

PERMIT TO BE
PRINTED OR TYPEDSTATE OF WEST VIRGINIA
Hardy County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMITPermit No.: ST -16 -98 - 102
Tax Map _____ Parcel # _____
County Road No.: _____Owner: Leonard C. Harper
Address: 5020 Elk River Rd, South
Elkview, WV 25071Certified Installer: Kenneth High
Address: HC 66, Box 10
Old Fields, WV 26845You are hereby issued a permit to: ☒ install, or ☐ modify an on-site sewage disposal system located:

Lot 3, Section 2, High Knob, Old Fields, WV

Facility: home Design Flow: 1 Bdrm Lot Size: 5.167 ~~5.167~~ Acres Water Source: cistern

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 10-2-98, 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 300 square feet of conventional gravel trench area.
- Depth to the bottom of the trench or bed installation shall be: 18-24 inches from original ground surface.
- ☐ Gravel system: Lengths of lines: _____, _____, _____, _____, _____, _____ feet, Width: _____ inches.
- ☐ Chamber system: Number of units: _____, Length of lines: _____, _____, _____, _____, _____ units,
Manufacturer of chamber: _____
- ☐ Bed system: ☐ Gravel, ☐ Chamber; Length: _____ feet, Width: _____ feet.
- ☒ Other: 10" Gravelless pipe consisting of 100 linear feet

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: 24 hours or more prior to planned inspection time.

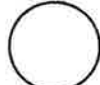
October 2, 1998

Issue Date

538-6355

County Office / Phone Number

Sketch of system:


 Draw Arrow
Toward North

my copy

Additional specifications
on reverse:

 Lemoine K. Thompson, R.S.
 Health Officer or Sanitarian