

# Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health



Health Department  
Identification Number 170-93-327  
Map Reference NA

PATRICK 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 Karl Weiss - State Line Grocery Telephone 694-6377  
Address Rt 5 Box 538 Stuart  
For a Type II Sewage disposal system which is to be constructed on/at 8 So. on left before N.C. line  
Subdivision NA Section/Block NA Lot NA  
Actual or estimated water use 1200 gpd (24 scats)

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>II B non-comm.</u> cased _____ grouted _____	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 checked="" type="checkbox"/>
Building sewer: <u>3" +/or 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>2400</u> gals. (minimum). <input checked="" type="checkbox"/> Other <u>+ 750 min grease trap</u>	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 checked="" 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 <u>NA</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>12</u> ports. <input checked="" type="checkbox"/> Other <u>+ 12</u>	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>2100</u> ; depth from ground surface to bottom of trench <u>48"</u> ; aggregate size <u>1/2-1 1/2"</u> ; Trench bottom slope <u>2" 4" in 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>100'</u> ; Number of trenches <u>6 x 100' (+ 3 x 33')</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Date <u>10-27-93</u> Inspected and approved by: _____ <u>[Signature]</u> Sanitarian	

BST  
10/27/93  
10/27/93

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

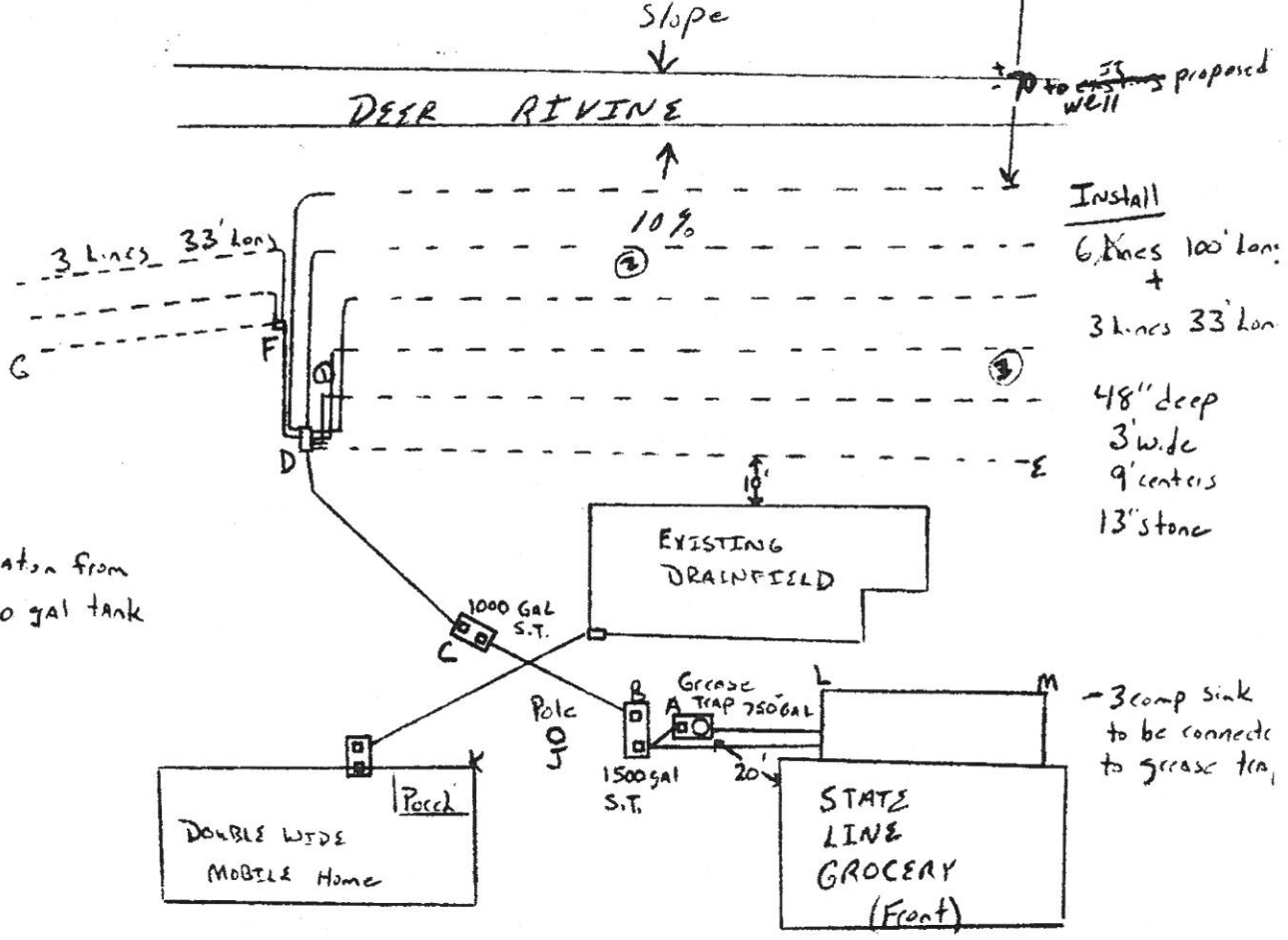
Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The 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.

