

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Northumberland Health Department

Health Department
Identification Number 166-97-590
Map Reference 37A-2A-7

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 Leona Jones Telephone 453-7013
 Address 37 Hickory Lane, Reedville, 22539 For a Type III A Sewage Disposal System or Well to be constructed on/at 360E, TR on 653, TL on Hickory Lane, 1st House on left
 Subdivision Whays Creek Section/Block _____ Lot _____ Actual or estimated water use _____

DESIGN

NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS

Water supply, existing: (describe) shallow
To be abandoned
 To be installed: class III A Artesian
 cased 100'+ grouted 20'

Water supply location: Satisfactory yes no 1-19-99
 comments Did not assume shallow well
 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 1-19-99 Inspected and approved by:
[Signature]
 Sanitarian

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.

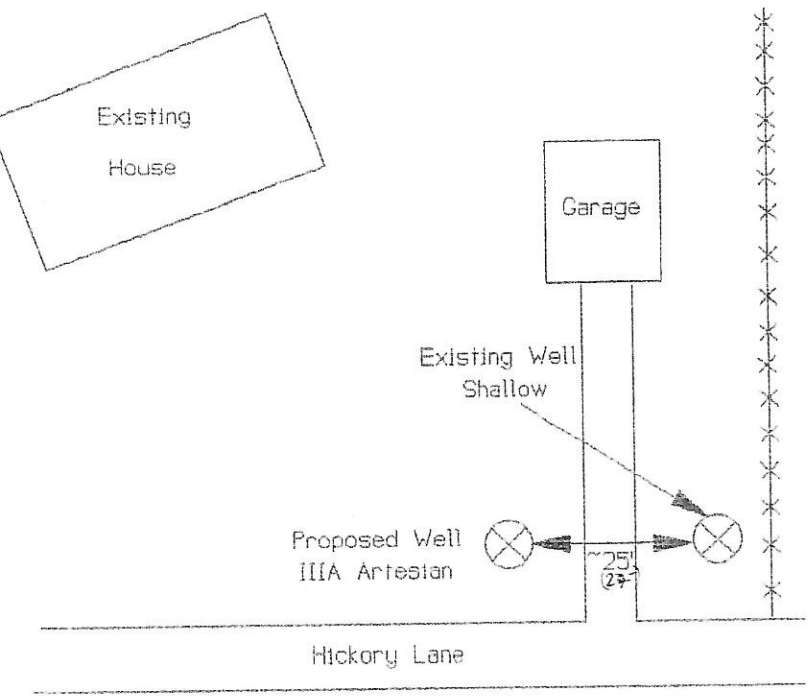
Leona Jones
TM 37A-2A-7
.44 Acres

Install:

IIIA Artesian Well
100'+ Casing, 20' Grout

Notes:

- 1) Health Dept. Recommends Abandoning Existing Shallow Well In Accordance With Well Regulations VR 355-34-100
- 2) Owner Shall Submit Well Driller's Log & A Satisfactory Water Analysis To The H.D. Upon Completion



NOT TO SCALE

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: 12-23-97 Issued by: Lloyd Wood
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction Permit Valid until
5-23-2002

If FHA or VA financing

Reviewed by Date _____ Date _____
Supervisory Sanitarian Regional Sanitarian

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 9-2-66 Case No. _____

Owner Claude W. Lane Address 2410 Cranbrook Road Phone _____
(Mailing Address)

Occupant _____ Address Richmond Phone _____
(Mailing Address)

Exact Location of Premises Whay's Creek Block A Lot 7 thru 11
(Subdivision, Street or Road Name, Section or Lot No.)

Dug Well 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

- | | |
|---|--|
| <p>(1) LOCATION
 Allotted Area adequate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Distance from nearest lot lines <u>5</u> feet. Trees <u>5</u> feet. Water Supplies <u>100</u> feet. Buildings <u>5</u> feet.</p> <p>(2) INSTALLATION AND DESIGN
 Installed according to Permit Design <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Have additional Household Appliances been added NOT on Permit: <input type="checkbox"/> Automatic Washer <input type="checkbox"/> Garbage Disposal <input checked="" type="checkbox"/> Other <u>NONE</u>
 <small>(Describe)</small></p> <p>(3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, show adjustments required under "Remarks" below.</p> <p>(4) HOUSE SEWER LINE
 Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. Type of material _____ Size _____ Inches.</p> <p>(5) SEPTIC TANK
 Constructed of <u>P.C. CONCRETE</u>
 <small>(Kind of Material)</small>
 Inside Dimensions Length <u>7</u> feet. Width <u>3 1/2</u> feet. Liquid Depth <u>4</u> feet. Depth of Air Space <u>12</u> inches. Inside Fittings comply with requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.</p> | <p>(6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Distribution Box provided with <u>1</u>
 <small>(Number)</small> extra outlets for future use.</p> <p>(7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches <u>200</u> square feet. Number of ditches <u>4</u> Length of ditches <u>50</u> feet. Grade of ditches Minimum <u>2</u> Inches per 100 feet. Maximum <u>4</u> inches per 100 feet. Has system been checked by instruments (Level) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Type aggregate used <u>GRAVEL</u>. Depth of aggregate under Tile <u>6</u> inches. Total depth of aggregate <u>13</u> inches. Depth of backfill over aggregate <u>18</u> inches.</p> <p>(8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Was Surface Drainage required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, has this been provided <input type="checkbox"/> Yes <input type="checkbox"/> No. Has area been drained by lowering Ground Water Table: <input type="checkbox"/> Yes <input type="checkbox"/> No. <input checked="" type="checkbox"/> Not required.</p> <p>(9) Are follow-up inspections necessary <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.</p> |
|---|--|

Septic Tank Contractor: W.C. LOWERY Address CALLAO Phone _____

This Sewage Disposal System (Is) ~~Is Not~~ Approved by Northumberland County Health Department.

