



Rockbridge-Lexington
Health Department
P. O. Drawer 900
Lexington, Virginia
24450
(540) 463-3185
(540) 463-6677

Sewage Disposal System Operation Permit
Health Department ID Number: **181-03-0222**

Tax Map No.: **72-3-25**

Type of Property: Residential

MUIR, Malcolm

is hereby granted permission to operate a **Type I** Sewage System, having Design Capacity **450** gallons per day, and **3** Bedrooms at:

155 Thomas Rd. , Lexington, Virginia

Subdivision	Section	Lot
Colliers Hills		25

This Permit is Issued in Accordance with the Provisions of Title 32.1, Chapter 6 of the Code of Virginia, as Amended, and Section 12 VAC 5-610-340 of the *Sewage Handling and Disposal Regulations* of the Virginia Department of Health.

Special Conditions:

6/25/2004
Effective Date

John Burleson
EHS


Approved



Rockbridge-Lexington
 Health Department
 P. O. Drawer 900
 Lexington, Virginia
 24450
 (540) 463-3185
 Fax (540) 463-6677

Sewage Disposal System Construction Permit
 Health Department ID Number: 181-03-0221

Owner Information	
MUIR, Malcolm PO Box 746 Lexington, Virginia 24450	Phone: (540) 463-4650

Location Information			
Subdivision Name:	Colliers Hills	Tax Map:	72-3-25
Property Address:	Thomas Rd.	GPIN:	
County:	Rockbridge	Legal Description:	Section Block Lot 25
Directions:	W. on 251, N. on Thomas Rd. .2 mi. on left		

General Information	
System Type:	Number of Bedrooms: 3
Type of Property: Residential	Daily Flow: 450 gallons
Conditions:	Reserve Area: Water Supply Type:

Sewer Line	Distribution Box Information
[Default 4"] SCH 40 PVC or equivalent ✓	No. of Boxes: 3 ✓
	No. of Outlets: 12

Conveyance Line/Force Main Information	Header Line Information
Method: Gravity Distribution Box ✓	1500# crush ✓
Material: 4" diameter, minimum crush strength 1500#	Minimum slope 2" ✓
Pipe Diameter: 4"	
Slope: only for non-pump - 6" per 100'	

Percolation Lines and Absorption Area	Septic Tank - Inlet Outlet Structure ✓
Slope: 2-4" per 100' ✓	Capacity: 1000 gallons ✓
Percolation lines: 4" diameter ✓	The inlet structure shall be one to two inches higher than the outlet structure and shall extend six to eight inches below and eight to ten inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and eight to ten inches above the normal liquid level.
Center to Center Spacing: 9'	To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options:
Installation Depth: 24"	1. Inspection port.
Depth of Aggregate: 13"	2. Effluent filter.
Size of aggregate: 0.5-1.5"	3. Reduced maintenance tank
# of Laterals: 8	
Lateral Length: 100'	
Lateral Width: 3'	
# of Square Feet: 2400	
<i>Gravel 5x93's</i>	

Inspr: 5/5/2004
[Signature]

Owner Information	
MUIR, Malcolm PO Box 746 Lexington, Virginia 24450	Phone: (540) 463-4650 HD ID #: 181-03-0221

Construction Drawing
Schematic drawing of sewage disposal system and topographic features.

This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit.

No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: Sean R Comer
 Site Evaluation Conducted By: <SewageSiteInspectionBy>


Sean R Comer

09/04/2003
 Issue Date

03/04/2005
 Expiration Date

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.

