

## Suffolk Health Department Application for Site Improvements

OWNER James Rivera

PHONE NUMBER 757-582-1128

AGENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS 500 Blue Bell St, 23323

E-MAIL ADDRESS: James\_Rivera06@yahoo.com

LOCATION OF PROPERTY 614 616 1 (TAX MAP)

4ahoo.com

TAX MAP Col BLK/SECT. Col R LOT 1 7019 CORNTH CHAPEL RD SUFFOLK, VA 23437

If Residential, Current # Bedrooms: \_\_\_\_\_ Proposed # Bedrooms 4

If Non-residential, Current Use: \_\_\_\_\_

PROPOSED Use or Site Improvements Home

Account No.: 154000945

The property boundaries and building locations are clearly marked or identified at the property. I give permission to the Virginia Department of Health to enter the property described, if necessary, for the purpose of processing this application. An accurate sketch of the property, existing structures, wells, sewage disposal systems and proposed structure(s) is attached. I understand I may have to uncover parts of the sewage system in order for the Health Department to perform this evaluation.

James Rivera  
Signature of Owner/Agent

8/21/24  
Date

### BUILDING/ZONING REVIEW

Planning/Zoning hereby requests that the Virginia Department of Health evaluate the onsite sewage system and/or water supply on the property described to determine whether:

The existing/proposed onsite system sewage disposal system is safe, adequate and proper (SAP) for the proposed use (see §32.1-165 of the *Code of Virginia*). Structures designed for human occupancy.

For pools, decks, garages, pole barns, sidewalk installations, and other structures not designed for human occupancy, the local building official may ask VDH to determine whether proposed construction will interfere with the existing sewage system's function.

C. Govei

BUILDING/ZONING REPRESENTATIVE

8/21/24  
Date

### HEALTH DEPARTMENT EVALUATION

Is the existing system onsite sewage system safe, adequate and proper or approvable as nonconforming for the proposed use pursuant to Va. Code §32.1-165?  Yes  No  Not applicable

There is no guarantee given or implied this sewage disposal system will continue to function properly in the future. In the event of a sewage disposal system malfunction, the owner will be responsible for any repairs or other actions deemed necessary by the Department to correct the situation.

**Courtesy Review** There is no guarantee given or implied the proposed construction will not interfere with any components of the sewage disposal system and/or water supply. The Department is simply performing a courtesy review for the locality to try to identify any potential conflicts based on information available. In the event of damage to a sewage disposal system or well during construction, the owner will be responsible for any repairs or other actions deemed necessary by the Department to correct the situation.

COMMENTS Sewage Disposal and Private Water Well Construction

Permit issued 8/21/2024 for construction of new, 4-bedroom, single-family construction.

Carry A Home  
SIGNATURE HEALTH DEPARTMENT OFFICIAL

8/21/2024  
Date

**Private Sector Construction Permit 32.1-163.5**

August 27, 2024

**Onsite Sewage System Construction Permit - Va. Code §32.1-163.5**

James Rivera  
626 Brisa Court  
Chesapeake, Virginia 23322

**RE: Issuance of OSE Sewage Disposal and Private Water Well Construction Permit**

Site Address: 0 Corinth Chapel Road, Suffolk, Virginia 23437

Tax Map#: 61\*61\*1 City: SUFFOLK / 800

Account No.: 154000945

Permit ID: 800-STS-16044 Suffolk HDID#: C 800-24-0174

Reserve: 0% reserve area provided

System Capacity: Residential, 4 Bedrooms, 600 gallons per day

Occupancy Limit: 8 persons maximum

Dear Mr. Rivera:

This letter and the attached drawings, specifications, and calculations (12 pages) dated 08/01/2024, constitute your permit to install a sewage disposal system and well on the property referenced above. Your application for a permit was submitted pursuant to §32.1-163.5 of the Code of Virginia, which requires the Virginia Department of Health (VDH) to accept private soil evaluations and designs from an Onsite Soil Evaluator (OSE) or Professional Engineer (PE). VDH is not required to perform a field check to verify the private evaluations of OSEs or PEs and such a field check may not have been conducted for the issuance of this permit.

