



Bath County Health
Department
P. O. Box 120
Warm Springs, Virginia
24484
(540) 839-7246
(540) 839-2964

Sewage Disposal System Operation Permit
Health Department ID Number: 108-03-0036

Tax Map No.: 45((A))7G

Type of Property: Residential
Larry W. Clayborn
Rt 1 Box 64
Milboro VA 24460

is hereby granted permission to operate a **type 1** sewage disposal system, having a Design Capacity of 300 gallons per day, and 2 Bedrooms at:

Deerfield Road, Millboro, Virginia

Subdivision	Section	Lot

This Permit is issued in Accordance with the Provisions of Title 32.1, Chapter 6 of the Code of Virginia, as Amended, and Section 12 VAC 5-610-340 of the *Sewage Handling and Disposal Regulations* of the Virginia Department of Health.

Special Conditions: none

September 1, 2004
Effective Date

John Burch
EHS

John Burch
Approved

Water Supply and/or Sewage Disposal System Construction Permit ⁴⁵

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 108-03-0036
Map Reference 45(A) 76

Bath County Health Department

General Information

Water Supply System: ~~New~~ Repair Public FHA VA Case No.
Sewage Disposal System: New Repair Expanded Conditional Public

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner Larry W. Clayborn Telephone _____

Address Rt 1 Box 604 Millboro VA 22446 For a Type L Sewage Disposal System or Well to

be constructed on/at Rt 429 Deerfield Road - Abt 1/2 mile North of Scotch town

Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use 3000 PD

Draft
2
Bill
Voor

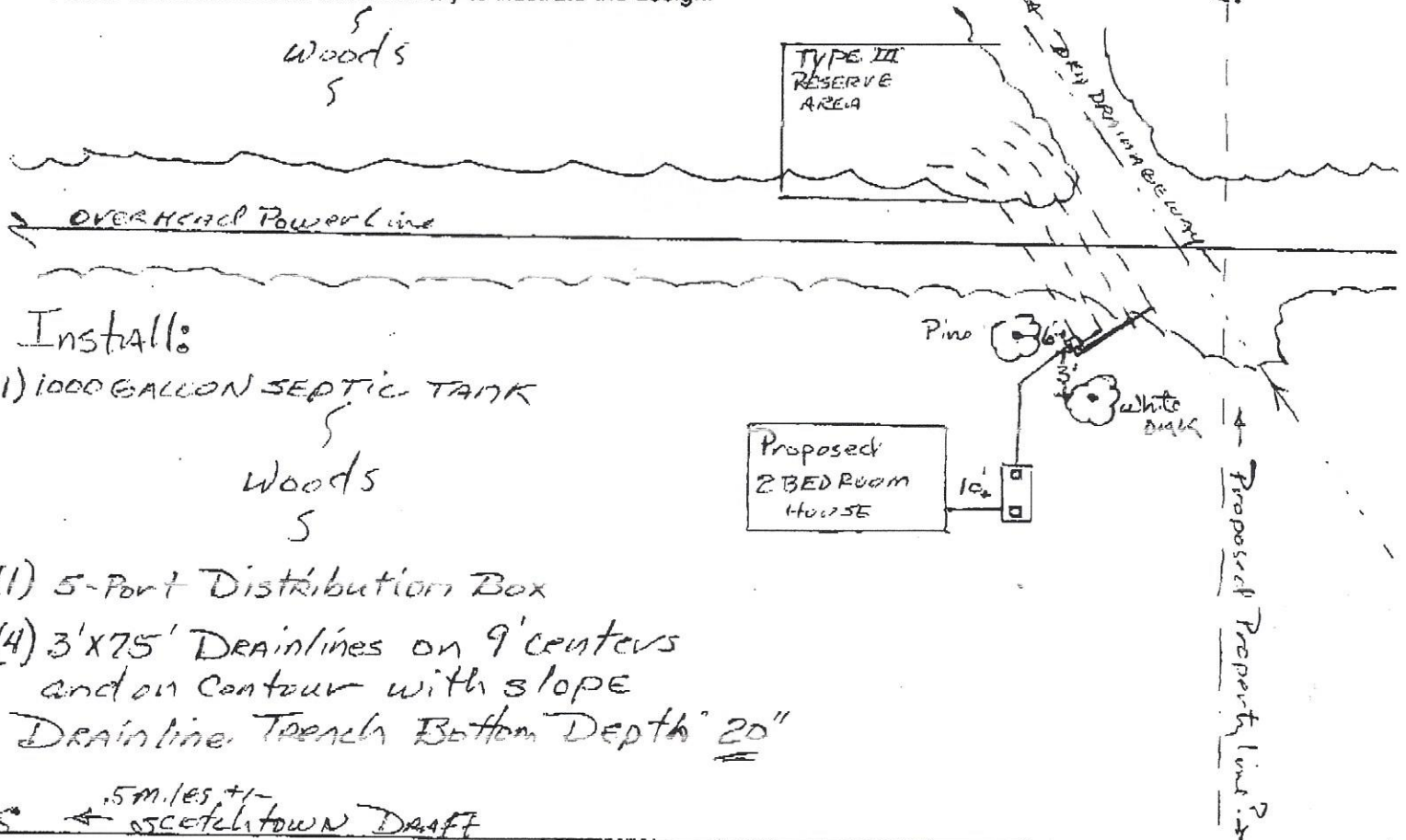
DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>Spring or well water</u> To be installed: class _____ cased _____ grouted _____	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>3" or 4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC Schedule 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>N/A</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>5</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>900</u> ; depth from ground surface to bottom of trench <u>20"</u> ; aggregate size <u>5" - 1.5"</u> ; Trench bottom slope <u>2" - 4" per 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>75'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
	Date <u>Sept 4, 2004</u> inspected and approved by: <u>John Burch</u> Sanitarian

