COMMONWEALTH of VIRGINIA

EASTERN SHORE HEALTH DISTRICT

ACCOMACK COUNTY HEALTH DEPARTMENT
23191 FRONT STREET
PO BOX 177
ACCOMAC, VIRGINIA 23301-0177

PHONE (757) 787-5880 OR 824-5616

NORTHAMPTON COUNTY HEALTH DEPARTMENT
7114 LANKFORD HIGHWAY
PO BOX 248
NASSAWADOX, VIRGINIA 23413-0248

PHONE (757) 442-6228

April 22, 1999

James & Hester Morgan
2122 N. Bayshore Dr.
Milton, DE 19968

RE: Schooner Bay:#75D((4)(4)5
Deep Creek
1.48 AC/#99-100-0273

Dear Mr. & Ms. Morgan:

This letter is issued in lieu of a sewage disposal system construction permit in accordance with §32.1-163, et seq., of the Code of Virginia. The Board of Health hereby recognizes that the soil and site conditions acknowledged by this correspondence, and documented by additional records on file at the Accomack County Health Department, are suitable for the installation of an onsite sewage disposal system. The attached sketch or plat shows the approved area for the sewage disposal system. This letter is void if there is any substantial physical change in the soil or site conditions where the sewage disposal system is to be located.

A permit to construct the sewage disposal system must be issued before construction of the system. If the property owner (current or future) applies for a construction permit within 18 months of the date of this letter, the application fee paid for this letter shall be applied to any fees for a permit to construct a system. After 18 months, the applicant is responsible for paying all fees for a permit application.

This letter, and accompanying sketch or plat of survey showing the specific location of the sewage disposal system area and well area (if applicable), may be recorded in the land records by the Clerk of the Circuit Court for Accomack County. The site shown on the plat is specific and must not be disturbed or encroached upon by any construction. To do so voids this letter. Upon the sale or transfer of the land that is subject of this letter, the letter shall be transferred with the title to the property.

Future owners are advised to review the sketch or plat for the location of the onsite sewage disposal area to make sure their building plans do not interfere with the area. If they have any questions regarding the location of this area, they should contact the Accomack Health Department for assistance.

The area evaluated, and certified by this letter, is suitable to accommodate a three bedroom house using a system design of 450 gallons per day. The property will be served by a private water supply as shown on the attached sketch/plat.

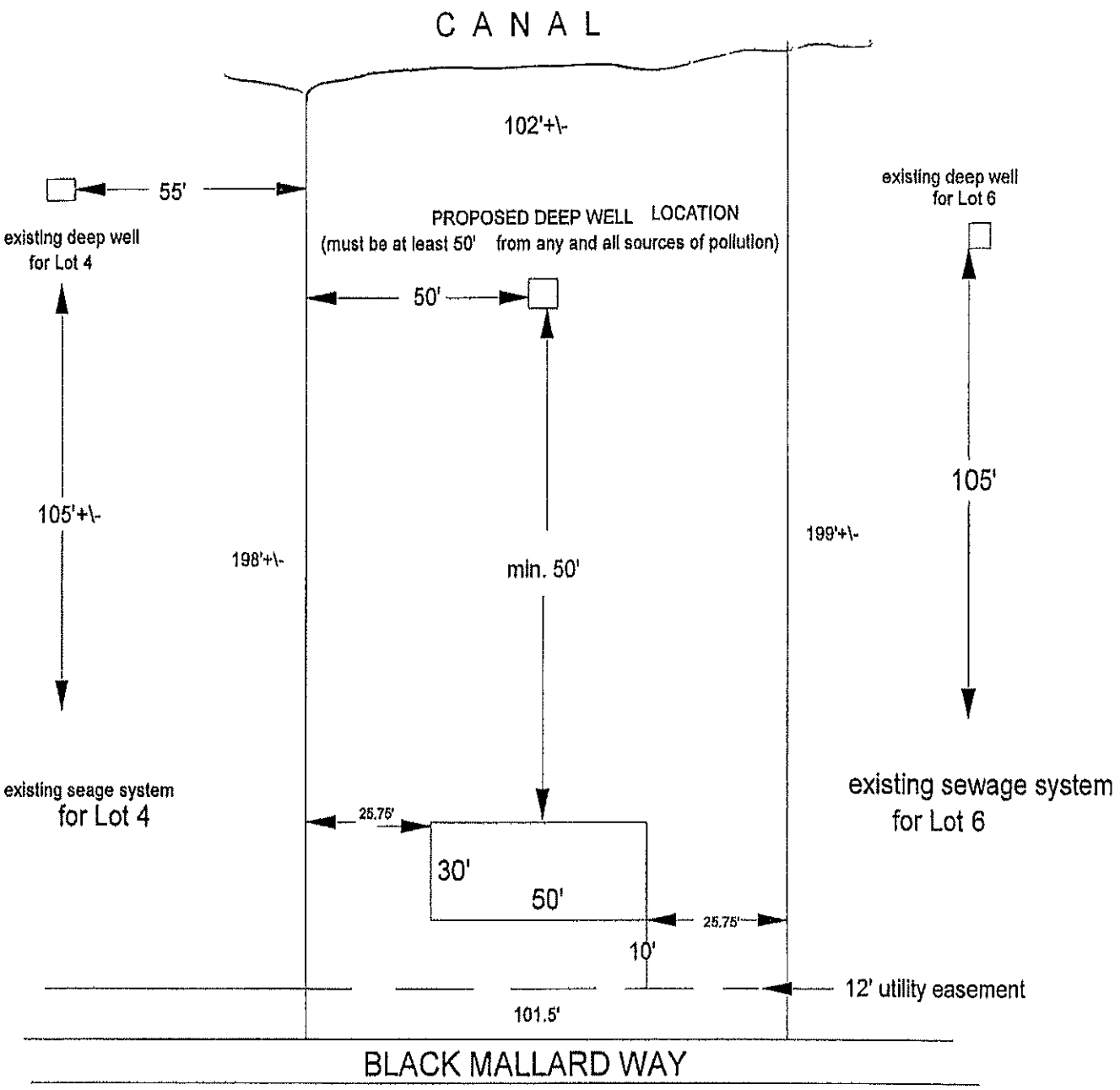
This letter is an assurance that a sewage disposal system construction permit will be issued (provided there have been no substantial physical changes in the soil or site conditions where the system would be located); however, it is not a guarantee that a permit for a specific type of system will be issued. The design of the sewage system will be determined at the time of application for a building permit and sewage system construction permit. The design will be based on the site and soil conditions certified by this letter, structure size and location, water well location (final determination to be made at time of permit issuance), the regulations in effect at the time, and any offsite impacts that may have occurred since the date of the issuance of this letter. In some cases, engineered plans may be required prior to issuance of the construction permit. In accordance with §32.1-164.1:1 of the Code of Virginia, owners are advised to apply for a sewage disposal construction permit only when ready to begin construction.

