

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 84-111-0221
Map Reference 85

Baotetourt

Health Department

Date Received 10/17/84

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional

FHA/VA yes no

Owner DELMER G. Rhodes Address 1617 Hampton Ave SW Phone 345-7479
Roanoke, VA. 24015 Bus. 343-5355

Agent _____ Address _____ Phone _____

Directions to Property Rt. 779 - Approx. 1 mile PAST Catawba Valley Baptist Church on right; 16 A. timber has just been cut

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification Property has just been surveyed. Tax map #85-82

Dimensions/size of Lot/Property Approx. 16 A. of wooded area (timber has just been cut)

Other Application Information

I. Building/facility NONE New Existing
Intermittent Use Yes No If yes, describe: _____

II. Residential Use NO Yes No
Termite Treatment Yes No
 Single Family Multifamily Number of Units _____
Basement Yes No
Fixtures in Basement Yes No
Number of Bedrooms 3

III. Commercial Use NO Yes No Describe: _____

Commercial/Wastewater Yes No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

IV. Water Supply: Public New Describe: _____
 Private 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.

Delmer G. Rhodes

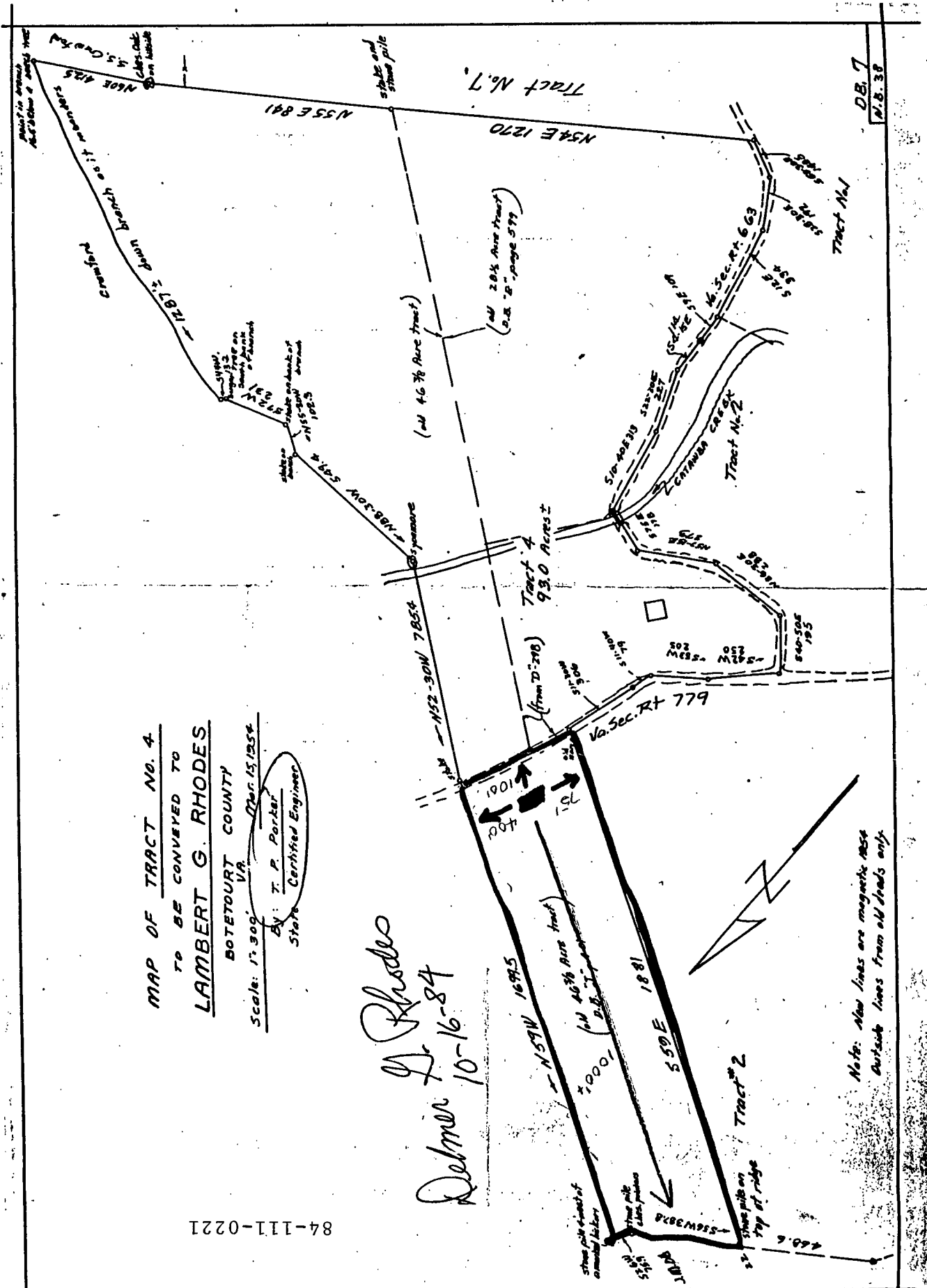
Signature of owner/agent

Sept. 10, 1984
Date

MAP OF TRACT NO. 4
 TO BE CONVEYED TO
LAMBERT G. RHODES
 BOTETOURT COUNTY
 VA.
 Scale: 1" = 300'
 Date: 15/1954
 By: T. P. Parker
 State Certified Engineer

Lambert G. Rhodes
 10-16-84

84-111-0221



DB. 7
 P.B. 30

TO: Prospective Mobile Home Owners or Mobile Home Park Developers

In order to save time and any misunderstanding by concerned parties, the local Health Departments within the Alleghany Health District ask that you have the following form completed and returned to the Health Department so that your request for LHS-121 permit to install a septic tank may be processed.

Delmer G. Rhodes has appeared before the appropriate county official and has received permission to locate a mobile home or mobile home park within this political sub-division having met requirements of all local laws and ordinances.



