Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Lancaster Health Department

Health Department Identification Number 151-89-508
Map Reference 27-17A

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 Wallace C. Sawyer Telephone 438-5540

Address P.O. Box 728 White Stone, Va. 22578

For a Type I Sewage disposal system which is to be constructed on/at VSH 3 onto VSH 675, 4.2 mile on left

Subdivision _____ Section/Block _____ Lot _____

Actual or estimated water use 600 gpd.

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class II a - artesian well cased 100'+ grouted 20'	**Water supply location:** Satisfactory yes ☒ no ☐ comments 5/23/90 Raminick Edition G. W. 2 Received: yes ☐ no ☑ not applicable ☐ N
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 1200 gals. (minimum). ☐ Other _____	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. ☐ Other _____	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☑ Yes ☐ describe and show 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 ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with 10+ ports. ☐ Other _____	**Distribution box:** yes ☑ 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 ☑ 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 ☑ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 1080: depth from ground surface to bottom of trench 36"; aggregate size .5-1.5"; Trench bottom slope 2"-4"/100 ft.; center to center spacing 9'; trench width 3' Depth of aggregate 13"; Trench length 60'; Number of trenches 6	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date 4-12-90 Inspected and approved by: Sanitarian

Health Department
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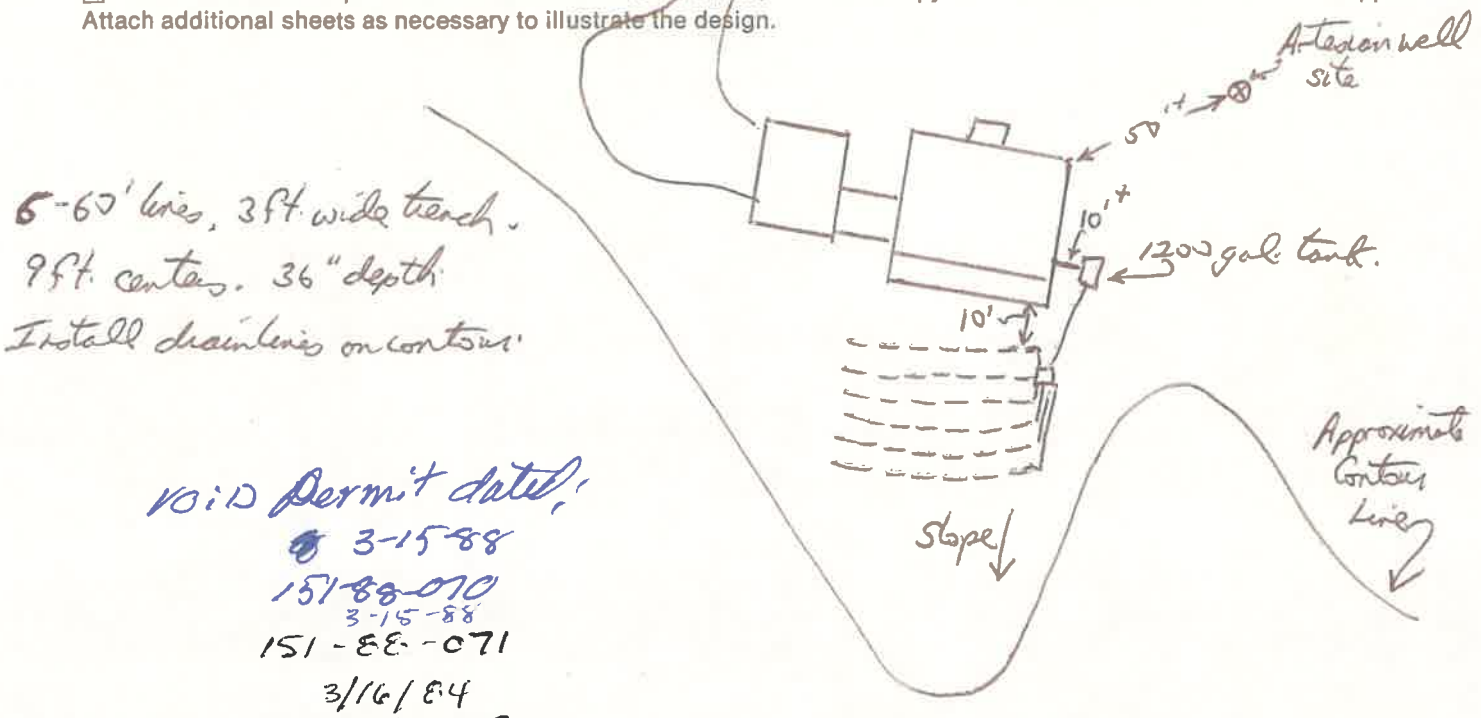
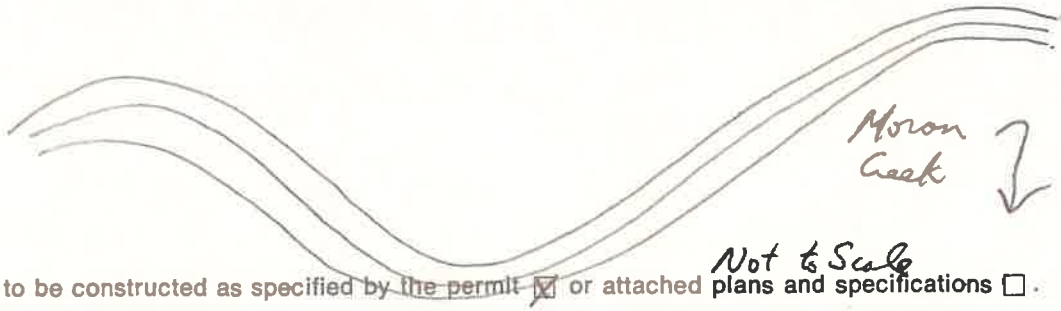
Schematic drawing of sewage disposal system and topographic features. PAGE 2 OF 2

