

5-182A
Rev. 8/01
Side A

Hampshire

DEPARTMENT OF HEALTH
STATE OF WEST VIRGINIA



2543

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

Property Owner(s) DANIEL F. HARTSOOK Soc. Sec. No. (s) 227-64-8186
Address 19632 LOUDOUN ORCHARD RD.
City, State, Zip LEESBURG VA 2015 Telephone: (H) 703-771-9294 (W) 540-454-0736
Location of property (be specific) OWL HOLLOW ROAD; 1/4 OFF HIGHWAY 29, SLANESVILLE
LEFT SIDE OF ROAD PARCEL
Facility served is: ☒ New ☐ Existing Size of Lot 80 sq. (acres) Water Source: WELL
Type Facility: ☒ Residence: No. of bedrooms 3 No. of individuals served 2
☐ Other _____
Property Deed Recorded in Book No. 137 Page 39 Date Recorded 9/2/04
County tax map 7 Parcel No. 7
Name of subdivision N/A Approval No. _____ Section _____ Lot _____

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 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.

Date: FEB 16 2005

Signature of Owner: D F Hartsook

PERCOLATION TEST

Percolation Test: Test Holes #1 = 121 mins. #2 = 119 mins. #3 = 114 mins. #4 = 120 mins.
Total minutes = 474 divided by 24 = 19.75 average time for water to fall one inch.

Six-foot hole free of water or solid rock? ☒ Yes ☐ No

Test conducted on (date) 2-16-05 using approved procedures outlined in the Design Standards.

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.

Date: 2-16-05

Signature of Owner: Tram R. [Signature]

FOR HEALTH DEPARTMENT USE ONLY

County: _____ Coordinates N _____ W _____ Date Recv'd. 2-23-05
Date Site Evaluation _____ Reviewed by _____ Date Fee Paid _____ Received From _____
Sewage Permit ☐ Issued ☐ Denied Permit No. _____ Comments _____

Receipt #8721

TO BE
OR TYPED

STATE OF WEST VIRGINIA

HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-05-256

Tax Map 7 Parcel # 2

County Road No.:

Owner: Daniel F. HARTSOOK

Certified Installer: TRAVIS Kidwell

Address: 19632 Loudoun Orchard Rd
LEESBURG, VA 20175Address: PO Box 9
Leesburg WV 25431You are hereby issued a permit to: ☒ install, or ☐ modify an on-site sewage disposal system located:Owl Hollow Road, 4 miles from RT29
Left side of Road

Facility: House Design Flow: 3 BR Lot Size: 80 Sq. Ft./Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 2-23-05, 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 900 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: 36 inches.
- ☐ Chamber system: Number of units: _____, Length of lines: _____, _____ units,
Manufacturer of chamber: _____.
- ☐ Bed system: ☐ Gravel, ☐ Chamber; Length: _____ feet, Width: _____ feet.
- ☒ Other: Curtain Drain if needed, 180 linear feet
of 36" CHAMBERS

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
REQUIREDDraw Arrow
Toward North

House

ST



Lot is on Left side of Road when coming from Shanesville

Issue Date: 2-10-05

County Office / Phone Number: 496-9640

Additional specifications
on reverse:J. K. K...
Health Officer or Sanitarian