

mailed 9-1-91  
file

296 Beach Rd, White Stone, VA 22578

# Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia  
Department of Health  
LANCASTER COUNTY Health Department



Health Department  
Identification Number 151-91-057  
Map Reference 34C (3)-A

### General Information

New  Repair  Expanded  Conditional  FHA  VA  Case No. \_\_\_\_\_  
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:  
Owner FRANKLIN A. + BERTHA W. NUNN Telephone 435-2448  
Address BEACH RD. (RT. 639), P.O. BOX 982, WHITE STONE, VA 22578  
For a Type I Sewage disposal system which is to be constructed on/at VSH 3 TO WHITE STONE  
470N RT. 695, RT ON RT. 639 (BEACH RD.), 7TH HOUSE ON RIGHT (2-STORY VICTORIAN)  
Subdivision \_\_\_\_\_ Section/Block \_\_\_\_\_ Lot \_\_\_\_\_  
Actual or estimated water use 450 gpd

DESIGN	NOTE: INSPECTION RESULTS
<b>Water supply, existing:</b> (describe) <u>COMMUNITY, WHITE STONE</u> <b>To be installed:</b> class _____ cased _____ grouted _____	<b>Water supply location:</b> Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/>
<b>Building sewer:</b> <u>EXISTING</u> <u>4" I.D. PVC 40, or equivalent.</u> Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	<b>Building sewer:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Septic tank:</b> Capacity <u>EXISTING 750 gals. (minimum).</u> <input type="checkbox"/> Other <u>RECOMMEND 1000 gals.</u>	<b>Pretreatment unit:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>OWNER WILL HAVE TO ACCEPT RESPONSIBILITY FOR FUNCTIONALITY OF UNDER SIZED SEPTIC TANK.</u>
<b>Inlet-outlet structure:</b> PVC 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other <u>REPLACE INLET - OUTLET</u>	<b>Inlet-outlet structure:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>NEW OUTLET WITH TEE NEW TEE PROVIDED FOR INLET</u>
<b>Pump and pump station:</b> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	<b>Pump &amp; pump station:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>N/A</u>
<b>Gravity mains:</b> 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	<b>Conveyance method:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Distribution box:</b> Precast concrete with <u>6+</u> ports. <input type="checkbox"/> Other _____	<b>Distribution box:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Header lines:</b> Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	<b>Header lines:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Percolation lines:</b> Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	<b>Percolation lines:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Absorption trenches:</b> Square ft. required <u>750</u> ; depth from ground surface to bottom of trench <u>40"</u> ; aggregate size <u>1/2"-1 1/2"</u> . Trench bottom slope <u>2" - 4" / 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> . Depth of aggregate <u>13"</u> ; Trench length <u>50'</u> ; Number of trenches <u>5</u>	<b>Absorption trenches:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date <u>9/18/91</u> Inspected and approved by: <u>Norris Coven</u> Sanitarian	

