

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number 87-180-0028

Map Reference 25.04-1-1

Roanoke County

Health Department

Date Received 10-30-91

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Owner Steve Davis Address 306 First St. SW Phone 343-3500

Roanoke, VA 24011

Agent Townside Construction Co. Address 306 First St. Phone 343-3500

Roanoke, VA 24011

Directions to Property _____

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification 2525 Timberview Rd.

Dimensions/size of Lot/Property _____

Other Application Information

I. Building/facility ☒ New ☐ Existing
Intermittent Use ☐ Yes ☐ No If yes, describe: _____

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

III. Commercial Use ☐ 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: Individual well
☒ Private ☐ Existing

V. Proposed Installation: ☒ Septic tank and drainfield ☒ Other
If other, describe Well

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.

[Signature]

Signature of owner/agent

10-30-91

Date



Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 87-180-0028
Map Reference 25.04-1-1

Roanoke County

Health Department

Date Received 07.30.91

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☐

Owner MICHAEL A. GRIBBLE Address 306 FIRST ST. S.W. Phone 343-3500
ROANOKE, VA. 24011

Agent JERRY W. GRUBB Address 306 FIRST ST. S.W. Phone 343-3500
ROANOKE, VA. 24011

Directions to Property RT. 311 TO DUTCH OVEN RD. TO TIMBERVIEW RD
1.4 MILES TO PROP. on RIGHT

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification BUILDING PERMIT

Dimensions/size of Lot/Property _____

Other Application Information

I. Building/facility Intermittent Use ☒ New ☐ Existing
☐ Yes ☐ No If yes, describe: _____

II. Residential Use ☒ Yes ☐ No
Termite Treatment ☒ Yes ☐ No
☒ Single Family ☐ Multifamily Number of Units 1 Number of Bedrooms 3
Basement ☒ Yes ☐ No
Fixtures in Basement ☒ Yes ☐ No

III. Commercial Use ☐ 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 RENEWAL OF PERMIT # 87-180-0028

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.

[Signature]
Signature of owner/agent

7-25-91
Date



Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 87-180-0028
Map Reference 25.04-1-1

Roanoke County

Health Department

Date Received 1-20-87 - ch

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☐

Owner MICHAEL A. GRIBBLE Address 7338 MAPLE CT SW Phone 774-9019 H
ROANOKE VA 24014 389-8255 W
Reached During Day

Agent _____ Address _____ Phone _____

Directions to Property HANGING ROCK (At 1404 TIMBERVIEW RD) go 1.4 MILES ON RIGHT
YOU WILL SEE A LONG DRIVEWAY go to top AND TAKE LEFT

Subdivision _____ Section _____ Block _____ Lot 4

Other Property Identification [REDACTED]

Dimensions/size of Lot/Property 230 X 1578.49 8.2 Acs.

Other Application Information

I. Building/facility ☒ New ☐ Existing
Intermittent Use ☐ Yes ☒ No If yes, describe: _____

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

III. Commercial Use ☐ 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 _____

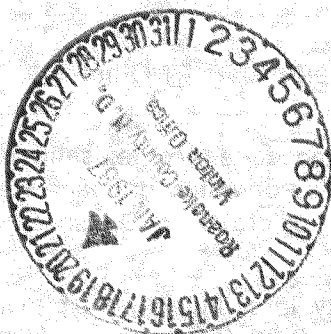
SITE Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and
PLAN driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells
and springs within 200 feet radius of the center of the proposed building or 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.

