

45A(P)

FLOYD COUNTY HEALTH DEPARTMENT

P. O. BOX 157

FLOYD, VIRGINIA 24091

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

TELEPHONE 703-745-2141

September 16, 1993

Richard Lee Smith
2626 Avenham Avenue
Roanoke VA 24014

Dear Mr. Smith:

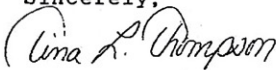
According to our records all of the work has been done at your work site with the exception(s) checked below:

- Well Water (GW2) Statement submitted
- Water sample taken (contact private laboratory)
- Other: Approved well cap.

In order for us to complete our files, please send us the above checked information at your earliest convenience.

Please call me at 745-2141 if you have any questions.

Sincerely,



Tina L. Thompson
Environmental Health Specialist

aca

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number 93-131-4004

F.H.A. or V.A. Case Number
If Applicable

Map Reference

Date 9/15/93 Local Health Department Floyd

45	55	18A
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Owner Smith Address _____ Phone _____

Exact Location of Premises Rt. 690

Subdivision _____ Section/Block _____ Lot _____

- Class of nonpublic drinking water well. 1) Class III A _____
2) Class III B _____
3) Class III C
4) Other _____
- Date of installation 5-21-93

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e. well log, etc.), so note.

- Water well completion report filed as required by Sec. 2.18 Yes No _____
- Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations.
Building Sewer 150' + Pretreatment Unit 150' +
Conveyance System " Subsurface Soil Absorption System "
(nearest point). Property Line 100' + Other > 75' FROM TERMITE TREATED BUILDINGS
- Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).
Site graded where necessary to divert water away from well? Yes _____ No N/A
Total depth of well 225 feet. Type of casing PLASTIC
Depth of casing 13 feet. Diameter of casing 6 1/4 inches.
Casing extends inches above ground 28". Exterior space sealed with neat cement grout to a depth of 20' feet. Screens constructed of N/A
free of rough edges and irregularities, with positive watertight seal between screen and casing? Yes _____ No N/A
Type of well seal 1 PIECE Well head and opening to the interior protected? Yes _____ No _____
Pitless adapter used? Yes No N/A
Properly installed? Yes _____ No N/A Proper venting? Yes _____ No N/A
- Quantity: Yield and drawdown determined by continuous pumping of _____ hours. Drawdown _____ feet. Yield 5 GPM. Type of storage _____
- Quality: Sample tap provided at entry into system? Yes _____ No Samples(s) collected? Yes _____ No _____
Results of samples. Satisfactory _____ Unsatisfactory _____ (attach copy of results of this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply meets _____ does not meet _____ the requirements of the Private Well Regulations.

Remarks: _____

Date _____ Signed _____
Date _____ Signed Sanitarian
Date _____ Signed Supervisory Sanitarian

CHSCE!

Form GW-2
1978-10,000

COMMONWEALTH OF VIRGINIA

WATER WELL COMPLETION REPORT

• BWCM No.

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

(Certification of Completion/County Permit)

93-131-4004

County/City

County/City Stamp

SWCB Permit _____
County Permit _____

Certification of inspecting official:
This well does _____ does not _____
meet code/flow requirements.
S. _____
Date _____

For Office Use

• Virginia Plane Coordinates

N _____
E _____

Latitude & Longitude

N _____
W _____

• Topo. Map No. _____

• Elevation _____ ft.

• Formation _____

• Lithology _____

• River Basin _____

• Province _____

• Type Logs _____

• Cuttings _____

• Water Analysis _____

• Aquifer Test _____

• Owner Richard Smith

• Well Designation or Number _____

Address 2626, Avenham Ave
Keenoke, Va. 24014

Phone _____

• Drilling Contractor Pauley's Well Drilling

Address P.O. Box 321
Floyd, Va 24041

Phone 745-9199

Tax Map I.D. No. _____

Subdivision _____

Section _____

Block _____

Lot _____

Class Well: I _____ IIA _____
IIB _____ IIIA _____ IIIB _____
IIIC IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles) _____ direction) of _____
and _____ (feet/miles) _____ (direction) of _____
(If possible please include map showing location marked)

Date started 5-21-93 • Date completed 5-24-93 Type rig Rotary-Air

I. WELL DATA: New Reworked _____ Deepened _____

• Total depth 225' ft.