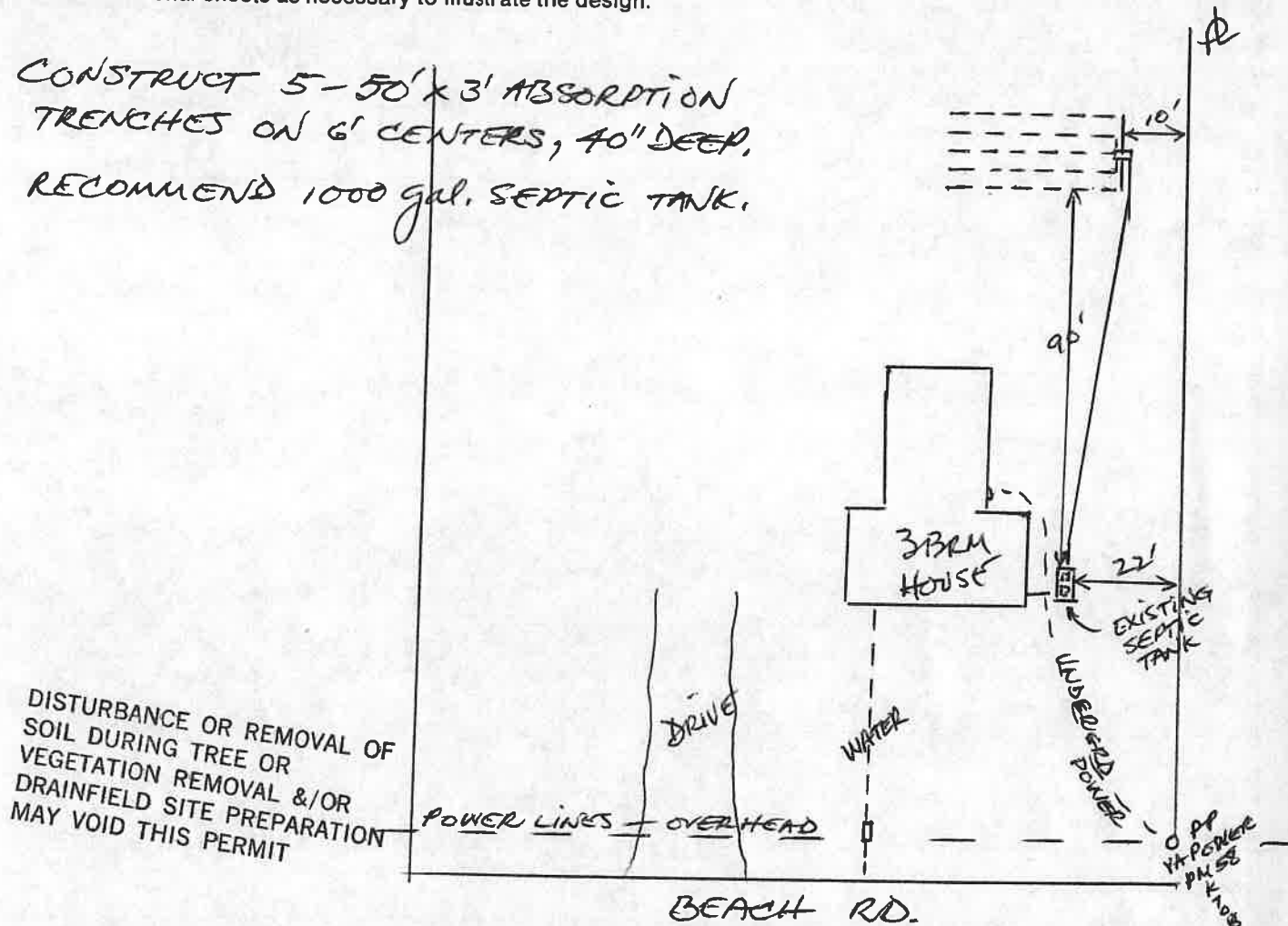
**Schematic drawing of sewage disposal system and topographic features.**

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the 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 located on the same lot show all sources of pollution within 100 feet.

*THIS IS A REPAIR!*

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.

*CONSTRUCT 5-50' x 3' ABSORPTION TRENCHES ON 6' CENTERS, 40" DEEP. RECOMMEND 1000 GAL. SEPTIC TANK.*



The sewage disposal system is to be constructed as specified by the permit  or attached plans and specifications .

This sewage disposal system 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: 9/3/91 Issued by: Norris Cowen  
 Sanitarian  
 Date: 9-4-91 Reviewed by: M. S. Vandenberg  
 Supervisory Sanitarian

This Construction Permit Valid until 3/3/96

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_

Supervisory Sanitarian

Regional Sanitarian

# Soil Evaluation Form

Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number 151-91-057  
Tax Map Number 34C (3)-A

## General Information

Date 9/3/91 LANCASTER COUNTY Health Department  
Applicant FRANKLIN A. + BERTHA W. NUNN Telephone No. 435-2448  
Address BEACH RD. (RT. 639), P.O. BOX 922, WHITE STONE, VA 22578  
Owner same as above Address \_\_\_\_\_  
Location VSH 3 TO WHITE STONE, 4T RT. 639, RT 639, 7TH HOUSE ON RIGHT  
(2-SEPARATE VICTORIAN)  
Subdivision \_\_\_\_\_ Block/Section \_\_\_\_\_ Lot \_\_\_\_\_

## Soil Information Summary

1. Position in landscape satisfactory Yes  No  Describe \_\_\_\_\_  
\_\_\_\_\_

2. Slope 0-1 %

3. Depth to rock/impervious strata Max. \_\_\_\_\_ Min. \_\_\_\_\_ None

4. Depth to seasonal water table (gray mottling or gray color) No  Yes  52-54 inches

5. Free water present No  Yes  \_\_\_\_\_ range in inches

6. Soil percolation rate estimated Yes  Texture group I II III IV  
No  Estimated rate 20 min/inch

7. Percolation test performed Yes  Number of percolation test holes \_\_\_\_\_  
No  Depth of percolation test holes \_\_\_\_\_  
Average percolation rate \_\_\_\_\_

Name and title of evaluator: NORRIS COOPER, SANITARIAN

Signature: Norris Cooper

## Department Use

Site Approved: Drainfield to be placed at 40" depth at site designated on permit.

