



**COMMONWEALTH of VIRGINIA
THREE RIVERS HEALTH DISTRICT**

Northumberland County Health Department

P.O. Box 69

Heathsville, VA 22473

09/03/99

Phillip E. Winter, M.D., M.P.H.
Director

TELEPHONE (804) 580-3731
FAX (804) 580-2913

*DON & BETTY SHORT
15300 ECLIPSE DR.
MANASSAS, VA 20112*

Dear *MR. & MRS. SHORT* :

This letter is to inform you of the requirements concerning your water supply system under Article II – Section 4.49 of the **SEWAGE HANDLING AND DISPOSAL REGULATIONS**.

Your new well must be inspected and approved by the Health Department and a **Water Sample** collected and submitted for bacteriological testing. Be sure that your well driller properly grouts the well to a depth of 20 feet. If your contract does not include grouting, you will have to make other arrangements to have this done. A copy of the **WATER WELL COMPLETION REPORT (State Water Control Board Form GW-2)** must be submitted to the Health Department. Your well driller will supply you with this completed form. **A COPY OF RESULTS OF WATER SAMPLE MUST BE SUBMITTED TO THE HEALTH DEPARTMENT, (OWNER'S RESPONSIBILITY).**

Please contact your **LOCAL HEALTH DEPARTMENT** at (804) 580-8827 for a list of approved commercial laboratories. Sample containers will be available for you to pick up at the Health Department.

Occupancy Permit CANNOT be obtained from the Building Inspector until the Health Department has approved both the Water Supply and Sewage Disposal System.

Sincerely,

Alene D. Spindler
Environmental Office Service Specialist
Northumberland County Health Department
Three Rivers Health District

Wharf Lane

THIS PERMIT IS NOT TRANSFERABLE

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
NORTHUMBERLAND Health Department



Health Department
Identification Number 166-99-413
Map Reference 9(1) 71 P

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 Dan & Betty Short Telephone (703) 596-4299
Address 15300 ECLIPSE DR. MANASSAS, VA 20112
For a Type I Sewage disposal system which is to be constructed on/at 360 W; TR LEWISSETA RD TR @ WRIGHTS COVE BOLE RT at T; Prop on left
Subdivision WRIGHTS COVE Section/Block _____ Lot 15
Actual or estimated water use 450 gpd

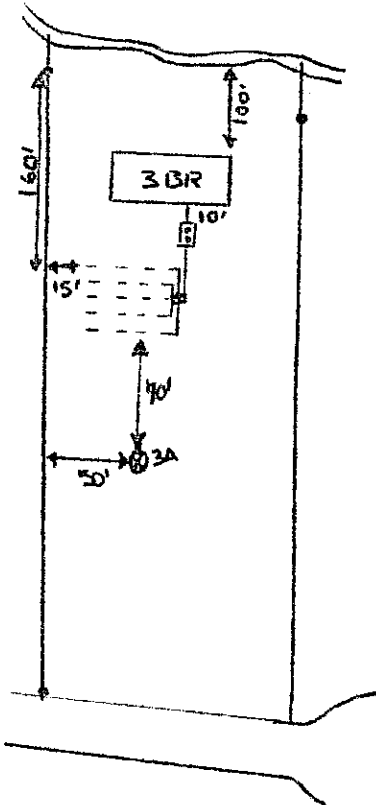
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>3A</u> cased <u>100'</u> grouted <u>20' MIN</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
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 type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input 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 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
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 <u>10</u> 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 <u>750</u> ; depth from ground surface to bottom of trench <u>42"</u> ; aggregate size <u>1/2" - 1 1/2"</u> . Trench bottom slope <u>1-2" per 50'</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>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ 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.

DON SHORT
TM 9(1)71P
WRIGHTS COVE, LOT 15



INSTALL 1000 GAL TANK
INSTALL 5-52' LINES
INSTALL AT 42" DEPTH
USE 3' HOE; 9" CENTERS
INSTALL ON CONTOUR

- DO NOT PARK OR DRIVE ON SEPTIC SYSTEM
- WATERLINE MUST BE MINIMUM 10' OFF SEPTIC SYSTEM

DISTURBANCE OR REMOVAL OF
SOIL DURING TREE OR
VEGETATION REMOVAL &/OR
DRAINFIELD SITE PREPARATION
MAY VOID THIS 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: 9/2/99 Issued by: Daisy Sorell
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction
Permit Valid until
3/2/2001

If FHA or VA financing

Reviewed by Date _____ Date _____
Supervisory Sanitarian Regional Sanitarian