

Property Identification Card

Previous

Property Address Owner Name/Address
23197 GOV HARRISON PKWY GAP INC
LAWRENCEVILLE, VA **100 GAPVAX LANE**
JOHNSTOWN, PA 15904

Map ID: 57 18

Acct No: 7903-1

Legal Description: TR 1 1.77 AC

INSTR# 110000897

Plat Book/Page: 0000 / No Page

Deed Book/Page: 0309 / 381

Instrument: DB 2011 897

Occupancy: COMMERCIAL

Dwelling Type: OFFICE

Use/Class: SNGL FAM RES - SUBURBAN Acreage: 1.770

Effective Date: Invalid Date

Year Built: 2009

Land Use:

Zoning:

Year Remodeled:

Total Mineral: \$0

District: 07 STURGEON

Year Effective: 2009

Total Land: \$33,700

MH/Type: 1 P

On Site Date: 03/09/2023 Total Improvements: \$73,000

Condition:

Review Date:

Total Value: \$106,700

|----- Improvement Description -----|

Exterior	Interior	Site	
EXTR-ALUM/VINYL	FLOOR-CARPET	NEGR-COMMERCIAL/IN	
ENDT-BRICK	FLOOR-VINYL	SCCD-2024-QUALITY	
RFLM-COMP SHINGLE	WALL-DRYWALL	STRT-PAVED	
RFTY-GABLE		TOPO-LEVEL	
		UTIL-ELECTRIC	+6--
		UTIL-SEPTIC SYSTEM	6DK6
		UTIL-WELL	+-----34-----+6-----+-----42-----+
			:
			14

----- Commercial Valuation -----									
Cls	Grad	YEff	Description	Str/#	Size	Rate	Pct	Value	:
041L	D+10	2009	COMMERCIAL	1.0	1820	45.31	.18	57477	+11---
095L	D+10	2009	SLAB	1.0	154	6.65	.18	713	:SLAB:
071L	D+10	2009	PORCH	1.0	140	26.60	.18	2995	14 14
104L	D+10	2009	WOOD DECK	1.0	36	19.00	.18	476	:CMB
097L	D+10	2009	STOOP	1.0	160	24.03	.18	2679	+11-----33-----+14-----+-----21-----40-----+
Total Market Value							63940	:	PR 48TP
							10	10-----40-----	4:
							10	10-----40-----	4:
							10	10-----40-----	4:
							10	10-----40-----	4:

----- Other Improvements Valuation -----							
Desc	Length	Width	Size	Grade	Rate	FV/Pct	Value
GAR PC-UN	18.0	20.0	360				2900
CARPORT							2900
STG P/CB							600
FENCE-CL							500
CARGO CON	40.0	1.0	40				3000
Total Imp Value							9100
							SLAB SLAB 1.0 S14211N14H34E42 1820
							154
							S10W14N10E214 140

----- Land Valuation -----							
M Cls	Desc	G	Size	Dpth	Rate	FV/Pct	Value
A 71	COMMERCIAL I		1.00		31400.00		31400
A 41	MIXED PAVE I		.77		2937.86		2260
Total Square Feet							33760
Cur. Value							33600
Improvements							73000
Total							106700
Average Price Per Acre							19017
Sale Date/Amount							6/27/2011 85000

----- Comments -----						
SWMH USED AS OFFICE FOR SUPERIOR HOME	Land	33700	33600			
6X10 DECK HERE CHARGED WITH S/W AS PERSONAL PROP.	Improvements	73000	67100			
T AND T SALES LOCATED HERE	Total	106700	100700			
D/WIDES & S/WIDES HERE FOR SALE	Average Price Per Acre	19017				
12/2007 PR TRUMAN W BOWER INSTR# 070002829	Sale Date/Amount	6/27/2011	85000			
01/2010 SINGLEDIDE USED AS OFFICE REPLACED WITH						
MODULAR (NO TITLE OR YEAR MODEL)						
5/11 CORRECTED DIM/ADDED OP & PATIO						
06/2011 PR BDTTY P BROCKWELL INSTR# 110000897						
8/11 RRP/SOME IMPROVEMENTS AFTER SALE/GAR IS METAL						
STG & CARPORT ADDED F2012						
GAP POLLUTION & ENVIRONMENTAL CONTROL INC						
01/2024 SWMH OFFICE STILL ON SITE ADDED 40FT CONEX						

1990 W. Pearson
 '92 Wilford South h. 11



Virginia Department of Health Public Record Requests

Document(s) Released to Requester

Request for 23197 Gov Harrison Pkwy.pdf
February 13, 2025, 3:24pm by Robyn Hudson

Requester + Staff

Message to requester

Please see attached documents that were located with the information provided.

