FILE 2

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Lancaster County Health Department
P.O. Box 158
Lancaster, Virginia 22503
(804) 462-9919 Voice
462-6211 Fax

Septic Tank - Soil Absorption System Construction Permit

Health Department ID Number: **151-14-0131**

Owner /Agent Information	
Violet M. Lewis Trust 97 Currell Cove Ln Ln. White Stone, VA 22578	**Phone:** (804)
Owner /Agent Information	
Property Address: 97 Currell Cove Lane **Locality:** Lancaster County	**Tax Map Number**: LAN 34-030A
Subdivision: **Section: Block: Lot:**	
Directions: Route 3 thru Kilmarnock, R/T 638 Blueberry Point Road, 9/10 mile Currell Cove Lane (red brick house) to end on right.	
General Information	
Approval Type: Repair Permit **Type of Property**: Residential	**Daily Flow:** 450 gallons **Number of Bedrooms**: 3 **Occupancy Limit**: maximum
Sewer Line	***Distribution Box Information***
Material:4" SCH 40 PVC or equivalent **EXISTING**	**No. of Boxes:** 1 **No. of Outlets:** 10
Conveyance Line / Force Main Information	***Header Line Information***
Method: Gravity **Material**: Minimum crush strength 1500# **Pipe Diameter**: 4" **Minimum Slope**: 6" per 100' for non-pump	**Material:** ASTM F405 pipe or better (1500 # crush or equivalent) **Minimum Slope:** 2" per 100'
Septic Tank - Inlet Outlet Structure	***Percolation Lines and Absorption Area***
Capacity: 1000 gal The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. 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: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank **EXISTING TANK**	**Slope:** 2-4" per 100' **Percolation Lines:** 4" diameter **Center to Center Spacing:** 9' **Installation Depth:** 24 " **Depth of Aggregate:** 13" Size of Aggregate: 0.5-1.5" **Total Number of Laterals:** 5 **Laterals to be 50' long, 3' wide** **Install 750 sq feet square feet total** **EXISTING FIELD**

Please Note:

REPLACE ORANGEBERG CONVEYANCE LINE WITH PVC. RECOMMEND INSTALLING AN EFFLUENT FILTER

REPLACE DISTRIBUTION BOX AND HEADER LINES.

This sewage disposal system construction permit is null & 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 & 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 Dept or the system designer.
This permit approval has been issued in accordance with applicable regulations based on the information and materials provided at the time of application. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this onsite sewage system. The owner is responsible at all times for complying with all applicable local, state, and federal laws and regulations.

Site Evaluation and System Design By: Timothy Childs, Environmental Health Specialist Senior

Timothy Childs, EHSS	November 17, 2014	May 18, 2016
	Issue Date	**Expiration Date**

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Sewage System Construction Inspection Report

Health Department ID Number: **151-14-0131**

System Location

Tax Map: LAN 34-030A
Property Address: 97 Currell Cove Lane
County: Lancaster

Subdivision:
Section Block Lot

Sewer Line

Diameter: "
Material:

Satisfactory:
Date Inspected:
Comments:

Septic Tank

Volume: 1000 gallons
Material: Concrete (pre-cast)
Grade on Tees:

Satisfactory: Yes
Date Inspected: 11/18/2014
Comments: EXISTING TANK

Conveyance Line

Method: Gravity
Pipe Size: 4"
Material: Smooth Bore Plastic

Satisfactory: Yes
Date Inspected: 12/3/2014
Comments:

Distribution System and Header Lines

Method: Distribution Box
Box Material: Concrete Box
Number of Ports: 8
Header Material: Smooth-bore plastic

Satisfactory: Yes
Date Inspected: 11/18/2014
Comments:

Trench Dispersal Area

Design Type: Standard
Square Feet: 750 sq feet

Satisfactory: Yes
Date Inspected: 11/18/2014
Comments: EXISTING FIELD - REPLACED HEADER LINES

Trench Number: 5
Trench Length: 50'
Trench Depth: 24"

Trench Width: 3'
Center Spacing: 9'
Aggregate Type: Gravel

Overall Construction

Overall Construction: Yes
Construction Comments:
Completion Statement Received Date:

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 8-24-71 Case No. G-34

Owner DAVID LEWIS Address White Stone, Va. Phone
(Mailing Address)

Occupant Address Phone
(Mailing Address)

Exact Location of Premises White Stone - Rt. 636 - Right at Henry Cook sign.
(Subdivision, Street or Road Name, Section or Lot No.) 34-30A Y

WATER SUPPLY INSPECTION

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer feet. Distance to nearest Sewage Disposal System feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION
Allotted Area adequate ☐ Yes ☐ No. Distance from nearest lot lines feet. Trees feet.
Water Supplies feet. Buildings feet.

