

## **Sewage Disposal System Construction Permit**

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## Commonwealth of Virginia **Department of Health**



**Health Department** Identification Number Health Department Map Reference

General I	Information
3.13.01, a construction permit is hereby issued to:  Owner  Address  For a Type  Sewage disposal system which is	Telephoneto be constructed on/at Was Seed W 64 (
Subdivision Section.  Actual or estimated water use 450 6. R.D.	/Block Lot
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe)	Water supply location: Satisfactory yes _ no _
To be installed: class grouted	G. W. 2 Received: yes  no not applicable
Building sewer:  I.D. PVC 40, or equivalent.  Slope 1.25" per 10' (minimum).	Building sewer: yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity gals. (minimum).	Pretreatment unit: yes ☐ no ☐ comments Satisfactory  FX/S7
Inlet-outlet structure: PVC 40, 4" tees or equivalent.  Other	Inlet-outlet structure: yes   no   comments Satisfactory  Quellet   Replaced
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 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: depth from ground surface to bottom of trench: aggregate size: Trench bottom slope;	Absorption trenches: yes ☐ no ☐ comments Satisfactory
center to center spacing; trench width;  Depth of aggregate;  Trench length; Number of trenches	Date Inspected and approved by:

Health Department Identification Number 5790-04

Schematic drawing	of	sewage	disposal	system	and	topographic features.
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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 sewage disposal system is to be constructed as specified by the permit  $\square$  or attached plans and specifications  $\square$ .

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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.

ered, if necessary, upon the direction	on of the Department.	
Date: <u>1-3-90</u>	_Issued by:	This Construction Permit Valid until
Date: 1-8-90	Reviewed by:	Jame 1994
If FHA or VA financing	MI Jackhal	fu
Reviewed by Date	Date	

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

Supervisory Sanitarian II-2A Regional Sanitarian

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PERMIT TO INSTALL OR REPAIR

Ditt	7/5/	5-3
Date	11-1	

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM
Owner Mrs Virgil Wilson Address Flint Hill Bax 7 Phone
(Must be filled in) (Mailing Address)  Occurrent  Address
Location of Premises (Subdivision, Street or Road Name or Number, Section, Lor No.)
Directions
Desires to:
Lot Size: Width 3 4 Ft e 3 7 Depth Ft.
FOR: Dwelling Unit Dwelling Unit Bed Rooms Water Consumption G
Septic Tank System
Living Quarters Other (Explain)
Health Department: Recommends Rejects: Water Supply System Reasons for Rejection and Recommended Alternatives:
Kind of Material for Tank: Size of  Tank: Length Ft. Width Ft. Depth Subsurface No. of Drainage Field: Ditches Depth of Filter Material From Base to Cover Tile From Base to Cover Tile  Percolation Tests Required  DETAILS OF RECOMMENDED SEPTIC TANK SYSTEM  Other  Other  Other  System  Other  Othe
Rough Sketch of Premises Showing Location of Buildings, Water Supply System, Sewage Disposal System, and other Pertinent Details  Sphare Distribution  Width Ft.

This is a Permit to Construct or Repair Subject to Inspection. (Owner or his Agent) must Notify for the Health Department when Installation is ready for Inspection. If any Septic Tank or Part thereof is covered before being inspected by the Health Department, it shall be uncovered by the owner at the direction of the Health Officer or his Agent.