

TAX MAP 33. PART OF PARCEL 29.2

26,552 SQUARE FEET OR 0.610 TOTAL ACRE (MERGER)

TAX MAP 33, PART OF PARCEL 29.1

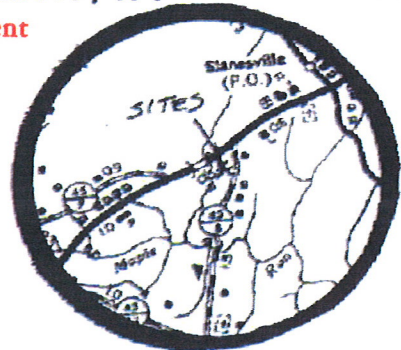
GORE DISTRICT, HAMPSHIRE COUNTY, WV

This Plat is to show total 4.117 ac after boundary line adjustment

Current Property lines- in red outline

MAGNETIC DECLINATION DETERMINED
AT LATITUDE 25-17-47" N AND
LONGITUDE 78-28-04" W AT CAPON
BRIDGE, WV ON JUNE 15, 1998. ALL
BEARINGS ARE FROM THE MAGNETIC
MERIDIAN. ALL DISTANCES ARE
HORIZONTAL.

5319 SQ. FT.
(0.122 ACRE)
EASEMENT/
RIGHT-OF-WAY
(SEE NOTE A)



VICINITY MAP
SCALE: 1" = 1 MILE

MAGNETIC
DEGREES
WEST

WEST VIRGINIA
ROUTE 29 (NORTH)
(60-FT. WIDE R/W)

ALKIRE RENTAL PROPERTIES, LLC
TRACT 4 (10.00 ACRES)
D.B. 450, PG. 104
MAP BOOK 10, PAGE 108
SEE D.B. PG.
FOR BOUNDARY LINE AGREEMENT
TAX MAP 33, PART OF PARCEL 20

CLARENCE A. CHRISMAN
ROSE M. CHRISMAN
3.858 ACRES
D.B. 432, PG. 515
SEE D.B. _____ PG. _____
FOR BOUNDARY LINE AGREEMENT
TAX MAP 33, PARCEL 26.2
(NOW 4.117 ACRES WITH MERGER
AND BOUNDARY LINE AGREEMENT
ON LINE 7-3)

AJAY KUMAR SINGH
 SURESH A PATEL
 20.00 ACRES, TRACT 31
 DB 450 PG 224
 MAP 2004-01-01-02-03-04
 -44 MAP 11-04-05-06-07
 PARCELS 20

WILLIAM LEE HAINES
28.38 ACRES
D.B. 401, PG. 524
TAX MAP 33,
PARCEL 27 1

WEST VIRGINIA
SECONDARY ROUTE 45/8
"OFFUTT SCHOOL ROAD"
(30-FT. WIDE R/W)

26,552 SQ. FT. (OR
0.610 ACRE) MERGER
(SEE NOTES B & C)

TERRY C. ALKIRE, SR.
6.558 ACRES
D.B. 432, PG. 512
TAX MAP 38, PARCEL 28

SLANESVILLE VOLUNTEER
AMBULANCE SERVICE, INC.
REMAINDER OF 4.91 ACRES
2.9 430, PG 407
TAX MAP 33, PARCEL 29.1
(1.46 ACRES REMAINING)

10-10-82
10-10-82
10-10-82
10-10-82
10-10-82

EXEMPT
From The Hampshire County
Subdivision Ordinance
Per 324 a K Date 6-12-06
Ch. 9.3.2
Hampshire County Planning Commission

SEE SHEET TWO FOR BEARING &
DISTANCE CHART AND CURVE DATA

THIS PLAT IS COMPOSED OF TWO (2) SHEETS OR PAGES
AND IS ONLY VALID WHEN BOTH SHEETS ARE USED
TOGETHER AS A UNIT.

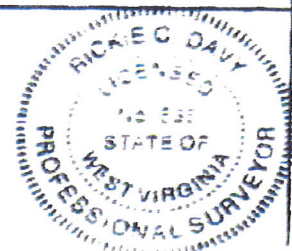
SEE NOTES A & B FOR TITLE INFORMATION

PLAT NO D06-022

DATE: 04/11/2006

SCALE 1" = 200'

R & S SERVICES, INC.
 RICKIE C. DAVY, PS NO. 535
 P.O. BOX 97 CAPON BRIDGE, WV 26711
 (304) 856-3165



PERMIT TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA
Hampshire County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-00-089
Tax Map _____ Parcel # _____
County Road No.: _____

Owner: IKK HAINES
Address: RR1 BOX 13
August, WV 26204

Certified Installer: P. J. Kidwell
Address: HC 60 Box 108
Pounds, WV 25437

You are hereby issued a permit to: ☒ install, or ☐ modify an on-site sewage disposal system located:

RT 29 N 1 mile south of Shanerville
Parcel Book # 392 Page 435

Facility: House Design Flow: 3 BR Lot Size: 14 Sq. Ft./Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 9-2-99, 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 1200 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, 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.

