



Rockingham-Harrisonburg Health Department
P. O. Box 26
Harrisonburg, Virginia 22803
(540) 574-5200 Voice
(540) 574-2831 Fax

Sewage Disposal System Operation Permit

Property Owner

Rowland W. & Donna B. Shank, Jr.
1580 College Avenue
Harrisonburg, VA 22802
Phone: (540)

Health Dept. ID: **182-13-0134**
Tax Map/GPIN: **52(A)136A**
Locality: **Rockingham**

Property Location

Property Address: 11180 Daphna Road
Broadway, VA 22815

Directions: east side Rt. 803 1 mile south of 259

Rowland W. & Donna B. Shank, Jr. is hereby granted permission to operate a **Residential Conventional Onsite Sewage System** at the above referenced location, under the following parameters:

Daily Flow: 450 gallons

Number of Bedrooms: 3

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

09/23/2014
Effective Date

Alan Howard
Environmental Health Specialist, Sr.


Signature



Rockingham-Harrisonburg Health Department
P. O. Box 26
Harrisonburg, Virginia 22803
(540) 574-5200 Voice
(540) 574-2831 Fax

Private Well Record of Inspection

Health Department ID Number: 182-13-0134

Tax Map/GPIN: 52(A)136A

Owner Name: Rowland W. & Donna B. Shank, Jr.

Owner Address: 1580 College Avenue
Harrisonburg, VA 22802

Private Well Facility Information

Property Address: 11180 Daphna Road

County: Rockingham

Well Driller: Williams

Date construction started: July 8, 2013

Subdivision:

Section Block Lot

Well Class: Class IIIC

Water Well Completion Report Received: Yes

Location Information

Building Sewer: 50 feet

Pretreatment Unit: 50 feet

Conveyance System: 50 feet

Comments:

Soil Absorption System: 100 feet

Property Line: feet

Construction Information

Total depth of well: 900 feet

Type of casing: Heavy Duty Iron

Depth of casing: 42 feet

Diameter of casing: 6 inches

Casing extends: 12 in. above ground

Annular Space: sealed with neat cement to a depth of 20 feet, Poured from Surface

Comments:

Pitless adapter used: Yes

Type of Well Seal: Well cap

Quantity & Quality

Yield and drawdown determined by continuous pumping of 4 hours

Yield: 5 gpm

Sample collected: Yes

Result of samples: Satisfactory

Date of Sample: September 15, 2014

Type of storage: Pressure

Comments:

Satisfactory Construction: Yes on June 9, 2014

Well Approved for Use: Yes on September 23, 2014

Signed September 23, 2014

Sep. 12. 2014 4:36PM



May Supply Company
1775 Erickson Avenue
Harrisonburg, VA
22801

Phone: (540) 433-2611
Fax: (540) 433-8838

STATE CERTIFIED IN BACTERIAL ANALYSIS OF DRINKING WATER

David Drumheller - Lab Supervisor

VA Lab ID # 00206

Order Number: 01-00414984		SAMPLE COLLECTION INFORMATION*			
SAMPLE OWNER INFORMATION*		Date: 09.11.14	Time: 2:30 PM	Collected by: Mike Wean	CI Residual: mg/l
Name: Donna Shank		CHAIN OF CUSTODY*			
Street Address: 1580 College Ave		Relinquished by: Lmw	Received by: SSO	Date: 9.11.14	Time: 3:41 PM
City: Harrisonburg	State: Va	Zip: 22802	Relinquished by:	Received by:	Date: Time: AM/PM
Phone: (717) 940-9350		Fax: (optional) () -		Relinquished by:	Received by: Date: Time: AM/PM
SAMPLE COLLECTION LOCATION*		TEST(S) REQUESTED*			
Street Address or Legal Description: Daphna Road		<input checked="" type="checkbox"/> Bacteria - Sample must be collected in IDEXX 100 mL bottle <input type="checkbox"/> Standard Chemical Analysis - any clean bottle acceptable <input type="checkbox"/> Other:			
Zip: 22815	County: Rockingham Co.				
Does this well serve the public? Yes No					
If yes, PWSID #:		LABORATORY RESULTS			
WELL CONSTRUCTION		Colisure - Presence / Absence Method (SM 9223)			
Date Constructed: 2014	Permit #: 182130134	<input checked="" type="checkbox"/> Safe (Coliform Absent)			
Tax ID #: 52-A-L-136A		<input type="checkbox"/> Unsafe (Total Coliform)			
Construction Method: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Other:		<input type="checkbox"/> Unsafe (E. coli)			
SAMPLER INFORMATION		<input type="checkbox"/> Invalid (Submit another sample)			
Company: Jackson Water Systems	Contact: Mike Wean	Chemical Analysis			
Street Address: 186 Charles St.		Hardness: _____ gpg			
City: Harrisonburg	State: Va	TDS: _____ mg/l			
Phone: (540) 434-1565		Iron: _____ mg/l			
Fax: (540) 434-1654		Manganese: _____ mg/l			
COMMENTS / ADDITIONAL INFORMATION Fax Copy To Health Department If Safe (Rockingham)		Nitrates: _____ mg/l			
		pH: _____			
		Other: _____			
		Other: _____			
CI Res @ Lab: 0		Lab Use Only		1 2 3 F: 5	
Test Rec'd Date: 9-11-14 Time: 3:00 PM		Initial Date: 9-11-14 Time: 4:00 PM		Test Start Date: 9-11-14 Time: 4:00 PM	
Test Read Date: 9-12-14 Time: 4:00 PM		Initial Date: 9-12-14 Time: 4:00 PM		Test Disposal Date: 9-12-14 Time: 4:00 PM	

