

(4) BEDROOMS

~~Water Supply and/or Sewage Disposal System Construction Permit~~

Commonwealth of Virginia
 Department of Health
 BATH Co. Health Department

Health Department
 Identification Number 108-97-60
 Map Reference 107-8A

General Information	
Water Supply System: New <input type="checkbox"/> Repair <input type="checkbox"/> Public <input checked="" type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Case No. _____ Sewage Disposal System: New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Expanded <input type="checkbox"/> Conditional <input type="checkbox"/> Public <input type="checkbox"/> 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 <u>DONALD HARRISON</u> Telephone <u>962-9394</u> Address <u>138 N Magazine Covington VA</u> For a Type <u>I</u> Sewage Disposal System or Well to be constructed on/at <u>Rt 220 1/2 mile East of Rt 220 on South Side</u> Subdivision <u>Garden</u> Section/Block <u>—</u> Lot <u>A+B</u> Actual or estimated water use <u>600 gpd</u>	
DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>Public</u> To be installed: class <u>—</u> cased <u>—</u> grouted <u>—</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 checked="" type="checkbox"/>
Building sewer: <u>4"</u> 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 <u>1200</u> 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 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
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 <u>12</u> ports. <u>MINIMUM</u> <input checked="" type="checkbox"/> Other <u>OR - use splitter Box + 2-8 port boxes</u>	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 <u>1800</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>2"-4" in 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> Depth of aggregate <u>13"</u> ; Trench length <u>100'</u> ; Number of trenches <u>6</u> <u>- OR - 12-50' lines</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>6-100' lines</u> Date <u>5/26/99</u> Inspected and approved by: _____ <u>[Signature]</u> Sanitarian

CSHD 4.37 B ISSUED

* See attached plat for survey of
 drainfield area.

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.

- * Drawing not to scale.
- * Permit void if house location interferes with approved drainfield location.
- * Designed for basement plumbing? YES **(NO)**
- * No parking or driving on drainfield system.
- * Divert roof drains away from drainfield.
- * Install Class NA well NA' away from all sources of contamination.

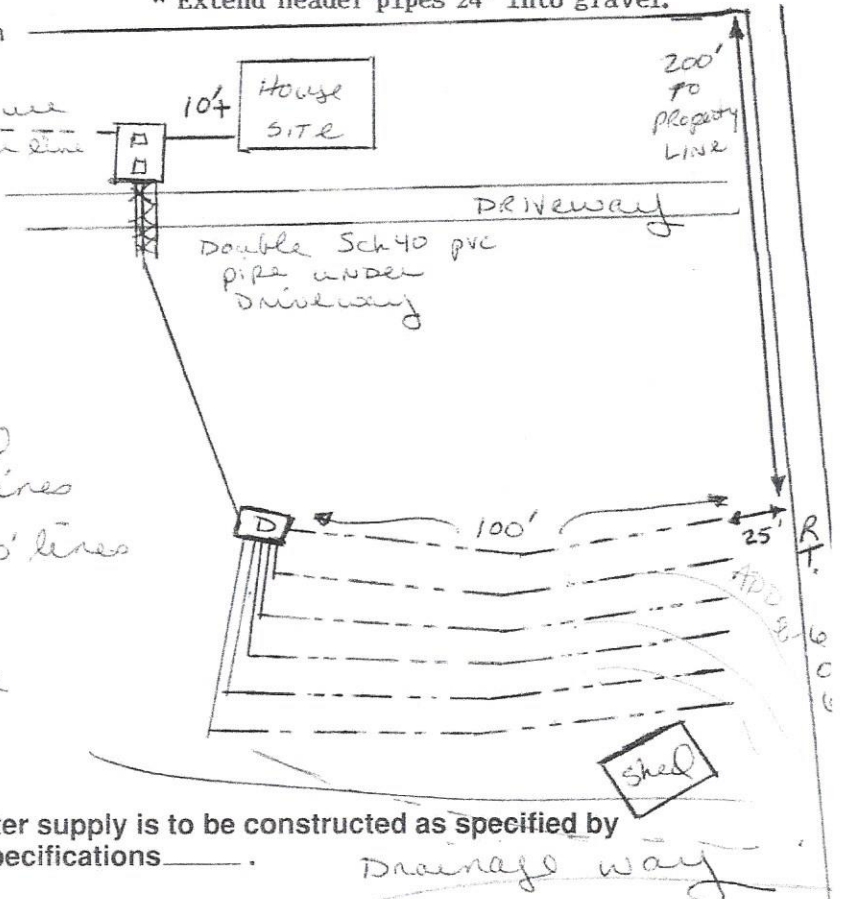
- * Drainfield to be 100' from any well.
- * Install 6-100' lines, ON CONTOUR, in 3' wide trenches, on 9' centers.
- * Install trenches 24" deep.
- * Smooth walled header pipes recommended.
- * Extend header pipes 24" into gravel.

* place Septic tank for gravity flow from both house sites if possible.

* It may be easier to install system on contour if 12-50' lines are used instead of 6-100' lines as drawn.

