NOT TRANSFERABLE

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Northumberland Health Department

Health Department
Identification Number 166-02-630
Map Reference 48B(1)9

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 KERRY PRIMMER Telephone 435-9300
Address ROB 701 LANCASTER VA. 22503 For a Type II Sewage Disposal System or Well to be constructed on/at ___
Subdivision LAGRANGE Section/Block ___ Lot 5 Actual or estimated water use 450 gpd

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) PUBLIC **To be installed:** class ___ cased ___ grouted ___	**Water supply location:** Satisfactory yes ☑ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☑
Building sewer: 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☑ no ☐ comments Satisfactory
Septic tank: Capacity 1000 gals. (minimum). ☒ Other ZABEL FILTER	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☑ Other ZABEL FILTER	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☐ Yes ☑ describe and show design. if yes: SEE PAGE 3	**Pump & pump station:** yes ☑ no ☐ comments Satisfactory 12/10/02
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☑ Other 2" FORCE MAIN	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with 10+ ports. ☒ Other SETTLING Box w/ 90° ELL	**Distribution box:** yes ☑ no ☐ comments Satisfactory 12/10/02
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 12/3/02
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 12/3/02
Absorption trenches: Square ft. required 900 ; depth from ground surface to bottom of trench 28" ; aggregate size 1/2" - 1 1/2 ; Trench bottom slope 1-2" / 50' ; center to center spacing 9' ; trench width 3' Depth of aggregate 13" ; Trench length 50' ; Number of trenches 6	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory 12/3/02 Date 12/10/02 Inspected and approved by: Daisy Burrell Sanitarian

C.H.S 202A

Page 2 of 3

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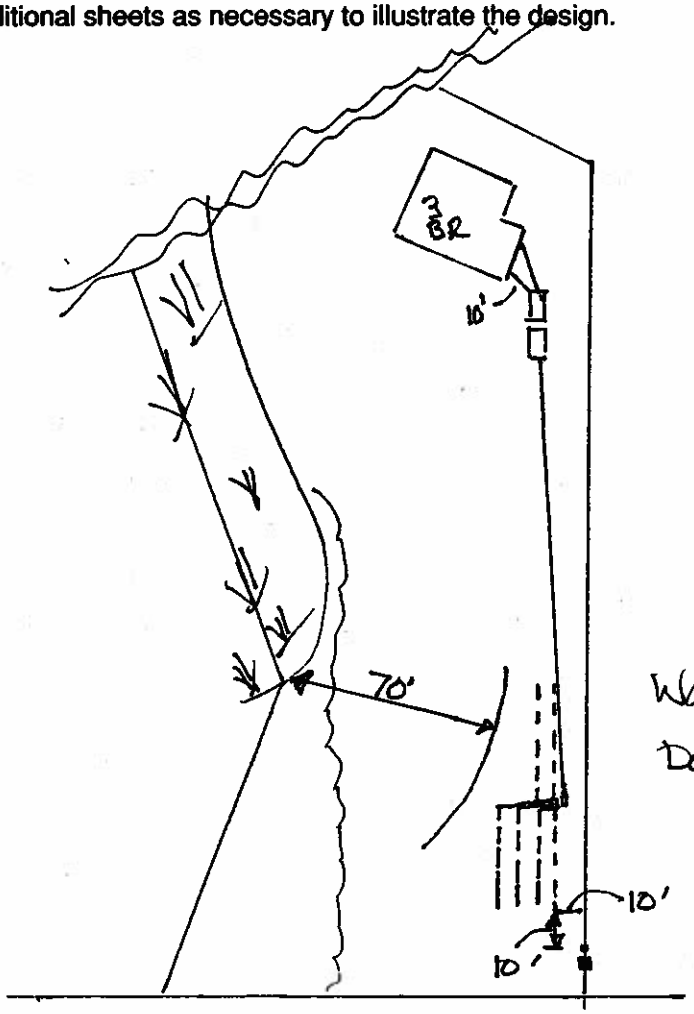
Schematic drawing of sewage disposal and/or water supply system and topographic features.

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.



Kerry Primmer
TM4D 18B(1)9
Langrange Estates

Install 1000 gal Tank
Install Zabell filter; comply w/2000sq
Install 1000 gal Pump Tank
Drawdown = 6"
Install setting box w/90°ELL
Use 3'Hoe 8'CENTER
Install @ 28" depth
INSTALL 6-50' LINES
Waterline MUST be 10' OFF SEPTIC
DO NOT Park or Drive On Septic

DISTURBANCE OR REMOVAL OF SOIL ... YOUR ... CONFORMITY WITH ... 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: 11/27/02 **Issued by:** Darrin Durrell
Sanitarian

Date: ____ **Reviewed by:** ____
Supervisory Sanitarian

This Construction Permit Valid until 5/27/04

If FHA or VA financing

Reviewed by Date ____ ____ **Date** ____ ____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 2028

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department Identification No. 166-02-030

Northumberland Health Department

Tax Map No. 48B(1)9

Kerry Plummer is Hereby Granted Permission to Operate a (Type) II Sewage Disposal System Having a Design Capacity of 450 gpd, at 183 LaGrange Rd., Kilmarnock, VA 22482

SUBDIVISION	SECTION/BLOCK	LOT
LaGrange		9

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

SPECIAL CONDITIONS
☑ NONE ☐ SEE ATTACHED

JAN. 08, 2003
Effective Date

Recommended (Sanitarian)

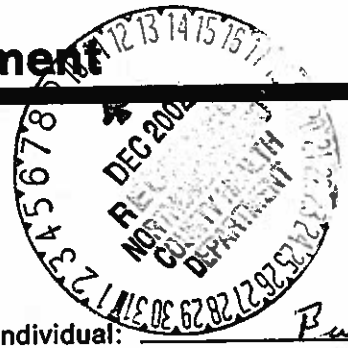
Approved (State Health Commissioner)

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

0174

Completion Statement

Commonwealth of Virginia
State Department of Health



Health Department Identification Number 166-02-630

Northumberland Health Department

Name of Company/Corporation/Individual: Bugg Lee

Address: LANCASTER VA 22503 Telephone: 462 7270

Owner's Name Kerry & Penny Priester

Owner's Address 183 LaGrange Ave Kilmarnock 22482

Location of Installation: Lot #9 Block

Section: Subdivision: LaGrange Estates

Other: 98-B(1)

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11-27-02 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

12-7-02
Date

Bugg Lee
Signature and Title

C.H.S. 203 Rev. 4/83