



## 171 FAULCONERVILLE DR

### Parcel Information

**Parcel ID:** 124 A 7

**GPIN:** N/A

**Record #:** 6737

**Magisterial District:** ELON

### Ownership Information

**Owner:** DE COLIGNY J AMANDA

**Owner2:** N/A

**Mailing Address:** 167 FAULCONERVILLE DR  
AMHERST, VA 24521-3372

**Property Address:** 171 FAULCONERVILLE DR  
AMHERST, VA 24521

### Assessed Value

**Year:** 2020

**Assessment Total:** \$38,000

**Land Use Assessment:** \$38,000

**Assessment Land:** \$31,000

**Total Minerals:** 00

**Assessment Building:** \$7,000

**Assessment Improvements:** N/A

### Land Assessment Information

**Acreage:** 2.2

**DB Ref:** 452/22

**Class:** COMMERCIAL/INDUSTRIAL

**WB Ref:** N/A

**Description 1:** NEAR FAULCONER WOODS HOUSE 124 A  
7

**Instrument #:** N/A

**Plat Ref:** N/A

**Recorded Date:** 01/01/1900

**Sale Price:** N/A

**# Parcels in Sale:** 0

### Land Breakdown

Type	Size	Adj %	Rate	Value
HOMESITE	1 AC	100%	\$25,000	\$25,000
OTHER	1.2 AC	100%	\$5,000	\$6,000



## Site

**Right of Way:** Private

**Water:** Public

**Terrain:** On Grade

**Sewer:** Septic

**Characteristic:** Rolling/Slopes

**Gas:** No

**Easement:** Paved

**Electric:** Yes

## Structure Information

### Exterior

**Foundation:** CONCRETE

**# Story:** 1.0

**Walls:** WOOD/FRAME

**Year Built:** 1939

**Roof Type:** HIP

**Age:** 86

**Roofing:** METAL/TIN

**Condition:** POOR

**# Units:** N/A

**Zoning:** GENERAL COMMERCIAL

**Dwelling #:** 1

**Occupancy Code:** RESIDENTIAL

### Interior

**Living Area Sq Footage:** 1020

**# Rooms:** 5

**# Bedrooms:** 2

**# Full Baths:** 1

**# Half Baths:** 0

**Walls:** PLASTER

**Floors:** HARDWOOD

**Heat:** SPACE HEAT

**Fuel:** WOOD

**A/C:** NONE

**Gas Logs:** 0

**# FirePlaces:** 0

**Stacked:** 0

**# Flues:** N/A

**Stacked:** N/A

**Inoperable:** N/A

**Metal:** 0

**Basement:** NONE

**# Built In:** 0

**Basement Sq Footage:** N/A

**Garage:** NONE

**# Garage Cars:** 0

**Carport:** NONE

**# Carport Cars:** 0

## Other Improvements

Description	Size (Count or Square Feet)	Condition	Rate	Depreciation %	Total Value
Shed	1	P	1	N/A	N/A



## Prior Record of Ownership

Name and Address	Date Recorded	Deed or Will Book or Instrument #	Consideration
N/A	N/A	N/A	N/A
N/A			
N/A			

## Vest, Sandra (VDH)

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**From:** Brenda Tweedy <Bmtweedy@CountyOfAmherst.com>  
**Sent:** Thursday, September 4, 2025 9:14 AM  
**To:** Vest, Sandra (VDH)  
**Subject:** RE: tax map # 124-A-7 @ 171 Faulconerville Drive

Prior owners; Cheryl F. Ziden; Angus L. Faulconer; Frank T. Faulconer. That's all I have in this office.

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**From:** Vest, Sandra (VDH) <Sandra.Vest@vdh.virginia.gov>  
**Sent:** Wednesday, September 3, 2025 4:35 PM  
**To:** Brenda Tweedy <Bmtweedy@CountyOfAmherst.com>; Jane Irby <jlirby@countyofamherst.com>  
**Subject:** [EXTERNAL Email] tax map # 124-A-7 @ 171 Faulconerville Drive

**CAUTION:** This email originated outside the County of Amherst's email system.  
**DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.

Looking for all old names on this property.

