

576-362

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
WATER SUPPLY LABORATORY RECORD

Name of Establishment J. T. Palmer's Camp Site No. 2

Proprietor J. T. Palmer Address Rt 2, Penhook, Va.

Kind of Establishment Well

Description of Supply _____

DATE	COLLECTED BY	1 ml.	10 ml.	10 ml.	10 ml.	10 ml.	10 ml.	LABORATORY SAMPLE NO.
7/8/69	L. E. LAYMAN - Bathhouse Tap	-	-	-	-	-	+	152??
9/16/69	L. E. LAYMAN - Bathhouse	-	-	-	-	-	-	21489
11/1/73								
9/23/75	Mason	-	-	-	-	-	tr	12337
	✓	-	-	-	-	-		12336
4/21/76	✓	-	-	-	-	-		13171
8/1/78	Palmer	-	-	-	-	-		21038
5/22/79	Car	-	-	-	-	-		14568
7/23/80	✓ outside	+	+	+	+	-		19569
4/1/81	✓ "	-	-	-	-	-		21324
8/12/81	Center	-	-	-	-	-		22374

Use reverse side for remarks



COMMONWEALTH of VIRGINIA

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

Franklin County Health Department

P.O. BOX 249

ROCKY MOUNT, VIRGINIA 24151

May 2, 1989

Robert Turner
Route 2 Box 145
Martinsville, Virginia 24112

Dear Mr. Turner :

Recently the Bureau of Tourist Establishment Sanitation (TES) was abolished. Their duties have now been assigned to local Health Departments.

Your establishment, LAZY COVE TRAILER COURT is classified as a campground and is now under our jurisdiction. You must have a permit to operate this establishment.

In order to received a permit to operate this campground, please do the following:

1. Include the name and address of owner(s).
2. Enclose a plat of your campground. As a minimum, the plat must-
 - a. be drawn on white paper approximately 18" x 22" in size
 - b. be drawn to scale of 100 feet to the inch
 - c. include all appropriate dimensions
 - d. include locations of sewage systems
 - e. include locations of wells and water lines
 - f. include the number, location, dimensions of all campsites
 - g. show the location, boundaries, and dimensions of the project
3. Complete the enclosed application and mail to the Franklin County Health Department.

After we receive the above, we will visit your establishment and work with you in correcting any violations noted.

We are receiving numerous requests for approval of facilities in establishments such as yours. We are doing as much as we can but without an accurate plat our work is very difficult, if not impossible.

Therefore, we will continue to attempt to process requests for approval of sewage facilities until June 1, 1989. After this date no ap-

May 1, 1989

Page 2

provals will be given in campgrounds without the plat mentioned above or without a valid campground permit.

Please call a sanitarian at the Franklin County Health Department (703)483-5602 if you have questions on this matter.

Sincerely,



W. G. Shires
Sanitarian Manager

/n

Enc



FRANKLIN COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

PERMIT APPLICATION

I (we) the undersigned, hereby make application for a permit to operate a Trailer Court in (kind of establishment)

Franklin County, Virginia, located at Panhook, Va.
across from Panhook Boat Dock / Rt 2 Box 145 Martinsville, Va. 24112
(street address or directions) (mailing address)

trading as Logy Cove Trailer Court (name)

I, Robert H. Turner, hereby grant permission for (owner, operator, or executive)

the Director of Health or his authorized representative to make inspections, at his discretion, of the premises under his control and at such time to take such samples and perform such test as may be necessary.

I am familiar with the rules and regulations governing the above establishment. In making this application, I (we) agree to abide by all the conditions thereof, and any other rules and regulations of the Department of Health relating thereto.

DATE 5-9-81

SIGNED: Robert H. Turner

TITLE: owner

phone 632-3923

FORMERLY PALMERS # 2

TRAILER CAMP INSPECTION REPORT FORM

Number of Trailers Present 31

Number of Spaces Approved _____

Franklin C.
LOCAL HEALTH DEPARTMENT

Name of Park Lazy Cove Trailer Ct. (P.O. Box 2) Location Rt. 920

Proprietor Robert H. Turner Mailing Address Rt. 2, Box 145
Martinsville, VA 24112

Sir: An inspection of your premises has been made on the date shown below. The items marked in the "No" column represent violations of the State Health Department, Rules and Regulations Governing Trailer Camps.

	Yes	No	Remarks
1. Trailers conform to proper area and distance requirements	✓		
2. Approved, convenient and/or adequate water supply	✓		SAMPLE TAKEN
3. Approved, properly functioning sewage collection treatment and disposal system	✓		
4. Adequate garbage collection and disposal system with an adequate number of approved garbage containers present	✓		
5. Premises clean and well drained	✓		
6. Premises free of public health nuisances-- i.e., conditions or activities which have or threaten to have detrimental effect on the public health	✓		

Additional Remarks: _____

SIGNATURE OF OWNER/OPERATOR

D. Turner
ENVIRONMENTAL HEALTH SPECIALIST

Date 8-12-81

TRAILER CAMP INSPECTION REPORT FORM

Number of Trailers Present _____

Number of Spaces Approved _____

FRANKLIN CO
LOCAL HEALTH DEPARTMENT

Name of Park PALMERS # 2

Location 40 E. 6616, 920

Proprietor J. T. Palmer

Mailing Address _____

Sir: An inspection of your premises has been made on the date shown below. The items marked in the "No" column represent violations of the State Health Department, Rules and Regulations Governing Trailer Camps.

	Yes	No	Remarks
1. Trailers conform to proper area and distance requirements	✓		
2. Approved, convenient and/or adequate water supply	✓		
3. Approved, properly functioning sewage collection treatment and disposal system	✓		
4. Adequate garbage collection and disposal system with an adequate number of approved garbage containers present	✓		
5. Premises clean and well drained	✓		
6. Premises free of public health nuisances—i.e., conditions or activities which have or threaten to have detrimental effect on the public health	✓		

Additional Remarks: _____

Date 2-19-81

SIGNATURE OF OWNER/OPERATOR
Patricia Carter
ENVIRONMENTAL HEALTH SPECIALIST

TRAILER CAMP INSPECTION REPORT FORM

Number of Trailers Present _____

Number of Spaces Approved _____

Franklin Co

LOCAL HEALTH DEPARTMENT

Name of Park Palmers # 2 Location on Rt. 970

Proprietor John Palmer Mailing Address _____

Sir: An inspection of your premises has been made on the date shown below. The items marked in the "No" column represent violations of the State Health Department, Rules and Regulations Governing Trailer Camps.