The soil absorption area ("site"), sewage system design, and the well location and construction were certified by Wendy Odom, Private OSE as substantially complying with the Board of Health's regulations. This permit is issued in reliance upon that certification. VDH hereby recognizes that the soil and site conditions acknowledged by this permit are suitable for the installation of an onsite sewage system. The attached plat shows the approved area for the sewage disposal system; there are additional records on file with the Suffolk Health Department pertaining to this permit, including the Site and Soil Evaluation Report. This construction permit is null and void if any substantial physical change in the soil or site conditions occurs where a sewage disposal system is to be located.

If modifications or revisions are necessary between now and when you construct your dwelling, please contact the OSE who performed the evaluation and design on which this permit is based. Should revisions be necessary during construction, your contractor should consult with the OSE that submitted the site evaluation or site evaluation and design. The OSE is authorized to make minor adjustments in the location or design of the system at the time of construction provided adequate documentation is provided to the Suffolk Health Department. The OSE that submitted the certified design for this permit is required to conduct a final inspection of this sewage system when it is installed and to submit an inspection report and completion statement. As the owner, you are responsible for giving reasonable notice to the OSE of the need for a final inspection. No part of this installation shall be covered until it has been inspected by the OSE as noted herein. The sewage system may not be placed into operation until you have obtained an Operation Permit from the Suffolk Health Department.

This Construction Permit is null and void if conditions are changed from those shown on your application or if conditions are changed from those shown on the Site and Soil Evaluation Report and the attached construction drawings, specifications, and calculations. VDH may revoke or modify any permit if, at a later date, it finds that the site and soil conditions and/or design do not substantially comply with the Sewage Handling and Disposal Regulations, 12 VAC 5-610-20 et seq., or if the system would threaten public health or the environment.

This permit approval has been issued in accordance with applicable regulations based on the information and materials provided at the time of application. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this onsite sewage system. The owner is responsible at all times for complying with all applicable local, state, and federal laws and regulations. This construction permit is transferrable until expired or deemed null and void. A permit transfer form may be found on the VDH website at:

<http://www.vdh.virginia.gov/environmental-health/gmp-2015-01-forms/> .

If you have any questions, please contact the Suffolk Health Department, (757) 514-4751.

This permit expires: 02/27/2026.

Sincerely,

  
Carey G. Horne  
Environmental Health Specialist, Sr.

CC: Wendy Odom Private OSE

**Well and Sewage Contractors: Please notify Health Department and OSE or PE 48 hours prior to installation to arrange for inspection.**

#### **WHAT YOU WILL NEED TO GET YOUR SEPTIC SYSTEM OPERATION PERMIT**

Your system must have a satisfactory inspection at the time of installation. This will be done by either a private OSE or a PE, depending on the designer of your permitted system. Your OSE or PE must submit a copy of the inspection results, complete with an as-built diagram, to the Health Department.

Please ensure that your contractor turns in a Completion Statement to the local Health Department after installation.

#### **IF YOUR PERMIT IS FOR BOTH A SEPTIC SYSTEM AND WELL YOU WILL ALSO NEED**

Your well must have satisfactory inspection results after installation. Please give the Health Department several days notice to schedule this inspection before your Operation Permit will be requested.

The Health Department must receive a copy of your water sample test result being negative/satisfactory for coliform bacteria. You are responsible for performing this test and ensuring the results are received at the Health Department

Please ensure that your Well Driller submits a Uniform Water Well Completion Statement or GW-2 to the Health Department, including documentation of a proper well abandonment if required by permit

Allow 5 business days after the last piece of documentation is received for the Operation Permit to be issued. To avoid delays, clearly label each piece of documentation with the property Tax Map/GPIN number and HDID number shown above and on your construction permit. Please note that due to the individual circumstances of your permit there may be additional required items not covered by this checklist.

If you have any questions about any of the items on this list, please do not hesitate to contact the Suffolk Health Department.