Date 9-2-66 Signed W. E. Gableby 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: _____

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

Date 8-22-66 Case No. _____

Owner Claude W. Lane Address 2410 Canbybrook Rd Phone _____
(Mailing Address)

Occupant _____ Address Richmond 23229 Phone _____
(Mailing Address)

Exact Location of Premises Shay's Creek - Block A Lot 7 Sub 11
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO
 INSTALL REPAIR
 Water Supply System Water Supply System
 Sewage Disposal System Sewage Disposal System
 Septic Tank Septic Tank
 Health Department recommends _____
 FOR
 Dwelling Other _____
 Actual or potential Bedrooms 2 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 _____ 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 Inside Dimensions Length 7 feet.
 (Kind of Material)

Width 3 1/2 feet, Liquid Depth 4 feet Depth of
 Air Space _____ feet. Liquid Capacity 720 gallons.

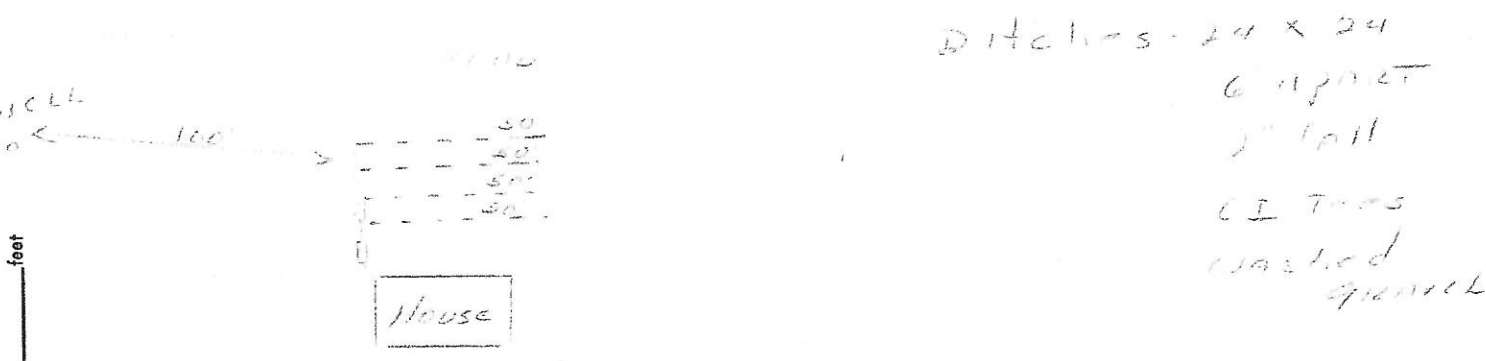
(4) HOUSE SEWER LINE Size _____ inches. Type of material
 required _____ Distance from Water Supply _____ feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required.
 Ditches of equal length required.

Number of square feet required 400 Type aggregate
 required Broken Stone Gravel Slag. Size range from
 1/2 inches to 2 1/2 inches. Depth of aggregate from base of tile
 to bottom of ditches _____ inches.

Total aggregate must equal minimum depth of 13 inches or more.
 Soil Cover over tile not to exceed _____ inches. Distance from
 well to septic tank 100 feet; distance from well to
 drain tile 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.



Note: Owner or his agent must notify _____ Health Department, Phone 1102-131 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.
 Date _____ Approved _____ Date _____ Signed Leo H. Mayo
 LHS - 121 Rev. 1-65 (Reviewing Authority) (Sanitarian or Health Director)
 Virginia State Department of Health



COMMONWEALTH OF VIRGINIA

THREE RIVERS HEALTH DISTRICT
NORTHUMBERLAND COUNTY HEALTH DEPARTMENT
P.O. BOX 69
HEATHSVILLE, VA. 22473
804-580-8827 OR 804-580-3731 FAX 804-580-2913

INCLUDING COUNTIES OF:

ESSEX
GLOUCESTER
KING & QUEEN
KING WILLIAM
LANCASTER
MATHEWS
MIDDLESEX
NORTHUMBERLAND
RICHMOND
WESTMORELAND

OFFICE OF THE DIRECTOR
P.O. BOX 415
SALUDA, VA 23149
FAX 804-758-4828
TELEPHONE 804-758-2381

January 19, 1999

Leona C. Jones
37 Hickory Lane
Reedville, VA 22539

Dear Mr. Jones:

A recent review of our records revealed that we are missing important information about your new well. While this information is important to us, it should be even more important to you. In particular, we are missing the results of a satisfactory bacteriological analysis on your well. A list of approved testing laboratories is attached.

The most common forms of waterborne diseases are usually associated with a group of organisms known as coliform bacteria. Therefore, the Health Department requires that each new drinking water well test free of coliform bacteria. While this is not a guarantee of a safe water supply forever, it is a good assurance that your well, and the aquifer it taps, can supply you with water free of harmful bacteria.

With a satisfactory test result from the lab, your file will be closed. The Health Department can supply you with a test kit and proper sampling instructions. Should you have any questions about this letter or the information needed to complete your file, please feel free to call me. My phone number is 580-8827.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Andy Andrews'.

Andy Andrews
Environmental Health Specialist