* Indicates required field

Commonwealth of Virginia Uniform Water Well Completion Report

Owner: Rowland W. & Donna B. Shank Jr.Address: 1580 College AvenueHarrisonburg, Va. 22802Phone: Ph: 717-940-3019 or 717-940-9350Location: From Harrisonburg, Va., RT. 42 North For Approx. 10 Miles,Right on RT. 809 For approx. 1 1/2 miles, AT (T) Turn Left For on RT. 903approx. 1 mile, Right on Private Driveway, Follow Drive To Topof Steep hill where Tower is.Tax Map ID 52(A) 136AVDH Permit 182-13-0134

VWCB Permit _____

VWCB ID _____

County Rockingham

* Well Data *

General Information

Drilling Method Rotary CairDepth to Bedrock Basically 8 FT.Static Water Level 175 FTWell Disinfected (Y or N) yesDate Completed July 8, 2013Yield 5 GPM (GMP)Stabilized Water Level 200'Disinfectant Used ChlorineTotal Depth of Well 900'Length of Test 4 hrsNatural Flow (Rate) 5 GPM

Amount Used _____

Casing

From 0' To 42'Size 6 5/8" O.D. Material Black SteelWeight/Schedule 13 1/2 lbs per Ft.188 Wall

From _____ To _____

Size _____ Material _____

Weight/Schedule _____

From _____ To _____

Size _____ Material _____

Weight/Schedule _____

Gravel Pack

From _____ To None

From _____ To _____

From _____ To _____

Grout

From 0' To 20 FTBore Hole Size 10" Reamed holeType 1/3 yd Pure Cement Well GroutMethod Pour from Cement Truck

From _____ To _____

Bore Hole Size 6 1/8" drilled holeType below Casing

Method _____

From _____ To _____

Bore Hole Size _____

Type _____

Method _____

Put New Bit On.

Water Zones or Screened Intervals

From _____ To _____

Mesh Size _____ Diam _____

From _____ To _____

Mesh Size _____ Diam _____

From 200' To 200' 1"

Mesh Size _____ Diam _____

From 575' To 575' 2"

Mesh Size _____ Diam _____

From 830' To 830' 2"

Mesh Size _____ Diam _____

From _____ To _____

Mesh Size _____ Diam _____

* Use Data *

Private Well:

Public Well:

Domestic ☒ Agricultural _____ Industrial _____ Monitoring _____

Community _____ Non-community _____

* Abandonment Information *

Bored or Dug Wells

Casing Removed, Y or N? _____

If Y, Depth to which casing was removed: _____

Depth and Type of Fill: _____

Source of Fill _____

Bentonite Plugs: From _____ to _____ From _____ to _____

Method of permanently marking location: _____

Wells other than Bored Wells

Casing removed, Y or N? _____

Depth to which casing was removed: _____

Applicable, depth(s), and type of gravel/sand fill: _____

Source of gravel or sand: _____

Cement: From _____ to _____ From _____ to _____

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 182-13-0134
Harrisonburg Rockingham Health Department

Name of Company/Corporation/Individual: Good's Services LLC

Address: 2107 Silver Lake Rd Dayton VA 22821 Telephone: (540) 679-3149

Owner's Name Rowland Shank & Donna Shank

Owner's Address 1580 College Avenue Harrisonburg VA

Location of Installation: Lot _____ Block _____

Section _____ Subdivision: _____

Other: TM # 52 (A) 136A

I Hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 6/26/13 and is compliance with Part D of the Sewage Handling and Disposal Regulation and when appropriate the plans and specifications of the project.

6/9/14 Date

[Signature] Signature and Title

EZflow by Infiltrator As-Built Plan

☐ The information required has been drawn on the attached copy of the sketch submitted with the application.

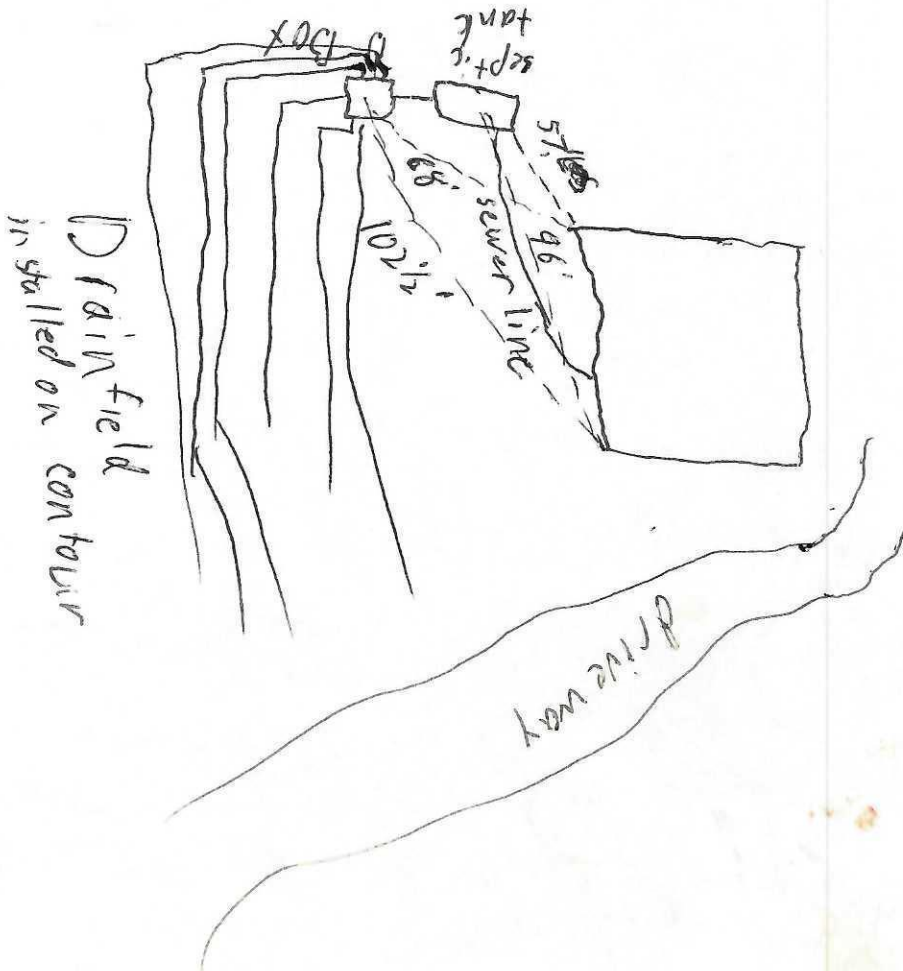


Health Department

Identification Number 182-13-014

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, and existing and/or proposed structures including sewage disposal systems and wells within 200 feet of sewage disposal system and reserve area. The scale of the 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 then show all sources of pollution within 200 feet.

