EALTH DEPARTMENT PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM Sketch of Proposed System Permit No... Date of Application. To Whom Issued Address Hod & Location Type of Tank Minimum Size Minimum Feet of 4" Farm Tile in Distribution Field Depth in Inches of Cinders or Stone Owner's Name . Address Final Approval. Signed Health Department (Phone_ Health Department (Phone_____) when the septic tank part thereof is covered before being regularly inspected and in of the Health Officer or his authorized representative. system is ready for inspection. I all while spirits approved, it shall be uncovered by the plantse.

HEALTH DEPARTMENT

Sketch of Proposed System	Permit No Date of Application To Whom Issued
	Location
TESTALIS THE STATE OF THE STATE	Type of Tank Minimum Size Minimum Feet of 4" Farm Tile in Distribution Field
141 1 POLIN	Depth in Inches of Cinders or Stone Owner's Name Address Final Approval. Date 2 - 15 - 11 - 7
NOTE: Plumber must houtly the system is ready for inspection. If any section that water to	Health Department (Phone) when the septic tank

uncovered by the plumber at the direction of the Health Officer or his authorized representative.

HEALTH DEPARTMENT

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		Signed -
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	system is ready for inspection. If the problem is system in	Health Department (Phone) when the septic tank part thereof is covered before being regularly inspected and of the Health Officer or his authorized representative.
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		EPAIR SEPTIC TANK SYSTEM
	Sketch of Preposed System	Permit No Date of Application
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	A STATE OF THE STA	Distribution Field
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		Owner's Name
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***	some a water for inspection. If the section is	Health Department (Phone) when the septic tank art thereof is covered before being regularly inspected and
- Taring	married at 1941 be introvered by all among a set and and a color	of the Health Officer or his authorized representative.

PERMIT TO INSTALL OR REPAIR WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

Owner Addres	I NOILE
Occupant	(Mailing Address)
Exact Location Address	S Phone
of Premises (Subdivision - Section - Lot No.)	
OWNER DESIRES TO:	FOR: Dwelling Other. Actual or Potential Bedrooms Actual or Estimated Water Consumption Gal. Per Day Automatic Washing Marbin Fes No Garbage Disposal Unit Yes No. Additional Wastes:
DETAILS OF RECO	MMENDED SYSTEMS
VATER SUPPLY: Location to be approved by Sanitarian. Type: Drilled Well Driven Well Bored Well Dug Well Other Cased feet, asing to be properly scaled and vented if necessary. Casing to extend at least inches above pump room floor Grouted feet. All surface drainage flow away from water supply. Well to have a platform of concrete or other upervious material, at least 4 inches thick at casing, extending at least 24 cases in all directions from casing, aently sloved for drainage. OIL STUDY: Naturally drained, suitable by sight Tes No echnical Classification: Sandy Medium Clay Pipe Clay Proclation Test Required: Yes No Rate Inutes Per Inch Depth of Water Table feet Inutes Per Inch Depth of Water Table Feet	Inside dimensions: Length feet. Width feet. Liquid capacity Gallons HOUSE SEWER LINE: Size Inches. Type of material required Distance from Water Supply feet sub-surface Absorption field. Distribution Box required. Ditches of equal length required. Number of square feet required Type aggregate required: Broken Stone Gravel Slag. Size range from 12 inch to 212 inches. Depth of aggregate from base of tile to bottom of ditches inches. Total aggregate must equal minimum depth of 13 inches or more. Soil Cover over tile not to exceed inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be feet.
flines 50 long 3'wide	NO. ST
Jasher System: 5 500 gal tank 14' of 3' ditch	Front Front
2 00 gal to b	Town T way

PERMIT TO INSTALL OR REPAIR WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

Date 8-27-58 Case No. 1/6 Owner Phone Mailing Address Occupant_ Address __ Phone **Exact Location** of Premises Street, Road, Name or Numbers OWNER DESIRES TO: INSTALL FOR TI REPAIR Dwelling Other Power ent Unit - toots.

Actual or Patential Redrooms Actual or Estimated Water Water Supply System ☐ Water Supply System Sowage Disposal System Sawage Disposal System Septic Tank Consumption Gal. Per Day Automatic Washing Machine Health Department Recommends: Ti Yes No Garbage Disposal Unit Ti Yes No. P. Additional Wastes: DETAILS OF RECOMMENDED SYSTEMS WATER SUPPLY: Location to be approved by Sanitarian. Type: DETAILS OF CONSTRUCTION: Waterlight Service Tank of Deillad Wall | Driver Well - [] Bayed Well | Dug Well | Other | Cased Other ind of Material Cased 300 Casimate he arguests socied and cented if necessary. Casing to extend at least Length 1 Teet. Width 1 feet Liquid capacit 50 Gallen HOUSE AEWISH LINE: Size Fuches Type of material required 50 Distance from Water Supply feet 5 inches above pure room floor. Grouted feet, All surface drainage to now Cara from a contract well in one a Datform of concrete or other Inches Type of material imperious material at east tombes thick at caring extending as least 24 nones in all directions from casing sentire sloped for drainage SUB-SURFACE ABSORPTION FIFLD. Distribution 7777 Company of retaining feet required. Type aggregate SO(i. SLLDY: Naturally drained, suitable by sight tres] No Number of square feet required Tochment Classification: Rough Clareffeation Ti Sandy & Medium & Clay J Pipe Clay required: Throken Stone Gravel Slag. Size range from Description Test Promposts Ves la inch to Ita inches. Depth of aggregate from wase of tile to bottom of ditches — inches, Total aggregate must equal minimum depth depth makes in more.