	Yes	No	Remarks
1. Trailers conform to proper area and distance requirements	✓		
2. Approved, convenient and/or adequate water supply	✓		sample taken
3. Approved, properly functioning sewage collection treatment and disposal system	✓		
4. Adequate garbage collection and disposal system with an adequate number of approved garbage containers present	✓		
5. Premises clean and well drained	✓		
6. Premises free of public health nuisances—i.e., conditions or activities which have or threaten to have detrimental effect on the public health	✓		

Additional Remarks: Trailer near road's end is parked "FOR SALE". Must not be occupied. Contact this office prior to moving any new trailers into trailer park for necessary approval of sewage disposal.

Date 7-13-80

SIGNATURE OF OWNER/OPERATOR
James R. Carr
ENVIRONMENTAL HEALTH SPECIALIST

TRAILER CAMP INSPECTION REPORT FORM

Number of Trailers Present _____

Number of Spaces Approved _____

Franklin Co

LOCAL HEALTH DEPARTMENT

Name of Park Palmer's #2 Tr Ct Location Rt 920 Penhook

Proprietor John Palmer Mailing Address _____

Sir: An inspection of your premises has been made on the date shown below. The items marked in the "No" column represent violations of the State Health Department, Rules and Regulations Governing Trailer Camps.

	Yes	No	Remarks
1. Trailers conform to proper area and distance requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Approved, convenient and/or adequate water supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Approved, properly functioning sewage collection treatment and disposal system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Adequate garbage collection and disposal system with an adequate number of approved garbage containers present	<input type="checkbox"/>	<input type="checkbox"/>	Each trailer should have CANS with tight fitting lids
5. Premises clean and well drained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Premises free of public health nuisances—i.e., conditions or activities which have or threaten to have detrimental effect on the public health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Additional Remarks: _____

Date 5-6-80

SIGNATURE OF OWNER/OPERATOR
James K. Can
ENVIRONMENTAL HEALTH SPECIALIST

*Permit to operate should include the approved number of spaces.

TRAILER CAMP INSPECTION REPORT FORM

Number of Trailers Present 130

Number of Spaces Approved _____

Franklin Co

LOCAL HEALTH DEPARTMENT

Name of Park Palmer's #2

Location 40E, 4660, St. Rt. 970, Unit

Proprietor John Palmer

Mailing Address _____

Sir: An inspection of your premises has been made on the date shown below. The items marked in the "No" column represent violations of the State Health Department, Rules and Regulations Governing Trailer Camps.

	Yes	No	Remarks
1. Trailers conform to proper area and distance requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Approved, convenient and/or adequate water supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Approved, properly functioning sewage collection treatment and disposal system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Adequate garbage collection and disposal system with an adequate number of approved garbage containers present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO TRASH OR CONT. NOTICED
5. Premises clean and well drained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Premises free of public health nuisances—i.e., conditions or activities which have or threaten to have detrimental effect on the public health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Additional Remarks: Please finish numbering all trailers
Recommend issue permit for 1980

Date 12-4-77

SIGNATURE OF OWNER/OPERATOR
James K. Carr
ENVIRONMENTAL HEALTH SPECIALIST

*Permit to operate should include the approved number of spaces.

TRAILER CAMP INSPECTION REPORT FORM

Number of Trailers Present _____

Number of Spaces Approved _____

Franklin Co
LOCAL HEALTH DEPARTMENT

Name of Park Palmer's Trailer Court #2 Location 40 E, 2666, 920 Toand

Proprietor J.T. Palmer Mailing Address _____

Sir: An inspection of your premises has been made on the date shown below. The items marked in the "No" column represent violations of the State Health Department, Rules and Regulations Governing Trailer Camps.

	Yes	No	Remarks
1. Trailers conform to proper area and distance requirements	✓		
2. Approved, convenient and/or adequate water supply	✓		All water lines should be installed 10' to the side of drainfield systems. AT No time should they cross the D/F.
3. Approved, properly functioning sewage collection treatment and disposal system	✓		
4. Adequate garbage collection and disposal system with an adequate number of approved garbage containers present	✓		
5. Premises clean and well drained	✓		
6. Premises free of public health nuisances—i.e., conditions or activities which have or threaten to have detrimental effect on the public health	✓		

Additional Remarks: _____

Date 5/22/79

SIGNATURE OF OWNER/OPERATOR
James H Carr
ENVIRONMENTAL HEALTH SPECIALIST

TRAILER CAMP INSPECTION REPORT FORM

Number of Trailers Present _____

Number of Spaces Approved _____

Franklin Co

LOCAL HEALTH DEPARTMENT

Name of Park Palmer's T.C. #2

Location 40E, L 660, 1 1/2 mile on Rt.

Proprietor John Palmer

Mailing Address _____

Sir: An inspection of your premises has been made on the date shown below. The items marked in the "No" column represent violations of the State Health Department, Rules and Regulations Governing Trailer Camps.

	Yes	No	Remarks
1. Trailers conform to proper area and distance requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Approved, convenient and/or adequate water supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Approved, properly functioning sewage collection treatment and disposal system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Adequate garbage collection and disposal system with an adequate number of approved garbage containers present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Premises clean and well drained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Premises free of public health nuisances—i.e., conditions or activities which have or threaten to have detrimental effect on the public health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Additional Remarks: Recommend Issue Permit for 1979

Date 3/29/79

SIGNATURE OF OWNER/OPERATOR
James H. Carr
ENVIRONMENTAL HEALTH SPECIALIST

*Permit to operate should include the approved number of spaces.

TRAILER CAMP INSPECTION REPORT FORM

Number of Trailers Present 25

Number of Spaces Approved 27

Franklin County
LOCAL HEALTH DEPARTMENT

Name of Park Palmer's TC # 2 Location 40 E, L660, L920
Proprietor John T. Palmer Mailing Address Rt. 2
Penhook, Va.

Sir: An inspection of your premises has been made on the date shown below. The items marked in the "No" column represent violations of the State Health Department, Rules and Regulations Governing Trailer Camps.

	Yes	No	Remarks
1. Trailers conform to proper area and distance requirements	✓		
2. Approved, convenient and/or adequate water supply	✓		
3. Approved, properly functioning sewage collection treatment and disposal system	✓		
4. Adequate garbage collection and disposal system with an adequate number of approved garbage containers present	✓		
5. Premises clean and well drained	✓		
6. Premises free of public health nuisances—i.e., conditions or activities which have or threaten to have detrimental effect on the public health	✓		

Additional Remarks: Any units with water under pressure must be attached to a proper sewage disposal system. I still need a plat showing the location and number of each lot.

Date 8/3/78

SIGNATURE OF OWNER/OPERATOR
John T. Palmer
ENVIRONMENTAL HEALTH SPECIALIST

Franklin County Building Inspector

107 Virgil H. Coode Building
Rocky Mount, Virginia 24151
Telephone (703) 483-4391

George M. Cobbs
Building Inspector

June 29, 1978

Mr. John T. Palmer
Palmer's #2
Penhook, Virginia 24121

Dear Sir:

In reference to a letter I received from the Franklin County Health Department, William G. Shires - Sanitarian Supervisor, on June 21, 1978, your establishment is now classified as a Mobile Home park.

