

Application for a Sewerage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number _____

Map Reference _____

Humbleburg

Health Department

Date Received

1/26/88

OK by MUB on 1/27/88

To Be Completed By The Applicant

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

Owner Mr. H.W. Robertson Address RT 1, Bx 243 Phone _____
Victoria, VA 23974

Agent Ms. Mader Address _____ Phone _____
(daughter)

Directions to Property W No. 49 R 709 App 1.6 miles ork

Subdivision _____ Section _____ Block _____ Lot four

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 Yes No
 Fixtures in Basement Yes No
 Single Family Multifamily Number of Units _____ Number of Bedrooms _____
 1 person in house
 1 person in mobile home
 2 - in house
 2 - in mobile home

III. Commercial Use Yes No Describe: _____
 Commercial/Wastewater Yes No Number of Patrons _____ Number of Employees _____
 If yes, give volumes and describe _____

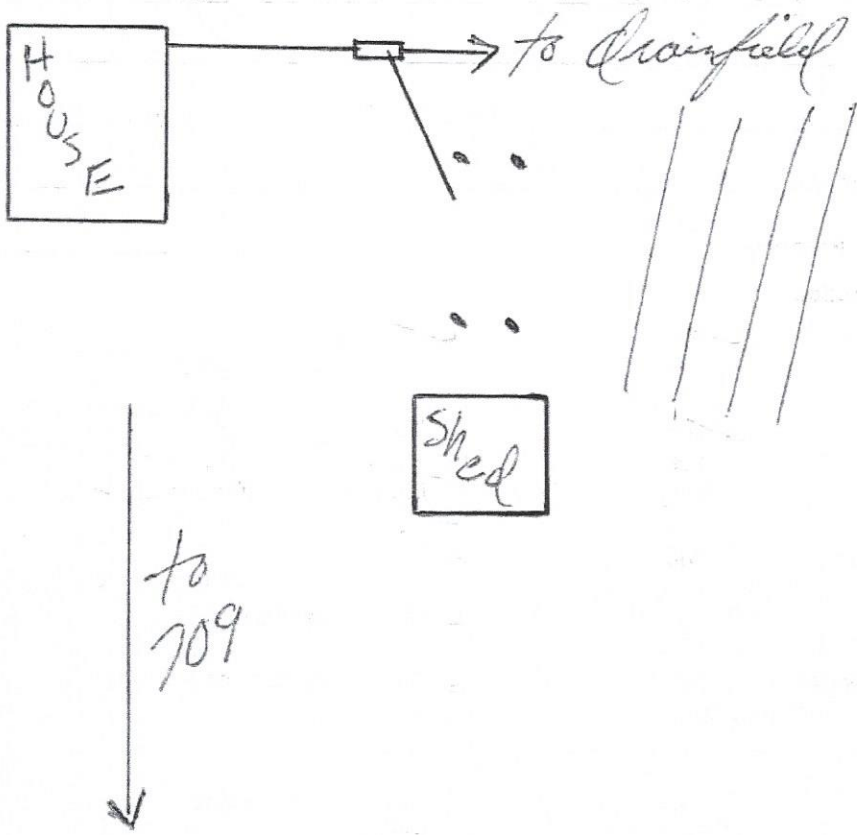
IV. Water Supply: Public Private New Existing Describe: _____

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

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.

by phone call of Ms. Mader 1/26/88
 Signature of owner/agent _____ Date _____
 100 AD 11112



LUNENBURG COUNTY HEALTH DEPARTMENT
LUNENBURG, VIRGINIA 23952

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

January 27, 1988

Re: Application-Construction
Permit with conditions
Location: Victoria No. 47 & Dr.
App. 1.5 ac. 47 & Dr.

Mrs. H. W. Robertson
Rt. 1 Box 243
Victoria, Virginia 23974

Dear Mrs. Robertson:

Your application for a conditional sewage disposal system construction permit filed on 01-26-88 with the Lunenburg Health Department, has been evaluated in accordance with the requirements contained in the Code of Virginia, Section 32.1-162-1 and Section 3.13.06 of the Sewage Handling and Disposal Regulations, (1982).

Based on the information filed with your application, site evaluations conducted by the Department's representatives, and review and study of all data presented and available, this is to inform you that your application for a conditional sewage disposal system construction permit is hereby approved. All items listed below are a part of the permit and the conditions that are and have been applied to the approval, installation and use of the sewage disposal system.

- A. This letter is a part of the conditional disposal system construction permit issued for the above referenced location.
- B. This letter shall be recorded and indexed in the grantee index under your name in the land records of the Clerk of the Circuit Court of Lunenburg.
- C. You must furnish to the Lunenburg Health Department certification, by the Clerk of the Circuit Court, indicating the deed book number and page number upon which the permit and all conditions have been recorded. A copy of the certification shall be attached to all copies of the permit prior to giving validation to the building official for issuance of a building permit.

C. A. S. 3 - Special

CLERK OF THE COURT OF LUNENBURG COUNTY

Lunenburg, Virginia, February 27, 1988

Received of Mrs. H. W. Robertson
Ten & 00/100

220

Dollars

No 1404

For Recordation of the Following Deed

From Lunenburg County Health Dept.

To Mrs. H. W. Robertson

Description Sewage Disposal
Systems Permit

Account	Amount	
039 State Tax		
213 County Tax		
212 Transfer		
301 Recording	10	00
038 State Tax		
220 Local Tax		
223 Local Tax		
Total	10	00

Consideration \$ _____ Date Jan 17, 1988

Time of Recordation 10:30 A. M. Kind of Conveyance Permit

W. R. MOORE

CLERK

Grace J. Marshall

DEPUTY CLERK

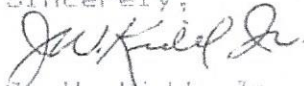
- D. The existing house shall be occupied by no more than 1 person.
- E. The proposed mobile home shall be occupied by no more than 1 person.
- F. Should the sewage disposal system malfunction in any way, the mobile home shall be disconnected immediately and any necessary repairs made promptly.

In accordance with the Virginia Administrative Process Act, the Health Laws of Virginia Section 32.1-164 of the code of Virginia and Section 3.08 and 3.10 of the Sewage Handling and Disposal Regulations, this letter is to further inform you of your right of appeal to obtain a modification or elimination of the conditions established in and for the issuance of this permit.

If you desire to pursue this appeal you should submit to Dr. J. Henry Hershey, Director, Lunenburg Health Department, Lunenburg, Virginia 696-2346, a written request detailing and outlining all the facts, and such other data or other information which forms the basis of your appeal for a review of the decision establishing the conditions outlined above.

If this office may be of further service to you, please let us know.

Sincerely,



Issued by: W. W. Kidd, Jr.
Sanitarian

I certify the information provided herein is true and accurate to the best of my knowledge and belief.

J. M. Bied Jr.
Sanitarian

Subscribed, acknowledged, and sworn to before me this
29th day of January, 1988.

Grace S. Marshall
~~Notary Public~~
Deputy Clerk, Lunenburg County, Virginia
My commission expires Circuit Court

I authorize that this letter be recorded in granted index of the Clerk of the Circuit Court of Lunenburg County under my name.

Signature

Subscribed, acknowledged, and sworn to before me this
____ day of _____, 19____.

Notary Public

My commission expires _____

cc: Building Inspector