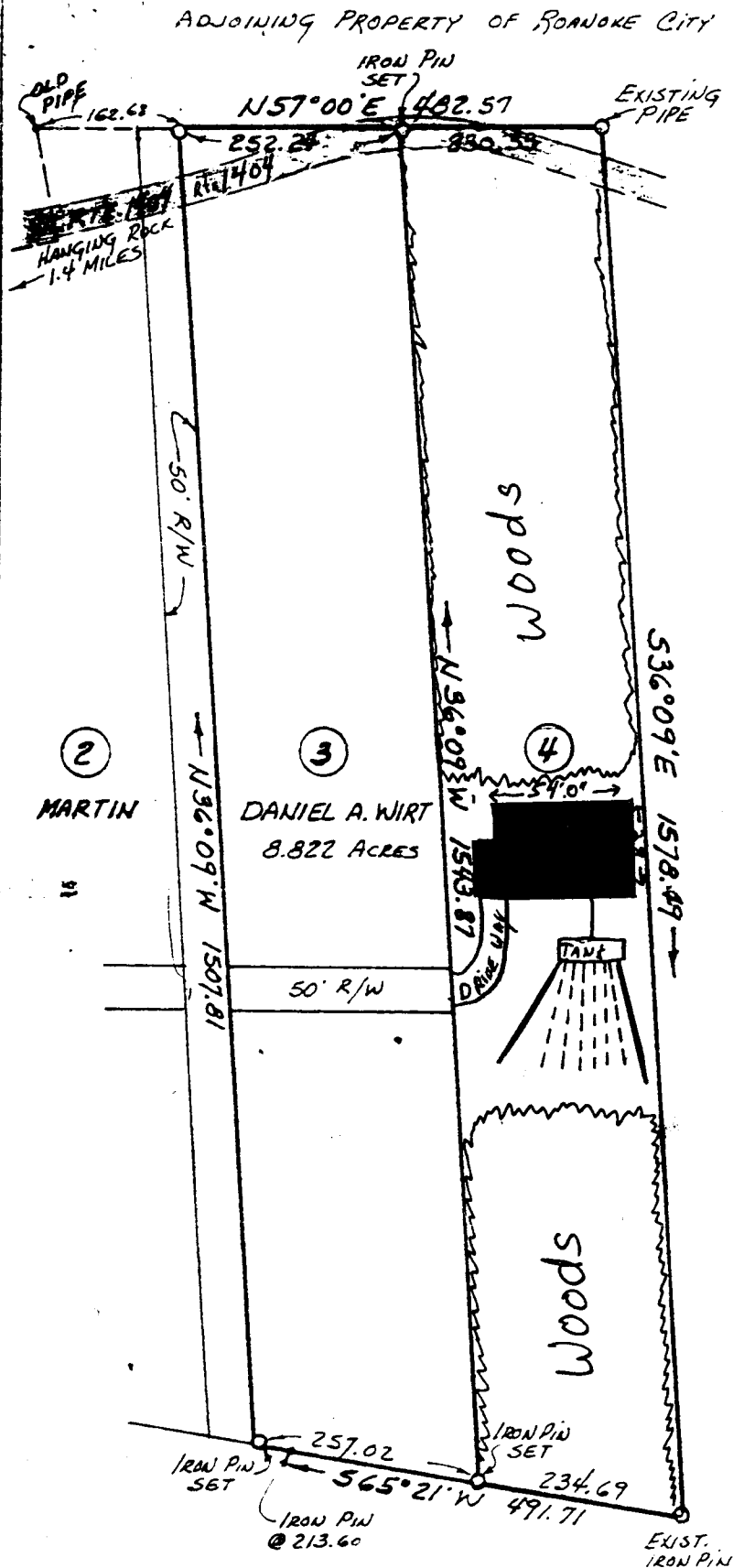
Michael A. Gribble

Signature of owner/agent

1/13/87
Date



87.180.0028



I Would like to go AND show
and talk with the persons who
they go out to the property
if you could call me at
389-8255

thanks you
Mike Gubler

I HEREBY CERTIFY THIS PLAT OF SURVEY
TO BE CORRECT TO THE BEST OF MY
KNOWLEDGE.