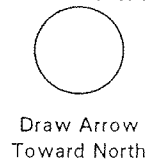
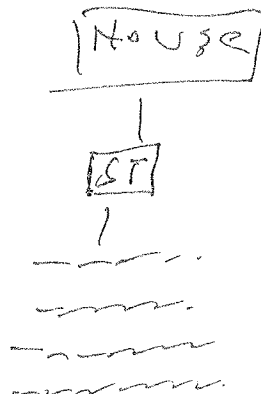
The applicant or his agent must notify this department:
72 hours or more prior to planned inspection time.

Sketch of system:

NOT TO SCALE

10,000
Square foot
Reserve
Area
Required

well



9-10-99
Issue Date

822-5111
County Office / Phone Number

Additional specifications
on reverse:

P. J. Kidwell
Health Officer or Sanitarian

SS.#
or file

HEALTH DEPARTMENT
APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY
OR ABANDON A WATER WELL

PLEASE PRINT:

Property Owner: Ike HainesCertified Driller: B.W. Smith Well DrillingAddress: RR 1 Box 13Address: HC PO Box 2A Springfield WVAugusta, WV 2670426702-272

Phone:

Phone: (home) 446-1070 (business) (540) 723-4441Driller Certification No.: 201 WV Contractor's No.: 00023Directions to property: 1 mile from Stanardsville 29 South

(Please provide specific and detailed directions)

Proposed facility to be served:

Facility served is

☐ Residence, No. of bedrooms: 3 No. of individuals served: 3☒ New☐ Other _____☐ ExistingProperty deed recorded in Book No.: 392 Page(s): 435 Date the property deed was recorded: May 20, 1999

Subdivision name: _____ Lot #: _____ Section #: _____

County tax map: _____ Parcel No.: _____ Size of Lot: 14 Square feet/acres (14)

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 well driller and to inform that driller of existing property lines and points of potential contamination. 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 potential points of contamination.

Ike Haines
(Signature of the owner or authorized agent)

Water well will be ☒ constructed ☐ modified and will be used for ☒ potable water ☐ water exploration ☐ abandoned or other purposes: _____

Type of Casing: Steel 188 wellType and Method of Grouting: Permit

If abandoning well, Abandonment Method: _____

Distance of Well from Potential Sources of Contamination:

Streams, Rivers & Impoundments _____	Sewers & Drains (non-watertight) _____	Privies (vault) _____
Sewage Absorption Fields <u>150</u>	Sewers & Drains (hydrostat. tested) _____	Sewage Holding Tank _____
Septic Tank <u>150</u>	Barnyard/Feeding/Watering Area _____	
Other: _____		

Distance to Property Line: 300'

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 Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Driller