County Official

10-16-84

Section 85, Parcel 82. Currently 91 acres but the property on the ~~right hand~~ side of Rt. 779 will be divided off the total. The parcel the trailer will be located on will be ±16 acres. There is the proper amount of road frontage along Rt. 779. The property is zoned Forest Conservation. There are no structures or mobile homes on the property at this time. This property is not located within any designated 100 year Floodplain boundaries. The property will be purchased by Darrell N. Rhodes, who will place the trailer and live on this property.

1617 Hampton Ave. SW
Roanoke, VA 24015
343-5355

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number _____
Tax Map Number _____

General Information

Date NOV. 24, 1984 BOTETOURT CO. Health Department
Applicant DARREL RHODES Telephone No. 864-5963
Address RT. 2, Box 2040, NEW CASTLE, VA.
Owner _____ Address _____
Location WEST SIDE HWY 779 ABOUT 1/4 mile past
CATAWBA VALLEY BAPTIST CHURCH
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe SLOPING UPLAND
2. Slope 15 %
3. Depth to rock/impervious strata Max. 60" Min. 12" None _____
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 Texture group I II III IV
No Estimated rate 40 min/ inch UPPER 30"
45 min/INCH 22" to 46"
7. Percolation test performed Yes Number of percolation test holes _____
No Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: CHARLES N. JUDY, SOIL SCIENTIST

Signature: Charles N. Judy

Department Use

- Site Approved: Drainfield to be placed at _____ 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 _____

Date of Evaluation Nov. 24, 1984

Profile Description
SOIL EVALUATION REPORT

Health Department
Identification No. _____DARREL RHODESPage 2 of 2

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e., sewage disposal systems, wells, etc., within 100 feet of site (See Section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

