

4-B-Saunders

Copy

Sewage Disposal System Construction Permit

PAGE 1 OF 8

Commonwealth of Virginia
Department of Health

Health Department



Health Department

Identification Number

SD 91-34

Map Reference

52-A-7

General Information

New Repair Expanded Conditional FHA VA Case No. _____
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 5.13.01, a construction permit is hereby issued to:
 Owner Croft Bros
 Address RT 1 Sucepe VA 24479 Telephone 886-4151
 For a Type 1-M SO RT 84 Sewage disposal system which is to be constructed on/at EAST RT 604
 Subdivision _____ Section/Block _____ Lot _____
 Actual or estimated water use 300 G P. day

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) <u>SPRING</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class _____ cased _____ grouted _____	G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/>
Building sewer: <u>3" - 4"</u> I.D. PVC 40, or equivalent. Slope <u>1/25"</u> per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>750</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. If yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>NA</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100'. 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>12</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>1200</u> ; depth from ground surface to bottom of trench <u>24"</u> ; aggregate size <u>1/2-1 1/2"</u> . Trench bottom slope <u>4"</u> to <u>100'</u> center to center spacing <u>9'</u> ; trench width <u>36"</u> Depth of aggregate <u>13"</u> Trench length <u>80</u> ; Number of trenches <u>5</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>10-18-1991</u>

Date 10-18-1991

Inspected and approved by:

Jamel Thompson

Sanitarian

Built by Reprode

Schematic drawing of sewage disposal system and topographic features.

PAGE ____ OF ____

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be located on the same lot, show all sources of pollution within 100 feet.

The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



The sewage disposal system is to be constructed as specified by the permit or attached plans and specifications .

This sewage disposal system construction permit is null and void if (a) conditions are changed from those shown on the application; (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: _____ Issued by: _____
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction
Permit Valid until _____

if FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department
Identification Number SD 91-34
Tax Map Number 52

General Information

Date 7/8/91 Highland Co Health Department
Applicant _____ Telephone No. _____
Address _____
Owner CLOFT BROS. Address RT 1 Swoope, Va 24479
Location RT 604 OFF RT 84 - 1 MI thru gate to ultra-mu
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe _____
2. Slope 8 1/2 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None
4. Depth to seasonal water table (gray mottling or gray color) No Yes 38⁴⁰ inches Pale Gray
5. Free water present No Yes _____ range in inches
6. Soil percolation rate estimated Yes Texture group I II III IV
No Estimated rate 70 min/inch
7. Percolation test performed Yes Number of percolation test holes _____
No Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: JANE S. THOMPSON SANITARIAN
Signature: Jane S. Thompson

Department Use

- Site Approved: Drainfield to be placed at 24 depth at site designated on permit.
 Site Disapproved:
Reasons for rejection:
1. Position in landscape subject to flooding or periodic saturation.
2. Insufficient depth of suitable soil over hard rock.
3. Insufficient depth of suitable soil to seasonal water table.
4. Rates of absorption too slow.
5. Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. Proposed system too close to well.
7. Other Specify _____