

# **Application to Install or Modify an Onsite Sewage Disposal System**

## **Instruction Packet**

1. **Complete** the owner portion of the SS-182A Application to Install or Modify an Onsite Sewage Disposal System found on pages 3 and 4 of instruction packet \*ONLY THE CURRENT OWNER MAY APPLY\*
2. Have a certified WV septic installer complete their portion of the application including the sketch
3. Ensure the site is marked prior to submitting your application
4. Submit payment and application to the health department
5. Please put your email at the top of your application to receive permit via email

**Incomplete applications and/or applications not submitted with payment will be returned**

**Fee for Services:** Class I septic system \$185.00, Class II septic system \$375.00

**DEP Fee:** If installing a new septic tank and the DEP fee has not been paid, please add \$30.00 to your payment.

### **How to Make Payments:**

#### **Payment options:**

**Check Payments:** Please make checks payable to Jefferson County Health Department and include a phone number on the top of the check.

**Credit Card Payments:** Please complete page two form. If you sent via email and it was kicked back, you can take a photo of the payment form and send as an attachment. Please note: We are unable to process American Express.

**Cash Payments:** Cash payments may be made in person.

### **How to Submit Application:**

**Walkin:** Our office is open to the public Monday – Friday 8:00am to 4:00pm.

**Mail or Drop Box:** Jefferson County Health Department ATTENTION: Septic Applications 1948 Wiltshire Road, Suite 1 Kearneysville, WV 25430 or drop in the black lock box outside our back door marked Environmental.

**Fax:** 304-728-3314 (Attention Danielle)

**Email:** [Danielle.R.Phillipson@wv.gov](mailto:Danielle.R.Phillipson@wv.gov)

**Application Must Be Submitted with Payment**

TERRENCE J. REIDY  
HEALTH OFFICER

GILLIAN BEACH  
ADMINISTRATOR



1948 WILTSHIRE ROAD, SUITE 1  
KEARNEYSVILLE, WV, 25430  
PHONE: 304-728-8416  
FAX: 304-728-3314  
WWW.JCHDWV.ORG

## PAYMENT AUTHORIZATION FORM

### Paperwork and payment submission:

Applications and payments may be submitted via email, mail, or dropped in out lock box outside the back door marked Environmental or by walk-in.

### Paperwork and payment submission:

**Check Payments:** Please make checks payable to Jefferson County Health Department and include a phone number on the top of the check.

**Credit Card Payments:** Please complete the section below if paying by credit card. Emails should be sent to the following email:

**Email:** [Danielle.R.Phillipson@wv.gov](mailto:Danielle.R.Phillipson@wv.gov)

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### **Credit Card Payment:**

**Please note: We are unable to process American Express**

Card Holder Name: \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_



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

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
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: \_\_\_\_\_

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

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