

SS-183 7/96

PERMIT TO BE
PRINTED OR TYPED

STATE OF WEST VIRGINIA

Hampshire County HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-05-379

Tax Map 7 Parcel # 9

County Road No.:

Owner: BILL WHITENCertified Installer: ED SAEBERAddress: 5 POTOMAC AVEAddress: P.O. Box 199 304-289-358ROMNEY, WV 26757ROMNEY, WV 26757You are hereby issued a permit to: ☐ install, or ☐ modify an on-site sewage disposal system located:

4 way stop at Paints, turn left at Curve, turn R into
xmas tree farm to bottom of hill on right side. LOT #1

Facility: Residence Design Flow: 3 BBL Lot Size: 5.06 Sq. Ft./Acres: 4-8-05 Water Source: well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 4-8-05, 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 1200 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 units: _____, Length of lines: 80, 80, 80, _____ units,
- Manufacturer of chamber: _____
- ☐ Bed system: ☐ Gravel, ☐ Chamber; Length: _____ feet, Width: _____ feet.
- ☒ Other: Curtain Drain if needed INSTALL W/ DIST BOX

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:
 _____ hours or more prior to
 planned inspection time.

7-18-05

Issue Date

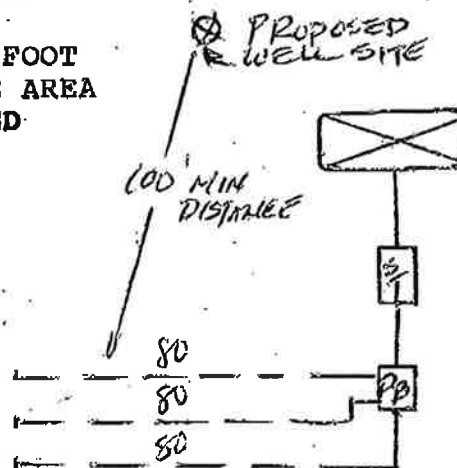
496-9640

County Office / Phone Number

Sketch of system:

NOT TO SCALE

10,000
 SQUARE FOOT
 RESERVE AREA
 REQUIRED

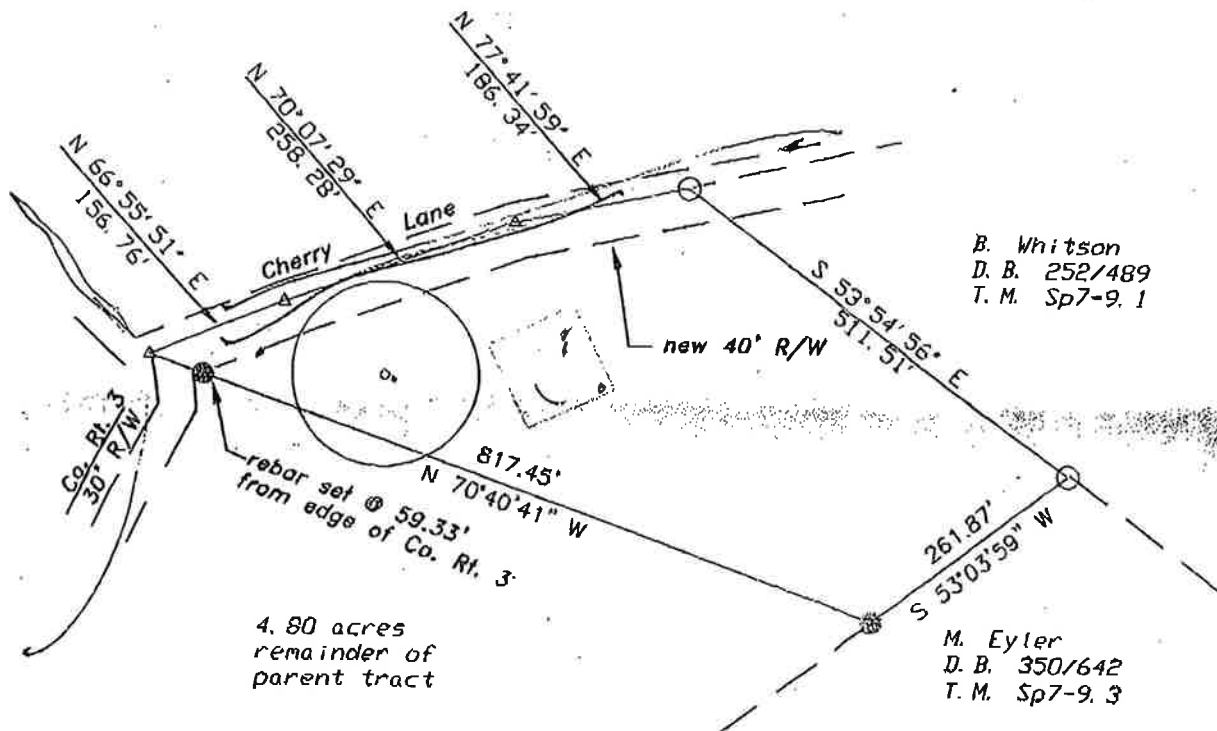


Additional specifications
 on reverse:

[Signature]

Health Officer or Sanitarian

of Lake Ferndale plat
parent tract survey Oct. 1998
division line June 2005

 $1^{\circ} = 200'$ 

EXEMPT

From The Hampshire County
Subdivision Ordinance

Per 3.2 2 Date 8-15-05

Charles B. Baker
Hampshire County Planning Commission

LEGEND

- △ *point, edge of road*
 ● *rebar set*
 ○ *pipe found*

septic location

well location & 100' buffer



Green Engineering Office

Burlington WV 304/280-5033



DEPARTMENT OF HEALTH AND HUMAN RESOURCES



PERMIT

OWNER: Billy Whitson and DRILLER B. Mark Smithare hereby issued a permit to construct a well locatedat From Points stop, turn go to top of mtn. & at top down hill 200' turn & before powerline on R (Construct, Modify or Abandon).

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

Date issued 6-17-05 Issuing Officer [Signature] SanitarianExpires 6-17-06 Hampshire TitlePermit No. DW-14-05-289 County Health DepartmentThis permit is not transferable and any change of information submitted in application dated 6-10-05 will automatically render this permit invalid.

THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES

NCF-9387 01/03/03

I further understand that it is my responsibility to consult the sanitarian for assistance in determining the location of the existing sewage system or well if said location is presently unknown to me.

Date: 6-10-05 Signature of Owner: Billy Whitson

WATER WELL INFORMATION

Application is for a permit to ☒ Construct ☐ Modify or ☐ Abandon a water well.If constructed or modified, well will be used for ☒ potable water ☐ water exploration ☐ otherIf abandoning well, abandonment method: N/AType of casing Steel Type & Method of Grouting Pressure/Grout Distance to Property Line 25 ft.

Distance of Well from Potential Sources of Contamination:

Streams, rivers, impoundments	Sewers & drains (non-watertight)	Privies (vault)
Sewage absorption fields <u>100</u>	Sewers & drains (hydrostat tested)	Barnyard/feeding
Septic tank <u>50</u>	Sewage holding tank	Water areas
Other		

Well Driller (please print) B. Mark Smith Telephone 304-822-4786Business Address P.O. Box 440 Springfield WV 26763Well Driller's Certification No. 001 Expiration Date 7/05 Liability Insurance Expiration Date 6/05Dept. of Labor Contractor's License No. WV000223 Exp. Date 8/05 Issued to Benjamin M. SmithContractor's Bond or Letter of Credit Expiration Date 6/15

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 Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit and current liability insurance coverage.

Date: 6/24/05Signature of Certified Well Driller: [Signature]

FOR HEALTH DEPARTMENT USE ONLY		County: _____	Coordinates N _____ W _____	Date Recv'd. <u>6/15/05</u>
Date Site Evaluation _____	Reviewed by _____	Date Fee Paid _____	Received From <u>B. M. Whitson</u>	
Contractor's Bond/Letter of Credit Exp. Date Verified By _____		Liability Insurance Exp. Date Verified By _____		
Water Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied Permit No. _____		Sewage Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied Permit No. _____		
Comments _____		<u># 3616</u>		