

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department

Health Department
Identification Number 5087-40
Map Reference 10 400-7

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 James H. Hines, Jr.
Address 13213 Oldham Court, Suite 100, Richmond, VA 23234 Telephone 301-594-5502
For a Type 1 Sewage disposal system which is to be constructed on/at _____
Subdivision East Point Section/Block _____ Lot 7
Actual or estimated water use 300 gpd

DESIGN

NOTE: INSPECTION RESULTS

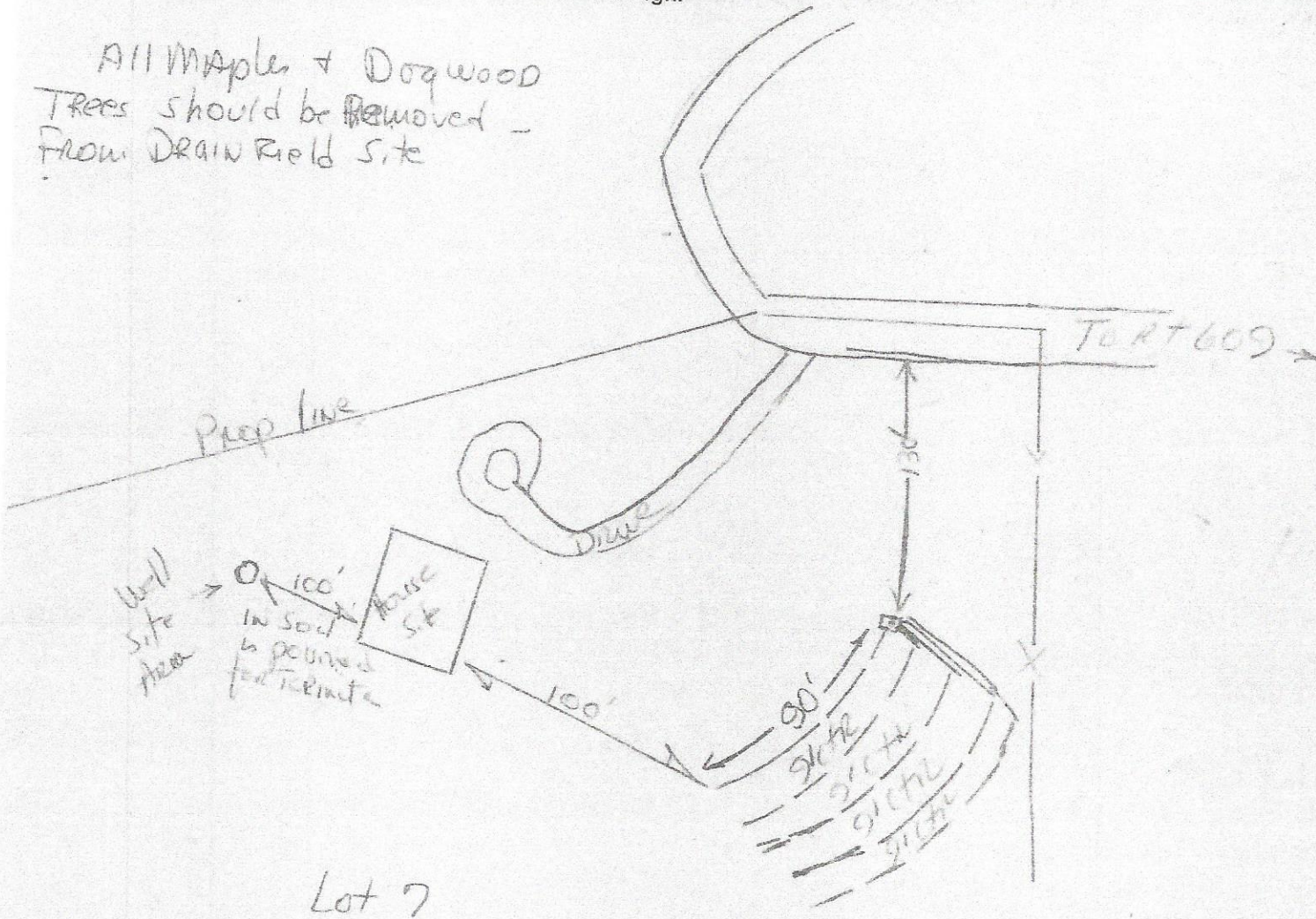
Water supply, existing: (describe) _____	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class <u>3</u> cased _____ grouted _____	G. W. 2 Received: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> 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: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____
Septic tank: Capacity <u>250</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ <u>NA</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: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Distribution box: Precast concrete with <u>12</u> ports. <input type="checkbox"/> Other _____	Distribution box: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
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: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
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: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Absorption trenches: Square ft. required <u>1400</u> ; depth from ground surface to bottom of trench <u>4'</u> ; aggregate size <u>3-1/2"</u> ; Trench bottom slope <u>4/100</u> ; trench width <u>4'</u> ; center to center spacing <u>3'</u> ; trench width <u>36"</u> ; Depth of aggregate <u>1.5'</u> ; Trench length <u>30'</u> ; Number of trenches <u>5</u>	Absorption trenches: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Date <u>7/12/89</u> Inspected and approved by: _____ Sanitarian	

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.