February 13, 2025, 3:24pm by Robyn Hudson, Office Services Specialist (Staff)

Requester + Staff

Document(s) Added

Request for 23197 Gov Harrison Pkwy.pdf

Staff Only

February 13, 2025, 3:24pm by Robyn Hudson

Internal Department Assignment

Added: LHD: Southside Health District: Brunswick.
February 13, 2025, 1:46pm by Tammie Smith

Staff Only

Support Staff Added

Kelly Waller
Wesley Marshall
Diane Elam
Robyn Hudson
Louise Allen
February 13, 2025, 1:46pm by Tammie Smith

Staff Only

New Point of Contact

Jessica Pearce
February 13, 2025, 1:46pm by Tammie Smith on behalf of Jessica Pearce

Staff Only

Requester + Staff

Thank you for your Virginia Freedom of Information Act (FOIA) Request submitted to the Virginia Department of Health (VDH). This will acknowledge receipt of your FOIA request. VDH will respond to your request within the required five-working days of receiving it. "Day One" is considered the day after your request is received. The five-day period does not include weekends or holidays. **(WINTER WARNING: Unexpected closures may cause delays. Please check the website of the Local Health District or Office for more information).**

VDH may make reasonable charges not to exceed its actual cost incurred in accessing, duplicating, supplying, or searching for the requested records and shall make all reasonable efforts to supply the requested records at the lowest possible cost. VDH will provide a cost estimate in advance upon request.

Additional information on FOIA policy can be found [here](#).

Sincerely,

Virginia Department of Health

February 13, 2025, 1:43pm

Support Staff Added

Cristina Keener
February 13, 2025, 1:43pm (auto-assigned)

Staff Only

Request Visibility

Department-Only

Staff Only



Virginia Department of Health Public Record Requests

February 13, 2025, 1:43pm (auto-assigned)

Request Opened

Request received via web

February 13, 2025 by Robin R Whitman

Public

4

92-112-092

T & T SALES
(TRUMAN BOWEN)
FREEMAN, VA

No. 92-112-092

PERMIT

THIS PERMIT
EXPIRES ON



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

SEwage Disposal Operation

DATE OF ISSUE

February 22, 1993

OPERATOR: Truman Bowen
ADDRESS: T & T Sales
Rt. 1, Box 657 T
Freeman, VA

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the Brunswick County Health Department to operate a Sewage Disposal System

HEALTH OFFICIAL

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

SEP 6 1992

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner T-T Sales
Address Rt-1 Box 657-7
Freemason, VA
Phone _____
Location Rt-644 w to Rt-619 on left. Go to 621 on left
approx 3/4 mile on left

Tax Map ID _____
VDH Permit 92-112-092
WVCB Permit _____
WVCB ID _____
County Brunswick

* Well Data *

General Information

Drilling Method Boring
Depth to Bedrock N/A
Static Water Level 38'
Well Disinfected (Y or N) Y

Date Completed 6-8-92
Yield 5 (GPM)
Stabilized Water Level 50'
Disinfectant Used Clorox

Total Depth of Well 61'
Length of Test 30' min Boring
Natural Flow (Rate) N/A
Amount Used 1 gallon

Casing

From 72 to 59'
Size 2 1/2" Material Concrete
Weight/Schedule _____

From _____ to _____
Size _____ Material _____
Weight/Schedule _____

From _____ to _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack

From _____ to _____

From _____ to _____

From _____ to _____

Grout

From 0 to 20'
Bore Hole Size .30"
Type 1-1-2 cement
Method poured

From _____ to _____
Bore Hole Size _____
Type _____
Method _____

From _____ to _____
Bore Hole Size _____
Type _____
Method _____

Water Zones or Screened Intervals

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

* Use Data *

Private Well:
Public Well:

Domestic ✓
Community _____

Agricultural _____
Non Community _____
Industrial _____
Monitoring _____

h
Drillers Log
(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
0 - 16	Red clay	
16 - 33	light Red dirt	
33 - 61	light Brown dirt	

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Drilling
 Contractor Moseley and Nash Ent., Inc.
 Address P.O. Box 69
Ebony VA 23845
 Phone 804-636-5511

Drillers Signature A. M. Nash Date June 15, 1992
 Representing Moseley and Nash Ent., Inc.
 Virginia Contractors License Number 2701-020731

Appendix 6

Permit I.D. No. 92-112-092

Tag Sheet

	Initials	Date
Application Received:	JK	4-21-92
Application Reviewed:		
Fee Determination	DL	4-21-92
Assigned to:		
Site Visit Scheduled:		
Site Visit Made:		
Follow-up Visit:		
Follow-up Visit:		
Issue/Deny Drafted :		
Issue/Deny Reviewed:		
Issue/Deny Countersigned:		
Issue/Deny Mailed:	DL	5-4-92

1st. Notice 5-4-92

2nd. Notice 9-4-92

Called 3rd. Notice 1-22-92

Closed out 2-22-92



COMMONWEALTH of VIRGINIA

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

*Southside Health District
Brunswick, Halifax, Mecklenburg Counties,
and City of South Boston
September 4, 1992*

TELEPHONES:
LAWRENCEVILLE — 848-2525
SOUTH BOSTON — 572-2986
BOYDTON — 738-6545

T & T Sales
Rt. 1, Box 657-T
Freeman, VA

Dear Sir:

A recent review of our records revealed that we are missing important information about your well. The information is important to us, and it should be even more important to you. We are missing the results of a satisfactory bacteriological analysis on your well.