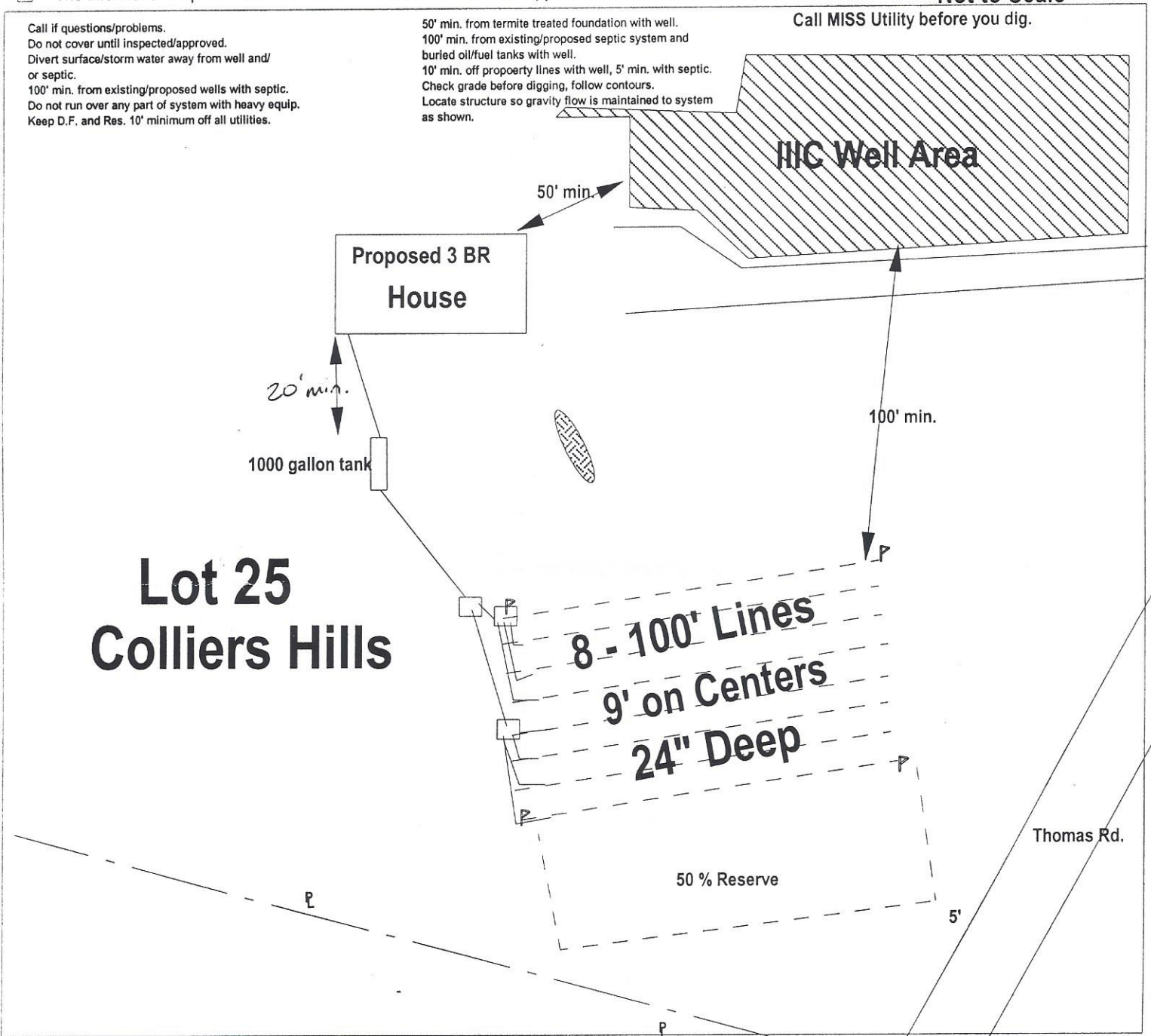
The information required above has been drawn on the attached copy of the sketch submitted with the application.

Not to Scale

- Call if questions/problems.
- Do not cover until inspected/approved.
- Divert surface/storm water away from well and/or septic.
- 100' min. from existing/proposed wells with septic.
- Do not run over any part of system with heavy equip.
- Keep D.F. and Res. 10' minimum off all utilities.

- 50' min. from termite treated foundation with well.
- 100' min. from existing/proposed septic system and buried oil/fuel tanks with well.
- 10' min. off property lines with well, 5' min. with septic.
- Check grade before digging, follow contours.
- Locate structure so gravity flow is maintained to system as shown.

Call MISS Utility before you dig.



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

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: 9-4-03

Issued by: Sean R. Comer
Environmental Health Specialist

Date: _____

Reviewed by: _____
Environmental Health Supervisor

This Construction
Permit Valid until
3-4-05

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 181-03-0222

Rockbridge Health Department

Name of Company/Corporation/Individual: B. B. AYERS & SONS, INC.

Address: 3505 West Midland Trail Telephone: 463-4105

Owner's Name MALCOLM MAIR

Owner's Address _____

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) 9/4/2003 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

5/5/2004
Date

M. B. Ayers
Signature and Title