• Depth to bedrock 73' ft.

• Hole size (Also include reamed zones)

• 10" inches from 0 to 73' ft.

• 6" inches from 73' to 225' ft.

• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• 64" inches from 0 to 73' ft.

Material plastic

Wt. per foot _____ or wall thickness _____ in.

Material _____ inches from _____ to _____ ft.

Wt. per foot _____ or wall thickness _____ in.

Material _____ inches from _____ to _____ ft.

Wt. per foot _____ or wall thickness _____ in.

Material _____ inches from _____ to _____ ft.

• Screen size and mesh for each zone (where applicable)

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____ to _____ ft.

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____ to _____ ft.

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____ to _____ ft.

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____ to _____ ft.

• Gravel pack

• From _____ to _____ ft.

• From _____ to _____ ft.

• Grout

• From 0 to 20' ft. Type cement

• From _____ to _____ ft. Type _____

2. WATER DATA • Water temperature _____ of _____

• Static water level (unpumped level-measured) 30' ft.

• Stabilized measured pumping water level _____ ft.

• Stabilized yield 5 gpm after _____ hours

Natural Flow: Yes No _____ flow rate: 5 gpm

Comment on quality good

3. WATER ZONES: From _____ To _____

From 80' To 81' From 180' To 181'

From _____ To _____ From _____ To _____

4. USE DATA:

Type of use: Drinking Livestock Watering _____

Irrigation _____ Food processing _____ Household

Manufacturing _____ Fire safety _____ Cleaning _____

Recreation _____ Aesthetic _____ Cooling or heating _____

Injection _____ Other _____

• Type of facility: Domestic Public water supply _____

Public institution _____ Farm _____ Industry _____

Commercial _____ Other _____

5. PUMP DATA: Type _____ Rated H.P. _____

• Intake depth _____ Capacity _____ at _____ head

6. WELLHEAD: Type well seal _____

Pressure tank _____ gal. Loc _____

Sample tap _____ Measurement port _____

Well vent _____ Pressure relief valve _____

Gate valve _____ Check valve (when required) _____

Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfected _____ yes no _____

Date _____ Disinfectant used _____

Amount _____ Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ material _____

Owner _____

BWCM No. _____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumping and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)

10. DRILLERS LOG			REMARKS (water, caving, cavities, broken, core, shot, etc.)	11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet) From	To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)			
0	50'	Dirt			
50'	70'	soft brown rock			
70'	73'	grey rock			
	73'	cased at 73'			
73'	80'	grey rock			
80'	81'	water 2-gpm			
81'	120'	green rock			
120'	150'	grey rock			
150'	180'	green rock			
180'	181'	water 3-gpm			
181'	225'	green rock			
			Static Level 30'		
			80' water 2-gpm		
			180' water 3-gpm		
					Total Depth 225'

13. Well not dedicated? _____; Size _____ ft. X _____ ft.; Well house? _____
 Distance to nearest pollutant source _____ ft.; Type _____
 Distance to nearest property line _____ ft.; Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches, Material _____
 Installer _____
 Date _____

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Robert A. Bailey (Seal), Date 5-24-93
 (Well driller or authorized person) License No. 2705.015229

State Water Control Board Regional Offices

Valley Reg. Off.
 116 North Main Street
 P. O. Box 268
 Bridgewater, Va. 22812
 703-828-2595

Piedmont Reg. Off.
 4010 West Broad Street
 P. O. Box 6616
 Richmond, Va. 23230
 804-257-1006

