

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
 Department of Health
Gloucester Health Department

Health Department
 Identification Number 134-99-555
 Map Reference 47-3B

General Information

Water Supply System: New Repair Public FHA VA Case No.
 Sewage Disposal System: New Repair Expanded Conditional Public
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
 Owner Jan H. Gray, PO Box 726 Telephone 693-5693
 Address White Marsh, VA 23183 For a Type II Sewage Disposal System or Well to be constructed on/at 9530 Whitaker Ln.
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use 600 gpd

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>private well</u> To be installed: class _____ cased <input type="checkbox"/> grouted <input type="checkbox"/>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: _____ I.D. PVC Schedule 40, or equivalent. 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
Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other <u>existing + 1000 gal</u>	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: _____ PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other <u>replace as necessary</u>	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: _____ No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design if yes: <u>see pgs 2 & 3</u>	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>Need to add gate valve</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other <u>2" PVC force main</u>	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: _____ Precast concrete with _____ 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>1680</u> ; depth from ground surface to bottom of trench <u>16"</u> ; aggregate size <u>1/2 - 1/2</u> ; Trench bottom slope <u>1 - 2 / 50</u> ; center to center spacing <u>9</u> ; trench width <u>3</u> ; Depth of aggregate <u>16"</u> ; <u>12 + 4" below</u> Trench length <u>80</u> ; Number of trenches <u>7</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory

Date 8-23-99 Inspected and approved by:
[Signature]
 Sanitarian

Conrado - Tealight

-CAP & CROWN - NOT COMPLETE - 8-23-99 NH

NOTE: DISTURBANCE OR REMOVAL OF SOIL DURING TREE OR VEGETATION REMOVAL AND/OR DRAINFIELD SITE PREPARATION MAY VOID THIS PERMIT.

This permit has a primary and 100% reserve drainfield area identified, and is located outside of the Resource Protection Area (RPA) as delineated by Gloucester County Codes Compliance and Community Development.

This site may not meet the county's criteria of the Chesapeake Bay Preservation Act.

1) 100% reserve area was not located contiguous to primary drainfield.

2) Required location, outside the RPA as delineated by Gloucester County, could not be achieved.

Health Department

Identification Number

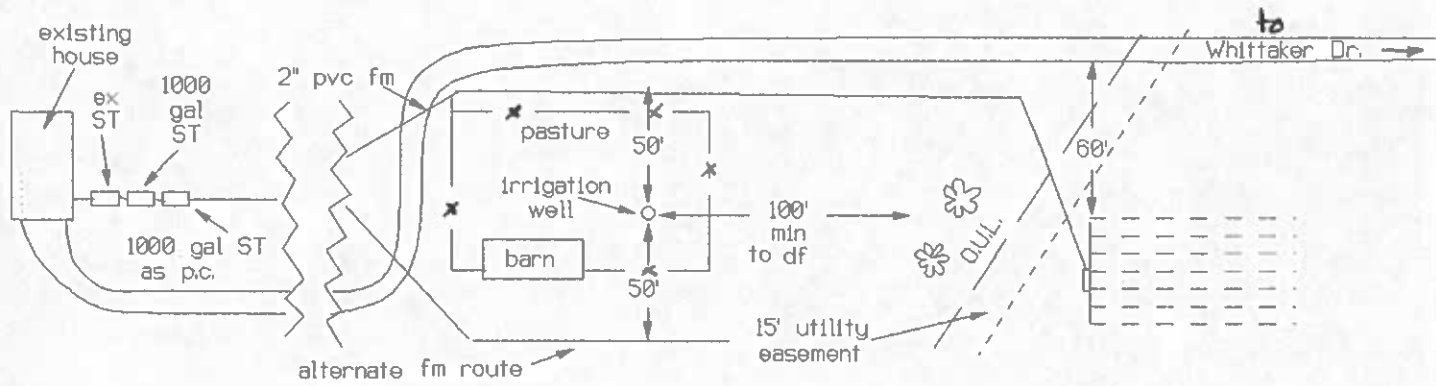
47-38

136-99-555

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot 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.

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.



- * Install 7 X 80' drainlines ON CONTOUR at 16" depth with extra 4" gravel or sand under trench. (total of 16")
- * Install 1000 ST in series with existing tank. (Check existing)
- * Install 1000 gal ST as pump chamber with effluent pump, 10" drawdown and remote AV alarm. (see pg 3)
- * Drainfield area must be capped and crowned with 4 - 6" of topsoil.
- * Install drainfield in dry soil conditions only.
- * Protect drainfield area and reserve from traffic, construction, and other potentially damaging activities.
- * Reinforce force main under drive.

This sewage disposal system and/or water supply is to be constructed as specified by the permit or attached plans and specifications _____.

This sewage disposal system and/or well 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: 8-17-99 Issued by: [Signature] Sanitarian

Date: _____ Reviewed by: _____ Supervisory Sanitarian

This Construction Permit Valid until 02-17-01

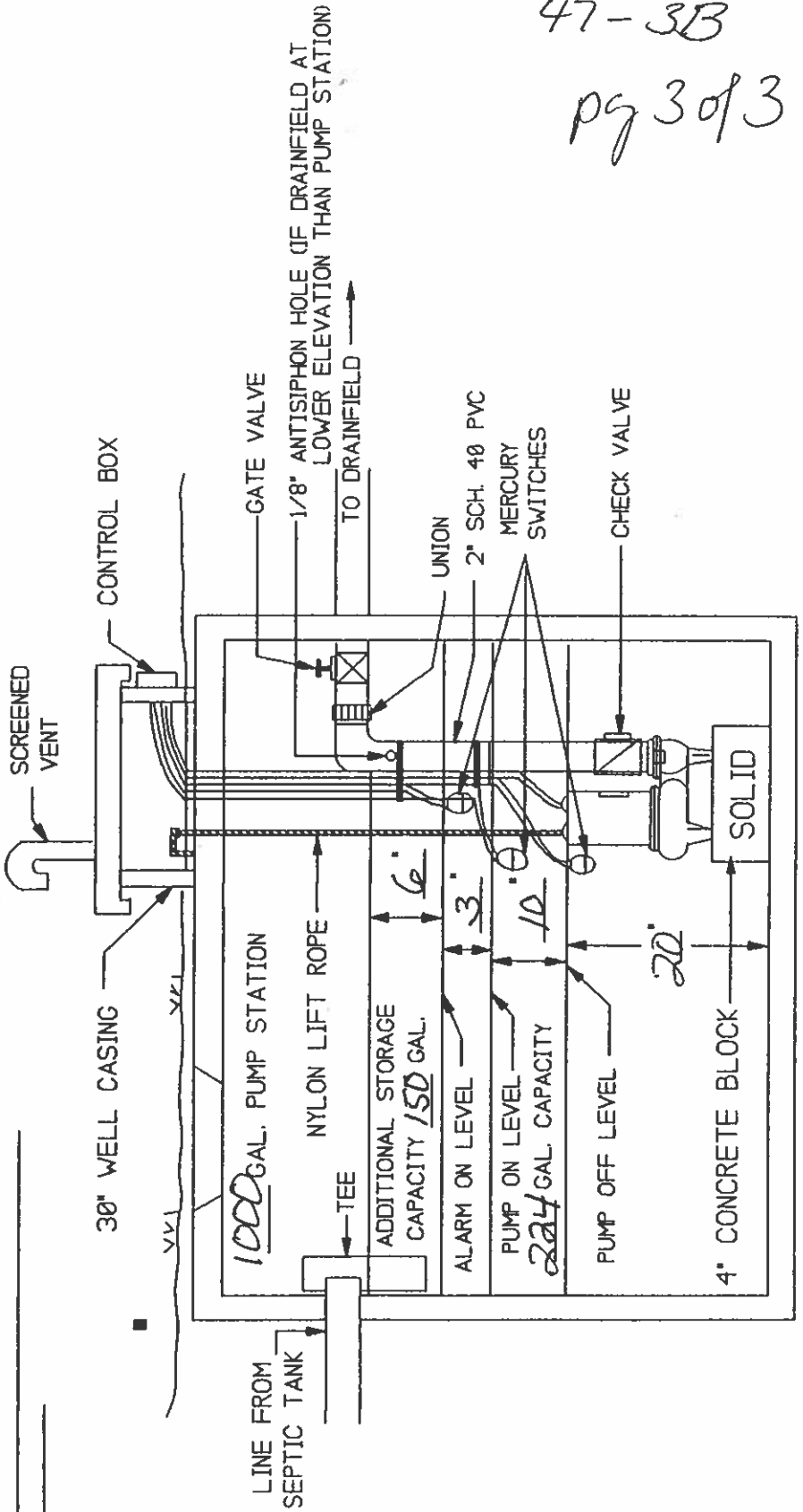
If FHA or VA financing

Reviewed by Date _____ Date _____

ALL COMPONENTS TO BE OPERATIONAL AND INSPECTED BEFORE OPERATION PERMIT CAN BE ISSUED

APPLICANT: _____
 TAX MAP: _____ BLK/SEC. _____ LOT _____
 HEALTH DEPT. ID.# _____
 DISTANCE FROM P/C TO DRAINFIELD _____
 SURFACE ELEV. CHANGE _____
 BRAND NAME OF PUMP _____
 SEWAGE PUMP MODEL NO. _____
 ALARM BOX MODEL NO. _____
 SUBMITTED BY: _____
 DATE: _____

PUMP STATION AND APPURTENANCIES MUST COMPLY WITH SECT.4.23 OF SEWAGE RECS.
 PUMP STATION, PIPES AND CONDUITS TO BE SEALED WATERTIGHT
 PUMP TO BE SEPARATE ELECTRICAL CIRCUIT FROM ALARM
 ALARM TO BE AUDIOVISUAL
 MANUAL OVERRIDE SWITCH REQUIRED
 PUMP STATION MUST BE ANCHORED OR WEIGHTED TO PREVENT FLOTATION
 MASTER DISCONNECT SWITCH TO BE IN SECURE LOCATION REMOTE FROM PUMP STATION



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 pg 3 of 3

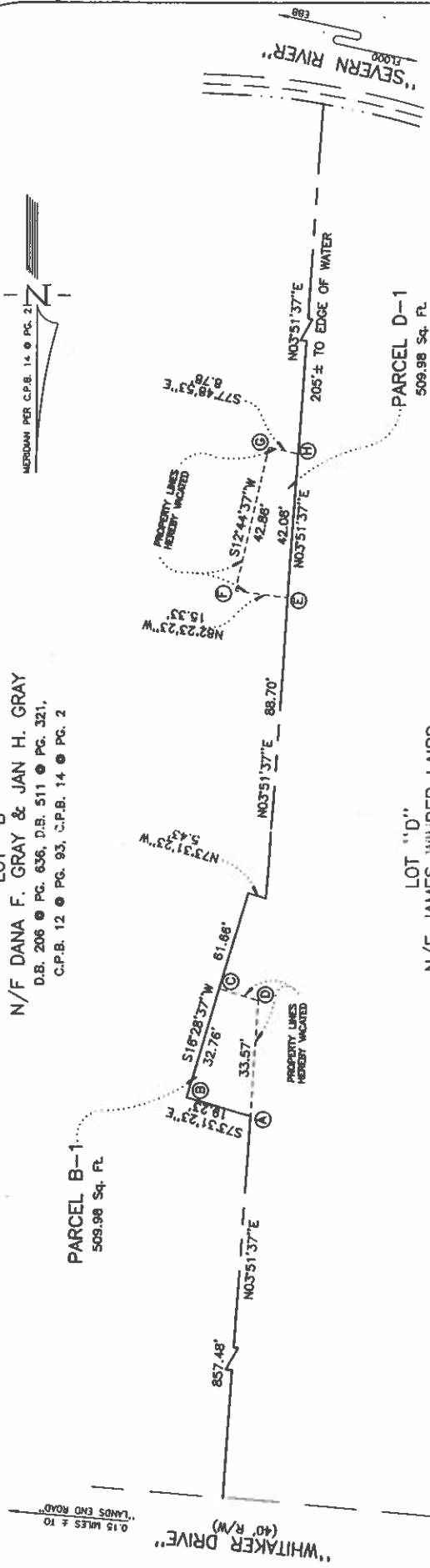
PUMP CHAMBER

LOT "B"
N/F DANA F. GRAY & JAN H. GRAY
D.B. 206 @ PG. 636, D.B. 511 @ PG. 321,
C.P.B. 12 @ PG. 93, C.P.B. 14 @ PG. 2

PARCEL B-1
509.98 Sq. Ft.

LOT "D"
N/F JAMES WINDER LAIRD
D.B. 337 @ PG. 244, C.P.B. 14 @ PG. 2

PARCEL D-1
509.98 Sq. Ft.



PLAT

SHOWING RE-ARRANGEMENT OF THE PROPERTY LINE BETWEEN
LOT "D" BEING THE LAND OF
JAMES WINDER LAIRD
AND
LOT "B" BEING THE LAND OF
DANA F. GRAY & JAN H. GRAY
LOCATED IN THE ABRIDON DISTRICT OF
GLOUCESTER COUNTY, VIRGINIA
SCALE: 1"=30'

The rearranging or straightening of property lines of adjacent parcels as illustrated on this plat are reasonable, and conform to the intent of the Subdivision Ordinance.

[Signature]
Subdivision Agent

I, THE UNDERSIGNED HEREBY CERTIFY THAT THIS PLAT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, SUBJECT TO EASEMENTS, SERVITUDES AND COVENANTS OF RECORD.



- LEGEND:
- ⊕ IRON ROD FOUND (I.R.F.) OR CONCRETE MONUMENT FOUND
 - ⊙ IRON ROD OR PIPE SET
 - CONCRETE MONUMENT SET
 - ⊖ POWER POLE
 - ⊕ TELEPHONE JUNCTION BOX
 - ⊖ OVERHEAD UTILITY LINE
 - T.U.B. OLD MARK
 - O.V.A. NOW OR FORMERLY
 - R/W RIGHT-OF-WAY
 - N.R. NON RADIAL

1. THE LAND DELINEATED HEREON IS LOCATED ON COUNTY TAX MAP NO. 47 AS PARCEL NO. 3G, 3E & 3B
2. PARCEL D-1 IS TO BE ADDED TO AND NOT TO BE SOLD SEPARATE OR APART FROM LOT "B", STANDING IN THE NAME OF DANA F. GRAY & JAN H. GRAY.
3. PARCEL B-1 IS TO BE ADDED TO AND NOT TO BE SOLD SEPARATE OR APART FROM LOT "D", STANDING IN THE NAME OF JAMES WINDER LAIRD.
4. PROPERTY LINE (A) TO (B) TO (C) AND (E) TO (H) IS PURSUANT TO AGREEMENT BETWEEN PARTIES CONCERNED.
5. TO (C) TO (H) IS HEREBY VACATED.
6. IMPROVEMENTS WERE NOT LOCATED AND NO FIELD WORK WAS CONDUCTED AS PART OF THIS PLAT. ORIGINAL PROPERTY LINES SHOWN HEREON WERE TAKEN FROM C.P.B. 14 @ PG. 2.



SALUDA OFFICE BUSINESS ROUTE 17 NORTH P.O. BOX 509 SALUDA VA 23149
TEL.: 804-758-5678 FAX.: 804-758-5920

GLOUCESTER OFFICE 7307 MARTIN STREET
TEL.: 804-693-2993

P.O. BOX 895 GLOUCESTER VA 23061
FAX.: 804-693-5596

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 136-99-555
Tax Map Number 41-3B

General Information

Date 8-17-99 Health Department Clou
Applicant Gray Telephone No. _____
Address _____
Owner _____ Address _____
Location _____
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe _____
 2. Slope 0 %
 3. Depth to rock/impervious strata Max. _____ Min. _____ None
 4. Depth to seasonal water table (gray mottling or gray color) No Yes 0 inches
 5. Free water present No Yes _____ range in inches
 6. Soil percolation rate estimated Yes No Texture group I II III IV
Estimated rate 0.90 inch
 7. Percolation test performed Yes No Number of percolation test holes _____
Depth of percolation test holes _____
Average percolation rate _____
- Name and title of evaluator: _____
Signature: D. Hutchworth

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 _____

Attempt to repair

IMMEDIATE PLANS TO BUILD: YES NO PROPOSED START DATE: _____
SUBDIVIDING: YES NO TAX MAP # 4738-47-3B

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit

DATE REC'D 6-9-99 Health Department ID 136-99-555
Recpt. # _____ Date Pd. _____ Amt. \$ 0 RPA: _____

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional
FHA/VA yes no Case No. _____

Owner: Jan & Peter Gray Address: P.O. Box 126 Phone: 693-5693
Debra F Gray (deceased) White Hall, VA 23183
Agent _____ Address _____ Phone _____

Directions of Property: 9530 Whittaker Opine Gloucester 23061
Robin's Neck (614) -> The Corduroy to @ Lands End to R Whittaker
Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____
Dimension/size of Lot/Property 5 1/2 ac +/-

Other Application Information

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

II. Residential Use Yes No
Termite Treatment Yes No
3 Single Family Multi-family
(Number of Bedrooms 4) (Number of Units _____)

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 Existing
 Private New Existing
Describe: Shallow well

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other
Public Sewerage System

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

Jan & Peter Gray Signature of Owner/Agent August 9, 1995 Date

SITE PLAN

**ATTENTION: PLEASE READ CAREFULLY AND SIGN
IF THIS IS NOT SIGNED, YOUR APPLICATION CANNOT BE
PROCESSED!!!**

A site plan must be submitted with this application. The site plan must show the dimensions of the property, proposed and existing structures, driveways, underground utilities, and existing or proposed underground fuel tanks. In addition, adjacent septic tank systems, pit privies, bodies of water, drainage ways and all wells must be shown if located within 200 feet of the proposed building site. Also show preferred well location and type of well preferred.

**WHEN THERE IS A QUESTION ON THE LOCATION AND/OR THE DEPTH OF
NEIGHBORS WELLS, IT WILL BE NECESSARY TO GET THE WELL OWNERS
VERIFICATION BY SIGNATURE AS TO THE DEPTH AND/OR LOCATION AS STATED
ON THE SUBMITTED SITE PLAN.**

Submitted by (please sign)

Date

SITE PLAN DRAWING:

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number 136-85-0472
Map Reference 47-3B

Glov Health Department

General Information

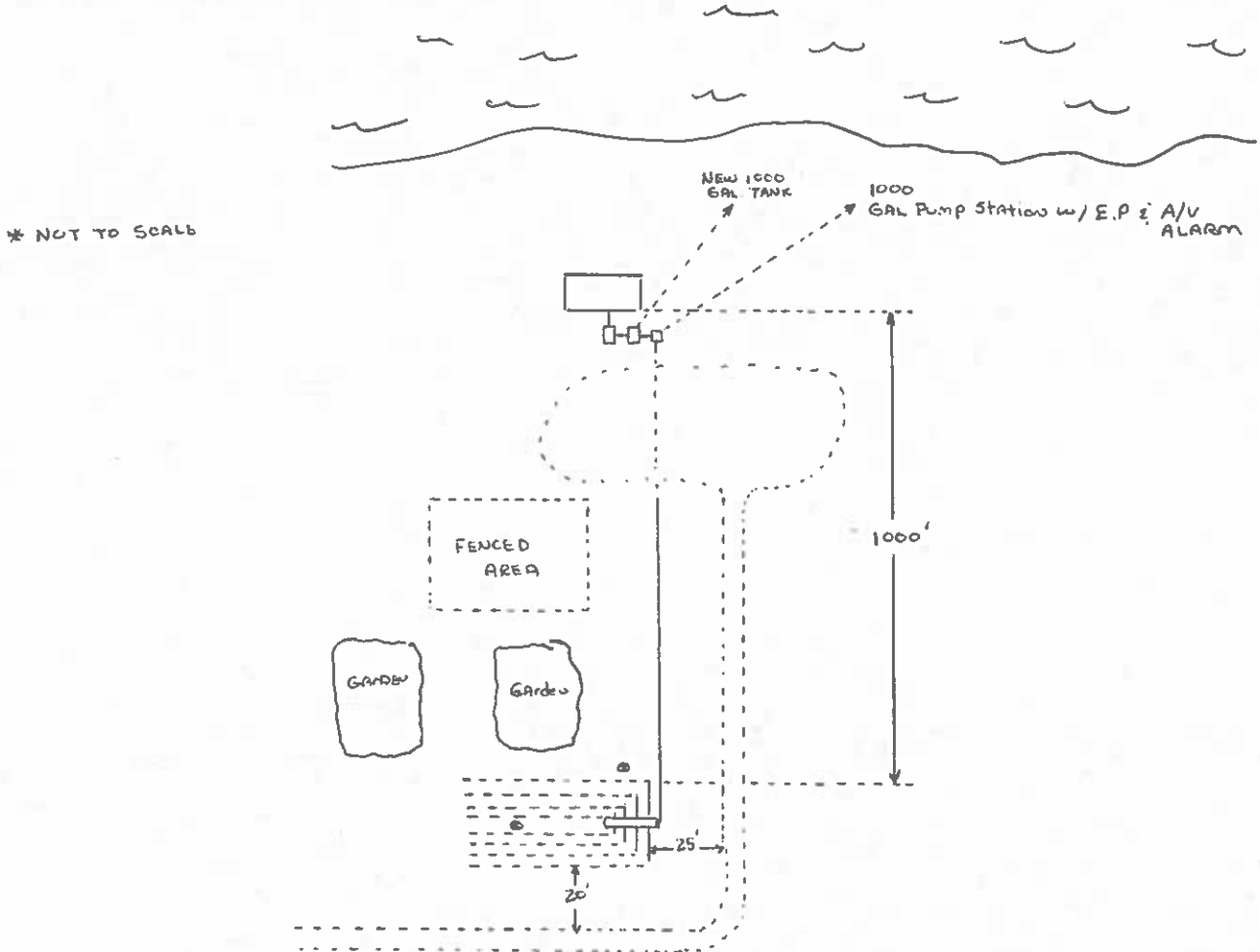
New Repair Expanded Conditional FHA VA Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
Owner DANA GRAY Telephone _____
Address C/O PETE TURLINGTON
For a Type X Sewage disposal system which is to be constructed on/at _____
Subdivision _____ Section/Block _____ Lot _____
Actual or estimated water use G.P.O (600)

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>C-ID (waterside)</u> To be installed: class <u>N/A</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 type="checkbox"/>
Building sewer: <u>4</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Septic tank: Capacity <u>1000 (Existing)</u> gals. (minimum). <input type="checkbox"/> Other <u>Add Additional 1000 GAL TANK</u>	Pretreatment unit: yes <input 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 type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and shown design. if yes: <u>1000 GAL TANK w/ E.P. & A/V ALARM</u>	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
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>10</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
Absorption trenches: Square ft. required <u>1680</u> ; depth from ground surface to bottom of trench <u>16'</u> ; aggregate size <u>1/2" to 1/2"</u> ; Trench bottom slope <u>2" to 4" / 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>36"</u> Depth of aggregate <u>13" Bring To Surface</u> Trench length <u>70'</u> ; Number of trenches <u>8</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ 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.



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: 5-29-85 Issued by: m. s. Shyne
 Sanitarian

Date: 5-30-85 Reviewed by: W. W. [Signature]
 Supervisory Sanitarian

This Construction Permit Valid until 11-27-87

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 136-85-0472
Tax Map Number 47-3B

General Information

Date 5-23-85 Glou. Health Department
Applicant DANA GRAY Telephone No. _____
Address c/o Pete Turlington
Owner S/A Address _____
Location Lands End
Subdivision N/A Block/Section N/A Lot N/A

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe _____
2. Slope 0-2 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None
4. Depth to seasonal water table (gray mottling or gray color) No Yes 0 inches
5. Free water present No Yes _____ range in inches
6. Soil percolation rate estimated Yes No Texture group I II III IV
Estimated rate 20 min/ inch
7. Percolation test performed Yes No Number of percolation test holes N/A
Depth of percolation test holes N/A
Average percolation rate N/A

Name and title of evaluator: M.B. Sheppard Sr. E.H.S.

Signature: M.B. Sheppard Sr.

Department Use

- Site Approved: Drainfield to be placed at 16" 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 _____

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 136-85-0472
Map Reference 47-3(B)
Date Received 5-29-85

1035
Health Department

To Be Completed By The Applicant

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

Owner DANN GRAY Address _____ Phone _____

Agent _____ Address _____ Phone _____

Directions to Property _____

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

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
Basement Single Family Multifamily Number of Units _____ Number of Bedrooms 4
Fixtures in Basement Yes No

I. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No
If yes, give volumes and describe _____ Number of Patrons 4 Number of Employees _____

Water Supply: Public Private New Existing Describe: _____

Proposed Installation: Septic tank and drainfield Other
other, describe _____

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.

Property lines and building location are clearly marked and the property is sufficiently visible to see the total area. I give permission to the Department to enter onto the property described for the purpose of processing this application.

[Signature]
Signature of owner/agent

4 23 85
Date