

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Northumberland

Health Department



Health Department

Identification Number 166-87-559

Map Reference 44-16

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 Charles C. Avera Telephone 804-495-5085
Address 1589 Mill Oak Dr., Va Beach, Va. 23464
For a Type F Sewage disposal system which is to be constructed on/at Wicomico Co. TR 6609, TR 665, TR 666 - TR at "Stillwater" S.D. - lot at entrance on right
Subdivision Stillwater Section/Block _____ Lot 30
Actual or estimated water use 450 gpd

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>CTH</u> cased <u>bottom</u> grouted <u>20'</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/> <u>well not in</u>
Building sewer: <u>4"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>N/A</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>8</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>750</u> ; depth from ground surface to bottom of trench <u>24"</u> ; aggregate size <u>5-1.5</u> ; Trench bottom slope <u>2-4"/100'</u> ; center to center spacing <u>9'</u> ; trench width <u>36"</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>50'</u> ; Number of trenches <u>5</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>2 lines going into grade too deep</u>
Date <u>11-22-89</u> Inspected and approved by: <u>Coultrip</u> Sanitarian	

Charles C. Avera

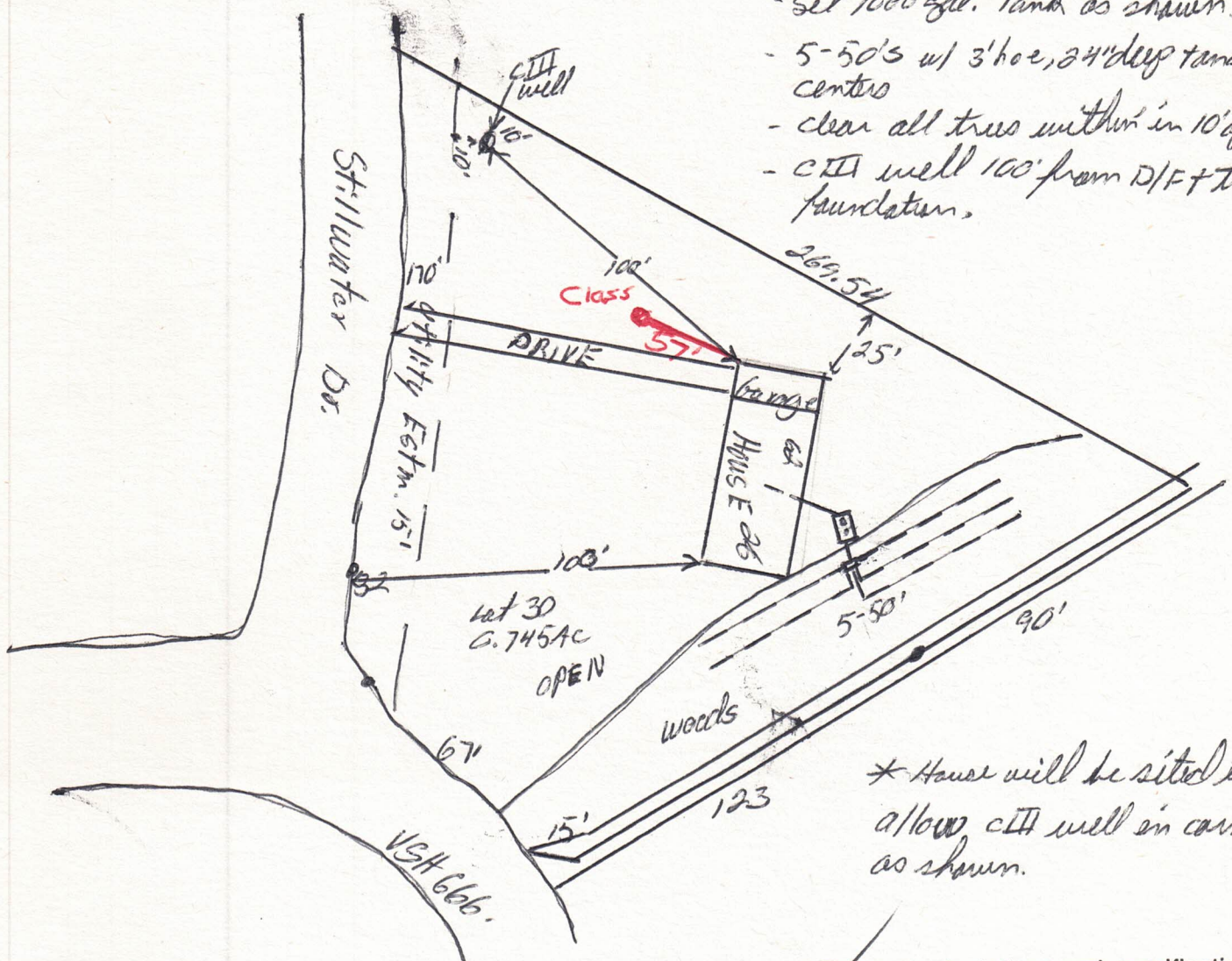
Grid: 44-16

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.

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.

- Set 1000 gal. Tank as shown.
- 5-50's w/ 3' hoe, 24" deep tank center
- clear all trees within in 10' of D/F.
- CTA well 100' from D/F + treated foundation.



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: 12-30-87 Issued by: Mike L. Vanlandingham
Sanitarian

Date: 1/6/88 Reviewed by: R.W. Cox
Supervisory Sanitarian

This Construction Permit Valid until 6-30-92

If FHA or VA financing

Reviewed by Date _____ Date _____
Supervisory Sanitarian Regional Sanitarian

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. 166-87-559
Northumberland Health Department



Tax Map No. 44-16

Charles C. Averca is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at 360E, T/R 200, T/R 609, T/R 665, T/R 666, T/R at Stillwater Subdivision, lot on right at entrance

SUBDIVISION	SECTION/BLOCK	LOT
<u>Stillwater</u>		<u>30</u>

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) IV-4 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits _____ Dated 7/11/90

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

SPECIAL CONDITIONS
 NONE SEE ATTACHED

7/11/90
Effective Date

John W. Hollanell J
Recommended (Sanitarian)

[Signature]
Approved (State Health Commissioner)

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

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 166-87-559

Health Department

Name of Company/Corporation/Individual: Rappahannock River Const Inc.

Address: Po Box 877 Tapp. Va. 22560 Telephone: 443-3775

Owner's Name Charles C. Averca

Owner's Address PO Box 351, Wicomico Church, VA 22579

Location of Installation: Lot 30 Block _____

Section: _____ Subdivision: Stillwater

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11-22-89 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

11-22-89
Date

Wayne E. Davis J
Signature and Title
Rapp. River Const.