



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



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

SS-182A Rev 6/07

Property Owner \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Location \_\_\_\_\_

Has this property ever been previously denied for a permit?  Yes  No Date \_\_\_\_\_

Facility is  New  Existing Lot Size \_\_\_\_\_  Acres  Sq. Ft. Water Source \_\_\_\_\_

Type Facility  Residence  Other \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number Individuals Served \_\_\_\_\_ Design Daily Flow \_\_\_\_\_ gpd

Deed Recorded in Deed Book \_\_\_\_\_ Page \_\_\_\_\_ County Tax Map \_\_\_\_\_ Parcel No. \_\_\_\_\_

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: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

**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 \_\_\_\_\_ mins. #2 \_\_\_\_\_ mins. #3 \_\_\_\_\_ mins. #4 \_\_\_\_\_ mins.

Total Minutes = \_\_\_\_\_ Divided by 24 = \_\_\_\_\_ Average time for water to fall one inch.

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

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: \_\_\_\_\_ Signature of Certified Installer: \_\_\_\_\_

Septic Tank: Capacity (gallons) \_\_\_\_\_ Material \_\_\_\_\_  Top Seam  Mid Seam

Manufacturer \_\_\_\_\_ Outlet Filter Used ?  Yes  No Manufacturer \_\_\_\_\_

**Drain Field:** Materials:  Gravel  Gravelless Pipe  Chambers  Other \_\_\_\_\_ Brand \_\_\_\_\_  
 300 ft<sup>2</sup>/BR  400 ft<sup>2</sup>/BR  Other \_\_\_\_\_ No. Bedrooms \_\_\_\_\_ X \_\_\_\_\_ ft<sup>2</sup>/BR = \_\_\_\_\_ total ft<sup>2</sup>  
 No. Lines \_\_\_\_\_ Length of Lines (ft) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 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 \_\_\_\_\_ 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 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 \_\_\_\_\_ Telephone \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Certification No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Contractor's License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Issued to \_\_\_\_\_

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: \_\_\_\_\_ Signature of Certified Installer: \_\_\_\_\_

**For Health Department Use:** Coordinates N \_\_\_\_\_ W \_\_\_\_\_ Date Rec'd \_\_\_\_\_  
 Site Eval \_\_\_\_\_ By \_\_\_\_\_ Date Fee Pd \_\_\_\_\_ Rec'd From \_\_\_\_\_  
 Permit Issued  Denied  Permit # \_\_\_\_\_ Comments \_\_\_\_\_