Thanks,

**RECEIVED**

**SEP 4 2025**

**AMHERST HEALTH DEPARTMENT**

## Request for Records

Welcome to the Virginia Department of Health (VDH) FOIA Request Portal. This web portal allows you to submit requests for a public record directly to VDH. [VDH.Nextrequest.com](https://VDH.Nextrequest.com)

Sandra W. Vest  
Amherst County Health Department EH  
434-946-9408 ext # 9581  
434-946-9409 (FAX)  
P O Box 250  
Amherst VA 24521  
[Subscribe to CVHD's Newsletter](#)  
Visit us on [Instagram](#) & [Facebook](#)

# RECORD OF INSPECTION SEWAGE DISPOSAL SYSTEM

*Repair*  
 Owner Frank T Faulconer Address Rt 2 Amherst Date 6-27-60 Case No. \_\_\_\_\_  
 (Mailing Address) Phone \_\_\_\_\_  
*Rental*  
 Occupant \_\_\_\_\_ Address \_\_\_\_\_ (Mailing Address) Phone \_\_\_\_\_  
 Exact Location of Premises on 29-Between Halloran and Funder Faulconer  
 (Subdivision, Street or Road Name, Section or Lot No.)

## WATER SUPPLY INSPECTION

Installed According to Permit Design: ☐ Yes ☐ No. Distance to Nearest House Sewer \_\_\_\_\_ feet. Distance to Nearest Sewage Disposal System \_\_\_\_\_ feet. (Use Form LHS-143 for Detailed Inspection of Water Supply Reference Materials.)

## SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION:  
 Alloted Area Adequate: ☐ Yes ☐ No. Distance from nearest: Lot Lines \_\_\_\_\_ feet. Trees \_\_\_\_\_ feet.  
 Water Supplies \_\_\_\_\_ feet. Buildings \_\_\_\_\_ feet.
- (2) INSTALLATION AND DESIGN:  
 Installed According to Permit Design: ☐ Yes ☐ No  
 Have Additional Household Appliances Been Added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal  
☐ Other \_\_\_\_\_ (Describe)
- (3) SOIL CONDITION:  
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☐ No. If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE:  
 Installed: ☐ Yes ☐ No. Type of material: \_\_\_\_\_ Size \_\_\_\_\_ Inches.
- (5) SEPTIC TANK:  
 Constructed of \_\_\_\_\_ (Kind of Material)  
 Inside Dimensions: Length \_\_\_\_\_ feet. Width \_\_\_\_\_ feet.  
 Liquid Depth \_\_\_\_\_ feet. Depth of Air Space \_\_\_\_\_ inches.  
 Inside Fittings comply with requirements: ☐ Yes ☐ No.
- (6) DISTRIBUTION BOX:  
 Watertight and equal surcharge to each line by Water Test: ☐ Yes ☐ No. Distribution Box provided with \_\_\_\_\_ (Number) extra outlets for future use.
- (7) SUB-SURFACE ABSORPTION FIELD:  
 Total Area in Bottom of Ditches 280 square feet.  
 Number of Ditches 2 Length of Ditches 70 feet.  
 Grade of Ditches: Minimum 2 Inches per 100 feet.  
 Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No  
 Type Aggregate Used slag  
 Depth of Aggregate Under Tile 6 3/4 inches  
 Total Depth of Aggregate 13 inches  
 Depth of Backfill Over Aggregate 12-16 inches
- (8) SURFACE DRAINAGE:  
 Storm Drains from House and Basement Flowing Away from Sub-Surface Drainage Field: ☐ Yes ☐ No. Was Surface Drainage Required: ☐ Yes ☐ No. If Yes, has this been provided: ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No ☐ Not Required.
- (9) Are follow-up inspections necessary: ☐ Yes ☐ No.

Septic Tank Contractor Same Address \_\_\_\_\_ Phone \_\_\_\_\_  
 This System (Is) Not Approved by Amherst Co Health Department.

With proper maintenance, approved systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks:

2-70' lines installed to take overflow from old system

Date 6-27-60 Signed D Richardson (Sanitarian)

Date \_\_\_\_\_ Approved \_\_\_\_\_ (Health Director)

Date \_\_\_\_\_ Approved \_\_\_\_\_ (Advisory Sanitarian)

Date \_\_\_\_\_ Approved \_\_\_\_\_ (Reviewing Authority — Other Agency)

# RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 11-21-60 Case No. \_\_\_\_\_

Owner JT Faulconer Jr Address Rt 2 Amherst Phone \_\_\_\_\_  
(Mailing Address)  
Occupant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of Premises Road from Faulconer St to an 29.5 in field  
(Subdivision, Street or Road Name, Section or Lot No.)

## WATER SUPPLY INSPECTION

Installed according to Permit Design ☒ Yes ☐ No. Distance to nearest House Sewer \_\_\_\_\_ feet. Distance to nearest Sewage Disposal System \_\_\_\_\_ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

## SEWAGE DISPOSAL SYSTEM INSPECTION

### (1) LOCATION

Allotted Area adequate ☒ Yes ☐ No. Distance from nearest lot lines 10 feet. Trees 10+ feet.  
Water Supplies 100 feet. Buildings 8 feet.

