

# Sewage Disposal System Construction Permit

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Commonwealth of Virginia  
Department of Health



Health Department

Identification Number 128-89-0110

Map Reference 43-G

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 Walter S. Bealmond Telephone \_\_\_\_\_  
Address P.O. Box 1271 Wilmington Del. 19899  
For a Type I Sewage disposal system which is to be constructed on/at RI 620 N 2nd  
on 0 at Cherrywalk sign  
Subdivision \_\_\_\_\_ Section/Block \_\_\_\_\_ Lot \_\_\_\_\_  
Actual or estimated water use \_\_\_\_\_

## DESIGN

Water supply, existing: (describe) \_\_\_\_\_

To be installed: class IIA  
cased 100' grouted 20'

Building sewer:  
4 I.D. PVC 40, or equivalent.  
Slope 1.25" per 10' (minimum).  
☐ Other \_\_\_\_\_

Septic tank: Capacity 1200 gals. (minimum).  
☐ Other \_\_\_\_\_

Inlet-outlet structure:  
PVC 40, 4" tees or equivalent.  
☐ Other \_\_\_\_\_

Pump and pump station:  
No ☒ Yes ☐ describe and shown design.  
if yes: \_\_\_\_\_

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.  
☐ Other \_\_\_\_\_

Distribution box:  
Precast concrete with 6 ports.  
☐ Other \_\_\_\_\_

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 \_\_\_\_\_

Percolation lines:  
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.  
☐ Other \_\_\_\_\_

Absorption trenches:  
Square ft. required 900; depth from ground surface to bottom of trench 42"; aggregate size 1/2" 1/2";  
Trench bottom slope 2-4" / 100';  
center to center spacing 7'; trench width 3'

depth of aggregate 13'  
length of ditch 60' # 5

## NOTE: INSPECTION RESULTS

Water supply location: yes ☒ no ☐ comments  
Satisfactory old well was abandoned DRAIN  
but is not. Septic tank is 30'  
away. They are going to put  
in a new one. class IIA

Building sewer: yes ☐ no ☐ comments  
Satisfactory They are going to keep the  
shallow well - 2 19-30

