

HEALTH DEPARTMENT

PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System



Permit No. _____ Date of Application 7-25-11

To Whom Issued _____

Address _____

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. _____ Date 4-9-16

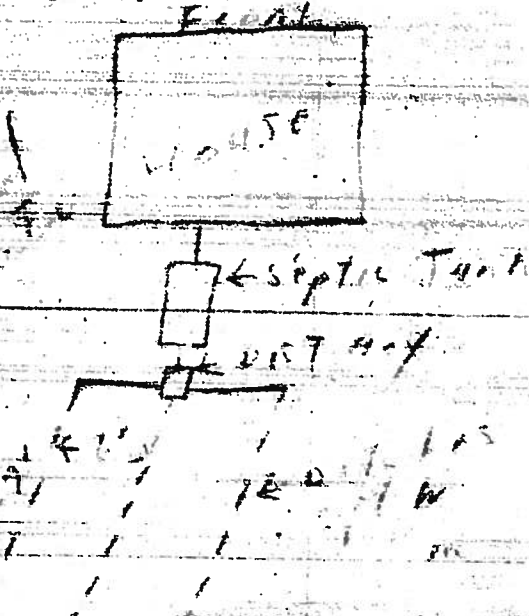
Signed _____

NOTE: Plumber must notify the Health Department (Phone _____) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

HEALTH DEPARTMENT

PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

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Permit No. _____ Date of Application _____

To Whom Issued _____

Address _____

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. _____ Date 9-18-17

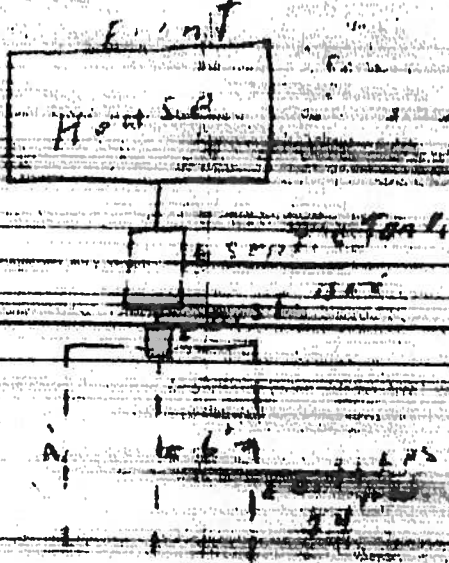
Signed _____

NOTE: Plumber must notify the Health Department (Phone _____) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

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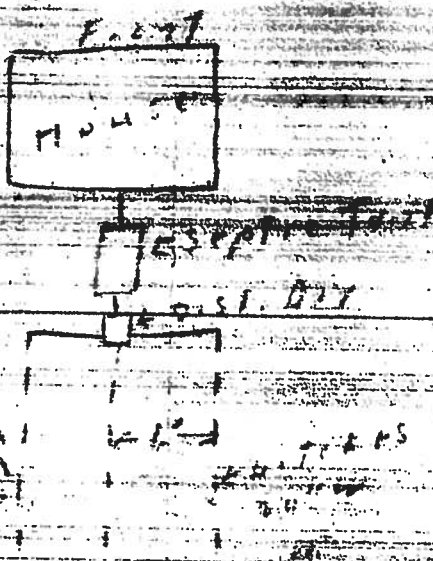
Permit No. _____ Date of Application _____
 To Whom Issued _____
 Address _____
 Location _____
 Type of Tank _____
 Minimum Size _____
 Minimum Feet of 4" Farm Tile in _____
 Distribution Field _____
 Depth in Inches of Cinders or Stone _____
 Owner's Name _____
 Address _____
 Final Approval. _____ Date 4-3-47
 Signed _____

NOTE: Plumber must notify the Health Department (Phone _____) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

HEALTH DEPARTMENT

PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System



Permit No. _____ Date of Application _____
 To Whom Issued _____
 Address _____
 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. _____ Date 4-3-47
 Signed _____

NOTE: Plumber must notify the Health Department (Phone _____) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