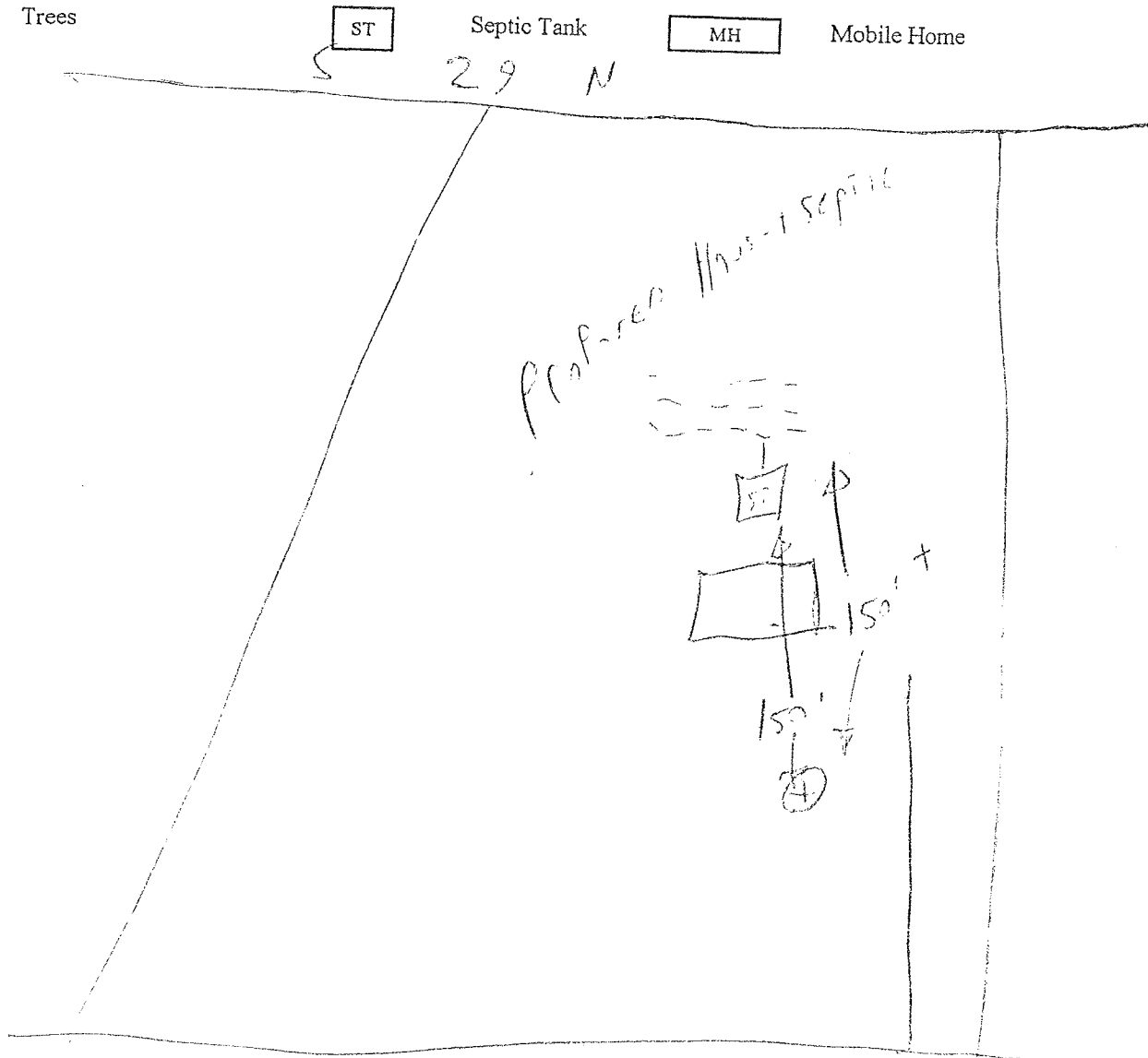
Date _____

Reverse of form must be completed

in 99.11/47.2-014

Please draw a sketch of the property showing existing or proposed well with locations, and distance to structures, existing or proposed sewage systems within 200 feet of well location, slope of site and lot dimensions. Locate and show distances to animal pens, barnyards or any other factors which can be a possible source of contamination for the water supply.

☒ House ⊗ Water Supply (P) Percolation Test Site
 --- Soil Absorption Line → Dir. Of Ground Slope _____ Property Line
 ||||| Trees [ST] Septic Tank [MH] Mobile Home



OFFUTT SURVEY

FOR HEALTH DEPARTMENT USE ONLY:

Date Received: 8-31-99

Date Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____



WEST VIRGINIA DEPARTMENT OF HEALTH

PERMIT



 OWNER: Ike Haines and DRILLER: B.W. Smith Well Drilling

 are hereby issued a permit to construct (Construct, Modify or Abandon) a well located at 1 mile from Slanesville 29 South

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

 Date Issued 9-2-99

Sanitarian

 Expires 9-2-2000

 Issuing Officer
Hampshire

Title

 Permit No. DW-14-00-082

County Health Department

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

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

RECEIPT

DATE:

9-4-99

001472

RECEIVED FROM:

James H. Haines

ADDRESS:

66 N. High Street Romney, WV 26757

FOR:

well located near Haines

DOLLARS \$

50.00

ACCOUNT

HOW PAID

AMT OF ACCOUNT

50.00

CASH

50.00

AMT. PAID

50.00

CHECK

50.00

BALANCE DUE

—

MONEY ORDER

—

BY:



HAMPSHIRE COUNTY HEALTH DEF.

 66 N. HIGH STREET
 ROMNEY, WV 26757
 (304) 822-5111

☐ ENVIRON. ☐ NURSING ☐ OTHER