Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Accomack Health Department

Health Department Identification Number 100-83-574
Map Reference 113 A ((A)) 31

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 W.R. Walter Richards, John Telephone _____

Address Onley, Va 23418 c/o Mason-Davis Co.

For a Type I Sewage disposal system which is to be constructed on ~~at~~ NE Corner Paul St & Powellton Ave. Wachapreague

Subdivision _____ Section/Block _____ Lot _____

Actual or estimated water use 400

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) Class III under house to be destroyed **To be installed:** class II A cased 100 grouted 20	**Water supply location:** yes ☐ no ☐ comments Satisfactory Class III well 2-4-85 destroyed/NPE
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 750 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 shown design. if yes:	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory NA
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 4 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 400: depth from ground surface to bottom of trench 18; aggregate size ½-1½: Trench bottom slope 2-4" /100'; center to center spacing 8; trench width 2	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory
NOV 29 '83 BSC	Date 10-1-85 Inspected and approved by: Sanitarian

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 100-83-544

Accomack Health Department

Name of Company/Corporation/Individual: Boggs Water & Sewage Co.

Address: Melfa, VA 23410 Telephone: 787-4000

Owner's Name John Richards

Owner's Address C/O Mason - Davis, Accomac, VA 23301

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: NE corner Paul St. & Powellton Ave., Wachapreague, VA

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11-18-83 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

10-1-85
Date

Bill Jones
Signature and Title

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

Complete

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department Identification No. 100-83-544

Accomack Health Department

Tax Map No. 113A((A))31

John Richards is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of _____ gpd, at NE Corner Paul St. and Powellton Ave., Wachapreague Rt. 1718 & Rt. 1708

SUBDIVISION	SECTION/BLOCK	LOT

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 3.22 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

10-1-85
Effective Date

N B Richelberger
Recommended (Sanitarian)

B Kenley MD
Approved (State Health Commissioner)

