of Applicant: Willard Shirkey

Applicant Address: 911 Circle Drive, Harrisonburg, VA 22801

Permit Number: 16-09109

Has the applicant complied with zoning where the property is located: Yes ☒ No ☐

Comments: *Met all zoning requirements*


Hardy County Planning Office Staff

April 9, 20 *09*
Date

LZC06-08



1775 Erickson Avenue
Harrisonburg, VA
22801

Phone: (540) 433-2611
Fax: (540) 433-8838

STATE CERTIFIED IN BACTERIAL ANALYSIS OF DRINKING WATER

VA Lab ID # 00206

| | | | | | |
|--|---------------------------------------|---|--------------------------|----------------------------------|-----------------------|
| Order Number: | | SAMPLE COLLECTION INFORMATION* | | | |
| SAMPLE OWNER INFORMATION* | | Date: 2-6-13 | Time: 9:00 AM (PM) | Collected by: Willard L. Shirkey | CI Residual: mg/l |
| Name: WILLARD L. SHIRKEY II | | CHAIN OF CUSTODY* | | | |
| Street Address: 911 CIRCLE DR. | | Relinquished by: Willard L. Shirkey | Received by: GLF | Date: 2-7-13 | Time: 0930 AM PM |
| City: H'burg | State: VA | Zip: 22801 | Relinquished by: | Received by: | Date: Time: AM PM |
| Phone: (540) 246-1314 | Fax: (optional) () - | Relinquished by: | Received by: | Date: Time: AM PM | |
| SAMPLE COLLECTION LOCATION* | | TEST(S) REQUESTED* | | | |
| Street Address or Legal Description: SHIRKEY LANE | | <input type="checkbox"/> Bacteria - Sample must be collected in IDXXX 100 mL bottle | | | |
| Zip: 26812 | County: HARDY | <input type="checkbox"/> Standard Chemical Analysis -- any clean bottle acceptable | | | |
| Does this well serve the public? Yes <input checked="" type="radio"/> No <input type="radio"/> | | <input type="checkbox"/> Other: _____ | | | |
| If yes, PWSID #: _____ | | LABORATORY RESULTS | | | |
| WELL CONSTRUCTION | | Colisure -- Presence / Absence Method (SM 9223) | | | |
| Date Constructed: 11-08-08 | Permit #: DW-16-08-025 | <input checked="" type="checkbox"/> Safe (Coliform Absent) | | | |
| Tax ID #: | | <input type="checkbox"/> Unsafe (Total Coliform) | | | |
| Construction Method: | | <input type="checkbox"/> Unsafe (E. coli) | | | |
| <input checked="" type="checkbox"/> Drilled | <input type="checkbox"/> Driven Point | <input type="checkbox"/> Invalid (Submit another sample) | | | |
| SAMPLER INFORMATION | | Chemical Analysis | | | |
| Company: BW Smith | Contact: | Hardness: _____ gpg | | | |
| Street Address: P.O. Box 440 Springfield | | TDS: _____ mg/l | | | |
| City: Springfield | State: WV | Iron: _____ mg/l | | | |
| Zip: 26763 | | Manganese: _____ mg/l | | | |
| Phone: (304) 496-9977 | Fax: () - | Nitrates: _____ mg/l | | | |
| COMMENTS / ADDITIONAL INFORMATION | | pH: _____ | | | |
| | | Other: _____ | | | |
| | | Other: _____ | | | |
| CI Res @ Lab: 0 | | Lab Use Only | | 1 2 3 F: S | |
| Test Rec'd | | Test Start | | Test Disposal | |
| Date: 2-7-13 | Time: 3:20 AM PM Initial | Date: 2-7-13 | Time: 4:00 AM PM Initial | Date: 2-8-13 | Time: 4:05 PM Initial |
| Date: 2-8-13 | Time: 4:00 AM PM Initial | | | | |

* indicates required field

TO the tenants in 120 Shirkey Lane: Terms of occupancy for month to month lease

The rent is to be paid to Allen at his residence across the road by the 5th of each month. If not paid by the 10th a \$50 late fee will be added. Rent is ~~\$450~~ ⁵⁰⁰ per month.

