Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Thomas Jefferson Health Department

Health Department Identification Number SD-91-059
Map Reference 120-27-61

General Information

New [X] Repair [ ] Expanded [ ] Conditional [ ] FHA [ ] VA [ ] Case No. N/A

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 Jacquelin T. Robertson % Telephone 800-637-8602

Address RT. 1 Box 193 Esmont, VA 22937

For a Type I Sewage disposal system which is to be constructed on/at to the west of SR 627 ABOUT 0.1 m. & South of SR 715

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

Actual or estimated water use Single

DESIGN	NOTE: INSPECTION RESULTS
Water supply, (existing:) (describe) _____ **To be installed:** class N/A cased _____ grouted N/A	**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 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 [X] Yes [ ] describe and show design. if yes: _____	**Pump & pump station:** yes [ ] no [ ] comments Satisfactory
Gravity mains: 4" 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 8 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 600: depth from ground surface to bottom of trench 18"; aggregate size ¾-1½": Trench bottom slope 2-4"-100'; center to center spacing 9'; trench width 3' Depth of aggregate 1'; Trench length 100'; Number of trenches 2	**Absorption trenches:** yes [ ] no [ ] comments Satisfactory Date _____ Inspected and approved by: _____ Sanitarian

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
JAMES MADISON Health Department

Health Department Identification Number SD-91-059
Map Reference 120-27-61

General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. N/A

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 WACHUSIN T. ROBERTSON c/o Telephone 800-637-1602

Address RT. 1 BOX 193 ESMONT, VA. 22937

For a Type I Sewage disposal system which is to be constructed on/at to the west of SR 627 ABOUT 0.1 mile SOUTH of SR 715

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

Actual or estimated water use 300 GPD

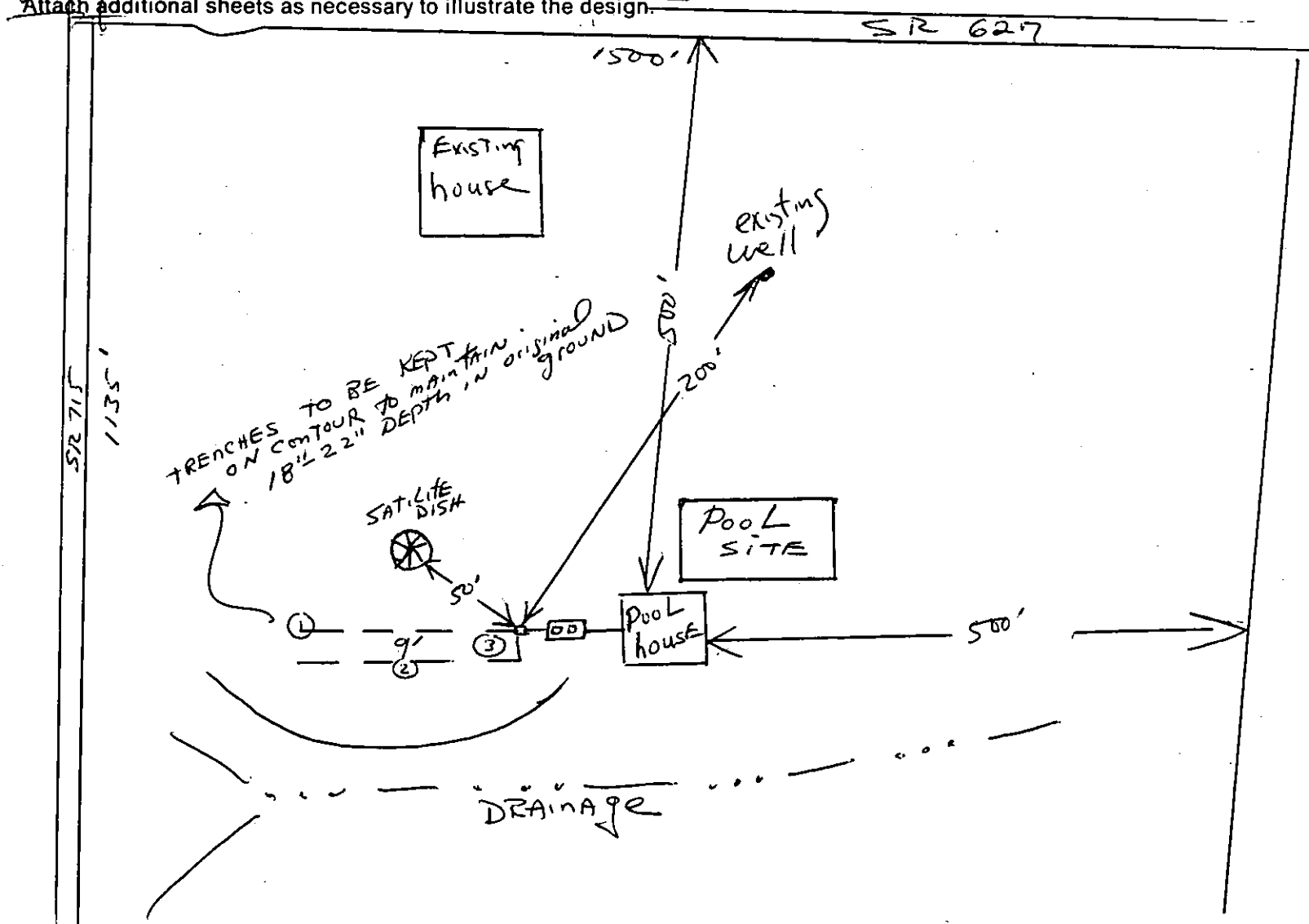
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class N/A cased N/A grouted N/A	**Water supply location:** Satisfactory yes ☐ no ☐ comments G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other _____	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity 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 show design. if yes: _____	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory
Gravity mains: 8" 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 8 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 600: depth from ground surface to bottom of trench 18"; aggregate size ½-1½": Trench bottom slope 2"-100'; center to center spacing 9'; trench width 3' Depth of aggregate 1'; Trench length 100'; Number of trenches 2	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory
	Date _____ Inspected and approved by: _____ Sanitarian

