

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 196-99-028

Westmanland Health Department

Name of Company/Corporation/Individual: ALL blank

Address: P.O. Box 448 Kingsburg, VA, 22405

Telephone: 540-775-4915

Owner's Name John Lavandway

Owner's Address 110 Lightfoot Dr Montross VA 22520

Location of Installation: Lot 51 Block

Section: M.P. Subdivision: Stratford Harbor

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 2-24-99 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

6-8-99

Date

David L. Linder

Signature and Title

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

WESTMORELAND Health Department

Health Department
Identification Number
Map Reference

196 99-028
23 D-51

General Information

PG 1 OF 4

Water Supply System: New ☐ Repair ☐ Public ☒ FHA ☐ VA ☐ Case No. ☐
Sewage Disposal System: New ☒ Repair ☐ Expanded ☐ Conditional ☐ Public ☐
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 JOHN CAVANWAY + VALERIE WALLACE Telephone 804-493-8980
Address 110 LIGHTFOOT DR. MONTROSS, VA. 22520 For a Type 2 Sewage Disposal System or Well to be constructed on/at COLONIAL + LIGHTFOOT DRIVE
Subdivision STRAFFORD HARBOUR Section/Block MP Lot 51 Actual or estimated water use 450
3 B.R.

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>PUBLIC</u> <u>UNITED WATER VIRGINIA</u> To be installed: class <input type="checkbox"/> cased <input type="checkbox"/> grouted <input type="checkbox"/>	Water supply location: Satisfactory yes <input checked="" 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 <input type="checkbox"/>	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other <input type="checkbox"/>	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other <input type="checkbox"/>	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: <u>SEE PG 4 OR 5</u>	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 <input type="checkbox"/>	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>6-9-99</u>
Distribution box: Precast concrete with <u>14</u> ports. <input type="checkbox"/> Other <input type="checkbox"/>	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>6-9-99</u> <u>Don</u>
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 checked="" type="checkbox"/> Other <u>TIE INTO EXISTING 6 LINES</u>	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>5-5-99</u>
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>5-5-99</u>
Absorption trenches: Square ft. required <u>720</u> ; depth from ground surface to bottom of trench <u>48</u> ; aggregate size <u>5-1.5"</u> ; Trench bottom slope <u>2" PER 50'</u> ; center to center spacing <u>9</u> ; trench width <u>3</u> Depth of aggregate <u>13"</u> ; Trench length <u>30</u> ; Number of trenches <u>8</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>5-5-99</u>
Date _____ Inspected and approved by: _____ Sanitarian	

{ SALVAGE LAST 30' OF EXISTING }
{ 6 x 40' LONG LINES }

THIS PERMIT IS NOT TRANSFERABLE

Schematic drawing of sewage disposal and/or water supply system and topographic features. PL. 2 of 4

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.

SEE PAGE 3 AND 4 FOR SEPTIC SYSTEM LAYOUT AND PUMP SYSTEM SPECIFICATIONS

INSTALL

**DISTURBANCE OR REMOVAL OF
SOIL DURING TREE OR
VEGETATION REMOVAL &/OR
DRAINFIELD SITE PREPARATION
MAY VOID THIS PERMIT**

1000 GALLON SEPTIC TANK
1000 GALLON TOPSEAM PUMP TANK

RELOCATE DRAINFIELD AS SHOWN TO MAINTAIN
PROPER SEPARATION FROM WATER MAIN.

ABANDON FIRST 10' OF EXISTING LINES
AND ADD 2 NEW 30' LINES TO COMPENSATE

3' WIDE, 9' ON CENTER, 48" DEEP
NEW 14 PORT D-BOX AND TIGHT LINES

PUMP SYSTEM AND ALARM MUST CONFORM
TO VA. SEWAGE DISPOSAL REGS.
PART 4, ARTICLE 4, SECTION 4.23

PUMP MUST BE SIZED FOR AT LEAST 95' ELEVATION
AND 550' DISTANCE.