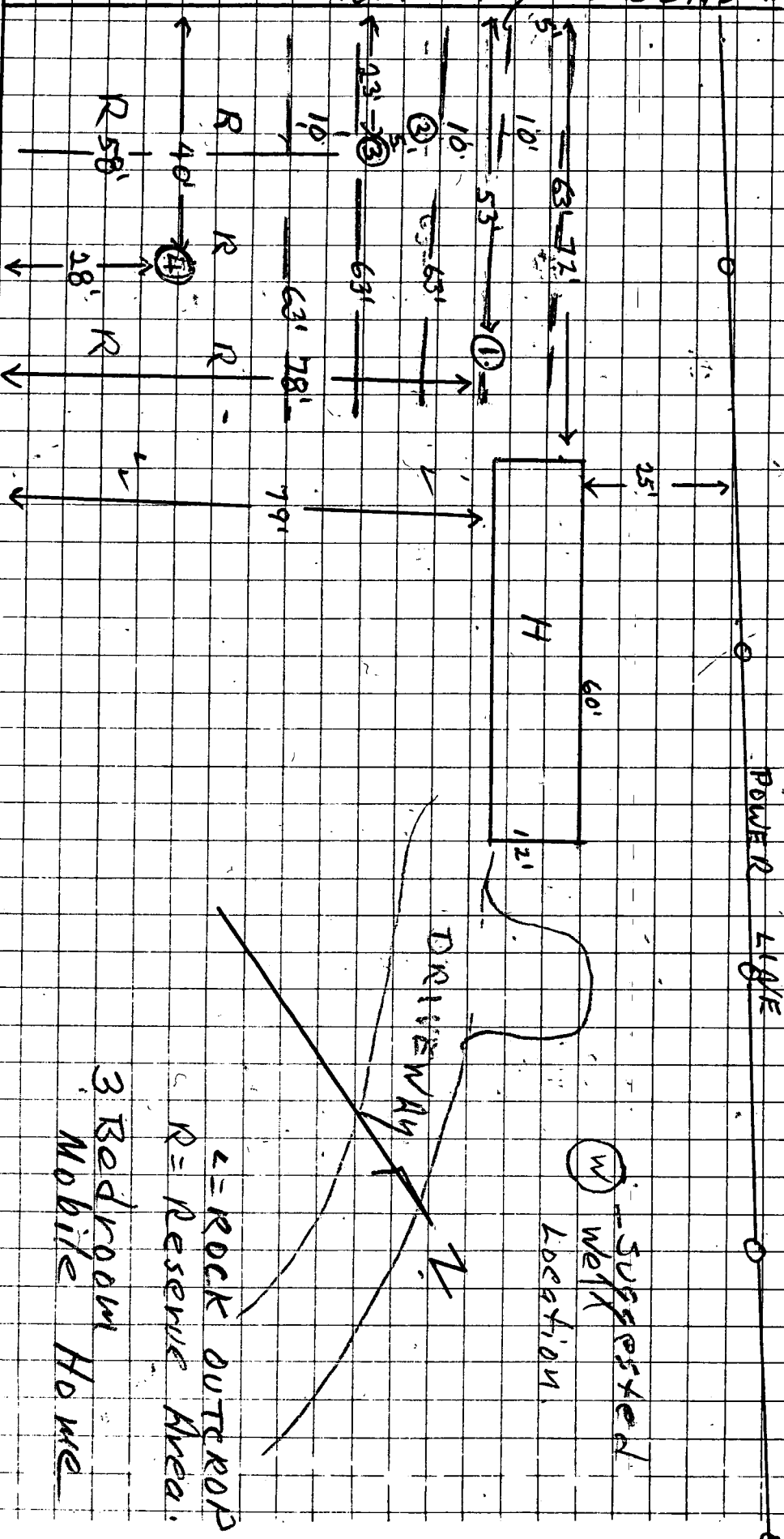
 See application sketch See construction permit See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
①	A	0-7	YELLOWISH-BROWN CHERTY LOAM	II
	B ₁	7-30	BROWNISH-YELLOW CHERTY LOAM	II
	B ₂₁	30-46	YELLOWISH-BROWN FRIABLE SILTY CLAY LOAM; PALE BROWN MOTTLES	III
	B ₂₂	46-60	YELLOWISH-RED FIRM SILTY CLAY; FEW PALE BROWN SPOTS; COMMON BLACK COATINGS ON SOIL PEDS	IV
②	A	0-10	BROWN CHERTY SILT LOAM	II
	B	10-12	YELLOWISH-BROWN FRIABLE SILTY CLAY LOAM.	III
	Dr.	12-	ROCK	
③	A ₁	0-6	BROWN CHERTY LOAM; FRIABLE	II
	A ₂	6-12	PALE BROWN CHERTY LOAM; FRIABLE	II
	B ₁	12-36	BROWNISH-YELLOW CHERTY LOAM; FRIABLE	II
	B ₂	36-53	YELLOWISH-BROWN CHERTY LOAM; FRIABLE; VERY PALE BROWN MOTTLES	II
	Dr.	53-	ROCK	
④	A ₂	0-12	DARK BROWN CHERTY LOAM; FRIABLE	II
	A ₃	12-23	PALE BROWN FRIABLE LOAM	II
	B ₁	23-50	YELLOWISH-RED FRIABLE SILTY CLAY LOAM; SPOTS OF PALE BROWN	III
	B ₃	50-57	YELLOWISH-RED CHERTY LOAM; FRIABLE	II
	Dr.	57	ROCK	

