

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Pd. 75.00 # 035621
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Health Department

Identification Number SD 89-19
Map Reference GP 49/50-165 P

Date Received 4/24/89

BATH County

Health Department

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner CARROLL PUCKETT Address Rt. 3 Box 267 24224 Phone 703-936-4981

Agent Colonn Charles WILLIAMS Address Box 81-1 Millboro VA 24460 Phone 703-997-0112

Directions to Property Approx 1 mile OFF Rt. 39 on Rt. 600

TOWARD LAKE MOONAW

Subdivision Burns Harbor Johnson Land Section _____ Block _____ Lot 8

Other Property Identification _____

Dimensions/size of Lot/Property 1.14 ac.

Other Application Information

I. Building/facility New Existing
Intermittent Use Yes No If yes, describe: SUMMER Cottage

II. Residential Use Yes No
Termite Treatment Yes No
 Single Family Multifamily Number of Units 1 Number of Bedrooms 2
Basement Yes No
Fixtures in Basement Yes No

III. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

IV. Water Supply: Public New Describe: WELL
 Private Existing

V. Proposed Installation: Septic tank and drainfield Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or drainfield. Distances may be paced or estimated.

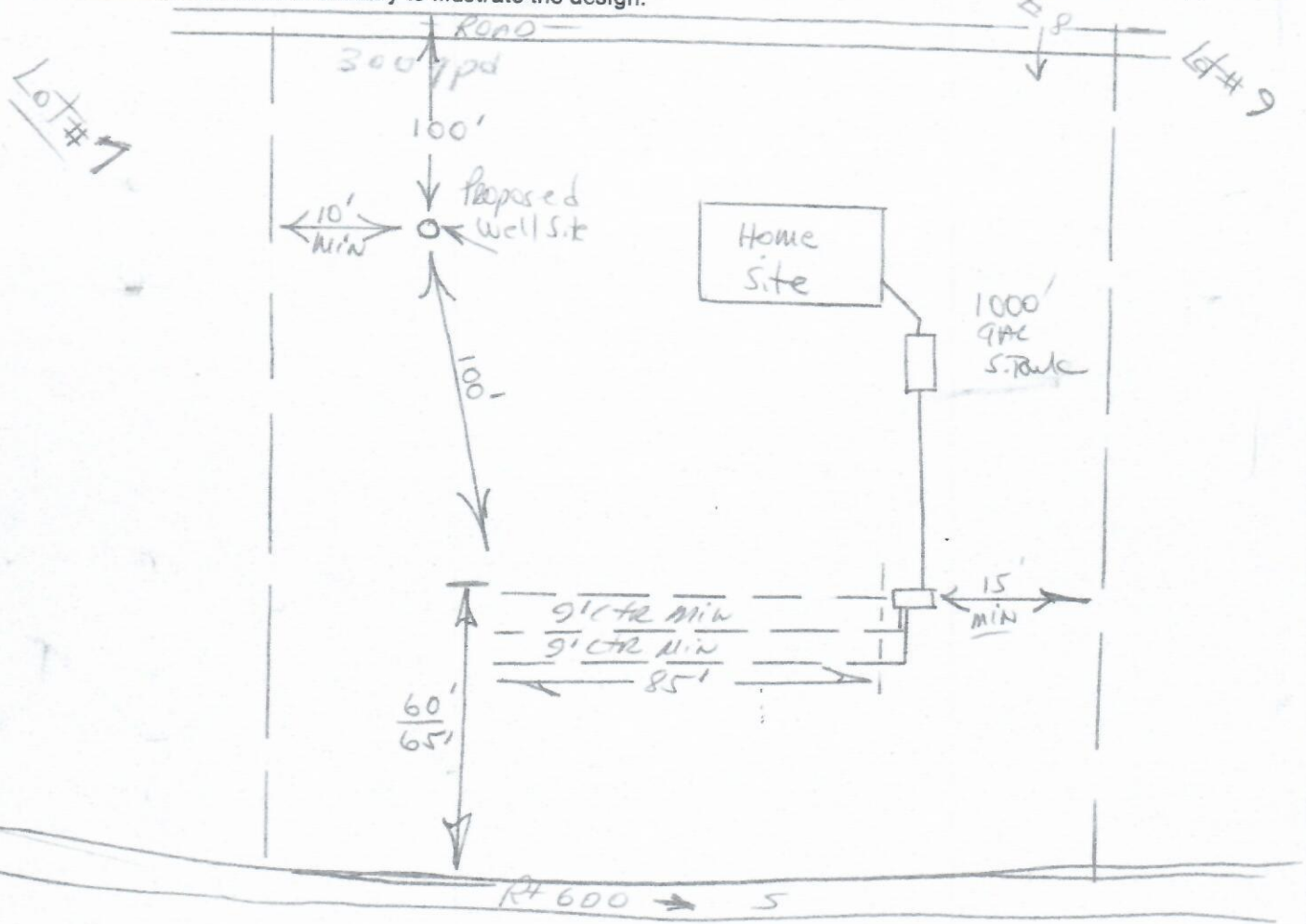
The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Carroll Puckett Signature of owner/agent 4-22-89 Date