This certification letter may be subject to and must comply with any applicable local ordinances.

Sincerely,

IraVon R. Ashby
Environmental Health Specialist

Attachment
pc:mdp



JAMES AND HESTER MORGAN
SCHONNER BAY, LOT 5
H.D. ID.NO. 99-100--0268
TAX MAP NO. 75D((4))(4)5

NOTE: No reserve drainfield area available

THIS IS NOT A PERMIT

190

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply ~~Permit~~

letter

75D((4))(4)

Health Department ID 99-100-0268

TAX MAP# 75D((4))(4)5

To Be Completed By The Applicant

4/5/909

Type of sewage system: ✓ New ___ Repair ___ Expanded ___ Conditional

FHA/VA yes ___ no ___ Case No. ___

Owner John W.A. Lauer James + Hester Morgan Address ~~Atlantic Faith Rd~~ ~~Bloxom, VA 23307~~ 2122 N. Bayshore Dr. Phone Milton, DE 19968

When fax Let: to Nick Kle or Wayne Joh 787-2298

Agent Wayne Johnson Address ~~PO Box 90 Bloxom, VA 23308~~ PO Box 90 Bloxom, VA 23308 Phone 665-4148

Directions of Property ___

Subdivision Schooner Bay Section IV Block ___ Lot 5

Other Property Identification ___

Dimension/size of Lot/Property ½ acre +/-

Other Application Information

I. **Building/facility** ___ New ___ Existing
Intermittent Use ___ Yes ___ No If yes, describe ___

II. **Residential Use** ✓ Yes ___ No
Termite Treatment ___ Yes ___ No
✓ Single Family (Number of Bedrooms 3) ___ Multi-family (Number of Units ___)

Basement ___ Yes ✓ No
Fixtures in Basement ___ Yes ✓ No

III. **Commerical Use** ___ Yes ✓ No Describe: ___

Commerical/Wastewater ___ Yes ✓ No Number of Patrons ___ Number of Employees ___

If yes, give volumes and describe ___

IV. **Water Supply:** ___ Public ___ New ___ Existing
✓ Private ✓ New ___ Existing
Describe: ___

V. **Proposed Sewage Disposal Method:**
Onsite Sewage Disposal System: ✓ Septic Tank Drainfield ___ LPD ___ Mound ___ Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

