

FRANKLIN COUNTY
ZONING MAP AMENDMENT APPLICATION

I/we Michael A. Turner as Owner(s), Contract Purchasers, or Owner's Authorized Agent of the property described below, hereby apply to the Franklin County Board of Supervisors for a zoning map amendment on the property described below:

Petitioner's Name: Michael A. Turner

Petitioner's Address: 330 Island View Dr. Penhook, Va. 24137

Petitioner's Phone Number: 540-493-6014

Petitioner's Email Address: docks4u@gmail.com

Property Owner's Name: Linda B. Simpson

Property Owner's Address: 440 Island View Dr. Penhook, Va. 24137

Property Owner's Phone Number: 540-493-4423

Property Owner's Email Address: LSIMPSON3060@gmail.com

Property Information:

A. Proposed Property Address: 7550 Old Franklin Tpk. Glade Hill, Va 24092

B. Tax Map and Parcel Number: 0650005601

C. Election District: Union Hall

D. Size of Property: 2.811 ACRES

E. Existing Zoning: B2

F. Existing Land Use: OFFICE SPACE

G. Is the property located within any of the following overlay zoning districts:

Corridor District Westlake Overlay District Smith Mountain Lake Surface District

H. Is any land submerged under water or part of Smith Mountain Lake?

YES

NO

If yes, please explain:

Proposed Zoning Map Amendment Information:

I. Proposed Land Use: Single Family Dwelling/revert to 1-A

J. Size of Proposed Use: 36'-10" x 28'-10" house/basement, 28'-10" x 24' garage

K. Other Details of Proposed Use:

Checklist for Completed Items:

- Application Form
- Letter of Application
- Concept Plan
- Application Fee

I certify that this application for a zoning map amendment and the information submitted is herein complete and accurate.

Petitioner's Name (Printed): Michael A. Turner

Petitioner's Signature: Michael A. Turner

Date: 2/20/25

Mailing Address: 330 Island View Dr.
Penhook, Va. 24137

Phone Number: 540-493-6014

Email Address: docks4u@gmail.com

Owner's consent, if petitioner is not property owner:

Owner's Name: Linda B. Simpson

Owner's Signature: Linda B. Simpson

Date: 2/19/25

Date Received by Planning Staff: _____



Information Panel

(1 of 1)

[Clear](#)

[Zoom to](#)

...

Parcels: 0650005601

Primary Details

Parcel ID	0650005601
Map Number	065.00
Parcel Number	056.01
Owner	SIMPSON LINDA B
Owner Address	440 ISLAND VIEW DR
City	PENHOOK
State	VA
Zip Code	24137
Physical Address	7550 OLD FRANKLIN TPKE 24092
Legal Description 1	HOMEPLACE
Legal Description 2	LOT 2
Zoning	B2
District	UNION HALL
Acreage	2.81
Land Value	\$60,900.00
Building Value	\$112,100.00
Assessed Total	\$173,000.00
Land Use Value	\$0.00
Grantor	SIMPSON CARL E & LINDA B
Consideration	\$0.00
Consideration Date	3/10/2020, 8:00 PM
Instrument Yr	2020
Instrument No	67465
Subdivision	HOMEPLACE
Deed Book	
Deed Page	0
Plat Book	518
Plat Page	495
Property Card	View Card

2/19/25

HOUSE 36'10" x 28'10"
 GARAGE 24' x 28'10"
 Building Height 23'
 ONE SINGLE FAMILY Dwelling

HOUSE 36'10" x 28'10"
 GARAGE 24' x 28'10"

Building Height 23'

