

APPLICATION FOR BUILDING PERMIT

INSTRUCTIONS: Prepare FOUR COPIES; Secure approval of Health Department; Submit to Zoning Administrator together with scaled plot plan showing lot dimensions, building location on lot, distance from road front, distance from adjacent owners, building dimensions and building plans.

Name of Owner Georgiana Cullison

Address _____ Telephone _____

Name of Contract Buyer John Markey

Address 214 Gatzmer Ave. Jamesburg, N. J. 08831 Telephone _____

Name of Contractor _____ Number _____

Address _____ Telephone _____

Property Location—Highway No. off 667 Land Map No. 35A-2-6-13

Block _____ Section _____ Subdivision Middle River Retreat Lot Number 13

Lot Size 1.04 acre Frontage _____ ☐ Land Division ☒ Lot of Record

Zoning Classification C-1

BUILDING DATA

Type of Structure Proposed Septic Field for lot of record for proposed house. Proposed Use _____

☐ Accessory Structure ☐ Addition ☐ Mobile Home (Year _____) ☒ Septic System ☐ Electrical

☐ Single Family Dwelling ☐ Other: _____

Size _____ x _____ No. of Floors _____ Total Area _____ Square Feet

Bedrooms 3 beds Baths _____ Other _____ Interior Wall Construction _____

Exterior Wall Construction _____ Type Roof & Covering _____

Garbage Disposals _____ Heat (type) _____ Basement _____ (☐ full ☐ partial ☐ finished)

If there are any other buildings on the property, attach a sketch indicating location, dimensions, use, type of construction, distance to road and property line.

HIGHWAY DATA, SETBACK AND YARDS

Served by: ☐ State Road ☒ Private Road Width of Access 50 Ft.

Building Setback: 50 Feet from Frontage Road; Side Yard 25 Feet from p1

Side Yard 25 Feet from p1; Rear Yard 50 Feet from p1

ADJACENT OWNER

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UTILITIES

Domestic Water: ☒ Individual ☐ Public Sewerage: ☒ Individual ☐ Public

Health Permit 11-14-88 Approved by Health Dept. SD-88-216 Stanley Borden 11/14/88

(DATED)

(DATE)

Estimated Cost \$ 2000.00 Work to Begin Nov. 1988 To Be Completed 12 months

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and the use or construction shall conform to the County Health Regulations, the Zoning Ordinance, and private deed restrictions if any, which are imposed on the above property. I further agree to restore any and all damage which may result from this work. PERMIT EXPIRES ONE YEAR AFTER ISSUANCE.

Signature of _____ Date 10-3-88

Owner or Agent: _____ Date _____

Approved by Building Inspector _____ Date _____

Approved by Zoning Administrator: _____ Date _____

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health
MADISON COUNTY



Health Department
Identification Number SD-88-216
Map Reference 35A-2

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 JOHN MARKEY Telephone _____
Address 214 GATZMER AVE., JAMESBURG, N.J. 08831
For a Type I Sewage disposal system which is to be constructed on/at _____
Subdivision MIDDLE RIVER RETREAT Section/Block II Lot 12, 13, 14 - LOT 14
Actual or estimated water use 450 G.P.D. I. 32 ACRES CROSS DAM

DESIGN

Water supply, existing: (describe) _____

To be installed: class III
cased Min. 20' grouted Min. 20'

Building sewer:
4 I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other _____

Septic tank: Capacity 1000 gals. (minimum).
☐ Other _____

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
☐ Other _____

Pump and pump station:
No ☒ 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: Min. 8
Precast concrete with _____ 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 30"; aggregate size #5; Trench bottom slope 2-4" per 100'; center to center spacing 7'; trench width 2'; Depth of aggregate 13"; Trench length 100'; Number of trenches 6