Schematic drawing of sewage disposal system and topographic features.

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: 4/25/89 Issued by: James P. Thompson

Sanitarian

Date: 6/23/89 Reviewed by: [Signature]

Supervisory Sanitarian

This Construction Permit Valid until 10/27/93

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number 5089-19
Map Reference 98-99-50-478

Staff County Health Department

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 3.13.01, a construction permit is hereby issued to:
Owner Debbie Purcell Telephone 703 226-4921
Address 143 Box 707, Westwood, VA 24228
For a Type 1 Sewage disposal system which is to be constructed on/at EX-PT-6005
Subdivision Ryan-Harrison-Howard Section/Block _____ Lot B
Actual or estimated water use 300 gpd

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) _____

Water supply location: yes no comments
Satisfactory

To be installed: class 3
cased 20 MIN grouted 20 MIN

Building sewer:
_____ I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
 Other _____

Building sewer: yes no comments
Satisfactory

Septic tank: Capacity 950 gals. (minimum).
 Other _____

Pretreatment unit: yes no comments
Satisfactory

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
 Other _____

Inlet-outlet structure: yes no comments
Satisfactory

Pump and pump station:
No Yes describe and shown design.
if yes: _____

Pump & pump station: yes no comments
Satisfactory NA.

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
 Other _____

Conveyance method: yes no comments
Satisfactory

Distribution box:
Precast concrete with 10-12 ports.
 Other _____

Distribution box: yes no 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.
 Other _____

Header lines: yes no comments
Satisfactory

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
 Other _____

Percolation lines: yes no comments
Satisfactory

Absorption trenches:
Square ft. required 800; depth from ground surface to bottom of trench 24"; aggregate size 3/4";
Trench bottom slope 4"/100';
center to center spacing 2; trench width 36"
3 trenches - 45' long

Absorption trenches: yes no comments
Satisfactory

Date 7/14/89 Inspected and approved by:
James P. Raynes
Sanitarian

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number SD 89-19

Bath County Health Department

Name of Company/Corporation/Individual: Donald Kenney

Address: Milboro, Va Telephone: 992-9281

Owner's Name Carroll Pickett

Owner's Address P 3 Box 263 Cliftwood, Va. 24228

Location of Installation: Lot 8 Block 1

Section: 1 Subdivision: Bye-Honor Johnson

Other: R 600 S Wth Grove

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 7/10/89 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Date

Signature and Title

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Tax Map No. 7209 52

Health Department

Identification No. 00-05-18

Health Department

_____ is Hereby Granted Permissio
to Operate a (Type) _____ Sewage Disposal System Having a Design Capacity of _____ gpd, a

SUBDIVISION <u>Baye Thomas Park</u>	SECTION/BLOCK	LOT <u>6+8</u>
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This permit is issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) _____ of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and with Previously Issued permits _____

Dated 4/2/89
with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted with the Sewage Disposal System in Accordance with the understanding that the Sewage Disposal System will Function for any Specified Period of Time.

VARIANCES GRANTED
 NONE
 SEE ATTACHED

SPECIAL CONDITIONS
 NONE
 SEE ATTACHED

Effective Date 7/1/89

Recommended (Sanitarian) _____

Approved (State Health Commissioner) _____

