Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
ACCOMACK COUNTY Health Department

Health Department Identification Number 01-100-0768
Map Reference 79((A))122

General Information

Water Supply System: New XX 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 BILL HOLLAND Telephone ___
Address 27251 MUTTON HUNK RD. PAKSLEY, VA For a ~~Type ___ Sewage Disposal System~~ or Well to be constructed on/at 27251 MUTTON HUNK RD. OFF RT. 13
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use ___

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) existing well to be used as backup **To be installed:** class IIIA cased 100' grouted 20'	**Water supply location:** Satisfactory yes ☑ no ☐ comments No well head seen 3/25/05 e.plant Completion Report Well head inspected 4/12/05 e.plant G. W. 2 Received: yes ☑ no ☐ not applicable ☐
Building sewer: ___ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity ___ gals. (minimum). ☐ Other ___	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
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: ___	**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 ___ 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 ___: depth from ground surface to bottom of trench ___; aggregate size ___: Trench bottom slope ___; center to center spacing ___; trench width ___ Depth of aggregate ___; Trench length ___; Number of trenches ___	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory
	Date April 12, 2005 Inspected and approved by: Cathy Plant Sanitarian

C.H.S 202A

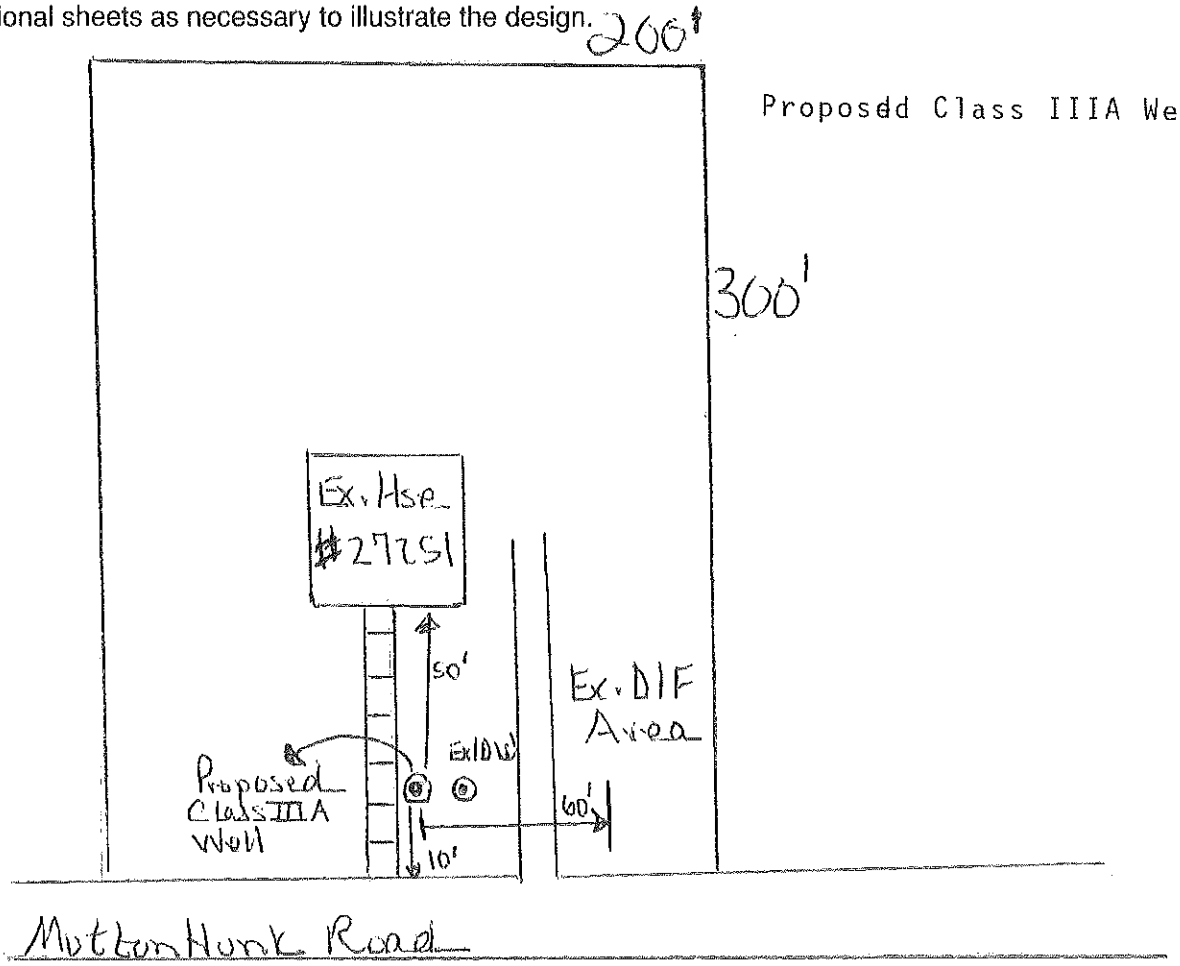
FOA out 10/15/08

Health Department Identification Number 01-100-0768

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.



