

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.

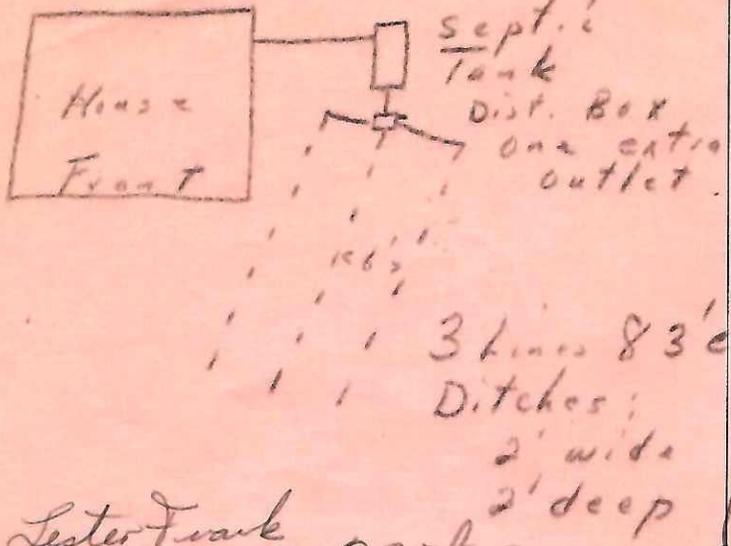
Signature of Owner/Agent

Date

Rockingham HEALTH DEPARTMENT

PERMIT TO INSTALL OR REPAIR SEPTIC TANK SYSTEM

Sketch of Proposed System



Permit No. 107 Date of Application 12-27-51

To Whom Issued Joseph A Brunk

Address H'burg St. Rt

Location Front of Radio Station

Type of Tank Precast

Inside Dimensions: Lgth 7' Width 3 1/2' Depth 5'

Minimum Feet of 4" Farm Tile in

Distribution Field 260'

Depth in Inches of Cinders or Stone 12"

Owner's Name Same

Address _____

Signed H. V. Rodkin Sanitation Officer

Final Approval: _____ Date _____

Signed _____ Sanitation Officer

Not Approved
Covered before inspection - 2-13-52 H. V. Rodkin

NOTE: Installation Specifications shall comply with the current Septic Tank Bulletin. Plumber must notify the _____ Health Department (Phone 807) 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.