Schematic Drawing of sewage disposal system and topographic features



not to scale

EZflow Design Layout Information

Configuration Type	Rating	Spacing (on center)
1203H	Varies per GMP	9 ft
1203T	See Instructions	9 ft
1402H	" "	9 ft
1202H	" "	6 ft

Notes: Bundles available with (GEO) or without fabric and available in 5 or 10 ft lengths.

System Notes:

Type of Configuration: 1203H - GEO
(specify GEO is installed)

System Sizing (circle one): GMP#116 GMP#127 GMP#127

Trench Length: 90 Number of Trenches: 6



STATE OF VIRGINIA

WARRANTY, NOTICE OF SUBSTITUTION and WAIVER OF LIABILITY (AOSE)

County/City of Rockingham Sewage Disposal System Construction Permit ID # 182-13-0134
Tax Map # 52A132A or Property Description _____
Owner Daphna Rd Donna Shauk Date 6-9-14

LIMITED FIVE YEAR WARRANTY

- a) EZflow, L.P. warrants that the EZflow EPS Aggregate System manufactured by EZflow, L.P., when installed and operated in accordance with the manufacturer's instructions and the current Virginia Department of Health GMP #116, Use of Gravelless Systems Manufacturer's Specifications, and pursuant to all necessary building permits, are warranted for a period of five (5) years from the date of installation (i) to be free from defective materials and workmanship, and (ii) to perform in accordance with the state performance requirements in effect on the date of installation. This warranty extends only to the property owner. For purposes of this warranty, the EZflow EPS Aggregate System must be installed in accordance with all site conditions specified in the Local Health Department Construction Permit and sized according to the Company's specification.
- b) System failures determined to be due to improper siting, excessive water usage, improper grease disposal, improper installation, improper operation, or improper maintenance are not part of this warranty.

Upon notification of a system failure, EZflow, L.P. may, at its option, perform or have performed certain tests to determine the cause of failure. A registered soil scientist or professional engineer may be used to evaluate the soil conditions and compare those conditions with any original evaluation, which may appear on the permit.

In order to exercise these warranty rights, the property owner must notify EZflow, L.P. in writing at its corporate headquarters within 15 days of discovery of the alleged defect. The notice shall be accompanied by (i) a copy of the warranty which is signed and dated by the installer and the property owner as set forth below, (ii) a copy of the appropriate permit for the septic system, and (iii) proof to EZflow, L.P.'s satisfaction that the septic tank has been maintained in accordance with EZflow, L.P.'s operating instructions. In the event of breach of warranty due to a failure of the trench, EZflow, L.P. will provide and install EZflow EPS Aggregate System units as necessary to extend the size of the trench to provide a fully functional wastewater system. EZflow, L.P. will not be responsible for pumps and any other necessary mechanical devices needed to extend the trench.

- c) THE WARRANTY IN SUBPARAGRAPH (a) AND THE REMEDIES IN SUBPARAGRAPH (b) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE SHALL NOT EXTEND BEYOND THE PERIOD IN SUBPARAGRAPH (a). THE WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL, OR INDIRECT DAMAGES. EZFLOW, L.P. SHALL NOT BE LIABLE FOR PENALTIES OR LIQUIDATED DAMAGES, LOSS OF PRODUCTION AND PROFITS, LABOR AND MATERIALS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE. SPECIFICALLY EXCLUDED ARE DAMAGE DUE TO ORDINARY WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE, OR NEGLIGENCE. THE UNITS BEING SUBJECTED TO STRESSES OR VEHICLE TRAFFIC GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS OR OPERATION INSTRUCTIONS, FAILURE TO MAINTAIN THE MINIMUM GROUND COVERS SET FORTH IN THE OPERATION INSTRUCTIONS, THE PLACEMENT OF IMPROPER MATERIALS INTO THE SYSTEM, OR ANY OTHER EVENT NOT CAUSED BY EZFLOW, L.P. THIS WARRANTY SHALL BE VOID IF THE PROPERTY OWNER FAILS TO COMPLY WITH ALL OF THE TERMS SET FORTH IN SUBPARAGRAPH (b).

FURTHERMORE, IN NO EVENT SHALL EZFLOW, L.P. BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE PROPERTY OWNER, THE UNITS, OR ANY THIRD PARTY RESULTING FROM THE INSTALLATION OR SHIPMENT OF THE UNITS, OR FROM ANY PRODUCT LIABILITY CLAIMS OF THE ORIGINAL PROPERTY OWNER OR ANY THIRD PARTY. EZFLOW, L.P. SHALL NOT BE RESPONSIBLE FOR ENSURING THAT INSTALLATION OF THE SYSTEM IS COMPLETED IN ACCORDANCE WITH ALL APPLICABLE LAWS, CODES, RULES, AND REGULATIONS.

- d) No representative of EZflow, L.P. has the authority to change this warranty in any manner whatsoever, or to extend this warranty. No warranty applies to any party other than to the property owner.