Health Department Identification Number 108-03-0034

NOT TO SCALE
Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.



- Install:
- 1) 1000 GALLON SEPTIC TANK
 - 1) 5-Port Distribution Box
 - 4) 3'x75' Drainlines on 9' centers and on contour with slope
 - DRAINLINE TRENCH BOTTOM DEPTH 20"

RT 629 TO DEERFIELD
This sewage disposal system and/or water supply is to be constructed as specified by the permit X or attached plans and specifications _____.

This sewage disposal system and/or well 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: 7-23-03 Issued by: John Burt
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction Permit Valid until 1-23-2005

If FHA or VA financing

Reviewed by Date _____ Supervisory Sanitarian Date _____ Regional Sanitarian

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia

Department of Health

Bath County Health Department

Health Department

Identification Number

108-03-0072

Map Reference

45(A) 76

General Information

Water Supply System: New Repair Public FHA VA Case No. _____

~~Sewage Disposal System: New Repair Expanded Conditional Public~~

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner Larry Claybourne Telephone _____

Address Rt 1 Box 64 Millboro VA 24460 For a Type III-C ~~Sewage Disposal System~~ or Well to

be constructed on/at Rt 629 about 1/4 mile East of Scott Town

Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use _____

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III-C</u> cased <u>20 min</u> grouted <u>20 min</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: _____ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input 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
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 type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with _____ ports. <input type="checkbox"/> Other _____	Distribution box: yes <input 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 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 type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: Square ft. required _____; depth from ground surface to bottom of trench _____; aggregate size _____; Trench bottom slope _____; center to center spacing _____; trench width _____; Depth of aggregate _____; Trench length _____; Number of trenches _____	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory Date _____ Inspected and approved by: _____ Sanitarian