* Reserve area is specified on SD108-96-15 issued 04-26-96. Usage of this area will require a pump system.

This sewage disposal system and/or water supply is to be constructed as specified by the permit 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.

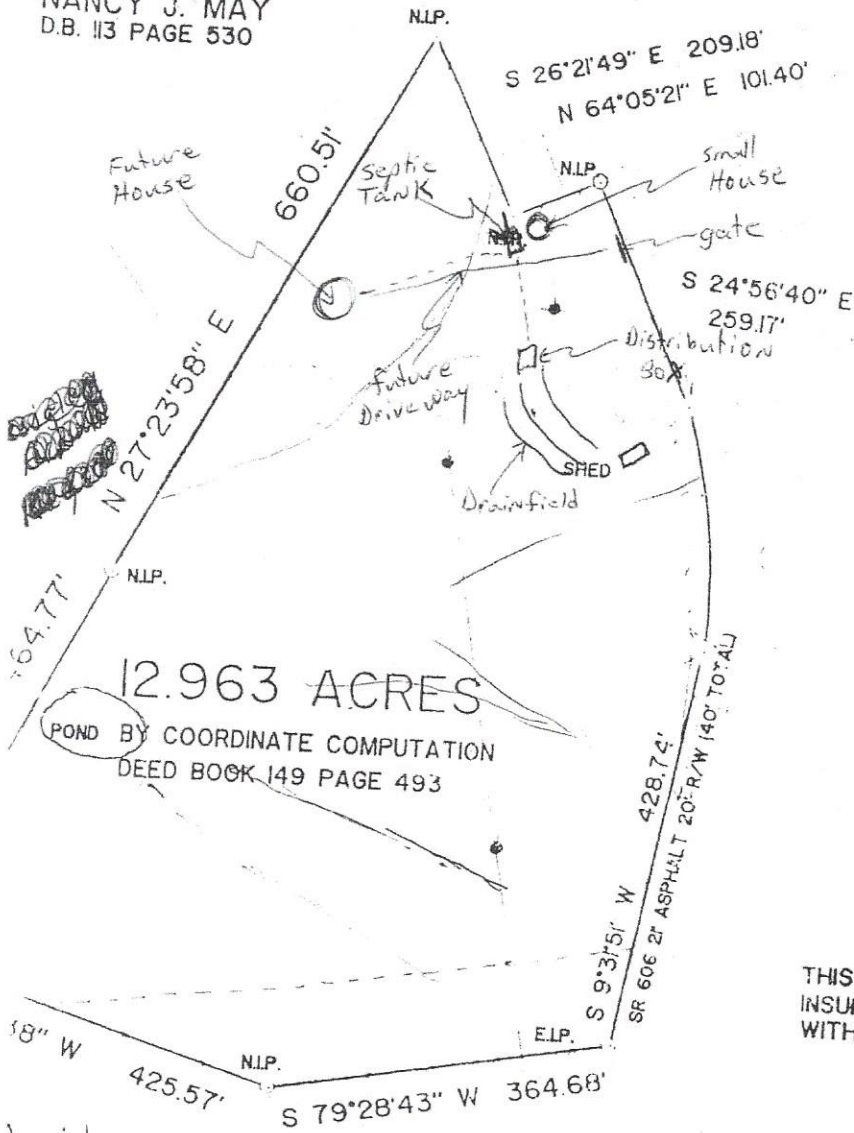
Date: 10-07-97 Issued by: Vicki Smith
 Sanitarian

Date: _____ Reviewed by: _____
 Supervisory Sanitarian

This Construction Permit Valid until
04-07-99

If FHA or VA financing
 Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

JERRY L. MAY
& WIFE
NANCY J. MAY
D.B. 113 PAGE 530



CURVE AT R/W

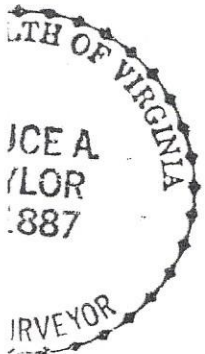
S 7°36'33" E }
256.52' } CHORD

Δ = 34°40'14" LT.
D° = 13°18'37"
T = 134.36'
L = 260.48'
R = 430.46'

AREA OF ARC SEGMENT 0.077 ACRES

THIS PROPERTY IS IN ZONE "C" PER FLOOD INSURANCE RATE MAP # 33 AND IS NOT LOCATED WITHIN THE 100 YEAR FLOOD PLAIN.