# Wendy's Onsite Evaluation & Design, L.L.C.

Wendy Odom, OSE # 1940001152  
 433 Pleasant Grove Rd  
 Seaboard NC 27876  
 757-635-6229  
 252-578-2774

## OSE REPORT FOR

**APPROVED PLANS**  
**Health Department**

SIGNED: Caeyan Horn  
 DATE: 8/21/2024

CONSTRUCTION PERMIT: NEW CONSTRUCTION  EXPANDED  REPAIR

CONVENTIONAL DESIGN  TL-2 TREATMENT  TL-3 TREATMENT

IS THIS PROPERTY IN THE CHESAPEAKE BAY WATER SHED  YES  NO  
 IS NITROGEN REDUCTION REQUIRED UNDER 12VAV 5-613-90.D.  YES  NO

Property Location:	Subdivision: _____ Lot _____ Section _____ GPN or Tax Map # <u>61*61*1</u> Health Dept. ID # _____ Latitude _____ Longitude _____
Street address: Corinth Chapel Rd City/ County: Suffolk/Suffolk	

Applicant/Client Mailing Address: Name: James Rivera Street address: 626 Brisa Ct City/State/Zip code: <u>Chesapeake VA 23322</u>	
Prepared by: OSE Name <u>Wendy Odom</u> Address <u>433 Pleasant Grove Rd Seaboard</u> Phone # <u>757-635-6229/252-578-2774</u> License # <u>1940001152</u>	PE Name: _____ Address: _____ License # _____

Date of Report <u>8/1/24</u> OSE/PE Job # <u>2024-151</u>	Date of Revision #1 _____ Date of Revision #2 _____
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CONTENTS/ INDEX OF THIS REPORT: Total number of Pages: <u>1</u>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Application</li> <li><input checked="" type="checkbox"/> Survey Plat</li> <li><input checked="" type="checkbox"/> Soil Profile Descriptions</li> <li><input checked="" type="checkbox"/> Soil Information Summary</li> <li><input checked="" type="checkbox"/> Soil Boring location sketch</li> <li><input checked="" type="checkbox"/> Abbreviated Design Calculations – Primary/Reserve</li> <li><input checked="" type="checkbox"/> Design Calculations -- Primary/Reserve</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Construction Permit</li> <li><input checked="" type="checkbox"/> Pump Diagram</li> <li><input checked="" type="checkbox"/> Pump Curve</li> <li><input checked="" type="checkbox"/> General Notes</li> <li><input checked="" type="checkbox"/> Product Specification Sheets</li> <li><input checked="" type="checkbox"/> Certification Statement</li> <li><input checked="" type="checkbox"/> Private Well Construction Information</li> </ul>

I do hereby accept and approve the Construction Permit Package for an onsite sewage disposal system contained in the attached package. I understand the Construction Permit for a four(4) bedroom dwelling and a copy of the package is to be submitted to the local Health Department for final review and approval. I have been advised that all local zoning fees and Health Department Application fees are my responsibility. I acknowledge receipt of the Construction Permit package. I understand that if the permit package expires (18 months from approval date), or a site visit is required to relocate any part of the drainfield after submission of the permit package, a fee of \$500 will be required. If the system, for any reason, is never installed, I agree to pay Wendy's Onsite Evaluation & Design any outstanding balance minus the inspection fee.

Applicant Signature James Rivera

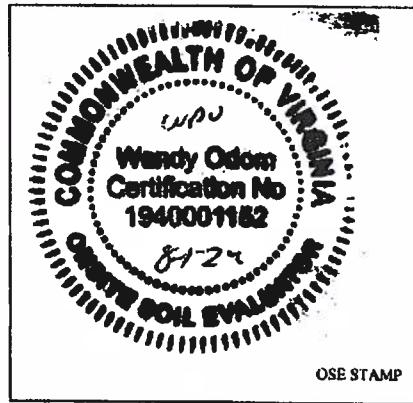
Date 8/1/24

I hereby certify that the evaluations and/ or designs contained herein were conducted in accordance with The Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the Laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

The work attached to this cover page has been conducted under an exemption to the practice of engineering. Specifically the exemption in Code of Virginia Section 54.1-402.11

I recommend that a (select one):  construction permit  certification letter  
 subdivision approval be (select one)  issued  denied

OSE/ PE Signature Wendy Odom Date 8-1-24



Z2765735

VISA 034247 \$525.00

## Commonwealth of Virginia

Application for:  Sewage System  Water Supply

Owner James Rivera

Mailing Address 626 Brisa Ct

Chesapeake, VA 23322

Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

Site Address Corinth Chapel Rd

Directions to Property: \_\_\_\_\_

Subdivision \_\_\_\_\_

Section \_\_\_\_\_

Block \_\_\_\_\_

Lot 61 x 1Tax Map 61\*61\*1

Other Property Identification \_\_\_\_\_

Dimension/Acreage of Property 2.953

## Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) only when ready to build.