SEPTIC CONTRACTOR MUST PROVIDE
PUMP SPECIFICATIONS TO HEALTH DEPT.
(BRAND NAME, MODEL #, AND PUMP CURVE)

LOCATE WATER MAIN AND KEEP SEPTIC
CONVEYANCE LINE 10'+ FROM IT WHERE POSSIBLE

MAINTAIN 18" VERTICAL SEPARATION BETWEEN
CONVEYANCE LINE AND WATER MAIN WHEN
CROSSING OR ENCROACHING WITHIN 10'

INSTALL CONVEYANCE LINE AT 48"+
DEPTH AND PLACE TRACER TAPE OR WIRE
24" ABOVE PIPE WHEN BACKFILLING

INSTALL CONVEYANCE LINE 18"+ BELOW
CONCRETE DRAIN DITCH IN 15' DRAINAGE
EASEMENT, AND SLEEVE LINE IN 3" PIPE
SPANNING AT LEAST 10' FROM EITHER
EDGE OF DRAINAGE EASEMENT.

**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: 2-24-99 Issued by: [Signature]
Sanitarian

Date: _____ Reviewed by: [Signature]
Supervisory Sanitarian

This Construction
Permit Valid until

8-24-00

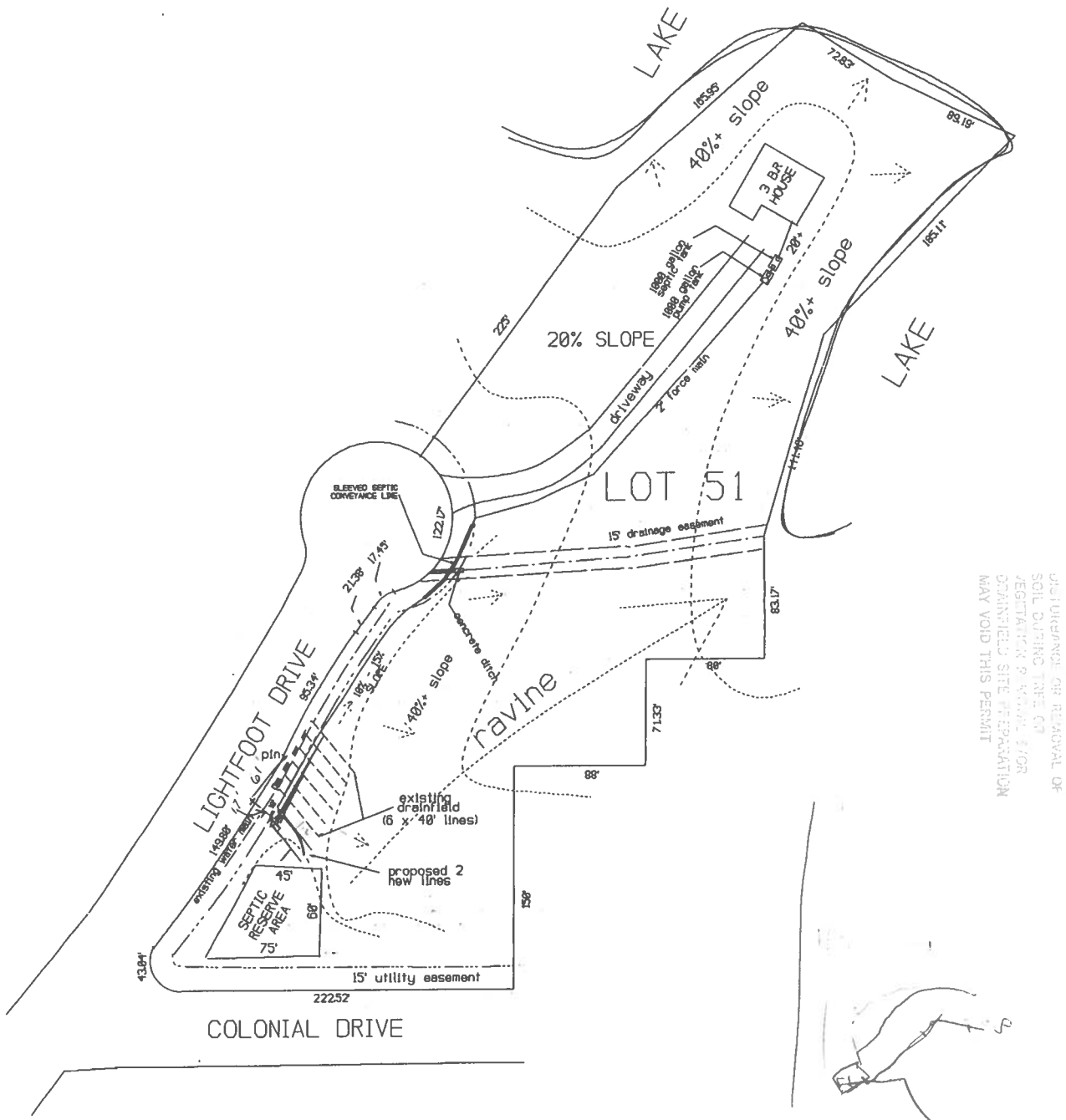
**THIS PERMIT IS
NOT TRANSFERABLE**

If FHA or VA financing

Reviewed by Date _____ Date _____

