

### ROANOKE VALLEY ASSOCIATION OF REALTORS®



### RESIDENTIAL SEPTIC SYSTEM DISCLOSURE STATEMENT

Section 32.1-164.1:1 Code of Virginia provides whenever any onsite sewage system is failing and is on or serves real property consisting of not less than one nor more than four dwelling units and the Board of Health's (Board) regulations for repairing such failing system impose (i) a requirement for treatment beyond the level of treatment provided by the existing onsite sewage system when operating properly or (ii) a new requirement for pressure dosing, the Owner may request a waiver from such requirements. The Commissioner shall grant any request for such waiver, unless he finds that the failing system was installed illegally without a permit, Any such waivers shall be recorded in the land records of the clerk of the circuit court in the jurisdiction in which the property on which the relevant onsite sewage system is located. Waivers granted hereunder shall not be transferable and shall be null and void upon transfer or sale of the property on which the onsite sewage system is located. Additional treatment or pressure dosing requirements shall be imposed in such instances when the property is transferred or sold.

The Owner of the relevant property shall disclose that any operating permit for the onsite sewage system that has been granted a waiver authorized by this subsection shall be null and void at the time of transfer or sale of the property and that the Board's regulatory requirements for additional treatment or pressure dosing shall be required before an operating permit may be reinstated.

The Owner(s) acknowledges that the Broker has informed the Owner of the Owner's rights and obligations with respect to the ) have (X) have not been granted a waiver from the Board. In the information above. The Owner(s) certify that they( event the Owner has been granted a waiver, the Owner shall provide a separate disclosure form that acknowledges such

	enhook, VA 24137	•	
Owner	Date	Owner	Date
o the acceptance of a reaurchaser after the acceptance chase contract at or prior e postmark if the disclosuitlement upon purchase ditten waiver of the purchanter pointract; or (vi) the purchanter that the right of terminal acknowledges that the	al estate purchase contract with ance of the real estate purchase of the to the earliest of the following: ure is deposited in the United Stoff the property; (iv) occupancy chaser's right of termination under maser making written application nation shall end upon the application	respect to the Property. If disclosure contract, the purchaser's sole remedicipation (i) three days after delivery of the distates mail, postage prepaid, and proof the property by the purchaser; (verthis chapter contained in a writing into a lender for a mortgage loan vertion for the mortgage loan.	re is applicable and is y shall be to terminate isclosure in person; (ii) operly addressed to the y) the execution by the separate from the real where such application
Purchaser	Date -	Purchaser	Date
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Rev 2006

Page 1 of 1

Fax: (540) 342-3741

Tax Map No. 68, par 8 No.133-95-0963

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COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH

**EXPIRES ON** THIS PERMIT

May 23, 1996 DATE OF ISSUE

## SEWAGE DISPOSAL SYSTEM OPERATION PERMIT

This Permit is Issued in Accordance with the Provios 32.1, Chaper 6 of the Code of Virginia. Issua an Operating permit does not imply or Guarantee t Sewage Disposal System will function for any Spec Period of Time.

Route 1 Box 64 Penhook, Va. 24137 HENRY HOLLAND OPERATOR: ADDRESS:

40E, R946,3 mi on R Property location:

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is FRANKLIN COUNTY Sewage Disposal System Type I authorized by the to operate a

Having a Design Capacity of 450 Gallons per Day, 4 Bedrooms Maximum.

None XXX Variances Granted

See Attached

LTH OFFICIAL

# Completion Statement

3

Commonwealth of Virginia		
State Department of Health	Health Department Identification Number	137950967
	FRE	Health Department
Name of Company/Corporation/Individual:	CT Monda	
Address: Calleun UM	Telephone:	
Owner's Name /tem /teller		
Owner's Address Parket UB	¥	
Location of Installation: Lot	Block	
Section:	Subdívision:	
Other: RT 546		

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

75/82/

Date

Signature and Title

C.H.S. 203 Rev. 4/63

### Water Supply and/or Sewage Disposal System Construction Permit

Oommonwealth of Virginia Department of Health	Health Department 133950963			
FR. Co: Health Department	Map Reference <u>68 - 8</u>			
General Information				
1 HOO R 946 7 m	construction permit filed in accordance with Section 2.13 d/or Section 2.13 of the Private Well Regulations a  Telephone 576-2723  For a Type Sewage Disposal System or Well to			
DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS			
Water supply, existing: (describe) oLd well.	Water supply location: Satisfactory yes ( no ( ) comments Completion Report			
cased See 192 grouted See 192	G. W. 2 Received: yes on one not applicable one one of sever: yes one			
Building sewer:  1.D. PVC Schedule 40, or equivalent.  Slope 1.25" per 10' (minimum).  Other (learch every 50'-60')	Satisfactory connected to extline			
Septic tank: Capacity / OCO gals. (minimum).	Pretreatment unit: yes no comments Satisfactory			
Inlet-outletistructure:  PVC Schedule 40, 4" tees or equivalent.  Other	Inlet-outlet structure: yes I no I comments Satisfactory			
Pump and pump station: No Yes describe and show 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  Other	Conveyance method: yes ☐ no ☐ comments Satisfactory			
Distribution box:  Precast concrete with 8 ports.  Other	Distribution box: yes I no I 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 toot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.  Other	Percolation lines: yes and comments Satisfactory			
Absorption trenches: Square ft. required 900 depth from ground surface to bottom of trench 42"; aggregate size 12-11/L". Trench bottom slope 2-4"/100"	Absorption trenches: yes ₹ no ☐ comments Satisfactory			
center to center spacing 9'; trench width 3' Depth of aggregate 2';	Date 2/28/96 Inspected and approved by:			
Trench length; Number of trenches	C Sanitarian			

Health Department 133950963
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Schematic drawing of	f sewage disposal	and/or water şi	upply system and	topographic features.
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Show the lof lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 feet.

Attach additional sheets as necessary to illustrate the design.  Y 105'  Y 214'  Y 214	☐ The information required abo	ove has been drawn on the attached copy of the si	ketch submitted with the application.
This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This sewage disposal system and/or water supply is to be constructed as specified by the permit Loral trached plans and specifications  This construction Permit Valid until trached plans and specification of the Department.  Supervisory Sawkerien system  If FAA or VA financing  Reviewed by Date  Date:  D		essary to mustrate the design.	900#
This sewage disposal system and/or wall 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 which has been covered prior to approval 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 department or unless expressly authorized by the local health department or unless expressly authorized by the local health department or unless expressly authorized by the local health department or unless expressly authorized by the local health department or unless expressly authorized by the local health department or unless expressly authorized by the local health department.  Date: 1/20/15 Issued by: Sanitarian Sanitarian Sanitarian Sanitarian Supervisory	YZ 105'		
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