

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

Health Department ID 58-82

To Be Completed By The Applicant

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

Owner Bruce Elliott ^{MAILING} Address 209 N. HIGH ST. HARRISONBURG, VA 22802 Phone 433-2488

Agent _____ Address _____ Phone _____

Directions of Property North side Rt. 772 .4 mile west of 772 + 42
PROPERTY ADDRESS 3980 GREENMOUNT ROAD H'BURG, VA 22802

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

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 (Number of Bedrooms 3) Multi-family (Number of Units _____)

Basement Yes No
 Fixtures in Basement Yes No *addition + remodeling will result in 3 bedroom total.*

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: existing system to sewer. *Attawood 6/26/02*

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.

Bruce H. Elliott
 Signature of Owner/Agent

6/26/02
 Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number Case # 58-82
Map Reference 78-33
78(5)2
Date Received _____

Health Department

To Be Completed By The Applicant

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

Owner Bruce + Cheryl Elliot Address 209 N High Phone _____
H'burg Va

Agent _____ Address 3980 Greenmount Rd. Phone _____
H'burg, Va. 22802

Directions to Property N side 772 .4 miles W of 772-42 intersection

Subdivision _____ Section _____ Block _____ Lot _____

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 Multifamily Number of Units 1 Number of Bedrooms 3
Fixtures in Basement Yes No addition + remodeling will result in 3 bedrooms total.

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 Describe: well
 Private Existing

V. Proposed Installation: Septic tank and drainfield Other
If other, describe existing system to sewer. Allowed 12/17/90

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.

Lawrence H. Souder
Signature of owner/agent

12/17/90
Date

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. 58-82
Rock. Co. Health Department



Tax Map No. 18-33

Galen Horst is Hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 600 gpd, at
N side Rt. 772, 4 miles W of intersect 772 + 47
Div. of Henry M. Shenk NA Section/Block 2 Lot
Subdivision

This permit is Issued in Accordance with the Provisions of Title 32.1, Chapter 6 of the Code of Virginia ~~and~~ 1971 ~~and~~ 58-82
~~Health~~ and with Previously Issued Permits

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 Operation Permit does not Imply or Guarantee that the Sewage Disposal System will Function for any
Specified Period of Time.

Dated 3/17/82

Variances Granted None See Attached
Special Conditions None See Attached

Recommended Alan F. Howard
Sanitarian

Effective Date 1/19/83
Approved [Signature]
State Health Commissioner

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 56-82 Grid 78-33
Harrisonburg Rockingham Health Department

Date 1-10-83

Name of Company/Corporation/Individual: Partners Excavating Co.
Address: 1015 Greystone St. Telephone: 433-1475
Owner's Name Galen Horst
Owner's Address 938 Central Ave.
Location of Installation: Lot #2 Block _____
Section: _____ Subdivision: Henery Shenk
Other: North Side of 772 .4 miles west of 772 and rt. 42

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 3-17-82 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Carl Buehler - Owner
Signature and Title

RECORD OF INSPECTION SEWAGE DISPOSAL SYSTEM

Date 12/3/82 Case No. 58-82

Owner: HORST, Galen Address: Pt. #1, Box 75B, Keezletown, Va 22832 Phone: _____
(Mailing Address)

Occupant: Same Address: _____ Phone: _____
(Mailing Address)

Exact Location of Premises: North side Rd. #772, .4 mile West of intersection Rd. #772 & #42. (Grid #78-33)
Div. of Henry M. Shenk, Lot #2
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design Yes No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed Inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION
 Allotted Area adequate Yes No. Distance from nearest lot lines 25 feet. Trees _____ feet. Water Supplies 2100 feet. Buildings 220 feet.

(2) INSTALLATION AND DESIGN
 Installed according to Permit Design Yes No.
 Have additional Household Appliances been added NOT on Permit:
 Automatic Washer Garbage Disposal
 Other none (Describe)

(3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: Yes No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE
 Installed Yes No. Type of material pvc Size sch 40 _____ inches.