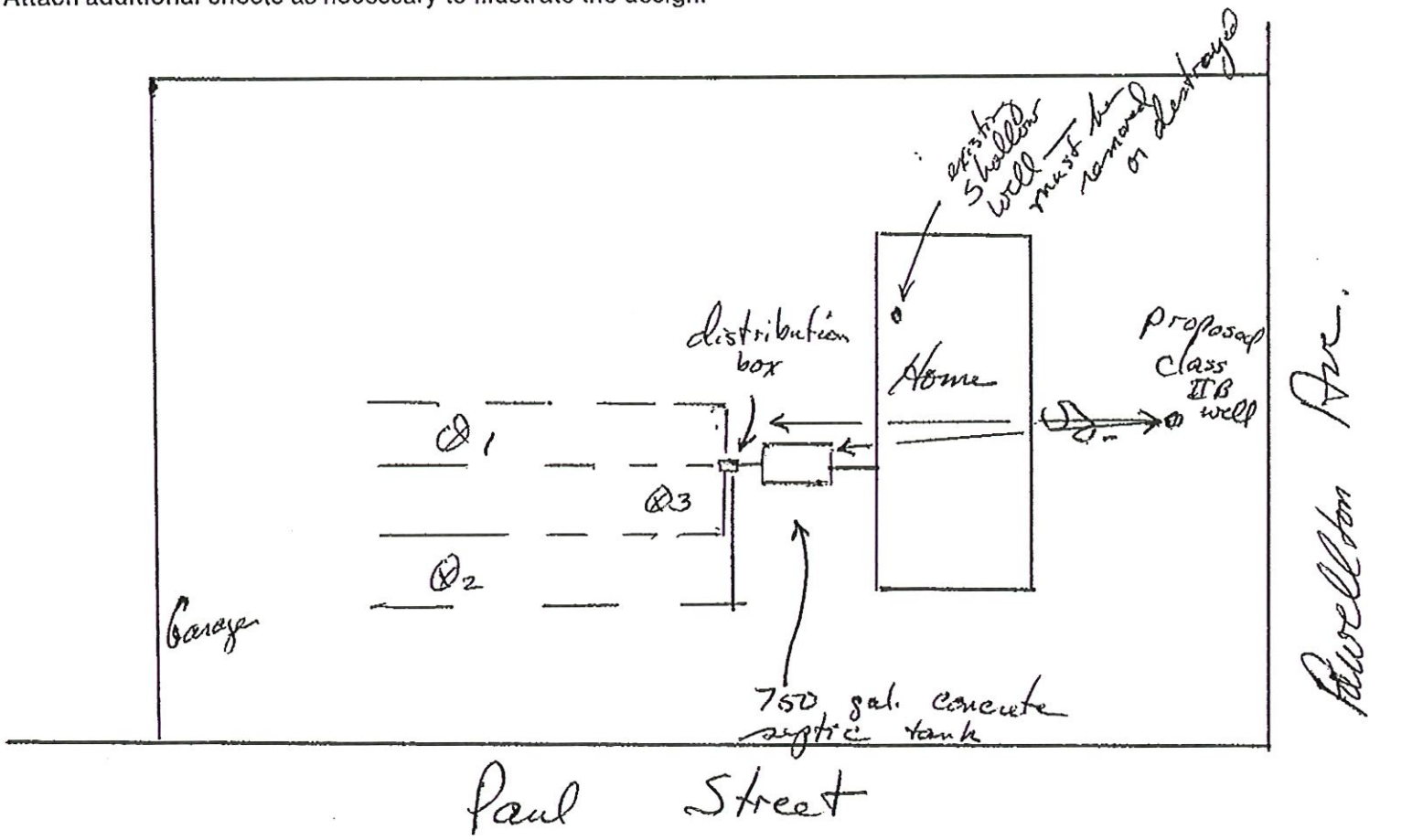
C.H.S. 205 Rev. 4/83

Health Department
Identification Number 100-83544

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.



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. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

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: 11-18-83 Issued by: W. E. Chelberg
Sanitarian

Date: 11-23-83 Reviewed by: F. C. James
Supervisory Sanitarian

[redacted]

Reviewed by Date 10-2-85 F C James Date _____ _____
Supervisory Sanitarian Regional Sanitarian

Record Of Inspection Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Health Department I.D. Number 100-83-544

F.H.A. or V.A. Case Number If Applicable ______

Map Reference

113A	((A))	31

Date 5-29-86 Local Health Department Accomack
Owner John Richards Address Wachapreague Phone ______

Exact Location of Premises NE Corner Paul St. & Powellton Ave. Wachapreague

Subdivision ______ Section/Block ______ Lot ______

Class of nonpublic drinking water well.
1) Class III A. (drilled well) ☐
2) Class III B. (bored well) ☐
3) Class III C. (jetted well) ☐
4) Class III D. (dug well) ☐
5) Other E. ______ ☐

Date of installation 10-24-85

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e.) well log, etc., so note.

1. Water well completion report filed as required by 18.02.07. Yes ☑ No ☐
2. Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
   Building Sewer 45 Pretreatment Unit 50 Conveyance System 50 Subsurface Soil Absorption System 50 (nearest point). Property Line 15 Other ______.
   Site graded where necessary to divert water away from well? Yes ☐ ☐ No n.a. ☒
3. Construction, General: (see Section 18.02.05, and 18.02.02).
   Total depth of well 100 feet. Type of casing PVC. Depth of casing 90 feet. Diameter of casing 2 inches. Casing extends inches above ground 12. Exterior space around casing sealed with neat cement grout to a depth of 20 feet. Screens constructed of PVC free of rough edges and irregularities, with positive watertight seal between screen and casing? yes ☐ no ☐ n.a. ☐ Well head and opening to the interior protected? yes ☑ no ☐ Type of well seal ______
   Pitless adapter used? yes ☐ no ☐ n.a. ☐ Properly installed? yes ☐ no ☐ n.a. ☐ Proper venting? yes ☐ no ☐ n.a. ☐
4. Quantity: Yield and drawdown determined by continuous pumping of 1 hours. Drawdown 1 feet. Yield 40 GPM. Type of storage ______.
5. Quality: Sample tap provided at entry into system? yes ☑ no ☐ Sample(s) collected? yes ☑ no ☐
   Results of samples. Satisfactory ☑ Unsatisfactory ☐ (attach copy of results to this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply is approved. ☐

Remarks: ______

Date 5-29-86 Signed W.B. [signature]
Sanitarian

Date ______ Signed ______
Supervisory Sanitarian

Date ______ Signed ______
Regional Sanitarian (If V.A. or F.H.A.)

