

Expired

SS-183
Rev 3/11

West Virginia Department of Health & Human Resources
Hampshire County Health Department

Permit #: ST-14-23-135
Tax District: Sherman
Map # 17 Parcel # 3

PERMIT
ON-SITE SEWAGE DISPOSAL SYSTEM

Coordinates: N 39 8 50 W 78 41 34

Owner: Charles Barton Installer: Robert Jenks
Address: 410 Bridleweath Way Address: 524 Trout Run Cut Off Rd
Mount Airy, MD 21771 Wardensville, WV 26851

You are hereby issued a permit to: install modify an on-site sewage disposal system located:

Facility: RV Design Flow: 2 Lot Size (ft²/acres): 25.58 acres Water Source: well

Based upon review of the information on your submitted application, dated 4/14/2023, 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 or Plastic.
- Soil disposal system with a minimum equivalency of 600 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 lines: 2. Lengths of lines: 60', 60', _____, _____, _____, _____.

Manufacturer of chamber: Infiltrator.

Bed system: Gravel Chamber Length: _____ feet. Width _____ feet.

Other: _____

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.

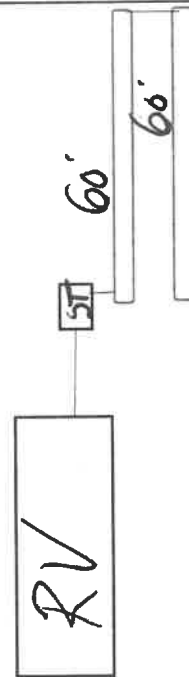
The applicant or his agent must notify this department 72 hours or more prior to planned inspection time. Health Department Phone Number: 304-496-9641

**Additional Specifications
on Reverse.**

Issue Date: 4/21/2023

Sanitarian: [Signature]

Sketch of system





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

Property Owner Charles Barton Phone (H) 413-835-5454 (W) _____
Address 410 Bridleweath Way City Mount Airy State MD Zip Code 21771
Property Location 2 mls NW of F Rd Toward Augusta. Beside
Daughter's Farm off of Ford Hill Rd.

Has this property ever been previously denied for a permit? Yes No Date _____
Facility is New Existing Lot Size 25.58 Acres /Sq. Ft. Water Source well
Type Facility Residence Other Seasonal
Number of Bedrooms RV Number Individuals Served 3 Design Daily Flow _____ gpd
Deed Recorded in Deed Book 13 Page 37 County Tax Map 17 Parcel No. 3
Subdivision Name _____ Approval No. _____ Section _____ Lot _____

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 on this application is true and I understand that I am responsible for informing the sewage system installer of the existing or proposed locations of sewage systems and water sources including wells. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or proposed sewage systems or wells if presently unknown to me.

Date: 4-12-23 Signature of Owner: Charles Barton

Sewage Disposal System Information

Application is for a permit to: Install Modify
Check all that apply: Septic Tank Absorption Field Holding Tank Pit Privy Vault Privy
Alternative System (attach detailed plans) Chemical/Composting Toilet Other

Percolation Test: Test Holes #1 60 mins. #2 80 mins. #3 80 mins. #4 75 mins.
Total Minutes = 295 Divided by 24 = 12.29 Average time for water to fall one inch.

Six-foot hole is free of water or solid rock? Yes No Test conducted on (date) 7-March 2023

I hereby certify that the percolation test was conducted in accordance with the procedures outlined in the Sewage Treatment and Collection System Design Standards, 64CSR47. Notice: all homeowner installers must pass a certification examination administered by the Local Health Department prior to conducting perc testing.

Date: 12 April 2023 Signature of Certified Installer: Robin [Signature]