Remarks:

There is some rock outcrop in the drainfield area. The pale brown & very pale brown spots & mottles are probably inherited from the chert rock

PROPERTY BOUNDARY



W - Suspended well location

< = ROCK OUTCROP
 R = Reserve Area
 3 Bedroom Home

Hwy. 779.



COMMONWEALTH of VIRGINIA

Botetourt County Health Department

FINCASTLE, VIRGINIA 24090

December 7, 1984

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

Mr. Darrel Rhodes
Rt. 2, Box 2040
New Castle, Va.
24127

Dear Mr. Rhodes:

Enclosed is a copy of your construction permit and other pertinent data in reference to your Application for a Sewage Disposal System Construction Permit ID # 84-111-0221.

At this time you may begin construction of this system, which has to comply with all requirements on the enclosed permit.

If you feel any changes are necessary, please contact the Botetourt Health Department at 473-8240 or 992-8240.

Also, you will find along with your new septic tank permit a Commonwealth of Virginia Water Well Completion Report (Form GW-2).

It is very important that you have your well driller fill out this form in its entirety, and return to the Botetourt Health Department, P. O. Box 220, Fincastle, Virginia, 24090. Under the new state laws this form has to be completed, and returned to us.

Thank you very much for your cooperation.

Sincerely,


P. G. Leginus, Jr.
Sanitarian

PGL, JR:mwd
encls

cc: Building Inspector

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number 84-111-0221
Map Reference #85

Botetourt 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 Daniel Rhodes Telephone 864-5963
Address RI 2 Box 2040 New Castle VA
For a Type L Sewage disposal system which is to be constructed on/at West side of 779
4 mile past Catawba Valley Baptist Church same side
Subdivision _____ Section/Block 16 Acres Lot _____
Actual or estimated water use 450 GPD 3 Bedroom

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) _____

Water supply location: yes no comments

To be installed: class JLK
cased Min 20 ft grouted Min 20 ft

Satisfactory

G.W. 2 Received: Yes No Not applicable

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

Building sewer: yes no comments

Satisfactory 30 ft of sewer line No
Trailer

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

Pretreatment unit: yes no comments

Satisfactory

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

Inlet-outlet structure: yes no comments

Satisfactory

Pump and pump station:
No Yes describe and shown design.
if yes: _____

Pump & pump station: yes no comments

Satisfactory

Gravity mains: 3" or larger I.D., minimum 6" fall per
100', 1500 lb. crush strength or equivalent.
 Other _____

Conveyance method: yes no comments

Satisfactory

Distribution box:
Precast concrete with 10 ports.
 Other _____

Distribution box: yes no 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.
 Other _____

Header lines: yes no comments

Satisfactory

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
 Other _____

Percolation lines: yes no comments

Satisfactory 3 lines Insp & Okay 8/8/86

Absorption trenches:
Square ft. required 1050; depth from ground surface to bottom of trench 30"; aggregate size #57;
Trench bottom slope 2/4 per 100 ft;
center to center spacing 7/1; trench width 3 ft;
Depth of aggregate 13 in;
Trench length 70 ft No. of trenches 5

Absorption trenches: yes no comments

Satisfactory

Date 8/11/86 Inspected and approved by:

