Sewage Disposal System Operation Permit — Repair

Commonwealth of Virginia
Department of Health

Health Department Identification No. 151-89-116
LANCASTER Health Department

Tax Map No. 14B(1)11

Robert Forrester is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at LIVELY OAKS ESTATES

SUBDIVISION	SECTION/BLOCK	LOT
LIVELY OAKS		

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 8-12 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

5/17/89
Effective Date

Recommended (Sanitarian)

Approved (State Health Commissioner)

VS. 205 Rev. 4/83

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 151-89-116
Lancaster Co Health Department

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

Address: RH Box 8 Farnham, VA 22460 Telephone: 394-9658

Owner's Name Robert Forrester

Owner's Address P.O. Box 364 Lively, VA. 22507

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: Lvely Oaks

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 4-5-89 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

5-17-89
Date

Thomas W. Beasley-T.
Signature and Title

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
LANCASTER Health Department

Health Department Identification Number 151-89-116
Map Reference 14B (1) 11

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 Robert Forrester Telephone 462-7882

Address P.O. BOX 366 LIVELY, VA. 22507

For a Type I Sewage disposal system which is to be constructed on/at VSH 3 NORTH OF LANCASTER CH INTO LIVELY OAKS ESTATES LT AND PROCEED TO 2ND BRICKHOUSE.

Subdivision Section/Block Lot

Actual or estimated water use 600gpd

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) Svbd. **To be installed:** class cased grouted	**Water supply location:** Satisfactory yes ☑ no ☐ comments G. W. 2 Received: yes ☐ no ☐ not applicable ☑
Building sewer: 4" I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other	**Building sewer:** Satisfactory yes ☑ no ☐ comments
Septic tank: Capacity 1200 gals. (minimum). ☐ Other	**Pretreatment unit:** Satisfactory yes ☑ no ☐ comments
Inlet-outlet structure: PVC 40, 4" tees or equivalent. ☐ Other	**Inlet-outlet structure:** Satisfactory yes ☑ no ☐ comments
Pump and pump station: No ☒ Yes ☐ describe and show design. if yes:	**Pump & pump station:** Satisfactory yes ☐ no ☐ comments N/A
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other	**Conveyance method:** Satisfactory yes ☑ no ☐ comments
Distribution box: Precast concrete with 8+ ports. ☐ Other	**Distribution box:** Satisfactory yes ☑ no ☐ comments
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:** Satisfactory yes ☑ no ☐ comments
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other	**Percolation lines:** Satisfactory yes ☑ no ☐ comments
Absorption trenches: Square ft. required 1050 : depth from ground surface to bottom of trench 36" ; aggregate size #3-#5 ; Trench bottom slope 2-4"/100' ; center to center spacing 9' ; trench width 3' Depth of aggregate 13" ; Trench length 50' ; Number of trenches 7	**Absorption trenches:** Satisfactory yes ☑ no ☐ comments
	Date 5/11/89 Inspected and approved by: J. Hunter Sanitarian

Health Department Identification Number 151-89-116

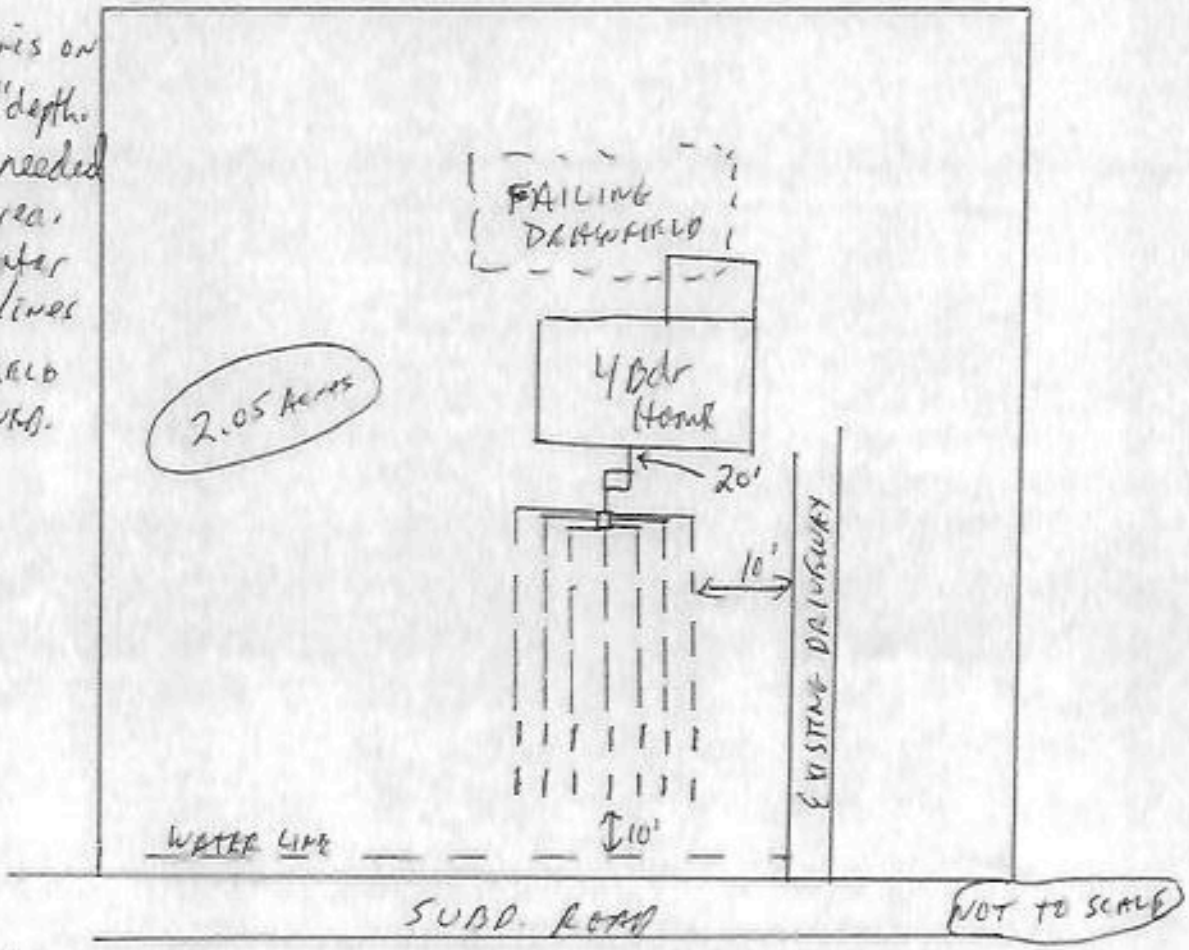
Schematic drawing of sewage disposal system and topographic features. PAGE 2 OF 2

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.

- 7-3'x50' drainlines on 9' centers at a 36" depth.
- Remove trees as needed from drainfield area.
- Keep 10' off water line with drainlines

EXISTING DRAINFIELD TO BE ABANDONED.



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: 4/5/89 Issued by: David K. Mills
Sanitarian

Date: 4/10/89 Reviewed by: R. W. Cox
Supervisory Sanitarian

This Construction Permit Valid until 10/5/93

If FHA or VA financing

Reviewed by Date _____ Supervisory Sanitarian

Date _____ Regional Sanitarian