The most common forms of waterborne diseases usually associated with a group of organisms known as coliform bacteria. The Department requires that each new drinking water will test free of coliform bacteria. This is not a guarantee of a safe water supply forever, but it is a good assurance that your well, and the aquifer it taps, can supply you with water free of harmful bacteria.

If I don't hear from you within 30 days I will close out your file as incomplete. If you wish in the future you may submit a satisfactory bacteriological report and complete the file.

Should you need assistance feel free to call me at (804) 848-2525.

Sincerely,

SANITARIAN
Brunswick County Health Department

VDH

Sewage Disposal System Construction Permit

PAGE 1 OF 2Commonwealth of Virginia
Department of Health

Local Health

Health Department

Health Department

Identification Number 92-112-092

Map Reference

General Information	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Expanded <input type="checkbox"/> Conditional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> 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 <u>Todd T. 301/5</u> Telephone <u>549-7464</u> Address <u>Blvd. 659 T. Princeton, NC</u> For a Type <u>T</u> Sewage disposal system which is to be constructed on/at <u>Blvd. 659 to 644 R. to 619 L. to 621 L. about 300 ft. on L.</u> Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use <u>450</u>	
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>1C</u> cased <u>bottom</u> grouted <u>201</u>	G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>3"</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>1200</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
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>B</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>900</u> ; depth from ground surface to bottom of trench <u>48"</u> ; aggregate size <u>1/2"</u> . Trench bottom slope <u>2-3/4"</u> ; center to center spacing <u>6"</u> ; trench width <u>3"</u> . Depth of aggregate <u>13"</u> ; Trench length <u>75'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Date <u>8/5/92</u> Inspected and approved by: <u>Leeta Geigter</u> Sanitarian	

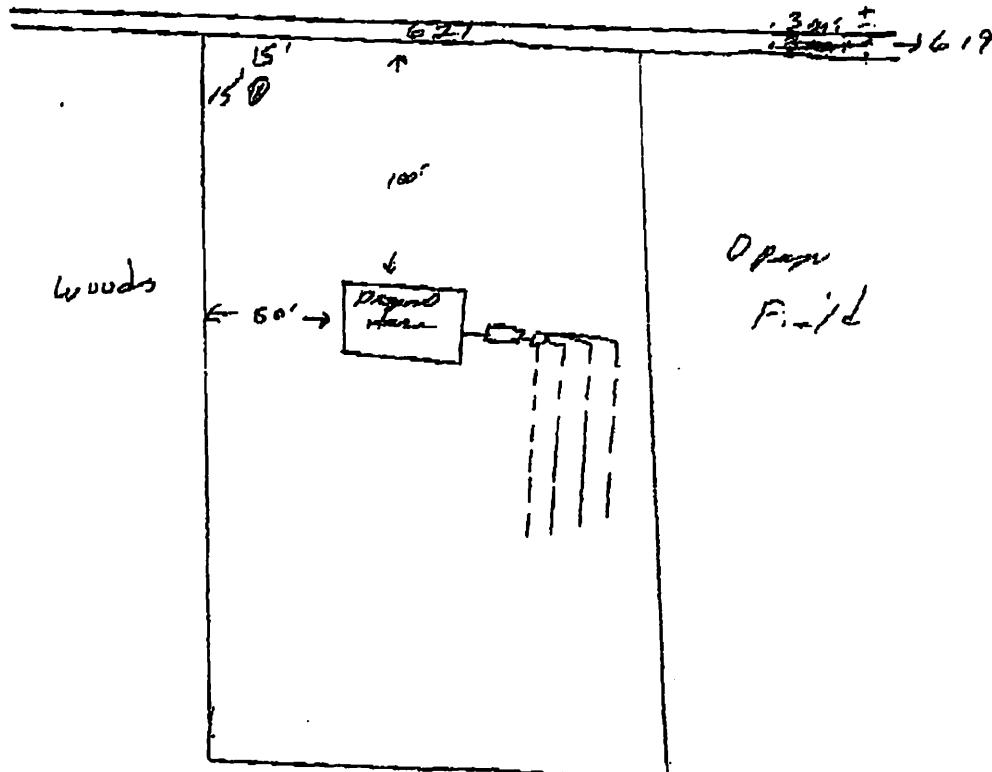
Health Department
Identification Number 92-112-092

Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

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.



