

INSTALL REPAIR REASONS FOR REJECTION
WATER SUPPLY SEWAGE DISPOSAL SYSTEM

Automatic cancellation (1) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
 Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

Owner Carrotoman By The Bay Civic Association FHA/VA Yes No Date 3/16/77 Case No Grid 20
 Address Mollusk, Va 22517 Phone _____
 Occupant members Address _____ Phone _____
 (Mailing Address) (Mailing Address)

Exact Location of premises Carrotoman By The Bay Sub Division
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other club house Automatic Washing Machine Yes No Consumption 30 gal. per day
 Actual Potential Bedrooms _____ Garbage Disposal Unit Yes No (Actual estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other community supply
 (To be installed) Class _____ Cased _____ ft. to be grouted _____ ft.

(Unless supported by positive evidence Class III is to be considered as to be installed.)

(2) SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____
 Estimated Percolation Rate 1-10 11-25 26-50 > 51 (If Known) Parcolation Test Required Yes No Rate _____
 (Minutes per inch) Depth to Grey Mortles 48+ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required Yes No OTHER DRAINAGE _____

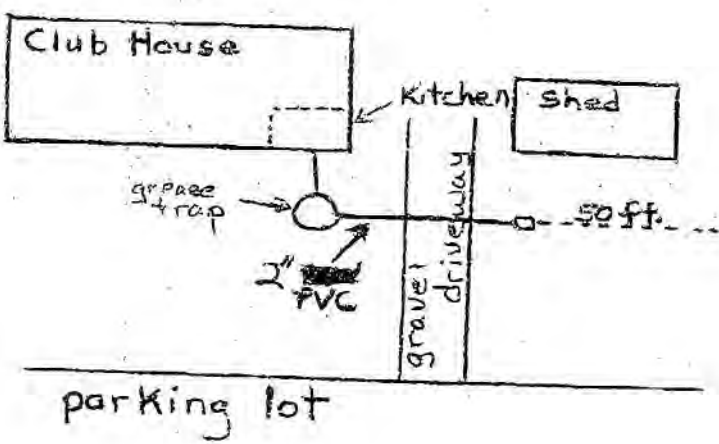
(3) HOUSE SEWER LINE Size 2 inches. Type of material required PVC. Distance from Water Supply 10' feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of concrete Material _____ Liquid Capacity _____ gallons.
 Inside Dimensions Length 26 feet Width 42 inches Liquid Depth 20 inches Depth of Air Space 6 feet.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required 150 Type aggregate required gravel
 Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 4 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be _____ inches from surface of original ground.
 Distance from well to septic tank _____ feet; distance from well to drainfield _____ 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.

For grease trap, use
 One 42" well curb
 set in concrete.



Note: Owner or his agent must notify Lancaster Co. Health Department, Phone 462-2462 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 3/16/77 Signed Bruce Anderson
 (Reviewing Authority)

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 3/16/77 Case No. Grid 20

CORPORATION BY THE MAY CIVIC ASSOCIATION MEMBERS
 Owner ASSOCIATION MEMBERS Address PHILIPSK, VA. 22517 Phone _____
 (Mailing Address)
 Occupant Club House Address _____ Phone _____
 (Mailing Address)
 Exact Location of Premises CORPORATION BY THE MAY CIVIC DIVISION
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design Yes No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed Inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION
 Allotted Area adequate Yes No. Distance from nearest lot lines _____ feet. Trees _____ feet. Water Supplies _____ feet. Buildings _____ feet.
- (2) INSTALLATION AND DESIGN
 Installed according to Permit Design Yes No.
 Have additional Household Appliances been added NOT on Permit:
 Automatic Washer Garbage Disposal
 Other _____ (Describe)
- (3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: Yes No. If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE
 Installed Yes No. Type of material _____ Size _____ inches.
- (5) SEPTIC TANK
 Constructed of well curb (42") (Kind of Material)
 Inside Dimensions Length _____ feet. Width _____ feet.
 Liquid Depth _____ feet. Depth of Air Space _____ inches.
 Inside Fittings comply with requirements Yes No.
- (6) DISTRIBUTION BOX
 Water tight and equal surcharge to each line by Water Test Yes No. Distribution Box provided with _____ (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 150 square feet.
 Number of ditches 1 Length of ditches 30 feet.
 Grade of ditches Minimum _____ inches per 100 feet.
 Maximum 4 inches per 100 feet. Has system been checked by instrument (Level) Yes No.
 Type aggregate used gravel
 Depth of aggregate under Tile 6 inches
 Total depth of aggregate 13 inches
 Depth of backfill over aggregate 7-30 inches
- (8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: Yes No. Was Surface Drainage required Yes No. If Yes, has this been provided Yes No.
 Has area been drained by lowering Ground Water Table: Yes No. Not required.
- (9) Are follow-up inspections necessary Yes No.

