

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Tax Map No. 12(4)A-28

Health Department
Identification No. SD-89-170
Rockbridge-Lexington Health Department



Larry W. Austin is Hereby Granted Permission
to Operate a (Type) 1 Sewage Disposal System Having a Design Capacity of 300 gpd, at
North side rd. #780 0.7 West int. rds. #780 & 39

SUBDIVISION	SECTION/BLOCK	LOT
N/A	N/A	N/A

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s)
2.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits None

Dated N/A

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. Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

VARIANCES GRANTED
 NONE SEE ATTACHED

SPECIAL CONDITIONS
 NONE SEE ATTACHED

August 24, 1989
Effective Date

[Signature]
Recommended (Sanitarian)

[Signature]
Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 5A-892170

Rollins Health Department

Name of Company/Corporation/Individual: George A. Bannister

Address: Rt 4 Box 234 Abington Telephone: 261-6082

Owner's Name George A. Bannister

Owner's Address Box 354 Rt 4, Va 24283

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 6/27/89 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

6/23/89

Date

George Bannister

Signature and Title

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number 5A-89-170
Map Reference 12(4)-A-24

Rockbridge Health Department

General Information

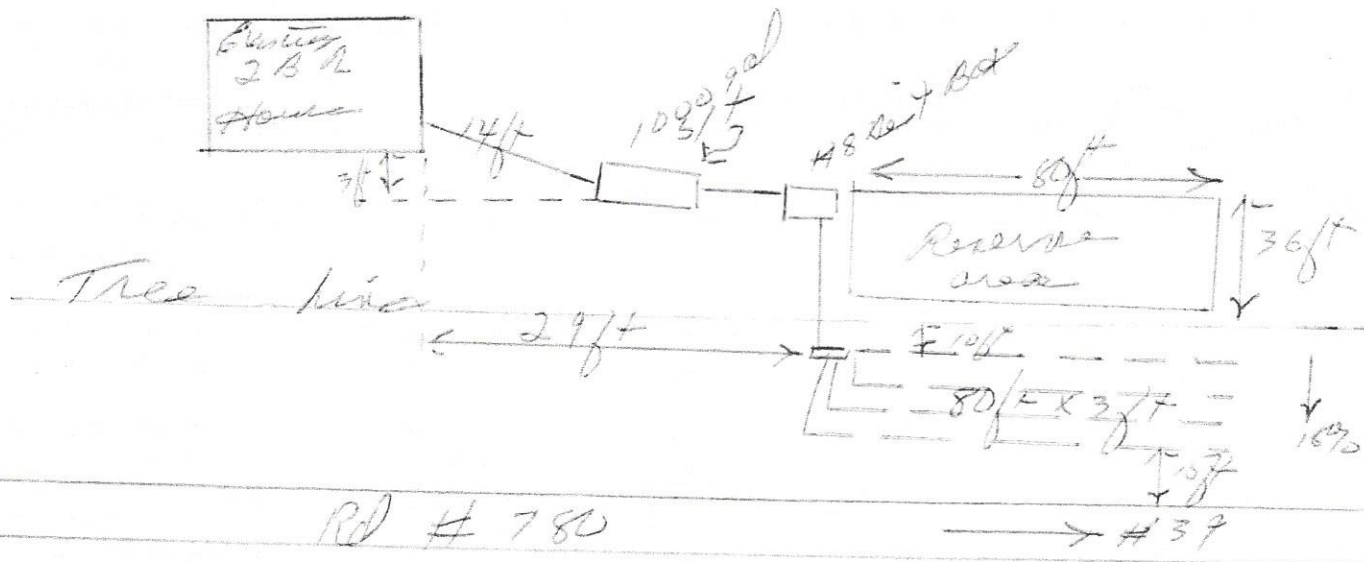
New Repair Expanded Conditional FHA VA Case No. 72/77
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
 Owner Larry W. West Telephone 703/762-5940
 Address P.O. Box 354 Rt 1, VA 24283
 For a Type I Sewage disposal system which is to be constructed on/at North Side Rd 780 0-7 West Pat Rd # 780 7 37
 Subdivision no Section/Block _____ Lot _____
 Actual or estimated water use 300 GPD

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>Water</u> <u>Town Supply</u> To be installed: class _____ cased _____ grouted _____	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC 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>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input 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 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: <u>4</u>	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Gravity mains: <u>6"</u> 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>8</u> 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 <u>960</u> ; depth from ground surface to bottom of trench <u>3.2'</u> ; aggregate size <u>#56</u> ; Trench bottom slope <u>3/4</u> center to center spacing <u>10' / 4</u> ; trench width <u>3' / 4</u> Depth of aggregate <u>13" / 6</u> Trench length <u>80' / 4</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ <p align="right">Sanitarian</p>	

