

Application for a Water Supply Permit

Health Department ID SD-02-161

**CONSTRUCTION PERMIT** Raymond's Crossing

To Be Completed By The Applicant

NIA

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

Owner H.H.W. Walter Jr Address P.O. Box 1263 Phone 672-1751  
Orange 22968

Agent \_\_\_\_\_ Address 7589 Mountain Rd. Phone \_\_\_\_\_

Directions of Property 615 1/2 TR 627 TL 689 9/10/11

Subdivision Raymond's Crossing Section 17 Block (1) Lot 171-4

Other Property Identification \_\_\_\_\_

Dimension/size of Lot/Property 4 + Acres

**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  Multi-family  
(Number of Bedrooms \_\_\_\_\_) (Number of Units \_\_\_\_\_)

Basement  Yes  No  
Fixtures in Basement  Yes  No

III. Commerical Use:  Yes  No Describe: \_\_\_\_\_  
Commerical/Wastewater  Yes  No Number of Patrons \_\_\_\_\_  
Number of Employees \_\_\_\_\_

If yes, give volumes and describe \_\_\_\_\_

IV. Water Supply:  Public  Existing  
 Private  New  Existing  
Describe: \_\_\_\_\_

V. Proposed Sewage Disposal Method:  
Onsite Sewage Disposal System:  Septic Tank  Drainfield  LPD  Mound  Other  
Public Sewerage System

NIA 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.

H.H.W. Walter Jr Signature of Owner/Agent 4/2/02 Date

17-11-11

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

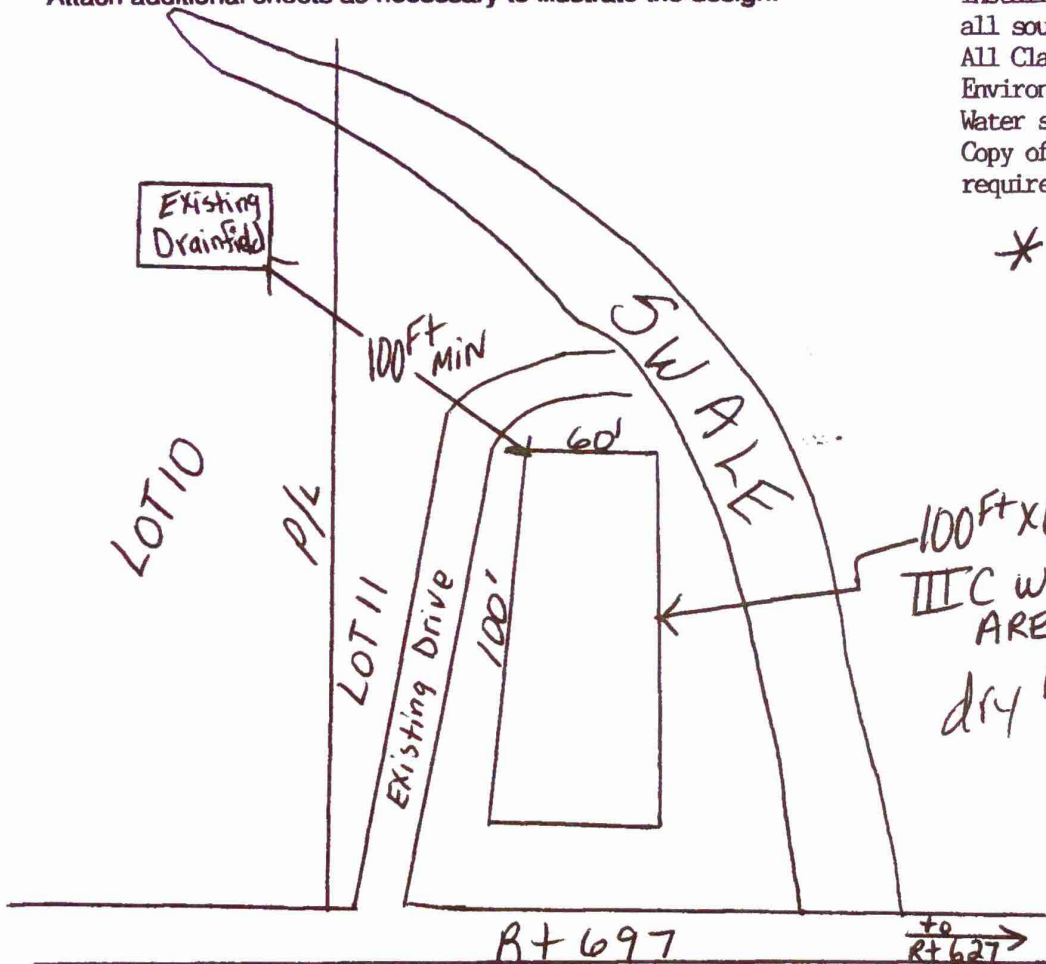
Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site 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.

Drawing not to scale

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 Class III well 100'+ away from all sources of contamination. All Class IIIB grouts to be witnessed by Environmental Specialist. Water sample required. Copy of driller's log to health dept. required.

\* If well is placed in this location drainfield site for Lot II will be VOID.



100' x 60' IIC WELL AREA

dry hole shifted well site 20 FT+ up hill keep out of swale 8/13/02 J7K 100'+ away from existing D.F.