NOTICE OF SUBSTITUTION
(WHERE AN AOSE OR PE SPECIFIES A SUBSTITUTED SYSTEM)

This is to notify the Virginia Department of Health ("VDH") that an EZflow EPS Aggregate System -- MODEL 103HAG-EO ("Substituted System") will be substituted for a gravel-type drainfield system.

I understand that the Substituted System is not the system that would be designed by the _____ County/City Health Department. The Substituted System, however, is authorized for use in the Commonwealth of Virginia pursuant to VDH's Guidance Memoranda and Policy (GMP) #116. I further understand that the Substituted System is covered by a manufacturer's warranty and that such a warranty is not available for the system that would be prescribed by VDH.

I understand that, regardless of whether the Substituted System or the gravel-type drainfield system is installed, the Commonwealth of Virginia requires that the owner maintain and preserve the entire approved absorption area (including reserve area where applicable) that was required by the permit. This condition is intended to assure that any absorption area that is not used will be available in the future should it become necessary to repair or replace the system. I hereby agree that I will maintain and preserve the entire absorption area as required.

WAIVER

As OWNER of the property described above and subject to the exception described below, I hereby release and agree to hold harmless the Virginia Department of Health and the Commonwealth of Virginia, including, without limitation, any and all of its agencies, boards, and commissions, their insurers(s), officers, directors, employees, representatives, and agents (hereafter referred to as the "COMMONWEALTH OF VIRGINIA"), from any and all claims, complaints, demands, actions, causes of action, liabilities and obligations, of whatever source or nature, whether administrative, legal or equitable, whether known or unknown, which the OWNER now has or has in the future relating to or arising out of the installation of the Substituted System including, without limitation, any and all claims due to the failure of any person to comply with federal, state, or local laws or regulations, claims under the Virginia Tort Claims Act, the Virginia Constitution, the United States Constitution and amendments thereto, or under common law.

I understand that the COMMONWEALTH OF VIRGINIA does not warrant in any way the performance of any system and that the manufacturer's warranty is the sole remedy available to me with respect to any performance deficiency associated with a Substituted System. Furthermore, I agree to first seek and exhaust any and all remedies under the manufacturer's warranty before applying for indemnification under the Onsite Sewage Indemnification Fund.

EXCEPTION--Onsite Sewage Indemnification Fund: I do not release the COMMONWEALTH OF VIRGINIA from any liabilities, claims, or causes of action provided under §32.1-164.1 of the Code of Virginia (Onsite Sewage Indemnification Fund). I acknowledge and affirm that the Onsite Sewage Indemnification Fund shall be the sole remedy for failure of the Substituted System where such failure results from negligence on the part of VDH. I also acknowledge and affirm that the Virginia Department of Health's authorization of the Substituted System pursuant to GMP #116 shall not constitute an act of negligence pursuant to §32.1-164.1 of the Code of Virginia.

This agreement shall be binding upon all subsequent owners of this property including any and all HEIRS, SUCCESSORS, and ASSIGNS.

ACKNOWLEDGEMENT

I acknowledge that I have read this WARRANTY, NOTICE OF SUBSTITUTION, and WAIVER and that I understand their terms. I also understand that there is no warranty if I do not comply with all of the above steps or if the system is not installed or maintained properly. I acknowledge to EZflow, L.P. that this warranty is part of my original agreement to purchase the septic system and that the warranty and its limitations were provided to me at the time of purchase.

<u>Daphna Rd</u> Address of Installation (Street)	<u>Donna B. Shauk</u> Name of Property Owner (print)
<u>Rockingham</u> (City)	<u>1530 College Ave Harrisonburg VA</u> Address of Property Owner
<u>7611 52A132A</u> (Subdivision Name)	<u>Donna B. Shauk</u> Property Owner Signature
(Lot #)	Date

I acknowledge to EZflow, L.P. and the homeowner that the septic system and the EZflow EPS Aggregate System units have been installed in accordance with GMP #116, the installation instructions of EZflow, L.P. and in accordance with all state trench requirements and other applicable laws.

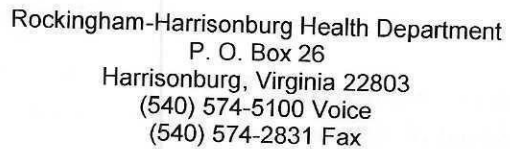
<u>Chris Surranas LLC</u> Business Name of Installer	<u>Daniel G. Gail</u> Name (print)
<u>2003 Silver Lake Rd</u> Address of Installer (Street/P.O. Box)	<u>Rockingham</u> (City)
<u>540-870-3144</u> Phone	<u>VA</u> (State)
<u>Chris Surranas</u> Signature	<u>7611</u> (Zip)
	Date <u>6/9/14</u>

This warranty is provided in triplicate. One copy shall go to EZflow, L.P., one to the local health department, and one to the system owner.