For Health Department Use: Coordinates N _____ W _____ Date Rec'd 4-14-23

Site Eval _____ By _____ Date Fee Pd _____ Rec'd From _____

Permit Issued Denied Permit # _____ Comments Receipt # 10744

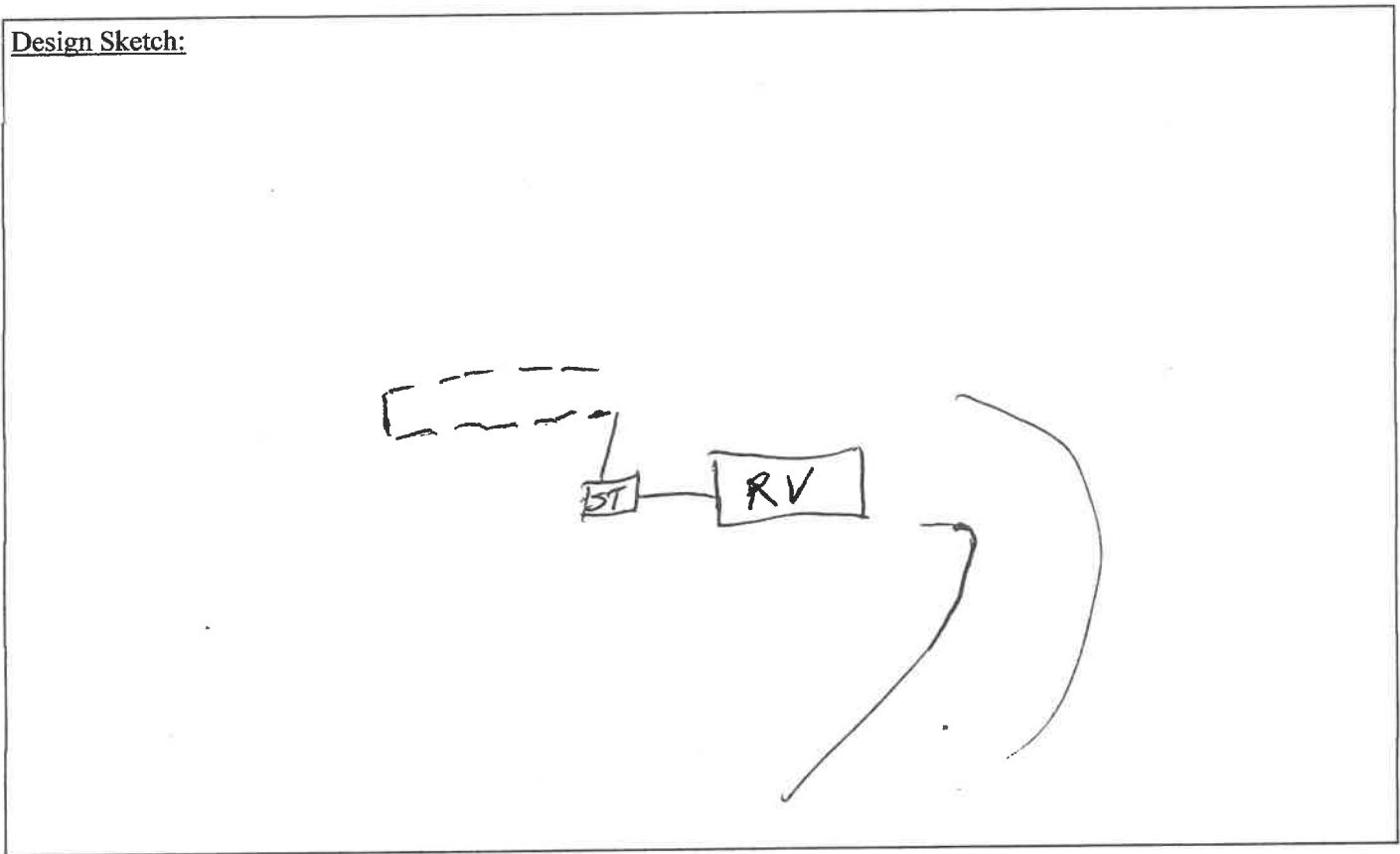
Septic Tank: Capacity (gallons) 1000 Material Concrete Top Seam or Mid Seam
Manufacturer Jolin Outlet Filter Used? Yes No Manufacturer _____

Drain Field: Materials: Gravel Gravelless Pipe Chambers Other _____ Brand _____
300 ft²/BR 400 ft²/BR Other _____ No. Bedrooms 2 X 300 ft²/BR = 600 total ft²
No. Lines 2 Length of Lines (ft) 60, 60, _____, _____, _____, _____, _____
Trench Width (ft) _____ Average Depth _____ Max Depth _____ Pipe ASTM No. _____
Effluent distribution (check all that apply): Distribution Box Serial Pump dosed Siphon dosed
If Absorption Bed: Length (ft) _____ Width _____ If chambers: # Used 30 Brand Infiltration

Separation Distances (ft) Septic tank to: Bldg Foundation 30' Property Line 250' Water Supply 100'
Absorption field to: Bldg Foundation 40' Property Line 200' Water Supply 100'

Draw a sketch of the property showing any existing or proposed well locations, the location of all structures, property line locations, and the proposed sewage system as it is to be installed. Show all structures and facilities to be served by on-site sewage on the lot.

Design Sketch:



Certified Installer Bob B Excavating LLC Telephone 304 616 2514
Business Address 224 Trout Run Cut off Rd Wardsville WV 26851
Certification No. 54-06-A-0068 Exp. Date 8-8-26
Contractor's License No. 039099 Exp. Date 11-23 Issued to Robert Jenks

I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with the Sewage Treatment and Collection System Design Standards Rule, 64CSR47, and appropriate manufacturer's recommended procedures and practices.

Date: 4-12-23 Signature of Certified Installer: Robert Jenks