

# Sewage Disposal System Operation Permit

Commonwealth of Virginia  
Department of Health

Tax Map No. 54-67A-83

Health Department  
Identification No. 101-90-322  
THOMAS JEFFERSON Health Department



VINTON COMPANY is Hereby Granted Permission  
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at  
RT. 691

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 90-1410NR

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

4/9/91

Effective Date

SPECIAL CONDITIONS

☐ NONE ☐ SEE ATTACHED

[Signature]  
Recommended (Sanitarian)

[Signature]  
Approved (State Health Commissioner)

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 510-90-322

T. H. FURBER Health Department

Name of Company/Corporation/Individual: Paul O. Drake

Address: Box 238 Greenwood Va Telephone: 456 6403

Owner's Name: Same

Owner's Address: Same

Location of Installation: Lot Truman 54 parcel 67A Block Greenwood

Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Other: Shirley (loghouse now reconstructed)

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 4-5-91 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1-3-91

Date

Paul O. Drake owner

Signature and Title

PERMIT I.D. NO. 101-90-322 (C)  
TAX MAP: 54-67A-83 ✓  
NAME: Winton Co.

TAG SHEET

	<u>Initials</u>	<u>Date</u>
Application Received:		9-5
Application Reviewed:		9-5
Fee Determined:		9-5
Assigned to:		9-5
Site Visit Scheduled:	fm	9-6
Site Visit Made:	fm	9-11
Follow-up Visit:		
Follow-up Visit:		
Issue/Deny Drafted:	fm	10/11/90
Issue/Deny Reviewed:	J2C	12-6-90
Issue/Deny Countersigned:	J2C	12-6-90
Issue/Deny Mailed:	A.S.	12/10/90

# Sewage Disposal System Construction Permit

PAGE \_\_\_\_ OF \_\_\_\_ 2

Commonwealth of Virginia  
Department of Health



Health Department  
Identification Number  
Map Reference

ATLANTIC CO. Health Department

101-00-0322  
54-67A-83

## 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 \_\_\_\_\_ Telephone \_\_\_\_\_  
Address VINION COMPANY  
For a Type 1 Sewage disposal system which is to be constructed on/at \_\_\_\_\_  
Subdivision Rt. 691 Section/Block \_\_\_\_\_ Lot \_\_\_\_\_  
Actual or estimated water use 450 gpd

## DESIGN

Water supply, existing: (describe) well  
To be installed: class 1 well  
cased 20 ft. grouted 20 ft.  
Building sewer: \_\_\_\_\_  
I.D. PVC 40, or equivalent.  
Slope 1.25" per 10' (minimum).  
☐ Other \_\_\_\_\_  
Septic tank: Capacity 300 gals. (minimum).  
☐ Other \_\_\_\_\_  
Inlet-outlet structure:  
PVC 40, 4" tees or equivalent.  
☐ Other \_\_\_\_\_  
Pump and pump station:  
No ☐ XX Yes ☐ describe and show design.  
if yes: \_\_\_\_\_  
Gravity mains: 3" or larger I.D., minimum 6" fall per  
100', 1500 lb. crush strength or equivalent.  
☐ Other \_\_\_\_\_  
Distribution box:  
Precast concrete with 10 ports.  
☐ Other \_\_\_\_\_  
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 \_\_\_\_\_  
Percolation lines:  
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.  
☐ Other \_\_\_\_\_  
Absorption trenches:  
Square ft. required 1200 depth from ground surface  
to bottom of trench 42" aggregate size 5 1/2"  
Trench bottom slope 2 1/2"/100 ft  
center to center spacing 60'; trench width 2'  
Depth of aggregate 12"  
Trench length 100'; Number of trenches 4

## NOTE: INSPECTION RESULTS

Water supply location: Satisfactory yes ☒ no ☐ comments \_\_\_\_\_  
G.W. 2 Received: yes ☐ no ☐ not applicable ☐  
Building sewer: yes ☒ no ☐ comments Satisfactory  
Pretreatment unit: yes ☒ no ☐ comments Satisfactory  
Inlet-outlet structure: yes ☒ no ☐ comments Satisfactory  
Pump & pump station: yes ☐ no ☐ comments N/A  
Conveyance method: yes ☒ no ☐ comments Satisfactory  
Distribution box: yes ☒ no ☐ comments Satisfactory  
Header lines: yes ☒ no ☐ comments Satisfactory  
Percolation lines: yes ☒ no ☐ comments Satisfactory  
Absorption trenches: yes ☒ no ☐ comments Satisfactory

Date 1-2-91 Inspected and approved by:  
[Signature]  
Sanitarian



# Soil Evaluation Form

PAGE 1 OF 2Commonwealth of Virginia  
Department of HealthHealth Department  
Identification Number 101-90-0322  
Tax Map Number 54-67A

