VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Louisa County Health Department
PO Box 336
Louisa, VA 23093
(540) 967-3707 Voice
(540) 967-3706 (Fax) Fax

Septic Tank - Soil Absorption System Repair Permit

Health Department ID Number: **154-05-0196**

Owner / Agent Information

Owner: Wells, Thelma
10965 Louisa Road
Gordonsville, VA 22942
Owner Phone: (540) 832-3516

Location Information

, Lot B
Property Address: 10965 Louisa Road Tax Map: **21-9-B**
Locality: Louisa
Directions: Route 22 to Route 15 - Continue thru light, First house on Right

General Information

System Type: septic tank effluent and drainfield
Type of Property: Residential

Daily Flow: **300 gallons**
Number of Bedrooms: **2** maximum

Sewer Line

3" or 4" Sch. 40 PVC or equivalent
(cleanouts required at 50' to 60' intervals)

Distribution Box Information

No. of Boxes: 1
No. of Outlets: 4

Conveyance Line / Force Main Information

Method: Gravity Distribution Box
Material: Minimum crush strength 1500#
Pipe Diameter: 4"
Slope: only for non-pump - 6" per 100'

Header Line Information

ASTM F405 pipe or better (1500 # crush or equivalent)
Minimum slope 2" per 100'

Septic Tank - Inlet Outlet Structure

Capacity:
The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank

Percolation Lines and Absorption Area

Slope: 2-4" per 100'
Percolation lines: 4" diameter
Center to Center Spacing: **9'**
Installation Depth: **54"**
Depth of Aggregate: **13"**, Size of aggregate: **0.5-1.5"**
Total Number of Laterals: **3**
Laterals to be **100'** long, x **3'** wide
Install **900** Square Feet Total
Reserve area required:

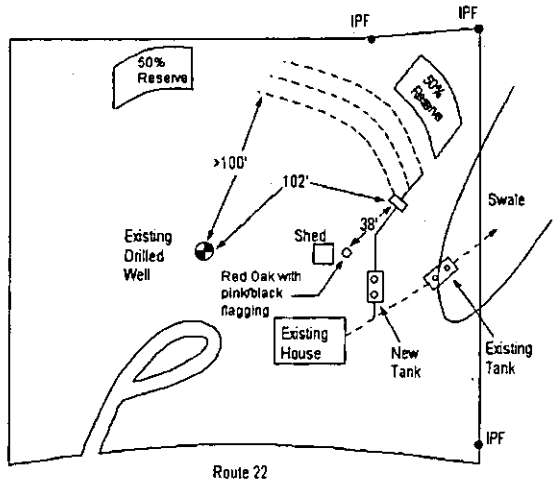
Please Note:

Construction Drawing HD ID #: **154-05-0196**

Owner Information	
Wells, Thelma 10965 Louisa Road Gordonsville, VA 22942	Phone: (540) 832-3516

Construction Drawing

Schematic drawing of sewage disposal system and topographic features.



SEPTIC:
Install 3 Lines
100' Long
54" Deep
3' Wide
on 9' Centers

* Top of Existing Tank must be crushed and filled with clean material

* Drawing NOT to Scale

This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: Alan Mazurowski ; Site Evaluation By: Alan Mazurowski

Alan Mazurowski

March 15, 2005
Issue Date

September 15, 2006
Expiration Date

SITE VISIT WORKSHEET

Date: 3-15-05 HD ID #: 154 - 05 - 0196

Owner: Thelma Wells

Directions: 22 W, thru intersection w/ 15, 2nd Lot on R

Type of Well to be Installed: ☐ IIIA ☐ IIIB ☐ IIIC ☐ IV (Existing) Additional Grout: ☐ YES ☐ NO Amount: _____

Evaluation Method: ☒ Hand Auger ☐ Pits ☐ Other: _____

Position in Landscape Satisfactory: ☒ YES ☐ NO

Position Type: ☒ Sideslope ☐ Other: _____

Slope: 5% Depth to Rock/Impervious Strata: > 72"

Depth of Seasonal Water: > 72" Free Water Present: ☐ YES ☒ NO

Other Limiting Feature Present? ☐ YES ☒ NO Description: _____

Soil Group: ☐ I ☐ II ☒ III ☐ IV Permeability: 60 Minutes Per Inch

Permeability Estimated At: 42-54" inches Permeability Test Performed: ☐ YES ☒ NO

Type of Test: ☐ Percolation ☐ Double Ring Infiltrometer ☐ Amoozameter

Treatment Level: ☒ Primary ☐ Secondary ☐ Advanced Secondary

Length of Site (On Contour): 100' Width of Site (Up & Down Hill): 21' +

Septic Tank Capacity (Gallons): ☒ 750 ☐ 900 ☐ 1200 ☐ 1500 Number of Septic Tanks: 1

Distribution: ☒ Gravity ☐ Pump ☐ Enhanced Flow Number of Boxes: ☒ 1 ☐ Other _____

Conveyance Line Diameter: ☒ 4" ☐ Other: _____ Number of Ports Per Box: ☐ 6 ☒ Other 4

Pump Specifications: Pump Chamber Size: _____ gallons ¼ Day Storage: _____ gallons

Drawdown (Each Pump Cycle): _____ gallons _____ inches

Maximum Pump Cycle Time: _____ Mins. _____ Secs. Minimum Pump Capacity: _____ GPM

Pump must provide a minimum of _____ gallons per minutes at System Head.