Health Department Identification Number SD-91-059

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.

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: 3-15-91 Issued by: [signature] Sanitarian

Date: 3-18-91 Reviewed by: [signature] Supervisory Sanitarian

This Construction Permit Valid until 9-15-95

If FHA or VA financing

Reviewed by Date _____ Supervisory Sanitarian Date _____ Regional Sanitarian

Health Department Identification Number SD-91-059

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.

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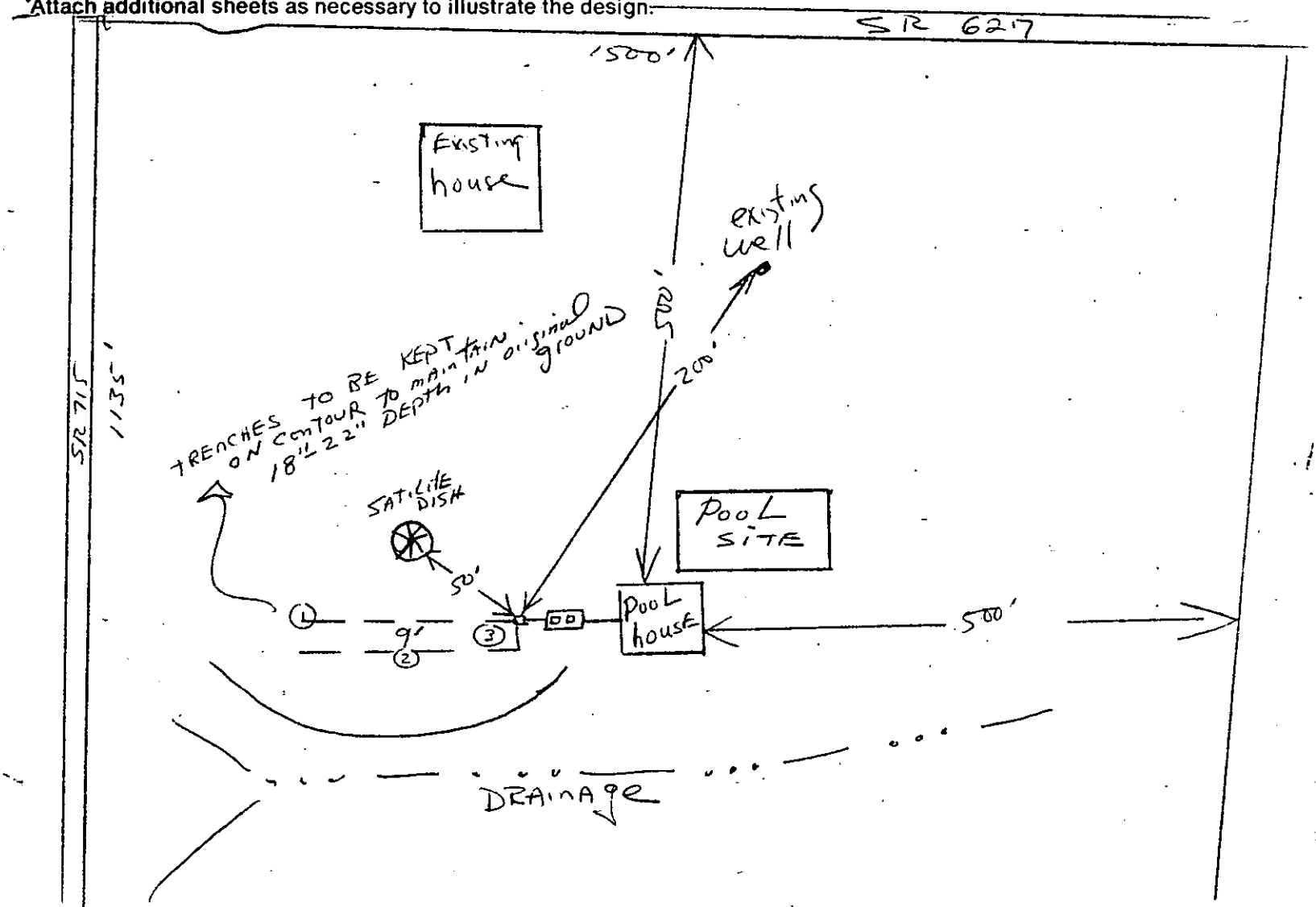

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Date: 3-15-91 Issued by: [signature] Sanitarian

Date: 3-18-91 Reviewed by: [signature] Supervisory Sanitarian

This Construction Permit Valid until 9-15-95

If FHA or VA financing

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

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number SD-91-059
Tax Map Number 120-27-

General Information

Date 3-13-91 Thomas Jefferson Health Department

Applicant Warren L. Powers Telephone No. 800637-8602

Address Rt. 1 Box 114 Fuber, VA. 22938

Owner Phellie Robertson Address Rt. 1 Box 193, Esmont, VA 22937

Location SR 627/715

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

Soil Information Summary

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

2. Slope < 10 % 60"

3. Depth to rock/impervious strata Max. ~~36~~ Min. 30" None _____

4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☐ _____ 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 60 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 LA CRAON, SANITARIAN

Signature: LA Craon