Soil Cover over tile not to exceed inches. Distance from Minutes For inch Bouth of Water Table Estimatedi Surface Drainage Required: 5 Yes 1146 Area Drainage by Leavening General Water Table Required: 7 Yes No. Sewage Disposal System to the nearest point of a Water Supply System will be: 🗖 AND L Peugh Sheich of Premises declaring adjacent properties if pertinent, Showing Location of Lot Line Buildings Water Supplies Sewage Disposal Sections, Trees, and Other Possible Sources of Configuration of Water Supplies, by Indicating Distances and Slope with regard to one another. already Inspected 100 galtank - 1500 galtank Note: Owner or his agent must notify
is ready for inspection. If any Sewage Disposar structure, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the Changes from above specifications require Health Department approval before being made when installation Based on the above information, the undersigned recommends that this parmit be issued. LNS - 121 Rev. 11-57 Virginia State Department of Health (Reviewing Authority)

PERMIT TO INSTALL OR REPAIR TATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS (VOID AFTER TWELVE (12) MONTHS) Date La Case No. Mailing Address Address Phone (Mailing Address) **Exact Location** of Premises. d Name, Section of Lot No.) OWNER DESIRES TO FOR Dwelling INSTALL □ REPAIR ☐ Other ☐ Water Supply System **Water Supply System** Actual or potential Bedrooms_ Actual or estimated Water Sewage Disposal System Sewage Disposal System Consumption 40 2 gal. per day Automatic Washing Machine Septic Tank Septic Tank Yes D No Garbage Disposal unit 🗌 Yes 🔑 No Health Department recommends Additional wastes_ NONE **DETAILS OF RECOMMENDED SYSTEMS** (1) WATER SUPPLY Location to be approved by Sanitarian. Type

| Drilled Well | Driven Well | Bored Well | Dug Well |
| Other | Cased | feet. (3) DETAILS OF CONSTRUCTION Watertight Septic Tank of (Kind of Material) Inside Dimensions Length 7 feet. Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump ream floor. Glouted _______feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped Liquid Depth 4 feet Depth of feet. Liquid Capacity 757 gallons. Width # _ feet. Air Space_____ (4) HOUSE SEWER LINE Size _____ inches. Type of material required. _____. Distance from Water Supply _____ feet. for drainage. (5) SUBSURFACE ABSORPTION FIELD Distribution Box required. (2) SOIL STUDY Naturally drained, suitable by sight littles \(\subseteq \text{No} \) Ditches of equal length required. **350** Type aggregate Technical Classification Sandy Charley Charley Charles Number of square feet required . required Broken Stone Gravel Slag. Size range from Clay. Percolation Test required Yes PNo. Rate $\frac{1}{2}$ inches to $2\frac{1}{2}$ inches. Depth of aggregate from base of tile Minutes per inch, Depth of Water Table to bottom of ditches ____inches. Total aggregate must equal minimum depth of 13 inches or more. Surface drainage required Yes ANO. Sail Cover over tile not to exceed A.Z. inches. Distance from by Lowering Ground Water Table required Yes Pho well to septic tank_ ALA _feet; distance from well to draintile field. _ feet. 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.

Note: Owner or his agent must notif Health Department, Phone Total when Installation is ready for inspection, if any Sewag the direction of the Health Director or his ago Changes from above specifications require Health I