Write EZflow, L.P., 6 Business Park Road, Old Saybrook, CT 06475

(800) 689-7759

EZ021009AG-0



Owner Information Rowland W. & Donna B. Shank, Jr. 1580 College Avenue Harrisonburg, VA 22802 Phone: (540)		This Permit is NOT Transferable to another Owner or Location HDID #: 182-13-0134	
Location Information Tax Map: 52(A)136A Property Address: Daphna Road Directions: east side Rt. 803 1 mile south of 259		Rockingham Subdivision: Section - Block - Lot	
General Information Type of Property: Residential		Daily Flow: 450 gallons Bedrooms: 3	
Sewer Line See also 12VAC 5-610-720 through 770; Min ID 3" Sewer Line; Diameter: 4 in; Material: Sch 40 Plastic;		Distribution Information See also 12 VAC 5-610-920 & 930 Method: Distribution Box Material: Concrete Box Number of Ports:	
Conveyance Line/Force Main Information See also 12 VAC 5-610-860 through 880 Conveyance; Method: Gravity; Line Diameter: 4 in; Grade: 6"/100' min.;		Header Line Information See also 12 VAC 5-610-930.D Material: Smooth-bore plastic Minimum Slope: 2" per 100'	
Septic Tank - Inlet Outlet Structure See also 12 VAC 5-610-810, 815, 817, & 820 Septic Tank Number: Material: Concrete (pre-cast) Volume: 1000 Septic Tank Design Details: Septic Tank; Tank Purpose: Septic Tank; Volume: 1000 gal; Material: Concrete (pre-cast); Inspection Port: Yes; The inlet structure shall be one to two inches higher than the outlet structure and shall extend six to eight inches below and eight to ten inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and eight to ten 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 See also 12 VAC 5-610-930.E & 950.E Trench Dispersal Area (total): 2100 sq feet sq ft Percolation Lines: 4 in diameter Depth of Aggregate: 13" Size: 0.5-1.5' in diam. Slope: 2-4 inches per 100 ft Number of Laterals (Set 1): 7 Lateral Length: 100 ft, Trench Width: 3 ft Center to Center Spacing: 10 ft Installation Depth: 30 inches	
Artificial Drainage			

This Permit has been issued in accordance with applicable regulations based on the information and materials provided at the time of application. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this onsite sewage system. The owner is responsible at all times for complying with all applicable local, state, and federal laws and regulations.

Construction Drawing

Owner Information

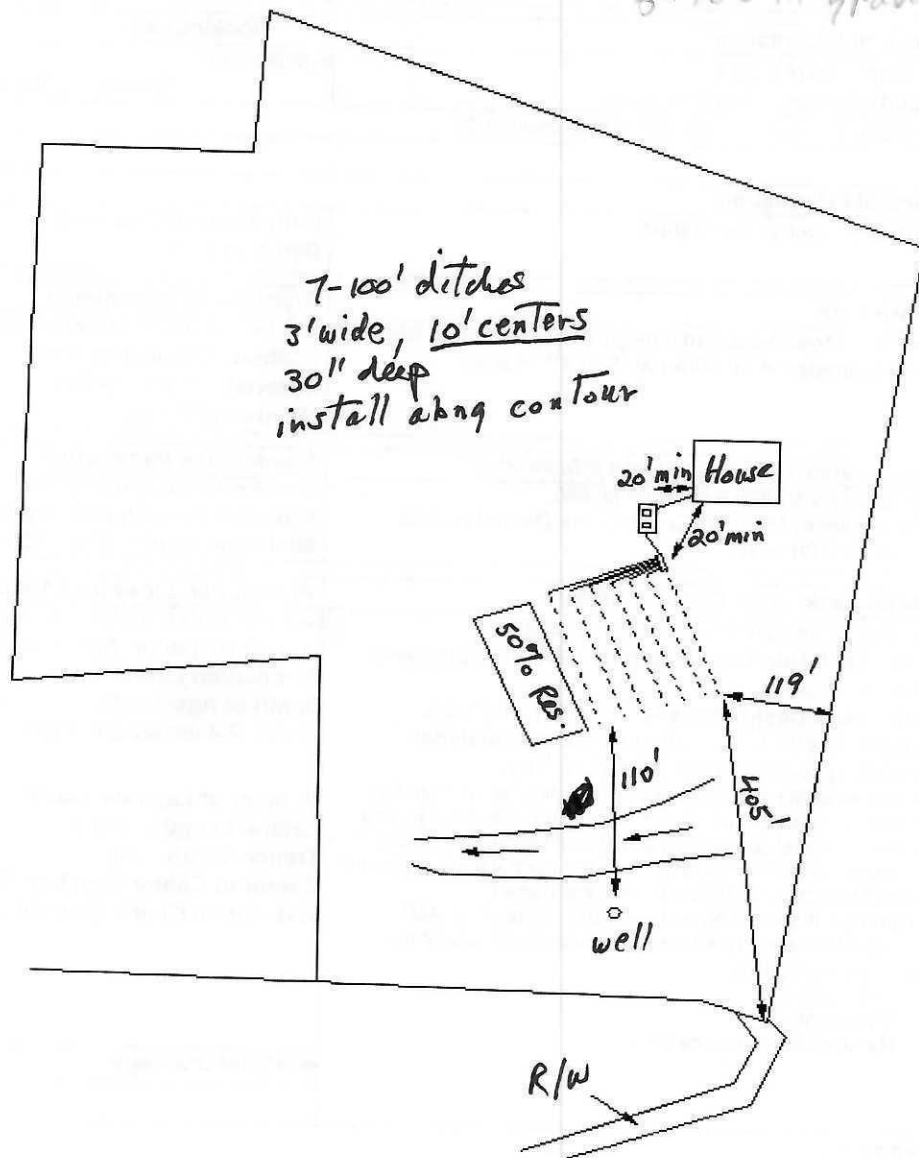
Rowland W. & Donna B. Shank, Jr.
1580 College Avenue
Harrisonburg, VA 22802

Phone: (540)
HDID #: 182-13-0134

Construction Drawing

This Permit is NOT Transferable to another Owner or Location

- This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or permit.



part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection is 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 unnecessary, upon direction of the Department or the system designer.

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

Alan Howard

Alan Howard
Environmental Health Specialist, Sr.