I.D. # 87-188-6028

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH SEWAGE DISPOSAL SYSTEM PERMIT ISSUED:

1. Estimated or actual percolation rate of over 60 M.P.I., but less than 121 M.P.I. Yes _____ No ✓
2. Sewage disposal system with low pressure distribution. Yes _____ No ✓
3. Soil drainage management contract. Yes _____ No ✓
4. Composting system, incinerating system or recycling system where there was no gray water involved or there was only sufficient suitable soil for the gray water. Indicate by (C) _____, (I) _____, or (R) _____ N/A ✓
5. Elevated sand mound. Yes _____ No ✓
6. Experimental system. Yes _____ No ✓

DATE OF INITIAL VISIT 2/3/87

IF HOLDING OR INACTIVE, THE REASON WHY _____



COMMONWEALTH of VIRGINIA
Roanoke County — Vinton Health Department

In cooperation with the
State Department of Health

P.O. Box 254
VINTON, VIRGINIA 24179

February 4, 1987

Mr. Michael A. Gribble
7338 Maple Court S.W.
Roanoke, VA 24014

Dear Mr. Gribble:

Enclosed is a copy of your Construction Permit and other pertinent data in reference to your Application for a Sewage Disposal System Construction Permit I.D. # 87-180-0028.
25.04-1-1

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 Roanoke County Health Department at 983-7807.

Also, you will find along with your new septic tank permit a Commonwealth of Virginia Water Well Completion Report (GW-2). It is very important that you have your well driller fill out this form in its entirety, and return to the Roanoke County Health Department, P. O. Box 307, Vinton, VA 24179. Under the new state laws this form has to be completed and returned to us before we can issue you your Operation Permit.

Thank you for your cooperation.

Sincerely,

David Taylor
Sanitarian

ch

c: Building Inspector



COMMONWEALTH of VIRGINIA

Roanoke County — Vinton Health Department

P. O. Box 307

VINTON, VIRGINIA 24179

In cooperation with the
State Department of Health

Michael A. Gribble
7338 Maple Court SW
Roanoke, VA 24014

Dear Mr. Gribble:

Enclosed are copies of your water supply and sewage disposal system construction permit, I. D. numbers 87-180-0028; 25.04-1-1.

It is very important that you pay particular attention to the following:

1. Two copies of the permit are provided. Be sure to give one copy to the well driller and one copy to the septic contractor. Neither can begin installation until a copy of the permit is received.
2. Enclosed is a Uniform Water Well Completion Report. Your well driller must fill out this form in its entirety and return it to the Roanoke County Health Department before an operation permit can be issued.
3. A well water sample must be tested for coliform organisms by a State Certified Laboratory. If any samples test positive you must contact this office for further instructions. At least one satisfactory sample result(s) must be received by this office before an operation permit can be issued. (Original laboratory report(s) must be submitted to this office.)

At this time, you may begin construction of your well and sewage disposal system following all requirements of the enclosed permit.

If you feel any changes are necessary, please contact the Roanoke County Health Department at 857-7807.

Sincerely,

David Taylor
Environmental Health Specialist

/ch

Encls.

cc: Building Inspector



COMMONWEALTH of VIRGINIA

Roanoke County — Vinton Health Department

In cooperation with the
State Department of Health

P. O. Box 307
VINTON, VIRGINIA 24179

November 19, 1991

Townside Construction Company for
Steve Davis
306 First Street
Roanoke, VA 24011

Dear Mr. Davis:

Enclosed is the Operation Permit for your sewage disposal system
25.04-1-1
and other data relating to your application, # 87-180-0028

If this office can be of any further assistance to you, please
do not hesitate to call.

Sincerely,

David Taylor
Environmental Health Specialist

/ch

cc: Building Inspector

Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 87-180-0028
Tax Map Number 23104-1-1

General Information

Date 2/3/87 Roanoke County Health Department
Applicant Michael A. Gribble Telephone No. 774-9019
Address 7338 Maple Ct. Roanoke, Va 24014
Owner Same as above Address _____
Location Rd 311 to 1404 (Timberview Rd) 1.4 miles on rt. up a long drive way
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe _____
2. Slope 15 %
3. Depth to rock/impervious strata Max. _____ Min. _____ 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
7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☒ Depth of percolation test holes N/A
Average percolation rate _____

Name and title of evaluator: David Taylor Sanitarian

Signature: David Taylor

Department Use

- ☒ Site Approved: Drainfield to be placed at 36 in 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 2/3/87

Profile Description

SOIL EVALUATION REPORT

Health Department
Identification No. 87-180-0028

Page 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.