B.W.E. 31-1

Form SW-2
1978-10,000

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. 100-83-544

(Certification of Completion/County Permit)

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

SWCB Permit _____
County Permit _____
Certification of inspecting official:
This well does ____ does not ____ meet code/low requirements.
S. _____
Date _____
For Office Use

County/City Accomack County
County/City Stamp

• Virginia Plane Coordinates
_____ N
_____ E
Latitude & Longitude
_____ N
_____ W
• Topo. Map No. _____
• Elevation _____ ft.
• Formation _____
• Lithology _____
• River Basin _____
• Province _____
• Type Logs _____
• Cuttings _____
• Water Analysis _____
• Aquifer Test _____

• Owner John H. Richards
• Well Designation or Number 4616
Address 11 Covert Street
New York, NY 11550
Phone _____

• Drilling Contractor Boggs Water & Sewage, Inc.
Address P.O. Box 333
Melfa, VA 23410
Phone 804/787-4000

Tax Map I.D. No. _____
Subdivision _____
Section _____
Block _____
Lot _____
Class Well: I _____, IIA _____, IIB _____, IIIA _____, IIIB _____, IIIC _____ IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of _____
(If possible please include map showing location marked)
See attached map

Date started _____ • Date completed 10/24/85 Type rig _____

1. WELL DATA: New X Reworked _____ Deepened _____
• Total depth 100 ft.
• Depth to bedrock _____ ft.
• Hole size (Also include reamed zones)
• _____ inches from _____ to _____ ft.
• _____ inches from _____ to _____ ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 2 inches from 0 to 90 ft.
Material PVC
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• Screen size and mesh for each zone (where applicable)
• 2 inches from 90 to 100 ft.
• Mesh size 60 Type PVC
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• Gravel pack
• From _____ to _____ ft.
• From _____ to _____ ft.
• Grout
• From 0 to 20 ft., Type Concrete
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ °F
• Static water level (unpumped level-measured) 5 ft.
• Stabilized measured pumping water level 1 ft.
• Stabilized yield 40 gpm after 1 hours
Natural Flow: Yes ____ No ____, flow rate: _____ g pm
Comment on quality _____

3. WATER ZONES: From _____ To _____
From _____ To _____ . From _____ To _____
From _____ To _____ . From _____ To _____

4. USE DATA:
Type of use: Drinking X, Livestock Watering _____,
Irrigation _____ Food processing _____, Household _____,
Manufacturing _____, Fire safety ____, Cleaning _____,
Recreation _____, Aesthetic ____, Cooling or heating _____,
Injection ____, Other _____
• Type of facility: Domestic X, Public water supply _____,
Public institution _____, Farm _____, Industry _____,
Commercial _____, Other _____

5. PUMP DATA: Type Jet • Rated H.P. 1/2
• Intake depth 58 • Capacity _____ at _____ head

6. WELLHEAD: Type well seal _____
Pressure tank _____ gal., Loc. _____
Sample tap _____, Measurement port _____
Well vent _____, Pressure relief valve _____
Gate valve _____, Check valve (when required) _____
Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfected _____ yes _____ no
Date _____, Disinfectant used _____
Amount _____, Hours used _____

8. ABANDONMENT (where applicable) • yes ____ no ____
Casing pulled yes ____ no ____ not applicable _____
Plugging grout From _____ to _____ material _____

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number 100-83-534
Map Reference 113 A ((A)) 31

Accomack Health Department

Date Received 11-16-83

To Be Completed By The Applicant

Type sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☐

Owner Annie G Watkinson Address Wachapreague Va Phone

ABC Store
Agent W. R. Waller Address Onley Va Phone 787-3905
Home 787-723c

Directions to Property North By y Parker and Earl Parker 57 Ft. East By Earl Parker 130 Ft South By Powellton Avenue west By Paul St. 130 Ft

Subdivision N/A Section N/A Block N/A Lot N/A.

Other Property Identification

Dimensions/size of Lot/Property 57 X 130

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 2
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: Existing Shallow 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.

