BARTLICK DISTRICT

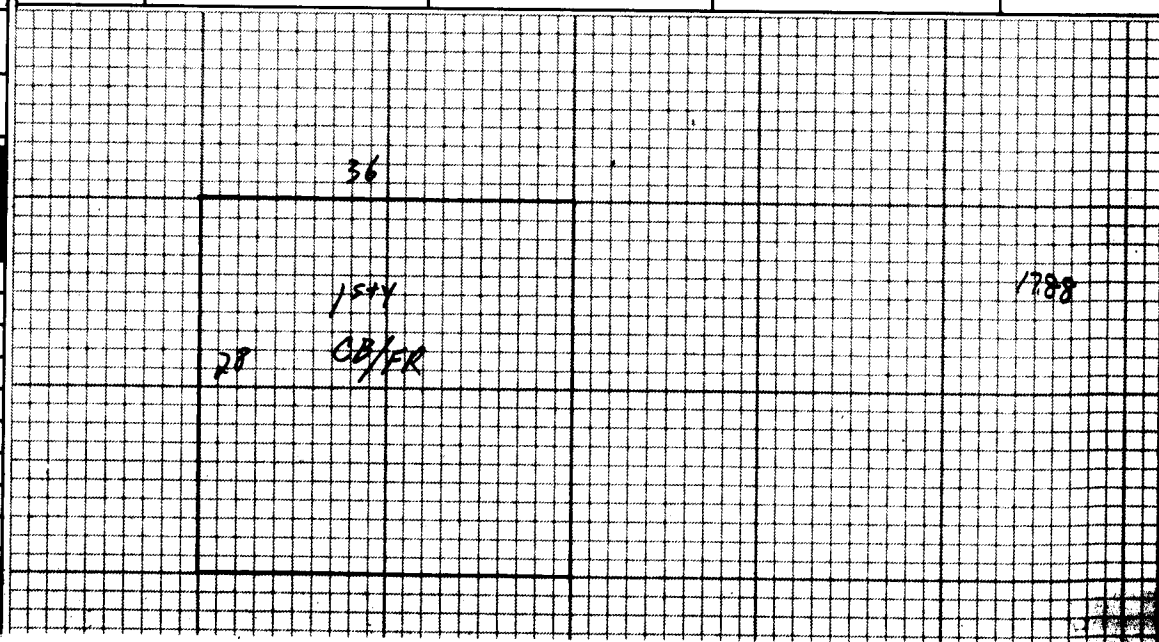
00000000009516

MULLINS EDWARD L. ~~C/O DOROTHY MULLINS~~ ~~P O BOX 480~~ HAYSI VA	DATE RECORDED	10-11-79
~~P O Box 480~~ ~~Haysi VA 24256~~ RAVAN VA ~~24639~~ 24256	DEED OR WILL BOOK	DB 0199 0798
	CONSID-ERATION	1000
~~Haysi VA 24256~~ BAILEY, Robert Rt 1 Box 374 Haysi VA 24256	DATE RECORDED	11-30-99
	DEED OR WILL BOOK	350,796
	CONSID-ERATION	2000
	DATE RECORDED	
	DEED OR WILL BOOK	
	CONSID-ERATION	
	DATE RECORDED	
	DEED OR WILL BOOK	
	CONSID-ERATION	
	DATE RECORDED	
	DEED OR WILL BOOK	
	CONSID-ERATION	

CLASS	LEGAL DESCRIPTION
2	BARTLICK .3AC
ZONING	
DISTRICT 04	

1992			
1993			
1994	2,500	10,700	13,200
1995	2,500	10,700	13,200
1996	2500	10,700	13200
1997	1000 ~~2500~~	1000 ~~5000~~ ~~10,700~~	3000 ~~1500~~ ~~13,200~~
1998	1000	1000	2000
1999	1000	1000	2000
2000			
2001			
2002			
2003			

NOTES: House in very Bad Shape
not Lived in for Several Years
Windows Broken, Tin Roof in Bad Shape
A tree Fell on it
House is Cinder Block
~~10-28-99~~ Land cannot be approved for a Septic System. Land value no longer house site. for R.R.
See Attached. Life Estate for Edith Bailey



