

# Sewage Disposal System Construction Permit

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Commonwealth of Virginia  
Department of Health



Health Department

Identification Number

Map Reference

65-A-77

SD-85-433

Alt-77-30

Shenandoah Co.

Health Department

## 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 Jim Leary Telephone 856-2430  
Address State Rt 608 36 Mt. Jackson, Va. 22842  
For a Type I Sewage disposal system which is to be constructed on/at East side of Rt 611  
South 1/2 mile from Rt 263 & 611 intersection  
Subdivision \_\_\_\_\_ Section/Block \_\_\_\_\_ Lot \_\_\_\_\_  
Actual or estimated water use \_\_\_\_\_

DESIGN	NOTE: INSPECTION RESULTS
Water supply, <u>existing</u> : (describe) <u>Well</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class _____ cased _____ grouted _____	G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>900</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>N/A</u> <u>11</u>
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 checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>8</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>900</u> ; depth from ground surface to bottom of trench <u>20"</u> ; aggregate size <u>0.5 to 1.5</u> Trench bottom slope <u>2" min to 4" max per 100'</u> center to center spacing <u>9'</u> ; trench width <u>36"</u> Depth of aggregate <u>13"</u> Trench length <u>100'</u> ; Number of trenches <u>3</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>6'11 8'4 10'0</u> <u>7'1 8'9 10'3</u>
Date <u>7-10-16</u> Inspected and approved by: _____ Sanitarian	

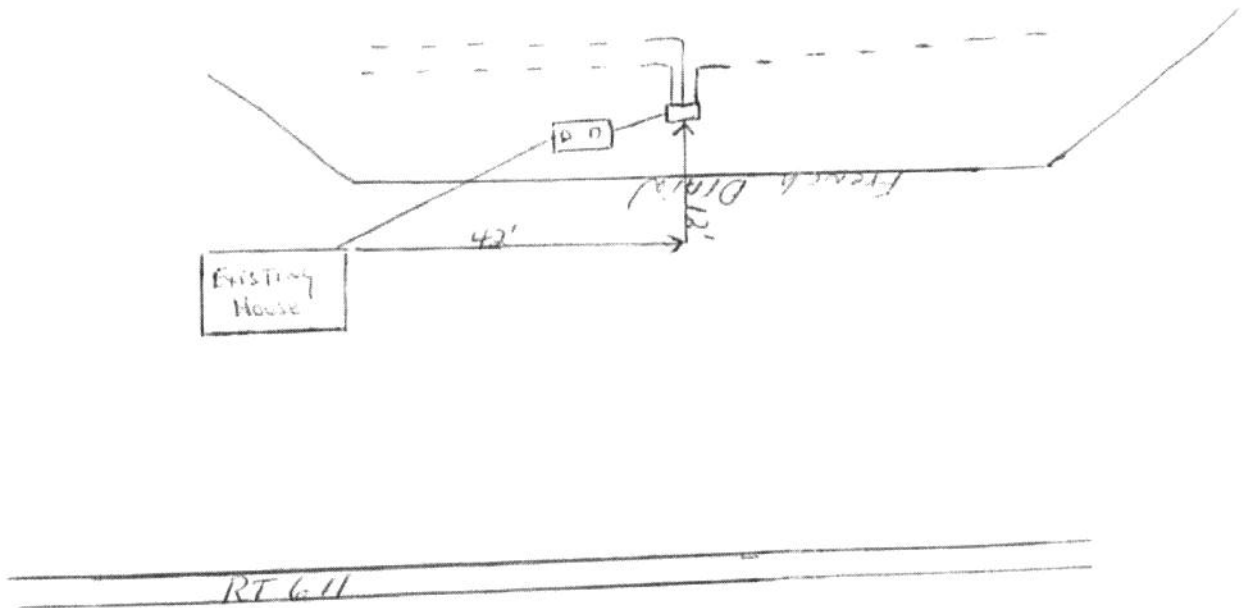
**Schematic drawing of sewage disposal system and topographic features.**

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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 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.

*Repair permit.*



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: 1-16-86 Issued by: Ron Brown Sanitarian

Date: 1-31-86 Reviewed by: H. Bender Supervisory Sanitarian

This Construction Permit Valid until 7-16-86

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Supervisory Sanitarian \_\_\_\_\_ Date \_\_\_\_\_ Regional Sanitarian \_\_\_\_\_