ONE SINGLE FAMILY Dwelling

0.2 MILE TO
 ROUTE 716

LOCATION MAP

40
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32
 33
 34
 35
 36
 37
 38
 39
 40
 41
 42
 43
 44
 45
 46
 47
 48
 49
 50
 51
 52
 53
 54
 55
 56
 57
 58
 59
 60
 61
 62
 63
 64
 65
 66
 67
 68
 69
 70
 71
 72
 73
 74
 75
 76
 77
 78
 79
 80
 81
 82
 83
 84
 85
 86
 87
 88
 89
 90
 91
 92
 93
 94
 95
 96
 97
 98
 99
 100
 101
 102
 103
 104
 105
 106
 107
 108
 109
 110
 111
 112
 113
 114
 115
 116
 117
 118
 119
 120
 121
 122
 123
 124
 125
 126
 127
 128
 129
 130
 131
 132
 133
 134
 135
 136
 137
 138
 139
 140
 141
 142
 143
 144
 145
 146
 147
 148
 149
 150
 151
 152
 153
 154
 155
 156
 157
 158
 159
 160
 161
 162
 163
 164
 165
 166
 167
 168
 169
 170
 171
 172
 173
 174
 175
 176
 177
 178
 179
 180
 181
 182
 183
 184
 185
 186
 187
 188
 189
 190
 191
 192
 193
 194
 195
 196
 197
 198
 199
 200
 201
 202
 203
 204
 205
 206
 207
 208
 209
 210
 211
 212
 213
 214
 215
 216
 217
 218
 219
 220
 221
 222
 223
 224
 225
 226
 227
 228
 229
 230
 231
 232
 233
 234
 235
 236
 237
 238
 239
 240
 241
 242
 243
 244
 245
 246
 247
 248
 249
 250
 251
 252
 253
 254
 255
 256
 257
 258
 259
 260
 261
 262
 263
 264
 265
 266
 267
 268
 269
 270
 271
 272
 273
 274
 275
 276
 277
 278
 279
 280
 281
 282
 283
 284
 285
 286
 287
 288
 289
 290
 291
 292
 293
 294
 295
 296
 297
 298
 299
 300
 301
 302
 303
 304
 305
 306
 307
 308
 309
 310
 311
 312
 313
 314
 315
 316
 317
 318
 319
 320
 321
 322
 323
 324
 325
 326
 327
 328
 329
 330
 331
 332
 333
 334
 335
 336
 337
 338
 339
 340
 341
 342
 343
 344
 345
 346
 347
 348
 349
 350
 351
 352
 353
 354
 355
 356
 357
 358
 359
 360
 361
 362
 363
 364
 365
 366
 367
 368
 369
 370
 371
 372
 373
 374
 375
 376
 377
 378
 379
 380
 381
 382
 383
 384
 385
 386
 387
 388
 389
 390
 391
 392
 393
 394
 395
 396
 397
 398
 399
 400
 401
 402
 403
 404
 405
 406
 407
 408
 409
 410
 411
 412
 413
 414
 415
 416
 417
 418
 419
 420
 421
 422
 423
 424
 425
 426
 427
 428
 429
 430
 431
 432
 433
 434
 435
 436
 437
 438
 439
 440
 441
 442
 443
 444
 445
 446
 447
 448
 449
 450
 451
 452
 453
 454
 455
 456
 457
 458
 459
 460
 461
 462
 463
 464
 465
 466
 467
 468
 469
 470
 471
 472
 473
 474
 475
 476
 477
 478
 479
 480
 481
 482
 483
 484
 485
 486
 487
 488
 489
 490
 491
 492
 493
 494
 495
 496
 497
 498
 499
 500
 501
 502
 503
 504
 505
 506
 507
 508
 509
 510
 511
 512
 513
 514
 515
 516
 517
 518
 519
 520
 521
 522
 523
 524
 525
 526
 527
 528
 529
 530
 531
 532
 533
 534
 535
 536
 537
 538
 539
 540
 541
 542
 543
 544
 545
 546
 547
 548
 549
 550
 551
 552
 553
 554
 555
 556
 557
 558
 559
 550
 551
 552
 553
 554
 555
 556
 557
 558
 559
 560
 561
 562
 563
 564
 565
 566
 567
 568
 569
 570
 571
 572
 573
 574
 575
 576
 577
 578
 579
 580
 581
 582
 583
 584
 585
 586
 587
 588
 589
 590
 591
 592
 593
 594
 595
 596
 597
 598
 599
 600
 601
 602
 603
 604
 605
 606
 607
 608
 609
 610
 611
 612
 613
 614
 615
 616
 617
 618
 619
 620
 621
 622
 623
 624
 625
 626
 627
 628
 629
 630
 631
 632
 633
 634
 635
 636
 637
 638
 639
 640
 641
 642
 643
 644
 645
 646
 647
 648
 649
 650
 651
 652
 653
 654
 655
 656
 657
 658
 659
 660
 661
 662
 663
 664
 665
 666
 667
 668
 669
 670
 671
 672
 673
 674
 675
 676
 677
 678
 679
 680
 681
 682
 683
 684
 685
 686
 687
 688
 689
 690
 691
 692
 693
 694
 695
 696
 697
 698
 699
 700
 701
 702
 703
 704
 705
 706
 707
 708
 709
 710
 711
 712
 713
 714
 715
 716
 717
 718
 719
 720
 721
 722
 723
 724
 725
 726
 727
 728
 729
 730
 731
 732
 733
 734
 735
 736
 737
 738
 739
 740
 741
 742
 743
 744
 745
 746
 747
 748
 749
 750
 751
 752
 753
 754
 755
 756
 757
 758
 759
 750
 751
 752
 753
 754
 755
 756
 757
 758
 759
 760
 761
 762
 763
 764
 765
 766
 767
 768
 769
 770
 771
 772
 773
 774
 775
 776
 777
 778
 779
 770
 771
 772
 773
 774
 775
 776
 777
 778
 779
 780
 781
 782
 783
 784
 785
 786
 787
 788
 789
 790
 791
 792
 793
 794
 795
 796
 797
 798
 799
 800
 801
 802
 803
 804
 805
 806
 807
 808