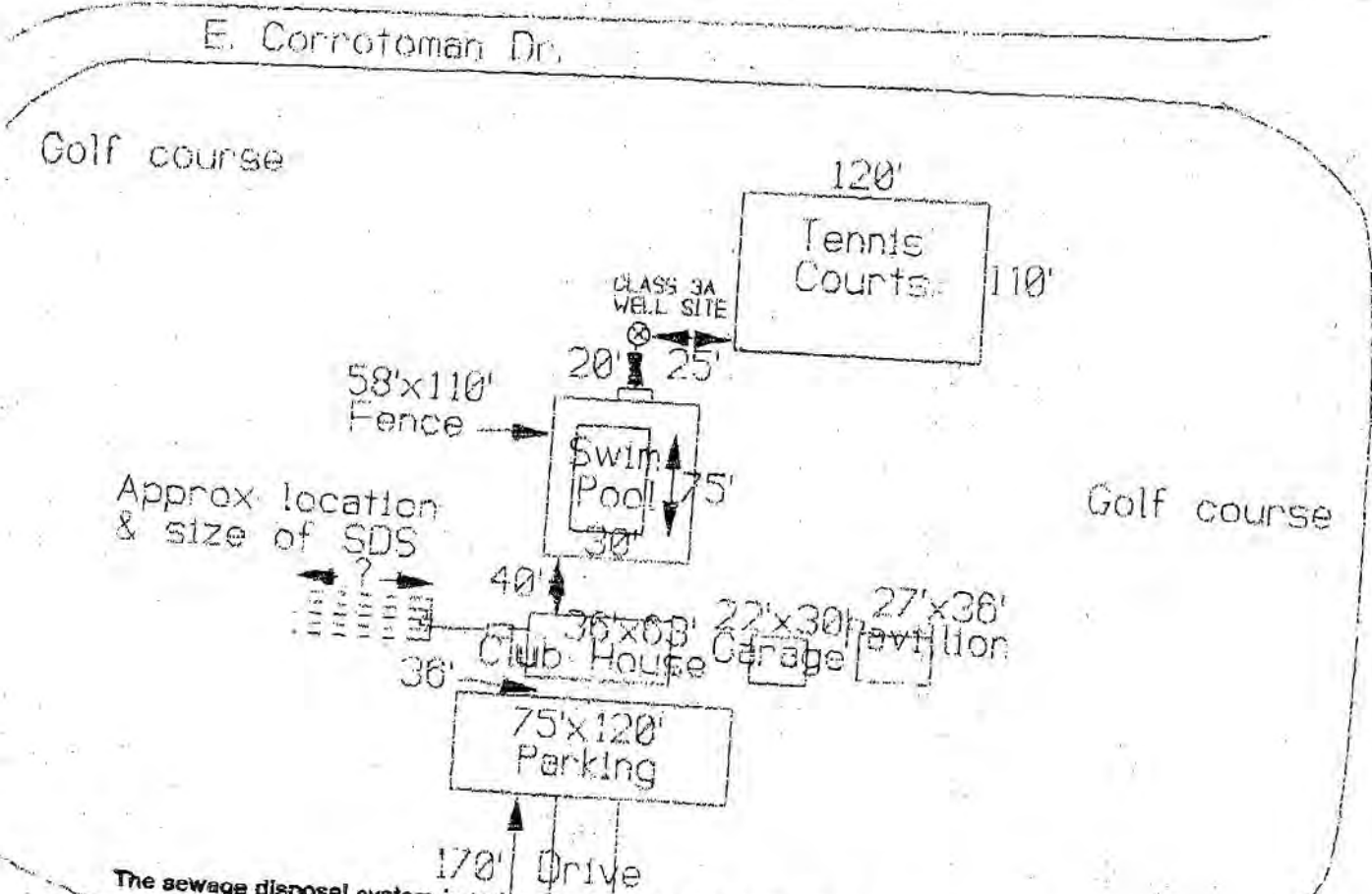
Septic Tank Contractor: Bugs Lewis Address Alhams Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by LANCASTER COUNTY Health Department.
 Date 3-29-77 Signed Carroll H. Ober J. (Sanitarian)
 Date _____ Approved _____ (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

Schematic drawing of sewage disposal system and topographic features.

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: 12/23/91 Issued by: Yvonne Cowen
 Sanitarian
 Date: 12-31-91 Reviewed by: M.A. VanLandingham
 Supervisory Sanitarian

This Construction Permit Valid until 6/23/96

If FHA or VA financing

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

WATER SUPPLY AND/OR

Sewage Disposal System Construction Permit

13-90
Date
Permit

Commonwealth of Virginia
Department of Health
LANCASTER COUNTY Health Department



Health Department
Identification Number 157-91-358
Map Reference 200(5)-566B

WATER SUPPLY SYSTEM: 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: CP J.I. HARRISON, PRES. OF BOARD
Owner CORRATONAN-BY-THE-BAY ASSOCIATION Telephone 462-5534
Address P.O. Box 99, MOLLISK, VA 22517
For a Type TIA ^{WATER SUPPLY} Sewage disposal system which is to be constructed on/at VS#3 TO LIVELY, 4TH ON RT 201, 4TH ON RT. 354, 4TH ON RT. 624, 4TH ON RT. 665, 4TH ON RT. 1070, COMMON FACILITIES ON
Subdivision CORRATONAN-BY-THE-BAY Section/Block 5 Lot 566B LEFT, PMIC
Actual or estimated water use 30 gpd

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>NA</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
To be installed: class <u>TIA</u> cased <u>100'</u> grouted <u>20'</u>	
Building sewer: _____ I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input type="checkbox"/> describe and show design. If yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with _____ ports. <input type="checkbox"/> Other _____	Distribution box: yes <input type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required _____; depth from ground surface to bottom of trench _____; aggregate size _____; Trench bottom slope _____; trench width _____; center to center spacing _____; trench width _____; Depth of aggregate _____; Trench length _____; Number of trenches _____	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
	Date _____ Inspected and approved by: _____ Sanitarian

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

ORIGINAL
LCHD