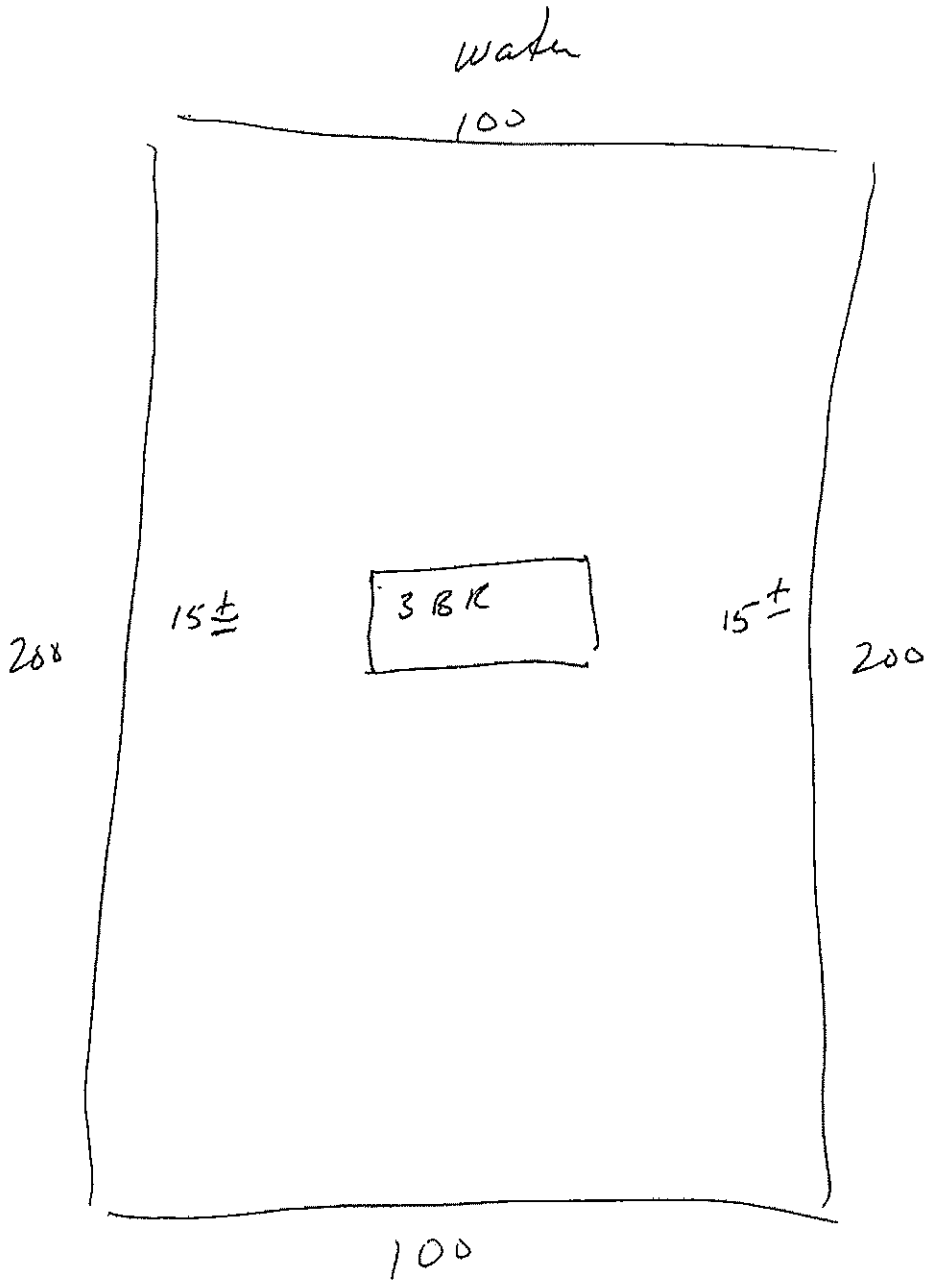
Wayne Johnson — Signature of Owner/Agent

4/5/99 — Date

CHS 200

HEALTH DEPARTMENT #_____

Sketch drainfields, dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent bodies of water, and wells within 200 feet radius of the center of the proposed building or drainfield.



IS THIS DWELLING/FACILITY TO BE SERVED BY A WATER TO AIR HEAT PUMP? ____YES ____NO IF SO, * SHOW ALL WELLS INVOLVED (i.e. LOCATIONS OF DRINIKING WATER, HEAT PUMP SOURCE, AND HEAT PUMP RECHARGE WELLS)

...isturbance of ... during tree
...or vegetation removal ... drainfield site
preparation may void this permit."

Lot 6

Health Department Identification Number 93-100-0261

75D(4)(4)(4) G

CANAL

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.