Site Disapproved:

Reasons for rejection:

- 1.  Position in landscape subject to flooding or periodic saturation.
- 2.  Insufficient depth of suitable soil over hard rock.
- 3.  Insufficient depth of suitable soil to seasonal water table.
- 4.  Rates of absorption too slow.
- 5.  Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
- 6.  Proposed system too close to well.
- 7.  Other Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Hole #	Horizon	Depth	Description of color, texture, etc.	Texture group
01	A	0-18	Br (10 5/3) SL-SCL	II
	B	18-36	StrBr (7.5 5/6) SCL	II
		36-42	StrBr " " SL	II
		42-54	BrY (10 6/8) SL	II
		54-60	BrY (10 6/6) LS	I
02	A	0-10	Br (10 5/3) SL	II
	B	10-20	LYBr (10 6/4) SL	II
		20-26	YBr (10 5/6) SCL	II
		26-32	StrBr (7.5 5/8) SCL	II
		32-38	StrBr " " SL	II
		38-48	BrY (10 6/8) LS	I
		48-52	BrY (10 6/6) LS	I
		52-60	W (10 8/1) LS	I
03	A	0-10	Br (10 5/3) SL	II
	B	10-16	LYBr (10 6/4) SL	II
		16-30	StrBr (7.5 5/8) SCL (light)	II
		30-40	StrBr " " SL	II
		40-54	BrY (10 6/8) LS	I
		54-60	BrY (10 6/6) m/few w (10 8/1) LS	I

SOIL EVALUATION SERVICES, INC.  
SOIL EVALUATION FORM  
GENERAL INFORMATION

Tax Map Number: 347

DATE: 08/28/91

HEALTH DEPT: 151

APPLICANT Franklin A. Nunn  
ADDRESS P.O. Box 982  
White Stone, Va. 22578

PHONE 435-2448

LOCATION: White Stone, VSH 639 (Beach Rd.), 7th house on rt.

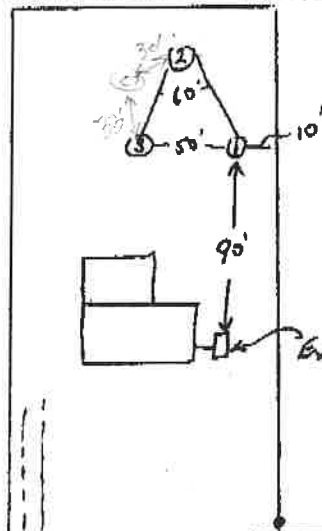
SUBDIVISION LOT

SOIL INFORMATION SUMMARY

- 1. Position in landscape satisfactory? y  
Describes: Back yard area.
- 2. Slope: 0-1 3
- 3. Depth to rock/impervious strata: Max: Min: None X
- 4. Depth to seasonable water table: y 52-60+inches
- 5. Free water? n range in inches
- 6. Soil percolation: Texture group: II-40 Estimated rate: 20 min./in.
- 7. Percolation test performed? n  
Number of test holes  
Depth of test hole:  
Average perc. rate:

Name and title of evaluator: Gary Grabb, Soil Consultant

Signature Gary Grabb



Septic tank even with ground surface.  
 Invert of outlet is 18" from ground surface.  
 6" fall for 100ft required for conveyance line  
 (gravity main), 18" + 6" = 24"  
 36" to 40" depth to new drainlines can be  
 achieved without the use of a pump

Existing septic tank

# Sewage Disposal System Operation Permit

Mailed 9-18-91

Commonwealth of Virginia  
Department of Health

Health Department  
Identification No. 151-91-057  
LANCASTER COUNTY Health Department



Tax Map No. 34C(3)-4

FRANKLIN AT BERTH W. NUNN is Hereby Granted Permission  
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at  
VSCH 3 TO WHITE STONE, 41 ON RT. 695, RT ON RT. 639 (BEACH RD.), 7TH HOUSE ON RIGHT

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 Ser  
PART IV of the Sewage Handling and Disposal Regulations of the Virginia Department of  
with Previously Issued permits   

Dated   

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

VARIANCES GRANTED  
 NONE  SEE ATTACHED

9/18/91  
Effective Date

SPECIAL CONDITIONS  
 NONE  SEE ATTACHED

Norris Green  
Recommended (Sanitarian)

[Signature]  
Approved (State Health Commissioner)

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 151-91-057

Lancaster Health Department

Name of Company/Corporation/Individual: GTG Group Inc.

Address: P.O. Box 89 Topping 23169 Telephone: 758-3511

Owner's Name: Franklin & Bertha Nunn

Owner's Address: P.O. Box 982 White Stone, Va 22578

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 connection permit issued (date) 9-4-91 and is in compliance with Part D of the Sewage Disposal and Disposal Regulations and when appropriate the plans and specifications for the project.

9-17-91 \_\_\_\_\_

Date \_\_\_\_\_ Signature and Title

John Z. Bennett (Foreman)