NOT TO SCALE  
 DH-89'6"  
 DI-98'6"  
 CJ-36'  
 CK-26'  
 FI-118'  
 FH-109'  
 EL-63'  
 EM-72'  
 -triangulate  
 A,B,G at F.na!

\*MAINTAIN 20' separation from  
 Grease trap and 1500 gal tank  
 to building

Well House  
 Existing well



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: 10-18-93 Issued by: [Signature] Sanitarian  
 Date: 10-18-93 Reviewed by: [Signature] Supervisory Sanitarian

This Construction Permit Valid until 4-18-98

If FHA or VA financing  
 Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisory Sanitarian II-2A Regional Sanitarian  
 FILE COPY

# Sewage Disposal System Operation Permit

Commonwealth of Virginia  
Department of Health

Health Department  
Identification No. 170-31-027  
Stafford County Health Department



Tax Map No. \_\_\_\_\_

Carl Weiss - Waste Mart Grocery is Hereby Granted Permission  
to Operate a (Type) \_\_\_\_\_ Sewage Disposal System Having a Design Capacity of 1000 gpd, at  
South on left before 10. Mile

SUBDIVISION	SECTION/BLOCK	LOT
<u>NA</u>	<u>NA</u>	<u>NA</u>

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 \_\_\_\_\_

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

SPECIAL CONDITIONS  
 NONE  SEE ATTACHED

January 21, 1994

Effective Date

[Signature]  
Recommended (Sanitarian)

[Signature]  
Approved (State Health Commissioner)

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 170-93-327  
Patrick Health Department

Name of Company/Corporation/Individual: Wood & Boyd

Address: Meadows of Dan Telephone: \_\_\_\_\_

Owner's Name Karl Weiss - State Line Grocery

Owner's Address RT 5 Box 538 Stuart

Location of Installation: Lot \_\_\_\_\_ Block \_\_\_\_\_

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

Other: 8 South ± 9 miles on left

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 10-18-93 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

10-22-93

Date

Leo E. Boyd  
Signature and Title

# Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

Patrick

Health Department



Health Department

Identification Number 170-87-0286

Map Reference NA

General Information	
New <input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Expanded <input type="checkbox"/> Conditional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> 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 <u>Barry J. Stevens</u> Telephone <u>919-593-8237</u> Address <u>RT 15, Bx 129E Stuart</u> For a Type <u>II</u> Sewage disposal system which is to be constructed on/at <u>8 So. Aprx 12 miles on left of W&amp;W II + 2X mobile home beside it</u> Subdivision <u>NA</u> Section/Block <u>NA</u> Lot <u>NA</u> Actual or estimated water use <u>Aprx 500 gpd</u>	
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>well</u> To be installed: class <u>NA</u> cased <u>NA</u> grouted <u>NA</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/>
Building sewer: <u>3" + 1/2" 4" I.D. PVC 40, or equivalent.</u> Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other <u>existing</u>	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>existing</u>
Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other <u>existing</u>	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>existing</u>
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other <u>existing</u>	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>existing</u>
Pump and pump station: No <input checked="" 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 <u>NA</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 type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>min 8</u> 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 <u>top 2 lines installed &amp; inspected 2-2-88 JT</u>
Absorption trenches: Square ft. required <u>800</u> ; depth from ground surface to bottom of trench <u>48"</u> ; aggregate size <u>1/2 - 1 1/2"</u> ; Trench bottom slope <u>2" 4" / 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>1/3"</u> ; Trench length <u>67'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ Sanitarian	

