Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Northumberland Health Department

Health Department Identification Number 166-89-386
Map Reference 51-1-135

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 Arthur G. Lang III Telephone _____

Address 123000 Pleasant Prosp. Mitchellsville, Md. 20716

For a Type II Sewage disposal system which is to be constructed on/at Rt. 200 S. Tl Rt. 607 1st drive on left past Rt. 669 - Guest house + Barn

Subdivision N/A Section/Block _____ Lot _____

Actual or estimated water use 450 gpd

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class ~~One~~ CII cased Bottom grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other _____	**Building sewer:** yes ☑ no ☐ comments Satisfactory
Septic tank: Capacity 1000 + 750 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 show design. if yes: See Pg. 2 + Attach.	**Pump & pump station:** yes ☑ no ☐ comments Satisfactory OK 1-24-90 Both pumps OK. ~~Need to check alarms + telephone dial.~~
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☑ Other 2" #40 PVC	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with 10 + 4 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
Absorption trenches: Square ft. required 910: depth from ground surface to bottom of trench 22"; aggregate size #5-#57; Trench bottom slope 2-4" /100'; center to center spacing 6'; trench width 24" Depth of aggregate 13"; Trench length 65'; Number of trenches 7	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory B. Franklin Date 11-30-89 Inspected and approved by: M-L VanLandingham MHS Sanitarian

C.H.S. 202A Revised 6/84

ORIGINAL

cove of Dividing Creek

-386

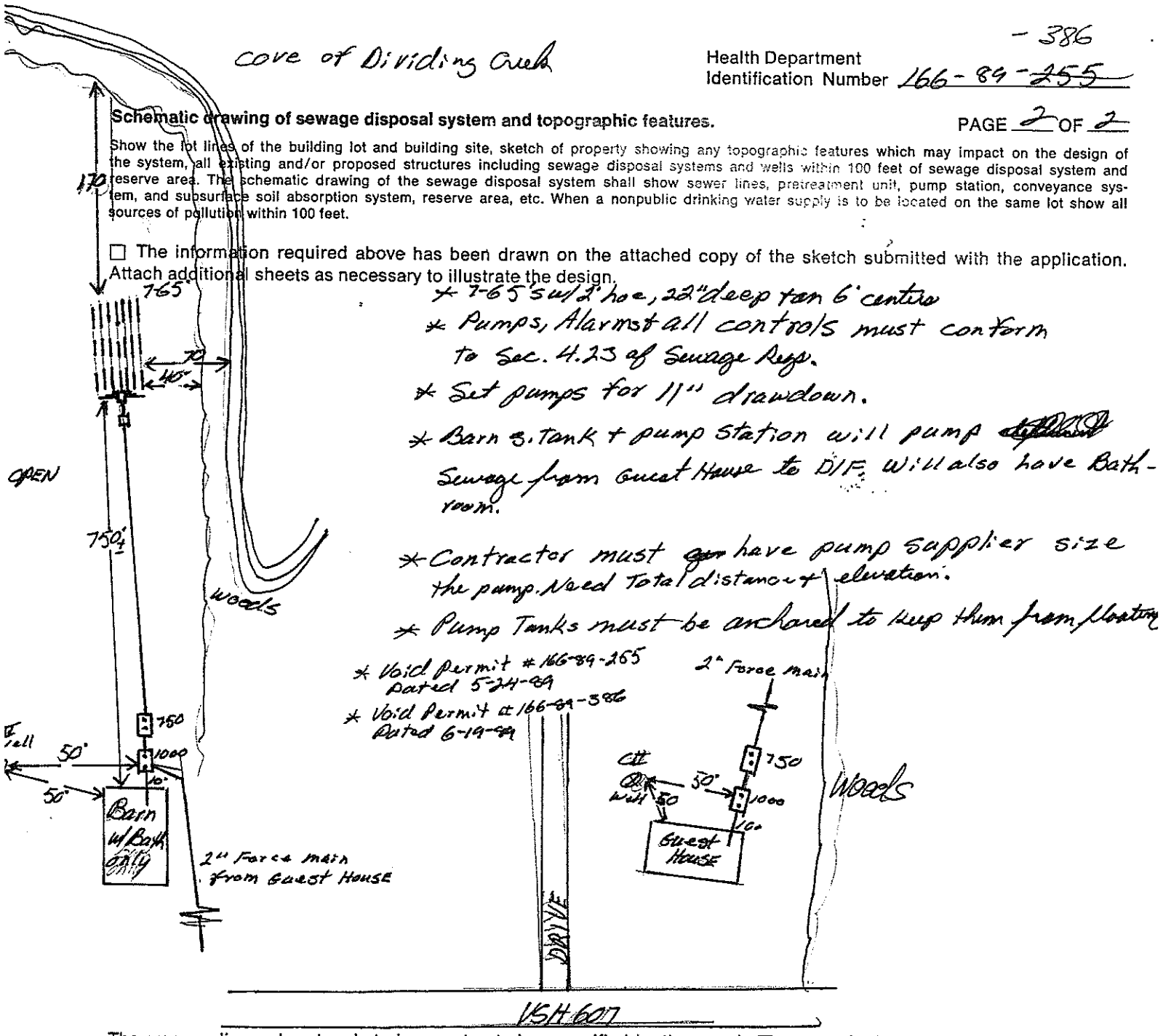
Health Department
Identification Number 166-89-~~255~~

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.



* 7-65 S w/2' hoe, 22" deep run 6' centers
* Pumps, Alarms & all controls must conform to Sec. 4.23 of Sewage Regs.
* Set pumps for 11" drawdown.
* Barn S. Tank & pump station will pump Sewage from Guest House to DIF. Will also have Bathroom.
* Contractor must ~~or~~ have pump supplier size the pump. Need total distance & elevation.
* Pump Tanks must be anchored to keep them from floating

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: 7-27-89 Issued by: Mike L. Vanlandingham
Sanitarian

This Construction Permit Valid until 1-27-94

Date: _____ Reviewed by: _____
Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ _____ Date _____ _____
Supervisory Sanitarian Regional Sanitarian

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Northumberland Health Department

Health Department Identification Number 166-96-396
Map Reference 51-134

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 Arthur Lang Telephone 301-249-2280
Address 12003 Pleasant Prospect Mitchellville, Md. 20716
For a Type II Sewage disposal system which is to be constructed on/at Ditchley Pt. 607 past intersection 607 & 669, TL on 1st dirt Rd. follow to point
Subdivision N/A Section/Block _____ Lot _____
Actual or estimated water use 750

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class CII cased Bottom grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments G. W. 2 Received: yes ☐ no ☐ not applicable ☐ Nutgun
Building sewer: 4" I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other _____	**Building sewer:** yes ☑ no ☐ comments Satisfactory JWH 9-30-91
Septic tank: Capacity 2/750 gals. (minimum). ☐ Other 1000 pump Tank	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory JWH 9-30-91
Inlet-outlet structure: PVC 40, 4" tees or equivalent. ☐ Other _____	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory JWH 9-30-91
Pump and pump station: No ☐ Yes ☑ describe and show design. if yes: See Pg. 2 Attached	**Pump & pump station:** yes ☑ no ☐ comments Satisfactory JWH 9-30-91
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 JWH 9-30-91
Distribution box: Precast concrete with 12+4 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
Absorption trenches: Square ft. required 1620 : depth from ground surface to bottom of trench 24" ; aggregate size #5-#5 ; Trench bottom slope 2-4"/100' ; center to center spacing 9' ; trench width 36" Depth of aggregate 13" ; Trench length 60' ; Number of trenches 9	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory B. Franklin 11-30-89 MLV Date 9-30-91 Inspected and approved by: John W. Hollowell Jr. Sanitarian

ORIGINAL

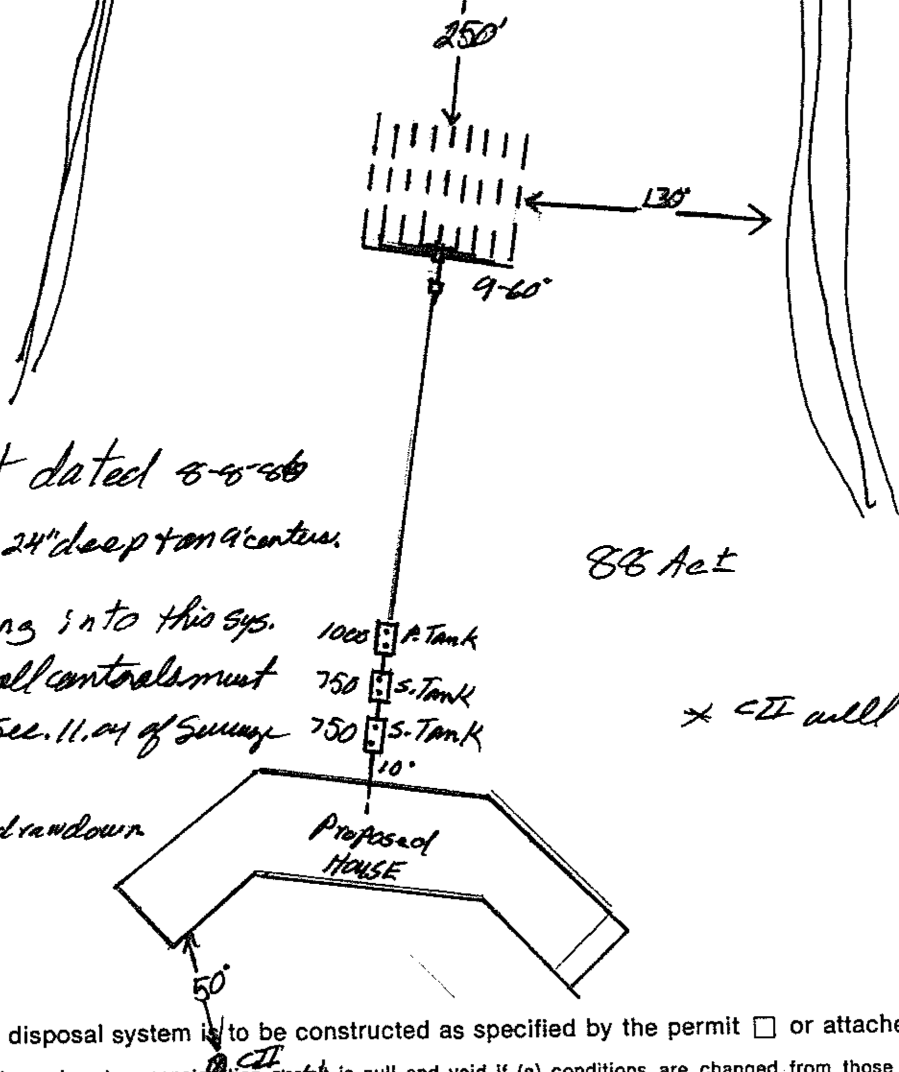
Lawrence Cove

Health Department
Identification Number 166-86-346

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.



* Void Permit dated 8-8-88

* 9-60's w/ 3' hoe, 24" deep + on 9' centers.

* Tie all plumbing into this sys.

* pump, Alarm + all controls must conform to Sec. 11.04 of Sewage Regs.

* Set pump for 10" drawdown

88 Act

* CII well 50' from DLF + Founda

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: 5-30-89 Issued by: Mike L. Vanlandingham
Sanitarian

Date: 8/7/89 Reviewed by: R. W. Cox
Supervisory Sanitarian

This Construction Permit Valid until 11-30-93

If FHA or VA financing

Reviewed by Date ________ ________ Date ________ ________
Supervisory Sanitarian | Regional Sanitarian

C.H.S. 202B Revised 6/84

ORIGINAL

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 166-86-34 (38 struck out)
Tax Map Number 54-134

General Information

Date 1-30-86 — North Health Department

Applicant Arthur Lans — Telephone No. ______

Address ______

Owner ______ Address ______ field T/L thru Hedge Hausampt.

Location Rt. 200 T/L 601, T/L 669 and Cobbs Hall - T/R on long dirt Rd to open

Subdivision N/A — Block/Section ______ Lot ______

Soil Information Summary

1. Position in landscape satisfactory Yes ☑ No ☐ Describe ______
2. Slope < 3 %
3. Depth to rock/impervious strata Max. ______ Min. ______ None ✓

   5/23/89 36" to grays
4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☑ 30 (struck out) 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 35-40 min/ 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: M. L. Vanlandingham, San.

Signature: ______

Department Use

☑ Site Approved: Drainfield to be placed at 20 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 6-2-86

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 166-66-39

Page 1 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.

Barn

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
1	A	0-6	PBL	II
	B	6-24	By SCL V comp	
	B	24-30	By+LgB SL	
	B	24-30	By+LgB SL	
	B	30-36	gBt+By+C3 SCL	
	B	36-	gBt C3+Gm HSCL to CL	II-III
2	A	0-12	PBL	II
	B	12-30	By+gB SL	
		30-	gBt+gR+VPy C3 HSCL	
3			Drill 2	
House				
1	A	0-12	By SL	II
	B	12-24	gBt+By SCL	
		24-30	gBt Gm SCL	
		30-36	gBt+By+C3+Gm HSCL	
2	A	0-14	PBL	II
	B	14-38	gBt+By+LgB SCL	
	B	38-	gBt+By+Gm HSCL	
3	A	0-12	PBL	II
	B	12-30	gBt+By+VPy(C3)m SCL	
	B	30-	gBt+C3 HSCL	
	5-23-89			
1		0-6	IC S/L SL	
		6-24	IC S/L SCL	
		24-36	IC S/L w/ 7/3 + 7/5 S/L SL	
		36-46	Same w/ 7/2 m SL	
		46-60	7/5 S/L SL	
		0-40	Same as # 1 to 34"	
2				

Remarks:
3) Same as 1
4) Same as 1

C.H.S. 201B Revised 4/83

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 166-86-39
Tax Map Number 54-134

General Information

Date 1-30-86 North Health Department

Applicant Arthur Lans Telephone No. ____

Address ____

Owner ____ Address ____

Location Rt. 200 T/L 607, T/L 669 ... T/R on ... Rd to ...; ... Hse ... pt.

Subdivision N/A Block/Section ____ Lot ____

Soil Information Summary

1. Position in landscape satisfactory Yes ☑ No ☐ Describe ____
2. Slope < 3 %
3. Depth to rock/impervious strata Max. ____ Min. ____ None ____ ✓ 5/23/89 36" to grays
4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☑ 30 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 35-40 min/ 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: M. L. Vandlingham, San.

Signature: ____

Department Use

☑ Site Approved: Drainfield to be placed at 20 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 6-2-86

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 166-86-39

Page 1 of 2

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

Barn

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
1	A	0-6	PBL	I
	B	6-24	By SCL v. comp	
	B	24-30	By + LyB SL	
	B	24-30	By + LyB SL	
	B	30-36	yBt + By + C3 SCL	
	B	36	yBt C3 + 6m HSCL to CL	II-III
2	A	0-12	PBL	I
	B	12-30	By + yBt SL	
		30-	yBt + Bt + LPy C3 HSCL	
3			Dup # 2	
House				
0	A	0-12	By SL	I
	B	12-24	yBt By SCL	
		24-30	yBt 6m SCL	
		30-36	yBt By + C3 + 6m HSCL	
2	A	0-14	PBL	I
	B	14-38	yBt By + LyB SCL	
	B	38-	yBt By + 6m HSCL	
3	A	0-12	PBL	II
	B	12-32	yBt By + LPy (C3) m SCL	
	B	32-	yBt + C3 HSCL	
	5-23-87			
1		0-6	10 YR 3/3 SL	
		6-24	10 YR 4/6 SCL	
		24-36	10 YR 4/4 w/ 7/3 + 7/2 5/6 SL	
		36-48	Same w/ 7/2 m SL	
		48-60	2.5 Y 5/4 CL	
		0-40"	Same as # 1 to 34"	
2				

Remarks: 3 Same as 1
4 Same as 1