

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

ROCKINGHAM-HARRISONBURG
HEALTH DEPARTMENT

Health Department ID Permit 107
A108C-1

To Be Completed By The Applicant

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

Owner Patricia Yoder Address 11 Grandview Dr Phone _____
Harrisonburg, VA
22801

Agent _____ Address _____ Phone _____

Directions of Property _____

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property _____

Other Application Information

I. Building/facility ☐ New ☐ Existing
Intermittent Use ☐ Yes ☐ No If yes, describe _____

II. Residential Use ☐ Yes ☐ No
Termite Treatment ☐ Yes ☐ No
☐ Single Family ☐ Multi-family
(Number of Bedrooms _____) (Number of Units _____)

Basement ☐ Yes ☐ No
Fixtures in Basement ☐ Yes ☐ No

III. Commerical Use ☐ Yes ☐ No Describe: _____
Commerical/Wastewater ☐ Yes ☐ No Number of Patrons _____
Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: ☐ Public ☐ New ☐ Existing
☐ Private ☐ New ☐ Existing

Describe: _____

V. Proposed Sewage Disposal Method:

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

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

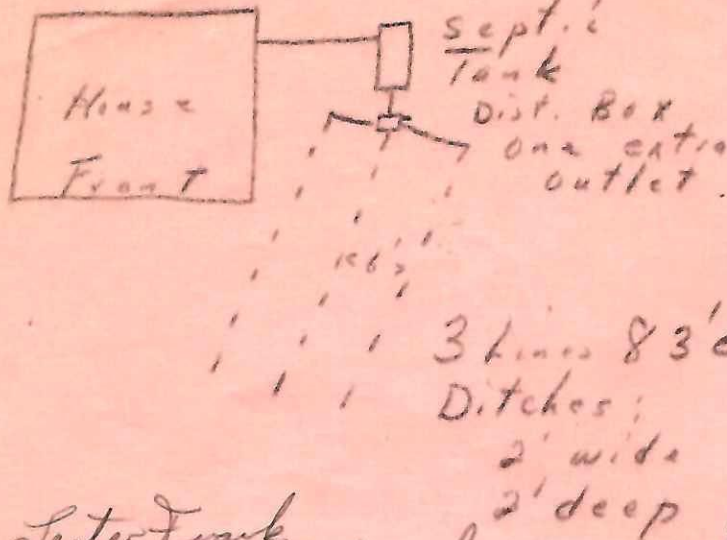
Signature of Owner/Agent _____

Date _____

Rockingham HEALTH DEPARTMENT

PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System

Permit No. 107 Date of Application 12-27-51To Whom Issued Joseph A. BrunkAddress H'burg St. Rt.Location Front of Radio StationType of Tank PrecastInside Dimensions: Lgth 7' Width 3 1/2' Depth 5'

Minimum Feet of 4" Farm Tile in

Distribution Field 250'Depth in Inches of Cinders or Stone 12"Owner's Name SameAddress H'burg St. Rt.Signed H. V. Rodkin

Sanitation Officer

Final Approval: Date _____

Signed _____

Sanitation Officer

NOTE: Installation Specifications shall comply with the current Septic Tank Bulletin.

Plumber must notify the _____ Health Department (Phone 107) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.