



COMMONWEALTH of VIRGINIA

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

Central Shenandoah Health District

Augusta · Bath · Buena Vista · Harrisonburg · Highland
Lexington · Rockbridge · Rockingham · Staunton · Waynesboro

Health Dept. ID# 108-96-15

Tax Map # 107-8A

Subdivision/Lot # GARTEN RT606-Parcel B

Date APRIL 26, 1996

G. THOMAS GARTEN
Name (Current Owner)
146 MAPLE AVE.
Address
COVINGTON VA 24426
City, State, Zip

RE: Location RT 606, 1/2 MILE FROM RIZZO ON SOUTH SIDE OF ROAD
Lot Size 6.000 ACRES

This letter is issued in lieu of a sewage disposal system construction permit in accordance with S32.1-163, et seq., of the Code of Virginia. The Board of Health hereby recognizes that the soil and site conditions acknowledged by this correspondence, and documented by additional records on file at the local health department, are suitable for the installation of an onsite sewage disposal system. The attached plat shows the approved area for the sewage disposal system. This letter is valid until a permit for construction is issued and the system is installed, inspected and approved. This letter is void if there is any substantial physical change in the soil or site conditions where the sewage disposal system is to be located.

A permit to construct the sewage disposal system must be issued before construction of the system. If the property owner (current or future) applies for a construction permit within 18 months of the date of this letter, the application fee paid for this letter shall be applied to any State fees for a permit to construct a system. After 18 months, the applicant is responsible for paying all State fees for a permit application.

This letter, and accompanying plat of survey showing the specific location of the sewage disposal system area and well area (if applicable), may be recorded in the land records by the clerk of the circuit court in the jurisdiction where all or part of the site or proposed site of the system is to be located. The site shown on the plat is specific and must not be disturbed or encroached upon by any construction. To do so voids this letter. Upon the sale or transfer of the land that is the subject of this letter, the letter shall be transferred with the title to the property.

Health Dept. ID # 108-96-15

C.S.H.D. # 4.73

Pub. 7/94

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Owner's Name GARTEN, G.T.

Future owners are advised to review the plat for the location of the onsite sewage disposal area to make sure their building plans do not interfere with the area. If they have any questions regarding the location of the area, they should contact the local health department for assistance.

The area evaluated, and certified by this letter, is suitable to accommodate a THREE (3) bedroom house using a system design of 450 gallons per day. The property will be served by a public/~~private~~ water supply as shown on the attached plat.

This letter is an assurance that a sewage disposal system construction permit will be issued (provided there have been no substantial physical changes in the soil or site conditions where the system would be located); however, it is not a guarantee that a permit for a specific type of system will be issued. The design of the sewage system will be determined at the time of application for a building permit and sewage system construction permit. The design will be based on the site and soil conditions certified by this letter, structure size and location, water well location (final determination to be made at time of permit issuance), the regulations in effect at the time, and any off-site impacts that may have occurred since the date of the issuance of this letter. In some cases, engineered plans may be required prior to issuance of the construction permit. In accordance with S 32.1-164.1:1 of the Code of Virginia, owners are advised to apply for a sewage disposal construction permit only when ready to begin construction.

This certification letter may be subject to and must comply with any applicable local ordinances.

Sincerely,

Vicki Lynn Sneed
Environmental Health Specialist

Bath County Health Department
PO Box 120, Courthouse Street
Warm Springs, VA 24484
540-839-7246

I certify the information provided herein is true and accurate to the best of my knowledge and belief.

Vicki Lynn Sneed
Environmental Health Specialist

Subscribed, acknowledged, and sworn to before me this 30th day of April 19 96.

Rebecca P. Dables
Notary Public

My commission expires • 08-31-1998.

Attachment

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

V038632
 \$175.00 Health Department ID 108-96-15
 04-23-96

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional
 FHA/VA yes no Case No _____

Owner G. Thomas Garten Address 146 Maple La. Lovington, VA 24424 Phone 962-4094

Agent _____ Address _____ Phone _____

Directions of Property At 606 - Mcbraw Gap Rd. 1/2 mile from Rt 220N on right

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property 12.963 acre.

Other Application Information

I. Building/facility New Existing
 Intermittent Use Yes No If yes, describe _____

II. Residential Use Yes No
 Termite Treatment Yes No
 Single Family (Number of Bedrooms 3) Multi-family (Number of Units _____)

Basement Yes No
 Fixtures in Basement Yes No

III. Commerical Use Yes No Describe: _____
 Commerical/Wastewater Yes No Number of Patrons _____
 Number of Employees _____

If yes, give volumes and describe _____

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

V. Proposed Sewage Disposal Method:
 Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well 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.

