

To: David Pat Ritchie Address: 1559 Moffett Drive
Winchester, Va. 22601

You are hereby issued a permit to install
a small sewage disposal system consisting of a septic tank + drainfield
and located at Rt 29 South, 6 miles down road from Del Ray

This small sewage disposal system shall meet the following specifications:

1. Septic Tank
 - a. Shall be made of precast concrete and not less than 1000 gallon capacity.
2. Soil-Absorption System
 - a. Shall consist of 4 distribution lines 4" in diameter.
 - b. Each distribution line shall be 100 100 100 100 feet in length
 - c. Each trench shall be 24 inch width with ZERO slope on trench bottom and ZERO slope on each distribution line.
 - d. No trench shall be more than 24 inches deep. 400' - 10' 5" max
 - e. Total soil-absorption area in trench bottoms shall be = 1200 sq. ft. per
 - f. Filter material shall be gravel and not greater than 1/2 - 2 1/2 inches in diameter.
 - g. Filter material under each line shall be not less than 18 inches deep and not less than 2 inches over each distribution line.
 - h. Filter material shall be covered with paper prior to backfilling.
 - i. Trenches shall be backfilled at least 6" above ground surface to provide for settling of backfill.
3. Other Small Sewage or Excreta Disposal Systems (Name the type system to be used, then use back of sheet to describe the details of the system.)
Available materials are (more system as far as possible)
possible to protect drain field
4. Special Requirements
 - a. Small sewage and excreta disposal systems shall be located at least 10 ft. from any property line and a minimum of 20 ft. from any stream or roadside cut.
 - b. Septic tanks shall be located at least 10 ft. and excreta disposal systems a minimum of 20 ft. from building foundation.
 - c. Septic tanks shall be located a minimum of 50 ft. and soil-absorption systems and excreta disposal systems a minimum of 100 ft. from any ground water supply or cistern.
5. This permit is not transferable and automatically expires 12 months after date of issue.
6. The applicant or his agent must notify this department, phone 822-5111 at least 72 hours before the system is ready for inspection.
7. All small sewage and excreta disposal systems must be inspected and approved prior to being covered with earth or otherwise put into service. Any applicable system or part thereof covered before being inspected shall be uncovered at the direction of the SANITARIAN.
8. This permit is NULL AND VOID when official inspection reveals conditions are different than those stipulated in this permit or if facts later become known that a health hazard would result by the installation of this system.

11-5-97
Hampshire County Health Dept.
66 N. High Street Room #3
Romney, WV 25757
Phone: 304-822-5111
Health Department

David Dwyer
Name
Sanitarian
Title

mailed
11-10-97

(Use reverse side of page for sketch of system)

SS-182A 7/96

PLEASE PRINT:

11-4-97

STATE OF WEST VIRGINIA

Hampshire

HEALTH DEPARTMENT

APPLICATION FOR A PERMIT TO INSTALL OR MODIFY
A SMALL ON-SITE SEWAGE DISPOSAL SYSTEM

Property Owner: Dan & Pat Ritchie

Certified Installer: Calvin Davis

Class: ☐ I ☒ II

Address: 1559 McFEET Drive

Address: HC 78, Box 110-D

Winchester, VA 22601

Delray, WV 26714

Phone: 496-7898

Phone: (home) 662-1475 (business)

Installer No.: 54-83-124

WV Contractor's No.:

Directions to property: Rt. 29 South, 6 miles, development on Right, Delray

Proposed facility to be served:

(Please provide specific and detailed directions)

☒ Residence, No. of bedrooms: 3 No. of individuals served: _____☐ Other, _____Facility served is: ☒ New ☐ Existing Water Source: well to be

Property deed recorded in Book No.: 371 Page(s): 782

Date the property deed was recorded: _____

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: Crescent Crossing Approval number: _____

County tax map: _____ Parcel No.: 3

Size of Lot: 6.750 square feet / acres

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.

Calvin Davis (CD)
(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 10-31-97, at a depth of 30 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:	241	200	217	184	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Times given for each percolation test hole are to be added together to give a total number of minutes: 842

then the total shall be divided by 24 in order to give the average time for a one inch drop: 35.0 (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: *Calvin Davis*, on this date: October 31, 1997

Reverse of form must be completed.

The proposed sewage system shall consist of:Septic Tank: Capacity: 1000 gallons Material: precast Manufacturer: JolinAbsorption Field: Equivalent to 1200 square feet of conventional gravel trench system.☒ Trench System: No. of Lines: 4, Lengths: 100, 100, 100, 100, _____ feet.☐ Gravel Trench Width: _____ inches, or Gravelless Pipe Diameter: 10 inches.☐ If Chamber System: Manufacturer: _____, Number of Chambers: _____.☐ 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: 10' feet, Property Line: 10' feet, Water Supply: 50' feet.Absorption Field to: Building Foundation: 30' feet, Property Line: 10' feet, Water Supply: 100' feet.**Materials:**

The installation or modification of all parts of the sewage disposal system, 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.

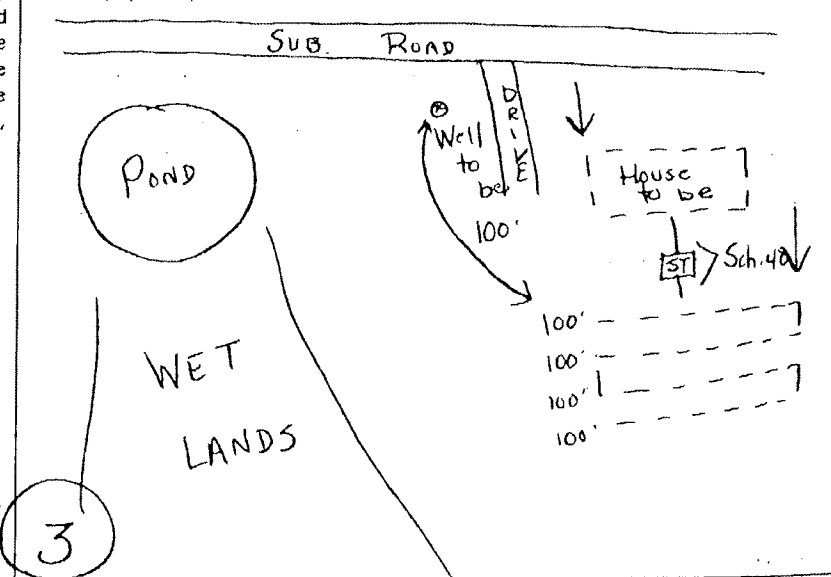
Signature of Certified Installer or Owner-Installer: Calvin B. Davis

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
- ⊙ Percolation test site
- Property line
- ⊗ Residence or facility served
- ⊗ 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: 11-4-97

Date Site Evaluated: _____

Received From: _____

COUNTY: Hampshire

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____