MAP NO. 143 C(A) 170S

Dwelling ✓	Comp. Sh.	Wood Siding	Yr. Built 93 Remod.	Bsmt. [ ] 2nd [ ]	Plaster	BATH(S) 1 Full ½ Bath(s)	
	Slate	Roll Roofing ✓	No. Stories 1	1st [✓] 3rd [ ]	Sheet rock	Modern Bath ☐ Modern Kitchen ☐	
	Asbestos	Asb. Wood Shg.	S. Level ☐ S. Foyer ☐	Total No. Bedrooms	Ceiled	Cent. Heat coal	A/C
	Metal ✓	Cin. Block ☐ Stone ☐			Panel	Flr. or Wall Furnace ☐ Stove(s) ☐	
Wood Frame ✓	Tar & Grav.	Stucco ☐ Con. Block ☐	Crawl ☐ Conc. ☐	HW ☐ Pine ☐ Carp. ☐ Tile ✓	Unfinished Chip Board ✓		
Cin. Block ✓	Tile	Aluminum ☐ Masonite ☐	Piers ☐ Cin. Blk ✓			Number NO	
Steel Frame	Shakes	Storm Doors ☐ Storm Win. ☐	Slab ☐ Brick ☐	Disappearing Stairs	Gd. ☐ Fair ✓ Poor ☐ VP ☐	Number Chimneys	
			Basement Size NO	Attic Floor & Stairs		Brick [ ] C. Block [ ]	
		Gd. ☐ Fair ☐ Poor ✓ VP ☐	Bsmt. Finish	¼ ☐ ½ ☐ ¾ ☐ Full ☐	Attic ☐ Walls ☐ Fl. ☐	Stone [ ] Metal [ ]	

1sty	1008	30	30240		
Porch					
Porch					
Carport					
Garage					
Cent. A/C					
Basement					
Bsmt. Finish					
Attic					
Fireplace(s)					
Heating					
Bath(s)					
Total			30240		
Factor			.71		
Replacement			21470		

							YR. 1994	YR.	YR.
Dwelling			~~E~~	21470	50%	10735			
				FV			~~5,000~~ 1,000		

M & L	M & L
DATE	DATE
APRP. HB	APRP. BA
DATE 2-24-94	DATE 8-4-97
CLASSIFICATION 2	ZONING

Owner
Make Year
Size Cond.
Not Home ☐ Time
AM ✓ PM ☐

Market Value All Improvements	~~10700~~	~~5,000~~	1,000
Market Value All Land	2500	~~1,500~~	
	13200	~~7,500~~	

Agric.			
Hort.			
Forest			
Open Space			
Totals			

Land Cost
$
Bldg. Cost
$
Sale Price
$
Rent
$
Expenses
$
Net Rent
$

BOARD REVIEW NOTES

CLASSIFICATION	ACRES	RATE	ADJ.		CLASSIFICATION	ACRES	RATE	ADJ.
Home Site POOR	.3			~~2500~~ 1,000	Home Site			
Wasteland					Wasteland			
	.3			~~2500~~ 1,000				

Public Water		Paved	✓
Public Sewer		Gravel	
Well	✓	Dirt	
Spring		No Road	
Septic System	✓	Curb & Gutter	
U. G. Utilities		Sidewalk	

LOW ☐ STEEP UP ☐ STEEP DOWN ☐

General Remarks:

COMMONWEALTH of VIRGINIA

DICKENSON COUNTY HEALTH DEPARTMENT

IN COOPERATION WITH THE STATE DEPARTMENT OF HEALTH

P. O. Box 768
Clintwood, Virginia 24228

TELEPHONE 926-4878

October 19, 1999

Certified Mail

Dorothy Mullins
POB 743
Haysi, VA 24256

RE: 99-125-289

THROUGH: Hillard E. Clevinger JR., Environmental Health Supervisor

Dear Ms. Mullins:

On October 05, 1999 you filed an application with the Dickenson County Health Department to construct an on-site sewage disposal system on your property located from Clintwood on state road 83 east. Left in Haysi onto state road 80 towards Breaks. Left onto state road 611. Go 2 miles to the site on the right.

Your application has been evaluated in accordance with the requirements contained in the **Code of Virginia, Section 32.1-164, the Sewage Handling and Disposal Regulations**, and current Agency policy and procedures for processing applications for on-site sewage disposal systems.

Based on the information filed with your application, and the site evaluation conducted by the Department's representatives, your application for a permit to construct an on-site sewage disposal system for the above reference location is denied. The Department's findings and reasons for denial are set forth below.

1. Position in landscape subject to flooding or periodic saturation.

2. Insufficient depth of suitable soil to seasonal water table.

3. Rates of absorption too slow.

4. Proposed system too close to wells.

VDH

Under the Sewage Handling and Disposal Regulations, the following course(s) of action is available to you:

1. Obtain an easement or purchase additional suitable property to install an on-site sewage disposal system.

2. In a case(s) where it has been determined in accordance with the **Sewage Handling and Disposal Regulations**, that a conventional on-site subsurface soil absorption system cannot be installed, an application for a **Type III Sewage Disposal System** may be filed for an Alternative Sewage Treatment System.