## General Information

Date 09/11/90 ALBEMARLE CO. Health Department  
Applicant SEE ATTACHED APPLICATION Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Owner VINTON COMPANY Address P. O. BOX 96, GREENWOOD, VA  
Location RT. 691  
Subdivision \_\_\_\_\_ Block/Section \_\_\_\_\_ Lot \_\_\_\_\_

## Soil Information Summary

1. Position in landscape satisfactory Yes ☐ No ☐ Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. Slope 05 %  
3. Depth to rock/impervious strata Max. \_\_\_\_\_ Min. \_\_\_\_\_ None ☒ XX  
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 ☐ No ☒ Texture group I II III IV  
No ☐ Estimated rate 05 min/inch  
7. Percolation test performed Yes ☐ No ☒ Number of percolation test holes \_\_\_\_\_  
Depth of percolation test holes \_\_\_\_\_  
Average percolation rate \_\_\_\_\_  
Name and title of evaluator: Jeffery T. McDaniel, SANITARIAN  
Signature: [Signature]

## Department Use

☒ Site Approved: Drainfield to be placed at 42" 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Department  
Identification No. \_\_\_\_\_  
101-90-0322  
Page \_\_\_\_\_ of \_\_\_\_\_

☐ See application sketch      ☐ See construction permit      ☐ See sketch on reverse side or page attached to this form.

### Remarks

# Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

For Department Use Only

Health Department  
Identification Number  
Map Reference

BR 90-322

T.J. DIST  
#1008926

Health Department

Date Received

9-5-90

## To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☒

Owner VINTON CO. Address P.O. Box 96 Phone 456-8520

GREENWOOD

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to Property Rt. 250 West, T/R Rt. 690, T/L 691, First  
GRAVER DRIVE ON LEFT

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Other Property Identification 90-1410NR, TAX MAP # 54 PARCEL 67A

Dimensions/size of Lot/Property \_\_\_\_\_

## 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 3  
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 ☒ Private ☒ New ☐ Existing Describe: drilled well

V. Proposed Installation: ☒ Septic tank and drainfield ☐ Other  
If other, describe 1200 ft, 42" 200 gal.

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.

