Completion Stateme	HOSE HELLING SHELL I PE AND NOT	Completes
Commonwealth of Virginia State Department of Health		MAP REF 32A (1)31
state Department of Health		Health Department 151-95-043
		LANCASTER Co. Health Department
ame of Company/Corporation/Indi	1+1 Time	Health Department
ame of Company/Corporation/Indi	vidual: 9.010	201 125
		Telephone: 804-435-2587
Owner's Name Dennis + Ba		
Owner's Address RT Box 3	14 Weems VA.	22576
Location of Installation: Lot		Block
Section:	Subdi	vision:
		e 852 to end on right
,		installed and completed in accordance with the con-
ruction permit issued (date)	2/10/95	and is in compliance with Part D of the Sewage
		ans and specifications for the project.
10/12/95	6	J. Drouble the
H.S. 203 Rev. 4/83		Signature and Title
Sewage Disposal S	ystem Operation	n Permit
Commonwealth of Virginia		
Department of Health	Hear	th Department
Tax Map No. 32A (1)31		tification No. 151-95-043 MCHSTER CTY Health Department
DENNIS + BARBA	RA MCNEDI-RA	1, Boy 314- WEEMS is Hereby Granted Permission
to Operate a (Type) 77 S	Sewage Disposal System Having	a Design Capacity of 600 gpd. a
VSH3 South FITRIZED, KJ	TKT. 200 PHRI-lebel	ATRI 852 TO END ON RIGHT,
SUBDIVISION	SECTION/BLOCK	LOT
CEDAR POINTE	/ / / / / / / / / / / / / / / / / / / /	#31
A		apter 6 of the Code of Virginia as Amended and Section(s isposal Regulations of the Virginia Department of Health and
with Previously Issued permits		
		Dated
with the Sewage Handling and Disposa	Regulations of the Virginia De	er will operate the Sewage Disposal System in Accordance partment of Health and any Variances or Conditions Granted e Sewage Disposal System will Function for any Specified

Effective Date C.H.S. 205 Rev. 4/83

Recommended (Sanitarian) Approved (State Health Commissioner)

Sultam

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia Department of Health Lancaster County Health Department	Health Department ISI-95-043 Map Reference 33A (1)31		
	nformation		
Water Supply System: New Repair Public Sewage Disposal System: New Repair Expair Exp	construction permit filed in accordance with Section 2.13		
DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS		
Water supply, existing: (describe) 3 A , off lef To be installed: class cased grouted	Water supply location: Satisfactory yes no □ comments Completion Report G. W. 2 Received: yes □ no □ pot applicable □		
Building sewer: I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). Other	Building sewer: Satisfactory yes ✓ no □ comments Suid 11-95		
Septic tank: Capacity 1300 gals. (minimum). Other 1000 galkn, top-secure, pump tank	Pretreatment unit: yes ✓ no ☐ comments Satisfactory		
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. Other	Inlet-outlet structure: yes ✓ no □ comments Satisfactory		
Pump and pump station: No Yes Gescribe and show design. if yes: Yes Page 3 of 3 Specs.	Pump & pump station: yes IV no a comments Satisfactory		
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. Other 2" South PVC force main	Conveyance method: yes ✓ no □ comments Satisfactory		
Distribution box: Precast concrete with ports. Other	Distribution box: yes ✓ no □ comments Satisfactory ❤ 11-교통		
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other—	Header lines: yes ☑ no ☐ comments Satisfactory ⑤-11-의동		
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other	Percolation lines: yes ✓ no □ comments Satisfactory 8-11-95		
Absorption trenches: Square ft. required 1260 : depth from ground surface to bottom of trench 13" : aggregate size 5"-1.5": Trench bottom slope 3"-4" ; trench width 3 : pepth of aggregate 13"; Trench length 60'; Number of trenches	Absorption trenches: yes no comments Satisfactory Billy Franklin See Note on page Date Inspected and approved by: Sanitarian		

Health Department Identification Number 151-95-043

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 no	ecessary to illustrate the de	sign.		
\ :		Donatal services	Ho'ce balletin	util. lines
1		and 3 up from p prior to construct apparent that line property at end and	ple. I gave O.K	.to shift
()	188	prior to construct	ation. At in spec	They it became
}	\	apparent that the	next lines end w	as on the prov
		line, Hack NOT	TO CON E	pretractor
₹	\	1 77	TO SUALE	lacount de lacue
22'	Reserve	and C' at next III	ne so that areintu	eka is 5 troom
	S Area S	\ Install 1200	gallon septic tank,	property line.
22'	65'	\ 1000 gallon to	op-seam pump tank,	HWI
(K)			3' wide, 9' centers,	
woods (!\aa' !			actor is to determi	
) \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	557	A 2 34 1 1 1 1 1	drainfield site and	
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e 6	98	Can be	maintained.	
euilish i Loie				
8 Villity ≥	1 10'+ cad	Do not locat	te the tanks in the	;
	Proposed Proposed Proposed Proposed	\	ainageway.	
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	30 30	RO.		
5	/ asc			
This sawage disno	sal systemand/or water	r supply is to be constru	cted as specified by	/
the nermit $$ or	attached plans and spe	cifications	0,04 40 op 0004 A)	
the permit	attaction paris attacts			
This sewage disposal system an	d/or well construction permit is	s null and void if (a) conditions	are changed from those	shown on the
application (b) conditions are cha	nged from those shown on the	construction permit.		
No part of any installation shall to	ne covered or used until inspec	eted corrections made if necess	sary, and approved, by th	è local health
department or unless expressly	authorized by the local health	n dept. Any part of any installa	ation which has been con	vered prior to
approval shall be uncovered, if ne	ecessary, upon the direction of t	the Department.		
	1, 1	11100 001		
Date: 2-10-95	Issued by:	Wandlot u	This Co	nstruction
Duto:		Sanitarian	△ Permit	Valid until
Data	Paviawad by:		9 10	0.0
Date:	Reviewed by:	Supervisory Sanitarian	8-10	5-96_
If FILA as VA dimension				
If FHA or VA financing	y			
Reviewed by Date		Date	D ' 1 0	itarian
C.H.S. 202B	Supervisory Sani	itarian	Regional San	itarian

151-95-043

