SS-182A Rev 6/07

## West Virginia Department of Health & Human Resources Hordy Department of Health



## Application for a Permit to Install or Modify an Onsite Sewage Disposal System

Property Owner	Jeremy	Shinclet	00	Pho	ne (H) 304-20	0570 17- <b>(W)</b>	起源进 群。
Address MA	ROSS	0	City Chax	iclas	State W	Zip Code	26845
Address	Corner	05 M	. ROAD +	Shocke	ROPE	,	
				F 4"	•	#3	
Has this property of Facility is New [	☐ Existing ☐	Lot Size_			DateWater Source		
Type Facility Res		Kills Factor agency		7.7	D. 1 . D. 1.	71	
			ber Individuals So				
Deed Recorded in	March Co., Inc., St. Co., St.	The second secon				_	
Subdivision Name	-		Approval No.	-	_ Section,	Lot	
To the best of my kn informing the sewag further understand the existing or proposed Date: 2-2-2	e system installer nat it is my respon sewage systems	of the existing on asibility to consult or wells if presen	r proposed locations t the sanitarian for a tly unknown to me.	s of sewage syst	terns and water s cessary and to de	ources includ termine the k	ing wells. I ecation of any
			Disposal System	Information			
Application is for a	-			ing Tools	Dia Daire.	Vle D-i	
Check all that apply	-						
Alternative System  Percolation Test:	Test Holes #1	225 mins	#2 240	mins. #3	2/^ min	s. #4 18	5 mins.
	Total Minutes =	= <u>860</u> 1	Divided by 24=	35,8	Average time for	or water to fa	all one inch.
	of water or sol	id rock? Yes					
Six-foot hole is free	of water or sor		No [ 10	est conducted	on (date)		_
I hereby certify that the Collection System De	he percolation tes	t was conducted	in accordance with	the procedures	outlined in the	Sewage Treat	ment and
Six-foot hole is free  I hereby certify that the Collection System De administered by the	he percolation tes esign Standards, 6 Local Health Do	at was conducted 64CSR47. Notice epartment prior	in accordance with e: all homeowner to conducting per	the procedures installers mus c testing.	outlined in the t	Sewage Treat	ment and
I hereby certify that the Collection System De	he percolation tes esign Standards, 6 Local Health Do	at was conducted 64CSR47. Notice epartment prior	in accordance with e: all homeowner to conducting per	the procedures installers mus c testing.	outlined in the t	Sewage Treat	ment and
I hereby certify that the Collection System Do administered by the Date:	he percolation tes esign Standards, 6 Local Health Do	at was conducted 64CSR47. Notice epartment prior Signature of C	in accordance with e: all homeowner to conducting per ertified Installer:	the procedures installers mus re testing.	outlined in the t	Sewage Treat	ment and ation
I hereby certify that the Collection System Deadministered by the	he percolation tes esign Standards, ( Local Health Do	at was conducted 64CSR47. Notice partment prior Signature of Coordinates N	in accordance with e: all homeowner to conducting per ertified Installer:	the procedures installers mus re testing.	outlined in the t pass a certific	Sewage Treat ation examin	ment and ation

AND THE PERSON OF THE PERSON O	Outlet Filter Used	Yes No Man	ufacturer
Orain Field: Materials: Gravel Gra			Brand
300 ft²/BR ☐ 400 ft²/BR ☐ Othe	r No. Bedro	oms X	$ft^2/BR = total ft^2$
No. Lines Length of Line	es (ft),	, , , ,	rest.
Trench Width (ft) Average			
Effluent distribution (check all that app			
If Absorption Bed: Length (ft)	Width If	chambers: # Used	Brand
Separation Distances (ft) Septic tank to:	Bldg Foundation	Property Line	Water Supply
Absorption field to:	Bldg Foundation	Property Line	Water Supply
Draw a sketch of the property showing any ex and the proposed sewage system as it is to be			
Design Sketch:		men and a special	
Ham biacom and the comment			the party of
Program and the result of the control of			
no entrance between	new all the leading	i.f. i sed come	
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Q yvir sherV Q yvirus [	Buck graden ( ) [] to	The war to be a	anga peresa sahih ah ri Shinafin) sahi sa askesa
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Particley   Vents Tryy	destignation (Ten	Character of James	
Postriday   Virule They	Buck graden ( ) [] to	Telephor	anga merakan di di di di Si kelidi ali makan Sa Ngarajar
Certified Installer Jercray	destignation (Ten	Character of James	· <u>304-257-05</u>
Certified Installer  Business Address  P. U. P. D. A. A.	hingleton	Telephor	- 304-257-05 4-02-2024
Certified Installer Business Address Certification No.  Devery  P. U. Box 911  54-19-08	hingleton  pideletos	Telephor  W 2/2845  Exp. Date O	• <u>304-257-05</u> 4-02-2024
Certified Installer Business Address P. D. Box 911 Certification No. 54-19-008 Contractor's License No. WND3917	hinglebn DIAFIELS Bxp. Date (S)	Telephor  W 2/2845  Exp. Date 0  1-05-2024 Issued to	- 304-257-05 1-02-2024 Shingleton Cort
Certified Installer  Business Address  Certification No. 54-19-008  Contractor's License No. W03917  Learner certify that the installation or modification of the certification o	Mingleton  Midtele La	Telephor  Teleph	204-257-05 4-02-2024 Shingleton Corting required material standards,
Certified Installer Business Address  P. U. Box 911	DINGLEDON	Telephor  Teleph	204-257-05 4-02-2024 Shingleton Corting required material standards,