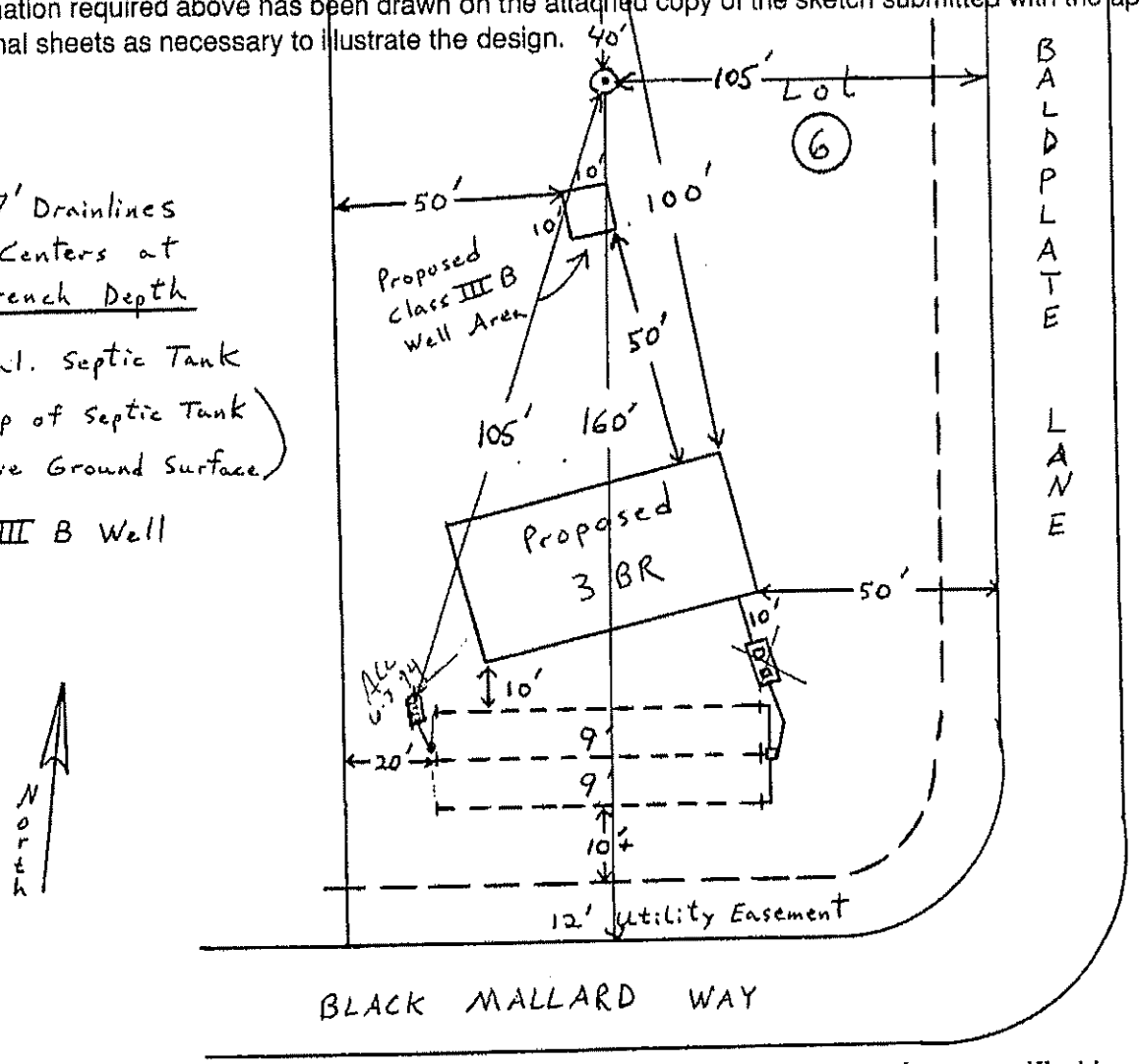
☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.

Install:

3 - 3' x 67' Drainlines on 9' Centers at 18" Trench Depth

1 - 1000 gal. Septic Tank (Keep Top of Septic Tank 8" Above Ground Surface)

1 - Class III B Well



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: 4/23/93 **Issued by:** Robert C. Savage
Sanitarian

Date: 4/23/93 **Reviewed by:** Arthur C. Mabe
Supervisory Sanitarian

This Construction Permit Valid until 10/23/97

If FHA or VA financing

Reviewed by Date 6-3-94 Arthur Mabe **Date** _____
Supervisory Sanitarian

Regional Sanitarian

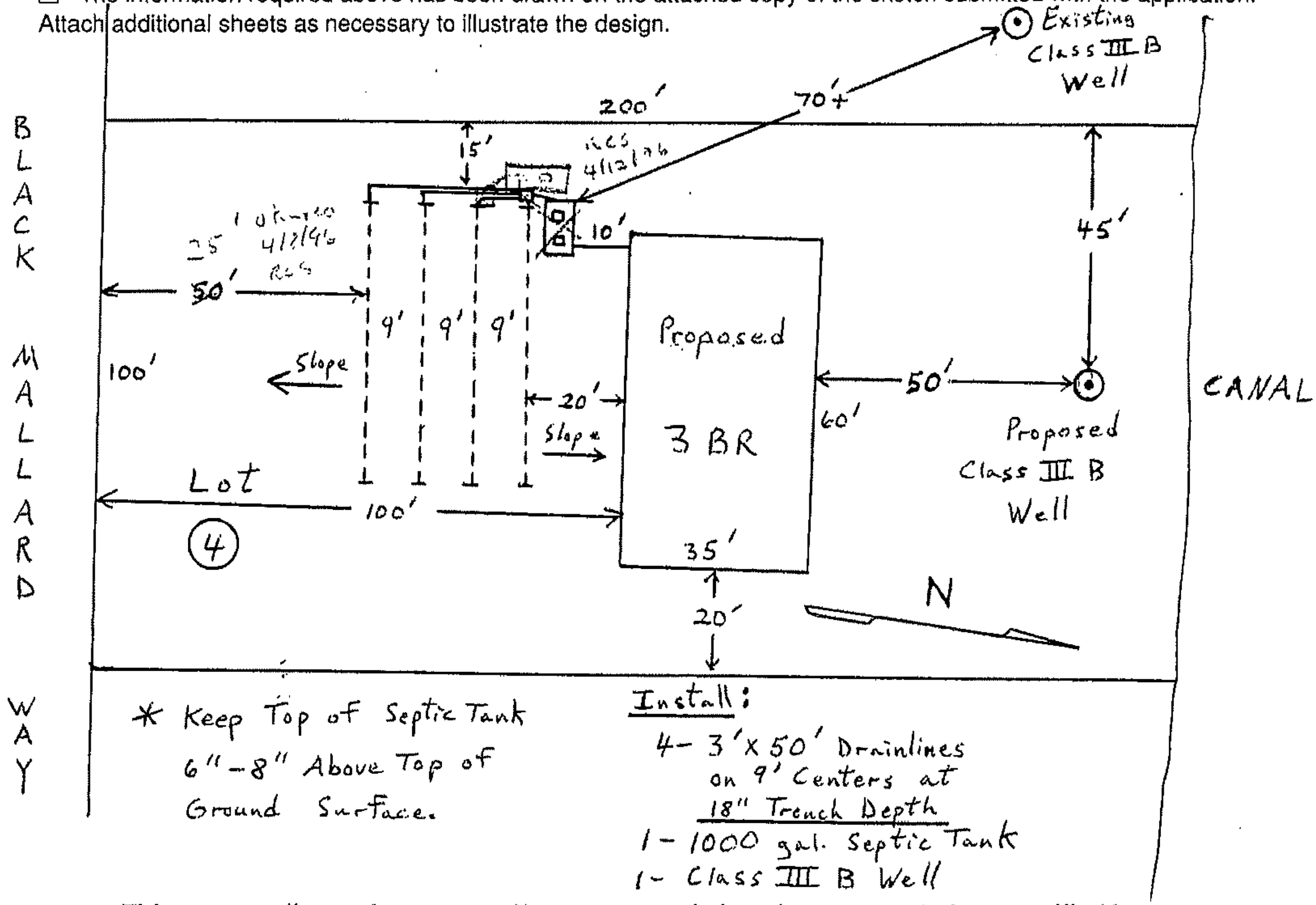
preparation may void this permit. Identification Number ___