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.



VOID Permit dated:
3-15-88
151-88-010
3-15-88
151-88-071
3/16/84
151-84-139



Not to Scale

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: 1/2/90 Issued by: Sanitarian

Date: 1-3-90 Reviewed by: Supervisory Sanitarian

This Construction Permit Valid until 1/2/94

If FHA or VA financing

Reviewed by Date _____ Supervisory Sanitarian Date _____ Regional Sanitarian

C.H.S. 202B Revised 6/84

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ORIGINAL

Completion Stateme t

27-17A

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 151-89-508

Lancaster Co. Health Department

Name of Company/Corporation/Individual: Thomas W. Beasley

Address: Rt 1 Box 8 Farnham, Va. 22460 Telephone: 394-9658

Owner's Name Wallace C. Sawyer

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) ~~[illegible]~~ 1-2-90 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

4-17-90
Date

Thomas W. Beasley Jr.
Signature and Title

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

Sewage Disposal System Operation Permit

completed

Commonwealth of Virginia
Department of Health

Health Department Identification No. 151-89-508

LANCASTER COUNTY Health Department

Tax Map No. G27-17A

Wallace C. Sawyer is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 600 gpd, at VSH 3 onto VSH 675, 4.2 miles on left.

SUBDIVISION	SECTION/BLOCK	LOT
—	—	17A

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 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

Effective Date

Recommended (Sanitarian)

[signature]
Approved (State Health Commissioner)

Completion Statement

Map # 27-17A

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 151-13-0005

Lancaster Health Department

Name of Company/Corporation/Individual: Millers Septic Service, Inc.

Address: P.O. Box 1345, Saluda, Va. 23149 Telephone: 804-758-43

Owner's Name: Joseph Hartsoe

Owner's Address: 3849 Black Stump Rd, Weems, Va. 22576

Location of Installation: Lot: Block:

Section: Subdivision:

Other: 3849 Black Stump Rd

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (Date) 5/28/13 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

7/18/13
Date

Julie F. Miller, Sec./Treas.
Signature and Title

CHS 203 Rev. 4/83