STATE OF WEST VIRGINIA
HEALTH DEPARTMENT

Lot #9

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

Property Owner: Richard Shackelford
Address: P.O. Box 567
Cedar Bridge, W.Va. 26711
Phone: (home) _____ (business) 856-3825

Certified Installer: Brian Kidwell Class: ☒ I ☐ II
Address: Rt. 60 Box 30-F
Leewis, W.Va. 25431 Phone: 492-5740
Installer No.: 54-90-0221 WV Contractor's No.: WV031609

Directions to property: Rt. 28 to Springfield Right on Springfield Grade Rd past Arnold Stickley Rd to 2nd Rd on Right old Westvaco Property
(Please provide specific and detailed directions)

Proposed facilitiy to be served:

☐ Residence, No. of bedrooms: _____ No. of individuals served: _____
☒ Other, PROPOSED SITE
Facility served is: ☒ New ☐ Existing Water Source: WELL
Property deed recorded in Book No.: 408 Page(s): 372
Date the property deed was recorded: 8/29/01
If lot or tract created after July 1, 1970, please refer to Subdivision box. →
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.
Subdivision name: Shadow Knolls Approval number: _____
County tax map: 6a Parcel No.: 3
Size of Lot: 20 + square feet (acres)

Unless the division of a tract, lot or parcel results in lots in excess of two acres and in which those lots have an average frontage of 150 feet or more, permits for individual sewage disposal systems shall be withheld until a completed application for the subdivision is approved 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.

Richard Shackelford
(Signature of the owner or authorized agent)

Application is herein made to: ☒ Install ☐ Modify a/an:
☒ Septic Tank ☒ Absorption Field ☐ Alternate System ☐ Other: _____
Soil percolation tests were conducted on 9/28/01, at a depth of 24 inches.

The time, in minutes, for the final 6 inch drop in each test hole is as follows:

Test Hole:	#1	#2	#3	#4
Time:	318	36	30	282

6 feet hole free of Water and solid rock ☒ Yes ☐ No

Times given for each percolation test hole are to be added together to give a total number of minutes: 666,
then the total shall be divided by 24 in order to give the average time for a one inch drop: 27.75 (minutes per inch)

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.

Signed: Brian Kidwell, **on this date:** 10/15/01

Reverse of form must be completed.

SS-183 7.88

PERMIT TO BE PRINTED OR TYPED

STATE OF WEST VIRGINIA
Hamoshire County HEALTH DEPARTMENT
ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Permit No.: ST-14-02-212
Tax Map 6 Parcel # 3
County Road No.:

Owner: RICHARD SHACKELFORD
Address: P.O. BOX 563 CAPON BRIDGE, WV 26711

Certified Installer: BRIAN Kidwell
Address: HC 60 Box 30F Lovely, WV 25431

You are hereby issued a permit to: [X] install, or [ ] modify an on-site sewage disposal system located:
SHADOW KNOLLS LOT #9

Facility: House Design Flow: 3BR Lot Size: 20 ~~Sq.~~ Ft./Acres Water Source: Well

BASED UPON REVIEW OF THE INFORMATION OF YOUR SUBMITTED APPLICATION, DATED 10-15-01, AND THE PROP
INSTALLATION OF THE HEREIN DESCRIBED SYSTEM, THE SYSTEM SHALL BE IN COMPLIANCE WITH APPLICABLE WEST VIRGINIA SE
SYSTEM RULES AND DESIGN STANDARDS.

The sewage system shall consist of a:

[X] Septic tank - Capacity: 1000 gallons or more, Constructed of: concrete.

[X] Soil disposal system with a minimum equivalency of 1200 square feet of conventional gravel trench

Depth to the bottom of the trench or bed installation shall be: 24-36 inches from original ground surfa

[X] Gravel system: Lengths of lines: 100, 100, 100, 100, ____, ____ feet, Width: 36

[ ] Chamber system: Number of units: ____, Length of lines: ____, ____, ____, ____, ____

Manufacturer of chamber: ____.

[ ] Bed system: [ ] Gravel, [ ] Chamber; Length: ____ feet, Width: ____ feet.

[ ] Other: x May also be 10" gravelless or equivalent 36" chamber syste

Diversion Ditch if needed

This permit is non-tranferable and automatically expires 12 months after issue date.

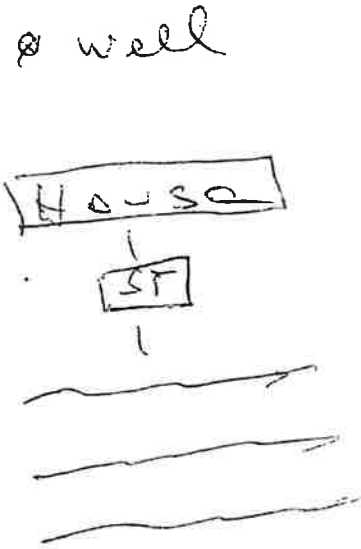
This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

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 Required



FOR LOCATIONS SEE SUBDIVISION PLAT NOT TO SCALE

Dra
Tow

12-18-01
Issue Date

PZC-5-11

Additional specifications on reverse:

Health Offic