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: 5/16/02 Issued by: Julie F Kerigan  
Date: 5-23-02 Reviewed by: Cheryl S. Shepherd  
Sanitarian  
Supervisory Sanitarian

This Construction Permit Valid until 11/16/06

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_  
Supervisory Sanitarian Regional Sanitarian



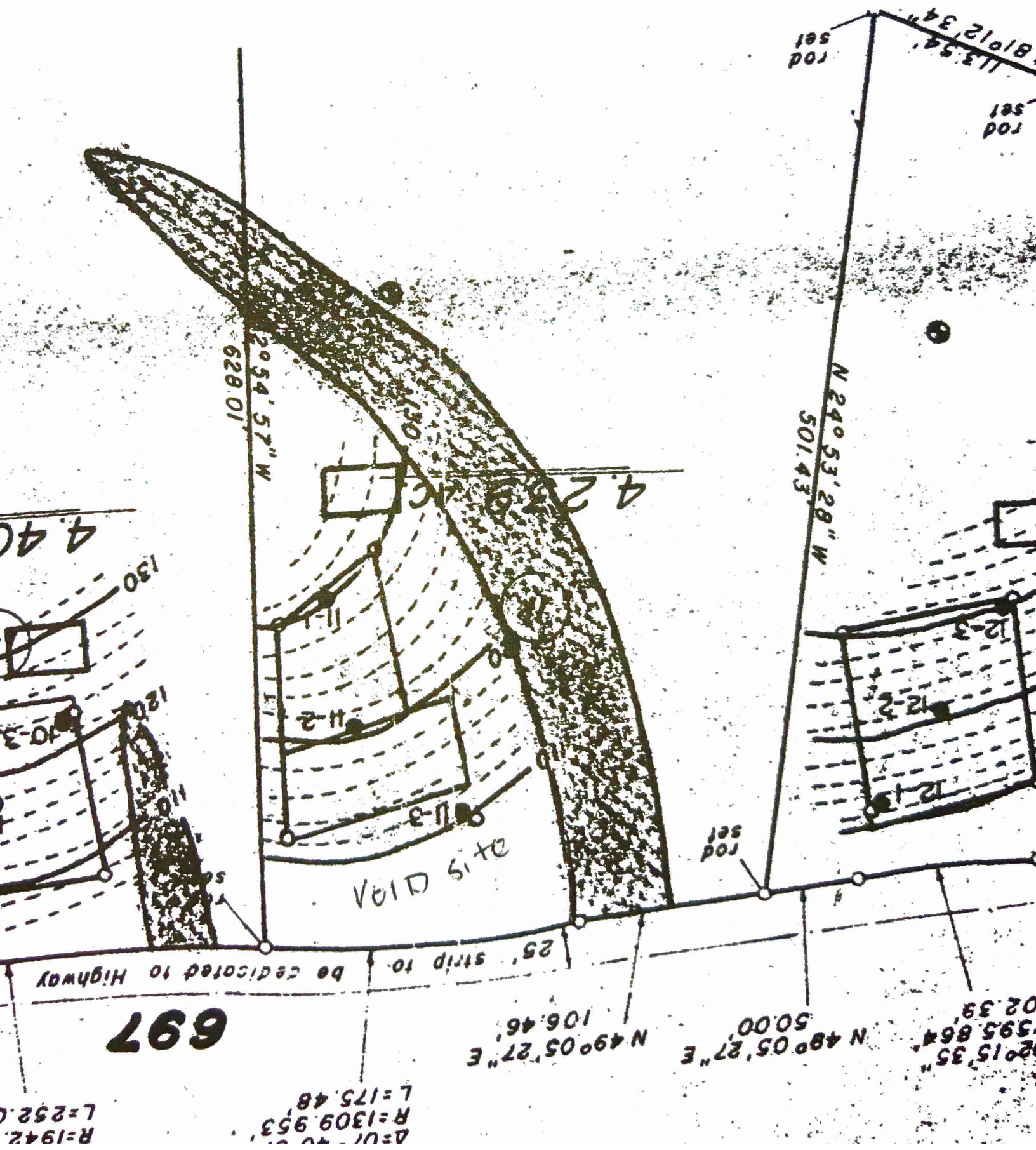
Tag Sheet

SD#: 5002-161

Name: H.W. Walton, Jr Tax Map ID: 17-(C)-11

Application for: Construction Permit  Certification

	Date	Initials
Application Received:	4/2/02	BST
Application Reviewed:	↓	↓
Fee Determination:	↓	↓
Assigned to:		
Site Visit Scheduled:		
Site Visit Made:	5/15/02	JFK
Deactivated:		
Purpose:		
Reactivated:		
Follow-up Visit:		
Follow-up Visit:		
Issue/Deny Drafted:	5/16/02	JFK
Issue/Deny Reviewed:	5-23-02	CEL
Issue/Deny Countersigned:	5-23-02	CEL
Issue/Deny Mailed:	5/16/02	BST



**697**

25' strip to be dedicated to Highway

VOID SITE

R=1942  
L=252.0

Δ=U  
R=1309.953  
L=175.48

N 49° 05' 27" E  
106.46'

N 48° 05' 27" E  
50.00'

N 20° 15' 35" E  
595.864'  
02.39'

628.01'  
2054.57" W

N 24° 05' 28" W  
501.43'

113.54'  
81912.34"  
rod set

rod set

rod set

4.40'

4.23'

130'  
10-3

120'  
11-1  
11-2  
11-3

12-1  
12-2  
12-3