

THIS PERMIT IS NOT TRANSFERABLE

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
RICHMOND COUNTY Health Department

Health Department
Identification Number 179-00-030
Map Reference 26-120

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 George and Eleanor Dawson Telephone 804-333-4783
 Address 13126 Richmond Rd Warsaw, VA 22572 For a Type CITA Sewage Disposal System or Well to be constructed on/at Rt. 360E, to intersection of U.S. Highway #360 & #627, 1 STORY BRICK
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use _____

HOUSE ON RIGHT, ACROSS FROM DODSON'S AUTO SALES

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>CITA</u> To be installed: class <u>IIIA</u> cased <u>100'+</u> grouted <u>20'</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
 Building sewer: _____ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____ 	 Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
 Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other _____ 	 Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
 Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____ 	 Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
 Pump and pump station: No <input 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
 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 type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
 Distribution box: Precast concrete with _____ ports. <input type="checkbox"/> Other _____ 	 Distribution box: yes <input 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 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 type="checkbox"/> no <input type="checkbox"/> 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 <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ _____ Sanitarian	

DISTURBANCE OR REMOVAL OF
SOIL DURING TREE OR
VEGETATION REMOVAL &/OR
DRAINFIELD SITE PREPARATION

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Health Department
Identification Number 179-00-030

~~MAY VOID THIS PERMIT~~
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.

- ① See page 3 of 3 for diagram
- ② Proposed CIIIA well permit

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: 3-22-2000 Issued by: Barbara E. Verlandingham
Sanitarian

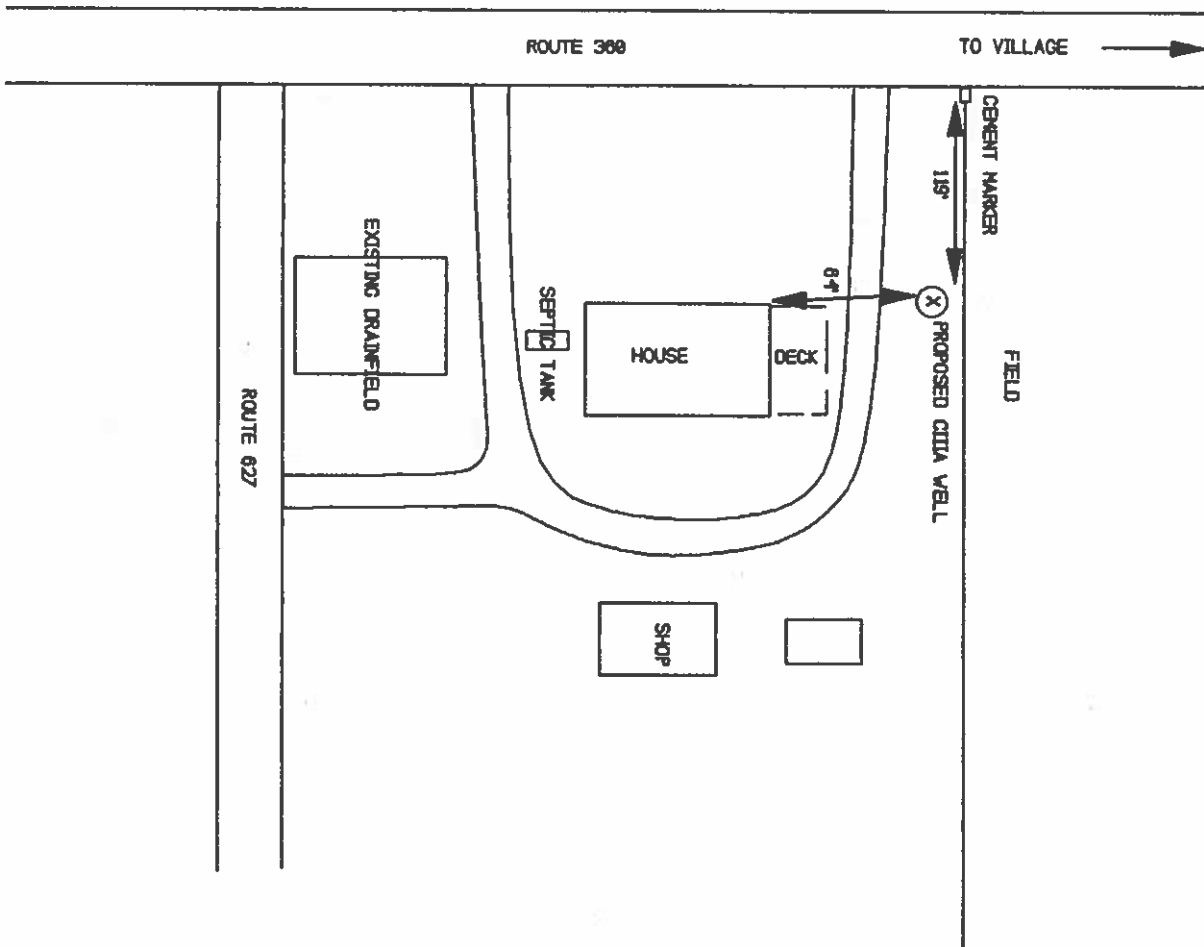
Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction Permit Valid until
9-22-2004

If FHA or VA financing

Reviewed by Date _____ Date _____
Supervisory Sanitarian Regional Sanitarian

H. D. I. D. # 179-00-030
TAX MAP # 26-120
PAGE 3 OF 3



Drawing Not To Scale

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM 26-120

RIC 26-120

Date 4-3-72 Case No.