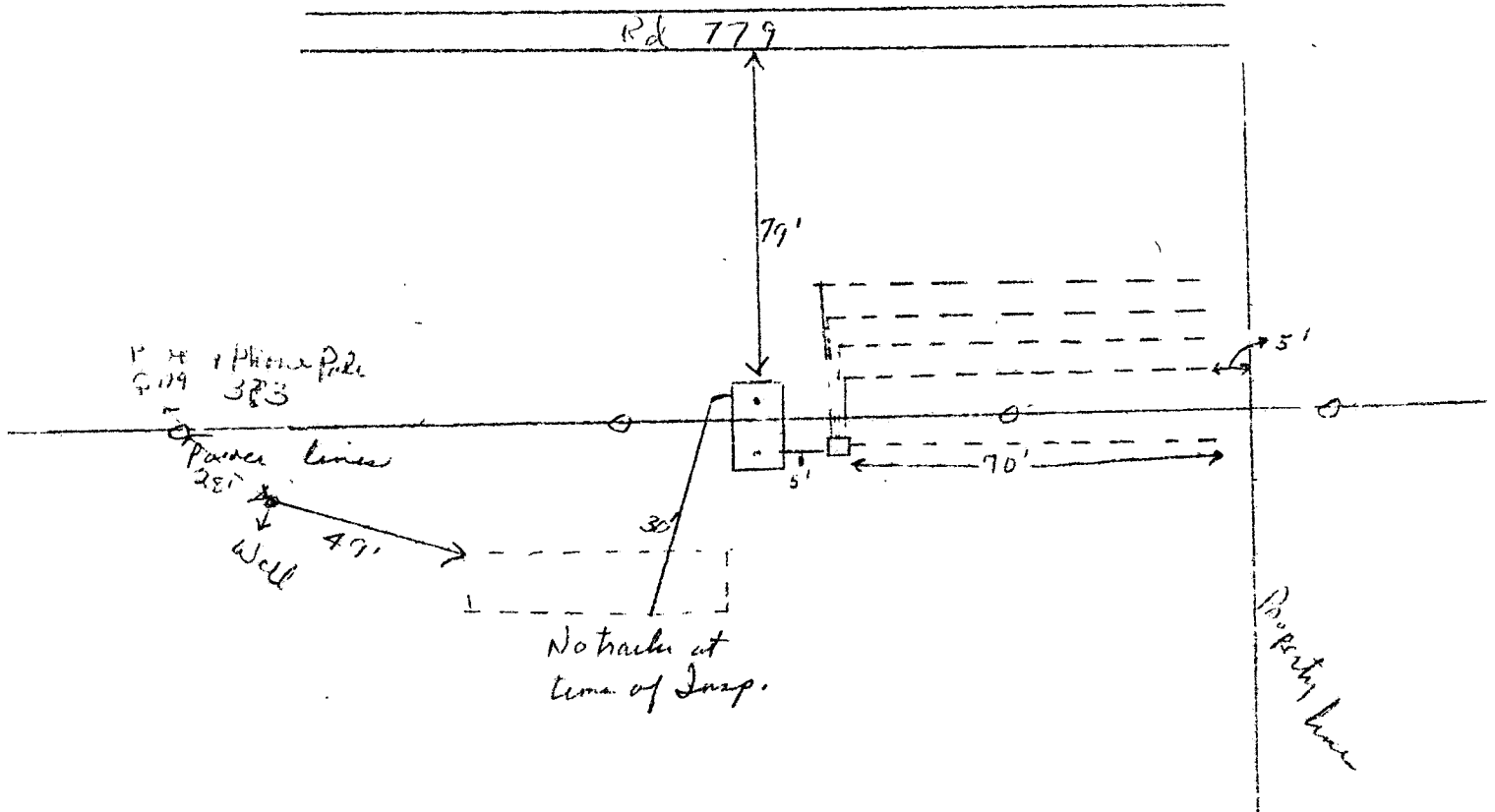
PG Jiggins
Sanitarian

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.

Revised permit as installed 8/11/86.



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: 8/11/86 Issued by: P. J. Locius Jr.
 Sanitarian