1	A	0-3	dark brown sandy loam	th
	B	3-18	brown sandy loam some cobbles	th

2	A	0-3	dark brown sandy loam	II
	B	3-60	brown sandy loam some small cobbles	II

3	A	0-3	dark brown sandy loam	II
	B	3-18	brown sandy loam with pebbles	II

Remarks:

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health



Health Department
Identification Number
Map Reference

87-180-0028
25.04-1-1

Roanoke County Health Department

General Information

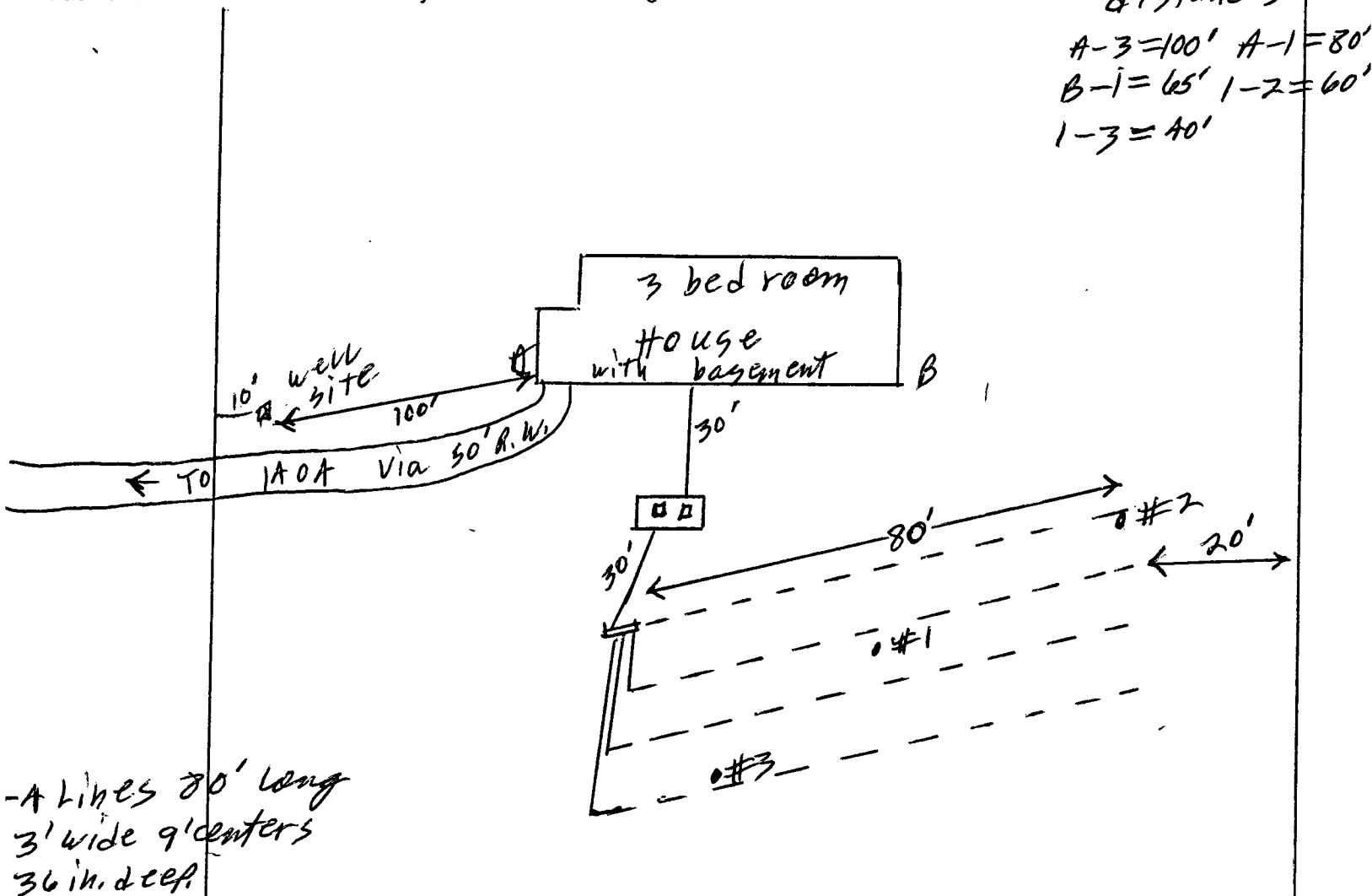
New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
Owner STEVE DAVIS & TOWNSIDE CONST. CO. Telephone 343-3500
Address 306 FIRST ST. ROANOKE, VA 24011
For a Type E Sewage disposal system which is to be constructed on/at 2525 Timberview rd, rd 419 To Timberview rd. 1.4 miles turn rt. on STEEL DRIVE
Subdivision _____ Section/Block _____ Lot _____
Actual or estimated water use 450 GPD