David
OSBORNE
WIFE
E. P. OSBORNE
DE 313

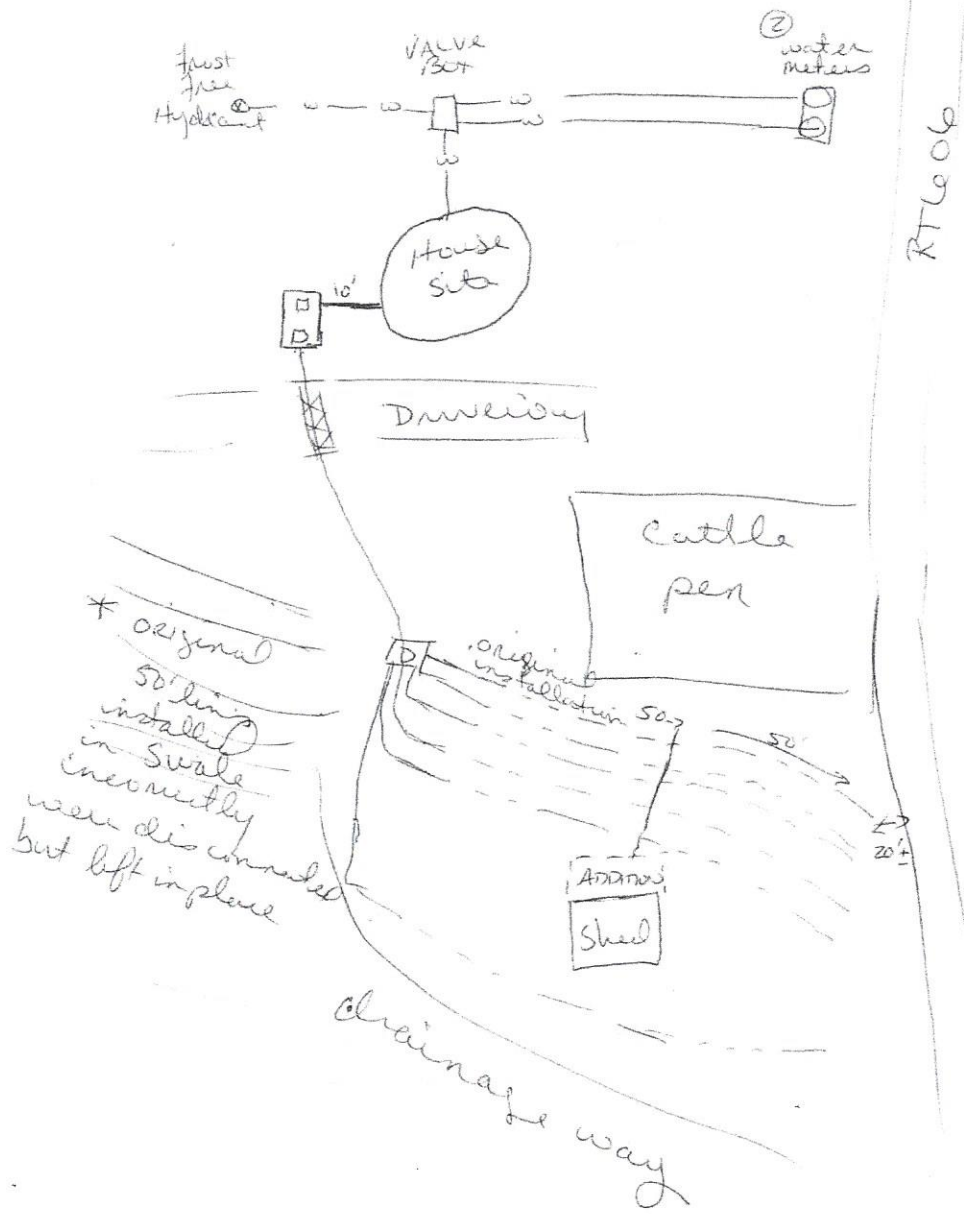


SURVEY FOR
G. THOMAS GARTEN
& WIFE
MARY BETH GARTEN
VALLEY SPRINGS MAGISTERIAL DISTRICT
BATH COUNTY, VIRGINIA
DATE 2/1/96 SCALE 1" = 200'
BRUCE A. TAYLOR, L.S. # 001887
EAGLE ROCK, VIRGINIA 24085
540/884-2387

Revised Permit
including as built sketch.

Revision required because Septic Contractor (w/icky contracting)
incorrectly installed drainlines.

* Reserve area
as specified
on original permit
108-96-15



6-100' lines
installed
as shown

PERMIT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH



SEWAGE DISPOSAL SYSTEM OPERATION PERMIT

Health Dept. ID #: 108-97-60
Tax Map #: 107-8A
Subdivision & Lot #: GARDEN LOTS 4 B

Owner: DONALD HARRISON

Location: RITLOCK on South Side, 1/2 mile
East of Rt 220

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the BATH COUNTY Health Department to operate a type I Sewage Disposal System - 6000 GPD

Vicki J.S. Smith
Health Official

June 11, 1999
Date

Completion Statement

*10100's James
no service*

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 108-97-60

Name of Company/Corporation/Individual: Wiley Ant Nesting Health Department

Address: Cliff Forge Telephone: BAM Co.

Owner's Name: Donald Hession

Owner's Address: 138 N. Magersine Covington, Va

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: R1000, 1/2 mile east of R2200 RD

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 10-7-97 reviewed 5/99 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: May 26, 1999 MM own and VJ
Signature and Title