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 _____

Date of Evaluation 3-5-91

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. SD-91-059

Page 2 of 2

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	0-4	slt lt Br. Lom	II
	B-1	4-18	RED-yellow silty clay Lom	3
	B-2	18-30	same B-1 with Large shale	3
	C	>30	Auger Ref.	X
(2)	A	0-5	lt Br slt Lom	3
	B-1	5-20	RED yellow silty clay Lom	3
	B-2	20-60	same B-1 with shale	3
(3)	A	0-4	Br. slt Lom	3
	B-1	4-15	RED yellow silty clay Lom	3
	B-2	15-36	same B-1 w/ shale	3
	C	>36	Auger Refusal	X

Remarks

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

PAID
#M 121817 Health Department

Health Department Identification Number 101-91-0059
Map Reference 120-27=61
Date Received 2/26/91

To Be Completed By The Applicant

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

Owner Jacqueline T Robertson Address Rt 1 Box 193 Phone
Louisa, Va. 22937

Agent Buck Creek Nursery Inc Address Rt 1 Box 114 800-Phone 637-8602
Anthony Bennett Palmyra, Va. 22938

Directions to Property S side of Rt 715 - 6/10 mile NE of Rt 719

Subdivision Woodville area Section Block Lot

Other Property Identification Tm 120-27 Bldg # 91-230 NNR

Dimensions/size of Lot/Property 21.922 acres

Other Application Information

I. **Building/facility** ☒ New ☐ Existing
Intermittent Use ☐ Yes ☐ No If yes, describe: POOL HOUSE

II. **Residential Use** ☒ Yes ☐ No
Termite Treatment ☐ Yes ☒ No
☒ Single Family ☐ Multifamily Number of Units 1 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:
☒ Private ☒ Existing

V. **Proposed Installation:** ☒ Septic tank and drainfield ☐ Other
If other, describe

X 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.