SEPTIC CONVEYANCE LINE AND DRAINFIELD PERMIT

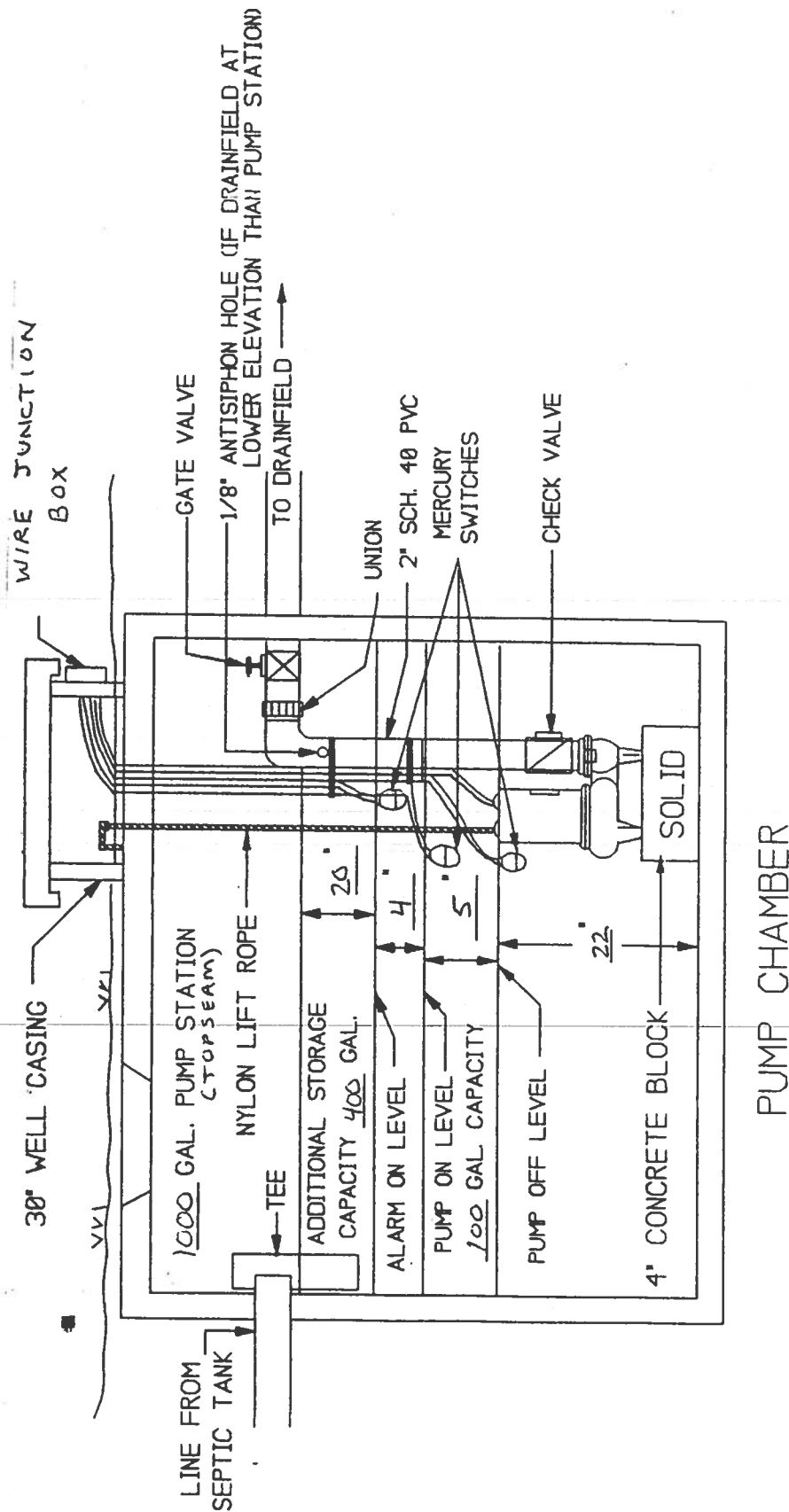
STRATFORD HARBOUR SUBDIVISION
MACHODAC POINT SECTION
LOT 51



ALL COMPONENTS TO BE OPERATIONAL AND INSPECTED BEFORE OPERATION PERMIT CAN BE ISSUED

APPLICANT: JOHN LAVANWAT
 TAX MAP: 230 BLK/SEC. M.P. LOT 51
 HEALTH DEPT. ID.# 196-99-028
 DISTANCE FROM P/C TO DRAINFIELD 550
 SURFACE ELEV. CHANGE 95'
 BRAND NAME OF PUMP _____
 SEWAGE PUMP MODEL NO. _____
 ALARM BOX MODEL NO. _____
 SUBMITTED BY: _____
 DATE: _____

PUMP STATION AND APPURTENANCES MUST COMPLY WITH SECT. 4.23 OF SEWAGE REGS.
 PUMP STATION, PIPES AND CONDUITS TO BE SEALED WATERTIGHT
 PUMP TO BE SEPARATE ELECTRICAL CIRCUIT FROM ALARM
 ALARM TO BE AUDIOVISUAL
 MANUAL OVERRIDE SWITCH REQUIRED
 PUMP STATION MUST BE ANCHORED OR WEIGHTED TO PREVENT FLOTATION
 MASTER DISCONNECT SWITCH TO BE IN SECURE LOCATION REMOTE FROM PUMP STATION



196-97-054

Copy current fees returned

OFFICE USE ONLY
REC'D 2/17/99
PAID 7.50
CK# 1504
ACC# 99428

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

Health Department ID 196.99.028
23D

To Be Completed By The Applicant

Type of sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☒ Case No. 196-97-054

Owner John Lavanway +
Valorie Wallace Address 110 Lightfoot
Montross VA 22520 Phone (804) 493-8980

Agent _____ Address _____ Phone _____

TAX MAP/PARCEL NO. 23D
REQUEST CERTIFICATION LETTER Y/N
OWNERS PRINCIPAL RESIDENCE Y/N
IMMEDIATE PLANS TO BUILD Y/N
IF YES, PROPOSED START DATE _____

Directions of Property STRATFORD HARBOUR

Subdivision _____ Section Machados Pt. Block _____ Lot 51

Other Property Identification TAX MAP 23D

Dimension/size of Lot/Property 3.2 ACRES

Other Application Information

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

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

Signature of Owner/Agent John Lavanway

Date 02/17/99