6/26/13

Issue Date

12/26/14

Expiration Date



Rockingham-Harrisonburg Health Department
P. O. Box 26
Harrisonburg, Virginia 22803
(540) 574-5100 Voice
(540) 574-2831 Fax

Private Well Construction Permit
Health Department ID Number: 182-13-0134

Owner Information			
Rowland W. & Donna B. Shank, Jr.		Phone: (540)	
1580 College Avenue			
Harrisonburg, VA 22802			
Location Information			
Directions: east side Rt. 803 1 mile south of 259			
Property Address:	Daphna Road	Tax Map:	52(A)136A
County:	Rockingham	GPIN:	
Subdivision Name:			
Section - Block - Lot -			
General Information			
Well Class:	Minimum Casing Depth:	Minimum Grout Depth:	
Class IIIC	20	20	

Comments:

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations*, 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

DIVISION OF THE LOWLAND W. & AUDREY B. SHANK LAND PLANS THEISTEAL DISTRICT ROCKWORTH COUNTY, VIRGINIA

THE 19.272 ACRES PARCEL &
 THE 3.097 ACRES PARCEL MAKE
 UP ALL OF THE PARCELS #
 52-A-136 & 52-A-135A. THEY
 ARE ZONED A2.

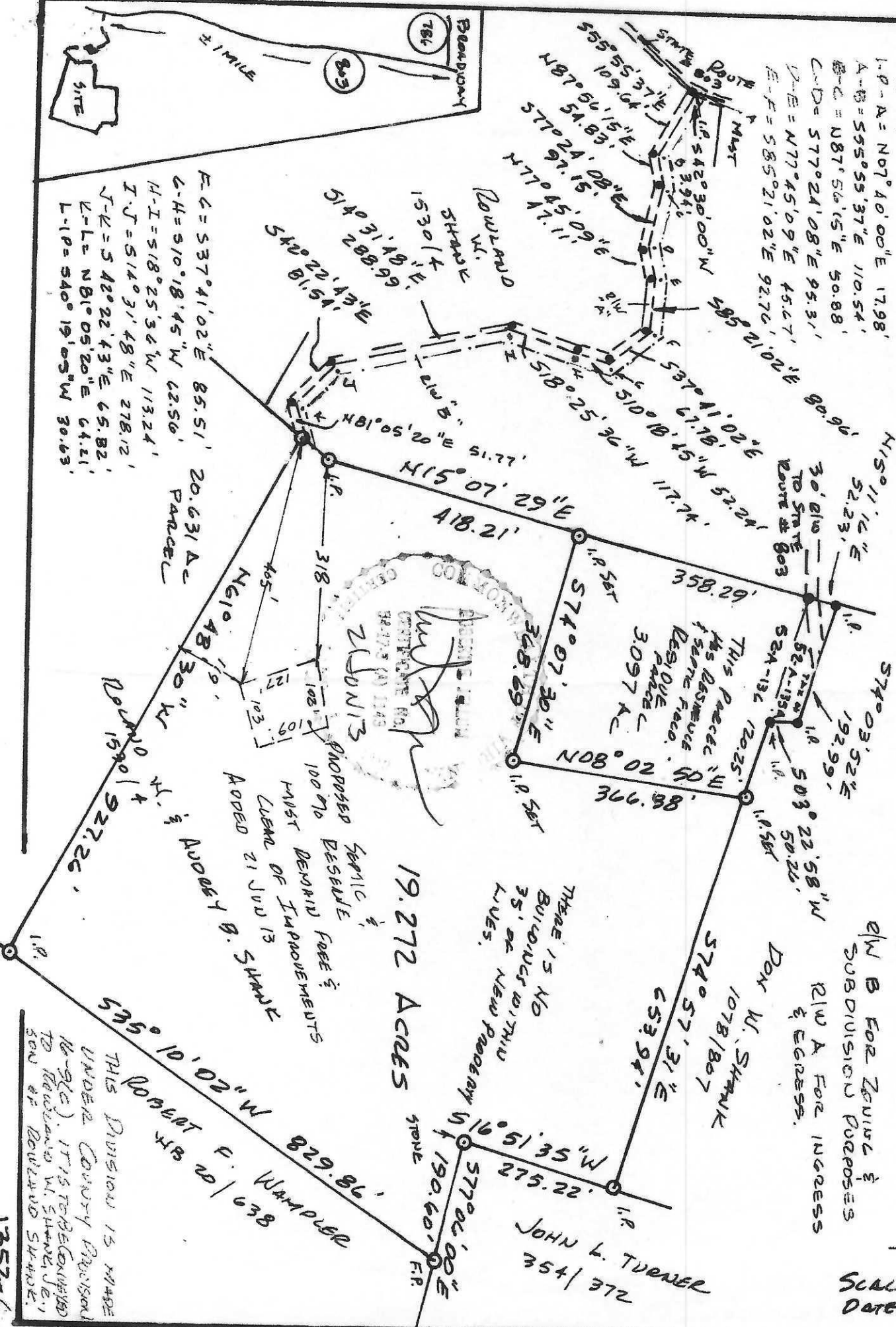
ELW B FOR ZONING &
 SUBDIVISION PURPOSES

R/W A FOR INGRESS
 & EGRESS.

DON W. SHANK
 1078/807

JOHN L. TURNER
 354/372

SCALE: 1" = 200'
 DATE: 26 JUN 98



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

Health Department ID

182-13-0134

To Be Completed By The Applicant

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

CoOwner Rowland W Shank Jr
Donna B Shank

Address 1580 College Ave Phone 717.940.5019
Harrisonburg VA 22802

Address - same Phone 717.940.9350

E side 803
1 mile S
of 259

Directions of Property RT 42 N. Right on Zion Church Rd. Left on Daphna Rd.
1 mile to gravel take on Right. Red locking farm gate across lane.

Subdivision NA Section _____ Block _____ Lot _____

Other Property Identification steep lane to property - property with a steep hill also

Dimension/size of Lot/Property 19.27 acres Tax map: 52-(A)-L136A Zoned: A2

No division 6/3/12 KS

Other Application Information

I. Building/facility
Intermittent Use



☒ New
☐ Yes

☒ Existing

No If yes, describe _____

II. Residential Use
Termite Treatment

☒ Yes
☐ Yes

☐ No
☒ No

☒ Single Family
(Number of Bedrooms 3) (Number of Units _____)

☐ Multi-family

Basement
Fixtures in Basement

☒ Yes
☒ Yes

☐ No
☐ 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
☒ Private

☐ New
☒ New

☐ Existing
☐ Existing

Describe: Drilling a well on the property

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ☒ Septic Tank Drainfield (conventional system) 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.

