

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department

Identification Number 151-89-178

Map Reference 31-E(1) 39, 40

LANCASTER Health Department

General Information

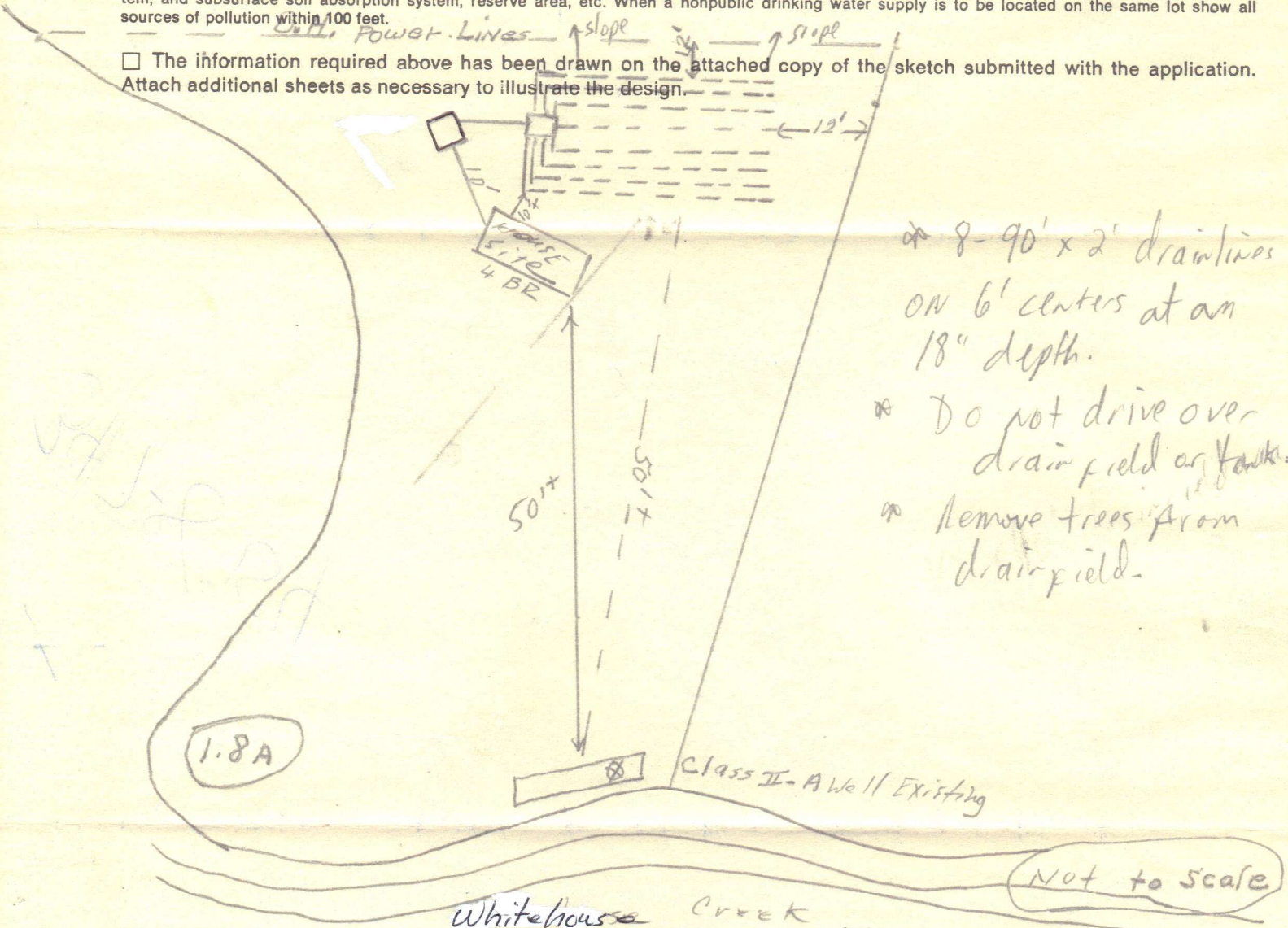
New Repair Expanded Conditional FHA VA Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
Owner Raymond E. Watson Telephone _____
Address 6509 Windrunner Dr Mech, Va
For a Type I Sewage disposal system which is to be constructed on/at _____
End of State Route 354
Subdivision Millenbrook Section/Block _____ Lot 39, 40
Actual or estimated water use 6000/gp

| DESIGN | NOTE: INSPECTION RESULTS |
|--|--|
| Water supply, existing: (describe) <u>CLASS II-A</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"/> |
| To be installed: class _____ cased _____ grouted _____ | |
| 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>1200</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 <u>1.5 mile</u> |
| Distribution box: Precast concrete with <u>9+</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>1440</u> ; depth from ground surface to bottom of trench <u>18"</u> ; aggregate size <u>5-11.5"</u> Trench bottom slope <u>2 4" / 100 ft</u> ; center to center spacing <u>6'</u> ; trench width <u>2'</u> Depth of aggregate <u>13"</u> ; Trench length <u>90'</u> ; Number of trenches <u>8</u> | Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory |
| | Date _____ Inspected and approved by: _____ Sanitarian |

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.



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: 5/17/89 Issued by: David H. Miller
 Sanitarian
 Date: 5/25/89 Reviewed by: R. W. Cox
 Supervisory Sanitarian

This Construction Permit Valid until 11/17/93

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian _____ Regional Sanitarian _____