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

Date 3-10-59 Case No. 408

Owner [REDACTED] Address [REDACTED] Phone [REDACTED]
(Mailing Address)

Occupant [REDACTED] Address [REDACTED] Phone [REDACTED]

Exact Location of Premises [REDACTED]
(Subdivision - Section - Lot No.) (Street, Road, Name or Number)

OWNER DESIRES TO: INSTALL REPAIR
 Water Supply System Water Supply System
 Sewage Disposal System Sewage Disposal System
 Septic Tank Septic Tank

FOR: Dwelling Other
 Actual or Potential Bedrooms 3 Actual or Estimated Water Consumption _____ Gal. Per Day Automatic Washing Machine Yes No Garbage Disposal Unit Yes No. Additional Wastes: _____

Health Department Recommends: _____

DETAILS OF RECOMMENDED SYSTEMS

WATER SUPPLY: Location to be approved by Sanitarian. Type:
 Drilled Well Driven Well Bored Well Dug Well
 Other Public Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ 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 for drainage.

SOIL STUDY: Naturally drained, suitable by sight Yes No

Technical Classification: _____

Rough Classification: Sandy Medium Clay Pipe Clay

Percolation Test Required: Yes No Rate _____

Minutes Per Inch Depth of Water Table _____ feet
(Estimated)

Surface Drainage Required: Yes No Area Drainage by _____

Lowering Ground Water Table Required: Yes No

DETAILS OF CONSTRUCTION: Watertight Septic Tank of _____

Concrete
(Kind of Material)

Inside dimensions: Length 7 feet. Width 3 1/2 feet. Liquid capacity 720 Gallons.

HOUSE SEWER LINE: Size 4 Inches. Type of material required Cotton Distance from Water Supply _____ feet.

SUB-SURFACE ABSORPTION FIELD: Distribution Box required. Ditches of equal length required.

Number of square feet required 700 Type aggregate required: Broken Stone Gravel Slag. Size range from _____

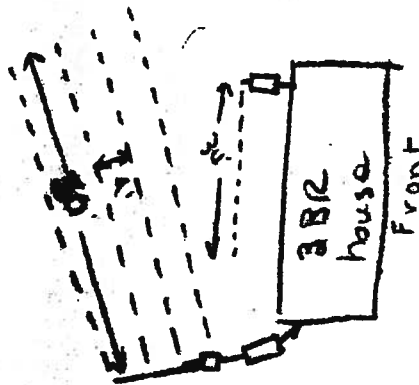
1/2 inch to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 13 inches or more.

Soil Cover over tile not to exceed 24 inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be _____ 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

4 lines 50' long 3' wide
Washer System:
1/2 500 gal tank
34' of 3' ditch



Note: Owner or his agent must notify _____ Health Department, Phone _____ when installation is ready for inspection. If any Sewage Disposal System is installed, it shall be 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 3-10-59 Signed _____

Date _____ Signed _____
(Reviewing Authority)

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

Date **8-27-59** Case No. **116**

Owner [REDACTED] Address [REDACTED] Phone [REDACTED]

Occupant [REDACTED] Address [REDACTED] Phone [REDACTED]

Exact Location of Premises [REDACTED]
(Subdivision - Section - Lot No.) (Street, Road, Name or Number)

OWNER DESIRES TO: INSTALL REPAIR
 Water Supply System Water Supply System
 Sewage Disposal System Sewage Disposal System
 Septic Tank Septic Tank

FOR: Dwelling Other **Apartment Unit 4apts.**
 Actual or Potential Bedrooms **8** Actual or Estimated Water Consumption **8** Gal. Per Day Automatic Washing Machine Yes No
 Garbage Disposal Unit Yes No Additional Wastes:

DETAILS OF RECOMMENDED SYSTEMS

WATER SUPPLY: Location to be approved by Sanitarian. Type: Drilled Well Dug Well Bored Well Dug Well Other **Public** Cased **7** feet.
 Casing to be properly sealed and cemented, if necessary. Casing to extend at least 6 inches above ground floor. Grouted **7** feet. All surface drainage to run 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 for drainage.