### (2) INSTALLATION AND DESIGN

Installed according to Permit Design ☒ Yes ☐ No.  
Have additional Household Appliances been added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal  
☐ Other \_\_\_\_\_ (Describe)

### (3) SOIL CONDITION

Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☒ No. If Yes, show adjustments required under "Remarks" below.

### (4) HOUSE SEWER LINE

Installed ☒ Yes ☐ No. Type of material BF  
Size 4 Inches.

### (5) SEPTIC TANK

Constructed of Concrete  
(Kind of Material)  
Inside Dimensions Length 7 feet. Width 3 1/2 feet.  
Liquid Depth 4 feet. Depth of Air Space 12 inches.  
Inside Fittings comply with requirements ☒ Yes ☐ No.

### (6) DISTRIBUTION BOX

Watertight and equal surcharge to each line by Water Test  
☒ Yes ☐ No. Distribution Box provided with 2  
(Number)  
extra outlets for future use.

### (7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 600 square feet.  
Number of ditches 4 Length of ditches 75 feet.  
Grade of ditches Minimum 2 Inches per 100 feet.  
Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No  
Type aggregate used slag  
Depth of aggregate under Tile \_\_\_\_\_ inches  
Total depth of aggregate 12 inches  
Depth of backfill over aggregate 12 inches

### (8) SURFACE DRAINAGE

Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☒ Yes ☐ No. Was Surface Drainage required ☐ Yes ☒ No. If Yes, has this been provided ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No ☒ Not required.

(9) Are follow-up inspections necessary ☐ Yes ☒ No.

Septic Tank Contractor: John Thacker Address Elon Phone \_\_\_\_\_  
This Sewage Disposal System (Is) (Is Not) Approved by Amherst Co Health Department.  
Date 11-21-60 Signed R Richardson Date \_\_\_\_\_ Approved \_\_\_\_\_  
(Sanitarian) (Health Director)  
Date \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_  
(Advisory Sanitarian) (Reviewing Authority - Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: a separate 100' drain line was installed for the automatic laundry.

# PERMIT TO INSTALL OR REPAIR WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

10-20-60

Owner FT Faulconer Jr Address Rt 2 Ambient Date 10-20-60 Case No. \_\_\_\_\_  
 (Mailing Address) \_\_\_\_\_ Phone \_\_\_\_\_  
 Occupant \_\_\_\_\_ Address \_\_\_\_\_ (Mailing Address) \_\_\_\_\_ Phone \_\_\_\_\_  
 Exact Location of Premises In field across from Faulconer Store  
 (Subdivision, Street or Road Name, Section or Lot No.) \_\_\_\_\_

**OWNER DESIRES TO**

☒ INSTALL  
☐ Water Supply System  
☐ Sewage Disposal System  
☒ Septic Tank  
 Health Department recommends \_\_\_\_\_

**FOR**

☒ Dwelling ☐ Other \_\_\_\_\_  
 Actual or potential Bedrooms 3 Actual or estimated Water Consumption 4000 gal. per day Automatic Washing Machine ☒ Yes ☐ No Garbage Disposal unit ☐ Yes No. ☒ Additional wastes \_\_\_\_\_

## DETAILS OF RECOMMENDED SYSTEMS

(1) WATER SUPPLY Location to be approved by Sanitarian. Type  
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well  
☒ Other Community Cased \_\_\_\_\_ feet.  
 Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