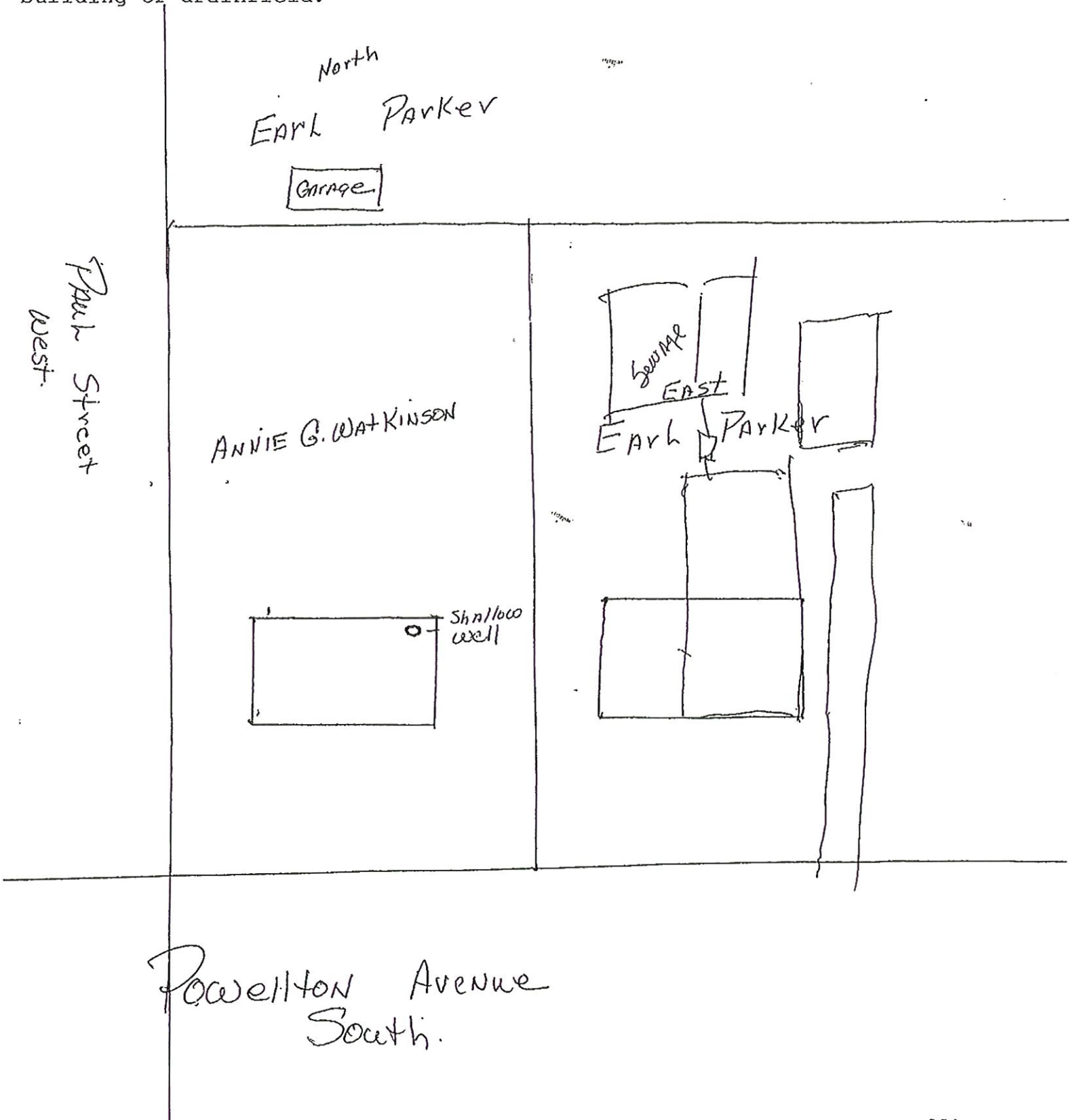
William R. Waller
Signature of owner/agent

11-14-83
Date

Health Dept. I.D.# 100-83-544

SITE PLAN

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.



Soil Evaluation Fo[illegible]

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 100-83-544
Tax Map Number 113A ((A)) 31

General Information

Date 11-28-83 Accomack Health Department

Applicant _____ Telephone No. _____

Address _____

Owner W R Wallace Address _____

Location NE corner Paul St & Powellton Ave. Wach

Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

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

2. Slope < 2 %

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

4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☑ 8 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 24 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: M Richelberger Sanit

Signature: _____

Department Use

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

☐ Site Disapproved:

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 _____

NOV 29 '83 BSC

Date of Evaluation 11-8-83

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 100-83-534

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	A	0-6	brown loamy sand topsoil	I
	B	6-24	gray (with yellow mottles) sandy clay loam	II
	C	~~gray~~ 24-36	gray sand	I
2+3	same as #1			

Remarks:

NOV 29 '83 BSC