Southwest Reg. Off.
 408 East Main Street
 P. O. Box 476
 Abingdon, Va. 24210
 703-628-5183

Tidewater Reg. Off.
 287 Pembroke Office Park
 Suite 310 Pembroke No. 2
 Va. Beach, Va. 23462
 804-499-8742

West Central Reg. Off.
 Executive Park
 3312 Peters Creek Road
 Roanoke, Va. 24019
 703-982-7432

Northern Virginia Reg. Off.
 5515 Cherokee Avenue
 Suite 404
 Alexandria, Va. 22312
 703-750-9111

(WELL ONLY)

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

FLOYD Co Health Department



Health Department
Identification Number 93-131-4004
Map Reference G 45-55-18A

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 RICHARD SMITH Telephone _____
 Address 2626 ALEXANDER AVE ROANOKE VA 24014
 For a Type MIA Sewage disposal system which is to be constructed on/at FROM FLOYD, 221 N. TO (2) ON 679 (2) ON 690 ≈ .3 MILE TO DRIVEWAY ON LEFT (GRAY GATE / RED POST)
 Subdivision _____ Section/Block _____ Lot _____
 Actual or estimated water use NIA

DESIGN

NOTE: INSPECTION RESULTS/

Water supply, existing: (describe) _____	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class <u>III C</u> cased <u>20' MIN.</u> grouted <u>20' MIN.</u>	G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: _____ I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with _____ ports <input type="checkbox"/> Other _____	Distribution box: yes <input type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required _____; depth from ground surface to bottom of trench _____; aggregate size _____; Trench bottom slope _____; center to center spacing _____; trench width _____; Depth of aggregate _____; Trench length _____; Number of trenches _____	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory

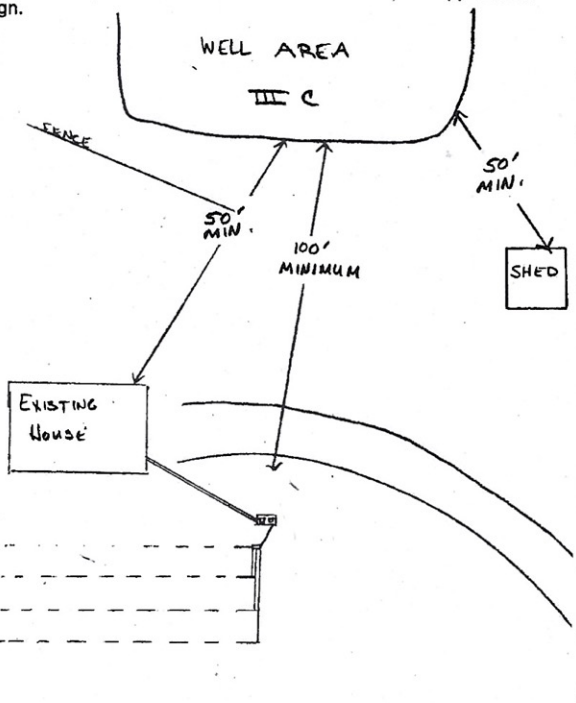
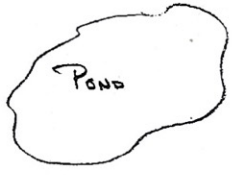
Date 9/15/93 Inspected and approved by: [Signature]
Sanitarian

(WELL ONLY)

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.