Date: 8-12-86 Reviewed by: NM Owen
 Supervisory Sanitarian

This Construction
 Permit Valid until

If FHA or VA financing

Reviewed by _____ Date _____

Supervisory Sanitarian

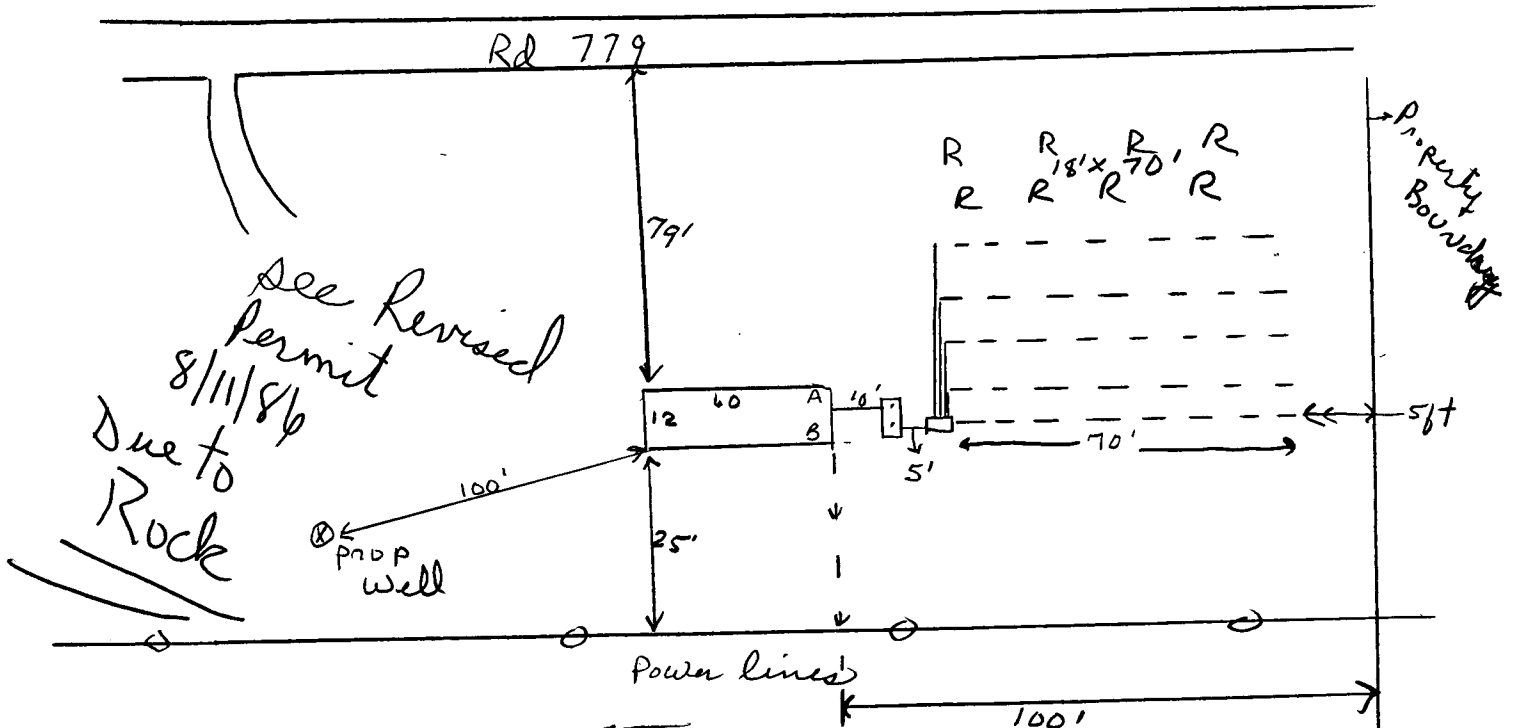
Regional Sanitarian

Schematic drawing of sewage disposal system and topographic features.

85 PAGE 2 OF 2

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.



Note: 5 lines 70 ft long.
 9 ft center of ditches
 36" width of ditches
 30" depth of ditches
 1000 gal septic tank
 Stay 100 ft from drumfield with well.

*Imp't Note:
 system put in before trailer set up due to rock, then trailer can be moved to accommodate system.

Trailer point	A	B
Septic tank	10	12
Dist BOX	23	21

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. ~~If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.~~

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: 12/6/84 Issued by: P G Legunas Jr.
 Sanitarian
 Date: 12/6/84 Reviewed by: A M Owen
 Supervisory Sanitarian

This Construction Permit Valid until
June 6, 1987

COMMONWEALTH OF VIRGINIA

WATER WELL COMPLETION REPORT

BWCM No. 84-111-0221

(Certification of Completion/County Permit)

Form GW-2 1978-10,000

State Water Control Board P. O. Box 11143 2111 North Hamilton St. Richmond, Va. 23230

County/City

Botetourt

County/City Stamp

Virginia Plane Coordinates, Topo. Map No., Elevation, Formation, Lithology, River Basin, Province, Type Logs, Cuttings, Water Analysis, Aquifer Test

Owner: Darrel Rhodes, Well Designation or Number, Address: 1/2 mile east Catawba Valley Baptist Ch. 5 1/2 mi E of Catawba Mercantile Store, Drilling Contractor: Arthur Mellon Well Drilling, Address: 4346 Bradshaw Rd Salem Va 24153

SWCB Permit, County Permit, Certification of inspecting official: This well does meet code/low requirements.