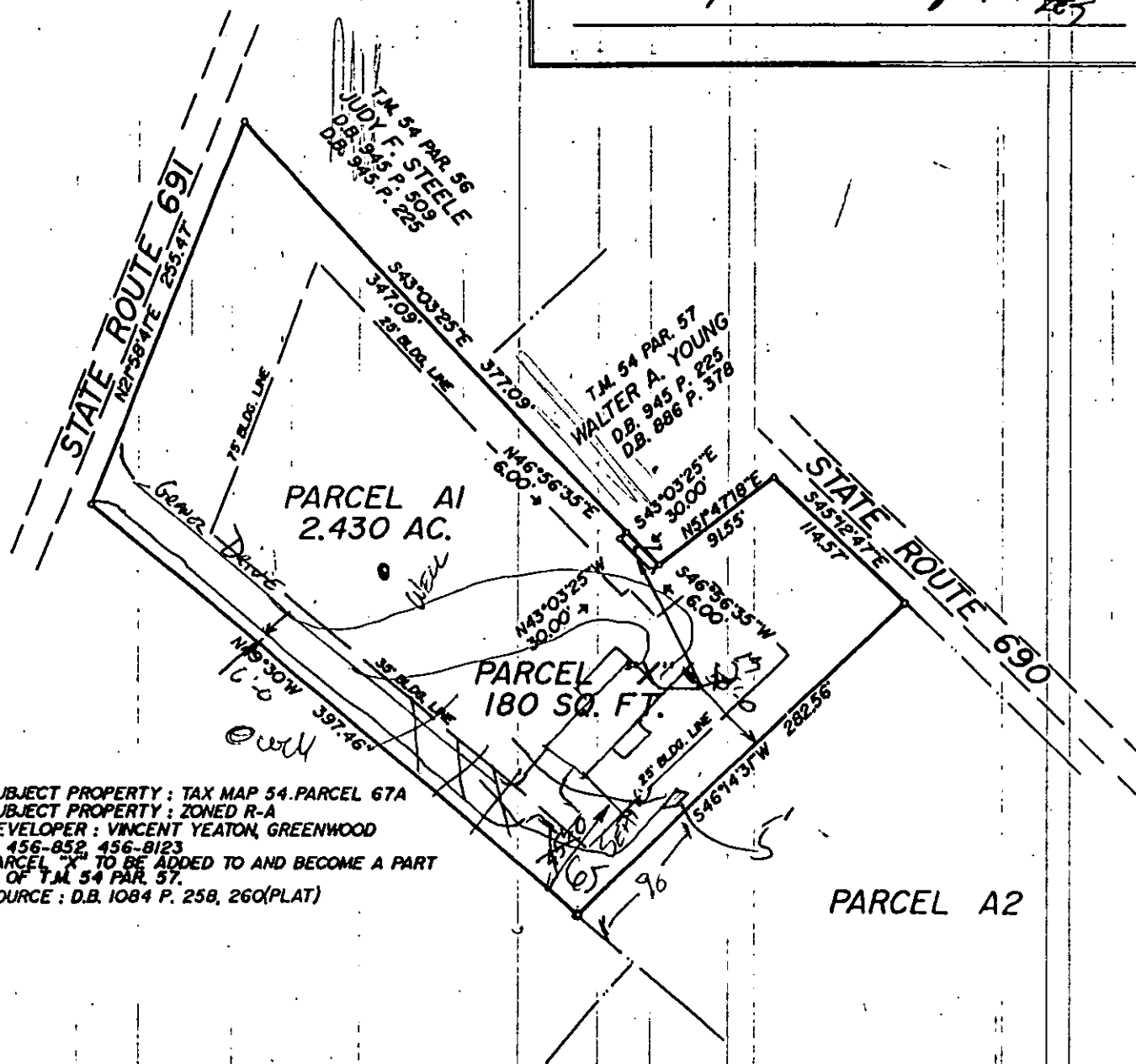
Signature of owner/agent

Date



APPROVED FOR RECORDATION

*V. Wayne Gilimberg 7/6/90*  
*205*



SUBJECT PROPERTY : TAX MAP 54. PARCEL 67A  
 SUBJECT PROPERTY : ZONED R-A  
 DEVELOPER : VINCENT YEATON, GREENWOOD  
 456-852 456-8123  
 PARCEL "X" TO BE ADDED TO AND BECOME A PART  
 OF T.M. 54 PAR. 57.  
 SOURCE : D.B. 1084 P. 258, 260(PLAT)

PARCEL A2

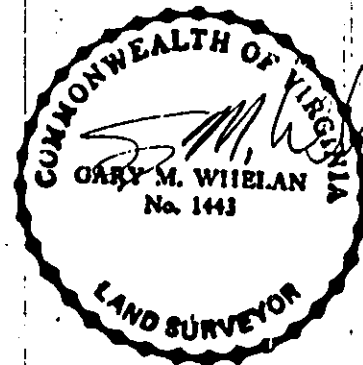
SUBDIVISION PLAT

PARCEL "X", A 180' SQ. FT.  
 PORTION OF PARCEL A1

WHITE HALL DISTRICT  
 ALBEMARLE COUNTY, VIRGINIA

SCALE : 1" = 100' JUNE 21, 1990

Gary M. Whelan  
 Land Surveyor  
 Charlottesville, Virginia



# Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

For Department Use Only

Health Department  
Identification Number \_\_\_\_\_  
Map Reference \_\_\_\_\_

T.J. Dist

# MO08926 SO<sup>06</sup>

Health Department

Date Received

9-5-90

## To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☒

Owner VINTON CO Address P.O. Box 96 Phone 456-8520

GREENWOOD

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to Property Rt. 250 West, T/R Rt. 690, T/L 691, First  
GRANER DRIVE ON LEFT

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Other Property Identification 90-1410NR, Tax Map # 54 Parcel 67A

Dimensions/size of Lot/Property \_\_\_\_\_

### 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 3  
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 ☒ Private  
☒ New Describe: drilled well  
☒ 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

Date

9-5-90

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:

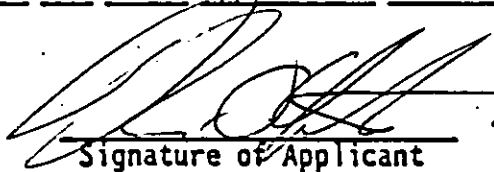
1. If you, as the applicant, withdraw your application before the sanitarian makes a visit to evaluate the property.
2. The Health Department is unable to issue a permit and then only if you own the lot and are seeking to construct your principal place of residence on this lot and you provide written 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.

  
Signature of Applicant

Date

9/5/90

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

SD-90 322

DIRECTIONS: S. 691

0.1 W. 690

DEPTH TO ROCK ☒

DEPTH TO WATER TABLE ☒

DEPTH TO FREE WATER ☒

TEXTURE GROUP 3

PUMP LETTER INFO

LITE

CAIS

DATE 9-11-90

SYSTEM TYPE ☒ I

WELL TYPE ☒ Bury

TRENCH DEPTH 42

NO. OF TRENCHES 4

LENGTH OF TRENCHES 100

SLOPE 5%

PERK RATE 153

MAIL TO

SOIL INFORMATION

DESCRIPTION TEXTURE GR.

1.	A	0-6	Brown loam	II
	B	6-38	Red clay loam	III
	C	30-60	Brown clay loam	III
2.	A	0-6	Brown loam	II
	B	6-60	Brown clay loam	III
	C			
3.	A	0-6	Brown loam	II
	B	6-24	Red br clay loam	III
	C	24-60	Brown loam	III