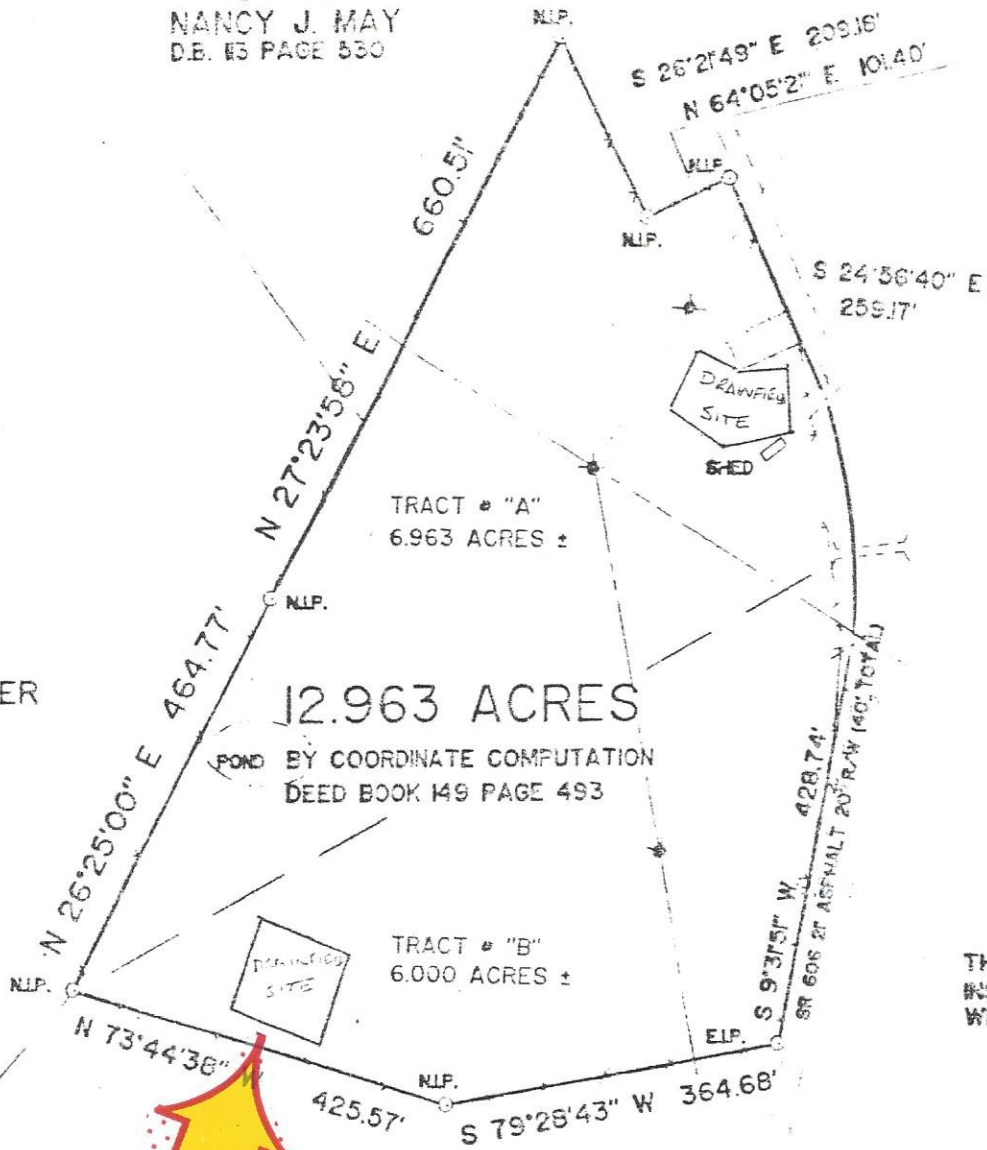
G. Thomas Garten Charles Peter Garten 4/23/96
 Signature of Owner/Agent Date

JERRY L. MAY
& WIFE
NANCY J. MAY
D.B. 15 PAGE 530

RFFEI
DEED B
STATE
BATH C

TRUE NORTH BY
SOLAR OBSERVATION

GLEYS ARNOLD KEYSER
77 PAGE 40

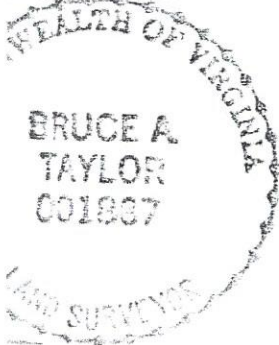


THIS PROPERTY IS IN
INSURANCE RATE MA
WITHIN THE 100 YEA

CERTIFY THAT:
SURVEY PERFORMED
RATIO OF
IS NOT SURVEYED
WAS PREPARED

DAVID R. OSBORNE
& WIFE
LOUANNE P. OSBORNE
D.B. 14 PAGE 313

FEBRUARY 1996



BATH COUNTY SUBDIVISION AGENT

REVISED 4/22/96

SURVEY F
G. THOMAS
& WIFE
MARY BETH
VALLEY SPRINGS MAGIS'
BATH COUNTY,
DATE 2/1/96
BRUCE A. TAYLOR, L
EAGLE ROCK, VIRG
540/894-2