There is to be no smoking in the house.

Electric is to be your responsibility

There is to be **no other persons** except Zena Grogg, Debbie Grogg and Billy Grogg residing at the house. No other pets but the one cat can be in the house. When the cat dies no other animals will be allowed in the house.

Trash is not to pile up but is to be taken away on a regular schedule.

Keep grounds trimmed and free of trash!

Two week advanced notice if you decide to move.

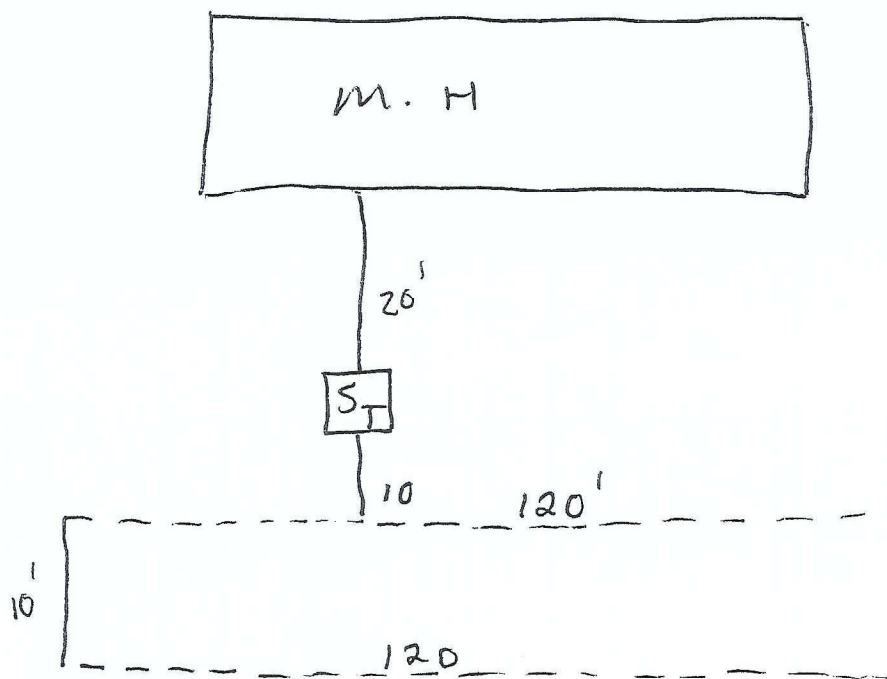
Furniture provided **STAYS WITH HOUSE**. Bedroom suit; kitchen table and chairs, bed and dresser in 2nd bedroom'. Couch in living Room.

Violation of these terms shall be grounds for eviction.