SOIL SLOPE: Naturally drained, suitable by sight Yes No
 Technical Classification: Sandy Medium Clay Pipe Clay
 Permeability Test Percentage: Yes No Rate **1.5**
 Minutes Per Inch Depth of Water Table **6** Estimated **6** feet

Surface Drainage Required: Yes No Area Drainage by Leaking Ground Water Table Required: Yes No

DETAILS OF CONSTRUCTION: Watertight Septic Tank of **2 tanks - concrete**
 Kind of Material: **Cast Iron**
 Inside dimensions: Length **13** feet, Width **7** feet, Liquid capacity **300** Gallons
 HOUSE SEWER LINE: Size **4** inches Type of material required **Cast Iron** Distance from Water Supply **1500** feet.
 SUB-SURFACE ABSORPTION FIELD: Distribution **996 + seepage well**
 Equal length required: **996** feet
 Number of square feet required **1500** Type aggregate required: Broken Stone Gravel Slag. Size range from **1/2** inch to **2 1/2** inches. Depth of aggregate from base of tile to bottom of ditches **6** inches.
 Total aggregate must equal minimum depth **18** inches or more.
 Soil Cover over tile not to exceed **18** inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be **1500** feet.

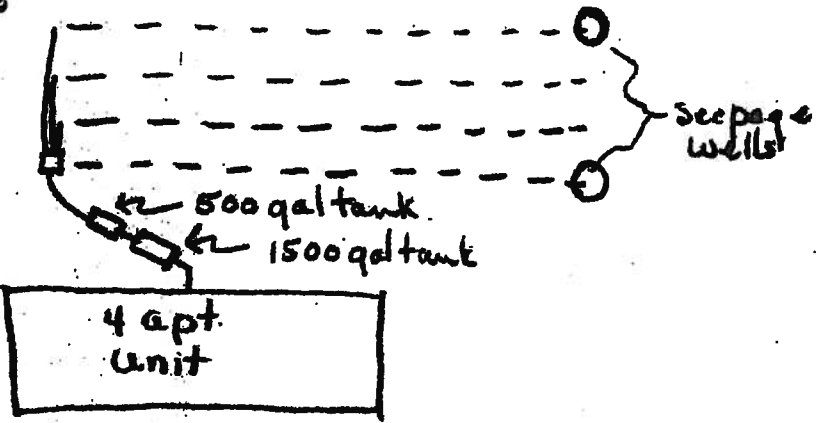
rough sketch of premises, including adjacent properties if pertinent, showing location of lot line, buildings, water supplies, sewage disposal systems, trees, and other possible sources of contamination of water supplies, by indicating distances and slope with regard to one another.

4 lines 83' long 3' wide

$$\begin{array}{r} 33 \\ 2 \\ \hline 35 \\ 996 \end{array}$$

83' x 3'

Already Inspected 8-27-59



Note: Owner or his agent must notify **Sh82211** Health Department, Phone **Sh82211** 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 **8-27-59** Signed [REDACTED] (Sanitarian or Health Director)

Date _____ Signed _____ (Reviewing Authority)

**UNIFORMED
PERMIT TO INSTALL OR REPAIR
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS
(VOID AFTER TWELVE (12) MONTHS)**

Date 8/15/65 Case No. _____

Address _____
(Mailing Address)

Address _____ Phone _____
(Mailing Address)

Exact Location of Premises _____
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

- INSTALL**
 Water Supply System
 Sewage Disposal System
 Septic Tank

- REPAIR**
 Water Supply System
 Sewage Disposal System
 Septic Tank

FOR

Dwelling Other _____
 Actual or potential Bedrooms 3 Actual or estimated Water Consumption 402 gal. per day Automatic Washing Machine Yes No
 Garbage Disposal unit Yes No
 Additional wastes None

Health Department recommends _____

DETAILS OF RECOMMENDED SYSTEMS

- (1) **WATER SUPPLY** Location to be approved by Sanitarian. Type
 Drilled Well Driven Well Bored Well Dug Well
 Other Public Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ 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 for drainage.