Warren L Bowers — Site is ok to issue B/P (MH) — 2/26/91
Signature of owner/agent — Date

C.H.S. 200 Revised 4/83

PAID

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number 101-91-0059
Map Reference 120-27-61

#121517 Health Department

Date Received 2/26/91

To Be Completed By The Applicant

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

Owner Jacqueline T Robertson Address Rt 1 Box 193 Fremont, Va. 22937 Phone

Agent Buck Creek Nursery Inc Anthony Bennett Address Rt 1 Box 114 Faber, Va. 22938 Phone 800-639-8602

Directions to Property S side of Rt 715 - 6/10 mile NE of Rt 719

Subdivision Woodville area Section Block Lot

Other Property Identification TM 120-27 Cldg # 91-230 NNR

Dimensions/size of Lot/Property 21.922 acres

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 1 Number of Bedrooms
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:
☐ Private ☑ Existing

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

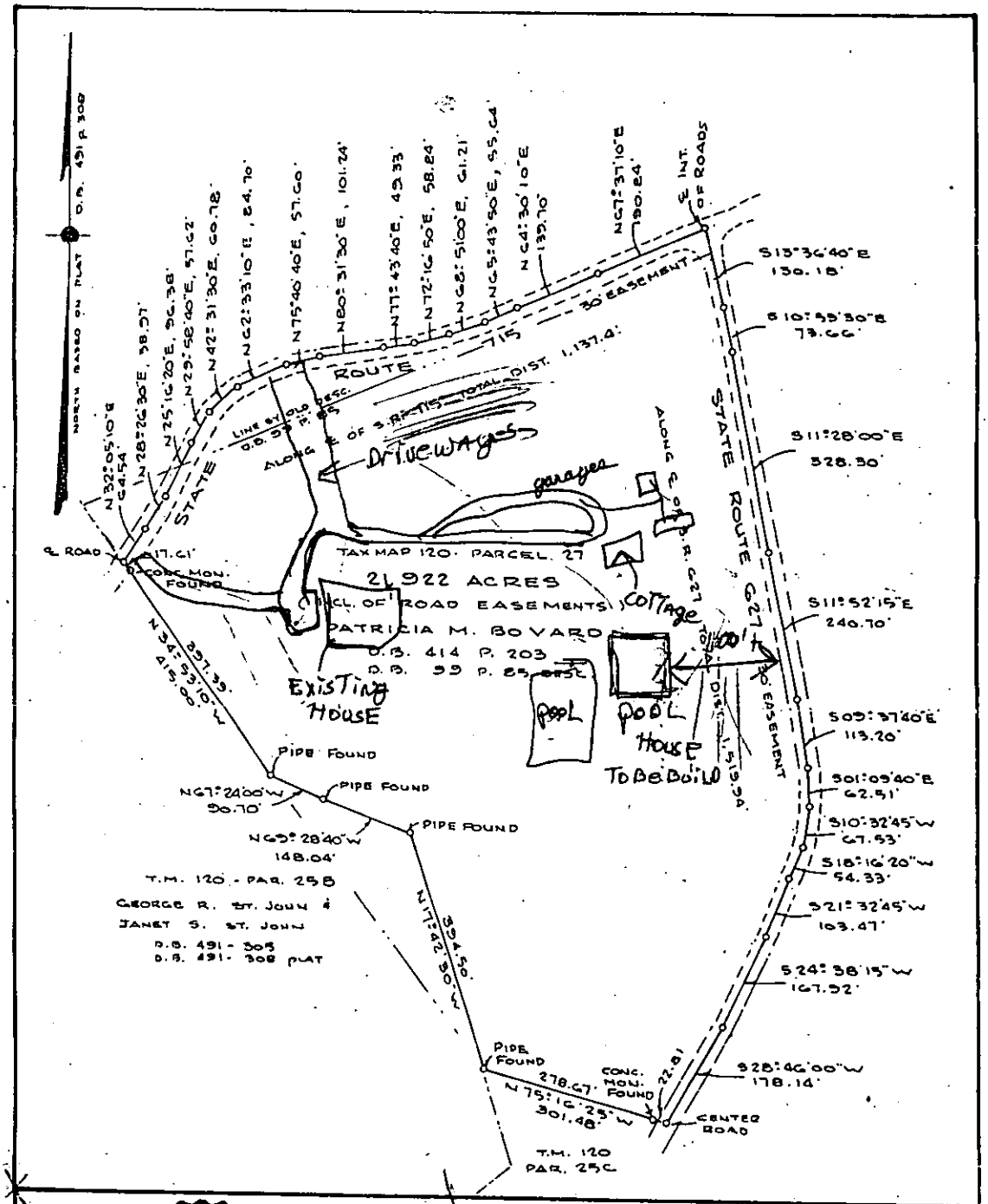
SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways; underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or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