Rowland W. Shank Jr. Donna B Shank
Signature of Owner/Agent

05/30/2013
Date

CENTRAL SHENANDOAH HEALTH DISTRICT
Augusta-Staunton-Waynesboro 332-7830, Bath 839-7246, Highland 468-2270,
Rockingham-Harrisonburg 574-5200, Rockbridge-Lexington-Buena Vista 463-3185

PLEASE READ CAREFULLY, SIGN AND SUBMIT WITH SEWAGE DISPOSAL/PRIVATE WELL APPLICATION
To receive a sewage disposal and/or well permit or certification letter, please complete the following before returning to the local health department with your payment fee: (1) **application**, (2) **site sketch** (See requirements listed on bottom of application) and this (3) **information page**. The **owner's name** on the application should match the name **currently on the deed**. The prospective buyer or agent's name should be identified on the agent line. The **fee payment check** **should be made out to the local health department** where it's being submitted with the social security number of the **person paying on the check**. The **completed application, site sketch of the property, information page and payment check** may be returned to the receptionist's window or by mail.

FEES EFFECTIVE JULY 1, 2010

Certification Letter	\$350	(Augusta County \$470)
Sewage Permit Application	\$425	(Augusta County \$545)
Sewage Permit & Well	\$725	(Augusta County \$845)
Well Permit	\$300	(Augusta County \$300)
OSE/PE Certification Letter	\$320	(Augusta County \$440)
OSE/PE Sewage Permit	\$225	(Augusta County \$345)
OSE/PE Sewage & Well Permit	\$525	(Augusta County \$645)
Note: We will NOT charge well fees on Certification Letters		
Sewage Permit Or Cert Letter >1000 GPD	\$1400	(Augusta County \$1520)
Sewage & Well Permit > 1000 GPD	\$1700	(Augusta County \$1820)

IN ACCORDANCE WITH § 32.1-164.1:1 OF THE CODE OF VIRGINIA, OWNERS ARE ADVISED TO APPLY FOR SEWAGE DISPOSAL CONSTRUCTION PERMIT ONLY WHEN READY TO BEGIN CONSTRUCTION.

Certification Letters can be issued when owner is not ready to build within 18 months. There is **no expiration** time limit and they are **transferable** with the title to the property. However, the certification letters **must be notarized and have the drainfield(s) located by surveyed plat prior to issuance**. After 18 months, permit fees are required to convert the letter into a construction permit.

Construction Permits have an expiration time limit of 18 months and are **not transferable**.

APPLICATION STATUS:

- Check one: ☒ I intend to build within the next 18 months and am applying for a construction permit.
--- I do not intend to build within the next 18 months and am applying for a certification letter.
- Check one: ☒ This application is for my principal place of residence.
--- This application is not for my principal place of residence.

Mail or return with payment to: Rockingham-Harrisonburg Health Dept., Env. Health Office
PO Box 26, Harrisonburg, Va 22803

Before your appointment date you must complete the following steps:

- Mark property lines and/or proposed property; lines clearly with either flagging, stakes and/or cut lines.
- Mark the house site clearly with either flagging or stakes.
- Clear the property enough that the topography and contour of the land can be determined.

NOTE: THE ENVIRONMENTAL HEALTH SPECIALIST CANNOT CONDUCT AN EVALUATION IF YOU FAIL TO COMPLETE THE ABOVE STEPS. NO EXCEPTIONS.

APPOINTMENT: After the application has been submitted and the above steps completed, **call the Environmental Health Specialist (EHS) at the local health department.** (8 - 9 AM and 4 - 4:30 PM, Weekdays)

After all site work has been completed, a construction permit or certification letter will be issued if acceptable site is found. (Note: There are additional requirements for **Alternative Onsite Sewage Systems**.) If the application must be denied or if additional information and time is required, you will be notified.