As of July 1, 1978 any other electrical inspections made on your establishment must have an approval from the Franklin County Health Department and a mobile home permit must be issued.

Any questions you may have concerning this, please feel free to contact me at 483-4391 or Mr. William G. Shires at the Franklin County Health Department at 483-5602.

Sincerely,

G. M. Cobbs

G. M. Cobbs

GMC/ec

CC: William G. Shires
Health Dept.





TRAILER CAMP INSPECTION REPORT FORM

Number of Trailers Present 25

Number of Spaces Approved 27

FRANKLIN County
LOCAL HEALTH DEPARTMENT

Name of Park Palmer's T.C. # 2

Location 40E to Penhook, L660, L92

Proprietor John T. Palmer

Mailing Address Rt. 2 Penhook, Va.

Sir: An inspection of your premises has been made on the date shown below. The items marked in the "No" column represent violations of the State Health Department, Rules and Regulations Governing Trailer Camps.

	Yes	No	Remarks
1. Trailers conform to proper area and distance requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Approved, convenient and/or adequate water supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Approved, properly functioning sewage collection treatment and disposal system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Adequate garbage collection and disposal system with an adequate number of approved garbage containers present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Premises clean and well drained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Premises free of public health nuisances—i.e., conditions or activities which have or threaten to have detrimental effect on the public health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Additional Remarks: Recommend ~~to~~ issue permit for a trailer court.

J. T. Palmer
SIGNATURE OF OWNER/OPERATOR
Mark Henderson
ENVIRONMENTAL HEALTH SPECIALIST

Date 5/31/78

*Permit to operate should include the approved number of spaces.

COMMONWEALTH of VIRGINIA

Department of Health
Richmond, Va. 23219

October 12, 1977

Re: Palmer's Campground #1 and #2
Penhook, Virginia 24130


Mr. John T. Palmer
Penhook, Virginia 24130

Dear Mr. Palmer:

This office has been informed by our District Sanitarian, Mr. Thomas Mason, that based upon the permanency of the units at your establishment you no longer come under the Rules and Regulations of the Board of Health Governing Campgrounds. A permit for overnight camping will not be issued after December 31, 1977.

You should contact the local health department to determine if you must meet any regulations they have concerning your establishment. If you wish to become a campground you may contact Mr. Mason at 804-797-1766 or this office at 804-786-2087 for information concerning the State Campground Regulations.

Sincerely,

ORIGINAL SIGNED BY 
Joseph W. Moschler, Director
Bureau of Tourist Establishment
Sanitation

JWM:RHM:gd
CC: Mr. Richard Meador
Mr. Thomas Mason
Local Health Department





COMMONWEALTH of VIRGINIA

Department of Health
Richmond, Va. 23219

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guy

JAMES S. KENLEY, M.D.
COMMISSIONER

August 3, 1976

Re: **Falmont Campground #2**
Franklin County, Virginia 24137
Franklin County
Mr. John T. Palmer, Owner

Dear Mr. Palmer:

This office has been informed by Mr. Mason that sufficient progress has been made at your establishment to warrant reinstating the regular health permit.

Please keep in mind that sewage must be disposed of in a manner that is approved by the health department.

If we can be of any assistance in the future do not hesitate to call.

Sincerely,

ORIGINAL SIGNED BY *J.W.M.*

Joseph W. Moschler, Director
Bureau of Tourist Establishment
Sanitation

JWM:EDM:gd
CC: Mr. Tom Mason
Mr. Richard Meador
Franklin County Health Department



COMMONWEALTH OF VIRGINIA



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MACK I. SHANNOLTZ, M. D.
COMMISSIONER

DEPARTMENT OF HEALTH
RICHMOND, VA. 23219

May 10, 1976

Re: Palmer Campground #2
Peahook, Virginia 24137
Franklin County
Mr. John T. Palmer, Owner

Mr. John T. Palmer, Owner
Palmer Campground #2
Peahook, Virginia 24137

Dear Mr. Palmer:

An inspection made on April 21, 1976 by our District Representative Thomas Mason revealed several violations to State Campground Regulations.

Below an itemized list of the violations:

1. improper sewage disposal at three campsites.
2. a service sink or a disposal station must be provided within 500 feet for all campsites not connected to a sewered hook-up.

It was also brought out that you plan to construct a sewage system for several sites and the Franklin County Health Department has given approval to proceed with construction.

In order to give you time to correct the violations and to continue operating this letter will serve as a temporary permit to operate until May 31, 1976.

On or about this date Mr. Mason will reinspect your campground to determine compliance with regulations.

If there are any questions please call Mr. Mason at 804-797-1766 or this office.

Sincerely,

J. W. Moschler

Joseph W. Moschler, Director
Bureau of Tourist Establishment Sanitation

JWM:RBM:gd
CC: Mr. Tom Mason
Franklin County Health Department
Mr. Richard Meador



COMMONWEALTH OF VIRGINIA



MACK I. SHANHOLTZ, M. D.
COMMISSIONER

DEPARTMENT OF HEALTH

RICHMOND, VA. 23219

October 2, 1973

Re: Palmer's Campground # 1 & 2
Penhook, Virginia 24137
Franklin County

Mr. John Palmer
Palmer's Campground # 1 & 2
Penhook, Virginia 24137

THROUGH: Joseph W. Moschler, Director ^{y.w.m.}
Bureau of Tourist Establishment
Sanitation

Dear Mr. Palmer:

This is to verify the points agreed upon in my phone conversation last week with Mrs. Palmer concerning your campground improvements.

Mrs. Palmer said that you were in the process of numbering all sites and where you could not get compliance from your campers you would provide the numbers. Also she said you were in the process of painting the rest rooms and completing the lay-out of your facility.

Mr. Mason will make a final inspection near the end of this month and will be happy to reinstate your permit as he verifies your improvements. Thank you for your cooperation.

Sincerely,

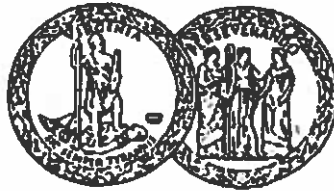
Donald M. Kirkwood
Recreation Supervisor
Bureau of Tourist Establishment
Sanitation

DMK/lss

cc: Mr. Thomas Mason
Franklin County Health Department



COMMONWEALTH OF VIRGINIA



guy

MACK I. SHANKOLTZ, M. D.
COMMISSIONER

DEPARTMENT OF HEALTH
RICHMOND, VA. 23219

August 22, 1973

Re: Palmer's Campground 1 & 2
Penhook, Virginia 24137
Franklin County

Mr. John Palmer
Palmer's Campground 1 & 2
Penhook, Virginia 24137

Dear Mr. Palmer:

Mr. Mason reports that the violations as pointed out to you on the inspection form dated April 19, 1973, which was followed by a letter dated April 25, again May 30, June 7, and July 18, 1973 have not yet been corrected.

Your regular permit was withdrawn April 25, 1973 and a temporary permit was substituted to allow you to continue to operate your campground until May 31. To allow you more time to correct the violations subsequent extensions were granted which extended the time to August 10, 1973.

As you know a campground must have a permit from this office in order to operate. We cannot and will not continue to extend the temporary permit indefinitely. Mr. Mason recommends one more extension until September 11, 1973 which we agree to do. If you desire to operate a campground you must meet the requirements as outlined.

Should you have any questions do not hesitate to contact Mr. Mason at the Lynchburg Health Department or this office.

Sincerely,

Joseph W. Moschler, Director
Bureau of Tourist Establishment
Sanitation

JWM/DMK/lss

cc: Mr. Thomas Mason
Mr. D. M. Kirkwood
Franklin County Health Department

COMMONWEALTH OF VIRGINIA



MACK I. SHANKOLTZ, M. D.
COMMISSIONER

DEPARTMENT OF HEALTH
RICHMOND, VA. 23219

July 18, 1973

Re: Palmer's Campground # 1 & 2
Penhook, Virginia 24137
Franklin County

Mr. John Palmer
Palmer's Campground # 1 & 2
Penhook, Virginia 24137


Dear Mr. Palmer:

District Sanitarian, Thomas Mason reports that two or three items as listed below still need attention.

1. All unmarked sites must be numbered. -
2. The shower area and other areas of splash in the bath-house of camp #2 must be finished with Epoxy type paint.
3. We must have a lay-out of both campgrounds.

We appreciate your continued cooperation in updating your campground and extend the temporary permit until August 10, 1973.

Sincerely,

ORIGINAL SIGNED BY 
Joseph W. Moschler, Director
Bureau of Tourist Establishment
Sanitation

JWM/DMK/lss

cc: Mr. Thomas Mason
Mr. D. M. Kirkwood
✓ Franklin County Health Department



FRANKLIN COUNTY HEALTH DEPARTMENT
ROCKY MOUNT, VIRGINIA

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

September 26, 1969

Re: Palmer's Campground No. 2
Penhook,
Virginia 24137

Mr. Joseph W. Moschler, Director
Bureau of Tourist Establishment Sanitation
Virginia State Department of Health
Room 522 - James Madison Building
109 Governor Street
Richmond, Virginia 23219

Dear Mr. Moschler:

The water and sewage facilities serving the above captioned establishment have been inspected by the Franklin County Health Department and the findings are as follows:

Water Supply:

Approved x
Unapproved
Other

Sewage Disposal System:

Approved x
Unapproved
Other

Comments: Negative sample taken: 9-16-69

Sincerely,

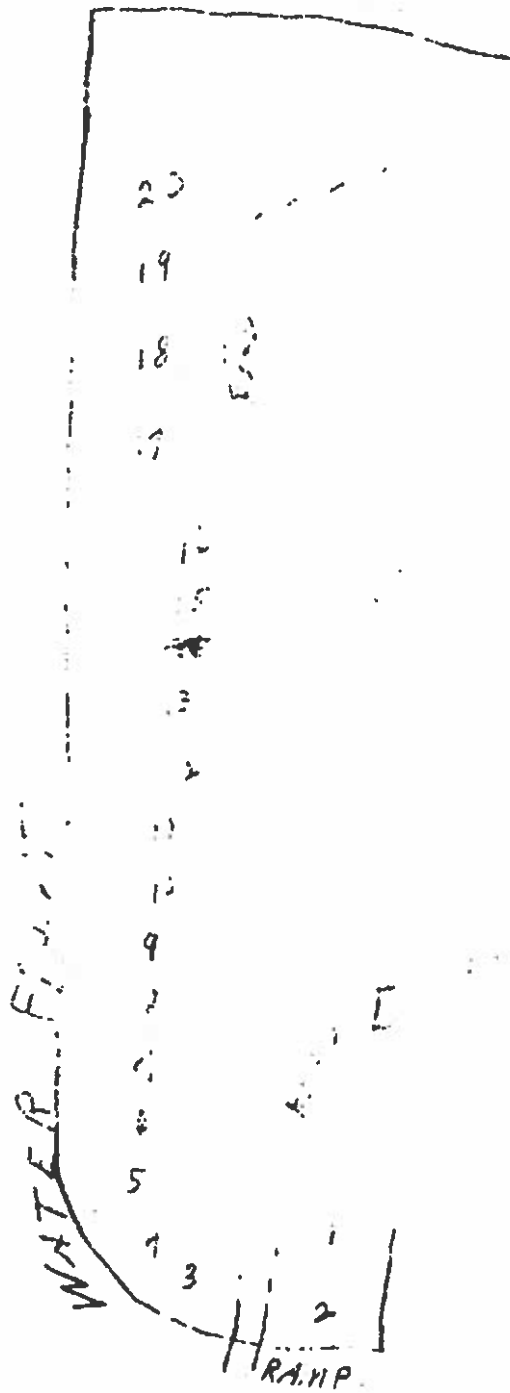
R. M. Morecock m.d.

