

SS-182
Rev. 5-82

WEST VIRGINIA
SMALL SEWAGE OR EXCRETA DISPOSAL SYSTEM
PERMIT APPLICATION FORM
Mineral Co. HEALTH DEPARTMENT

Lot 23

NAME

STREET/BOX NUMBER

PHONE

CITY/STATE/ZIP CODE

Do hereby apply for permit to Install Modify

() Septic Tank - Absorption Field () Pit Privy
() Septic Tank () Vault Privy
() Soil Absorption Field () Chemical or Composting Toilet
() Holding Tank () Alternate Disposal
() Other (Specify) _____

To serve a:

() Residence with _____ bedrooms
() Other, describe _____

Property Owned By: Potten Corp. NAME Mt. Tabor Home ADDRESS

Deed Recorded In: Mineral Co. BOOK PAGE COUNTY OF

Direction To Property _____

Work Will Be Done By: _____ NAME INSTALLER NUMBER

ADDRESS

Submitted On: _____ DATE SIGNED/OWNER SIGNED/INSTALLER

Description of System:

Septic Tank: Capacity _____ Material _____
Soil Absorption Field: Sq. Ft. _____ with _____ lines _____ long
Absorption Field Pipe ASTM Number _____
Distance Septic Tank to Nearest Water Supply _____ Nearest Property Line _____
Distance Absorption Field to Nearest Water Supply _____
Nearest Property Line _____

Alternate Type System (Attach Detailed Plans)

Description of Property:

Type of Water Supply

Size of Lot: Sq. Ft. 4,66 Acres

Area Suitable for Absorption Field

Six Foot Hole Free of Water or Solid Rock: YES Sq. Ft.

Percolation Test Result

Test Hole Number One 240 Minutes

Test Hole Number Two 766 Minutes

Test Hole Number Three 172 Minutes

Test Hole Number Four 218 Minutes

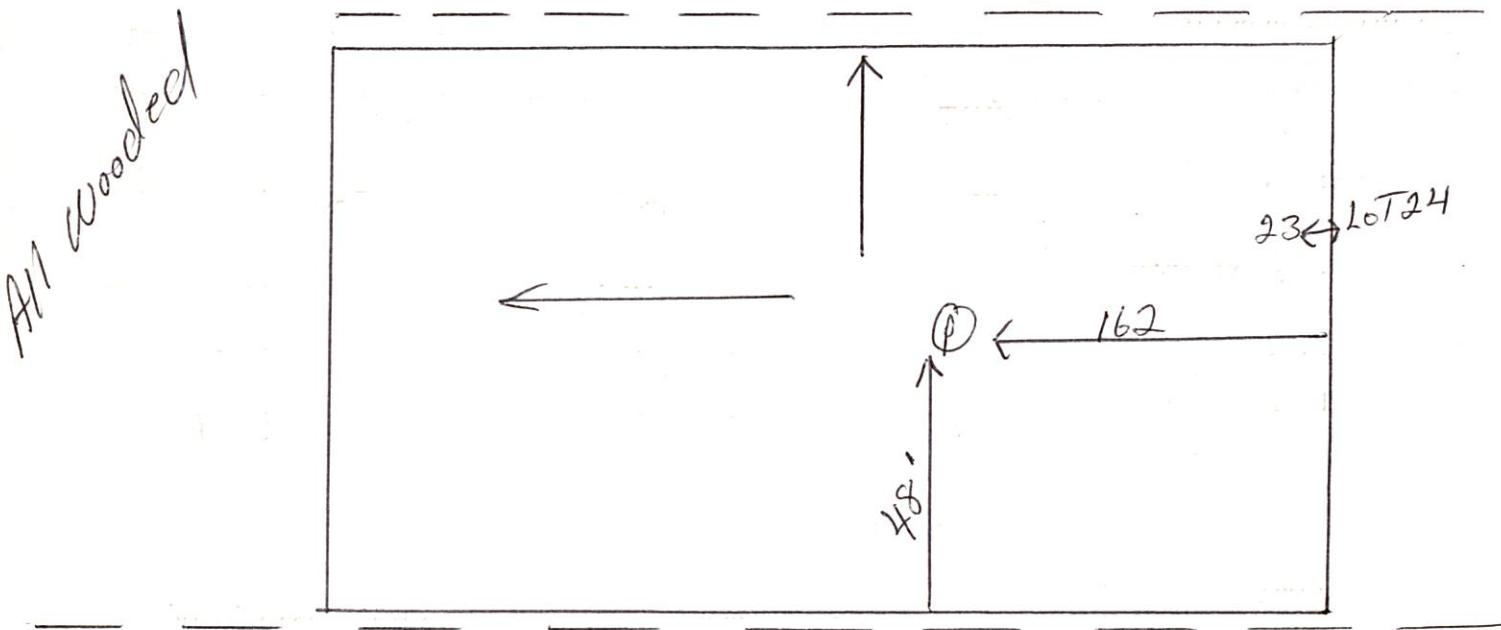
TOTAL 896 Minutes

Total divided by 24 (6 inches X 4 holes) = 37 min average
 time for water to fall (soak) one inch. Percolation test done on 8/24/88 DATE
 using approved procedures outlined in the design standards.

Signed: Roger A. Cope

PLOT LAYOUT - SKETCH*

Draw sketch of proposed system - show property lines, water supply and other pertinent factors.



*Symbols

House
 Water Supply
 Trees

ST Septic Tank
 - - - Soil Absorption Line
 → Direction of Ground Slope

— Property Line
 Percolation Test Site
 Mobile Home

HEALTH DEPARTMENT USE

Date Application Received _____

Date Site Evaluated _____

Permit Number _____

Permit Denied _____ (See Attached Letter)

Sanitarian _____

