SS 177 7/96

INSPECTION TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
_____ HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Permit No.: ST-1400-390

Tax Map: 396 Parcel #: 17

County: Hampshire

County Road: _____

Name of Owner: Charles Mellott Installer: Dallas Sims

Address: RT 2 Box 245 Keamaysville, WV 25430

Property Location: High Mt Orchard Lot #4

Type of Facility: House Facility is: New (X) Existing ( ) Lot Size: 4 ~~Sq. Ft.~~/Acres

Design Loading in gpd/No. Bedrooms: 3 BR Source of Water Supply: Cistern

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: Volvo

Distances (in feet) of Tank to: Dwelling: 10+ to be Private (N)/Public ( ) Water Source: 50+ to be Property Line: 10+

ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe (X), Diameter: 10 Inches
Chamber Soil Absorption Trenches ( ) or Bed ( )

Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( )
Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: _____

No. of Lines: 4 Length (in feet) of Each: 80, 100, 80, 40, _____, _____, _____

Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24 inches

If Bed, Dimensions (in Feet): _____ If Chamber System, Name: _____, No. of Units: _____

Approved and Adequate Materials Used? Yes (+) No ( ) Size Equates to: 900 Square Feet of Standard Gravel Field.

Distances (in feet) of System to: Dwelling: 10+ to be Private (N)/Public ( ) Water Source: 100+ to be Property Line: 10+

Remarks: _____

An inspection indicates that the sewage disposal system described above
DOES MEET (X),
DOES NOT MEET ( ),
CANNOT BE DETERMINED TO MEET ( ) the minimum standards established by the West Virginia Bureau of Public Health.

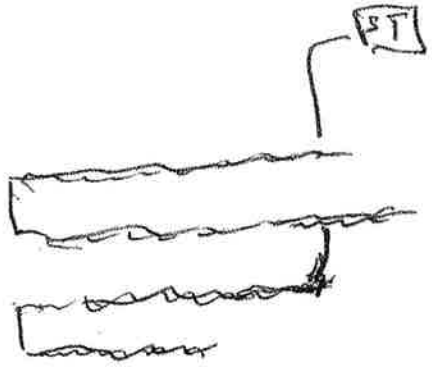
To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a **does meet** system since inadequate information is known.

Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Not to scale

Draw Arrow toward North



Visit Date(s): 6-1-00

Final Inspection Date: 4-19-02 **Sanitarian:** J. Kuda

The proposed sewage system shall consist of:

Septic Tank: Capacity: 1000 gallons Material: Concrete Manufacturer: Jo-Lin

Absorption Field: Equivalent to 900 square feet of conventional gravel trench system.

☑ Trench System: No. of Lines: 3, Lengths: 100, 100, 100, _____, _____, _____ feet.

☐ Gravel Trench Width: _____ inches, or Gravelless Pipe Diameter: _____ 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: 20 (Probe Markings) feet, Property Line: 200± feet, Water Supply: n/a feet.

Absorption Field to: Building Foundation: 50± feet, Property Line: 20± feet, Water Supply: n/a 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.

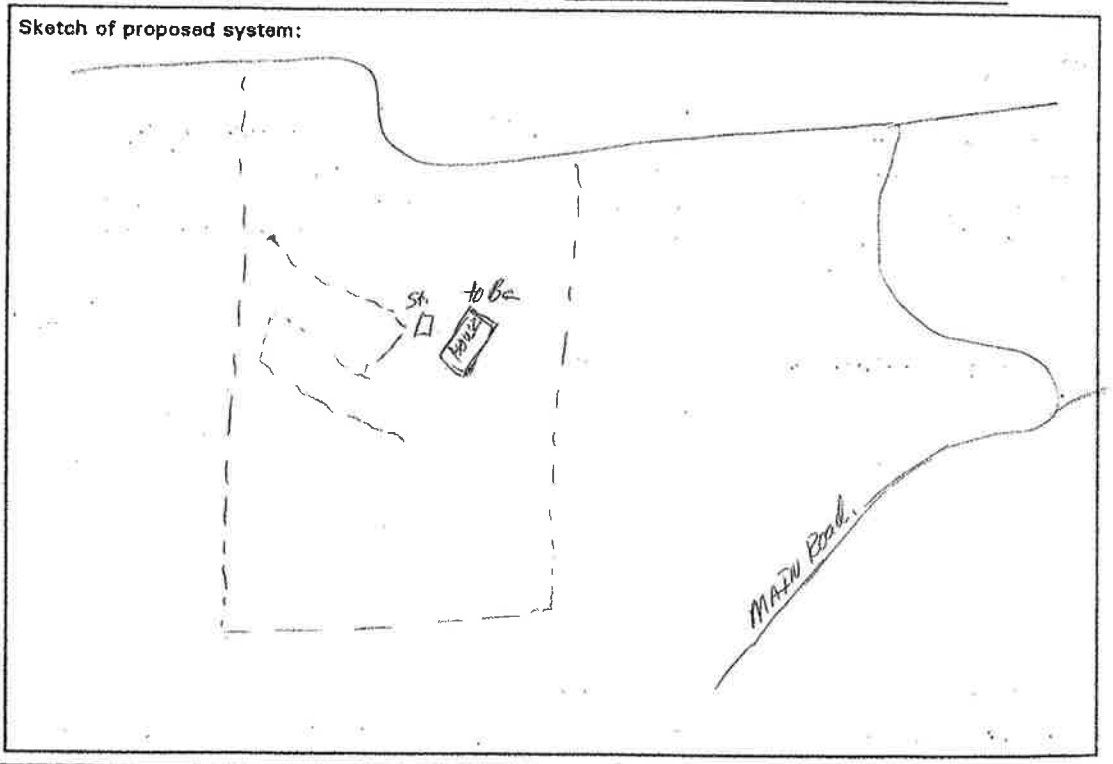
Signature of Certified Installer or Owner-Installer: Wallace Stone

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
- ST 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: 4-3-02

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: ☐ Issued ☐ Denied Permit No.: _____