

STATE OF WEST VIRGINIA

HEALTH DEPARTMENT

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

PLEASE PRINT:

Property Owner: _____ Certified Installer: _____ Class: I II

Address: _____ Address: _____

Phone: _____

Phone: (home) _____ (business) _____ Installer No.: _____ WV Contractor's No.: _____

Directions to property: _____

Proposed facility to be served: (Please provide specific and detailed directions)

Residence, No. of bedrooms: _____ No. of individuals served: _____

Other, _____

Facility served is: New Existing Water Source: _____

Property deed recorded in Book No.: _____ Page(s): _____

Date the property deed was recorded: _____

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: _____ Approval number: _____

County tax map: _____ Parcel No.: _____

Size of Lot: _____ 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.

(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 _____, at a depth of _____ 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: _____

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: _____,

then the total shall be divided by 24 in order to give the average time for a one inch drop: _____ (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: _____, on this date: _____

Reverse of form must be completed.

The proposed sewage system shall consist of:

Septic Tank: Capacity: _____ gallons Material: _____ Manufacturer: _____

Absorption Field: Equivalent to _____ square feet of conventional gravel trench system.

Trench System: No. of Lines: _____, Lengths: _____, _____, _____, _____, _____, _____ feet.

Gravel Trench Width: _____ inches, or Gravelless Pipe Diameter: _____ inches,

If Chamber System: Manufacturer: _____, Number of Chambers: _____.

Soil absorption bed: Requires an oversizing of bottom surface area by 30%.

If soil absorption bed, Length: _____ feet by Width: _____ feet, or if Chamber System,

Manufacturer: _____, Number of Chambers: _____.

Distances (to nearest):

Septic Tank to: Building Foundation: _____ feet, Property Line: _____ feet, Water Supply: _____ feet.

Absorption Field to: Building Foundation: _____ feet, Property Line: _____ feet, Water Supply: _____ feet.

Materials:

The installation or modification of all parts of the sewage disposal system, including required material standards, shall be done in compliance with applicable design standards issued by the Public Health Sanitation Division, Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices.

Signature of Certified Installer or Owner-Installer: _____

Draw a sketch of the property showing existing or proposed well locations that would be within 200 feet of the proposed on-site sewage system, location of structures, and property line locations.

Sketch of proposed system:

- Direction of ground slope
- Ⓟ Percolation test site
- Property line
- ⊠ Residence or facility served
- ST Septic Tank
- Soil absorption lines
- |||| Trees
- ⊗ Water source
- ✕ Water supply line

Show all structures or facilities to be served by on-site sewage system on the lot or tract.

FOR HEALTH DEPARTMENT USE ONLY:

Date Received: _____

Date Site Evaluated: _____

Received From: _____

COUNTY: _____

Coordinates: N _____ W _____

Reviewed by: _____ Date fee paid: _____

Permit: Issued Denied Permit No.: _____