Thankyou,



Joel Hensley/owner



| Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY _____ | DATE THE WELL WAS COMPLETED MM DD YY <u>09 01 09</u> PERMIT NO. DW- <u>16-09-075</u> | STATE OF WEST VIRGINIA WATER WELL COMPLETION REPORT | FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|----------|--|--|---|---|----------|--|---|----|-------------|--|----|----|------------|--|----|----|----------------|--|----|-----|-----------------|--|--|--|------------|--|--|
| LOCATION OF WELL Well Owner: Last Name <u>Shaner</u> First Name <u>W. David</u> Street/Road <u>111 South 2nd Street</u> County <u>Hardy</u> Zip Code <u>26441</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other _____ | | AREA NAME/LOCATION: <u>COVE AT LANE</u> <u>LOT 42</u> | TYPE OF WELL: <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WELL LOG <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Depth</th> <th style="width:10%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> <th style="width:70%;">State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).</th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>8</td> <td>F.H. Jct</td> </tr> <tr> <td></td> <td>8</td> <td>13</td> <td>Brown shale</td> </tr> <tr> <td></td> <td>13</td> <td>46</td> <td>Gray shale</td> </tr> <tr> <td></td> <td>46</td> <td>47</td> <td>Fractured Area</td> </tr> <tr> <td></td> <td>47</td> <td>200</td> <td>WATER 2 1/2 GPM</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Gray shale</td> </tr> </tbody> </table> | | Depth | From (ft.) | To (ft.) | State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM). | | 0 | 8 | F.H. Jct | | 8 | 13 | Brown shale | | 13 | 46 | Gray shale | | 46 | 47 | Fractured Area | | 47 | 200 | WATER 2 1/2 GPM | | | | Gray shale | DRILLING METHOD <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other _____ Hole Diameter <u>6</u> (in) Total depth <u>200</u> (ft) CASINGS RECORD MAIN CASING TYPE <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <u>DRIVE SHOE</u> <input type="checkbox"/> Other _____ Casing Diameter <u>6-7/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>20</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft) SCREEN RECORD <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft) GRAVEL PACK RECORD Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft) | |
| Depth | From (ft.) | To (ft.) | State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0 | 8 | F.H. Jct | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 | 13 | Brown shale | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 | 46 | Gray shale | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 46 | 47 | Fractured Area | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 47 | 200 | WATER 2 1/2 GPM | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Gray shale | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If additional space is needed, use additional sheets and attach w/permit # at top. | | GROUTING RECORD Grouting Material: _____ <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>2</u> Installation Method: <u>PRESSURE</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge. | | PUMP INSTALLED By Driller <input type="checkbox"/> Yes <input type="checkbox"/> No ESTIMATED WELL YIELD Estimated at <u>2 1/2</u> G.P.M Static Water Level <u>30</u> (ft) *Pumping level below land surface <u>148</u> (ft) after <u>1</u> hrs. at <u>2 1/2</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name <u>W. David Shaner</u> WV Contractor No. <u>WV 2410</u> Business Registration No. <u>16055</u> Master Well Driller Certification No. <u>574</u> Master Well Driller (print) <u>W. David Shaner</u> Master Well Driller Signature <u>W. David Shaner</u> | | WELL HEAD COMPLETION Casing height above grade <u>1</u> (ft) Type Of Well Cap _____ Installed: _____ VARIANCE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Request Number _____ COMMENTS BY INSTALLER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.) Journeyman Well Driller Certification No. _____ Journeyman Well Driller (please print) _____ Apprentice and Name (s) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Hardy County Planning Commission
204 Washington Street
Moorefield, WV 26836
Phone (304)530-0257
Fax (304)530-0258

RECEIPT

Receipt #: 20120921120632-2

Date: 09/21/2012 12:06:32

WILLARD L. SHIRKEY III
911 CIRCLE DRIVE
HARRISONBURG, VA 22801

| Fee | Cost |
|------------------------------------|----------------|
| ILP - MANUFACTURED HOME,SINGLEWIDE | \$50.00 |
| Total: | \$50.00 |
| Check Tend: | \$50.00 |
| Check #: | 429 |
| Change: | \$0.00 |

SS-177
Rev 3/04

West Virginia Department of Health & Human Resources
HARDY COUNTY Department of Health

Permit #: ST-16-08-134
Tax Map Name: _____
Map # _____ Parcel # _____
County Road: _____
Coordinates: N _____ W _____

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION REPORT

Name of Owner: WILLARD Shirley III Installer: IVAN WHETZEL
Address: 911 CIRCLE DRIVE HARRISONBURG VA 22801
Property Location: MATHIAS ESTATES LOT 42 COVE MTN RD MATHIAS
Type of Facility: No Home there yet Facility is: New ☐ Existing ☐ Lot Size (ft²/acres): _____
Design Loading in gpd/No. Bedrooms: 3 Bdrm Source of Water Supply: Proposed well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: JOLIN
Distance (ft) of System to: Dwelling: - Private ☒ Public ☐ Water Source: _____ Property Line: _____