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III C</u> cased <u>20 FT.</u> grouted <u>20 FT.</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>30" 4" I.D. PVC 40, or equivalent.</u> 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>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	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>N/A</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>5</u> ports. <input type="checkbox"/> Other _____	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>960</u> ; depth from ground surface to bottom of trench <u>36 in.</u> ; aggregate size <u>5-15 in.</u> Trench bottom slope <u>2-4 in / 100 ft.</u> center to center spacing <u>9 ft.</u> ; trench width <u>3 ft.</u> Depth of aggregate <u>12 in.</u> Trench length <u>80 ft.</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Date <u>11/1/91</u> Inspected and approved by: <u>[Signature]</u> 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. *distances to*



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: ~~1/3/17~~ Issued by: Andrew Doyle

Date: 2-4-87 Reviewed by: AM (Queen) Sanitarian

~~This Construction~~
Permit Valid until

Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

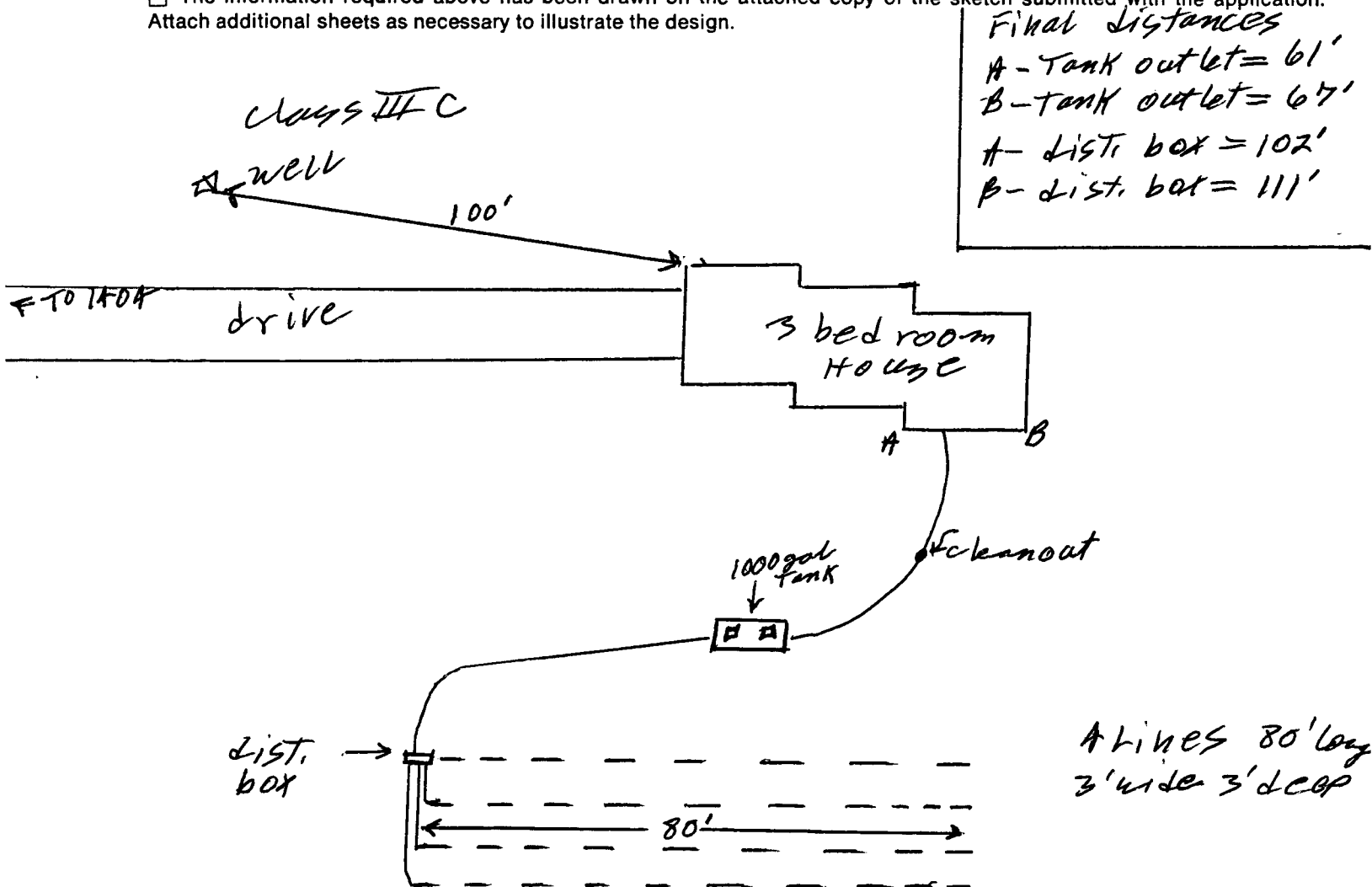
Regional Sanitarian

Schematic drawing of sewage disposal system and topographic features.

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.



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: 10/25/91 Issued by: David Taylor
Sanitarian

Date: _____ Reviewed by: redrawn sketch shows installation
Supervisory Sanitarian

This Construction Permit Valid until 11/1

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Use of form required only when
water supply constructed in con-
junction with an on-site sewage
disposal system, or when FHA, VA
financing is involved.

Health Department
I.D. Number 87-180-0028

F.H.A. or V.A. Case Number
If Applicable

Map Reference