75((4))(4) 4

...hematic drawing of sewage dis...osal and/or water supply system an... ...opographic features. LOT 4

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: May 18, 1994 **Issued by:** Robert C. Savage
Sanitarian

Date: 5/18/94 **Reviewed by:** [signature]
Supervisory Sanitarian

This Construction Permit Valid until 11/18/98

If FHA or VA financing

Reviewed by Date 4/15/96 [signature] **Date** ___ ___
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B

COMMONWEALTH of VIRGINIA

JAMES B. KENLEY, M.D.
COMMISSIONER

Department of Health
Eastern Virginia Region - Local Health Services
401-A Colley Avenue
Norfolk, Virginia 23507

October 20, 1977

Mr. Thomas C. Foster
Ellen Development Corporation
P. O. Box 66
Tasley, Virginia 23441

Re: Property N.E. Schooner Bay
Accomack County

Dear Mr. Foster:

The above named property has been evaluated by staff members of the State Department of Health with personnel of the Accomack County Health Department to determine its suitability for the use of individual residential septic tanks as approved means of sewage disposal.

Filled property is not ordinarly approved for septic tank drainfields. This is because the quality of the fill material usually consist of mixed soils. This condition permits channeling of inadequately filtered effluent and also the possibility of the movement of the effluent along the interface of the original soil and fill material. It has been determined that the nature of the fill on the property under consideration is unique in that it consists of at least forty-eight (48) inches of good quality sand. This material should provide good filteration of the effluent.

It is concluded that this property can be recommended for approval with the following stipulations:

1. Each lot individually checked for a suitable drainfield area, the suitable area to have at least twenty-four (24) inches of yellowish brown sand over at least twenty-four (24) inches of additional sand.

2. All septic tanks and drainfields will be required to be located in an area of suitable soil and the septic tanks and drainfields at least fifty (50) feet minimum horizontal distance from any of the water courses.

3. Topsoil provided of sufficient depth on each lot to support grass cover and to restrict erosion.

4. All lots shaped for drainage to canals. Swales made between each lot to permit drainage to canals.

5. It is recommended that canals be bulkheaded to prevent erosion.

6. It is recommended that a central water system be considered to serve the area. If this is not feasible individual wells should meet standards for Class II Type B Wells, cased and grouted a minimum of fifty (50) feet.

If you have any questions or require further clarification regarding this matter please contact the Accomack County Health Department.

Very truly yours,

Wm. B. Crawford, M.D.
Acting Regional Medical Director

WBC/jb

cc: Accomack Health Department

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 99-100-0268
Tax Map Number 75D(4)(4)5

General Information

Date 04-08-99 ACCOMACK COUNTY Health Department

Applicant _____ Telephone No. _____

Address _____

Owner JAMES & HESTER MORGAN Address 2122 N. BAYSHORE DR. MILTON DE 19968

Location SCHOONER BAY LOT 5

Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe _____

2. Slope 0-2 %

3. Depth to rock/impervious strata Max. _____ Min. _____ None _____

4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☒ 18 inches

5. Free water present No ☒ Yes ☐ _____ range in inches

6. Soil percolation rate estimated Yes ☒ Texture group I II III IV
No ☐ Estimated rate 5-10 min/inch

7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☒ Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: Jon Von R. Ashby, E.H.S.S.