Certification Letter  Construction Permit  Voluntary Upgrade  Repair Permit  Minor Modification

## Proposed Use:

Single Family Home (Number of Bedrooms 4)

Multi-Family Dwelling (Total Number of Bedrooms \_\_\_\_\_)

Other (describe) \_\_\_\_\_

Basement?  Yes  NoWalk-out Basement?  Yes  NoFixtures in Basement?  Yes  NoConditional permit desired?  Yes  No

If yes, which conditions do you want?

Reduced water flow  Limited Occupancy  Intermittent or seasonal use  Temporary use not to exceed 1 year

Do you wish to apply for a betterment loan eligibility letter?  Yes  No \*There is a \$50 fee for determination of eligibility.

## Water Supply

Will the water supply be  Public or  Private?Is the water supply  Existing or  Proposed?If proposed, is this a replacement well?  Yes  NoIf yes, will the old well be abandoned?  Yes  NoWill any buildings within 50' of the proposed well be termite treated?  Yes  NoWell Type (e.g. domestic use, agricultural, irrigation, etc.) Deep Well

## All Applicants

Is this property intended to serve as your (owners) principal place of residence?  Yes  NoAll applications must be accompanied by private sector evaluations and designs, unless a petition for VDH services is approved. Is a Petition for Service form attached?  Yes  No

In order for VDH to process your application for a sewage system you must attach a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage sites must be clearly marked and the property sufficiently visible to see the topography. I give permission to the Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

*James Rivera*  
Signature of Owner/ Agent

C800-24-0174

2-12

VDH Use only

Health Department ID#

Due Date 8/27/24

Phone 757-582-1128

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

*8/21/24*  
Date



Tax Map Number 61\*61\*1

General Information		
Date <u>6/2/24</u>		
Applicant James Rivera		
Address 626 Brisa Ct		
Owner <u>same</u>	Address <u>same</u>	
Property Location <u>Corinth Chapel Dr</u>		
Subdivision _____	Block/Section _____	Lot <u>61*1</u>
Soil Information Summary		
1. Position in landscape satisfactory Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Describe <u>sideslope</u>		
2. Slope <u>0-2 %</u>		
3. Depth to rock/impervious strata Max. _____ Min. _____ None <u>&gt;40"</u>		
4. Depth to seasonal water table (gray mottling or gray color) No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>&gt;40 inches</u>		
5. Free water present No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> _____ range in inches		
6. Soil percolation rate estimated Yes <input checked="" type="checkbox"/> Texture group <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV Estimated rate <u>35</u> mpi at pad/trench bottom Design percolation rate <u>35</u> mpi. (estimated percolation rate for soils 12 inches below trench/pad)		
7. Percolation test performed Yes <input type="checkbox"/> Number of percolation test holes _____ No <input checked="" type="checkbox"/> Depth of percolation test holes _____ Average percolation rate _____		
Name and title of evaluator: <u>Wendy Odom OSE# 1940001152</u>		
Signature <u>Wendy Odom</u>		
<input checked="" type="checkbox"/> Site Approved: Drainfield to be placed at <u>22"</u> depth at site designated on permit <input type="checkbox"/> Site Disapproved: Comments:		
Reasons for rejection:		
1. <input type="checkbox"/> Position in landscape subject to flooding or periodic saturation.		
2. <input type="checkbox"/> Insufficient depth of suitable soil over hard rock		
3. <input type="checkbox"/> Insufficient depth of suitable soil to seasonal watertable.		
4. <input type="checkbox"/> Rates of absorption too slow.		
5. <input type="checkbox"/> Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.		
6. <input type="checkbox"/> Proposed system too close to well.		
7. <input type="checkbox"/> Other Specify _____		

**Profile Description**  
**SOIL EVALUATION REPORT**

Date of Evaluation: 6/12/24

Tax Map no.: 61\*61\*1

**Property Location:** Corinth Chapel Dr

See attached sketch for soil boring locations.