- (2) **SOIL STUDY** Naturally drained, suitable by sight Yes No
 Technical Classification Sandy Clay loam
 Rough Classification Sandy Medium Clay Pipe Clay. Percolation Test required Yes No. Rate _____ Minutes per inch. Depth of Water Table _____ feet (Estimated)

Surface drainage required Yes No. Area Drainage by Lowering Ground Water Table required Yes No

- (3) **DETAILS OF CONSTRUCTION** Watertight Septic Tank of Concrete Inside Dimensions Length 8 feet.
(Kind of Material)

Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 957 gallons.

- (4) **HOUSE SEWER LINE** Size 4 inches. Type of material required C.T.. Distance from Water Supply 20' feet.

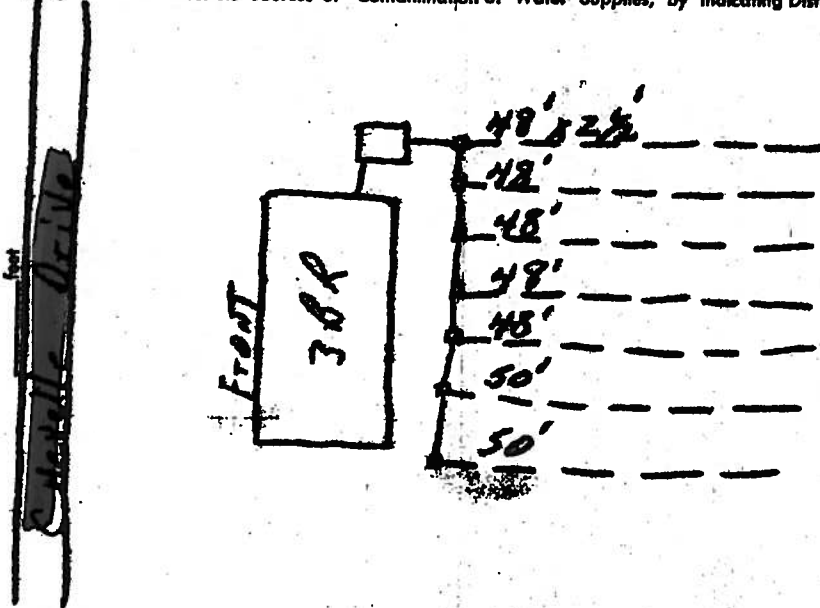
- (5) **SUBSURFACE ABSORPTION FIELD** Distribution Box required. Ditches of equal length required.

Number of square feet required 850 Type aggregate required Broken Stone Gravel Slag. Size range from $\frac{1}{2}$ inches to $2\frac{1}{2}$ inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 13 inches or more.

Soil Cover over tile not to exceed 12 inches. Distance from well to septic tank 12' feet; distance from well to drain tile field 12' 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 notify _____ Health Department, Phone 278-226 when installation is ready for inspection. If any Sewage _____ 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 _____

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

(Reviewing Authority)

Date 8/15/65 Signed _____

(Sanitarian or Health Director)

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

Date 2/24/64 Case No. _____

Owner _____ Phone _____

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of Premises _____

OWNER DESIRES TO

<input checked="" type="checkbox"/> INSTALL	<input type="checkbox"/> REPAIR	FOR
<input type="checkbox"/> Water Supply System	<input type="checkbox"/> Water Supply System	<input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Other _____
<input type="checkbox"/> Sewage Disposal System	<input type="checkbox"/> Sewage Disposal System	Actual or potential Bedrooms <u>3</u> Actual or estimated Water Consumption <u>70 L</u> gal. per day Automatic Washing Machine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Septic Tank	Garbage Disposal unit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional wastes <u>None</u>

Health Department recommends _____

DETAILS OF RECOMMENDED SYSTEMS

(1) **WATER SUPPLY** Location to be approved by Sanitarian. Type Drilled Well Driven Well Bored Well Dug Well Other Public Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ 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 for drainage.