R. M. Morecock, M. D.
Health Director

RMM/HVB/bl

"11-1-73 to Tom MASON

PALMER'S CAMP GROUND #2

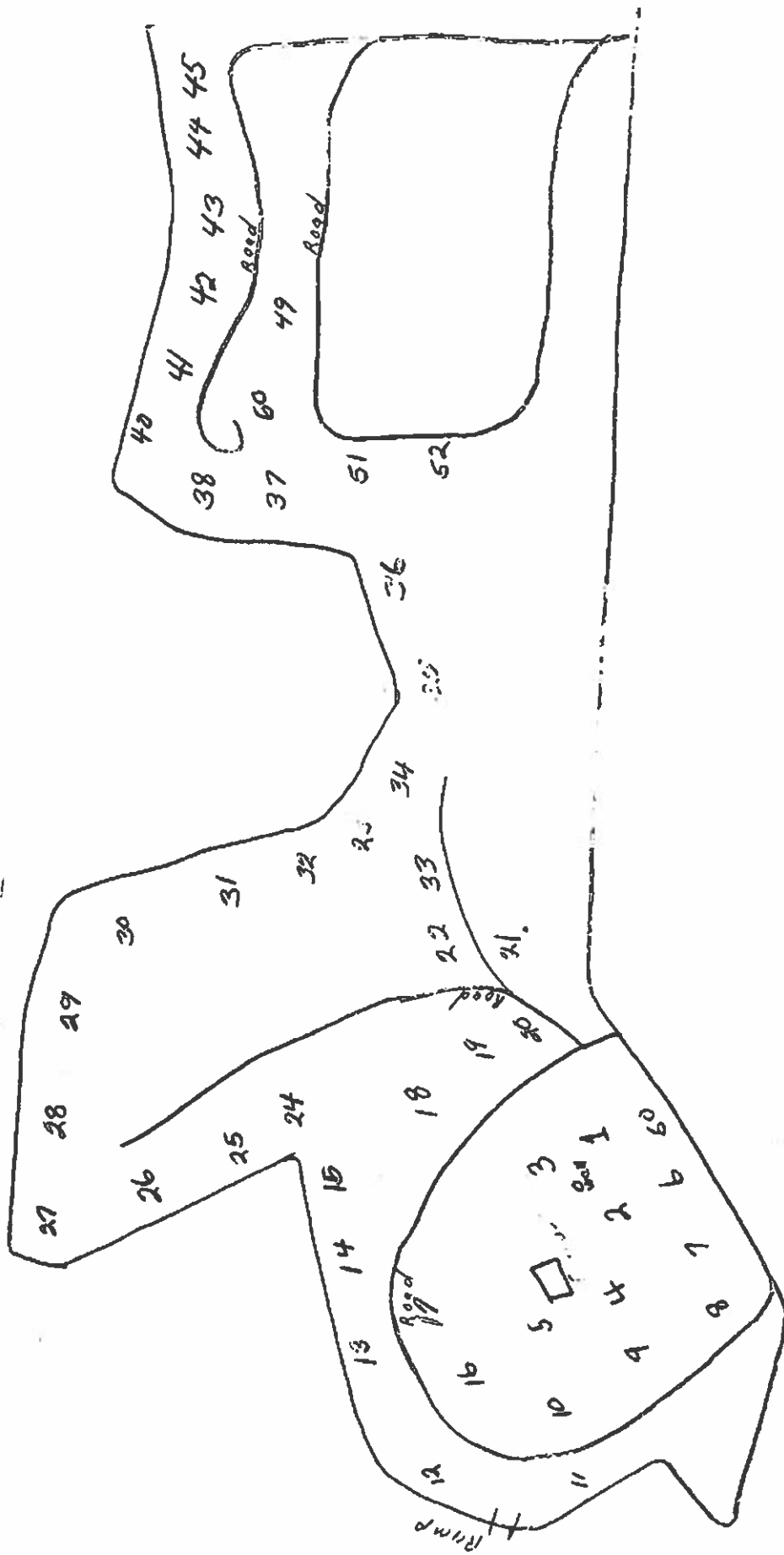


R. E. Palmer	- bathhouse -	Lot No. 1
Nancy Atkins	- bathhouse -	No. 2
Robert H. Turner	- bathhouse -	No. 3
William Wells	- bathhouse -	Lot No. 4
H. Ryland Harper	- bathhouse -	No. 5
H. Henry Pickens	- Septic tank -	No. 6
James P. Gordon	- Septic tank -	No. 7
W. J. Lockoff	- septic tank -	Lot No. 8
A. M. Dixon	- septic tank -	No. 9
H. H. Howell	- septic tank -	No. 10
Thomas J. Morris	- septic tank -	No. 11
Charles S. Bradley	- septic tank -	No. 12
Henry Bradley	- septic tank -	No. 13
John C. Taylor	-	No. 14
R. H. Johnson	- septic tank -	No. 15
Cecil Short	- septic tank -	No. 16
Bill Short	- septic tank -	No. 17
Ben Jones	- bathhouse -	No. 18
Joe Key	- bathhouse -	No. 19
Samuel S. Lawrence	- bathhouse -	No. 20

Junior Palmer	Septic Tank	No. 1
Edward Boon	" "	No. 2
Robert Milam	" "	No. 3
W. C. Eames	" "	No. 4
Shannon Simmons	" "	No. 5
William Stray	bathouse	No. 6
Tommy Coffey	" "	No. 7
Walter Gibner	" "	No. 8
Jack Walden	" "	No. 9
M. St. Critchen	bathouse	No. 10
Ed Hayes	" "	No. 11
Jessy Law & Crook	" "	No. 12
John Palmer	" "	No. 13
G. S. Brown	" "	No. 14
J. S. Nichols	Septic Tank	No. 15
Carl Chambers	bathouse	No. 16
Edd Pinn	" "	No. 17
Sam Crowell	Septic Tank	No. 18
John Davis	bathouse	No. 19
William Lee	" "	No. 20
Kenneth Donavant	" "	No. 21
Cecil Boyd	Septic Tank	No. 22
Jessie Bryant	bathouse	No. 23
George Vaughn	Septic Tank	No. 24
Jackie Vincent	bathouse	No. 25
James Lanny	" "	No. 26
Bob Shreve	" "	No. 27

Gene Keeler - bathouse	No. 28
Kenneth Colborne - " "	No. 29
James Lawson - " "	No. 30
Bobby Scroggs - " "	No. 31
Phil Sargent - bathouse	No. 32
Fred Foley - " "	No. 33
Wallace Doss - " "	No. 34
E. M. Franklin - " "	No. 35
Ronnie Davis - " "	No. 36
Ralph Hess - Septic Tank	No. 37
Dennis Harrell - " "	No. 38
H. H. Hertz - " "	No. 50
Jim Lindsay - Septic Tank	No. 40
Wesley Doyle - " "	No. 41
Roy Simmons - " "	No. 42
R. J. Williams - " "	No. 43
Raymond Johnson - " "	No. 44
Charles Kennedy - " "	No. 45
Roy S. Casell - Septic Tank	No. 49
Lowell Buffin - " "	No. 51
Vernon Caldwell - " "	No. 52
Jimmy Dosseth - Septic Tank	No. 60

PALMERS CAMPGROUND



May 2, 1980

County Building Inspector
Virgil Godde Building
Rocky Mount, Virginia 24151

Dear Mr. Cobb:

Lot #31, Palmer's Campground No. 2 has the Health Department's approval for electrical hook-up.