**Remarks**

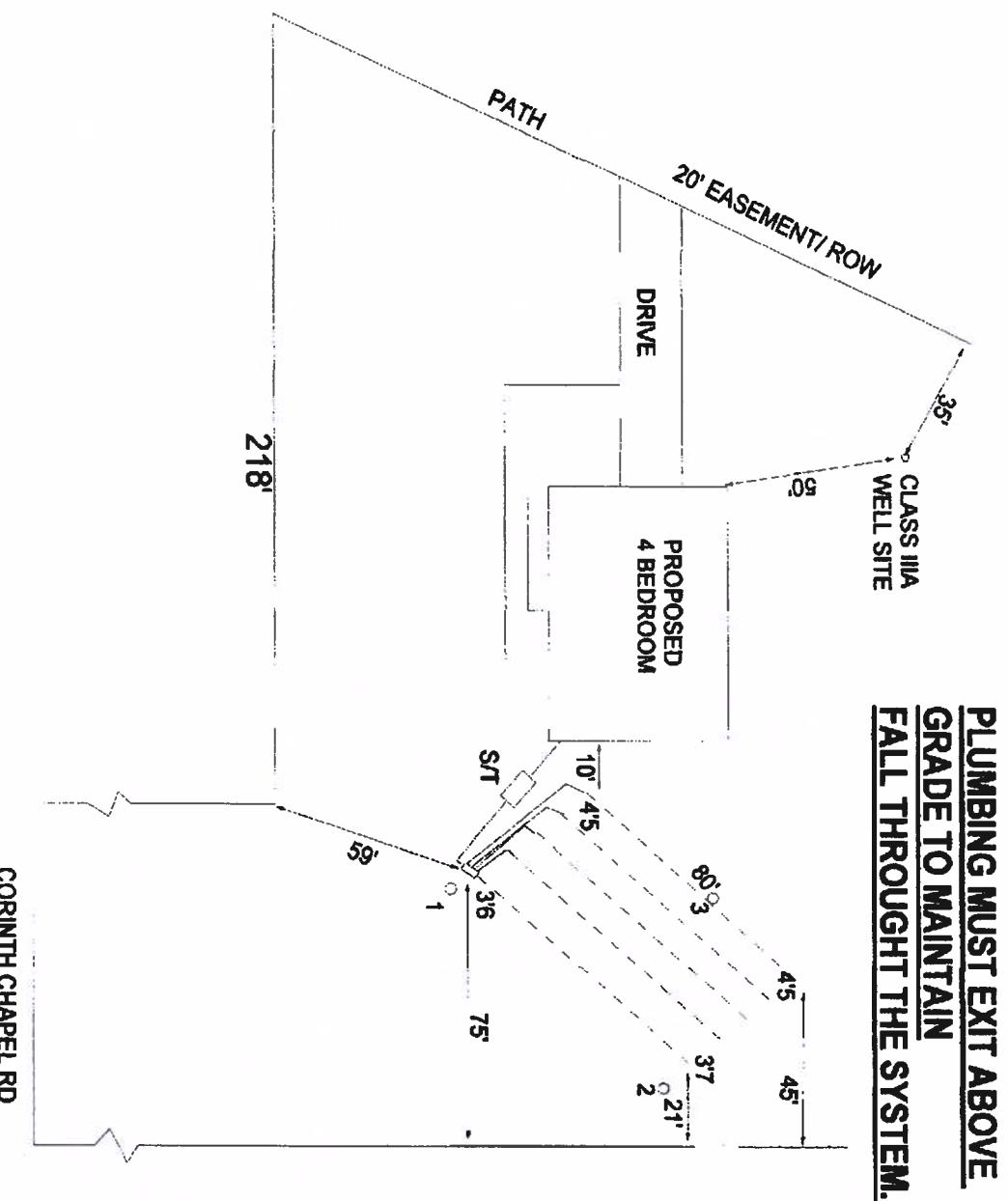
Wendy Stein

**Name and Title of Evaluator**

8-1-24

**Date**

6-12



**PLUMBING MUST EXIT ABOVE**  
**GRADE TO MAINTAIN**  
**FALL THROUGH THE SYSTEM.**

## NEW 1250 GALLON SEPTIC TANK TO BE INSTALLED

3 | RENCHES 80F | LONG AND 3 FEET WIDE

## INSTALL TRENCHES ON 9FT CENTERS

INSTALL BOTTOM OF TRENCHES 24 INCHES  
FROM GROUND SURFACE

**DISTURBANCE OR REMOVAL OF SOIL DURING  
VEGETATION REMOVAL OR DURING INSTALLATION  
OF DRAINAGE IS MAY VOID THIS PERMIT**

**KEEP ALL VEHICULAR TRAFFIC OFF DRAINFIELD AREA.  
ANY DAMAGE OF DRAINFIELD AREA MAY VOID THIS PERM**

A SANITARY SURVEY WAS CONDUCTED WITHIN 200FT OF THE PROPOSED SEPTIC SYSTEM. THERE ARE NO WELLS THAT WILL BE IMPACTED.

**APPROVED PLANS**  
**Health Department**

## SEWAGE DISPOSAL SYSTEM CONSTRUCTION SPECIFICATIONS

### GENERAL INFORMATION

NEW  REPAIR  EXPANDED

Owner: James Rivera

Address: 626 Brisa Ct

System type: Conventional

PROPERTY LOCATION: Tax Map: 61\*61\*1 Street/Road: Corinth Chapel

Subdivision: \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot 614-1

Actual or estimated water use 600 GPD Number of bedrooms 4

### DESIGN SPECIFICATIONS

Water Supply, existing: (describe)

To be installed: Class IIIA

Casing depth: 100' minimum

Grouting depth: 20' minimum

Building sewer:

3-4" I.D. PVC or equivalent. Slope: 1.25" per 10' (minimum)

Other \_\_\_\_\_

Septic Tank: Capacity 1250 gals. (minimum)

Other \_\_\_\_\_

Inlet-outlet structure:

PVC schedule 40, 4" tees or equivalent

Other \_\_\_\_\_

Pump and pump station: No  Yes