This decision may be appealed in accordance with the provisions of the Sewage Handling and Disposal Regulations, by requesting a hearing in writing within 30 days to Dorothy Vincent M.D., Health Director Cumberland Plateau Health District, POB Box 387 Lebanon, VA 24266 detailing and outlining all the facts and other information which forms the basis of your appeal for a review of the decision(s) outlined above.

If you have any questions, please contact us at the Dickenson County Health Department at (540) 926-4979.

Sincerely,

Brian Stanley
Environmental Health Specialist Senior

PC: Banner Anderson, Building Official
Dorothy Vincent M.D., Health Director
Jack WyCoff, Environmental Health Manager
Clairisse Cartier, DEQ
LHD

Draft

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

Fee waiver done 10-5-99. DZB Health Department ID 99-125-289

To Be Completed By The Applicant

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

Owner Dorothy Mullins Address P.O.Box 743 Hayes VA. Phone 865-4328 office

Agent ___ Address ___ Phone ___

Directions of Property On 611 off Baptist to a Block house on the right. about 2 miles down

Subdivision ___ Section ___ Block ✓ Lot ___

Other Property Identification ___

Dimension/size of Lot/Property .3 ac. more less.

Other Application Information

I. Building/facility	___ New	___ Existing	
Intermittent Use	___ Yes	✓ No	If yes, describe ___
II. Residential Use	✓ Yes	___ No	
Termite Treatment	___ Yes	___ No	
	3 Single Family (Number of Bedrooms ___)	___ Multi-family (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: City Water

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. Do rights-of-way or easements exist on the property? Y ___ N ✓ If so indicate on site plan.

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.

Dorothy Mullins — Signature of Owner/Agent

10-5-99 — Date

CHS 200

IDENTIFYING DATA

DATE ADMITTED

PIN: NAME:

program No. | (last) Mullins | (first) Dorothy | (middle)

BIRTHDATE | RACE/SEX CODE 1 2 3 4 5 6 7 8 9 0 | MARITAL STATUS | S.S.NO. | STATUS | PREVIOUS PATIENT NO.

MAILING ADDRESS PO Box 743, Hazel, VA 24256 | CITY/COUNTY OJ | CENSUS TRACT

DIRECTIONS TO HOME

HEAD FAMILY UNIT/GUARDIAN Dorothy Mullins [redacted]

EMERGENCY CONTACT Edith Bailey ADDRESS [redacted] PHONE 265-4[illegible]

PRIVATE PHYSICIAN/CLINIC/HOSPITAL ADDRESS PHONE NO.

PAYMENT SOURCE

MEDICAID NO. | MEDICARE NO.

EFFECTIVE DATES | EFFECTIVE DATES PLAN A | PLAN B

INSURANCE CO. | POLICY NO. | GRP. NAME

TYPE COVERAGE | SUBSCRIBER | GRP. NO.

PERSON RESPONSIBLE FOR PAYMENT | ADDRESS

FAMILY DEMOGRAPHIC INFORMATION

SOURCE	RELATIONSHIP TO PATIENT	[redacted]
SSA	Self	[redacted]
SSA	Husband	[redacted]

VERIFICATION SOURCE: SSA | TOTAL INCOME [redacted]

FAMILY UNIT: NO. ADULTS 2 NO. CHILDREN 1 TOTAL 3 | [redacted] | INCOME LEVEL CHART I [illegible] CHART II

SERVICES REQUESTED Septic system fee waiver | SERVICE CODE | SERVICE CODE

PATIENT CERTIFICATION

I certify that the information provided is a true and complete statement according to my best knowledge and belief and that a full explanation of services and charges has been given to me. I understand that if I give false information, withhold information, or fail to report changes promptly, I will be breaking the law and can be prosecuted and/or have services discontinued.

In applying for payment by Medicare, Medicaid, Title XX and/or other health care benefits, I authorize release of records necessary to act on this and request that payment of authorized benefits be made in my behalf.

I give my permission for me and/or my dependents to be interviewed, examined and/or treated.

10-5-89 (date) Dorothy Mullins (signature) self (relationship)

HEALTH DEPT. USE

REMARKS:

INTERVIEWER: Rhonda Hall TITLE: OAA DATE: 10-5-89