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 _____

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only
J081074 MH
\$ 50.00 6-29-89
Rockbridge County
Health Department

Health Department
Identification Number 54-89-170
Map Reference 12(4)A-28
Date Received 6/29/89

Rockbridge

To Be Completed By The Applicant

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

Owner Larry W. Austin Address Box 354 Phone 703-762-55
St Paul, Virginia 24283

Agent _____ Address _____ Phone _____

Directions to Property North side of 780 7/8 mile west of intersection
of 780 + 39

Subdivision no Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 1 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 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 Private New Existing Describe: Water Supply

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.

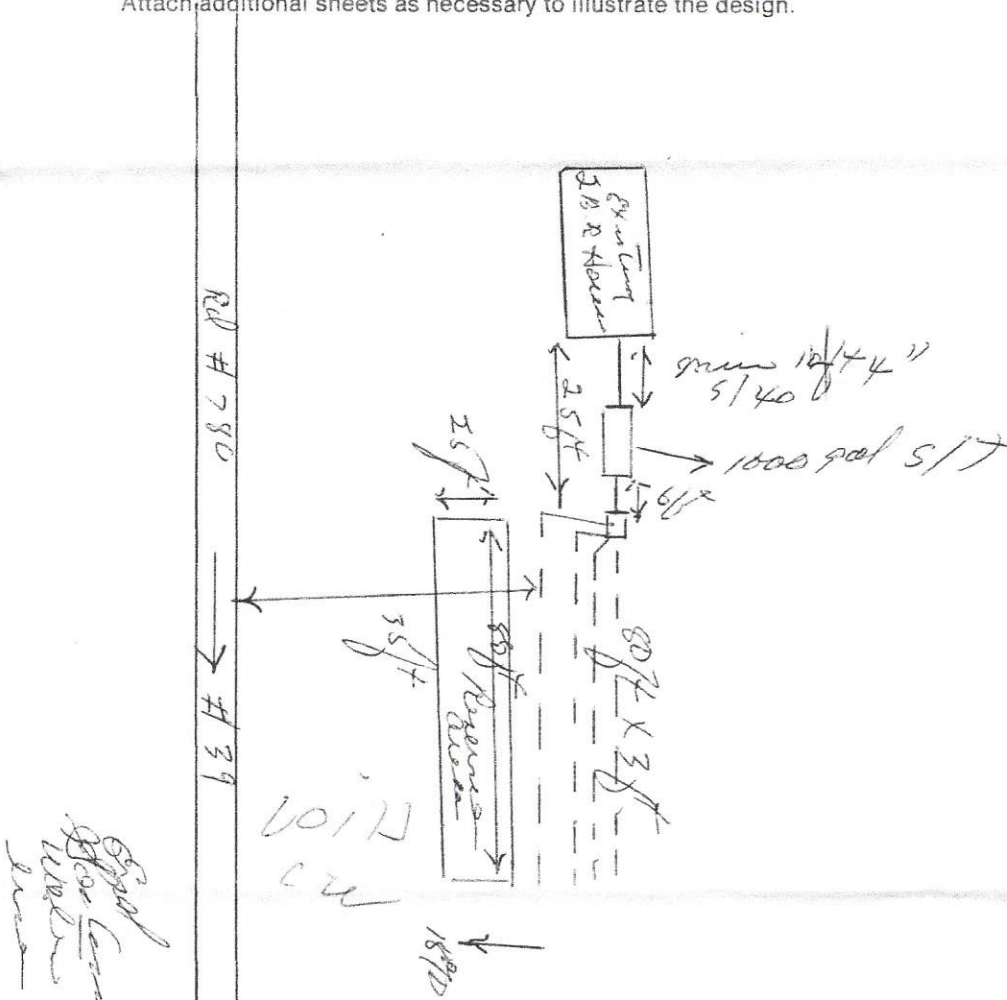
L. W. Austin
Signature of owner/agent

6-29-89
Date

Schematic drawing of sewage disposal system and topographic features.

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Date: 6/29/89 Issued by: Charles Weeber
 Sanitarian

Date: 7/5/89 Reviewed by: W. Spauld
 Supervisory Sanitarian

This Construction Permit Valid until 12/29/93

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian