

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 83-180-0180
Map Reference G-24

Roanoke County

Health Department

Date Received 06-21-83 pda

To Be Completed By The Applicant

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

Owner W.C. CRANWELL Address 934 COMMANDER DR. Phone 362-1273
ROANOKE, VA.

Agent TOWNSIDE CONST. CO., INC. Address 4309 OLD CAVE SP. RD. Phone 774-0664
ROANOKE, VA.
John Smith 389-6936

Directions to Property END OF COMMANDER DR. OFF WILLIAMSON RD.

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 10 ACRES

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 ☐ Multifamily Number of Units _____ Number of Bedrooms _____
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 ☐ Private ☐ New Describe: _____
☒ Existing

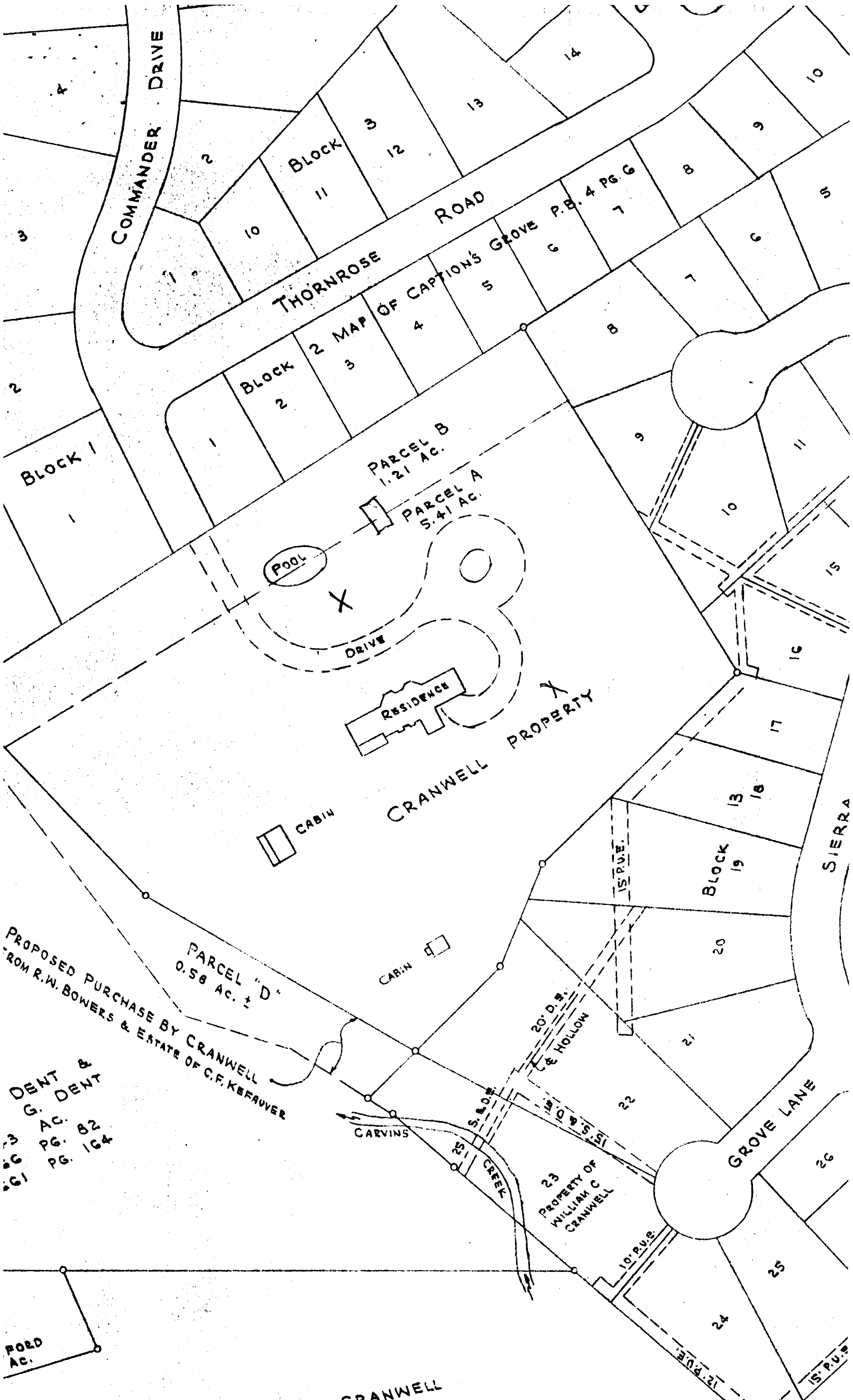
V. Proposed Installation: ☒ Septic tank and drainfield ☐ Other
If other, describe REPAIR EXISTING & INSTALL NEW SYSTEM

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.

[Signature]
Signature of owner/agent

6-17-83
Date



COMMANDER DRIVE

THORNROSE ROAD

GROVE LANE

SIERRA

BLOCK 1

BLOCK 2

BLOCK 19

PROPERTY OF WILLIAM C CRANWELL

PARCEL B 1.21 AC.

PARCEL A 5.41 AC.

PARCEL "D" 0.58 AC. ±

CRANWELL PROPERTY

POOL

RESIDENCE

CABIN

CABIN

CARVINS

CREEK

20' D.B.
18' HOLLOW

15' P.U.E.

22

10' P.U.E.

24

25

26

15

11

6

8

7

6

5

4

3

2

1

9

10

17

13

20

21

20' D.B.

10' P.U.E.

10' P.U.E.

10' P.U.E.

10' P.U.E.

10' P.U.E.

10' P.U.E.

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10' P.U.E.

10' P.U.E.

10' P.U.E.

10' P.U.E.

ROAD AC.

DENT & G. DENT
AC. 82
PG. 164

PROPOSED PURCHASE BY CRANWELL
FROM R.W. BOWERS & ESTATE OF C.F. KEFAUER



County of Roanoke

DEPARTMENT OF PUBLIC FACILITIES
ENGINEERING DIVISION

RAYMOND E. ROBERTSON, P.E., C.L.S.
DIRECTOR

July 5, 1983

Mr. David Taylor, Sanitarian
Roanoke County Health Department
126 E. Lee Avenue
Vinton, Virginia 24179

Re: Septic tank permit
934 Commander Drive

Dear Dave:

Please be advised that it is not required that the existing house of William Cranwell located at 934 Commander Drive connect to the public sanitary sewer system. A septic tank installation permit may be issued to correct the problem with the existing septic system.

If you have any questions, please contact our office.

Sincerely,

R. E. Robertson, P.E., C.L.S.
Director of Engineering
By

Michael S. Webb, P.E.

MSW:sbo

Soil Evaluation Form

for Repair.

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 83-180-0180
Tax Map Number 6-24

General Information

Date 7/1/83 Roanoke County Health Department
Applicant TOWNSIDE Const. Company Telephone No. 774-0724
Address 4209 Old Cave Spring Drive Rye, Va.
Owner W.C. Cranwell Address 939 Commander Drive Rye, Va. 24019
Location end of commander drive follow driveway to house
Subdivision Berley Hills Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☒ Describe low area just below tank.
2. Slope 10-15 %
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 50 min/ inch
7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☒ Depth of percolation test holes N/A
Average percolation rate _____

Name and title of evaluator: David Taylor Sanitarian

Signature: David Taylor

Department Use

☒ Site Approved: Drainfield to be placed at 36-42" 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 _____

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.

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
1	A B	0-12 12-24 24-60	clay fill sandy clay loam clay loam	4 2 3
2	A B	0-2 2-24 24-60	loam sandy clay loam clay loam	2 2 3
3	A B	0-6 6-60	loam clay loam	2 3

Remarks:

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

July 5, 1983

W. C. Cranwell
934 Commander Drive
Roanoke, Virginia 24012

Dear Mr. Cranwell:

Enclosed is a copy of your construction permit and other pertinent data in reference to your application for a sewage disposal system identification number 83-180-0180.

At this time you may begin construction of this system, which has to comply with all requirements on the enclosed permit.

If you feel any changes are necessary, please contact your local health department.

Sincerely,

David Taylor
Sanitarian

In

cc: Building Inspector

COMMONWEALTH of VIRGINIA

Roanoke County - Salem Health Department

510 COURT CHIEFE AVENUE
SALEM, VIRGINIA 24153

In cooperation with the
State Department of Health

August 15, 1983

W. C. Cranwell
934 Commander Drive
Roanoke, Virginia 24012

Dear Mr. Cranwell:

Enclosed you will find the operation permit for your sewage
disposal system and other data relating to your application

83-180-0180.

If this office can be of any further assistance to you, please
do not hesitate to call.

Sincerely,

David Taylor
Sanitarian

pa

cc: Building Inspector

Sewage Disposal System Construction Permit

Repair.

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Roanoke County

Health Department



Health Department

Identification Number

83-186-0180

Map Reference

G-24

General Information

New ☒ Repair ☒ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ 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 W. C. Cranwell Telephone 362-1273
Address 939 Commander Drive Roanoke, Va
For a Type I Sewage disposal system which is to be constructed on/at Commander Drive off Wmson Rd to end of Road
Subdivision Borlex Hills Section/Block _____ Lot _____
Actual or estimated water use 1050

DESIGN

Water supply, existing: (describe) Public

To be installed: class _____
cased _____ grouted _____

Building sewer: Existing I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other _____

Septic tank: Capacity Existing gals. (minimum).
☐ Other Added 1500 gal tank

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
☐ Other _____

Pump and pump station:
No ☒ Yes ☐ describe and shown design.
if yes: _____

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☐ Other _____

Distribution box: 3 boxes needed
Precast concrete with 10 ports.
☐ Other _____

Header lines:
Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench.
Slope 2" minimum.
☐ Other _____

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other _____

Absorption trenches:
Square ft. required 2160; depth from ground surface to bottom of trench 36-42; aggregate size 2-1/2 in
Trench bottom slope 2-4 in/100 ft
center to center spacing 9 ft; trench width 3 ft

NOTE: INSPECTION RESULTS

Water supply location: yes ☐ no ☐ comments
Satisfactory Public

Building sewer: yes ☐ no ☐ comments
Satisfactory Existing

Pretreatment unit: yes ☒ no ☐ comments
Satisfactory

Inlet-outlet structure: yes ☒ no ☐ comments
Satisfactory

Pump & pump station: yes ☐ no ☐ comments
Satisfactory N/A

Conveyance method: yes ☒ no ☐ comments
Satisfactory 4 in installed

Distribution box: yes ☒ no ☐ comments
Satisfactory

Header lines: yes ☒ no ☐ comments
Satisfactory

Percolation lines: yes ☒ no ☐ comments
Satisfactory

Absorption trenches: yes ☒ no ☐ comments
Satisfactory

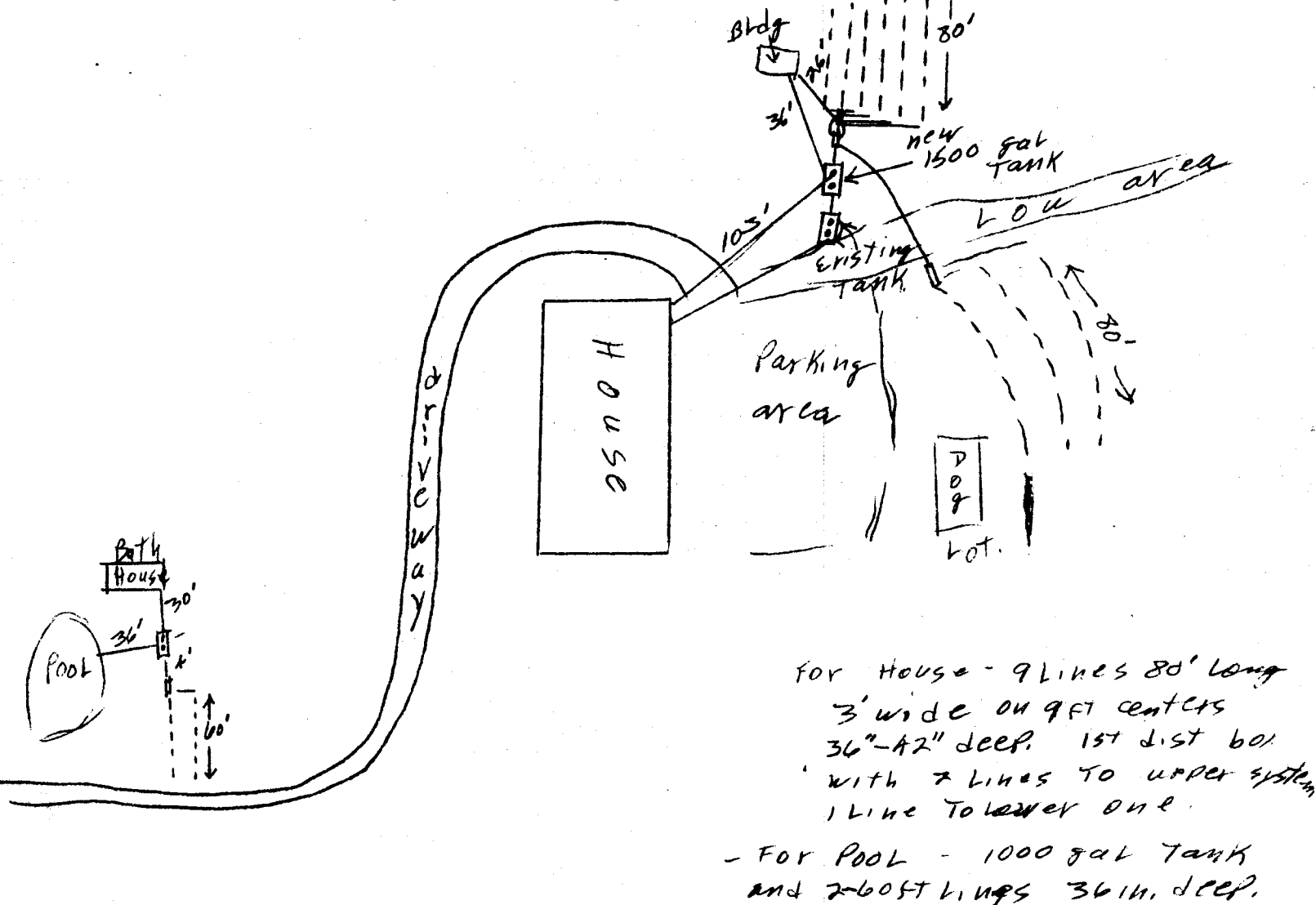
Date 8/9/83 Inspected and approved by: David Taylor
Sanitarian

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. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

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: 8/9/83 Issued by: David Taylor
Sanitarian

Date: _____ Reviewed by: Redrawn
Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

83-180-0180

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ion required above has been drawn on the attached copy of the sketch submitted with the application.
l sheets as necessary to illustrate the design.

- House - 9 lines 80 FT long 35 FT wide
on 9 FT center 36-42 in. deep.
- for pool & 750 gal tank
and 2-60 FT lines, 36 in. deep.

contact my office before
installing These systems,

The diagram is a hand-drawn site plan of a residential property. A central rectangular building is labeled "House". To its left is a curved line representing a driveway or road, with an arrow pointing towards it labeled "TO Commander dr.". Further left are two smaller rectangles labeled "Pool" and "Bath house.", connected by dashed lines indicating connections to a "750 gal. Tank.". To the right of the main house is another area containing a rectangle labeled "Dog lot" and another "750 gal. Tank.". Various dimensions are noted: "15'" between the dog lot and the tank, "30'" near the bottom right, and "20'" near the pool. Dashed lines with arrows indicate flow paths or boundaries. The word "Building" appears twice at the top, once near each of the larger structures. An "existing tank." is also indicated near the main house.

Supervisory Sanitarian

C.H.S. 202B Revised 4/83

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 83-180-0180

Roanoke County Health Department

Name of Company/Corporation/Individual: W. C. Crankwell

Address: 939 Commander drive Telephone: 362-1243

Owner's Name H. M. Oberhardt Crankwell

Owner's Address Salem, Va

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: End of commander drive off winson rd.

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 7/1/83 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

8/9/83
Date

H. M. Oberhardt
Signature and Title

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. 83-180-0180
Roanoke County Health Department



Tax Map No. N/A

W. C. Cranwell

I is Hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 1050 gpd, at
Commander Drive off Williamson Road to end of road

SUBDIVISION	SECTION/BLOCK	LOT
N/A	N/A	N/A

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s)
3.13 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits N/A Dated N/A

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted. Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

VARIANCES GRANTED

☒ NONE ☐ SEE ATTACHED

SPECIAL CONDITIONS

☒ NONE ☐ SEE ATTACHED

August 9, 1983

Effective Date

David Taylor

Recommended (Sanitarian)

[Signature]

Approved (State Health Commissioner)