25.04-1 1

Date 10/30/91 Local Health Department Roanoke County

Owner Steve Davis
(Mike Gribble) Address 90 Townside const. Co.
306 First St. Phone 313-3500
Roanoke, Va 24011

Exact Location of Premises Rd 1 to 4 (Timberville rd) 1 1/2 miles on the right
long driveway 1000 ft off hard surface to the house

Subdivision _____ Section/Block _____ Lot _____

Class of nonpublic drinking water well.

- | | | |
|--------------|-------------------------------|-------------------------------------|
| 1) Class III | A. (drilled well) | <input type="checkbox"/> |
| 2) Class III | B. (bored well) | <input type="checkbox"/> |
| 3) Class III | C. (drilled well) | <input checked="" type="checkbox"/> |
| 4) Class III | D. (dug well) | <input type="checkbox"/> |
| 5) Other | E. _____ | <input type="checkbox"/> |

Date of installation 9/24/91

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e. well log, etc.), so note.

1. Water well completion report filed as required by 18.02.07. Yes ☒ No ☐
2. Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.

Building Sewer 100' + Pretreatment Unit 100' + Conveyance System 100' + Subsurface
Soil Absorption System 100' + (nearest point). Property Line 10' + Other _____
Site graded where necessary to divert water away from well? Yes ☐ No ☐ n.a. ☒

3. Construction, General: (see Section 18.02.05, and 18.02.02)

Total depth of well 225 feet. Type of casing steel. Depth of casing 37' feet. Diameter
of casing 6" inches. Casing extends inches above ground 12. Exterior space around casing sealed
with neat cement grout to a depth of 20 feet. Screens constructed of _____
free of rough edges and irregularities, with positive watertight seal between screen and casing? ☐ yes ☐ no ☐
n.a. ☒ Well head and opening to the interior protected? yes ☒ no ☐ Type of well seal Pitless adapter
Pitless adapter used? yes ☒ no ☐ n.a. ☐ Properly installed? yes ☒ no ☐ n.a. ☐ Proper venting?
yes ☒ no ☐ n.a. ☐

