pd 150.00
BST 11/15/93

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

Verling Hills Health Department ID SD-93-235
Lugoff

To Be Completed By The Applicant

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

Owner Verling Homes Address P.O. Box 39 Unionville, VA Phone 967-2733

Agent ___ Address ___ Phone ___

Directions of Property ___

Subdivision Verling Hills Section 45-43 Block ___ Lot 2

Other Property Identification ___

Dimension/size of Lot/Property 1.02

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 (Number of Bedrooms 3) ___ Multi-family (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 ___ New ___ Existing
✓ Private ✓ New ___ Existing
Describe: ___

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.

[signature] 11-15-93
Signature of Owner/Agent Date

CHS 200

S 45-43-2
45-43-2

Lot # 2 Verling Hills

COUNTY OF ORANGE, VIRGINIA
Office of the Zoning Administrator

Temporary Zoning Permit

Name of Owner or Purchaser VERLING HOMES Phone 967-2733

Mailing Address _____

Name of Seller (if applicable) _____ Phone _____

Mailing Address _____

Size of tract 1.02 ac Parcel No. 45-43, 43E pt. 2 Zoning R-1

Location End of 2015 behind Belmonte Knolls S/D

Type of Structure 3 br s.f dwelling

PROPOSED BUILDING PLACEMENT

Setback from R/W 100 Right Side Yard 20

Left Side Yard 30 Rear Yard 50

MINIMUM REQUIRED BUILDING PLACEMENT

Setback:	☐ 300'	☐ 100'	☑ 35'	☐ 85' to Cl.	Other _____
Side Yard:	☑ 20'	☐ 10'	☐ 8'	☐ 5'	Other _____
Rear Yard:	☐ 50'	☐ 40'	☑ 35'	☐ 25'	Other _____

I certify that I will comply with the above zoning requirements, and all other County and State regulations.

_____ _____
Signature of owner, purchaser or agent Date

Building Placement Approved: _____ 9.9.93
Signature of Zoning Administrator Date

NOTE: A building permit must be obtained from the Building Official before a septic permit can be released or construction can be started.

APPENDEX 6

Permit I.D. No. SD-93-235

	Tag Sheet Initials	Date
Application Received:	BSH	11/15/93
Application Reviewed:	↓	11/15/93
Fee Determination:		~~yes~~
Assigned To:		
Site Visit Scheduled:		
Site Visit Made:	Previously.	
Follow-up visit:		
Follow-up visit:		
Issue/Deny Drafted:	SCHC	11/15/93
Issue/Deny Reviewed:	CES	↓
Issue/Deny Countersigned:	CES	↓
Issue/Deny ~~Mailed~~:	BSH	11-15-93
Pick up		

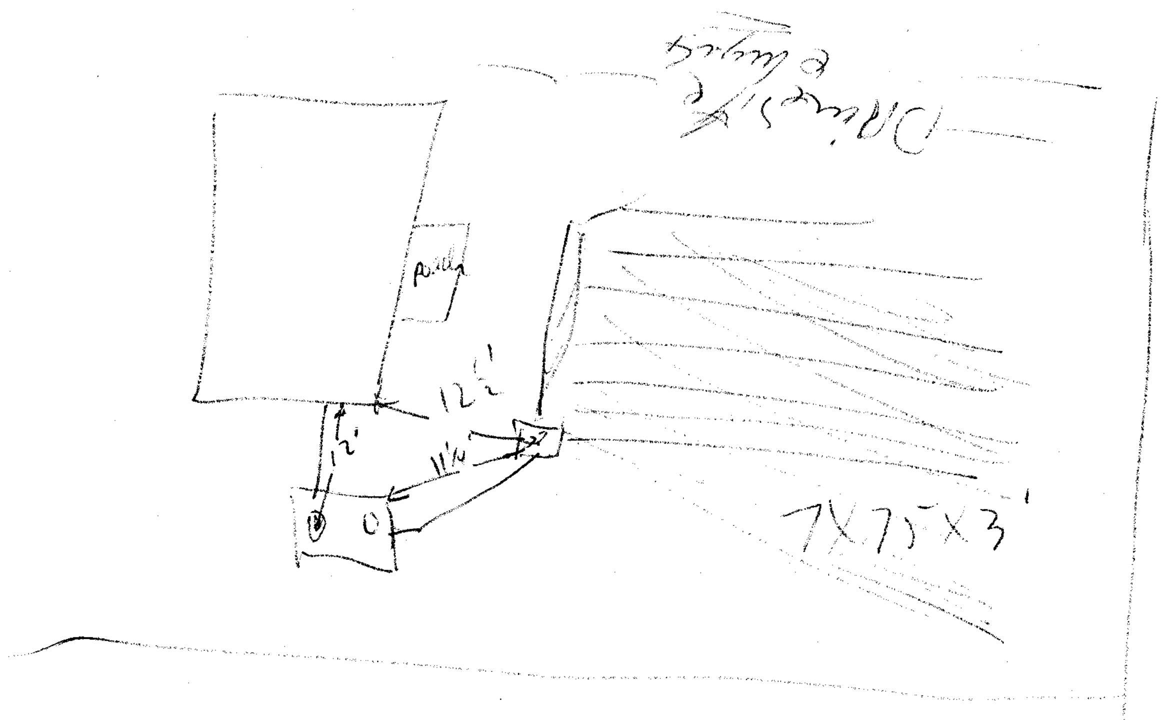
4' FALL [illegible] ..
1 1/4" FALL [illegible]
1 1/2" FALL 5.6 [illegible] MAX