Absorption Area: Number of laterals: 3 Length: 100 Feet Width: ☒ 3' ☐ Other: _____

Center to Center: ☒ 9' ☐ 10' ☐ 11' ☐ Other: _____

Aggregate Depth ☒ 13" ☐ Other: _____ Installation Depth: 54"

Time In: _____

Time Out: _____

_____

Environmental Health Specialist/Senior - Signature

Page 1 of ____ DATE: 3-15-05

ID #: 154-05-0196 ASSIGNED TO:

~~OWNER'S NAME:~~ Thelma Wells

SYSTEM TYPE: I DIRECTIONS: 22 W, thru light @

WELL TYPE: Existing Rt 15, 2nd Lot on R

TRENCH DEPTH: 54"

OF TRENCHES: 3 DEPTH TO ROCK: > 72"

LENGTH: 100' DEPTH TO WATER TABLE: ↓

CENTERS: 9' DEPTH TO FREE WATER: ↓

SLOPE: 5% /LANDSCAPE: Sideslope TEXTURE GROUP: III

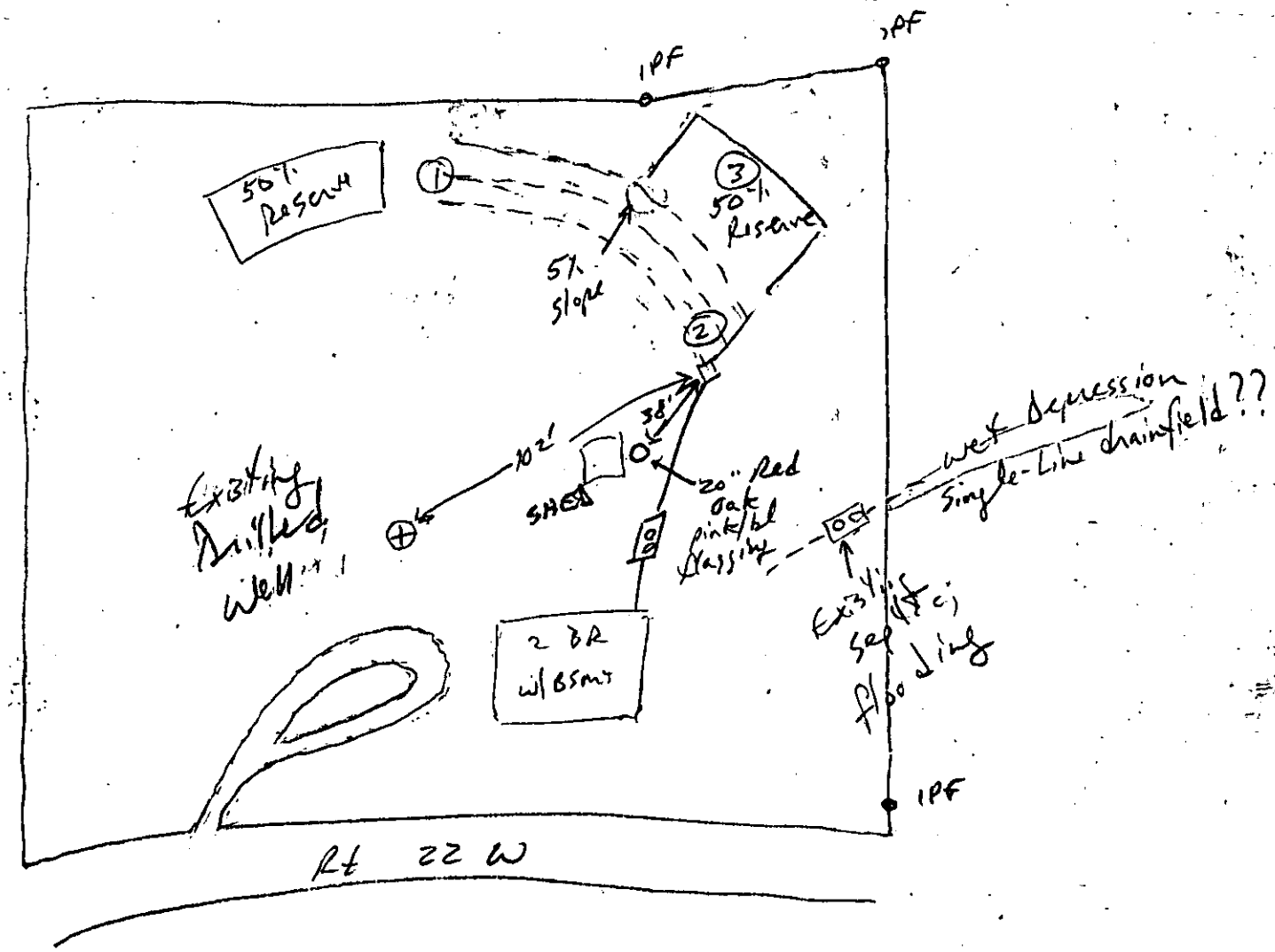
PERK RATE: 60 MAIL TO: ____

H#	Hz	DEPTH	DESCRIPTION	TEX. GRP
(1)	A	0-2	7.5YR 3/2 dark brown Loam	II
	E	2-13	10YR 5/6 yellowish brown Loam	II
	Bt	13-42	2.5YR 4/6 red heavy Clay Loam	III
	C	42-72	2.5YR 5/6 red Silty Clay Loam, friable w/schist fragments	III 55-60
(2)	A	0-2	7.5YR 3/2 dark brown Loam	II
	E	2-11	10YR 5/6 yellowish brown Loam	II
	Bt1	11-36	2.5YR 4/6 red Clay Loam	III
	Bt2	36-60	2.5YR 5/6 red Silty Clay Loam	III 55-60
	C	60-72	2.5YR 5/8 red Silt Loam w/schist fragments	III
(3)	E	0-11	10YR 5/6 yellowish brown Loam	II
	Bt	11-40	2.5YR 5/6 red Silty Clay Loam	III 60
	C	40-72	2.5YR 5/8 red Silt Loam w/schist fragments	III

SIGNATURE OF EVALUATOR: [signature]

Thelma Wells
Rt 22 W
Boswells Tavern
154-05-0196
21-9-B
3-15-05

60 rate
3-100's
54" deep
9' centers



TAG SHEET

Permit I.D.#: 154-05-0196

Owner: Thelma Wells

Agent:

Tax Map #: 21-9-B

Subdivision: _____ **Lot:** B