This ~~sewage disposal system and/or~~ water supply is to be constructed as specified by the permit X 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: Oct. 15, 2001 **Issued by:** Cathy Plant
Sanitarian

Date: 10/15/01 **Reviewed by:** Judith O'Mulio
Supervisory Sanitarian

This Construction Permit Valid until 4/15/06

If FHA or VA financing

Reviewed by Date 4/15/05 Cathy Plant **Date** _____
Supervisory Sanitarian

Regional Sanitarian

C.H.S. 202B

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 10-20-72 Case No. [redacted]

Owner William Holland Address Parksley RFD (Mailing Address) Phone 74 (A) 122

Occupant William Holland Address " " (Mailing Address) Phone

Exact Location of Premises Rt. 676, Parksley RFD
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION
Allotted Area adequate ☑ Yes ☐ No. Distance from nearest lot lines [illegible] feet. Trees _____ feet.
Water Supplies 10 feet. Buildings 10 feet. 1000 gal tank

(2) INSTALLATION AND DESIGN
Installed according to Permit Design ☐ Yes ☑ No
Have additional Household Appliances been added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal
☐ Other _____ (Describe)

(3) SOIL CONDITION
Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☑ No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE
Installed ☑ Yes ☐ No. Type of material C.I.
_____ Size 4 Inches.

(5) SEPTIC TANK
Constructed of Concrete (Kind of Material)
Inside Dimensions Length 8 feet. Width 4 feet.
Liquid Depth 4'6" feet. Depth of Air Space 12 inches.
Inside Fittings comply with requirements ☑ Yes ☐ No.

(6) DISTRIBUTION BOX
Watertight and equal surcharge to each line by Water Test ☑ Yes ☐ No. Distribution Box provided with 3 (Number) extra outlets for future use. 1 S

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 300 square feet.
Number of ditches 3 Length of ditches 60 feet.
Grade of ditches Minimum 2 Inches per 100 feet.
Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☑ Yes ☐ No
Type aggregate used Slag
Depth of aggregate under Tile 6 inches
Total depth of aggregate 13 inches
Depth of backfill over aggregate 35 inches

(8) SURFACE DRAINAGE
Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☑ Yes ☐ No. Was Surface Drainage required ☐ Yes ☑ No. If Yes, has this been provided ☐ Yes ☑ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☑ No. ☐ Not required.

(9) Are follow-up inspections necessary ☐ Yes ☑ No.

Septic Tank Contractor Blake & Co. Address Parksley Phone 787-4015

This Sewage Disposal System (Is) (~~Is Not~~) Approved by Accomac Health Department.

10-20-72 Date Signed [signature] (Sanitarian) Date Approved _____ (Health Director)

Date _____ Approved _____ (Advisory Sanitarian) Date _____ Approved _____ (Reviewing Authority — Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

Virginia Department of Health
LHS - 141 Rev. 12/71

PERMIT TO INSTALL ☐ REPAIR, ☐ REASONS FOR REJECTION ☐
WATER SUP. / ☐ SEWAGE DISPOSA SYSTEM ☑

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
(3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

B095 FHA/VA ☐ Yes ☐ No Date 9-28-72 Case No. _____

Owner Wm. Holland Address Parksley RFD (Mailing Address) Phone _____

Occupant Wm. Holland Address Parksley RFD (Mailing Address) Phone _____

Exact Location of premises Rt. 676, Parksley RFD (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☑ Dwelling ☐ Other _____ Automatic Washing Machine ☐ Yes ☐ No Consumption 600 gal. per day
Actual ☐ Potential ☐ Bedrooms 4 Garbage Disposal Unit ☐ Yes ☐ No (☐ Actual ☐ estimated Water)
Additional wastes _____