Pretreatment unit: yes ☐ no ☐ comments  
Satisfactory

Inlet-outlet structure: yes ☒ no ☐ comments  
Satisfactory

Pump & pump station: yes ☐ no ☐ comments  
Satisfactory N/A

Conveyance method: yes ☒ no ☐ comments  
Satisfactory

Distribution box: yes ☒ no ☐ comments  
Satisfactory

Header lines: yes ☒ no ☐ comments  
Satisfactory

Percolation lines: yes ☒ no ☐ comments  
Satisfactory

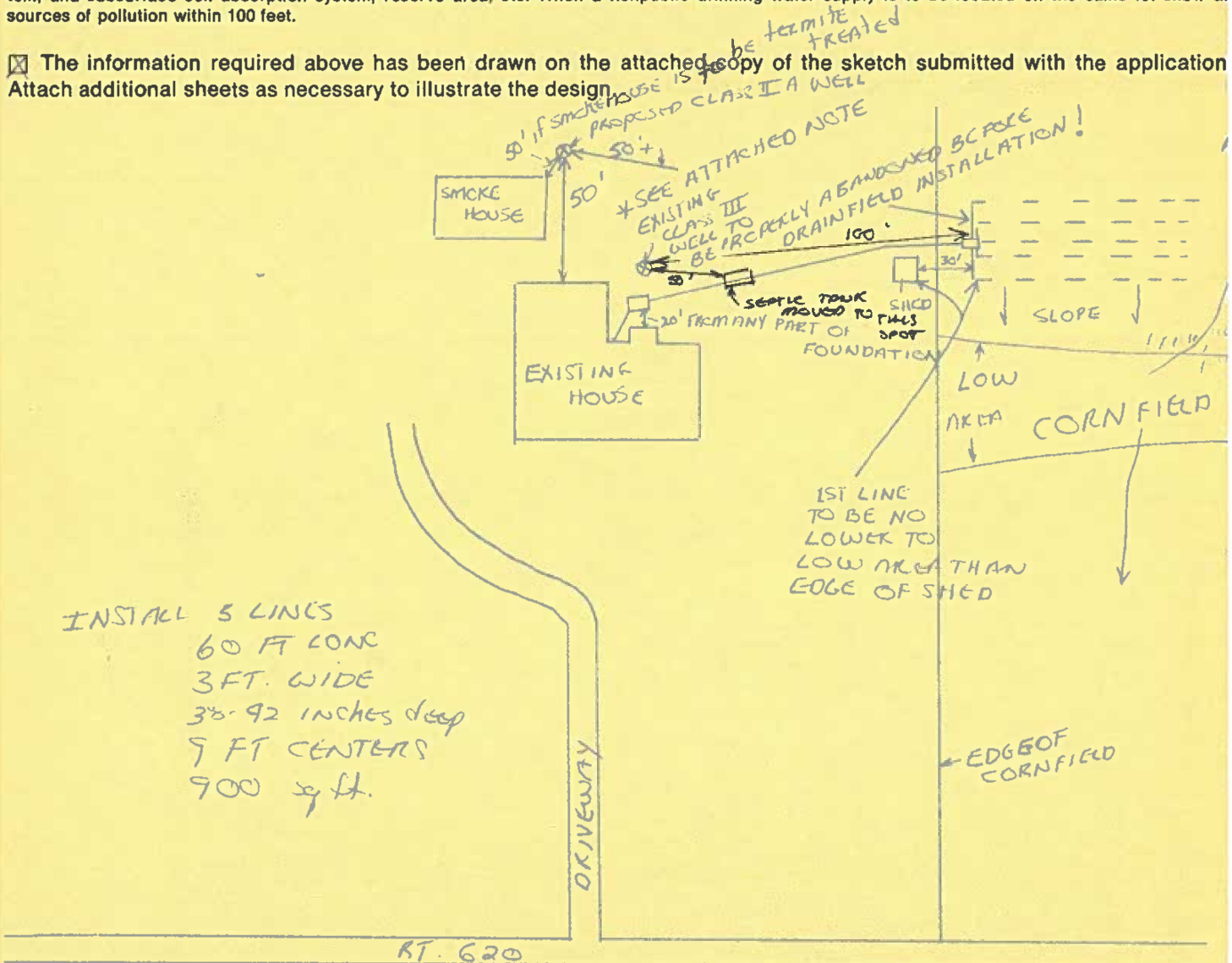
Absorption trenches: yes ☒ no ☐ comments  
Satisfactory

Date 11-1-85 Inspected and approved by:  
R. J. J. Phil  
Sanitarian



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☒ 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.



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.

### Supervisory Sanitarian

Regional Sanitarian

# Soil Evaluation Form

PAGE 1 OF 2Commonwealth of Virginia  
Department of HealthHealth Department  
Identification Number 128-84-0110  
Tax Map Number 43-6

## General Information

Date Sept. 14, 1989 Essex Health Department  
Applicant Walter S. Rowland Telephone No. \_\_\_\_\_  
Address 101 Box 1071 Wilmington Del. 19899  
Owner SAME Address SAME  
Location Rt. 620 N 2 mi ON (L) at Cherry walk sign  
Subdivision - Block/Section - Lot -

## 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 ☐ \_\_\_\_\_ 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 95 min/ inch  
7. Percolation test performed Yes ☐ Number of percolation test holes \_\_\_\_\_  
No ☒ Depth of percolation test holes \_\_\_\_\_  
Average percolation rate \_\_\_\_\_

Name and title of evaluator: Robert J. Withman, SanitarianSignature: Robert J. Withman

## Department Use

- ☒ Site Approved: Drainfield to be placed at 92" 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 Sept. 14, 1984

## Profile Description

### SOIL EVALUATION REPORT

Health Department  
Identification No. 128-89-0110

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.[illegible]**Remarks:**



# Sewage Disposal System Operation Permit

Commonwealth of Virginia  
Department of Health

Health Department

Identification No. 128-84-110

Essex Health Department

Tax Map No. 43-6



Walter Reiland  
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at  
Rt. 620

SUBDIVISION	SECTION/BLOCK	LOT
NA	NA XXXA	NA

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s)  
3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits chs202A chs203B Dated 9-14-84

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

Effective Date

Recommended (Sanitarian)

Approved (State Health Commissioner)

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 128-89-0110

ESSEX Health Department

Name of Company/Corporation/Individual: Essex Concrete

Address: Tappahannock Va Telephone: \_\_\_\_\_

Owner's Name: Walter Richmond

Owner's Address: P.O. Box 1071 Wilmington Del. 19899

Location of Installation: Lot \_\_\_\_\_ Block \_\_\_\_\_

Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Other: 43-G

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 7-14-84 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