(2) **SOIL STUDY** Naturally drained, suitable by sight Yes No Technical Classification Well Drained Rough Classification Sandy Medium Clay Pipe Clay. Percolation Test required Yes No. Rate _____ Minutes per inch. Depth of Water Table _____ feet (Estimated)

Surface drainage required Yes No. Area Drainage by Lowering Ground Water Table required Yes No

(3) **DETAILS OF CONSTRUCTION** Watertight Septic Tank of Concrete Inside Dimensions Length 7 feet. (Kind of Material)

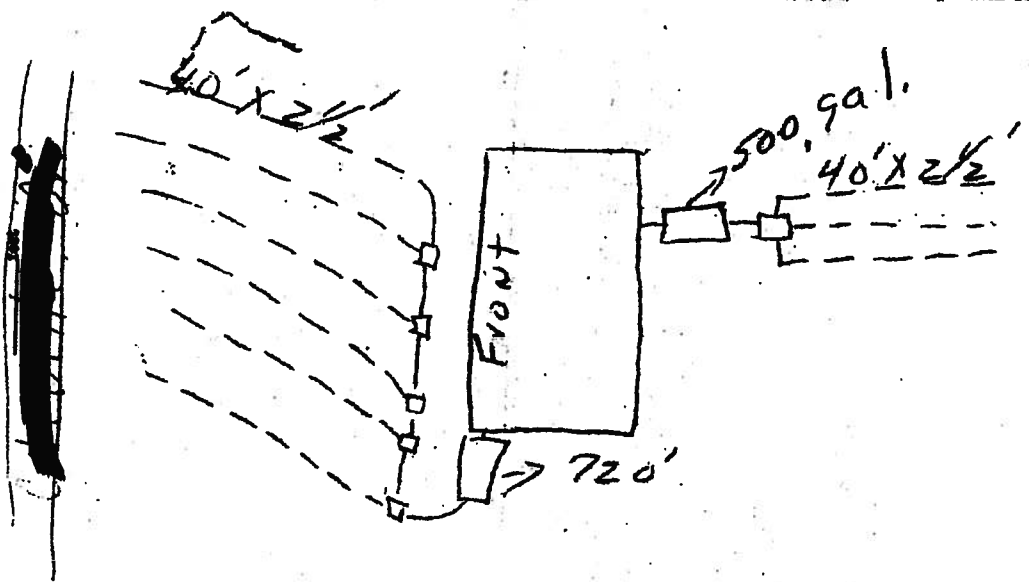
Width 2 feet. Liquid Depth 4 feet. Depth of Air Space _____ feet. Liquid Capacity _____ gallons.

(4) **HOUSE SEWER LINE** Size 4 inches. Type of material required P.V.C. Distance from Water Supply _____ feet.

(5) **SUBSURFACE ABSORPTION FIELD** Distribution Box required. Ditches of equal length required. Number of square feet required 700 Type aggregate required Broken Stone Gravel Slag. Size range from $\frac{1}{2}$ inches to $2\frac{1}{2}$ inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 18 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 20 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 Supply, by indicating Distances and Slope with regard to one another.



Rear system:
3(40') Lines
500 gal. TANK

Front system:
6(40' Lines)
720 gal. TANK

Note: Owner or his agent must notify _____ Health Department, Phone 143-2211 when installation is ready for inspection. If any Sewage _____ 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.