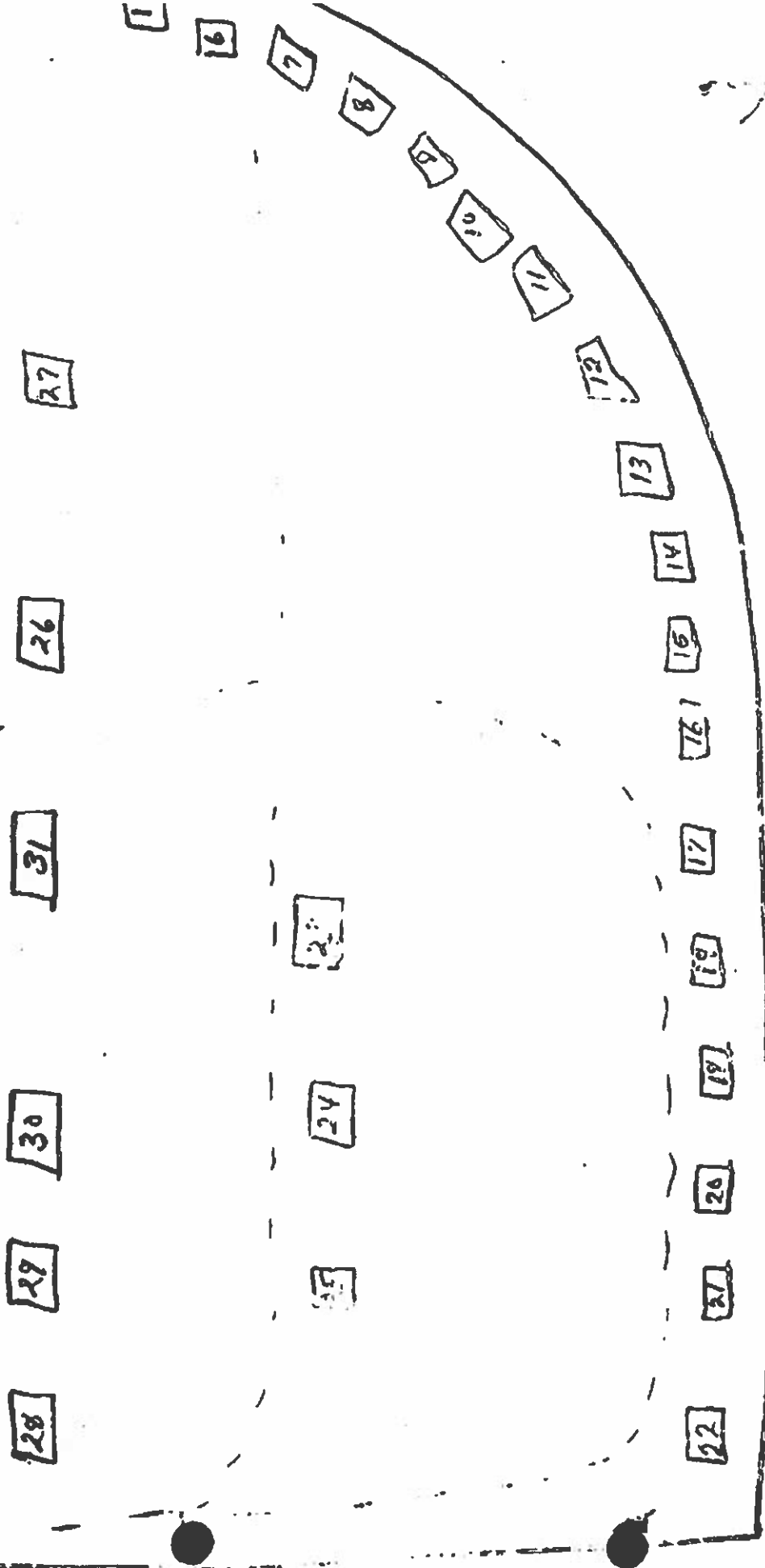
Sincerely,



J. M. Owens
Sanitarian

/n

Road



Water

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health



Health Department 133-95-0499
Identification No.
FRANKLIN COUNTY Health Department

Tax Map No. 51, par 27

ROBERT TURNER is Hereby Granted Permissi
to Operate a (Type) 2 Sewage Disposal System Having a Design Capacity of 450 gpd,

SUBDIVISION	SECTION/BLOCK	LOT
LAZY COVE TRAILER COURT		32-33

This permit is issued in accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section 3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health a

with Previously Issued permits CHS-202a, CHS-202b Dated 6-30-95

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 Specific Period of Time.

VARIANCES GRANTED SEE ATTACHED
~~XX~~ NONE SEE ATTACHED
 August 11, 1995

[Signature]

Effective Date August 11, 1995
 Recommended (Sanitarian) *[Signature]* Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

0/p

Health Department
Identification Number 133-75

Franklin Health Department

Name of Company/Corporation/Individual: L.D. Ellis

Address: _____ Telephone: _____

Owner's Name Robert Turner

Owner's Address Rt 2 Box 84 Martinsville

Location of Installation: Lot 32-33 Block _____

Section: _____ Subdivision: Levy Co. T.C.

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued. (date) 7-2-75 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

8-2-75 _____
Date Signature and Title

10818 - 0 - 700

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Health Department

Identification Number 133-95-0499

FRANKLIN Co. Health Department

Map Reference M 51 P 27

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 Robert Turner Telephone 632-3923

Address Rt 2 Box 84 Martinsville VA For a Type II Sewage Disposal System or Well to be constructed on/at 502, 260, onto 920, R. Plantation Rd, 1st, 2, mobile on Right

Subdivision Lazy Cove TC Section/Block Lot 32-33 Actual or estimated water use 450 gpd