All Maple + Dogwood
 Trees should be removed -
 From Drain Field Site



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 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: 4/8/88 Issued by: [Signature]
 Sanitarian
 Date: 6/14/88 Reviewed by: [Signature]
 Supervisory Sanitarian

This Construction
 Permit Valid until
12/31/88

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number SD 87-40

Map Reference 40 6-A-7

Date Received 7-21-87

Bath County

Health Department

To Be Completed By The Applicant

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

Owner JOHN + MARIE Howell Address 13213 Collingwood Ter Phone 301 384-550
Silver Spring Md. 20904

Agent _____ Address _____ Phone _____

Directions to Property E: 39 Rt. 609 .7 mi. turn left into Bath Alum
Ridge - Lot # 7

Subdivision Bath Alum Ridge Section _____ Block _____ Lot # 7

Other Property Identification See Attached Plat

Dimensions/size of Lot/Property _____

Other Application Information

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

II. Residential Use Yes No
Termite Treatment Yes No
Basement Single Family Multifamily Number of Units _____ Number of Bedrooms 3
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.

John Howell
Signature of owner/agent

17 July 87
Date

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. SP-27-90
Health Department



Tax Map No. 2110A-2

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

SUBDIVISION	SECTION/BLOCK	LOT
<u>...</u>	<u>...</u>	<u>...</u>

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 4/2/88

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. Period of Time. _____

VARIANCES GRANTED NONE SEE ATTACHED

SPECIAL CONDITIONS NONE SEE ATTACHED

Effective Date 4/2/88

Recommended (Sanitarian) ...

Approved (State Health Commissioner) [Signature]

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 5082-40

Name of Company/Corporation/Individual: Walter Harvey Health Department

Address: 1111 Hart Springs Dr Telephone: 833-2930

Owner's Name John & Membe Novell

Owner's Address 13213 Collinswood Terrace Stuarts, VA 22081

Location of Installation: Lot 7 Block _____

Section: _____ Subdivision: Both Alum Ridge

Other: WS 21605

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 4/15/88 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

2/10/89 Date Walter C. Williams, P.E. Signature and Title

301-384-5507 / 996-4131

**AQUA-AIR
LABORATORIES, INC.**

: Biological, Chemical, and Physical Analysis of Water, Air, and Solids;
: Biological and Chemical Treatability Studies; Flow Measurements
: P.O. Box 4006 : Charlottesville, Va. 22903-0841
: Phone (804)295-1716 : Virginia Laboratory ID # 00015

CULLIGAN WATER CONDITIONING
ATTN: MR. B. WAYNE ERSKINE, JR
331 N. LEWIS ST.
STAUNTON, VA. 24401

07/07/95

**BACTERIOLOGICAL ANALYSIS REPORT
TOTAL COLIFORM IN DRINKING WATER.**

JOB NUMBER: X00825
SAMPLE NUMBER: X00825
DATE RECEIVED: 07/06/95
DATE REPORTED: 07/07/95

IDENTIFICATION:

JOAN NOVEL, SILVER SPRING, MA, 7/5/95 11:20 AM

**SAMPLE MEETS STATE STANDARD FOR COLIFORM BACTERIA
IN DRINKING WATER.**

RUN BY THE MEMBRANE FILTER PROCEDURE.

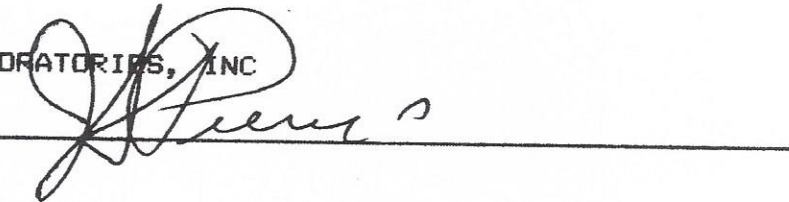
<1 COLIFORM BACTERIAL COLONIES PER 100 ML. OF WATER.

TO MEET THE STATE STANDARD FOR COLIFORM, DRINKING WATER SAMPLES RUN BY THE
MEMBRANE FILTER PROCEDURE MUST HAVE LESS THAN ONE COLIFORM BACTERIUM PER
100 ML., AND NO MORE THAN 200 BACTERIAL COLONIES ON THE MEMBRANE FILTER.

THE SYMBOL '>' SHOULD BE READ 'GREATER THAN'
THE SYMBOL '<' SHOULD BE READ 'LESS THAN'

AQUA-AIR LABORATORIES, INC

REPORTED BY



INVOICE



LINDSAY'S WATER SERVICES

Rt. 2, Box 128
HOT SPRINGS, VA 24445

(703) 839-2461

Please refer to
this number on
all correspondence

1577

Mrs. Joan Howell
13213 Collingwood Terrace
Silver Spring, Md. 20904

CUSTOMER ORDER NO.	INVOICE DATE 5/29/89
SHIPPED VIA	DATE SHIPPED
F.O.B.	SALES PERSON
TERMS	

34 H.P. Franklin 3 wire sub. pump motor 6.4 amp. S.F. max amp 8

41	Hrs. with drill rig + labor to clear out hole + install pipe and screens	50.00	2050.00
	386 ft 4" galv. T+C. pipe	700	2702.00
	25 ft. well screens	252.00	504.00
	1 1/2" drive shoe		50.00
4.5	Va. sales tax on Material (3256.00)		146.52
			146.52
			\$ 5452.52
Estimate to furnish + install 1-ASB-75 Remotor Sub. pump on galv. pipe in your well furnishing all material + labor so you can get water at the well head for total sum of			2038.46
	includes 74.86 Va. Subtotal		

FORM 101-3

McBee - 1055 EAST STATE ST. - ATHENS, OHIO 45701
To Reorder Call Toll-Free 1-800-526-1272

Thank You

ORIGINAL