11-19-85 Date Kenny Stone Signature and Title



Water Supply

**Sewage Disposal System Construction Permit**PAGE 1 OF 2Commonwealth of Virginia  
Department of Health

Essex County

Health Department



Health Department

Identification Number

Map Reference

128-94-061  
43-6

General Information	
New <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Expanded <input type="checkbox"/> Conditional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Case No. _____	
Based on the application for a <del>sewage disposal</del> system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:	
Owner <u>Walter S. Rowland</u>	Telephone <u>(302) 654-6526</u>
Address <u>2501 Willard St. Wilmington, DE. 19806</u>	<u>(302) 594-7010</u>
For a Type <u>III-A Well</u> Sewage disposal system which is to be constructed on/at <u>Route #620</u>	
Subdivision _____	Section/Block _____ Lot _____
Actual or estimated water use _____	

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>Class III-L Well</u> <u>To be Filled as Per Regs</u> To be installed: class <u>Class III-A Well</u> cased <u>100'</u> grouted <u>20'</u>	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: _____ 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 _____ gals. (minimum). <input type="checkbox"/> Other _____	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 type="checkbox"/> describe and show design. if yes: _____	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 _____ 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 _____; depth from ground surface to bottom of trench _____; aggregate size _____; Trench bottom slope _____; center to center spacing _____; trench width _____; Depth of aggregate _____; Trench length _____; Number of trenches _____	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ Sanitarian	



*Water Supply*  
**Schematic drawing of sewage disposal system and topographic features.**

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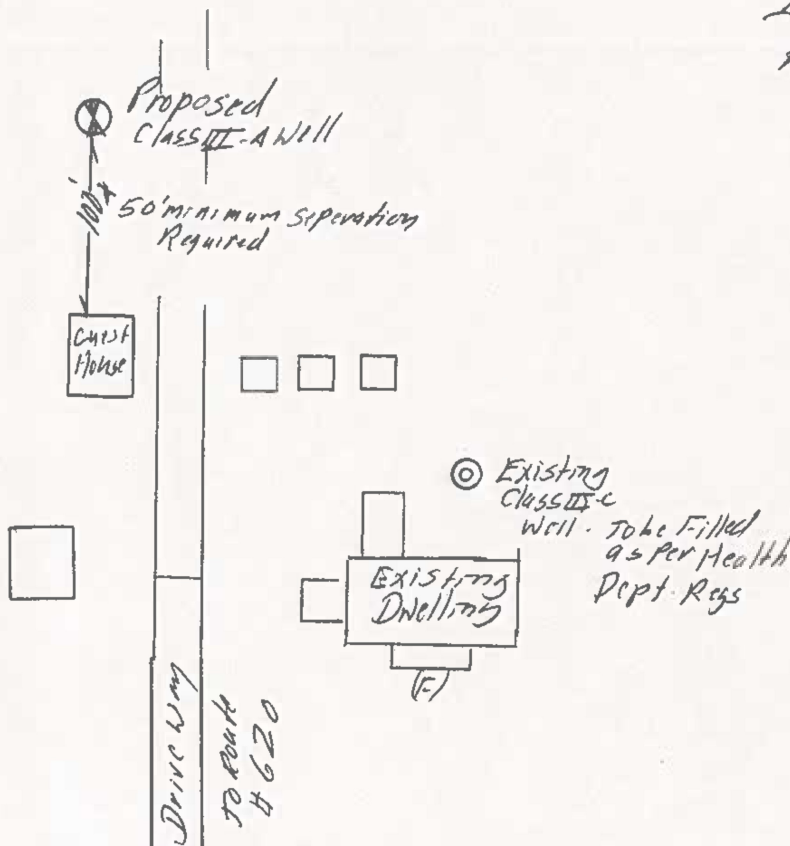
Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The 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.

*98 Acre Tract*

Well Replacement Permit  
*Install Class III-A Well 50' ±  
From All Sources of Contamination*

- (1) Casing Depth - 100' ±
- (2) Grout Depth - 20' ±
- (3) Existing Well to be Filled  
as per Health Dept. Regs



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: 4-19-94 Issued by: Michael L. Newman

Sanitarian

Date: 4-20-94 Reviewed by: WHP

Supervisory Sanitarian

This Construction  
Permit Valid until  
10-19-98

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_

Supervisory Sanitarian

Regional Sanitarian