Tax Map I.D. No., Subdivision, Section, Block, Lot, Class Well: I, IIA, IIB, IIIA, IIIB, IIIC, IIID, IIIE

WELL LOCATION: (feet/miles direction) of and (feet/miles direction) of (If possible please include map showing location marked)

Date started April 22 Date completed April 25 Type rig air

1. WELL DATA: New Reworked Deepened, Total depth 205, Depth to bedrock 16, Hole size 9 inches from 0 to 20, 6 inches from 20 to 205, Casings size 6 inches from 0 to 21, Material PVC, Screen size and mesh for each zone, Gravel pack, Grout

2. WATER DATA: Water temperature, Static water level, Stabilized measured pumping water level, Stabilized yield 15 gpm after 1 hours, Natural Flow: Yes No, flow rate, Comment on quality, 3. WATER ZONES: From 170 To 175, From 180 To, 4. USE DATA: Type of use: Drinking, Livestock Watering, Irrigation, Food processing, Household, Manufacturing, Fire safety, Cleaning, Recreation, Aesthetic, Cooling or heating, Injection, Other, Type of facility: Domestic, Public water supply, Public institution, Farm, Industry, Commercial, Other, 5. PUMP DATA: Type, Rated H.P., Intake depth, Capacity at head, 6. WELLHEAD: Type well seal, Pressure tank, gal., Loc., Sample tap, Measurement port, Well vent, Pressure relief valve, Gate valve, Check valve (when required), Electrical disconnect switch on power supply, 7. DISINFECTION: Well disinfected yes no, Date 4-25-91, Disinfectant used chlorine, Amount, Hours used, 8. ABANDONMENT (where applicable) yes no, Casing pulled yes no not applicable, Plugging grout From to material

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)			11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.))	Drilling Time (Min.)
From	To			
0	16	red clay		
16	205	limestone shale layers at water zones		

13. Well lot dedicated? _____; Size _____ ft. X _____ ft.; Well house? _____
 Distance to nearest pollutant source _____ ft., Type _____
 Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches, Material _____
 Installer _____
 Date _____

State Water Control Board Regional Offices

Valley Reg. Off.
 116 North Main Street
 P. O. Box 268
 Bridgewater, Va. 22812
 703-828-2595

Piedmont Reg. Off.
 4010 West Broad Street
 P. O. Box 6616
 Richmond, Va. 23230
 804-257-1006

Southwest Reg. Off.
 408 East Main Street
 P. O. Box 476
 Abingdon, Va. 24210
 703-628-5183

Tidewater Reg. Off.
 287 Pembroke Office Park
 Suite 310 Pembroke No. 2
 Va. Beach, Va. 23462
 804-499-8742

West Central Reg. Off.
 Executive Park
 5312 Peters Creek Road
 Roanoke, Va. 24019,
 703-982-7432

Northern Virginia Reg. Off.
 5515 Cherokee Avenue
 Suite 404
 Alexandria, Va. 22312
 703-750-9111

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Arthur R Miller (Seal), Date 4-26-91
 (Well driller or authorized person) License No. _____



CERTIFICATE
OF ANALYSIS

1921 Salem Avenue, S. W. • Roanoke, VA 24016
Phone (703) 343-3618 • Fax (703) 342-2054

Client:

Darrel N. Rhodes
10022 Catawba Road
Troutville VA
24175

Date:

May 29, 1991

Control Number - A3561

Submitted By: Same

Date Collected: 05/27/91

Date Received: 05/27/91

Date Completed: 05/29/91

Sample Type: DW

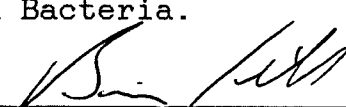
Location: 10022 Catawba Road Troutville, VA

Code	Parameter	Result	Date	Method - Tech
A	Coliform Bacteria	Absent	05/29/91	SM 9221 E GCK
B	Fecal Bacteria	Absent	05/29/91	SM 9221 C GCK

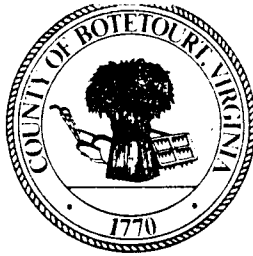
Remarks:

Sample meets the maximum contaminant limit
established by the E.P.A. for Coliform Bacteria.

