

LAKE COUNTY BOARD OF HEALTH

FINAL INSPECTION AND USE PERMIT OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER Hu + Elaine Williamson

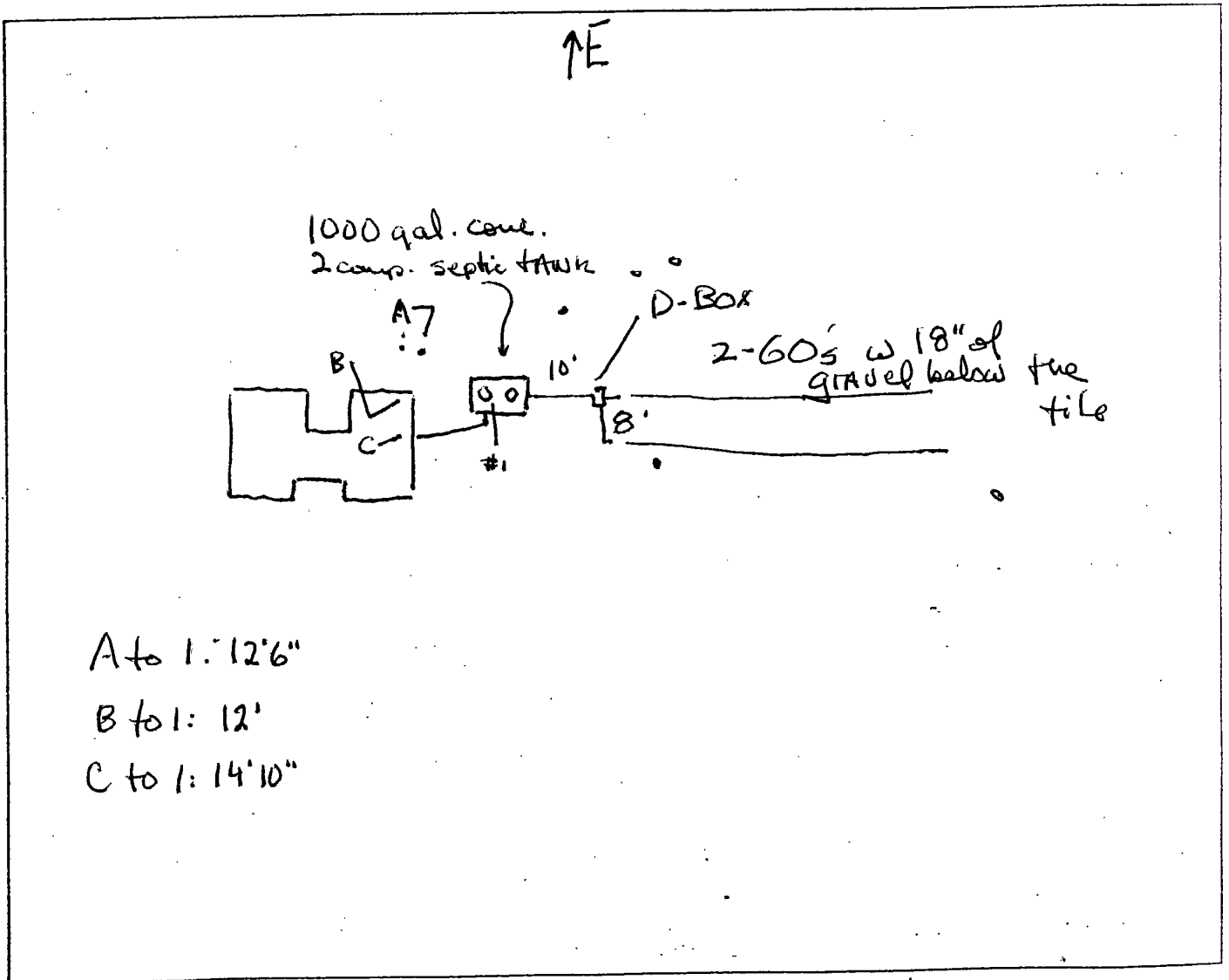
PHYSICAL ADDRESS TARRS LANE POLSON

LEGAL DESCRIPTION 1/4 1/4 Section 19, Twn 23 N, Rng 19 W

TARRS Villa 2 less fr. 1 + S. of 40' lot 2

Permit No. 3338 Contractor J. Dohrendorf

INSPECTION SKETCH



Is system installed according to approved pre-sketch? Yes X No

Inspected by Al Hanchaluk Date 11-14-94

Signature of Applicant or Authorized Agent John Dohrendorf

APPLICATION FOR LAKE COUNTY
SEWAGE DISPOSAL SYSTEM INSTALLATION

Property Owner Hu + Elaine Williamson Tax Statement # _____

Mailing Address Bx 1049 City Sidney ST WV Zip 59276

Property Address TARR'S LAKE Polson WV Telephone _____

Legal Description 1/4, 1/4, Section 19, Township 23 N, Range 19 W

TARR'S DILLA 2 Leas tr.1 + S of 40' lot 3

GEO Code 3351-19-2-03-04-0000 Size of Parcel 2.79

Is the property zoned? yes no _____ Has a valid construction permit been issued? yes _____ no _____ Permit # N/A

Property Type: Agricultural _____ Lake Shore Residential _____ Commercial _____ Floodhazard _____

New _____ Remodel _____ Other Seasonal Cabins x 2

State Septic Approval: _____ Required _____ Completed Not Required Reference Date _____ Name _____

Contractor's name J. Dohrendorf

SITE INFORMATION

This application is for replacement new _____ sewage disposal system

Dwelling Type: single family _____ multi-family _____ mobile home _____ other 2 seasonal use cabins

Other improvements on property? _____

Is the water system proposed _____ or existing ? What type is it? Lake source

Drainfield Sizing Reference: number of bedrooms 2 other _____

Soil type in area of proposed drainfield? _____

Percolation test results? _____ Absorption area proposed _____ ft²/per bedroom

Required septic tank size 1000 gal. 2 Comp. cover. gallons

Type of absorption area proposed D-Box + 2- 70's + 12" of gravel below the piping

The pre-sketch of proposed layout should be drawn on the back of this application. Please show the property lines, the direction of the slope and the distance to the wells, streams, irrigation ditches, lake, and any other bodies of water.

I hereby declare that the information submitted herein is true and complete to the best of my knowledge. I understand that a final inspection of the approved system must be conducted by the Lake County Health Department prior to backfilling.

Signature of Applicant or Authorized Agent

Alta Bahler

Signature of Registered Sanitarian

8-30-94

Date

3338 CK 5001

Permit Number