▲ INSTALL CLASS III C WELL

- 20' MINIMUM CASING + GROUT
- KEEP WELL MIN. 50' UPSLOPE OF TERMITE TREATED BUILDINGS
- MINIMUM 100' UPSLOPE OF SEPTIC SYSTEM
- CALL FOR AN INSPECTION ONCE DRILLING BEGINS

EXISTING SEPTIC SYSTEM
REF. 1986-4217
G 45-55-6A

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: 1/19/93 Issued by: Lina L. Thompson Sanitarian

Date: 1/1 Reviewed by: [Signature] Supervisory Sanitarian

This Construction Permit Valid until 7/15/97

If FHA or VA financing

Reviewed by Date _____ Date _____

Permit I.D. No. 93-131-4004

Tag Sheet

	Initials	Date
Application Received:	<u>ACA</u>	<u>1-11-93</u>
Application Reviewed:	<u>ACA</u>	<u>1-11-93</u>
Fee Determination	<u>ACA</u>	<u>1-11-93</u>
Assigned to:	<u>TLT</u>	<u>1-11-93</u>
Site Visit Scheduled:	<u>TLT</u>	<u>1-13-93</u>
Site Visit Made:	<u>"</u>	<u>"</u>
Follow-up Visit:	<u>TLT</u>	<u>1-15-93</u>
Follow-up Visit:		
Issue/Deny Drafted :	<u>"</u>	<u>1-15-93</u>
Issue/Deny Reviewed:	<u>TL</u>	<u>"</u>
Issue/Deny Countersigned:	<u>TL</u>	<u>"</u>
Issue/Deny Mailed:		

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

Receipt # R074069
A 25.00

Health Department I.D. 93-131-4004

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional

FHA/VA yes no

Case No. _____

Owner: Richard Lee Smith Address 2626 Avenham Ave Phone 1-343-5809
ROANOKE, VA 24014

Agent _____ Address _____ Phone 1-985-5046

Directions to Property Route 221 N. Right on 679, Right on 690
Go about 1/4 mile on left (GRAY Gate with red post)

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 31 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 Multifamily Number of Units _____ Number of Bedrooms _____
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 Describe: _____
 Private Existing _____

V. Proposed Sewage Disposal Method: _____

Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other _____

Public Sewerage System _____

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.

ie 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.

Richard L. Smith
Signature of owner/agent

1-5-93
Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only
Pd. \$50.00 12-31-86
Receipt No. E050391

Health Department
Identification Number 86-131-0217
Map Reference 45-55-6A

Floyd Co.

Health Department

Date Received 12-31-86

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional

FHA/VA yes no

Owner Richard Lee Smith Address 2626 Avenham Ave. SW Phone 1-313-5809 H

* Contact owner so he can be present Roanoke VA 24014 1-674-0199

Agent _____ Address _____ Phone _____

Friday 9th

Directions to Property Route 221N, rt on 679, rt on 699, go

past old cabins 1/4 of a mi, driveway/road on the
left at the gray w/ red gate

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification Merlin Thompson on Rt 679 has a key
to the gate

Dimensions/size of Lot/Property 31 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
Basement Single Family Multifamily Number of Units _____ Number of Bedrooms 3
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 Describe: well has not been dug
 Private Existing

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.

Richard L. Smith
Signature of owner/agent

10-31-86
Date

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 86-131-0217
Tax Map Number 45-55#6-A

General Information

Date 01-09-87 Floyd County Health Department
Applicant Richard Lee Smith Telephone No. 343-5809
Address 2626 Avenham Avenue S.W. Roanoke, VA 24014
Owner Same Address _____
Location 22IN, right on 679, right on 690, @ 1/4 mi on left through steel Gray pot
Subdivision NIA Block/Section 45-55 Lot #6-A

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe On gentle convex slope
2. Slope <10 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None
4. Depth to seasonal water table (gray mottling or gray color) No Yes _____ inches
5. Free water present No Yes _____ range in inches
6. Soil percolation rate estimated Yes Texture group I III IV
No Estimated rate 25 min/ inch
7. Percolation test performed Yes Number of percolation test holes _____
No Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: John Triplett, Sanitarian
Signature: John Triplett

Department Use

- Site Approved: Drainfield to be placed at 30" depth at site designated on permit.
 Site Disapproved:

Reasons for rejection:

1. Position in landscape subject to flooding or periodic saturation.
2. Insufficient depth of suitable soil over hard rock.
3. Insufficient depth of suitable soil to seasonal water table.
4. Rates of absorption too slow.
5. Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. Proposed system too close to well.
7. Other Specify _____

Sewage Disposal System Construction Permit

PAGE 3 OF 4

Commonwealth of Virginia
 Department of Health
Floyd County Health Department



Health Department
 Identification Number 86-131-0217
 Map Reference 45-55 #6-A

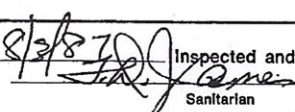
General Information

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 Richard Lee Smith Telephone 343-5809
 Address 2626 Avenham Ave, SW, Roanoke, VA 24014
 For a Type I Sewage disposal system which is to be constructed on/at 321N, right on 679 right on 690, a 1/4 mi on left through gray steel gate
 Subdivision N/A Section/Block 45-55 Lot #6-A
 Actual or estimated water use 600 gpd

DESIGN

NOTE: INSPECTION RESULTS

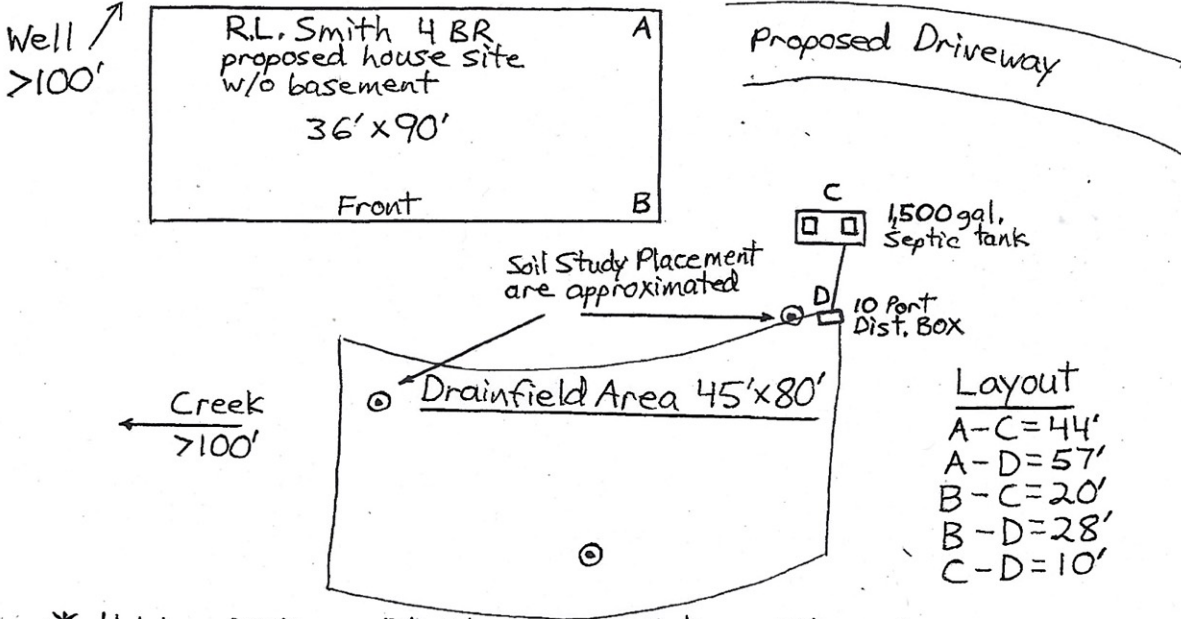
Water supply, existing: (describe) _____ <u>To be installed: c class III Well (min)</u> cased <u>20' min</u> grouted <u>20' min</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>1500</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> comments Satisfactory <u>N/A</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>10</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>950</u> ; depth from ground surface to bottom of trench <u>28"</u> ; aggregate size <u>1/2-1.5"</u> Trench bottom slope <u>3" per 15'</u> center to center spacing <u>16'</u> ; trench width <u>3'</u> Depth of aggregate <u>13"</u> Trench length <u>15'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory

Date 8/28/70 Inspected and approved by:

 Sanitarian

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.