(5) SEPTIC TANK
 Constructed of concrete (Kind of Material)
 Inside Dimensions Length 8 feet. Width 4 feet.
 Liquid Depth 47 feet. Depth of Air Space 12 inches.
 Inside Fittings comply with requirements Yes No.

(6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test Yes No. Distribution Box provided with 3/3 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 1600 square feet.
 Number of ditches 8 Length of ditches 100 feet.
 Grade of ditches Minimum 42 inches per 100 feet.
 Maximum 42 inches per 100 feet. Has system been checked by instruments (Level) Yes No.
 Type aggregate used crushed stone
 Depth of aggregate under Tile 6 inches
 Total depth of aggregate 13 inches
 Depth of backfill over aggregate 15 inches

(8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: Yes No. Was Surface Drainage required Yes No. If Yes, has this been provided Yes No. Has area been drained by lowering Ground Water Table: Yes No. Not required.

(9) Are follow-up inspections necessary Yes No.

Septic Tank Contractor: Partners Excavating Address: _____ Phone: _____

This Sewage Disposal System (Is) (Is Not) Approved by Rock. Can Health Department

Date 12/3/82 Signed Alan F. Howard (Sanitarian)

Date 1/23/83 Approved AWC (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system.

Remarks: _____

PERMIT TO INSTALL REPAIR, REASONS FOR REJECTION
 WATER SUPPLY SEWAGE DISPOSAL SYSTEM

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
 (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

Owner Galen Horst FHA/Va Yes No Date 3/17/82 Case No. 56-82
 Address Rt 1 Box 75B Phone Grid # 78-33
 Occupant same Address Keese Town Va Phone _____
 Exact Location of premises Uside 772 .4 miles W of intersect 772 + 42 Div of Henry in Streets Lot 2
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other _____ Automatic Washing Machine Yes No Consumption 600 gal. per day
 Actual Potential Bedrooms 3 Garbage Disposal Unit Yes No
 Additional wastes none (Actual estimated Water)

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other recommend class # well
 (To be installed) Class _____ Cased _____ ft. to be grouted _____ ft.

(Unless supported by positive evidence Class III is to be considered as to be installed.)

SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____

(2) Estimated Percolation Rate 1-10 11-25 26-50 > 51 (If Known) Percolation Test Required Yes No Rate _____
 (Minutes per inch) > 36
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required No OTHER DRAINAGE none