{} **Combination Permit** {X} **Repair Permit** {} **Septic Permit** {} **Well Permit**
{} **Well Abandonment** {} **Certification Letter**

		DATE	INITIALS
Application Received		03/10/05	MRM
Assigned To: Alan		03/10/05	MRM
AOSE Submittal	{} Yes {X} No		
Site Visit Scheduled		03/15/05	MRM
Time: 9:30-10:00			
Comments: Tank & D. Box are uncovered			
Site Visit Rescheduled		_____	_____
Time: _____			
Site Visit Made		3-15-05	ATM
Date Given to OSS		_____	_____
Data Entry		_____	_____
Construction Permit	{} Issued {} Denied		
Certification Letter	{} Issued {} Denied		
Survey Received	{} Yes {} No		
Construction Permit Mailed		_____	_____
Construction Permit Picked-Up		_____	_____
Septic Maintenance		_____	_____

ALAN

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit

Appl. Date 03/15 Time 9:30-10:00
Someone to meet yes no

Health Department ID 154-05-0196

03/10/2005

N/C

To Be Completed By The Applicant

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

Owner Thelma Wells Address 10965 Louisa Rd. Phone 540-832-3516

Agent ___ Address Gordonsville Va. 22942 Phone ___

Directions of Property TAKE RT 22 TO TRAFFIC LIGHT @ RT 15 - CONTINUE THRU LIGHT - HOUSE IS 1ST ON RIGHT

Subdivision ___ Section ___ Block ___ Lot B

Other Property Identification 21-9-B

Dimension/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
✓ Single Family ___ Multi-family
(Number of Bedrooms 2) (Number of Units ___)

Basement ✓ Yes ___ No
Fixtures in Basement ✓ Yes ___ No

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 ___ 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.