Signature of owner/agent [signature] Site soil to issue Bldg permit (CMY) Date 2/26/91

C.H.S. 200 Revised 4/83

Robert O. Bovard
Lelia G. H. Bovard



COMMONWEALTH OF VIRGINIA
WM. MORRIS FOSTER
CERTIFICATE NO.
54-17-3(a)998
54-17-3(b)171
LAND SURVEYOR

WM. MORRIS FOSTER
LAND SURVEYOR
CHARLOTTESVILLE, VA.

PLAT SHOWING SURVEY OF
21.922 ACRES DESIGNATED
TAX MAP 120 - PARCEL 27
PATRICIA M. BOVARD PROPERTY IN
SCOTTSVILLE MAG. DISTRICT OF
ALBEMARLE COUNTY, VIRGINIA

SCALE: 1"=200' AUG. 7, 1986

THOMAS JEFFERSON HEALTH DISTRICT

Important Notice

PLEASE READ BEFORE FILING YOUR APPLICATION AND PAYING YOUR FEE

This is to inform you that the fees for environmental health permits mandated by the State, cannot be refunded once the application has been filed and the fee paid except for the following reasons:

1. If you, as the applicant, withdraw your application before the sanitarian makes a visit to evaluate the property.

2. The Health Department is unable to issue a permit and then only if you own the lot and are seeking to construct your principle place of residence on this lot and you provide written notification to the Health Department that you are foregoing your right to appeal the denial of your request for a permit.

   In order for you to then appeal at a later date, the above refunded fee would need to be paid before a hearing date would be scheduled.

BEFORE YOU PAY THE FEE FOR A SEPTIC SYSTEM PERMIT PLEASE READ THE FOLLOWING CAREFULLY

It is your responsibility to make it clear to the sanitarian which one or two areas on your lot you want tested, although he will advise you which areas appear more suitable for a septic system. No more than two areas will be tested and the permit will be issued showing the location of the system in only one suitable site. The site cannot be changed later without additional expense on your part. (You will need to hire a private soil consultant to test another site and submit his report, along with a new application and fee to the health department). If you do not intend to build now, but only need the soil tested before a sale is made, we recommend that you hire a soil consultant to do the test and apply for a Health Department permit when you know where you want to build.

I have read and understand the above application notice.

Warren T. Powers

Signature of Applicant Date

Note that the back of this form may be used for your site plan sketch.

PERMIT I.D. NO. 101-91-0059 (S)

TAX MAP: 120-27-61

NAME: Jacqueline T. Robertson

TAG SHEET

the DNR
C.O.C

	Initials	Date
Application Received:	MP	2/26
Application Reviewed:	MP	2/26
Fee Determined:	MP	2/26
Assigned to:	WAC	2/26
Site Visit Scheduled::	WAC	2/27
Site Visit Made:	WAC	3/5
Follow-up Visit:		
Follow-up Visit:		
Issue/Deny Drafted:	CWR	3/7
Issue/Deny Reviewed:	JJC	3-18-91
Issue/Deny Countersigned:	JJC	3-18-91
Issue/Deny Mailed:	A.S.	3/18/91