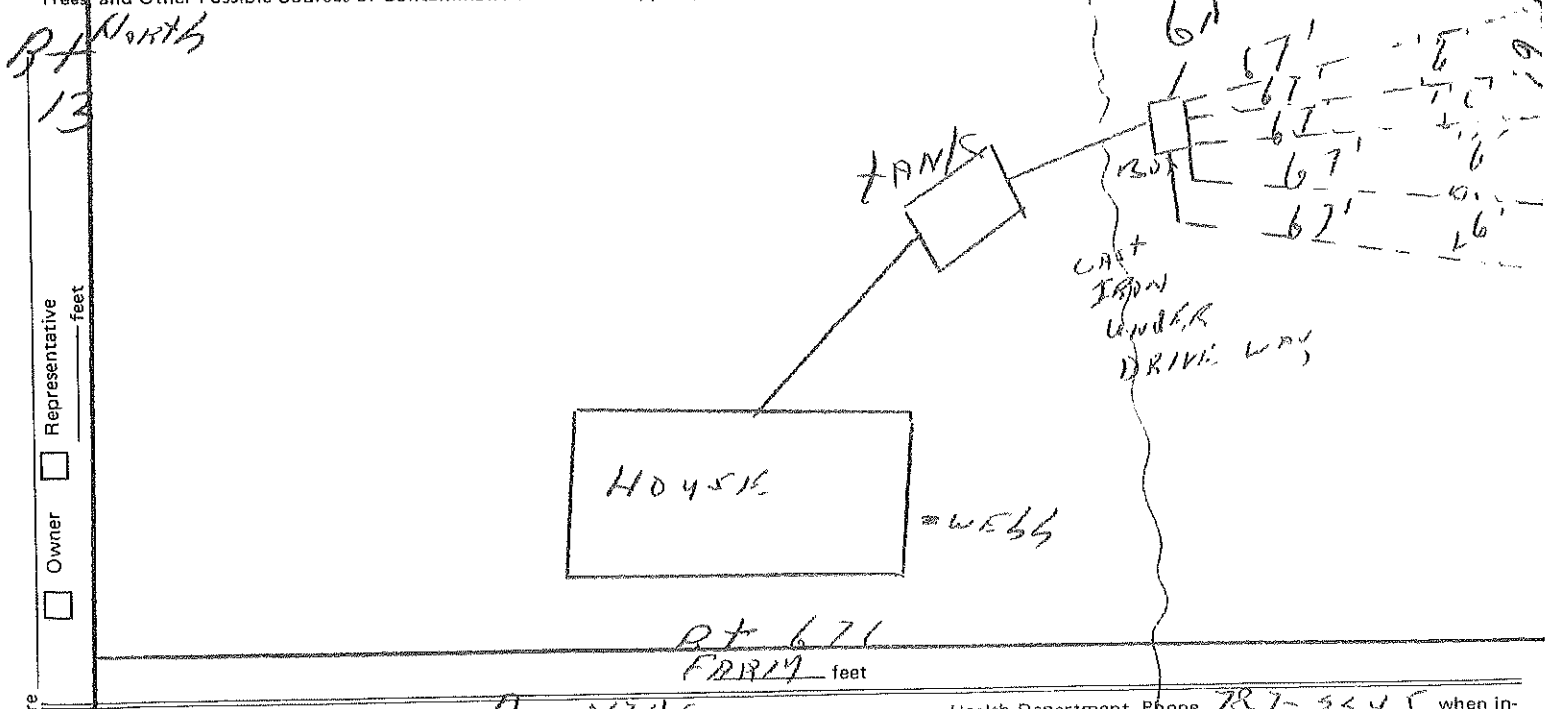
(1) WATER SUPPLY (Existing) Class 2-B Approved Yes ☑ No ☐ Other _____
(To be installed) Class _____ Cased _____ ft. to be grouted _____ ft.
(Unless supported by positive evidence Class III is to be considered as to be installed.)

(2) SOIL STUDY Naturally drained, suitable by sight ☑ Yes ☐ No Technical Classification _____ (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☐ 26-50 ☐ >51 ☐ Percolation Test Required ☐ Yes (No) ☐ Rate _____ (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
Surface drainage required ☐ Yes ☑ No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size 4 inches. Type of material required PVC Distance from Water Supply 50 feet. 70

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of CONCRETE Material Liquid Capacity 1250 gallons
Inside Dimensions Length 9 feet. Width 4'6" feet. Liquid Depth 4'3" feet. Depth of Air Space 1'0 feet.
SUBSURFACE ABSORPTION FIELD Number of square feet required 500 Type aggregate required STONE
Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 4 inches.
Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 30 inches from surface of original ground.
Distance from well to septic tank 50 feet; distance from well to drainfield 70 feet.

(5) Rough Sketch of Premises (Including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



☐ Owner ☐ Representative _____ feet

Signature

Note: Owner or his agent must notify ACCOMAC Health Department, Phone 787-5545 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date _____ Approved _____ (Reviewing Authority) Date 9-28-72 Signed _____ (Sanitarian or Health Director)

LHS - 121 REV. 12/71
Virginia State Department of Health

DUPLICATE