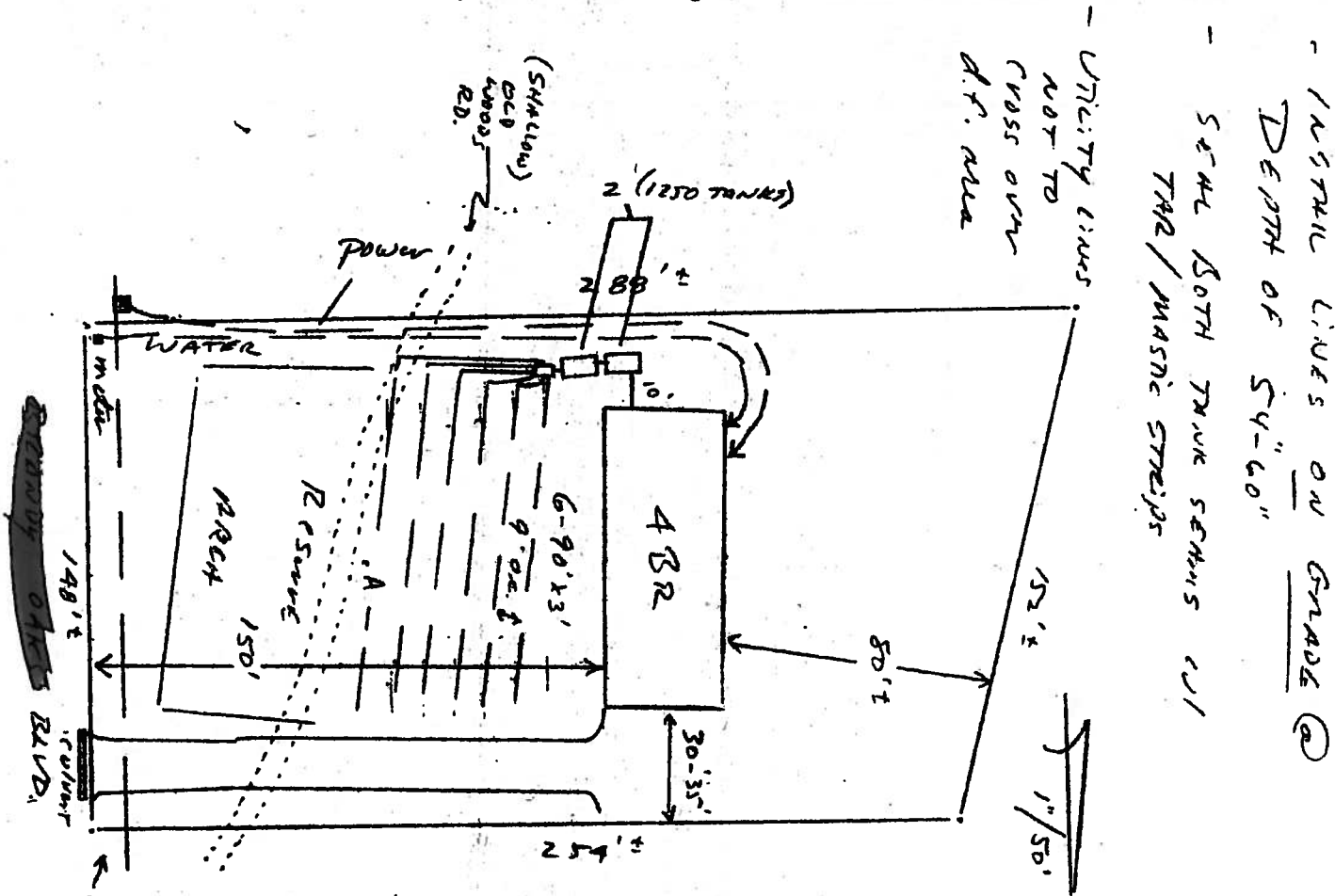
Based on the above information, the undersigned recommends that this permit be issued.

Date _____ Approved _____ (Reviewing Authority) Date _____

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 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: 2-14-02 Issued by: [REDACTED]

Date: 2/14/02 Reviewed by: [REDACTED]