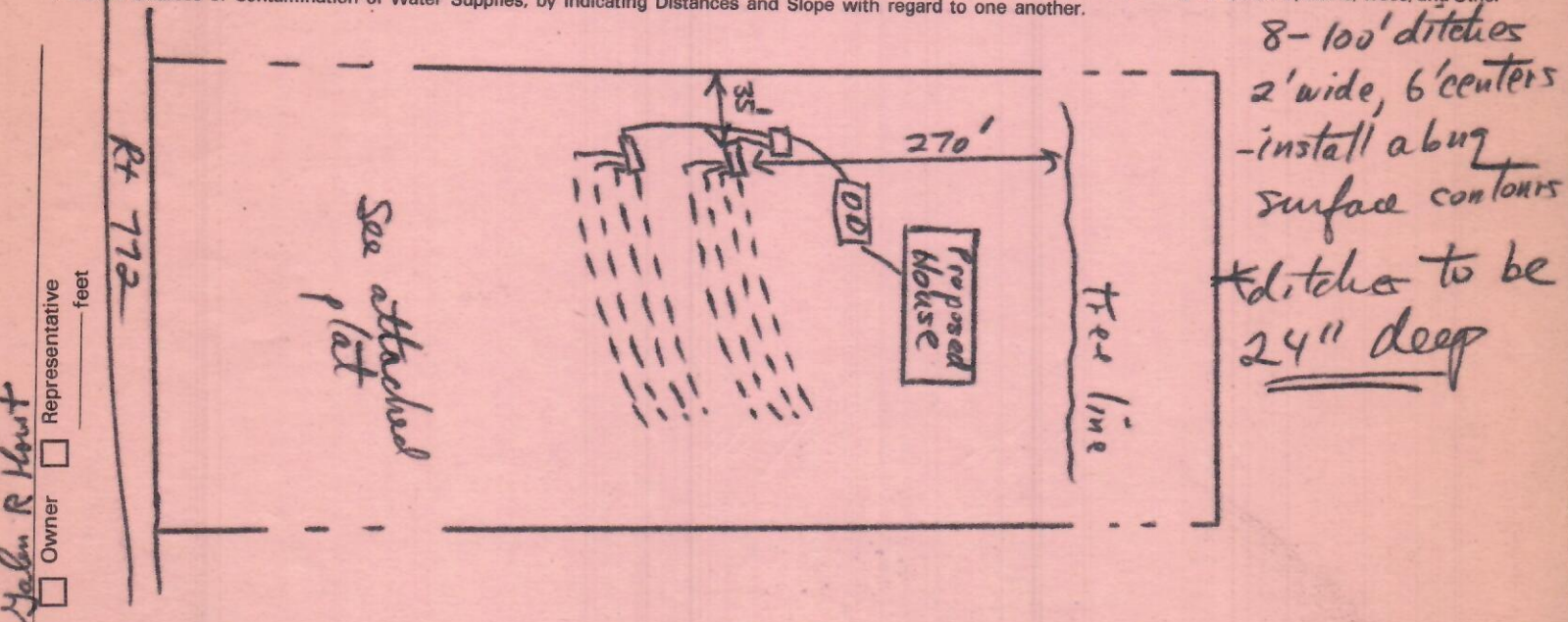
(3) HOUSE SEWER LINE Size 4 inches. Type of material required sch 40 Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of concrete Material _____ Liquid Capacity 1000 gallons.
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 1/4 feet. Depth of Air Space _____ feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 1600 Type aggregate required crushed stone

(5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 4 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be _____ inches from surface of original ground.
 Distance from well to septic tank 250 feet; distance from well to drainfield 2100 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.)