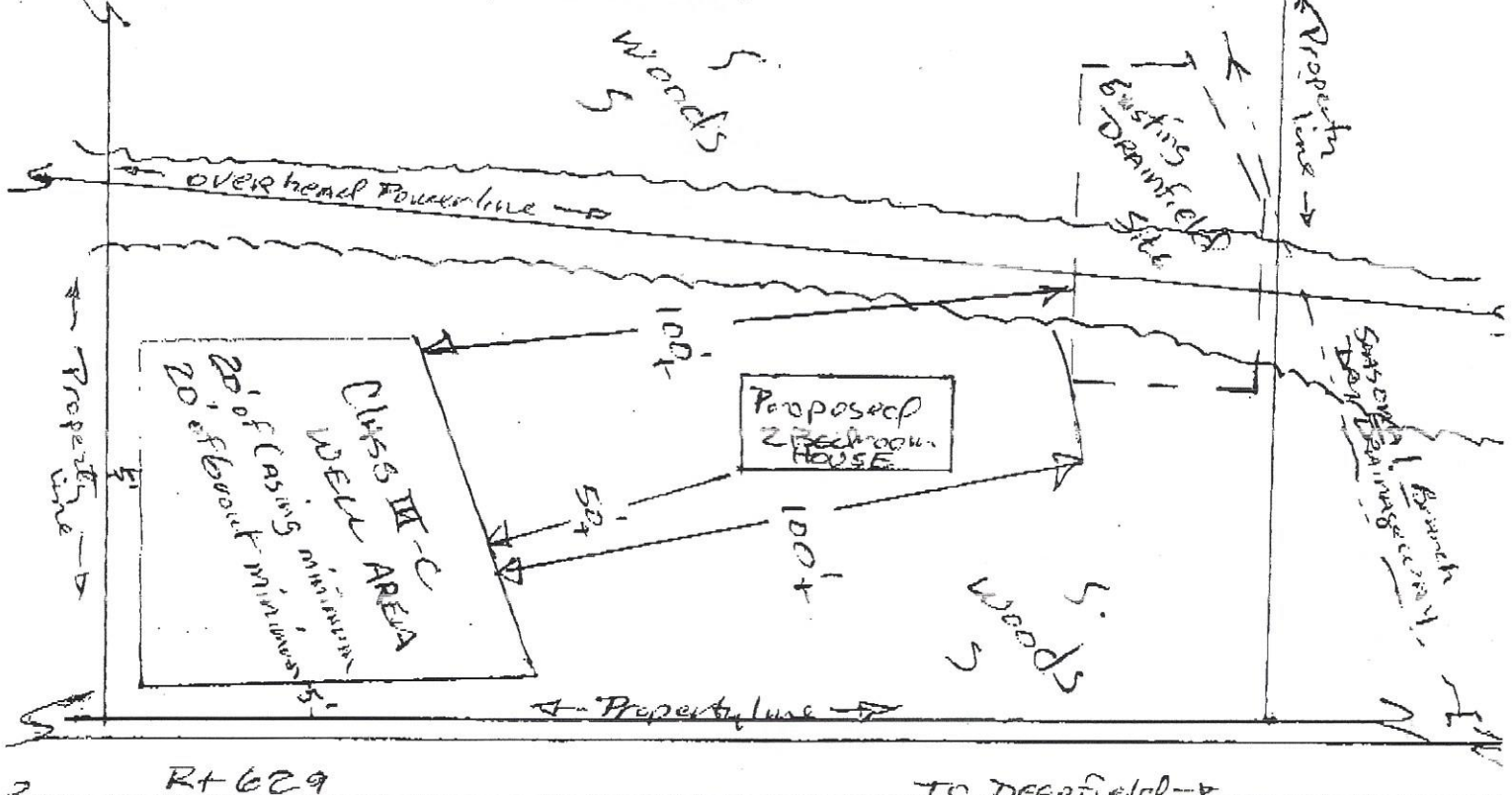
Health Department Identification Number 108-03-0072

Note: Drawing is not to scale

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.



← To scotch town Rd 1/4 mile ←

Install CLASS III-C WELL within well area, Contact the Health Department with questions OR to consider changing Drainfield site.

This sewage disposal system and/or water supply is to be constructed as specified by the permit or attached plans and specifications. 540-839-2246

This sewage disposal system and/or well 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: 10-8-03 Issued by: John Beuch Sanitarian
Date: _____ Reviewed by: _____ Supervisory Sanitarian

This Construction Permit Valid until 4-8-2008

If FHA or VA financing

Reviewed by Date _____ Date _____
Supervisory Sanitarian Regional Sanitarian