This Construction Permit Valid until 8/2003

Supervisory Sanitarian

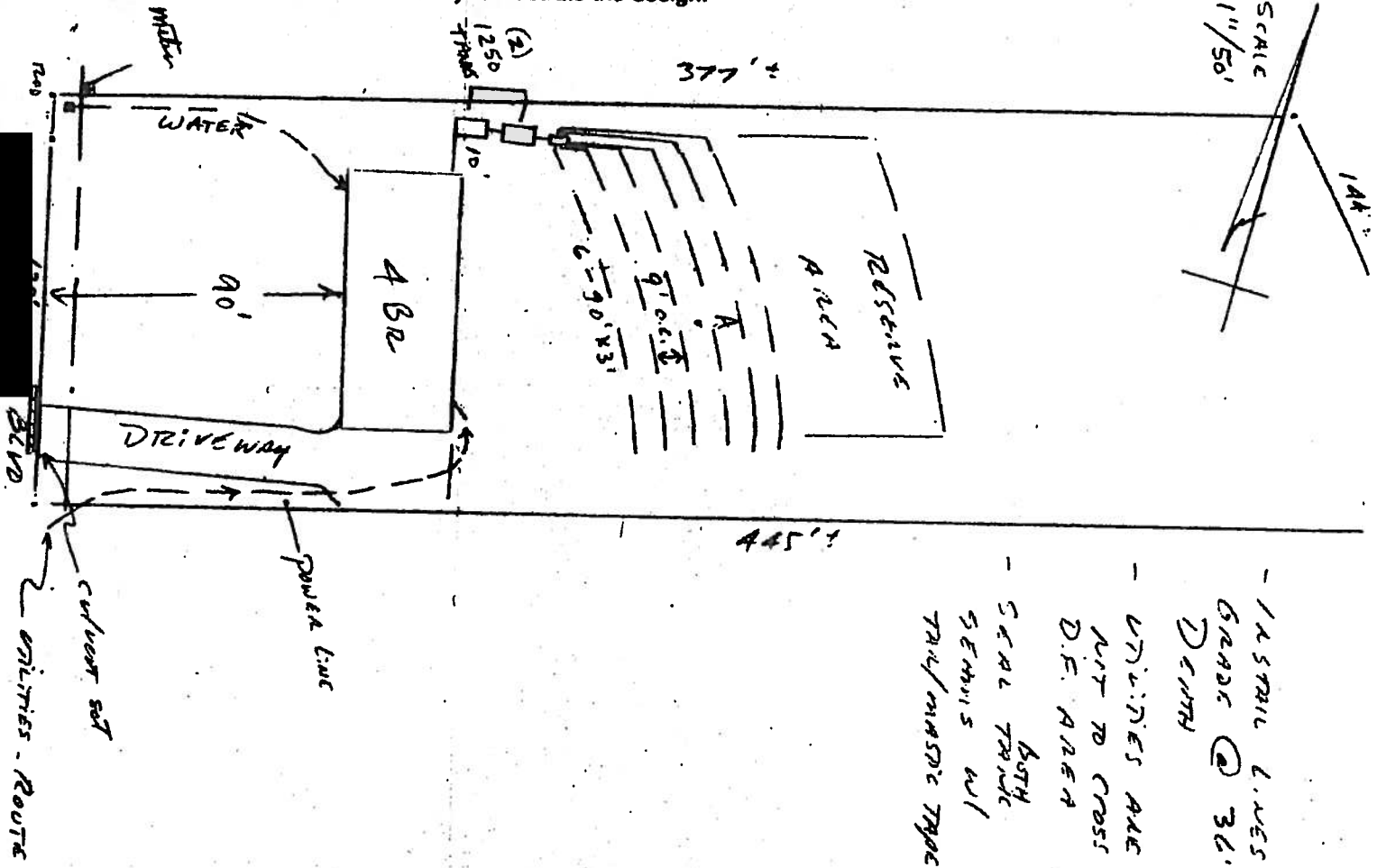
If FHA or VA financing

Reviewed by Date _____ Date _____

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.



- 14.5 FT. LINES ON
 GRADE @ 36"
 DITCH
 UTILITIES ARE
 NOT TO CROSS
 D.F. AREA
 BOTH
 SEWER TRUNK
 & SEWERS W/
 TRAIL/MASONIC TRAIL

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: 2-13-02 Issued by: [REDACTED]

Date: 2-14-02 Reviewed by: [REDACTED]

Supervisory Sanitarian

This Construction
 Permit Valid until
8/2003

If FHA or VA financing

Reviewed by Date _____ Date _____