ON-SITE DISPOSAL SYSTEM

Class I System: Standard Soil Absorption Trenches ☐ or Bed ☐ Gravelless Pipe ☐ Diameter: _____ Inches
Chamber Soil Absorption Trenches ☒ or Bed ☐
Class II System: Pumped/Dosed Soil Absorption Trenches ☐ or Bed ☐ Evapotranspiration Trenches ☐ or Bed ☐
Shallow Soil Absorption Trenches ☐ or Bed ☐ Other: _____
No. of Lines: 3 Length (in feet) of Each: 32, 88, 60, _____, _____, _____
Width of Trenches: 18-36 inches/feet. Depth to Bottom of Field: 18-36 inches.
If Bed, Dimensions: _____ feet. If Chamber System, Name: INFILTRATOR, No. of Units: 45
Approved & Adequate Materials Used? Yes ☒ No ☐ Size Equates to: 900 Sq. Ft. of Standard Field
Distance (ft) of System to: Dwelling: _____ Private ☐ Public ☐ Water Source: _____ Property Line: _____
Remarks: HOME WAS NOT ON LOCATION AND LOT IS FOR SALE, SO NO DISTANCE FROM TANK TO HOME COULD BE RECORDED

An inspection indicates that the sewage disposal system described above
DOES MEET ☒,
DOES NOT MEET ☐,
CANNOT BE DETERMINED TO MEET ☐ the minimum standards established by the West Virginia Bureau for 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:

38° 49' 28.960 NORTH > GPS TANK
78° 52' 36.193 WEST LOCATION



Draw Arrow
toward North

3-bed
2-mobile
bed. 20-Shirley
Lane

Visit Date(s): _____
Final Inspection Date: 11-19-08

Sanitarian: Will Ows

INSPECTION TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

HARDY COUNTY HEALTH DEPARTMENTON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-16-04-156

Tax Map: _____ Parcel #: _____

County Road: _____

County: Hardy

Name of Owner: Willard Shirley Installer: Ivan Wetzell
 Address: 911 Circle Drive, HARRISONBURG Va 22801
 Property Location: Lot # 42 MATTHIAS ESTATES OFF RT 259 MATTHIAS WJ
 Type of Facility: NEW HOME Facility is: New (☒) Existing () Lot Size: 4.529 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 3 BDRM Source of Water Supply: GISTERN

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: CONCRETE Manufacturer: JOLIN
 Distances (in feet) of Tank to: Dwelling: 20' Private (☒) Public () Water Source: 50' Property Line: 100'

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches () or Bed () Gravelless Pipe (), Diameter: _____ Inches
 Chamber Soil Absorption Trenches (☒) 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: 120', 120', _____, _____, _____
 Width of Trenches: 18-36 inches/feet Depth to Bottom of Field: 18-36 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: INFILTRATOR, No. of Units: 60
 Approved and Adequate Materials Used? Yes (☒) No () Size Equates to: 1200 Square Feet of Standard Gravel Field.
 Distances (in feet) of System to: Dwelling: 40' Private (☒) Public () Water Source: 100' Property Line: 100'