Owner George D. DAWSON Address Rt. 2 WARSAW VA (Mailing Address) Phone

Occupant Address (Mailing Address) Phone

Exact Location of Premises Rt. 360 PAs + Haynesville INTER. of 360/627 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design [X] Yes [] No. Distance to nearest House Sewer 58 feet. Distance to nearest Sewage Disposal System 100 feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

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

(2) INSTALLATION AND DESIGN Installed according to Permit Design [X] 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 [X] No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE Installed [] Yes [X] No. Type of material Size Inches.

(5) SEPTIC TANK Constructed of 1000 gal (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 [X] Yes [] No. Distribution Box provided with (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD Total Area in bottom of ditches 800 square feet. Number of ditches 5 Length of ditches 53 feet. Grade of ditches Minimum 2 Inches per 100 feet. Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) [X] Yes [] No. Type aggregate used 5199. Depth of aggregate under Tile 6 inches. Total depth of aggregate 13 inches. Depth of backfill over aggregate 18-24 inches.

(8) SURFACE DRAINAGE Storm Drains from House and Basement flowing away from Subsurface Drainage Field: [] Yes [] No. Was Surface Drainage required [] Yes [X] 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 [X] No.

Septic Tank Contractor: WESLEY JONES Address Lotts 6490 VA. Phone

This Sewage Disposal System (Is) (Is Not) Approved by Rich Co. Health Department.

Date 4-3-72 Signed [Signature] Date Approved (Sanitarian) (Health Director)

Date Approved (Advisory Sanitarian) Date Approved (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)**

86-120

Date 2-1-72 Case No. _____

Owner George D. Dawson Address RT. 2 WARSAW VA. Phone _____
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises RT 360 TO INTERSECTION OF 360/627 BEFORE BRYANT'S STORE
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

<input checked="" type="checkbox"/> INSTALL	<input type="checkbox"/> REPAIR	FOR
<input type="checkbox"/> Water Supply System	<input type="checkbox"/> Water Supply System	<input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Other _____
<input type="checkbox"/> Sewage Disposal System	<input type="checkbox"/> Sewage Disposal System	Actual or potential Bedrooms <u>1</u> Actual or estimated Water Consumption _____ gal. per day
<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Septic Tank	Automatic Washing Machine <input type="checkbox"/> Yes <input type="checkbox"/> No

Health Department recommends _____ Additional wastes _____

NO WELL YET

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

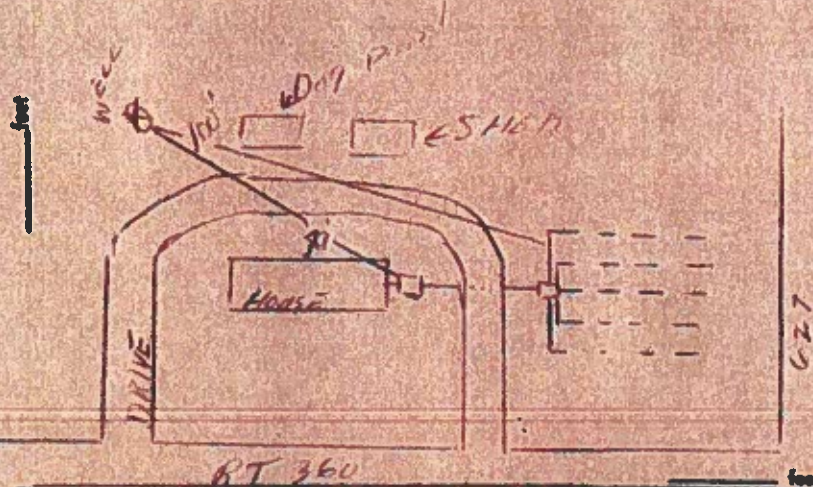
(3) **DETAILS OF CONSTRUCTION** Watertight Septic Tank of
Concrete Inside Dimensions Length 8 feet.
 Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 1000 gallons.

(4) **HOUSE SEWER LINE** Size 4 inches. Type of material required CE. Distance from Water Supply 50 feet.

(5) **SUBSURFACE ABSORPTION FIELD** Distribution Box required. Ditches of equal length required. 800 Number of square feet required. Type aggregate required Broken Stone Gravel Slag. Size range from $\frac{1}{2}$ inches to $2\frac{1}{2}$ 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 18" depth inches. Distance from well to septic tank 50 feet; distance from well to drain tile field 100 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.

5-53' LINES 3' WIDE HOE.
LEAVE ALL LINES OPEN
USE GRADE STAKES IN TRENCH
ANY QUESTIONS CALL OFFICE



WELL CAN BE LOCATED IN THE AVENUE AREA, BUT MUST BE 100' FROM DRAIN FIELD + 50' FROM SEPTIC TANK

Note: Owner or his agent must notify _____ Health Department, Phone 333-7613 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 2-1-72 Signed [Signature]
 Virginia State Department of Health (Reviewing Authority) (Sanitarian or Health Director)

TRIPPLICATE