Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department Identification No. 179-99-080
Richmond County Health Department

Tax Map No. 16(4)2

John W. Peyton is Hereby Granted Permiss
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd,
Rt 3 W, T/L Rt. 690, on left between Tallent Town Rd & Chestnut Hill Rd

SUBDIVISION	SECTION/BLOCK	LOT
—		

This permit is Issued in Accordance with the Provisions of 32.1. Chapter 6 of the Code of Virginia as Amended and Section IV of the Sewage Handling and Disposal Regulations of the Virginia Department of Health a

with Previously Issued permits — Dated —

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordan with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Grante Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specifi Period of Time.

VARIANCES GRANTED
☒ NONE ☐ SEE ATTACHED

11-12-99
Effective Date

SPECIAL CONDITIONS
☒ NONE ☐ SEE ATTACHED

Marlene E. Vanlandingham
Recommended (Sanitarian)

Approved (State Health Commissioner)

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

Completion Statement

Commonwealth of Virginia
State Department of Health

TM 16(4)2

Health Department Identification Number 179-99-080
Richmond Co Health Departmer

Name of Company/Corporation/Individual: Hall Hopkins

Address: Warsaw Va Telephone: 333-3124

Owner's Name John W Peyton

Owner's Address 13416 Chestnut Hill Rd Warsaw Va

Location of Installation: Lot — Block —

Section: — Subdivision: —

Other: on left between Tallent Town Rd & Chestnut Hill Rd.

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the co struction permit issued (date) 9/15/99 and is in compliance with Part D of the Sewag Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

11/99
Date

James D Hall Jr
Signature and Title

C.H.S. 203 Rev. 4/83

Pg. 1 of 3

10-08-99 Revisions made to original permit.

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Richmond County Health Department

Health Department Identification Number 179-99-080
Map Reference 16(4)2

General Information

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 W. Peyton Warsaw, VA 22572 Telephone 804 333-3406
Address 1346 Chestnut Hill Rd. For a Type I Sewage Disposal System or Well to be constructed on/at Rt. 3W, T/L Rt. 690 - on left between Tallent Town Rd & Chestnut Hill Rd
Subdivision N/A Section/Block ___ Lot ___ Actual or estimated water use 450gpd

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) ___ **To be installed:** class IIIA cased 100'+ grouted 20'	**Water supply location:** Satisfactory yes ☑ no ☐ comments Drilled by Bill Hall Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** Satisfactory yes ☑ no ☐ comments SECTION
Septic tank: Capacity 1000 gals. (minimum). ☐ Other ___	**Pretreatment unit:** Satisfactory yes ☑ no ☐ comments
Inlet-outlet structure: ✓ PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** Satisfactory yes ☑ no ☐ comments Zabel Filter in outlet tee
Pump and pump station: No ☑ Yes ☐ describe and show design. if yes: ___	**Pump & pump station:** Satisfactory yes ☐ no ☐ comments N/A
Gravity mains: ✓ 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** Satisfactory yes ☑ no ☐ comments
Distribution box: ✓ Precast concrete with 10 ports. ☐ Other ___	**Distribution box:** Satisfactory yes ☑ no ☐ 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. ☐ Other ___	**Header lines:** Satisfactory yes ☑ no ☐ comments
Percolation lines: ✓ Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ___	**Percolation lines:** Satisfactory yes ☑ no ☐ comments
Absorption trenches: Square ft. required 825; depth from ground surface to bottom of trench 44"-60" aggregate size .5-1.5"; Trench bottom slope 2-4"/100'; center to center spacing 9'; trench width 36"; Depth of aggregate 13"; Trench length 55'; Number of trenches 5	**Absorption trenches:** Satisfactory yes ☑ no ☐ comments upper most line @ 72" depth Date 11-12-99 Inspected and approved by: Lawrence E. Vanlandingham Sanitarian

10-08-99 changes made to depth. Lawrence Vanlandingham

C.H.S.

Po. 2 of 3 [redacted] T.M. 16(4) 2

Health Department
Identification Number 179-99-080

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 necessary to illustrate the design.