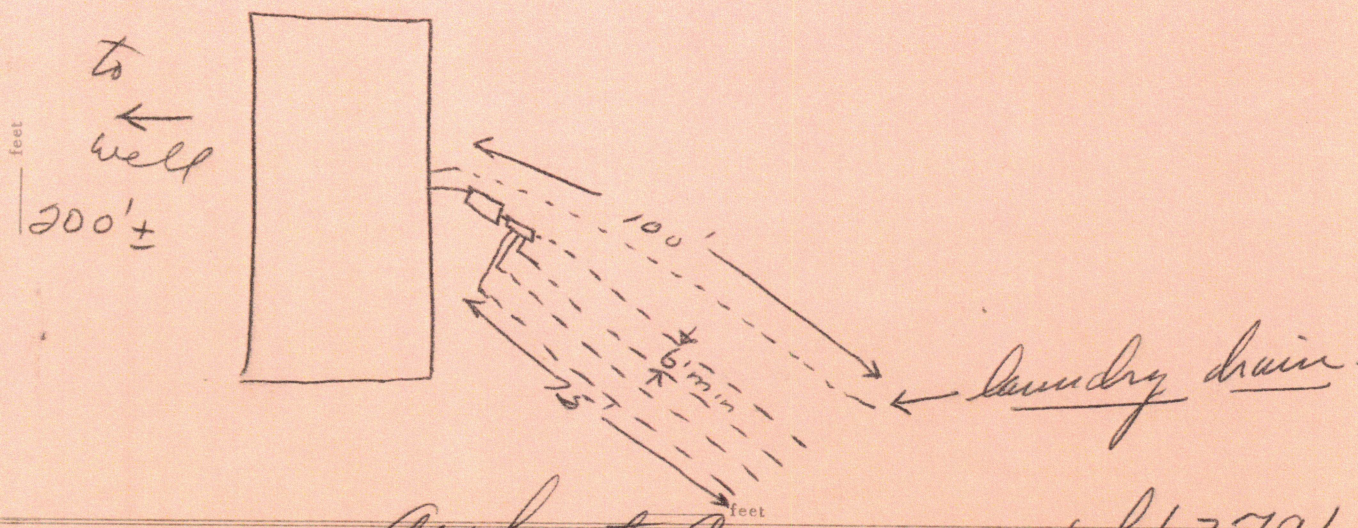
(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No  
 Technical Classification Ambient  
 Rough Classification ☐ Sandy ☐ Medium ☒ Clay ☐ Pipe Clay.  
 Percolation Test required ☐ Yes ☒ No. Rate \_\_\_\_\_ Minutes per inch.  
 Depth of Water Table 10+ feet (Estimated)  
 Surface drainage required ☐ Yes ☒ No Area Drainage by Lowering Ground Water Table required ☐ Yes ☒ No

(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete  
 (Kind of Material) \_\_\_\_\_ Inside Dimensions Length 7 feet.  
 Width 3 1/2 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 720 gallons.

(4) HOUSE SEWER LINE Size 4 inches. Type of material required BT Distance from Water Supply 200 feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. Number of square feet required 800 Type aggregate required ☐ Broken Stone ☐ Gravel ☒ Slag. Size range from 1/2 inches to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.  
 Total aggregate must equal minimum depth of 13 inches or more.  
 Soil Cover over tile not to exceed 18 inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be 200 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



Note: Owner or his agent must notify Ambient Co Health Department, wh 63781 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date \_\_\_\_\_ Approved \_\_\_\_\_ (Reviewing Authority) Date 10-20-60 Signed DR Richardson (Sanitarian or Health Director)

# RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 3/30/70 Case No. \_\_\_\_\_

Owner Angus Faulconer Address Annherst Va Phone \_\_\_\_\_  
(Mailing Address)

Occupant See For Rent Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of Premises See permit  
(Subdivision, Street or Road Name, Section or Lot No.)

On public water well WATER SUPPLY INSPECTION has been discontinued + will be fixed in  
Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer \_\_\_\_\_ feet. Distance to nearest Sewage Disposal System \_\_\_\_\_ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

## SEWAGE DISPOSAL SYSTEM INSPECTION

### (1) LOCATION

Allotted Area adequate ☒ Yes ☐ No. Distance from nearest lot lines N/A feet. Trees 5 feet. Water Supplies N/A feet. Buildings 10 feet.

### (2) INSTALLATION AND DESIGN

Installed according to Permit Design ☐ Yes ☒ No ★  
Have additional Household Appliances been added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal ☐ Other \_\_\_\_\_  
(Describe)

### (3) SOIL CONDITION

Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☒ No. If Yes, show adjustments required under "Remarks" below.

### (4) HOUSE SEWER LINE

Installed ☒ Yes ☐ No. Type of material CT + BF  
Size 4 Inches.

### (5) SEPTIC TANK

Constructed of Pre-cast Concrete  
(Kind of Material)  
Inside Dimensions Length 7 feet. Width 3 1/2 feet. Liquid Depth 4 feet. Depth of Air Space 12 inches. Inside Fittings comply with requirements ☒ Yes ☐ No.

### (6) DISTRIBUTION BOX

Watertight and equal surcharge to each line by Water Test ☒ Yes ☐ No. Distribution Box provided with 2 (Number) extra outlets for future use.

### (7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 600 square feet. Number of ditches 3 Length of ditches 80 feet. Grade of ditches Minimum 3 Inches per 100 feet. Maximum 5 inches per 100 feet. Has system been checked by instruments (Level) ☐ Yes ☐ No Type aggregate used Broken stone Depth of aggregate under Tile 6 inches Total depth of aggregate 13 inches Depth of backfill over aggregate 12-20 inches

### (8) SURFACE DRAINAGE

Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☐ Yes ☐ No. Was Surface Drainage required ☐ Yes ☒ No. If Yes, has this been provided ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☒ Not required.