70 1/4 7 4 1/2 7.11 8.0 8.3

6.9 1/4 6.11 1/2 6.9 1/4 7.2 7.9 7.9 1/4 8.0 3/4

6.6 1/2 6.8 1/2

2 3/4 3 3 2 1/2 2 2 3/4 2 1/4



Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health
Orange Co. Health Department

Health Department Identification Number SD-93-235
Map Reference 45-43 Lot 2 (B2)

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 Verling Homes, Inc. Telephone 967-2233

Address P.O. Box 39, Unionville, VA 22567

For a Type I Sewage disposal system which is to be constructed on/at _____

Subdivision Verling Hills Section/Block _____ Lot 2

Actual or estimated water use 450gpd (3BRM)

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class III B cased Rock* / 50' Min grouted 50' Min.*	**Water supply location:** Satisfactory yes ☐ no ☐ comments Public Water Hookup. 2-16-94 G. W. 2 Received: yes ☐ no ☐ not applicable ☐ NOT INSTALLED 1-11-94
Building sewer: Health Dept to Witness. 4" I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other _____	**Building sewer:** yes ☑ no ☐ comments Satisfactory
Septic tank: Capacity 1,000 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: _____	**Pump & pump station:** yes ☐ no ☒ comments Satisfactory N/A * R.A. may require pump system
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☑ Other 4" I.D.	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with ≥11 ports. ☐ Other DB (May use splitter box)	**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 * See Adj to permit design
Absorption trenches: 1575 Square ft. required ~~1500~~: depth from ground surface to bottom of trench 24"; aggregate size ½-1½": Trench bottom slope 2-4 in. per 100 Ft.; center to center spacing 9 ~~6~~ Ft.; trench width 3 ~~2~~ Ft. Depth of aggregate 13" Min; Trench length 75; Number of trenches ~~6~~ 7	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory Date 2-16-94 Inspected and approved by: D. C. Haldin-Coates Sanitarian