Signature: Jon Von R. Ashby Type Cert-Libbs 4/21/98

Department Use

☒ Site Approved: Drainfield to be placed at 18" depth at site designated on permit.

☐ Site Disapproved:

approval based upon Schooner Bay letter dated OCT. 20, 1977 from Dr. Crawford Regional Medical Director

Reasons for rejection:

1. ☐ Position in landscape subject to flooding or periodic saturation.
2. ☐ Insufficient depth of suitable soil over hard rock.
3. ☐ Insufficient depth of suitable soil to seasonal water table.
4. ☐ Rates of absorption too slow.
5. ☐ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. ☐ Proposed system too close to well.
7. ☐ Other Specify _____

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

150.

Health Department Identification Number 100-90-0779

Map Reference 75D((4))(4) 5

Accomack County Health Department

Date Received October 22, 1990

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Owner James F & Hester B MORGAN Address 76 W Fairfield Dr. Dover DE 19901 Phone 302 697-7638

Agent _____ Address _____ Phone _____

Directions to Property Schooner Bay Subdivision / East on Black Mallard Drive / 2nd lot before sharp turn in road.

Subdivision Schooner Bay Section IV Block _____ Lot 5

Other Property Identification Clear land, mowed, no structures, corners paint on shoulder of road.

Dimensions/size of Lot/Property 20,000 sq ft / approx 100' x 200'

Other Application Information

I. Building/facility ☑ New ☐ Existing
Intermittent Use ☐ Yes ☑ No If yes, describe: _____

II. Residential Use ☑ Yes ☐ No
Termite Treatment ☑ Yes ☐ No
☑ Single Family ☐ Multifamily Number of Units ___ Number of Bedrooms 4
Basement ☐ Yes ☑ No
Fixtures in Basement ☐ Yes ☑ No

III. Commercial Use ☐ Yes ☑ No Describe: _____

Commercial/Wastewater ☐ Yes ☑ No Number of Patrons ___ Number of Employees ___
If yes, give volumes and describe _____

