

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 151-00-087

Lancaster Co Health Department

Name of Company/Corporation/Individual: THOMAS W. BEASLEY

Address: 5964 Heston Road Hwy, Farmham Telephone: 594-9658

Owner's Name DONALD F. CASKIE

Owner's Address 400 Church St, Lancaster

Location of Installation: Lot B Block _____

Section: _____ Subdivision: Holly Haven Farm

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 4-13-03 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

10-10-01

Date

[Signature]

Signature and Title

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

Sewage Disposal System Operation Permit

Commonwealth of Virginia SEPTIC WELLS
Department of Health

Health Department
Identification No. 151-00-087



Tax Map No. 27A(2)B Lancaster Co Health Department

DONALD F. CASKIE - 400 Church Street - Lancaster Va. 22482
to Operate a (Type) II Sewage Disposal System Having a Design Capacity of 3 BEM - 450 gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
<u>Holly Haven Farm</u>	<u>A/2</u>	<u>B</u>

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

with Previously Issued permits EVERETT HOPKINS R.

Dated 6/26/89 & 11/10/93

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

[Signature]
Effective Date

[Signature]
Recommended (Sanitarian)

[Signature]

Approved (State Health Commissioner)

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

NOT TRANSFERABLE

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
LANCASTER COUNTY Health Department

Health Department
Identification Number 151.00.087
Map Reference 27A (2) B

General Information PAGE 1 OF 3

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 DONALD F. CASKIE Telephone 435-7808
Address 400 CHURCH ST KILMARNOCK VA For a Type II Sewage Disposal System or Well to be constructed on/at
Subdivision Holly Haven Farm Section/Block _____ Lot B Actual or estimated water use 450 gpd / 3000 gal

DESIGN

NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS

Water supply, existing: (describe) _____
To be installed: class IIA
cased 100' MIN grouted 20' MIN

Water supply location: Satisfactory yes no
comments BSA 6/11/07
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 _____

Pretreatment unit: yes no comments
Satisfactory

*1-10-07
tee not yet
installed re*

Inlet-outlet structure:
PVC Schedule 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: SEE PAGES 2 & 3

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 2" SCH 40 PVC FORCE MAIN

Conveyance method: yes no comments
Satisfactory

Distribution box:
Precast concrete with 12 ports.
 Other _____

Distribution box: yes no comments
Satisfactory *(in place but not complete at time of inspection - contractor to time back before covering system and*

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 *installed in location shown on permit - cap + crowing @ time of tank inspections...*

18' min

Absorption trenches:
Square ft. required 1050; depth from ground surface to bottom of trench 18"; aggregate size 1/2-1 1/2"; Trench bottom slope 1"-2" FALL PER 50 FT; center to center spacing 9'; trench width 3'; Depth of aggregate 1.3"; Trench length 35'; Number of trenches 10

Absorption trenches: yes no comments
Satisfactory *O.K. - construction of trenches during dry weather per T. Beasley - inspection called in on rainy day through - looks O.K.*

Date 10/6/07 Inspected and approved by: _____

Sanitarian

Contractor: Beasley

THIS PERMIT IS NOT TRANSFERABLE

Health Department Identification Number 151.00.087

PAGE 2 OF 3

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.

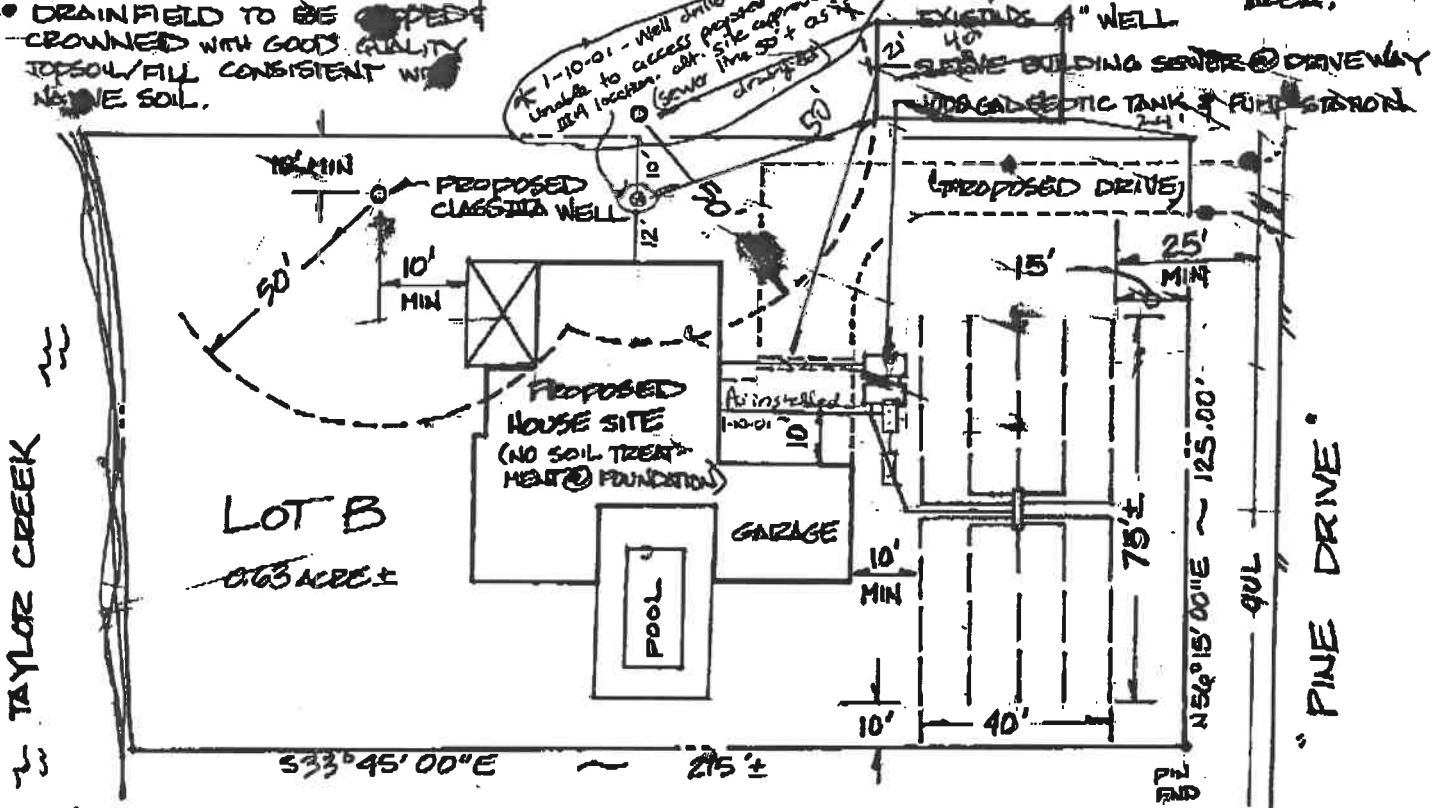
The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.