 809
 8010
 8011
 8012
 8013
 8014
 8015
 8016
 8017
 8018
 8019
 8020
 8021
 8022
 8023
 8024
 8025
 8026
 8027
 8028
 8029
 8030
 8031
 8032
 8033
 8034
 8035
 8036
 8037
 8038
 8039
 8040
 8041
 8042
 8043
 8044
 8045
 8046
 8047
 8048
 8049
 8050
 8051
 8052
 8053
 8054
 8055
 8056
 8057
 8058
 8059
 8060
 8061
 8062
 8063
 8064
 8065
 8066
 8067
 8068
 8069
 8070
 8071
 8072
 8073
 8074
 8075
 8076
 8077
 8078
 8079
 8080
 8081
 8082
 8083
 8084
 8085
 8086
 8087
 8088
 8089
 8090
 8091
 8092
 8093
 8094
 8095
 8096
 8097
 8098
 8099
 80100
 80101
 80102
 80103
 80104
 80105
 80106
 80107
 80108
 80109
 80110
 80111
 80112
 80113
 80114
 80115
 80116
 80117
 80118
 80119
 80120
 80121
 80122
 80123
 80124
 80125
 80126
 80127
 80128
 80129
 80130
 80131
 80132
 80133
 80134
 80135
 80136
 80137
 80138
 80139
 80140
 80141
 80142
 80143
 80144
 80145
 80146
 80147
 80148
 80149
 80150
 80151
 80152
 80153
 80154
 80155
 80156
 80157
 80158
 80159
 80160
 80161
 80162
 80163
 80164
 80165
 80166
 80167
 80168
 80169
 80170
 80171
 80172
 80173
 80174
 80175
 80176
 80177
 80178
 80179
 80180
 80181
 80182
 80183
 80184
 80185
 80186
 80187
 80188
 80189
 80190
 80191
 80192
 80193
 80194
 80195
 80196
 80197
 80198
 80199
 80200
 80201
 80202
 80203
 80204
 80205
 80206
 80207
 80208
 80209
 80210
 80211
 80212
 80213
 80214
 80215
 80216
 80217
 80218
 80219
 80220
 80221
 80222
 80223
 80224
 80225
 80226
 80227
 80228
 80229
 80230
 80231
 80232
 80233
 80234
 80235
 80236
 80237
 80238
 80239
 80240
 80241
 80242
 80243
 80244
 80245
 80246
 80247
 80248
 80249
 80250
 80251
 80252
 80253
 80254
 80255
 80256
 80257
 80258
 80259
 80260
 80261
 80262
 80263
 80264
 80265
 80266
 80267
 80268
 80269
 80270
 80271
 80272
 80273
 80274
 80275
 80276
 80277
 80278
 80279
 80280
 80281
 80282
 80283
 80284
 80285
 80286
 80287
 80288
 80289
 80290
 80291
 80292
 80293
 80294
 80295
 80296
 80297
 80298
 80299
 80300
 80301
 80302
 80303
 80304
 80305
 80306
 80307
 80308
 80309
 80310
 80311
 80312
 80313
 80314
 80315
 80316
 80317
 80318
 80319
 80320
 80321
 80322
 80323
 80324
 80325
 80326
 80327
 80328
 80329
 80330
 80331
 80332
 80333
 80334
 80335
 80336
 80337
 80338
 80339
 80340
 80341
 80342
 80343
 80344
 80345
 80346
 80347
 80348
 80349
 80350
 80351
 80352
 80353
 80354
 80355
 80356
 80357
 80358
 80359
 80360
 80361
 80362
 80363
 80364
 80365
 80366
 80367
 80368
 80369
 80370
 80371
 80372
 80373
 80374
 80375
 80376
 80377
 80378
 80379
 80380
 80381
 80382
 80383
 80384
 80385
 80386
 80387
 80388
 80389
 80390
 80391
 80392
 80393
 80394
 80395
 80396
 80397
 80398
 80399
 80400
 80401
 80402
 80403
 80404
 80405
 80406
 80407
 80408
 80409
 80410
 80411
 80412
 80413
 80414
 80415
 80416
 80417
 80418
 80419
 80420
 80421
 80422
 80423
 80424
 80425
 80426
 80427
 80428
 80429
 80430
 80431
 80432
 80433
 80434
 80435
 80436
 80437
 80438
 80439
 80440
 80441
 80442
 80443
 80444
 80445
 80446
 80447
 80448
 80449
 80450
 80451
 80452
 80453
 80454
 80455
 80456
 80457
 80458
 80459
 80460
 80461
 80462
 80463
 80464
 80465
 80466
 80467
 80468
 80469
 80470
 80471
 80472
 80473
 80474
 80475
 80476
 80477
 80478
 80479
 80480
 80481
 80482
 80483
 80484
 80485
 80486
 80487
 80488
 80489
 80490
 80491
 80492
 80493
 80494
 80495
 80496
 80497
 80498
 80499
 80500
 80501
 80502
 80503
 80504
 80505
 80506
 80507
 80508
 80509
 80510
 80511
 80512
 80513
 80514
 80515
 80516
 80517
 80518
 80519
 80520
 80521
 80522
 80523
 80524
 80525
 80526
 80527
 80528
 80529
 80530
 80531
 80532
 80533
 80534
 80535
 80536
 80537
 80538
 80539
 80540
 80541
 80542
 80543
 80544
 80545
 80546
 80547
 80548
 80549
 80550
 80551
 80552
 80553
 80554
 80555
 80556
 80557
 80558
 80559
 80560
 80561
 80562
 80563
 80564
 80565
 80566
 80567
 80568
 80569
 80570
 80571
 80572
 80573
 80574
 80575
 80576
 80577
 80578
 80579
 80580
 80581
 80582
 80583
 80584
 80585
 80586
 80587
 80588
 80589
 80590
 80591
 80592
 80593
 80594
 80595
 80596
 80597
 80598
 80599
 80600
 80601
 80602
 80603
 80604
 80605
 806

Letter of Application

Dear Planning Commission and Board of Supervisors:

The proposed use of the property will be for a single-family dwelling. The house was built in 1994 to be the office for a business. It was designed that it could be used as a three (3) bedroom residence with a two-car garage. Nothing outside will change. The drain field was installed for a three (3) bedroom home. The driveway has a commercial approved entrance with proper sight distance. The house has been well kept outside since it was built, and we do not anticipate any changes.

Sincerely,



Michael Turner

February 19, 2025

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Tax Map No. _____ 65

Health Department
Identification No. 133-93-0825
FRANKLIN COUNTY Health Department



to Operate a (Type) 1 Sewage Disposal System Having a Design Capacity of 450 gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
HOMEPLACE		2

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

CHS-202a, CHS-202b

with Previously Issued permits 2-3-94Y Dated _____

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

ONE SEE ATTACHED

May 25, 1994

Effective Date

C.H.S. 205 Rev. 4/83

SPECIAL CONDITIONS

ONE SEE ATTACHED

RLG
Recommended (Sanitarian)



Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 133-94-0055

FRANKLIN Co. Health Department

Name of Company/Corporation/Individual: O. Ray Prillaman

Address: _____ Telephone: _____

Owner's Name CARL SIMPSON

Owner's Address 306 ISLAND VIEW DR. PEW HOOK, VA.

Location of Installation: Lot 2 Block

Section: Subdivision: Hemp lace

Other: 40E, 1/2 mile past rt. 718 on R

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 2/16/94 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

2/16/94

Date

Shakeel Abdulla

Signature and Title

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia

Department of Health

FKLN Co

Health Department

Health Department

Identification Number

Map Reference

137940055
65-File

General Information

Water Supply System: New Repair Public FHA VA Case No. _____

Sewage Disposal System: New Repair Expanded Conditional Public

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner CARL SIMPSON Telephone 5767060

Address 306 151 and 1/2 view Dr Penhook VA For a Type 1 Sewage Disposal System or Well to

be constructed on/at 400 1/2 m past RT 718 on R

Subdivision Homeplace Section/Block 2 Lot 2 Actual or estimated water use 450 gpc

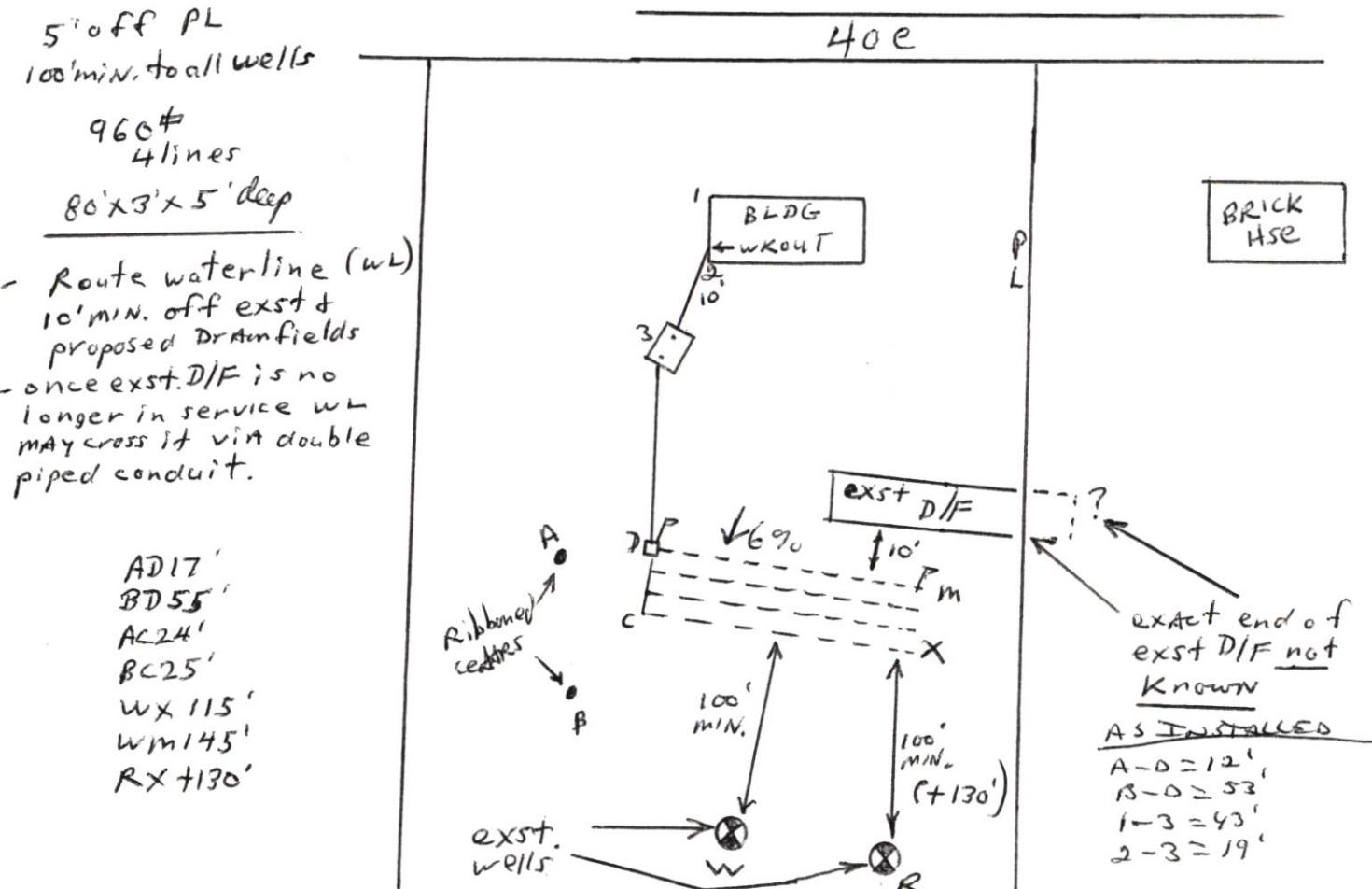
3AR
potenti,

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>3 wells</u> <u>137930825</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments Completion Report G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/>
To be installed: class _____ cased _____ grouted _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Building sewer: <u>3" m n</u> I.D. PVC Schedule 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>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC Schedule 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 type="checkbox"/> comments Satisfactory <u>N/A</u>
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 type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: <u>10</u> Precast concrete with _____ 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: <u>960</u> <u>4</u> Square ft. required <u>960</u> : depth from ground surface to bottom of trench <u>60"</u> ; aggregate size <u>1/2-1 1/2"</u> : Trench bottom slope <u>2-4"/100'</u> : center to center spacing <u>9'</u> ; trench width <u>3'</u> : Depth of aggregate <u>12"</u> : Trench length <u>80'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
	Date <u>2/16/94</u> Inspected and approved by: <u>Rodney Hughes</u> Sanitarian

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.



This sewage disposal system and/or well 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.

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: 2/3/94 Issued by: RL Cuyahoga
Sanitarian

Date: 2/3/94 Reviewed by: Jim Baker
Supervisory Sanitarian EHM

This Construction
Permit Valid until
8/3/98

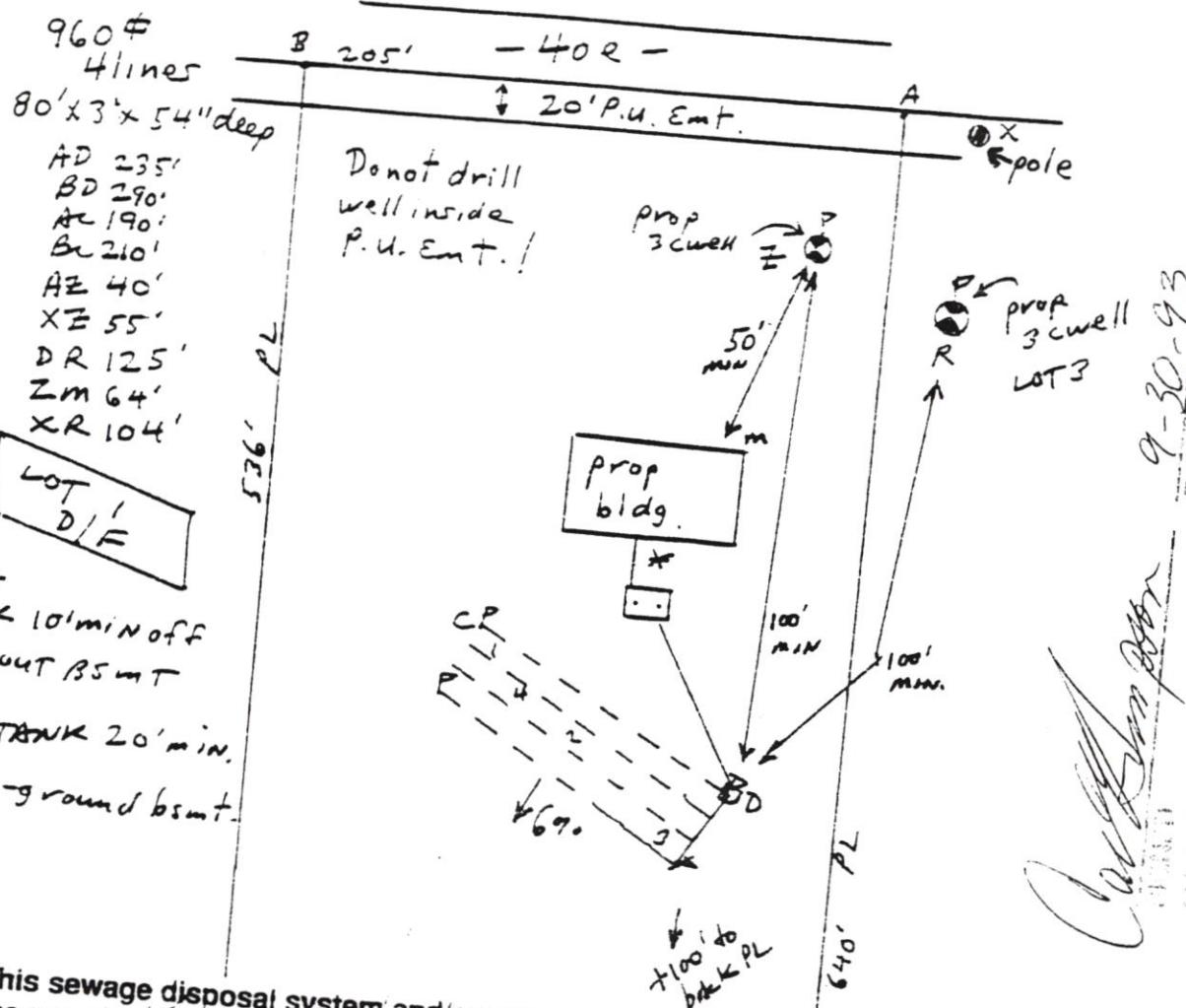
If FHA or VA financing

Reviewed by Date _____ Date _____

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch or property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.



This sewage disposal system and/or water supply is to be constructed as specified by the permit or attached plans and specifications.

This sewage disposal system and/or well 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.