4. Quantity: Yield and drawdown determined by continuous pumping of _____ hours. Drawdown _____ feet.
Yield 15 GPM. Type of storage pressure

5. Quality: Sample tap provided at entry into system? yes ☒ no ☐ Sample(s) collected? yes ☒ no ☐
Results of samples. Satisfactory ☒ Unsatisfactory ☐ (attach copy of results to this form)

Based on the inspection of this water supply system and the information contained on the water well completion report
attached, this water supply is approved. ☒

Remarks: _____

Date 11/19/91

Signed _____

Date 11-19-91

Signed _____

Date _____

Signed _____

David Taylor
Sanitarian
AM Chen
Supervisory Sanitarian

Regional Sanitarian (If V.A. or F.H.A.)

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner MICHAEL A. GRIBBLE (TOWNSIDE CONST.)
Address 7338 MAPLE CT.
ROANOKE, VA. 24014
Phone 774-9018
Location TIMBERVIEW RD. HANGING ROCK

Tax Map ID 25-04-1-1
VDH Permit 87-180-0028
WWCB Permit _____
WWCB ID _____
County ROANOKE

* Well Data *

General Information

Drilling Method AIR ROTARY
Depth to Bedrock 1 FT.
Static Water Level NIC
Well Disinfected (Y or N) N

Date Completed 9/24/91
Yield 15 (GPM)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well 225 FT
Length of Test _____
Natural Flow (Rate) _____
Amount Used _____

Casing

From 0 to 37 FT
Size 6 1/4 Material STEEL
Weight/Schedule 12-93-188

From _____ to _____
Size _____ Material _____
Weight/Schedule _____

From _____ to _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack

From _____ to _____

From _____ to _____

From _____ to _____

Grout

From 0 to 20 FT
Bore Hole Size 10"
Type PORTLAND
Method POURED

From _____ to _____
Bore Hole Size _____
Type _____
Method _____

From _____ to _____
Bore Hole Size _____
Type _____
Method _____

Water Zones or Screened Intervals

From 145 to 146 2 GPM
Mesh Size _____ Diam. _____
From 185 to 187 5 GPM
Mesh Size _____ Diam. _____

From 219 to 220 8 GPM
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

* Use Data *

Private Well: Domestic ☒ Agricultural _____ Industrial _____ Monitoring _____
Public Well: Community _____ Non Community _____

Drillers Log *
(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
0-1 FT.	SANDY SOIL	
1-105 FT	SANDSTONE	
115-118	SHALE	
118-225	BLACK SLATE	

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

RICHARD A. SIMMONS WELL DRILLING CO. INC.

Drilling Contractor Address ROUTE 3, BOX 236
BUCHANAN, VA. 24066

Phone 254-2289

Drillers Signature W. D. Simmons Date 10/22/91

Representing R A Simmons

Virginia Contractors License Number 031866

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department

Identification Number 87-180-0028

Roanoke County Health Department

Name of Company/Corporation/Individual: Ricky Cook Hauling & Exu

Address: Blue Ridge 24064 Telephone: (703) 977-1403

Owner's Name Mike Gribble (Fountains Const Co.)

Owner's Address 306 1st St. RHE, Va

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: rd 311 To rt onto 1404 Timberview rd. 1.4 mi on RT to
drive - 1000 FT off rd,

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

Oct 25 1991
Date

Jeffrey S. Nelms
Signature and Title

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department

Identification No. 87-180-0028

Roanoke County Health Department



Tax Map No. 25.04-1-1

Steve Davis is Hereby Granted Permission
to Operate a (Type) 1 Sewage Disposal System Having a Design Capacity of 450 gpd, at

2525 Timberview Road, Roanoke, VA

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)
2.13 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

11/20/91

Effective Date

David Taylor
Recommended (Sanitarian)

[Signature]
Approved (State Health Commissioner)

Bacteriological & Chemical Data
City of Salem Water Department
Laboratory ID 00300

Name: Journside Construction

Reason for analysis: _____

Address: 306 1st Street SW

Davis - Timberview

Grandville WA 98011

Collector: Jerry Grubb

Remarks: _____

Date: 12-2-91 Time: 11:30 am

Lab receipt: 12-2-91 Time: 12:00 N

Analyst: Kelly Sloop

Date: 12-2-91 Time: 2:30 pm

Bact. Bottle No: 12022 1 liter: _____

Notification: _____

Plate & Tube ID: 12022

Date: _____ Time: _____

Parameter

Alk.	Chlorine	CO ₂	Hard.	Iron	Flouride	pH	Pth.
Turb.	Temp.						