Thelma Wells
Signature of Owner/Agent

3-10-05
Date

CHS 200

ALAN
03/15 9:30-10:00

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

Health Department ID 154-05-0196

03/10/2005

N/C

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Thelma Wells
Signature of Owner/Agent

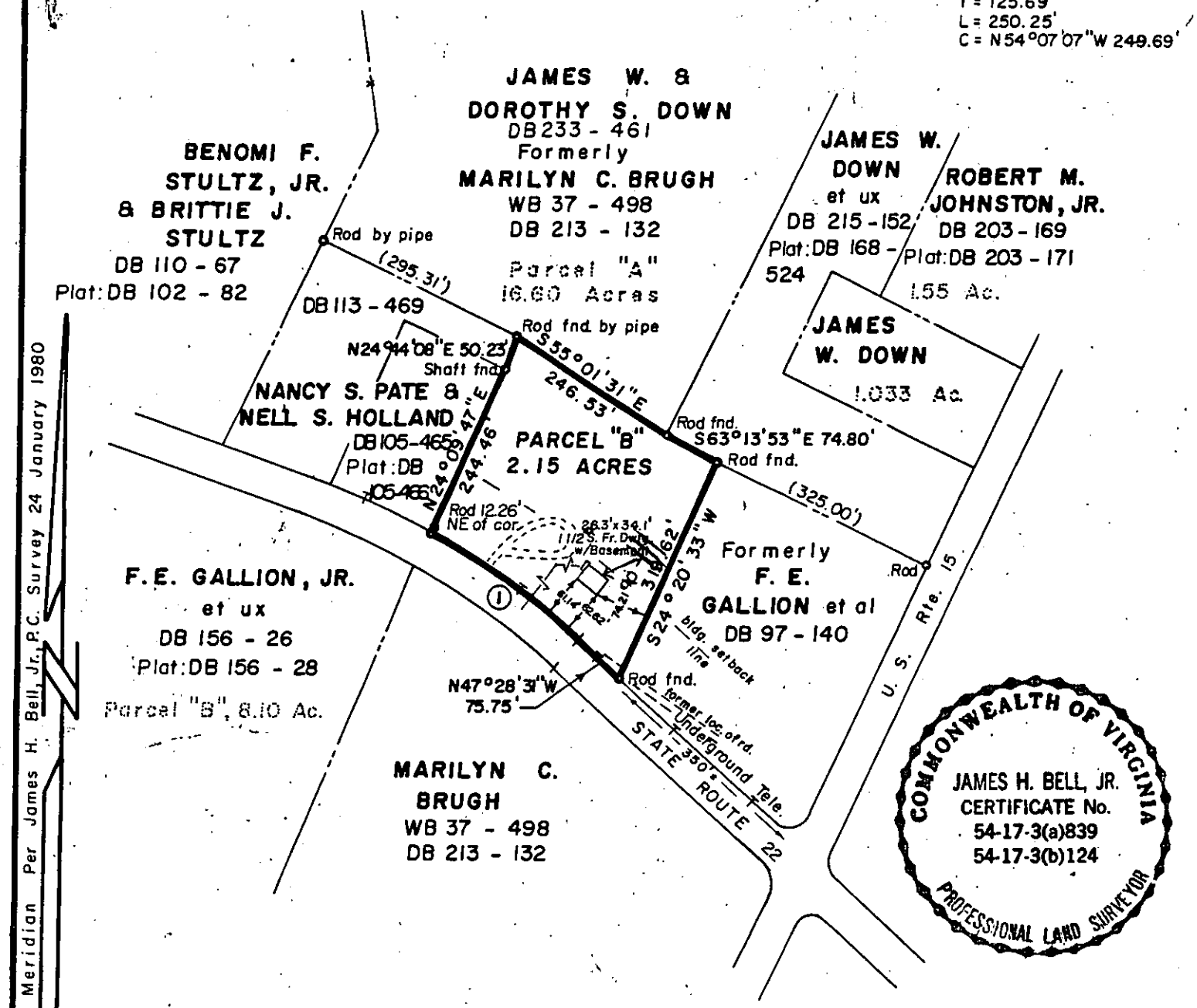
3-10-05
Date

CHS 200

REFERENCES TO CAPTIONED PROPERTY
DB 280 - 286, Plat DB 280 - 287 &
Tax Map Section 21 (9) B.

NOTE: This lot is not within the 100 year flood zone.
Dwelling existed long before zoning ordinance established setback lines.

CURVE DATA
(1)
Δ = 13° 17' 09"
R = 1079.23'
T = 125.69'
L = 250.25'
C = N54° 07' 07" W 249.69'



COMMONWEALTH OF VIRGINIA
JAMES H. BELL, JR.
CERTIFICATE No.
54-17-3(a)839
54-17-3(b)124
PROFESSIONAL LAND SURVEYOR

Physical Survey of Parcel "B", 2.15 Acres
Standing in the Name of
D. STEPHENSON WATSON, JR. & SUSAN S. WATSON
Green Spring District, Louisa Co., Va.
Scale: 1" = 200' 17 March 1988

JAMES H. BELL, JR., P.C.
PROFESSIONAL LAND SURVEYOR
Mineral, Virginia 23117

JOB NO. 529 H 84a FIELD BOOK NO. 308

ABB