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

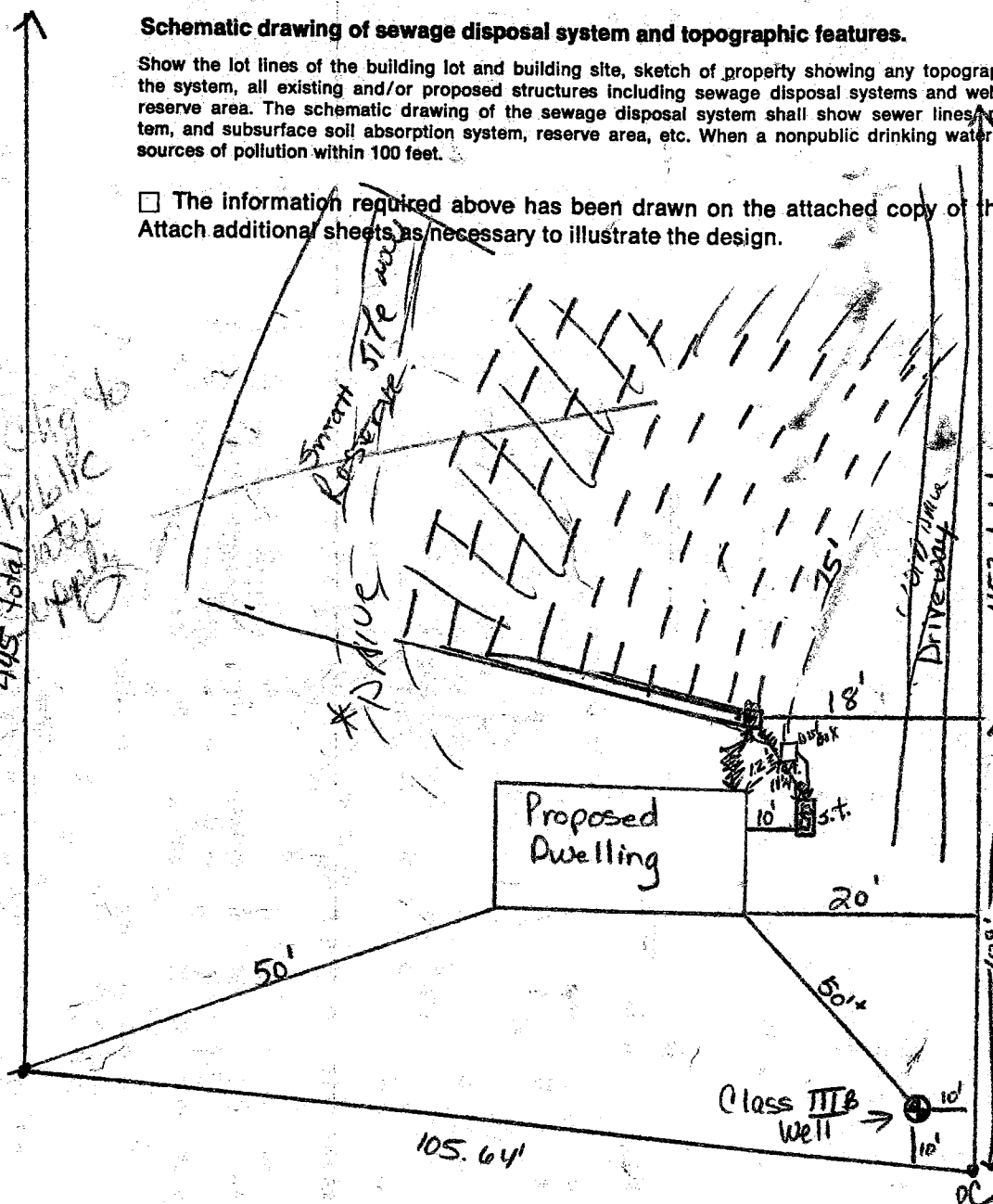
Note: Additional Reserve Area as shown on signed/approved plat.
---A splitter box may be used instead of one large distribution box.

Health Department Identification Number 50-93-235

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.



- * Drawing not to scale.
- * Permit void if house location interferes with approved drainfield location.
- * Designed for basement plumbing? YES NO
- * Designed for garbage disposal? YES NO
- * Drainfield to be 100+' from Class IIIC wells and 50' from all Class IIIA&B wells.
- * Install 10 - 75' lines, ON CONTOUR, in 32"-wide trenches, on 6' centers.
- * Install trenches 24" deep.
- * Smooth-walled header pipes recommended.
- * Extend header pipes 24" into gravel.
- * Use single size gravel 0.5" to 1.5" diam.
- * No parking or driving on drainfield system
- * Divert roof drains away from drainfield.
- * Pump septic tank every 3 - 5 years.

PUMP SYSTEM REQUIREMENTS

- * Install brass checkvalve above connectors.
- * Install high-water alarm in dwelling.
- * Contractor to supply pump specifications.
- * Pump to deliver ___ gallons per cycle (___" drawdown for a ___ gallon tank).
- * Pump operation to be approved.

WELL REQUIREMENTS

- * Install Class IIIB well 50'+ away from all sources of contamination.
- * All Class IIIB grouts to be witnessed by environmental health specialist.
- * Copy of Driller's log to Health Dept. required
- * Water to be shown potable before house occupancy.

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: Nov 15, 1993 Issued by: Suzanne C. Haldin-Coates
Sanitarian

Date: Nov 15, 1993 Reviewed by: Charles E. Stephenson
Supervisory Sanitarian

This Construction Permit Valid until 5-15-98

If FHA or VA financing

Reviewed by Date _____ _____ Date _____ _____

Supervisory Sanitarian Regional Sanitarian

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number SD-93-235

ORANGE Co Health Department

Name of Company/Corporation/Individual: C & O Builders

Address: Culpeper VA Telephone: 854-4111

Owner's Name Vierling Hill Homes

Owner's Address Box 39 Orange VA

Location of Installation: Lot 2 Block

Section: 45 Subdivision: Vierling Hills

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11-15-93 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1-11-94
Date

Signature and Title

C.H.S. 203 Rev. 4/83

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. SD-93-235
Orange County Health Department

Tax Map No. 45-43

Verling Homes, Inc. is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
Verling Hills	45	43 Lot: 2

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 None Dated N/A

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

2/16/94
Effective Date

Suzanne C. Haldiz Coates
Recommended (Sanitarian)

R.B. STROUBE, M.D., M.P.H.
Approved (State Health Commissioner)

C.H.S. 205 Rev. 4/83