Based on the above information, the undersigned rece

Date____Approved____ LHS - 121 Rev. 1-65 Virginia State Department of Health

STARK - JOHN

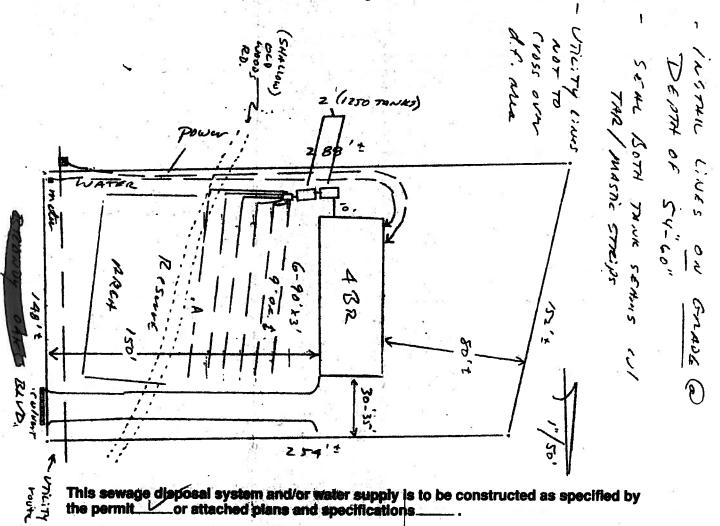
WATER SUPPLY and/or	CONTROL & ACTION OF THE PARTY O
	SEWAGE DISPOSAL SYSTEMS
	Date 2 /2 // Case No
Owner,	Phone
Occupant	(Mailing Address)
Address	Phone
Exact Location of Premises	
or Fremises	<u> </u>
OWNER DESIRES TO	
INSTALL I REPAIR	FOR Dwelling Other
☐ Water Supply System ☐ Water Supply System	Actual or potential Redmone S Actual and the state of the
☐ Sewage Disposal System ☐ Sewage Disposal System	Consumption gal per dev Automatic Weshing Weshing
Health Department recommends	Li Yes No Garbage Disposal unit Yes No TAdd
	tional wastes
DETAILS OF REC	OMMENDED SYSTEMS
(1) WATER SUPPLY Location to be approved by Sanitarian. Type	A (A) DEMAND A ON CONTEMPORATION
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IONION	Inside Dimensions Length fee
Casing to be properly sealed and vented if necessary. Cooling to extend	
face trainage to flow away from water county Wife to be to flow away from water county Wife to be to flow away from water county Wife to be to flow away from water county with the best flow.	Widther Freet. Liquid Depth feet. Depth
of concrete or other impervious material, at least 4 inches thick at cealing extending at least 34 inches in all directions from cealing, gently sloped for declarate.	(4) HOUSE SEWER LINE Size 4 inches management
for drainage.	A THURSDAY DISTANCE TRAIN Weter Commission
O) CAT COUTTY AT	UI GUINTINETALIE ANNIDOMINAT EMPLE NO
2) SOIL STUDY Naturally drained, suitable by sight [] Yes [] No Technical Classification	quired. Ditches of equal length required. Number of square feet required. Type aggregations.
Rough Classification Sandy Parelling Clay Pine	required Broken Stone (Gravel Slag. Size range from
City. Percolation Test required Yes No. Rate	72 mones to 2½ inches. Depth of aggregate from base of til
Minutes per inch. Depth of Water Table (Bithwited)	to bottom of ditchesinches. Total aggregate must equal minimum depth of 18 inches or more.
Surface drainage required [] Yes [4 No Area Drainage	Soil Cover over tile not to exceed inches. Distance from
by Lowering Ground Water Table required [] Yes [] No	Sewage Disposal System to the nearest point of a Water
rich Shabeh of President (hall-through)	supply system will be
on, and Other Possible Sources of Contentantistion of Wider Striction, by Inc.	ng Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems Seating Distances and Slope with record to one continuous
^	
	Read System:
1 40 2	300,901, 3(40') L. NCS
	3(40') Lines
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1 1 3	Front system
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77720	E 200
Owner or his agent must notify	720gal. 7ANK
Owner or his agent must notify by for inspection. If any flowage or his agent, comparisons in cover of the Hasht Director or his agent, comparisons response	Health Department, Phone 43-22 when installation need Deferre being inspected by the Health Department, it shall be uncovered
Owner or his agent must notify and for inspection. If any Sewage or his agent. COMMITTOES DESCOVERE GR. Changes from above specifications require Realth Department approval	Health Department, Phone 73-22/when installation D DURING Installation MAY REQUIRE ADJUSTMENTS OF SYSTEM
Owner or his agent must notify by for inspection. If any flowage or his agent, comparisons in cover of the Hasht Director or his agent, comparisons response	Health Department, Phone 73-22/when installation of Butters being inspected by the Health Department, it shall be uncovered before being made.

Health	Depai	rtment
Identifi	cation	Number

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 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: 2-14-02 Iss Date: r 2/14/02 Re	viewed by: A	ervisory Sanitaria)/	This Construction Permit Valid until
If FHA or VA financing			••••••
Reviewed by Date	Supervisory Sanitarian	Date	Regional Sanitarian

Health	Depar	tment
Identifi	cation	Number

thematic-drawing of sewage disposal and/or water supply system and topographic features.

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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. ω DIZIVEWAY 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 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: 2-/3-02	ssued by: _	This Construction
Date: 14-02	Reviewed by: Supervisory Sanitarian	Permit Valid until
If FHA or VA financing		-
Reviewed by Date	Supervisory Sanitarian FILE COPY	Regional Sanitarian