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: 9/24/93

Issued by: R.L. Layton

Sanitarian

Date: 9/24/93

Reviewed by: _____

Supervisory Sanitarian

This Construction
Permit Valid until

7-24-94

If FHA or VA financing

Reviewed by Date _____

Supervisory Sanitarian

Date _____

Well

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID 133-93-0825

9-30-93

To Be Completed By The Applicant

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

Owner Carl Simpson Address 306 ISLAND VILL DR Phone 703 4830489
PENHOOK VA 24137

Agent Same as above Address _____ Phone _____

Directions of Property Alzada Hill - RT. 40 E.
12 mi from Rocky Mount, VA

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 3) (Number of Units _____)

Basement Yes No
Fixtures in Basement Yes No

III. Commercial Use Yes No Describe: OFFICE NOLO
RESIDENCE LATER
Commercial/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: V/A

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.

Carl Simpson
Signature of Owner/Agent

9-30-93

Date

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Floyd Co

Health Department

Health Department
Identification Number 137970825
Map Reference 65- file

General Information

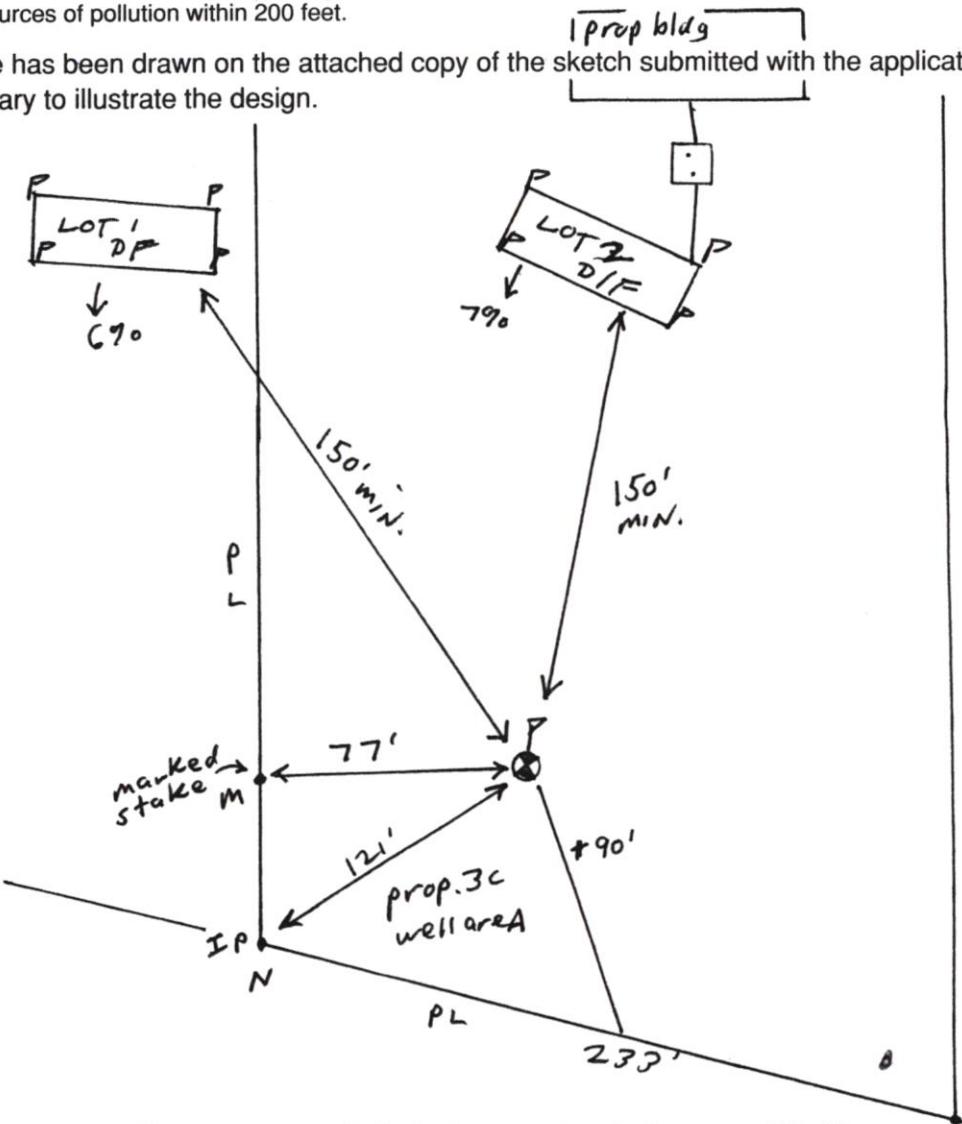
Water Supply System: New Repair Public FHA VA Case No. _____
 Sewage Disposal System: New Repair Expanded Conditional Public
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
 Owner Carl Simpson Telephone 4830489
 Address 306 Island View Dr Penhook VA For a Type Sewage Disposal System or Well to
 be constructed on/at 402, 1/2 n part RT 180n R
 Subdivision Homeplace Section/Block Lot 2 Actual or estimated water use _____