(9) Are follow-up inspections necessary ☐ Yes ☒ No.

Septic Tank Contractor: Paul Thacker Address Madison Heights Va Phone \_\_\_\_\_

This Sewage Disposal System (Is) (Is Not) Approved by Annherst County Health Department.

Date 3/30/70 Signed R.F. Root Date \_\_\_\_\_ Approved \_\_\_\_\_  
(Sanitarian) (Health Director)

Date \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_  
(Advisory Sanitarian) (Reviewing Authority — Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: Small leak at joint in distr box to be repaired  
★ 3-80 ft lines - 30' wide used instead of 4-75 ft lines 28" wide

**PERMIT TO INSTALL OR REPAIR  
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS  
(VOID AFTER TWELVE (12) MONTHS)**

Date 11/25/19 Case No. \_\_\_\_\_

Owner Angus Faulconer Address Amherst, Va Phone \_\_\_\_\_  
(Mailing Address)

Occupant For Rent Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of Premises House directly behind Faulconer's Store - W side Rt # 29  
(Subdivision, Street or Road Name, Section or Lot No.) Faulconer's Store

**OWNER DESIRES TO**

<input type="checkbox"/> INSTALL	<input type="checkbox"/> REPAIR	FOR
<input type="checkbox"/> Water Supply System	<input type="checkbox"/> Water Supply System	<input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Other _____
<input type="checkbox"/> Sewage Disposal System	<input type="checkbox"/> Sewage Disposal System	Actual or potential Bedrooms <u>2</u> Actual or estimated Water Consumption <u>700</u> gal. per day Automatic Washing Machine <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Septic Tank	Garbage Disposal unit <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Department recommends _____		Additional wastes _____

**DETAILS OF RECOMMENDED SYSTEMS**

(1) WATER SUPPLY Location to be approved by Sanitarian. Type  
☒ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well  
☐ Other \_\_\_\_\_ Cased \_\_\_\_\_ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

(2) SOIL STUDY Naturally drained, suitable by sight ☐ Yes ☐ No  
Technical Classification Unknown  
Rough Classification ☐ Sandy ☐ Medium ☐ Clay ☐ Pipe Clay. Percolation Test required ☒ Yes ☐ No. Rate 9 1/2 Minutes per inch. Depth of Water Table 107 feet (Estimated)

Surface drainage required ☐ Yes ☒ No Area Drainage by Lowering Ground Water Table required ☐ Yes ☒ No

(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of Pre-cast Concrete Inside Dimensions Length 7 feet.  
(Kind of Material)

Width 32 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 750 gallons.

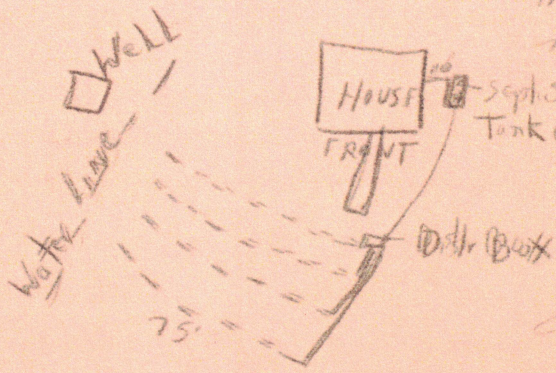
(4) HOUSE SEWER LINE Size 4 inches. Type of material required CT. Distance from Water Supply 507 feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. 600 Number of square feet required. Type aggregate required ☐ Broken Stone ☐ Gravel ☐ Slag. Size range from 1/2 inches to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 13 inches or more. Soil Cover over tile not to exceed 24 inches. Distance from well to septic tank N/A feet; distance from well to drain tile field N/A feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.

★ The undersigned do hereby agree to discontinue the use of the well shown on this permit (adjacent to the sewage disposal system permitted) as a drinking water supply for homes owned by the Tank undersigned, and furthermore to connect homes presently being supplied by this well to the county water supply.



Entire system to be uncovered to secure approval from Health Dept.

Note: Owner or his agent must notify Amherst County Health Department, Phone 440 3333 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.  
Date \_\_\_\_\_ Approved \_\_\_\_\_ Date 11/25/19 Signed R E ROSS Jr.  
LHS - 121 Rev. 1-65 (Reviewing Authority) (Sanitarian or Health Director)  
Virginia State Department of Health