By


Laboratory Director

Health



Botetourt County Planning Commission

J. STULL CARSON
J. W. CHRISTENBURY
W. G. LOOPE
FRANK D. SIMMONS
HENRY B. WYCHE, JR.

1 WEST MAIN STREET-BOX 3
FINCASTLE, VIRGINIA 24090

RON HACHEY
COUNTY PLANNER
ZONING ADMINISTRATOR
PHONE (703) 473-8248
(703) 992-8248
FAX (703) 992-8207

To: Botetourt County Health Department
FROM: Ron Hachey, Zoning Administrator *RH*
SUBJECT: Placement of a Mobile Home on property described below
DATE: May 30, 1991

Rhodes, Darrell has appeared before me and has received permission to locate a mobile home within Botetourt County on the property described below:

Tax Parcel Number	<u>85-82B</u>
Zoning/District	<u>A-1 Amsterdam</u>
Acreage	<u>6.39 acres from a 16.39 acre tract</u>
Property Owners Name	<u>Darrell N. & Patsy R. Rhodes</u>
Mobile Home Owners Name	<u>same</u>
State Route Number	<u>Rt. 779</u>
Floodplain Information	<u>NIF</u>
Electric P# & Date Issued	<u></u>

ADDITIONAL INFORMATION: This permit is for a 2 bedroom single wide mobile home.

The issuing of this form states that the zoning of this property is appropriate for the placement of a mobile home. According to Section 58.1-3520 of the Virginia State Code as amended, no mobile home shall be delivered or located upon the property until permits for water and sewer services have been secured.

Issuance of this placement form in no way authorizes the use or occupancy of this mobile home. There is one house on the property.

I have read the above information and agree to comply with the conditions set forth by the Botetourt County Zoning Ordinance and the State Code Section 58.1-3520.

Mobile Home Placement Permit
Rhodes, Darrell
page 2

Darrell N. Rhodes
Applicant's Name

10022 Catawba Road

Troutville, VA 24175
Address

May 30, 1991
Date

not available
Phone

Directions to site: 630W, T/R 779, 5 miles on right, 2nd drive past
Catawba Valley Church.

5001Z

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 84-8-111-0221

Botetourt Health Department

Name of Company/Corporation/Individual: Louie Frango

Address: Rt. 1, Box 38, New Castle, Va. Telephone: _____

Owner's Name Darrel Rhodes

Owner's Address Rt. 2, Box 2040, New Castle, Va.

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: W side of 779 1/4 mi. past Catawba Valley Baptist Ch. same side

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 12/6/84 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Aug. 11 1986

Date

Lonnie Biserndine
Signature and Title

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. 84-111-0221
Botetourt Co. Health Department



Tax Map No. G-85

Larrel Rhodes is Hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450
W side of 779 and past Catawba Valley Baptist Church, same as side gpd, at

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)
3.13 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and
with Previously Issued permits N/A 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

6-19-91

Effective Date

SPECIAL CONDITIONS

NONE SEE ATTACHED

P. G. Deamus
Recommended (Sanitarian)

[Signature]
Approved (State Health Commissioner)



COMMONWEALTH of VIRGINIA

Botetourt County Health Department

FINCASTLE, VIRGINIA 24090

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

June 19, 1991

Darrel Rhodes
10022 Catawba Rd.
Troutville, Va. 24175

Dear Mr. Rhodes,

Enclosed you will find the Operations Permit for your Sewage Disposal System and/or Water Well with other data relating to your application, I.D. # 84-111-0221.

For future reference, if necessary, we strongly recommend you put these copies with the deed and other valuable records pertaining to this property.

If this office can be of any further assistance to you, please don't hesitate to call.

Sincerely,

P.G. Leginus Jr.
P.G. Leginus, Jr.
Sanitarian

JP
Encls