IV. Water Supply: ☐ Public ☑ New Describe: well
☑ Private ☐ Existing

V. Proposed Installation: ☑ Septic tank and drainfield ☐ Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

James F. Morgan
Signature of owner/agent

10 Oct 90
Date

C.H.S. 200 Revised 4/83

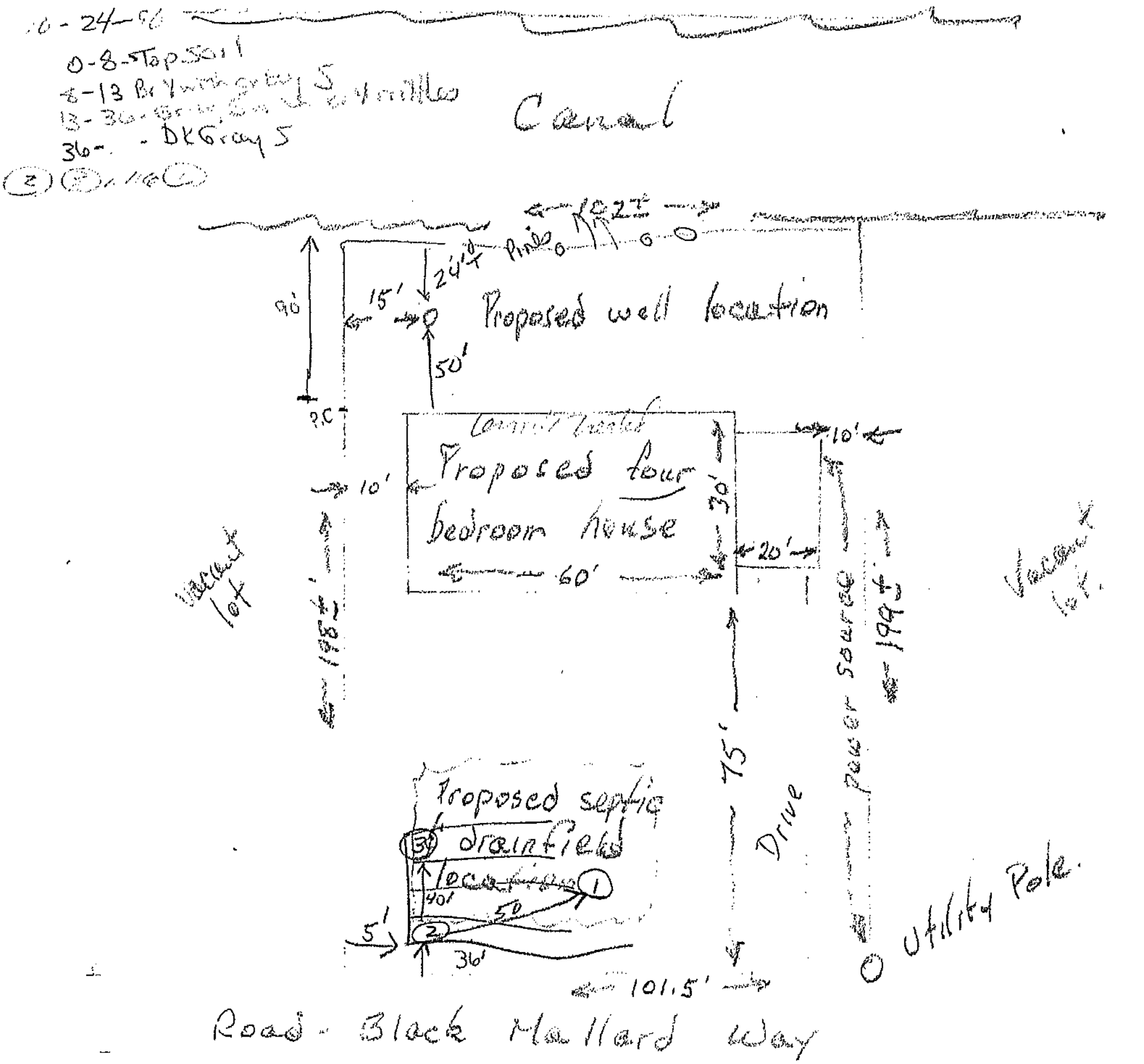
Lot # 5 Section IV

HEALTH DEPARTMENT # 100-90-0779

Schooner Bay Subdivision.

James F & Hester B. MORGAN

Sketch drainfields, dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent bodies of water, and wells within 200 feet radius of the center of the proposed building or drainfield.



****IS THIS DWELLING/FACILITY TO BE SERVED BY A WATER TO AIR HEAT PUMP? ___ YES ✓ NO

IF SO, SHOW ALL WELLS INVOLVED (i.e. LOCATIONS OF DRINKING WATER, HEAT PUMP SOURCE, AND

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 100-90-0779
Tax Map Number 75D((4)) (4) 5

General Information

Date 10-24-90 Accomack County Health Department

Applicant _____ Telephone No. _____

Address _____

Owner James & Hester Morgan Address 76 W Fairfield Dr. Dover, DE 19901

Location _____

Subdivision Schooner Bay Block/Section _____ Lot 5

Soil Information Summary

1. Position in landscape satisfactory Yes ☑ No ☐ Describe _____

2. Slope 0-2 %

3. Depth to rock/impervious strata Max. _____ Min. _____ None ✓

4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☐ 9 inches

5. Free water present No ☑ Yes ☐ _____ range in inches

6. Soil percolation rate estimated Yes ☐ Texture group (I) II III IV
No ☐ Estimated rate 5-10 min/inch

7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☑ Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator Cathy Bowden, Sanitarian

Signature: Cathy Bowden

Department Use

☒ Site Approved: Drainfield to be placed at 18" depth at site designated on permit.

☐ Site Disapproved: Approved because of letter regarding Schooner Bay.

Reasons for rejection:

1. ☐ Position in landscape subject to flooding or periodic saturation.
2. ☐ Insufficient depth of suitable soil over hard rock.
3. ☐ Insufficient depth of suitable soil to seasonal water table.
4. ☐ Rates of absorption too slow.
5. ☐ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. ☐ Proposed system too close to well.
7. ☐ Other Specify _____

Date of Evaluation 10-24-90

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 100-90-0779

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e., sewage disposal systems, wells, etc., within 100 feet of site (See section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

☐ See application sketch ☐ See construction permit ☐ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
①		0-8	Top SOIL	I
		8-13	Br Y with gray S } 6'	I
		13-36	Gray S. with Br Y mottles }	I
		36-60	Dark Gray S	I
	②	③ Like ①		

Remarks

Appendix 6

Permit I.D. No. 100-90-0779

Tag Sheet

	Initials	Date
Application Received:	MP	10/22/90
Application Reviewed:	MP	10/22/90
Fee Determination	MP	10/22/90
Assigned to:		
Site Visit Scheduled:	CCB	10-24-90
Site Visit Made:	CCB	10-24-90
Follow-up Visit:		
Follow-up Visit:		
Issue/Deny Drafted :	CCB	10-24-90
Issue/Deny Reviewed:		
Issue/Deny Countersigned:		
Issue/Deny Mailed:		

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
ACCOMACK CO Health Department

Health Department Identification Number 100-90-0279
Map Reference 75D((4))(4) 5

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 James T. and Pastes B. Morgan Telephone 302-697-7638

Address 76 W. Fairfield Dr. Dover DE 19901

For a Type I Sewage disposal system which is to be constructed on/at _____

Subdivision Schooner Bay Section/Block IV Lot 5

Actual or estimated water use 600 gal per day

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class III A cased _____ grouted yes	**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:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity 1250 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 6 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 625; depth from ground surface to bottom of trench 18"; aggregate size 5"-15"; Trench bottom slope 2"-4" per 100'; center to center spacing 9'; trench width 3' Depth of aggregate 15"; Trench length 25'; Number of trenches 5	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date _____ Inspected and approved by: _____ Sanitarian

Approved 10/24/90 DW

disturbance or removal of soil during site or vegetation [illegible] and/or drainfield site preparation may void this permit"