3Bd
Total
3

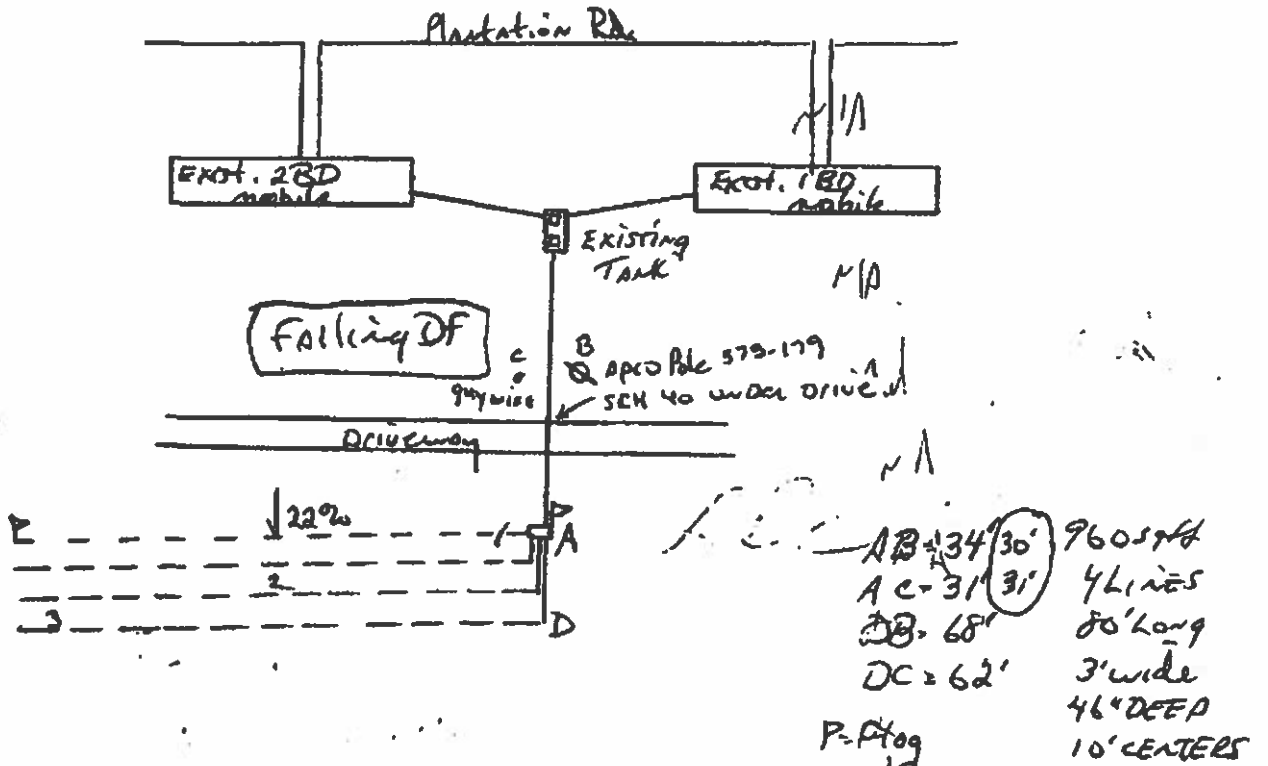
DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>Public</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments
To be installed: class <u> </u> cased <u> </u> grouted <u> </u>	Completion Report <u>NA</u> G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>3"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other <u>EXISTING</u>	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>NA</u>
Septic tank: Capacity <u> </u> gals. (minimum): <input type="checkbox"/> Other <u>EXISTING</u>	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>NA</u>
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other <u>EXISTING</u>	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>NA</u>
Pump and pump station: No <input type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: <u>NA</u>	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>NA</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other <u> </u>	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>2</u> ports. <input type="checkbox"/> Other <u> </u>	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>LO</u>
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 <u> </u>	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 <u> </u>	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>960</u> ; depth from ground surface to bottom of trench <u>46"</u> ; aggregate size <u>5'-1.5'</u> ; Trench bottom slope <u>2"-4"/100'</u> ; center to center spacing <u>10'</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>8-2-95</u> Inspected and approved by: <u>[Signature]</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.

*Lazy Cove TC
 Lots 32+33
 NOT TO SCALE*



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

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: 6-30-95 Issued by: [Signature]

Date: 7/7/95 Reviewed by: [Signature]
 Sanitarian #45
 Supervisory Sanitarian

This Construction Permit Valid until
12-30-96

If FHA or VA financing

Reviewed by Date _____ Date _____

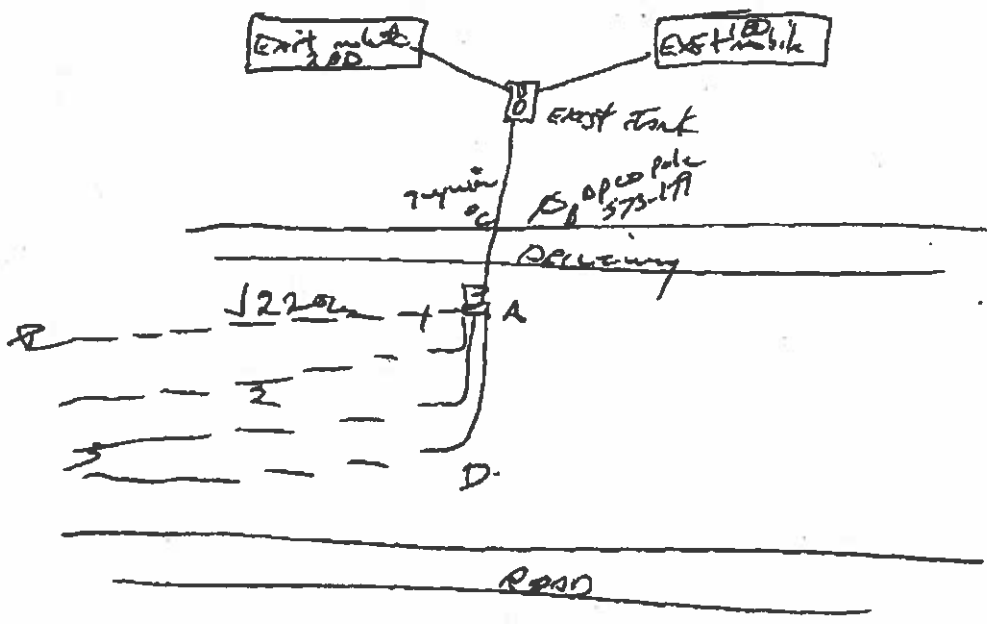
CH.S. 2028 Supervisory Sanitarian Regional Sanitarian

133-95-0497
 6-27-85
 GMS

①
 0-30 RCL
 3060 Rmil

②
 0-32 RCL
 3260 Rmil

③
 0-34 RCL
 3460 Rmil



4/1/85 803
 46" Deep

AB = 34'
 AC = 31'
 DB = 68'
 DC = 62'

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 133-95-0499
Tax Map Number M 51 P 27

General Information

Date 6-27-95 Franklin Co Health Department
Applicant Robert Turner Telephone No. 632-3923
Address Rt 2 Box 84 Martinsville Va
Owner SAME Address _____
Location 405, 4660, onto 920 R on Pinder Cove (Plantation Rd), 1st 2 miles on Rgt 20
Subdivision Lazy Cove Tr Block/Section _____ Lot 32-33

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe _____
2. Slope 22 %
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 10-45 min/inch
7. Percolation test performed Yes Number of percolation test holes _____
No Depth of percolation test holes _____
Average percolation rate _____
Name and title of evaluator G.D. Brown / EHS
Signature: [Signature]

Department Use

Site Approved: Drainfield to be placed at 46" 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 _____



COMMONWEALTH of VIRGINIA

Franklin County Health Department

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

P.O. BOX 249
ROCKY MOUNT, VIRGINIA 24151

OWNER'S NAME: Robert Turner
ADDRESS Rt 2 Box 84 Martinsville

AGENT'S NAME _____
ADDRESS _____

HEALTH DEPARTMENT ID NUMBER 133-95-0499
DATE OF ORIGINAL APPLICATION 6-21-95

I wish to change the above described application. The change or changes are as indicated:

	<u>FROM</u>	<u>TO</u>
TERMITE TREATMENT (chemical soil poisoning)	_____	_____
BASEMENT	_____	_____
FIXTURES IN BASEMENT	_____	_____
NUMBER OF UNITS	_____	_____
NUMBER OF BEDROOMS	<u>4</u>	<u>3</u>
OTHER, describe _____	_____	_____