Fermentation Tube Test

ml sample	Coliform Fermentation Test Method 305				Fecal Coliform	Remarks
	LSTR 24/48	BGLB 24/48	EMB 24	LSTB 24/48	EC 24	
10	+	---			—	
10						
10						
10						
10						
10						
10						
10						
10						
10						

Standard Plate Count/ml/48 hrs:

Count: TNTC

Blank: 0

Other: _____

Coliform MPN/100ml:

Presumptive: _____

Confirmed: 0

Completed: _____

Fecal Coliform MPN/100ml

EC: 0

County of Roanoke, Virginia

Land	Structure	All Data	Print	Help	Close Wi
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Parcel Id: 025.04-01-01.00-0000

Card Number: 001 of 001

Property Address: 2525 TIMBERVIEW RD Unit#

Jurisdiction: COUNTY

Magisterial District: CATAW

Building Name:

Census Block: 5116103010010

Owner Name: BRANTLEY FLOYD BARTOW III

Billing Address: 2525 TIMBERVIEW RD
ROANOKE VA 24019Deeded Acre (AC) or Lot (LT): 8.24 AC Calculated Acre
In Land Use: N

Legal Description: LT 4 SUR FOR DONALD C & CANDICE SOLOMAN

Neighborhood: 10008

Use Model: RURAL HOMESITE

Appraiser: 06

Year Built (Est): 1991 Style: SPLIT LEVEL

County Utilities:

Billing Type Class:

Not all Utilities included. See Help.

2007 Land Value: \$59,000

2007 Building Value: \$178,700

2007 Total Market Value: \$237,700

[Click here for
2007 Values](#)

Flood Certificate:

Zoning: AR

Zoning Conditions:

Transfers		Instrument References	
Year/Month	Sales Price	Type	Number
		PLAT	150400217
200409	\$220,000	DEED	200416904
199604	\$155,000	DEED	015040214
199012	\$33,000	DEED	013340985
198704	\$15,000	DEED	012590980
199106	\$0	DEED	013441555

Bed Rooms: Lower 1, Base 1, Upper 1, Total 3

Full Baths: Lower 1, Base 1, Upper 0, Total 2

Half Baths: Lower 0, Base 0, Upper 1, Total 1

Foundation: CONT FOOTING

Sub Floor: PLYWOOD

Floor Cover #1: CARPET

Floor Cover #2: HARDWOOD

Interior Wall #1: PLASTER

Interior Wall #2:

Exterior Wall #1: CEDAR / REDW SIDIN

Exterior Wall #2:

Commercial Structure Frame:

Fire Place Description: NONE

Roof Structure: IRREG/CATH

Roof Cover: ASP/COMP SHNG

Heat Fuel: ELECTRIC

Heat Type: HEAT PUMP

Air Condition Type: CENTRAL

Apartment Units:

Sub Area Description	Sq. Ft.
BASE	1416
GARAGE-FINISHED	576
LOWER LEVEL-FINISHED	840
WOOD DECK	356

NOTICE: Every effort is made to produce and publish the most current and accurate information possible. No warranties, expressed or implied, are provided for the d



1342 Roanoke Road
Daleville, VA 24083
Office: 540-966-1277
Fax: 540-966-1279

FAX COVER SHEET

TO: Jonua Fax # 857-6991
FROM: And Brummond cell # 793-0844
DATE: April 4, 2007
RE: Jonua
Would please have all the
information on file in reference
to the residents located at
2525. Timberview Road
Roanoke Virginia 24019
Owner Brantley Bartow III Thank You

OF PAGES INCLUDING COVER SHEET: 1