

West Virginia Department of Health & Human Resources
Hampshire Department of Health



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

Property Owner Cain Orth Phone (H) 4842694739 (W) _____
 Address 11 E. LINCOLN AVE City ROBESONIA State PA Zip Code 19551
 Property Location No physical address yet. Rhododendron Drive, off Ford-Hill Road, Augusta N.J.

Has this property ever been previously denied for a permit? Yes ☐ No ☒ Date _____

Facility is New ☒ Existing ☐ Lot Size 7 Acres ☐/Sq. Ft. ☐ Water Source T&D

Type Facility Residence ☒ Other ☐ _____

Number of Bedrooms 1 Number Individuals Served 2 Design Daily Flow _____ gpd

Deed Recorded in Deed Book 437 Page 288 County Tax Map 21 Parcel No. 00820000

Subdivision Name Peaceful Valley Approval No. _____ Section _____ Lot 8 & 13

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: 9.13.21 Signature of Owner: C. Orth

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 #1 120 mins. #2 146 mins. #3 138 mins. #4 140 mins.
 Total Minutes = 544 Divided by 24 = 23 Average time for water to fall one inch.

Six-foot hole is free of water or solid rock? Yes ☒ No ☐ Test conducted on (date) 11/8/21

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: 11/12/21 Signature of Certified Installer: [Signature]

For Health Department Use: Coordinates N _____ W _____ Date Rec'd 11/15/21

Site Eval _____ By _____ Date Fee Pd _____ Rec'd From _____

Permit Issued ☐ Denied ☐ Permit # _____ Comments _____

SS-183
Rev 3/11

West Virginia Department of Health & Human Resources
Hampshire County Health Department

Permit #: ST-14-22-66
Tax District: Sherman
Map # 21 Parcel # 0082000

PERMIT
ON-SITE SEWAGE DISPOSAL SYSTEM

Coordinates: N 39 11 34 W 78 42 4

Owner: Cain Orth Installer: Travis Kidwell
Address: 11 E Lincoln Ave Address: 3157 Little Cacapon Levels Rd
Robesonia, PA 19551 Points, WV 25437

You are hereby issued a permit to: ☒ install ☐ modify an on-site sewage disposal system located:
Peaceful Valley SD Lot 8 & 13

Facility: Residence Design Flow: 1.00 Lot Size (ft²/acres): 7 acres Water Source: none

Based upon review of the information on your submitted application, dated 11/15/2021, 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 or Plastic.
☒ Soil disposal system with a minimum equivalency of 300 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: _____ inches.

☒ Chamber system: Number of lines: 1. Lengths of lines: 60', _____, _____, _____, _____, _____.

Manufacturer of chamber: Infiltrator.

☐ Bed system: ☐ Gravel ☐ Chamber Length: _____ feet. Width _____ feet.

☐ Other: _____

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. Health Department Phone Number: 304-496-9641

**Additional Specifications
on Reverse.**

Issue Date: 12/1/2021

Sanitarian: _____

Sketch of system