SIGNED Robert H. Turner
OWNER/AGENT

DATE 6-29-95

CC: Owner with Permit

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

Health Department ID 133-95-0499
6/21/95

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional

FHA/VA yes no Case No. _____
 Owner Turner, Robert Address Rt Box 84 Phone 632-3923
Martinsville, Va 24112

Agent _____ Address _____ Phone _____

Directions of Property _____

Subdivision Lazy Cove Section _____ Block _____ Lot 32-33

Other Property Identification _____

Dimension/size of Lot/Property _____

Other Application Information

I. Building/facility New Existing
 Intermittent Use Yes No If yes, describe Weekends & Summer

II. Residential Use Yes No
 Termite Treatment Yes No
 Single Family (Number of Bedrooms 4) Multi-family (Number of Units 2)

Basement Yes No
 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 _____

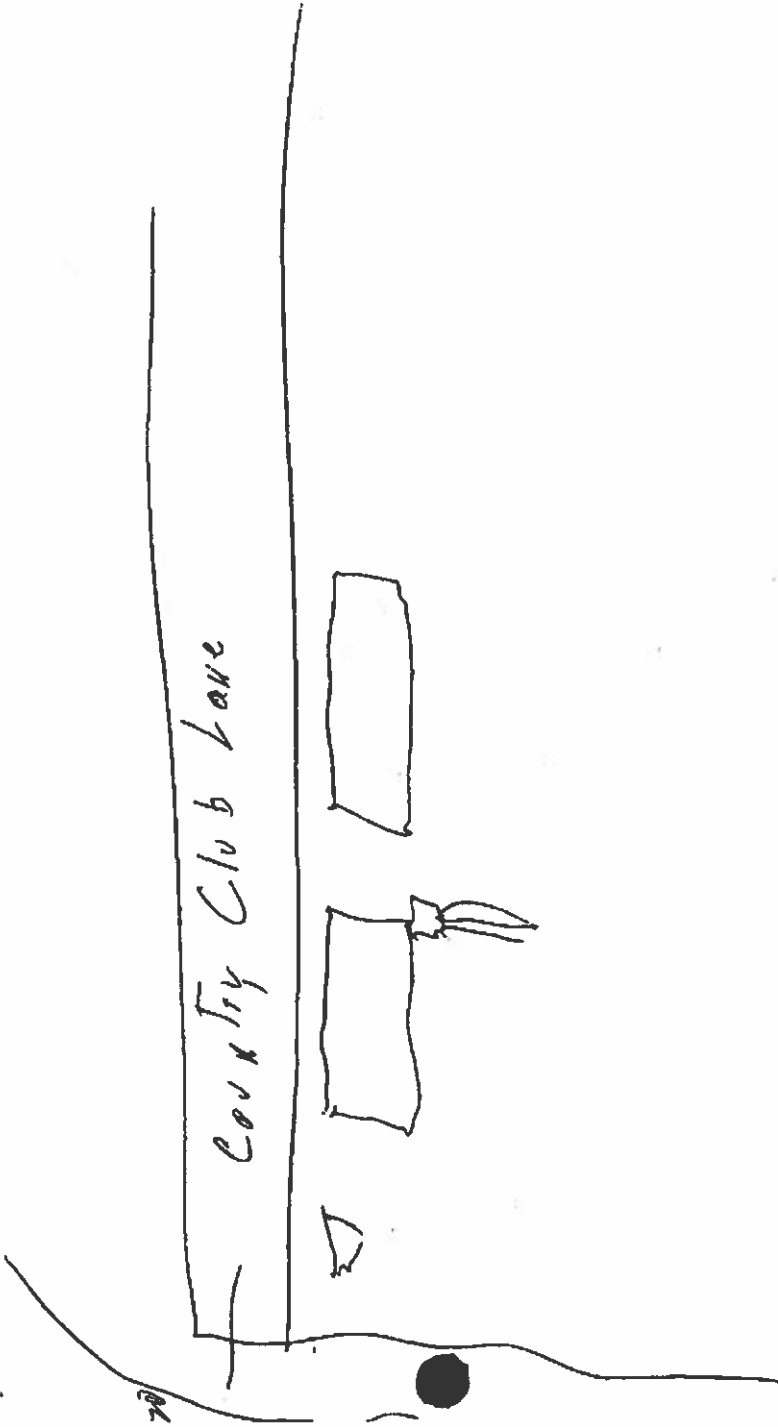
IV. Water Supply: Public New Existing
 Private New Existing
 Describe: _____

V. Proposed Sewage Disposal Method:
 Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other
 Public Sewerage System REPAIR Sewer system (system open)

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.

Robert A. Turner 6/21/95
 Signature of Owner/Agent Date



ALL WELLS AND SEPTIC TANKS AND DRAINFIELDS WITHIN 200 FEET OF MY PROPOSED/EXISTING BUILDING ARE SHOWN ON THIS DIAGRAM

SIGNED: *Robert F. Linn*

DATE 6-21-95

WELL/SEWAGE APPLICATION

OWNER Robert Turner GRID M 51 IP 27
 AGENT _____ PERMIT I.D.NO. 133-95-0499

TAG SHEET

	INITIALS	DATE
APPLICATION RECEIVED:	_____	_____
FEE DETERMINATION: AMT. PAID <u>Ø</u>	_____	_____
APPLICATION REVIEWED	<u>TRP</u>	<u>7/7/95</u>
ASSIGNED TO:	_____	_____
SITE VISIT SCHEDULED:	<u>COB</u>	<u>6-27-95</u>
SITE VISIT MADE:	<u>COB</u>	<u>6-27-95</u>
FOLLOW-UP VISIT:	_____	_____
FOLLOW-UP VISIT:	_____	_____
ISSUE/DENY DRAFTED:	<u>COB</u>	<u>6-30-95</u>
ISSUE/DENY REVIEWED:	_____	_____
ISSUE/DENY COUNTERSIGNED:	<u>TRP</u>	<u>7/7/95</u>
ISSUE/DENY MAILED:	_____	_____

~~40E, L 660, R 920 to Palmer's Campground~~

40 E, L 660 (Penhook), ~~straight~~ L at fork (stay on Rt 660),
 straight on 920 where 660 goes to L. R at Pirate's Cove
 Mobile Park sign (also Plantation Rd). Follow gravel rd.
 to 1st 2 mobile homes on R (# 33 + 31) on front.
 Can install new lines between 2 gravel drives below
 mobile homes.

INCOMPLETE STATUS

SECOND NOTICE SENT	_____	_____
THIRD/FINAL NOTICE SENT	_____	_____
FILE CLOSED AS INCOMPLETE	_____	_____