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: 5-1-92 Issued by: John H. Smith Sanitarian

This Construction
Permit Valid until
11-3-92

Date: 5-1-92 Reviewed by: John H. Smith Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Date _____

Regional Sanitarian

C.H.S. 2020 Revised 6/64

B-2A

ORIGINAL

Date of Evaluation 4 30-9

**Profile Description
SOIL EVALUATION REPORT**

Health Department
Identification No. 92-112-092

Page 2 of 2

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e., sewage disposal systems, wells, etc., within 100 feet of site (See section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

See application sketch See construction permit See sketch on reverse side or page attached to this form.

See construction permit

See sketch on reverse side or page attached to this form.

Remarks

Sewage Disposal System Construction Permit

PAGE 1 OF 2Commonwealth of Virginia
Department of Health

Disease Control

Health Department

Health Department

Identification Number 92-112-092

Map Reference

General Information	
New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Expanded <input type="checkbox"/> Conditional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> 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 <u>Tom J. Salsbury</u> Telephone <u>549-7464</u> Address <u>81 Bay 657 Pocomoke</u> For a Type <u>I</u> Sewage disposal system which is to be constructed on/st <u>100 ft to well to 644 ft. to 619 L to 621 L about 300 ft. on lot</u> Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use <u>450</u>	
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>IC C</u> cased <u>bottom</u> grouted <u>20'</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments <u>6/8/92</u> G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>3"</u> 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 <u>1000</u> 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. If yes: _____ Gravity tanks: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>8</u> ports. <input type="checkbox"/> Other _____	Conveyance method: 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 <u>900</u> ; depth from ground surface to bottom of trench <u>48"</u> ; aggregate size <u>2-1/2"</u> ; Trench bottom slope <u>2-4%</u> ; center to center spacing <u>3'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>25'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Date _____ Inspected and approved by: <u>Sanitarian</u>	

Completion Statement

Commonwealth of Virginia
State Department of Health

SEP 5 1992

Health Department
Identification Number 92-112-092

Brussels County Health Department

Name of Company/Corporation/Individual: Moseley & Nash Ent Inc.

Address: P.O. Box 69- Ebony, Va. Telephone: 636-5511

Owner's Name T & T Sales

Owner's Address Rt 1 Box 657T - Freeman, Va.

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: 46 N to (L) on US#1 to (R) on 644 to (L) on 619
to (L) on 621, .3 mile on (L)

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5/1/92 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

8/5/92
Date

A. M. Nash
Signature and Title

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

\$15.00 4-21-92
N139972

Health Department

Identification Number 92-112-092
Map Reference _____

Brunswick County

Health Department

Date Received 4-21-92 a.m.

To Be Completed By The Applicant

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

Owner TFT S. 105
TRUMAN BOWEN Address Rt 1 Box 6577
FREEMAN, VA Phone 634-2509
949-7464

Agent _____ Address _____ Phone _____

Directions to Property 46 N 78 Rt 1 south 644 Right cross 285
619 LEFT 2 1/2 mi. 621 - left 1/4 mi. FRANKLIN BOWEN
949 7298

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 2 A

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 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: _____
 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.

Truman W. Bowen

Signature of owner/agent

4-21-92

Date

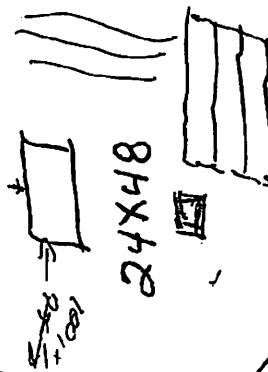
PPT Survey
2A

RUNSWICK COUNTY HEALTH DEPARTMENT

St Rd 621

Field

③ T
20'
100'



ROAD

COMMONWEALTH OF VIRGINIA
Department of Health

139712

Brunswick County

Health Department Date: 4-21-92

Received of: T. J. Sales

Seventy five + 00/00

Dollars \$ 75.00 CASH

For: _____ Local Use: _____ CHECK

Services Given For: Septic tank + well MONEY ORDER

Received By: Rosalie Jefferson

Codes	Amt.	Codes	Amt.
02116	\$ 50.00		\$
02119	\$ 25.00		\$
	\$		\$

ADM-1304 Rev. 4/90

Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 92-112-092
Tax Map Number _____

General Information

Date 4-30-92 _____ 15 mins _____ Health Department
Applicant T+T Sales _____ Telephone No. _____
Address _____
Owner _____ Address _____
Location 621 _____
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe _____

2. Slope 1% %

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 II III IV
No Estimated rate 35 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: R. Holton _____

Signature: _____

Department Use

Site Approved: Drainfield to be placed at 48 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 _____
