

Hampshire County Health Department

HC 71, Box 9

Augusta, WV 26704

(304) 496-9640 Fax: (304) 496-9650

September 18, 2007

Hampshire County Planning Commission
P. O. Box 883
Romney, WV 26757

Dear Sirs;

This office has reviewed a plat of survey for James Reardon to approve a lot located at Eagle Mountain, lot A-36, and further referenced as Bloomery District, Tax Map 10, Parcel 42, Deed Book 272, Page 518. This lot consists of 7.757 acres. All lots require a percolation test and a sewage disposal area of 10,000 square feet where no development or structures other than the septic system shall be permitted. This lot is to be developed with an individual well and septic system to serve a single family dwelling.

Percolation test results are within limits as set forth by West Virginia CSR 16-1. Six foot soil observation holes indicate no restrictions due to water table or shallow bedrock within the designated sewage disposal area **except as noted on the Health Department subdivision application.**

The plat of survey dated 09/18/2007 is hereby approved by the Hampshire County Health Department for a Class I sewage system. Any changes to the Health Department signed plat or subsequent final plats approved based upon the approved plat, will make this approval null and void.

This approval is not a permit for individual water systems or individual sewer systems. Applications for permits must be made separately to the Hampshire County Health Department.

Sincerely,
Jim Kinder R.S.



cc: James Reardon

Hampshire County DEPARTMENT OF HEALTH
STATE OF WEST VIRGINIA



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

Property Owner(s) James Reardon Soc. Sec. No. (s) 264-11-2073
Address 210 TUB RUN Hollow Road
City, State, Zip Hedgesville, WV 25427 Telephone: (H) 229-2262 (W) _____
Location of property (be specific) Rt. 29 N. To Critten-Owl Hollow past PIN OAK.
Turn Left Go 2 miles to yellow Gate, turn Left to Top of hill. Turn Left.
Facility served is: ☒ New ☐ Existing Size of Lot 7.7 sq. f. (acres) Water Source: Well To be
Type Facility: ☒ Residence: No. of bedrooms 3 No. of individuals served 3
☐ Other _____
Property Deed Recorded in Book No. 272 Page 518 Date Recorded 1984
County tax map 01-10 Parcel No. 42
Name of subdivision Eagle Mountain Approval No. _____ Section A Lot 36-A

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: 7-21-05

Signature of Owner: James Reardon

PERCOLATION TEST

Percolation Test: Test Holes #1 = 160 mins. #2 = 165 mins. #3 = 175 mins. #4 = 180 mins.
Total minutes = 680 divided by 24 = 28.33 average time for water to fall one inch.

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

Test conducted on (date) 7-21-05 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: 7-21-05

Signature of Owner: David Adams

FOR HEALTH DEPARTMENT USE ONLY		County: _____	Coordinates N _____ W _____	Date Recv'd. <u>7.22.05</u>
Date Site Evaluation _____	Reviewed by _____	Date Fee Paid _____	Received From _____	
Sewage Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Permit No. _____	Comments _____		

Receipt # 2218

60 100 yds. on 119m