Health Department  
Identification Number 170-87-0286

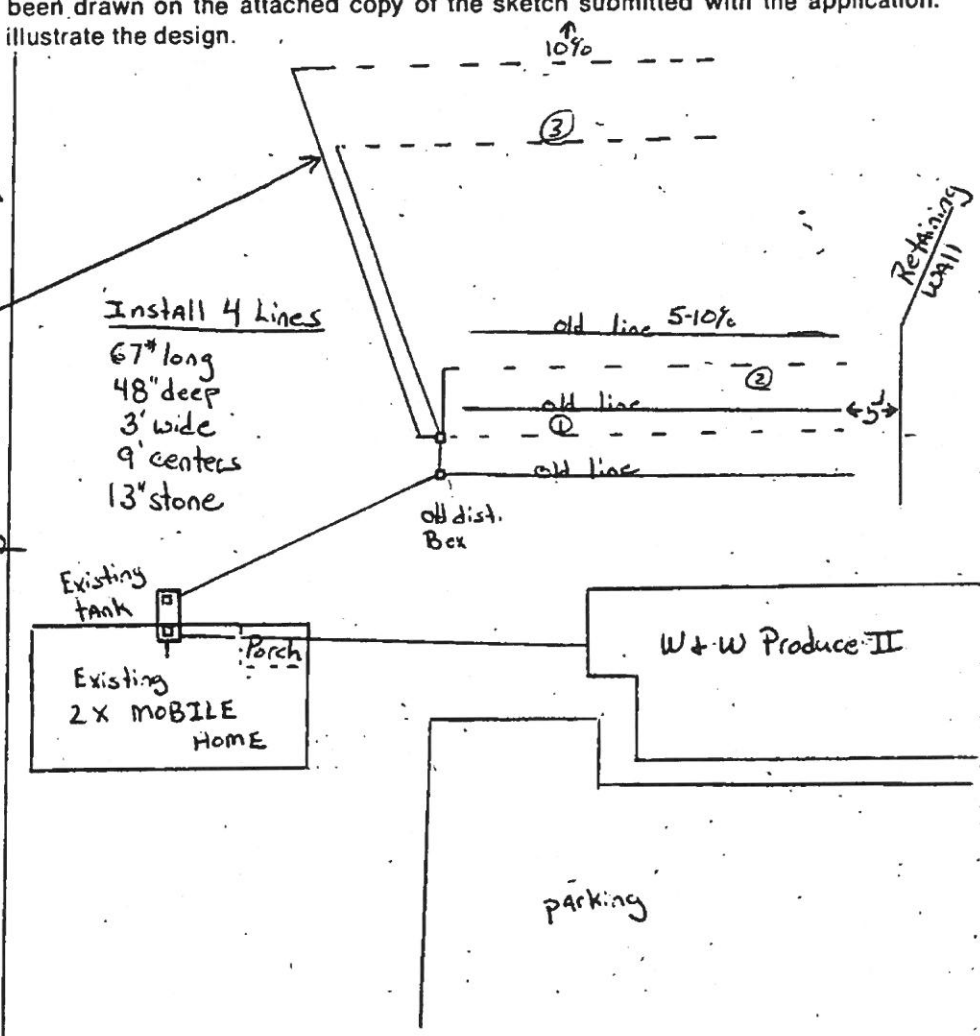
PAGE 2 OF 2

**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. Seal off all 3 old Lines
- \*2. Widen end of top Lines to 4' so that each line contains 200ft<sup>2</sup>. (Last 20')
3. Install top 2 Lines immediately and lowe 2 Lines when weather permits.
4. Have plumber check all fixtures for leaks
5. Fix gutters at back of store so that water does not run across drainfield.



The sewage disposal system is to be constructed as specified by the permit  or attached plans and specifications .

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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: 2-2-88 Issued by: Jeff Juma Sanitarian  
Date: 2-10-88 Reviewed by: W.G. Spivey Supervisory Sanitarian

This Construction Permit Valid until 8-2-92

If FHA or VA financing  
Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_  
Supervisory Sanitarian Regional Sanitarian

Looks like only 2 lines of  
the proposed repair for 2X  
were installed. Complete system  
never inspected/approved! Not  
even legal for more than 1 BR  
as shown.