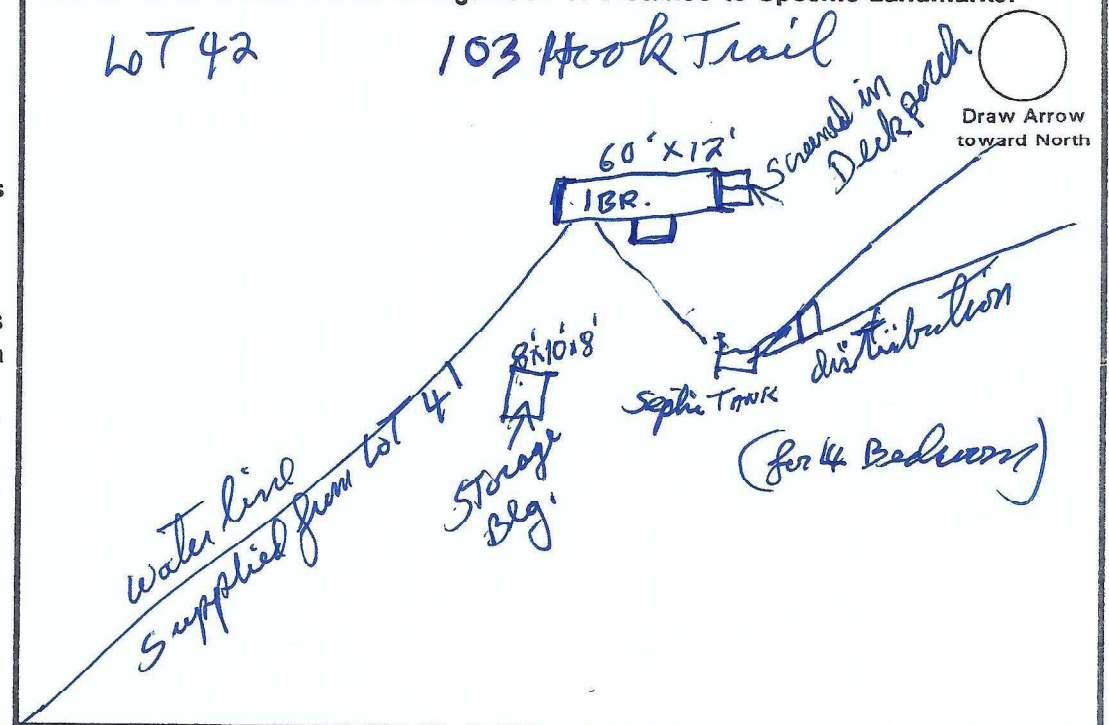
Remarks: For up to 4 BR Home
103 Hook Trail - Top of Hill

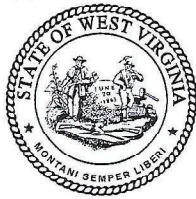
An inspection indicates that the sewage disposal system described above
 DOES MEET (☒)
 DOES NOT MEET (),
 CANNOT BE DETERMINED TO MEET () the minimum standards established by the West Virginia Bureau of Public Health.

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:

Visit Date(s): 10-7-04Final Inspection Date: 8-10-05Sanitarian: William Ows / Smith



WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES



PERMIT

OWNER: Willard Shirkley and DRILLER B.W. Smith
are hereby issued a permit to CONSTRUCT a well located
at LOT 42 COVE MTN ESTATES
(Construct, Modify or Abandon)

in accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date issued DEC 2, 2008 Well Own SANITARIAN
Expires DEC 2, 2009 Issuing Officer Title

Permit No. DW-16-08-075 MARY
County Health Department

This permit is not transferable and any change of information submitted in application dated 11-22-08 will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

NCF-9387 04/23/07

any proposed sewage system. Failure to do so may result in my inability to install a waste water disposal system. I further understand that if I install the pump system, I must take an exam before installation and submit a completion report after installation.

Signature of Property Owner: Willard Shirkley Date: 11-22-08

Water Well Will Be: Constructed ☒ Modified ☐ Abandoned ☐ and Will Be Used For: Potable Water ☒ Exploration ☐

Geothermal ☐ Number of Wells: Other ☐

Well Driller Will Install Pump System: Yes ☒ No ☐ If No, Who Will Install:

Business Name, Owner or Authorized Officer: B.N. SMITH WELL DRILLING, INC.

Business Address: P.O. BOX 440 SPRINGFIELD, WV 26763

Business Franchise Number: Expiration Date: Telephone: 304-496-9977

Driller Certification Number: 001 Exp. Date: 2010 Liability Insurance Exp. Date: 6-3-09

Contractor's License Number: WV 038905 Exp. Date: 5-19-09 Issued To: B.N. SMITH WELL DRILLING INC

Contractor's Bond or Letter of Credit Exp. Date: 2010

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 Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit, current liability coverage, and current business franchise number.

Signature of Certified Master Driller who visited site: Date: 11-22-08

Signature of Business Owner: Date:

Reverse of form must be completed