Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 35' 216F 151-84-245

Lancaster Health Department

Name of Company/Corporation/Individual: Essential Systems

Address: _____ Telephone: _____

Owner's Name David Fuller

Owner's Address _____

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 9/27/84 and is ~~in compliance~~ with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

2/22/85
Date

Signature and Title

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

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

______ Health Department

Health Department Identification Number 151-84-245
Map Reference 35-26F

General Information

Renewal of [illegible] HS-12)

New [x] 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: FULLER

Owner DAVID + BARBARA FULLER Telephone 301-645-4450 / 202-724-0104

Address 6007 SUZANNE Rd. Waldorf, MD 20601

For a Type I Sewage disposal system which is to be constructed on/at Rt 695 out of Whitstone go 2 miles Turn L on dirt Rd

Subdivision Alexander Section/Block — Lot 8

Actual or estimated water use 450

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) ______ **To be installed:** class IIa Well cased 100 ft grouted 20'	**Water supply location:** yes [x] no [ ] comments Satisfactory 48 ft. from house foundation. Natural well log.
Building sewer: 4" I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). [ ] Other ______	**Building sewer:** yes [ ] no [ ] comments Satisfactory
Septic tank: Capacity 1000 gals. (minimum). [ ] Other ______	**Pretreatment unit:** yes [x] no [ ] comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. [ ] Other ______	**Inlet-outlet structure:** yes [x] no [ ] comments Satisfactory
Pump and pump station: No [x] Yes [ ] describe and shown 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 [x] no [ ] comments Satisfactory
Distribution box: Precast concrete with 6+ ports. [ ] Other ______	**Distribution box:** yes [x] 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 [x] 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 [x] no [ ] comments Satisfactory
Absorption trenches: Square ft. required 750 depth from ground surface to bottom of trench 42"; aggregate size .5-1.5" Trench bottom slope 2-4"/100'; center to center spacing 9; trench width 3 5-50' LINES 42" DEEP Aggregate depth 13"	**Absorption trenches:** yes [x] no [ ] comments Satisfactory Date 2/22/85 Inspected and approved by: [signature] Sanitarian

C.H.S. 2024 Revised 4/83

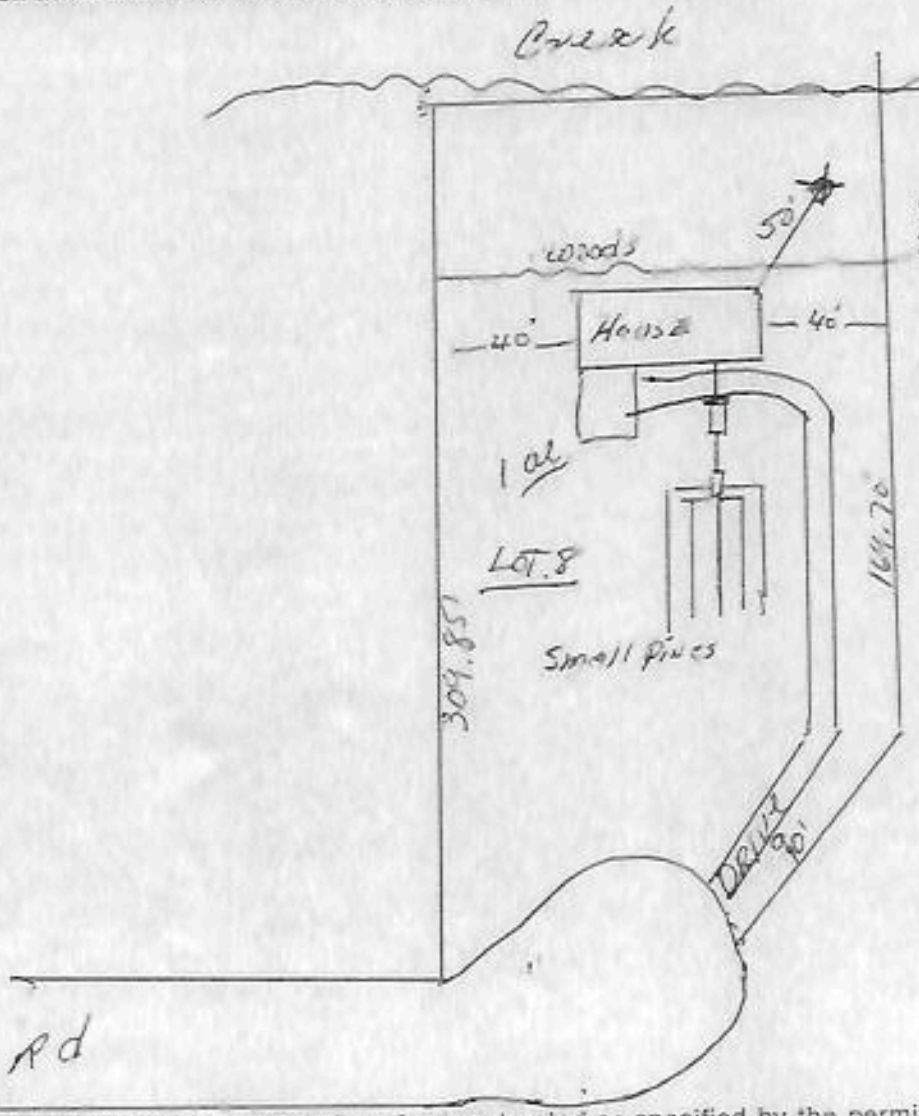
Renewal of attached 1HS-121

Health Department Identification Number 151-84-245

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.



LOCATE CLASS II WELL 50' FROM HOUSE AND 50' FROM SEPTIC TANK & DRAINFIELD.

5-50' LINES
3' HOE
42" DEEP.
ANY QUESTIONS CALL OFFICE BEFORE ANY CONSTRUCTION.

EXISTING SOIL STUDY CONFIRMED 9-27-84 BY NASH & GRUBB

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. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

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: 9-27-84 Issued by: [signature] Sanitarian

Date: 10-1-84 Reviewed by: E Appleby Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ Supervisory Sanitarian Date _____ Regional Sanitarian