Health Department
Identification Number 100-90-0779

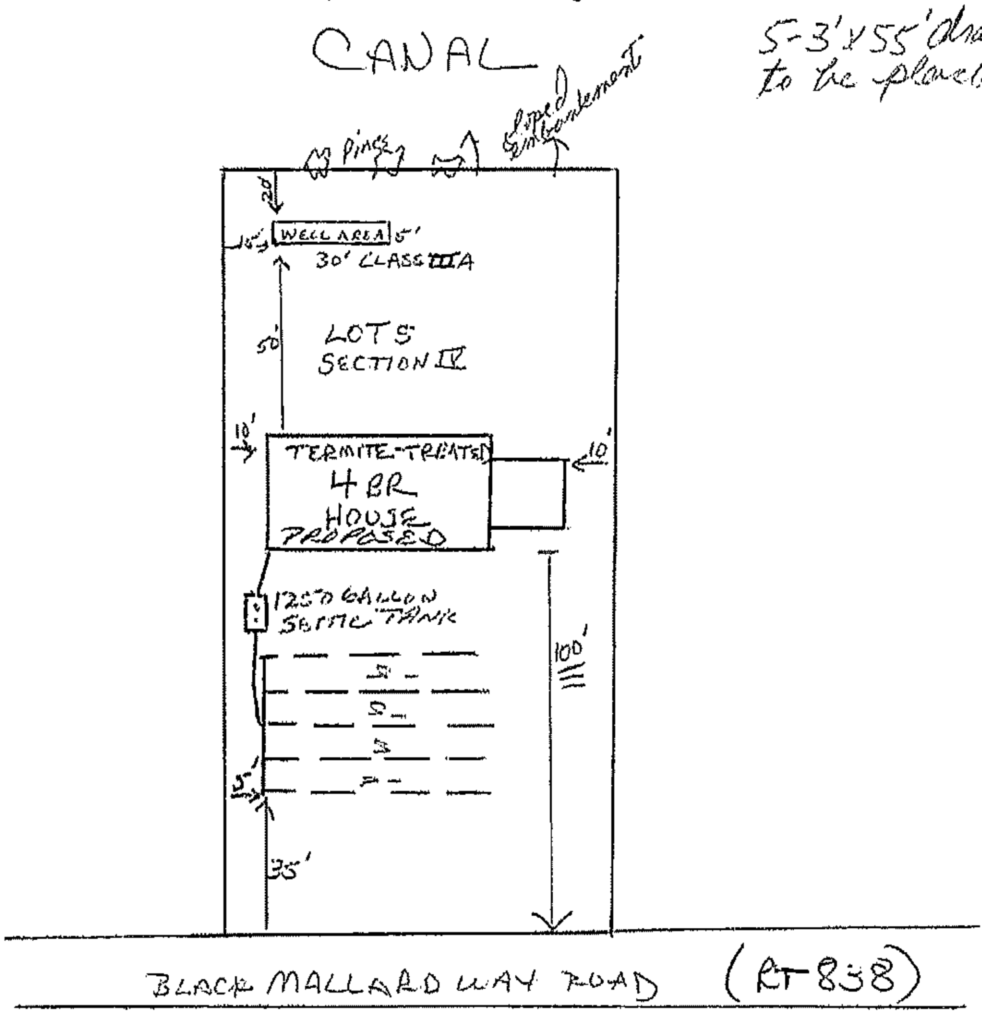
Schematic drawing of sewage disposal system and topographic features.

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.

5-3'x55' drainlines on 9' centers to be placed at 18" depth.



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: October 25, 1990 Issued by: Cathy Bowden
Sanitarian

Date: 10/26/90 Reviewed by: Arthur C. Miller
Supervisory Sanitarian

This Construction Permit Valid until 4/25/95

If FHA or VA financing

Reviewed by Date ________ ________ Date ________ ________

Supervisory Sanitarian | Regional Sanitarian

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

II-2A

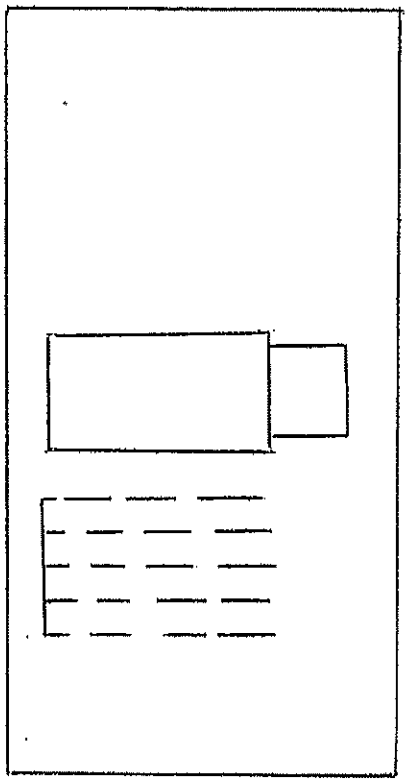
ORIGINAL

Health Department
Identification Number _____

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

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: _____ Issued by: _____
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction Permit Valid until _____

If FHA or VA financing

Reviewed by Date _____ _____ Date _____ _____
Supervisory Sanitarian Regional Sanitarian