* Install 5-55' lines as shown.
60"-44" deep, 36" wide 9' centers

* Install III A well as shown

NOTE 10-08-99 Changes made to layout and depth of drainfield
LaRenie Vanlandingham

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: 9-15-99 **Issued by:** M. L. Vanlandingham
Sanitarian

Date: _____ **Reviewed by:** _____
Supervisory Sanitarian

This Construction Permit Valid until
3-15-2001

If FHA or VA financing

Reviewed by Date _____ _____ **Date** _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B

179-99-080

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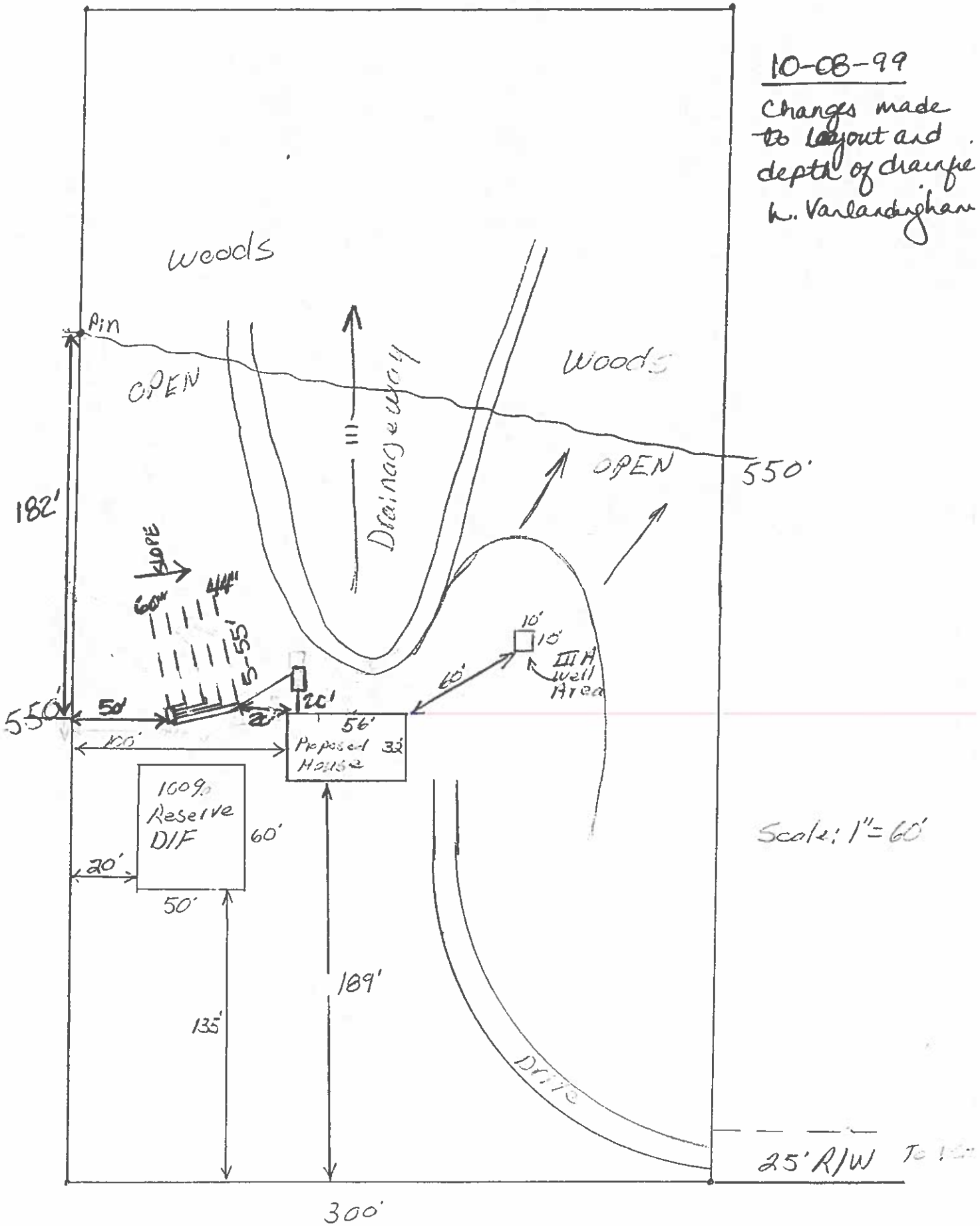