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) _____	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class <u>3</u> cased <u>20' mm</u> cased <u>20' mm</u> grouted <u>20' mm</u>	Completion Report G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input 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 type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with _____ ports. <input type="checkbox"/> Other _____	Distribution box: yes <input 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 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 type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required _____: depth from ground surface to bottom of trench _____; aggregate size _____; Trench bottom slope _____; center to center spacing _____; trench width _____; Depth of aggregate _____; Trench length _____; Number of trenches _____	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory Date _____ Inspected and approved by: _____ Sanitarian _____

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.



This sewage disposal system and/or water supply is to be constructed as specified by the permit or attached plans and specifications .

This sewage disposal system and/or well 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.

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: 9/30/93 Issued by: R L Cunningham

Date: 9/30/93 Reviewed by: Supervisory Sanitarian

This Construction
Permit Valid until
3/30/98

If FHA or VA financing

Reviewed by Date _____ Date _____

Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Use of form required only when
water supply constructed in con-
junction with an on-site sewage
disposal system, or when FHA, VA
financing is involved.

Health Department
I.D. Number 13930825

F.H.A. or V.A. Case Number
If Applicable

Date 5/20/94

Local Health Department Fairfax

Map Reference

65 file

Owner C. Simpson

Address 306 Island View
Pembroke VA 24137

Phone _____

Exact Location of Premises _____

Subdivision _____ Section/Block _____ Lot _____

Class of nonpublic drinking water well.

1) Class III A. (drilled well)
2) Class III B. (bored well)
3) Class III C. (jetted well)
4) Class III D. (dug well)
5) Other E. 100 ft

Date of installation 10-4-93

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e.) well log, etc., so note.

1. Water well completion report filed as required by 18.02.07. Yes No
2. Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
Building Sewer +50' Pretreatment Unit +50' Conveyance System +50' Subsurface
Soil Absorption System +100' (nearest point). Property Line +10' Other _____.
Site graded where necessary to divert water away from well? Yes No n.a.
3. Construction, General: (see Section 18.02.05, and 18.02.02)
Total depth of well 500 feet. Type of casing plastic. Depth of casing 100 feet. Diameter of casing 6 1/4 inches. Casing extends inches above ground 12. Exterior space around casing sealed with neat cement grout to a depth of 20 feet. Screens constructed of _____ free of rough edges and irregularities, with positive watertight seal between screen and casing? yes no n.a. Well head and opening to the interior protected? yes no Type of well seal LP6
Pitless adapter used? yes no n.a. Properly installed? yes no n.a. Proper venting? yes no n.a.
4. Quantity: Yield and drawdown determined by continuous pumping of 1/2 hours. Drawdown _____ feet.
Yield 2 1/2 GPM. Type of storage Storage.
5. Quality: Sample tap provided at entry into system? yes no Sample(s) collected? yes no
Results of samples. Satisfactory Unsatisfactory (attach copy of results to this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply is approved. meets regulations

Remarks: _____

Date 5/20/94

Signed

RLG

Sanitarian

Date _____

Signed

Supervisory Sanitarian

Date _____

Signed

Regional Sanitarian (If V.A. or F.H.A.)

PLAN DETAILED REPORT REZO-02-2025-18230 FOR FRANKLIN COUNTY

Plan Type: Re-Zoning Request **Project:** **App Date:** 02/19/2025
Work Class: None **District:** Union Hall **Exp Date:** 02/18/2030
Status: Under Review **Square Feet:** 0.00 **Completed:** NOT COMPLETED
Valuation: \$0.00 **Assigned To:** **Approval Expire Date:**
Description:

Parcel: 0650005601	Main	Address: 7550 Old Franklin Tpke Glade Hill, VA 24092	Main	Zone: A1(A1 - IMPORTED FOR ENERGOV) B2(B2 - IMPORTED FOR ENERGOV)
---------------------------	------	--	------	---

Owner
LINDA B SIMPSON **Applicant**
440 ISLAND VIEW DR MICHAEL A TURNER
PENHOOK, VA 24137 330 ISLAND VIEW DR
Mobile: 5404936014 PENHOOK, VA 24137

Invoice No.	Fee	Fee Amount	Amount Paid
00058499	Residential/Agricultural - Rezoning	\$265.00	\$265.00
	Total for Invoice 00058499	\$265.00	\$265.00
	Grand Total for Plan	\$265.00	\$265.00