

# 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		NBGH-COMMERCIAL/IN					
FBDT-BRICK		FLOOR-VINYL		SCOD-2024-QUALIFY					
RFTM-COMP SHINGLE		WALL-DRYWALL		STRT-PAVED					
RFTY-CABLE				TOPO-LEVEL					
				UTIL-ELECTRIC					
				UTIL-SEPTIC SYSTEM					
				UTIL-WELL					
				+6-+					
				6DK6					
				+-----34-----+6-+-----42-----+					
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## Virginia Department of Health Public Record Requests

**Document(s) Released to Requester**

Requester + Staff

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

**Message to requester**

Requester + Staff

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

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

**Document(s) Added**

Staff Only

Request for 23197 Gov Harrison Pkwy.pdf

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

**Internal Department Assignment**

Staff Only

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

**Support Staff Added**

Staff Only

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

**New Point of Contact**

Staff Only

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

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**

Staff Only

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

**Request Visibility**

Staff Only

Department-Only



## Virginia Department of Health Public Record Requests

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

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**Request Opened**

Request received via web

February 13, 2025, 1:43pm by Robin R Whitman

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Public



T & T SALES  
(TRUMAN BOWEN)  
FREEMAN, VA

92-112-092



No. 92-112-092

# PERMIT

THIS PERMIT  
EXPIRES ON

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH

DATE OF ISSUE

Sewage Disposal Operation

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

Commonwealth of Virginia  
Uniform Water Well Completion Report

SEP 6 1992

Owner T+T Sales  
Address Rt-1 Box 657-T  
Freeman, 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  
VWCB Permit \_\_\_\_\_  
VWCB ID \_\_\_\_\_  
County Braunwick

\* 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 Bailing  
Natural Flow (Rate) N/A  
Amount Used 1 gallon

Casing

From +2' to 59'  
Size 24" 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 \_\_\_\_\_

**Drillers Log \***  
(Use additional sheets if necessary)

### Remarks

0-16	Red clay
16-33	light Red dirt
33-61	light Brown dirt

Virginia Contractors License Number 2701-020731

Appendix 6

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

Tag Sheet

	Initials	Date
Application Received:	<u>OK</u>	<u>4-21-92</u>
Application Reviewed:		
Fee Determination	<u>OK</u>	<u>4-21-92</u>
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:	<u>OK</u>	<u>5-4-92</u>

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

104

## Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia  
Department of Health

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>Lead T 58/105</u> Telephone <u>624-2509</u> Address <u>RL Apt 657 F Richmond</u> For a Type <u>T</u> Sewage disposal system which is to be constructed on/at <u>624 to 651 to 644 R to 649 619 L to 621 L about 3 mi. 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>T-6</u> cased <u>Bottom</u> grouted <u>20'</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>3/4"</u> ; Trench bottom slope <u>2.5" / 100'</u> ; center to center spacing <u>9'</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>C. L. L. L.</u> Sanitarian	







# Completion Statement

SEP 6 1992

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 92-112-092

Brunswick County Health Department

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

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

Owner's Name: T & T Sales

Owner's Address: RT 1 Box 657 T - 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.

Date

Signature and Title

# Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

For Department Use Only

Health Department

\$ 75.00 4-21-92  
N13972

Identification Number 92-112-092  
Map Reference

Brunswick County

Health Department

Date Received 4-21-92

## To Be Completed By The Applicant

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

Owner T & T Sales 634-2509  
TRUMAN BOWEN Address Rt 1 Box 657T Phone 949-7464  
EFFEMAN, VA

Agent Address Phone

Directions to Property 46 N to Rt 1 South 644 Right CROSS I 85  
619 LEFT 2 1/2 mi 621 - left 1/4 mi FRANKLIN BOWE  
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  
☒ Single Family ☐ Multifamily Number of Units Number of Bedrooms 3  
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 Installation: ☒ Septic tank and drainfield ☐ Other  
If other, describe

SITE Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and  
PLAN 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

FT Sides

2A

St Rd 621

Field

T  
as  
f--st

⊕



24x48

24X48



ROAD



COMMONWEALTH OF VIRGINIA  
Department of Health

139772

Brunswick County

Health Department Date: 4-21-92

Received of:

T. J. Sales

Twenty five +  $\frac{00}{100}$

Dollars \$ 25.00

CASH ☒

For:

Local Use:

CHECK ☐

Services Given For:

Septic tank + well

MONEY ORDER ☐

Received By:

Rosalee Jefferson

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

# 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 min 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 210 %  
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 34 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. H. H. H.  
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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_