RIC 164(2)C

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner John W Peyton
Address 1346 Chestnut Hill Rd
Warsaw VA 22572
Phone 333-3406
Location on Left between Tallent town Rd & Chestnut Hill Rd

Tax Map ID 16-(4) 2
VDH Permit 179-991280
VWCB Permit
VWCB ID
County Richmond Co

*** Well Data ***

General Information
Drilling Method Mud Rotary
Depth to Bedrock
Static Water Level 125'
Well Disinfected (Y or N) Y

Date Completed 11/11/99
Yield 20 (GPM)
Stabilized Water Level
Disinfectant Used Chlorine

Total Depth of Well 292'
Length of Test
Natural Flow (Rate)
Amount Used 600 grams

Casing Above
From Ground to 240'
Size 4.5 Material Plastic
Weight/Schedule 40

From 240' to 275'
Size 2 Material Plastic
Weight/Schedule 40

From 290' to 292'
Size 2 Material Plastic
Weight/Schedule 40

Gravel Pack
From 300 to 200

From ___ to ___

From ___ to ___

Grout Pitless
From Adapter to 20'
Bore Hole Size 7 7/8
Type Bentonite
Method Pumped

From ___ to ___
Bore Hole Size
Type
Method

From ___ to ___
Bore Hole Size
Type
Method

Water Zones or Screened Intervals
From 275 to 290
Mesh Size .020 Diam. 2
From ___ to sch-80
Mesh Size ___ Diam. ___

From ___ to ___
Mesh Size ___ Diam. ___
From ___ to ___
Mesh Size ___ Diam. ___

From ___ to ___
Mesh Size ___ Diam. ___
From ___ to ___
Mesh Size ___ Diam. ___

*** Use Data ***

Private Well: Domestic ✓ Agricultural ___ Industrial ___ Monitoring ___
Public Well: Community ___ Non Community ___

BACTERIOLOGICAL CERTIFICATE OF ANALYSIS.

(See reverse side for instructions)

SAMPLE Nº 29573

MID-ATLANTIC LABORATORIES, INC.

State Certified
Environmental Laboratory
VA LAB I.D. # 00215 MD CERT #215
WV LAB I.D. # 9926, NC LAB ID# 51704
14294 BIG TIMBER ROAD, KING GEORGE
VA 22485
TEL: 804-742-5577

3/13/00	8:30 AM P.M	J. Peyton	

tm: 1(4)2

PHONE	804 333 3406	804 333 4465

SEND REPORT TO
NAME John W. Peyton
STREET 1436 Chestnut Hill Rd
CITY Warsaw STATE VA ZIP 22572

NAME John W. Peyton
STREET 1436 Chestnut Hill Rd.
CITY Warsaw STATE VA ZIP 22572

☑ CHECK ☐ MONEY ORDER # 3530
☐ CUSTOMER ACCOUNT: Prof. J. Peyton

(PWSID# OR HEALTH DEPT. I.D.#)

TO BE COMPLETED BY LAB ONLY

DATE 3/14/00	TIME 1000 AM P.M	BY	
DATE 3/15/00	TIME 1600 AM P.M	ANALYST	

METHOD
☒ ONPG-MUG (24-HR) ☐ MPN (Bacterial Count)
☐ ONPG-MUG (18-HR)
☐ OVER 30 HRS. (May be invalid)

RESULTS
BOX MARKED WITH "X" INDICATES YOUR RESULTS (EXPLANATION AT RIGHT)

☒ NO COLIFORM BACTERIA WERE *DETECTED* IN THIS SAMPLE—therefore this sample PASSES THE POTABILITY TEST required by the Environmental Protection Agency (EPA).

☐ TOTAL COLIFORM BACTERIA WERE DETECTED IN THIS SAMPLE—therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA). For further information or recommended action, contact your local or state Health Department, drinking water division.

☐ TOTAL COLIFORM AND *E. coli* (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE—therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA). ***NOTE: The presence of E. coli bacteria indicates a potentially serious health threat.*** For further information or recommended action, contact your local or state Health Department, drinking water division.

☐ OTHER: _____