- * 4 Lines, 75' Long, 3' Wide, 28"-30" deep, 10' spacing.
- * Keep Class III Well 100' from drainfield, 50' distance required for Class IIB Well.
- * Pump Septic Tank once every 5 yrs.

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: 01-09-87 Issued by: John Triplett
Sanitarian

Date: 1-12-87 Reviewed by: [Signature]
Supervisory Sanitarian

This Construction Permit Valid until June 31, 1991

If FHA or VA financing

Reviewed by Date _____ Date _____

TO: Floyd County Building Official
FROM: Joe Brunk, Floyd County Health Department

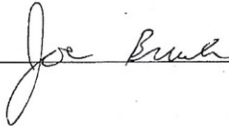
Date 4-26-05

No septic system permit is required for Richard Lee Smith for the following reason(s):

- existing system is adequate for change in building/ trailer
permit ID 86-131-0217
- addition does not include change in bedrooms
- addition will not interfere with septic system (minimum 10' from foundation, 20' from basement)
- structure will have no water fixtures

Comments: Proposed addition is for a master bedroom. Septic system is designed adequate for 4 bedrooms or 8max occupants.

Signed: _____



(WELL ONLY)

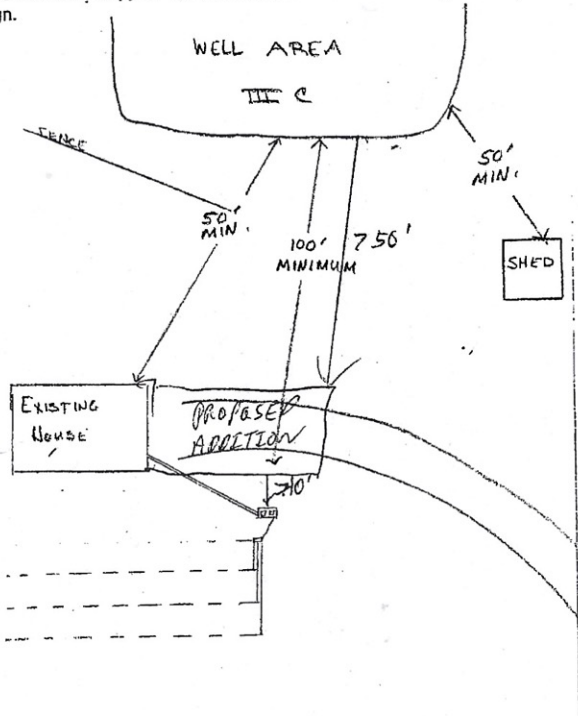
Health Department Identification Number 93-131-4004

PAGE 2 OF 2

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.



- ▲ INSTALL CLASS III C WELL
- 20' MINIMUM CASING + GROUT
- KEEP WELL MIN. 50' UPSLOPE OF TERMITE TREATED BUILDINGS
- MINIMUM 100' UPSLOPE OF SEPTIC SYSTEM
- CALL FOR AN INSPECTION ONCE DRILLING BEGINS

EXISTING SEPTIC SYSTEM
REF. 1986-4217
G 45-33-6A

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 86-131-0217

Floyd County Health Department

Name of Company/Corporation/Individual: Michael Shortt

Address: Rt 4 Floyd Va. Telephone: 745-2817

Owner's Name Richard Lee Smith

Owner's Address 2626 Avenham Ave. S.W. Roanoke Va 24014

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: 221 N. Light and 679 - Light on 690 1/4 mi through steel gate

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 1/3/87 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

8-3-87
Date

Michael Shortt Printer
Signature and Title