Signature Galen R Horst
 Representative
 Owner

Rode Co _____ feet - not to scale -
434-1771

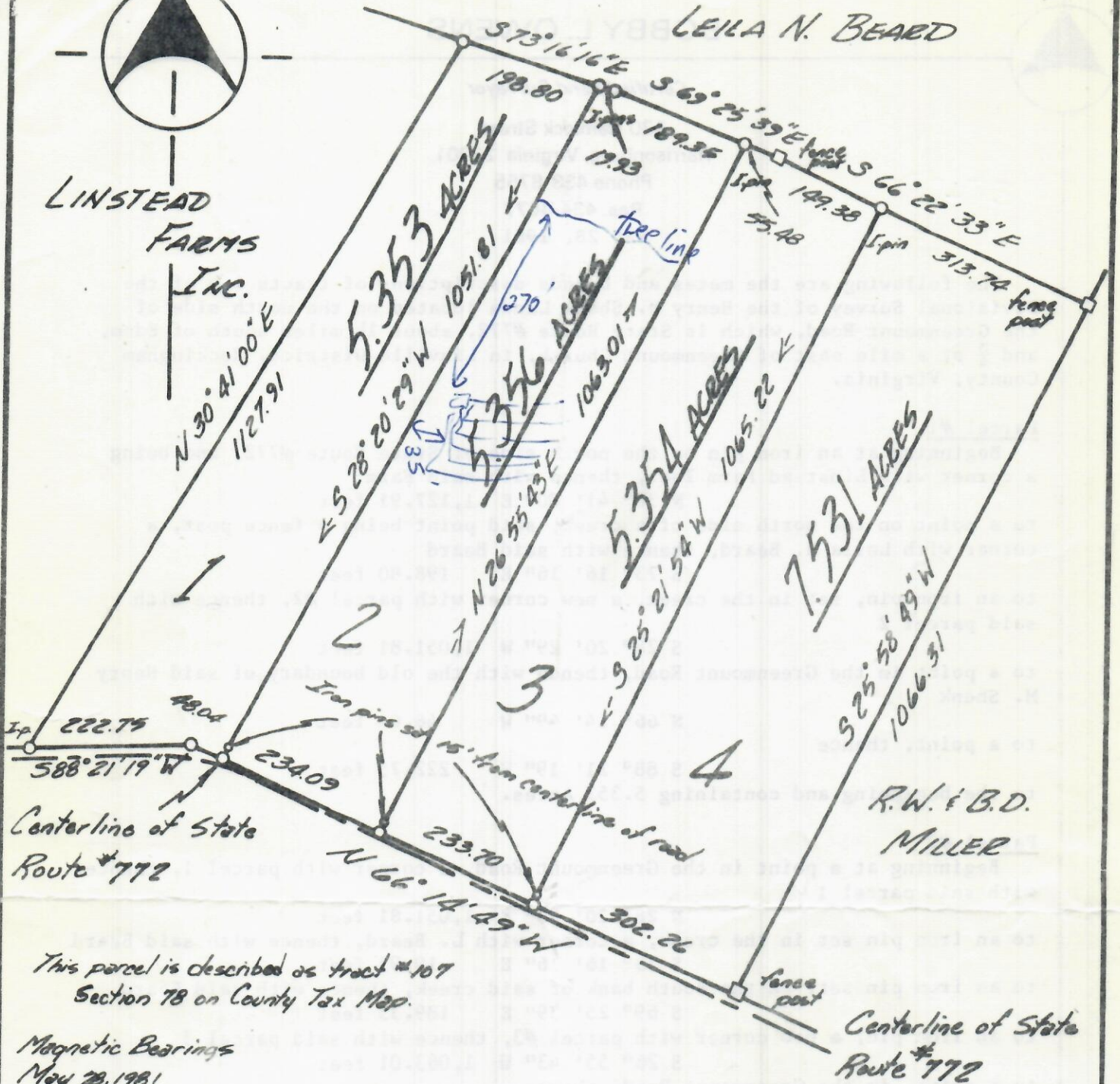
Note: Owner or his agent must notify _____ Health Department, Phone _____ when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued 3/17/82 Alan F Howard
 Date _____ Approved _____ Date _____ Signed _____
 (Reviewing Authority) (Sanitarian or Health Director)



LINSTEAD
FARMS
INC.

LEILA N. BEARD



Centerline of State
Route #772

R.W. & B.D.
MILLER

This parcel is described as tract #107
Section 78 on County Tax Map.

Magnetic Bearings
May 28, 1981
Scale: 1" = 200 ft

Centerline of State
Route #772



DIVISIONAL SURVEY
OF THE
HENRY M. SHENK
LAND

ROCKINGHAM-HARRISONBURG HEALTH DEPARTMENT
227 East Elizabeth Street, Harrisonburg, Virginia
Telephone: 434-1771

Date: 1/11/82

Request for Lot Evaluation

Posted Grid: 78-33

Applicant: Galen Worst Address: Rt 1 Box 75 B Keyport Va Phone: 433-2771
269-6581

Owner: _____ Address: _____ Phone: _____

Exact location of lot: Noide 772 .4 miles W of intersect 772+42
Div. of Henry M. Shenk Land Lot 2

Size of Lot: 5 acres

Applicant: Desires to have lot opinion prior to issuance of a septic permit.
 Is applying for a septic system permit for a house
containing 2 bedrooms. Proposed water supply: Well Cistern Other

Soil study: _____

Sketch of premises and other pertinent information on back.

Recommendations: Based on present standards it is our opinion that this lot has
_____ soil for septic tank and drainfield installation.

Remarks: 6-100's 24"

This is not a permit to install a septic tank.

Sanitarian: Alan Howard

Owner: _____

I do hereby give the Rockingham-Harrisonburg Health Department permission to conduct soil studies on the above property and to divulge the results of these tests to any interested persons.

Owner's signature: _____