(2) INSTALLATION AND DESIGN
Installed according to Permit Design ☐ Yes ☐ No
Have additional Household Appliances been added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal
☐ Other
(Describe)

(3) SOIL CONDITION
Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☐ No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE
Installed ☐ Yes ☐ No. Type of material
Size Inches.

(5) SEPTIC TANK
Constructed of
(Kind of Material)
Inside Dimensions Length feet. Width feet.
Liquid Depth feet. Depth of Air Space inches.
Inside Fittings comply with requirements ☐ Yes ☐ No.

(6) DISTRIBUTION BOX
Watertight and equal surcharge to each line by Water Test ☐ Yes ☐ No. Distribution Box provided with
(Number)
extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches square feet.
Number of ditches Length of ditches feet.
Grade of ditches Minimum Inches per 100 feet.
Maximum inches per 100 feet. Has system been checked by instruments (Level) ☐ Yes ☐ No
Type aggregate used
Depth of aggregate under Tile inches
Total depth of aggregate inches
Depth of backfill over aggregate inches

(8) SURFACE DRAINAGE
Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☐ Yes ☐ No. Was Surface Drainage required ☐ Yes ☐ No. If Yes, has this been provided ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☐ Not required.

(9) Are follow-up inspections necessary ☐ Yes ☐ No.

Septic Tank Contractor: W C Lowery Address Phone

This Sewage Disposal System (Is) (Is Not) Approved by Lancaster County Health Department.
10-15-71

Date Signed Date Approved
(Sanitarian) (Health Director)

Date Approved Date Approved
(Advisory Sanitarian) (Reviewing Authority — Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks:

Virginia Department of Health
LHS - 141 Rev. 11-57

PERMIT TO INSTALL OR REPAIR
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS
(VOID AFTER TWELVE (12) MONTHS)

Date 8-24-21 Case No. _____

Owner David Lewis Address White Stone (Mailing Address) Phone _____

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of Premises White Stone - Rt 638 - Right at Henry Cook sign (Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

- ☑ INSTALL
  - ☐ Water Supply System
  - ☐ Sewage Disposal System
  - ☑ Septic Tank
- ☐ REPAIR
  - ☐ Water Supply System
  - ☐ Sewage Disposal System
  - ☐ Septic Tank

Health Department recommends _____

FOR

☑ Dwelling ☐ Other _____

Actual or potential Bedrooms 3 Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine ☑ Yes ☐ No Garbage Disposal unit ☐ Yes ☑ No

Additional wastes _____

DETAILS OF RECOMMENDED SYSTEMS

(1) WATER SUPPLY Location to be approved by Sanitarian. Type ☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well ☐ Other CENTRAL Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

(2) SOIL STUDY Naturally drained, suitable by sight ☐ Yes ☑ No Technical Classification _____ Rough Classification ☑ Sandy ☐ Medium ☐ Clay ☐ Pipe Clay. Percolation Test required ☐ Yes ☐ No. Rate _____ Minutes per inch. Depth of Water Table _____ feet (Estimated)

Surface drainage required ☐ Yes ☑ No _____ Area Drainage by Lowering Ground Water Table required ☐ Yes ☑ No

(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of CONCRETE (Kind of Material). Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 1000 gallons.

(4) HOUSE SEWER LINE Size 4 inches. Type of material required C.I. Distance from Water Supply — feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. Number of square feet required 800 Type aggregate required ☐ Broken Stone ☑ Gravel ☐ Slag. Size range from ½ inches to 2½ inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

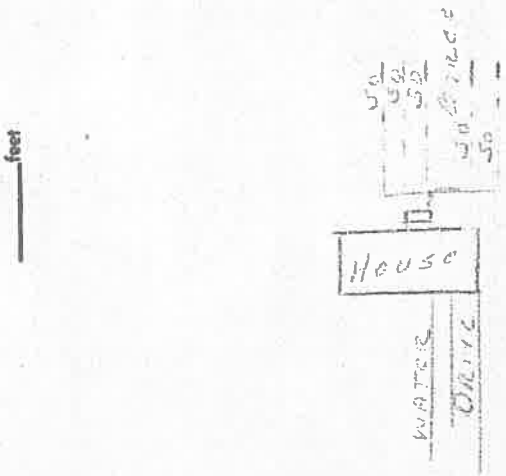
Total aggregate must equal minimum depth of 13 inches or more.

Soil Cover over tile not to exceed 24 inches. Distance from well to septic tank — feet; distance from well to draintile field — feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.