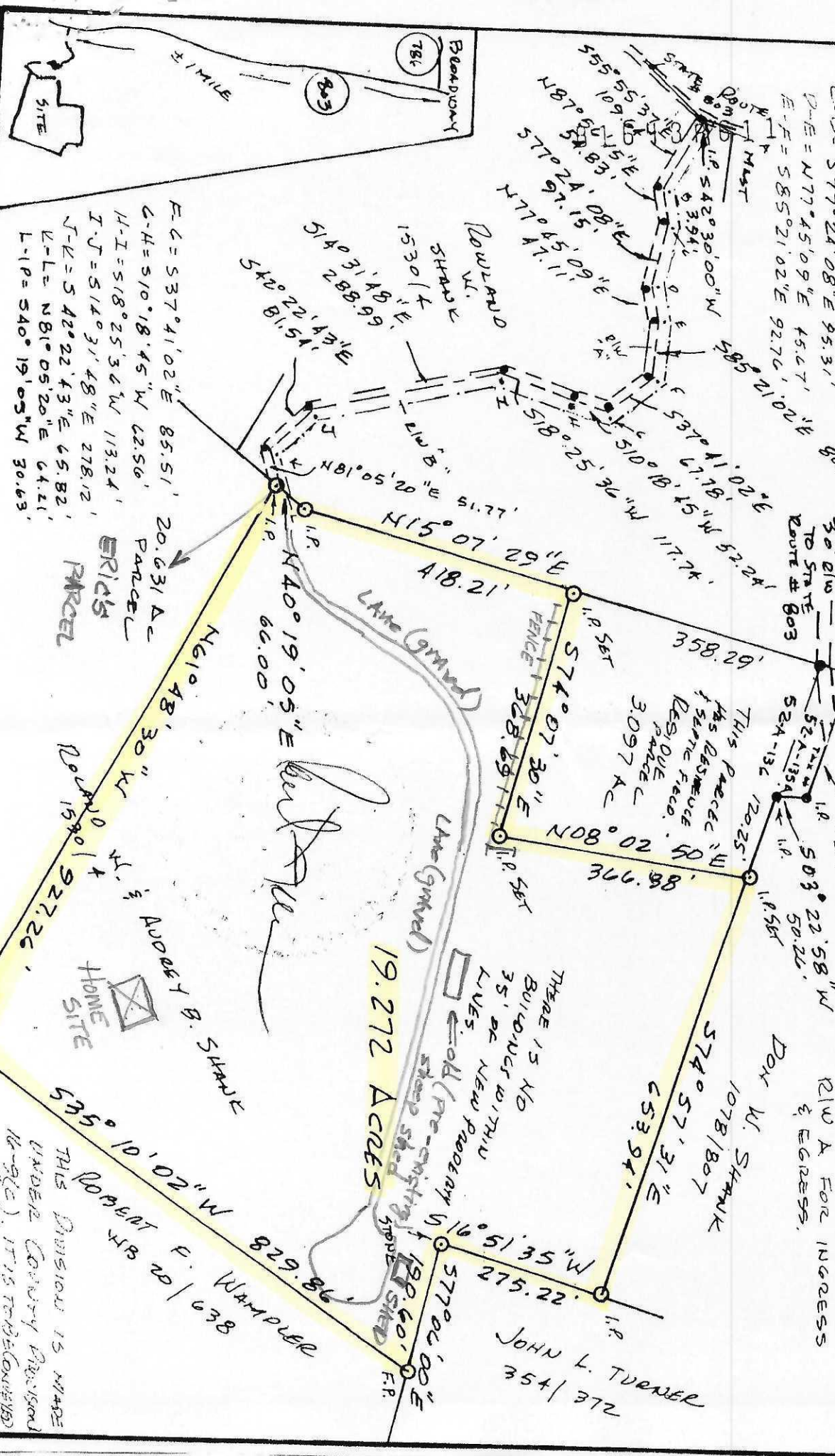
Rowland & Donna Shank *(Rowland Shank)* *Donna Shank* 05/30/2013
Print owner/agent name Signature Date

DIVISION OF THE ROWLAND W. & AUDREY B. SHANK LAND PLANS MAGISTERIAL DISTRICT ROCKINGHAM COUNTY, VIRGINIA

THE 19.272 ACRE PARCEL &
THE 3.097 ACRE PARCEL MAKE
UP ALL OF TAX PARCELS #
52-A-13C & 52-A-135A. THEY
ARE ZONED A2.

Q/W B FOR ZONING &
SUBDIVISION PURPOSES

SCALE: 1"=200'
DATE: 26 JUN 98



CENTRAL SHENANDOAH HEALTH DISTRICT
Augusta-Bath-Buena Vista-Harrisonburg-Highland-Lexington-Rockbridge-Rockingham-Staunton-Waynesboro

Health Department ID: 182-13-0134

Tax Map #: 52(A)136A

Subdivision:

Date: 06/26/2013

Rowland + Donna Shank

To: (owner/agent)

A Sewage Disposal and/or Water Supply System Construction Permit issued by the local health department (LHD) is attached to this notice. The **owner or agent must submit the following documents**, as required in the Sewage Handling and Disposal Regulations and/or Private Well Regulations, to the local health department so a Sewage Disposal Operation Permit and/or Water Inspection Statement can be issued **to verify approval**.

The **Health Department I.D. # and Tax Map # as shown above must appear on all documents** in order to match information with the sewage disposal and/or water supply permit. Without these numbers, your file cannot be completed. If the property is sold prior to the sewage system installation, a new application **and** associated fees are required at your LHD for a permit name change because sewage disposal **permits are non-transferable**.

The owner/agent is responsible for submittal of the following documents to the local health department:

Sewage Disposal System

need 9-19-14 ☒ **Completion Statement** (Form CHS-203) from the installation **contractor** certifying the sewage disposal system has been installed and completed in accordance with the construction permit and in compliance with the above Regulations.

☐ **Completion Statement** is also required from the design **engineer** when the system installed required engineered plans and specifications from a licensed professional engineer.

need 9-19-14 ☒ 911 Address for Property *11180 Alpha Rd, Bway*

Water Supply

need 8-19-13 ☒ **Water Well Completion Report** from the well drilling contractor with construction and well yield data.

need 1-15-14 ☒ **Water sample results** from the well that has been collected and analyzed for bacteriological quality submitted to a private certified laboratory. The water sample should be taken after operating the well to remove any remaining disinfectant.

Note:

- A. The location of water supplies must be a minimum of 50 ft. from septic tanks, house foundations where soils have been chemically treated for termites and property lines adjacent to another property used for an "agricultural operation" as defined in § 32.1-176.5:2 of the Code of Va. They must also maintain a minimum of 100 ft. from drainfields and buried oil tanks. Other separation distances from any other potential sources of contamination, structures, topographic features as specified in the Regulations and on the permit must also be maintained.
- B. No well shall be placed in operation, except for the purposes of testing the mechanical soundness of the system, until inspected by the district or local health department, corrections made, if necessary, and the owner has been issued an inspection statement. Please notify the local health department when the well is completed.

Harrisonburg-Rockingham Health Department
P.O. Box 26, Harrisonburg, VA 222803
(540)-574-5200 (8 to 9 AM or 4 to 4:30 PM)
C.S.H.D. # 4.37B, Rev.09/2007

Thank You. *Ala*

Alan Howard, EHS
Environmental Health Specialist

insp. 8/9/14