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 _____
Satisfactory

Conveyance method: yes ☐ no ☐ comments _____
Satisfactory

Distribution box: yes ☐ no ☐ comments _____
Satisfactory

Header lines: yes ☐ no ☐ comments _____
Satisfactory

Percolation lines: yes ☐ no ☐ comments _____
Satisfactory

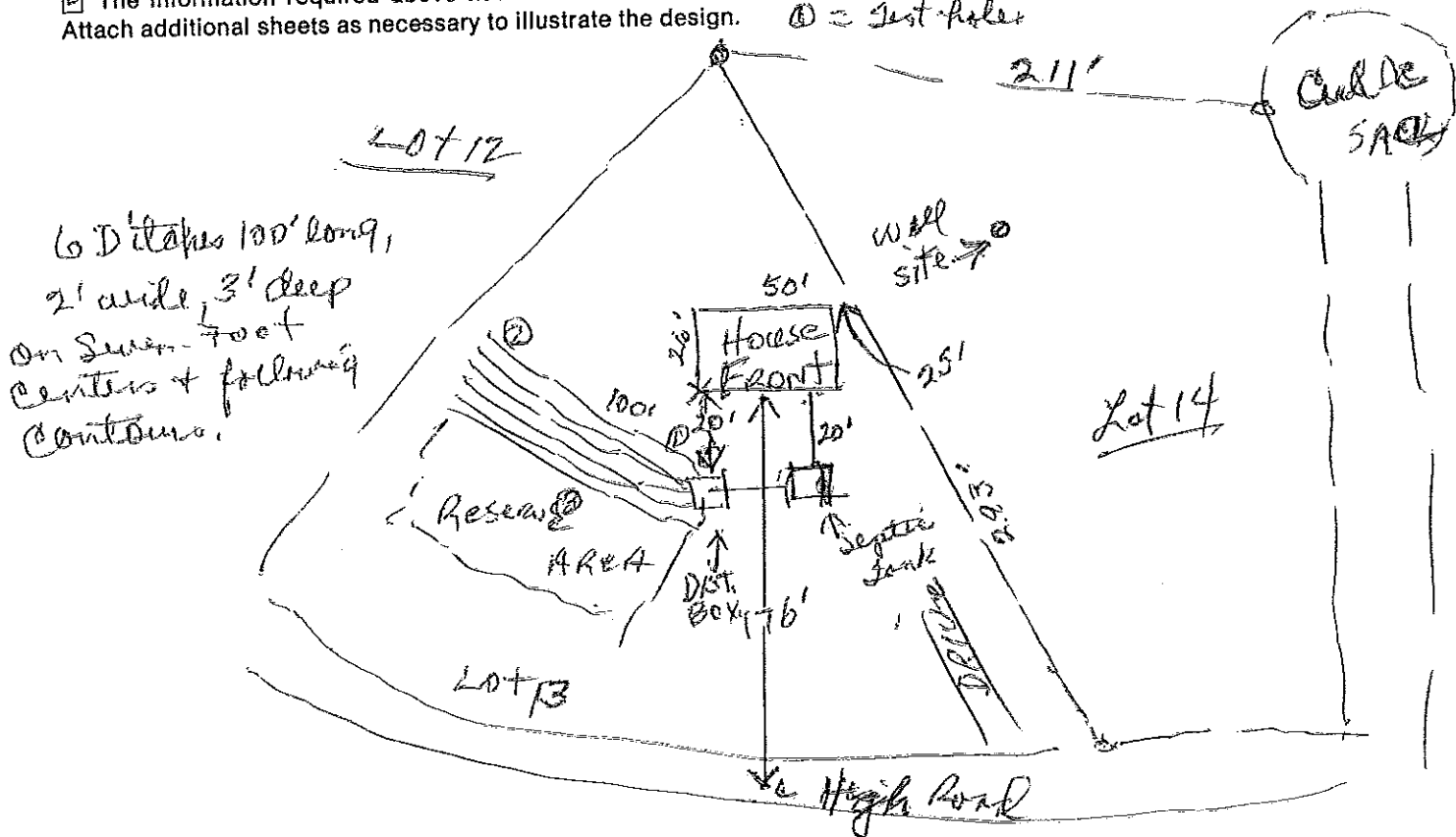
Absorption trenches: yes ☐ no ☐ comments _____
Satisfactory

Date _____ Inspected and approved by: _____
Sanitarian

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. *① = Test hole*



Not To Scale

Keep drainfield
a min. of 100'
from all potable water

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: 11-14-88 Issued by: Stanley Borders
Sanitarian

Date: 11-15-88 Reviewed by: Charles Ship Hodge
Supervisory Sanitarian

This Construction
Permit Valid until
5-14-93

54 months

If FHA or VA financing

Reviewed by Date

Supervisory Sanitarian

Date

Regional Sanitarian