Ditches - 3' wide

Remove Locust Trees from drainfield area



Note: Owner or his agent must notify LANCASTER CO Health Department, Phone 462-3222 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued. 8-24-21 Date _____ Signed Leigh Mayo (Sanitarian or Health Director)

Date _____ Approved _____ (Reviewing Authority)

LHS - 121 Rev. 1-65
Virginia State Department of Health

TRIPLICATE

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THIS PERMIT IS NOT TRANSFERABLE

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
LANCASTER Health Department

Health Department Identification Number 157-00-217
Map Reference 34-30A

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 VIOLET LEWIS Telephone 435-3937
Address PO BOX 954 WHITE STONE For a Type ___ Sewage Disposal System (or Well) to be constructed on/at VSH 638 WHITE STONE J/R CURRELL COVE, ON R END
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use N/A

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) WELL ON ADJACENT PROPERTY **To be installed:** class III A well cased 100' + grouted 20' +	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: ___ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity ___ gals. (minimum). ☐ Other ___	**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 ☐ describe and show design. if yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with ___ ports. ☐ Other ___	**Distribution box:** yes ☐ no ☐ comments Satisfactory
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
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
Absorption trenches: Square ft. required ___: depth from ground surface to bottom of trench ___; aggregate size ___: Trench bottom slope ___; center to center spacing ___; trench width ___ Depth of aggregate ___; Trench length ___; Number of trenches ___	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date ___ Inspected and approved by: ___ Sanitarian

C H S 202A

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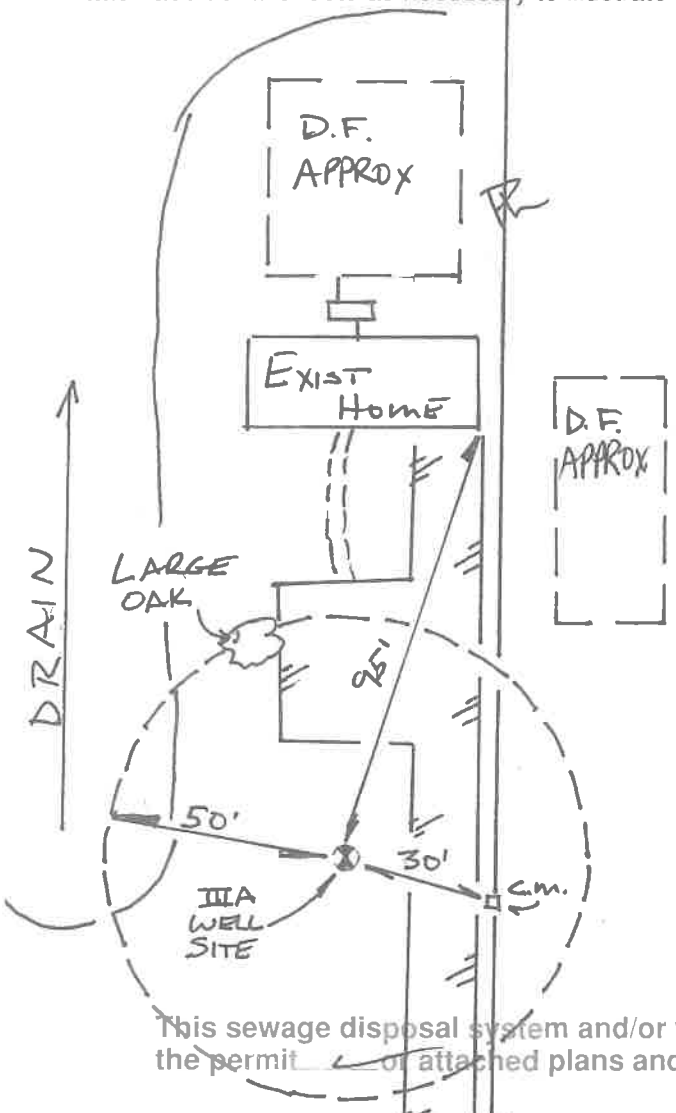
Health Department
Identification Number 157-00-217

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 IN LOCATION SHOWN
A CLASS IIIA WELL,
CASED 100'+, GROUTED 20'+.

MAINTAIN 50'+ FROM ANY
SOURCE OF CONTAMINATION,

SUBMISSION OF WELL
COMPLETION REPORT AND
SATISFACTORY RESULTS OF
BACTERIOLOGICAL ASSAY
REQUIRED FOR APPROVAL.

THIS PERMIT IS
NOT TRANSFERABLE

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: 6/21/00 **Issued by:** _____
Sanitarian

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

This Construction Permit Valid until
12-21-03

If FHA or VA financing

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

C.H.S. 202B