SPECIFICATIONS:

- 10 x 35' LINES - 1050 SPLIT SYSTEM
- 18" ~~18"~~ 3" WIDE / 9' O.C.
- INSTALL ON CONTOUR
- DRAINFIELD TO BE CAPPED & CROWNED WITH GOOD QUALITY TOPSOIL/FILL CONSISTENT WITH NATIVE SOIL.

- 1000 GAL PUMP STATION WITH EFFLUENT PUMP AND AUTOMATIC VALVE
- 2" DRAIN DOWN

NOTE: CLEARING & CONSTRUCTION TO BE CONDUCTED DURING DRY SOIL CONDITIONS. NO HEAVY EQUIPMENT ON DRAINFIELD AREA. VEHICULAR TRAFFIC TO BE EXCLUDED FROM DRAINFIELD AREA.



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: 4.13.2000 Issued by: [Signature] Sanitarian

Date: _____ Reviewed by: _____ Supervisory Sanitarian

This Construction Permit Valid until 10.13.2001

If FHA or VA financing

Reviewed by Date _____ Date _____ Supervisory Sanitarian Regional Sanitarian

THIS PERMIT IS NOT TRANSFERABLE

HEALTH DEPARTMENT IDENTIFICATION NUMBER 151.00.087

PAGE 3 OF 3

PUMP CHAMBER SIZE IN GALLONS 1000

GALLONS PER CYCLE 140

DRAWDOWN IN INCHES 7

MAXIMUM PUMP CYCLE TIME: (GALLONS PER CYCLE / GPM): 6 MINS., 40 SECS.

- PUMP MUST PROVIDE 2 GPM MINIMUM AT SYSTEM HEAD.
- THE PUMP STATION MUST BE PROVIDED WITH CONTROLS FOR AUTOMATICALLY STARTING AND STOPPING THE PUMP BASED ON WATER LEVEL.
- THE ELECTRICAL MOTOR CONTROL CENTER AND MASTER DISCONNECT SWITCH SHALL BE PLACED IN A SECURE LOCATION ABOVE GRADE AND REMOTE FROM THE PUMP STATION.
- EACH MOTOR CONTROL CENTER SHALL BE PROVIDED WITH A MANUAL OVERRIDE SWITCH.
- A HIGH WATER ALARM WITH REMOTE SENSING AND ELECTRICAL CIRCUITRY SEPARATE FROM THE MOTOR CONTROL CENTER CIRCUITRY SHALL BE PROVIDED.
- THE ALARM SHALL BE AUDIOVISUAL AND SHALL ALARM IN AN AREA WHERE IT MAY BE EASILY MONITORED (LIVING AREA).
- ALL ELECTRICAL CONNECTIONS SHALL BE HARDWIRED IN THE ELECTRICAL JUNCTION BOX.
- ALL PIPING SHALL BE OF THE PRESSURE TYPE WITH PRESSURE FITTINGS THAT ARE CHEMICALLY FUSED.
- DO NOT USE ANY COMPRESSION FITTINGS. USE GLUE OR SCREW FITTINGS ONLY.
- USE AN OPEN FACED CENTRIFUGAL PUMP DESIGNED TO PUMP SEWAGE.
- PUMP CHAMBER MUST BE LEVEL AND WATERTIGHT.
- USE AN APPROVED PUMP CHAMBER ONLY.