Pump chamber capacity gals. Top-seam tank make: Wrights Ready Mix or equal

Pump make and model

Gravity mains/ Conveyance line: 3" or larger I.D., 6" fall per 100' minimum, 1500 lb. crush strength or equivalent.

Other \_\_\_\_\_

Distribution/splitter box:

Material concrete Number of port 10

Other \_\_\_\_\_

Header lines:

Material: 4" I.D. 1500 lb. crush strength plastic or equivalent

Header line to extend 2' into absorption trench. 2" minimum slope

Other pvc 3000#

Percolation lines:

Material: 4" plastic 1000 lb. per foot bearing load or equivalent

Slope: 2"- 4" (minimum/maximum) per 100'

Other \_\_\_\_\_

Absorption trenches/pad:

Square ft. required: 1200ft<sup>2</sup>; Depth from ground surface to bottom of trench 22"; Depth of aggregate 12"; Trench width 3'; Trench length 80'; Number of trenches 5; use 0.5 – 1.5 inch clean stone; cover trenches with approved filter fabric

Design CalculationsOwner: James RiveraTax Map Reference: 61\*61\*1

Property Location: Corinth Chapel Rd

<b>FLOW</b>	
Type of use <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other Number of bedrooms: <u>4</u> Number of employees: _____ Number of patrons: _____ Daily flow (peak design) in GPD: <u>600</u>	Show Calculations here  $150 \text{ gals} \times 4 \text{ bedrooms} = 600 \text{ gals}$  From Table 5.1 of the <u>Regulations</u> : $\frac{8}{\text{no. of persons}} \times 75 \text{ gal. (flow/gpd)} = 600 \text{ gal}$ (total daily flow)
<b>TREATMENT</b>	
Primary: Number of septic tanks: <u>1</u> Size of septic tank(s): <u>1250 gals</u> Description of tank: <u>pre-cast concrete</u>	Show Calculations here  Daily flow <u>600 gpd</u> $\times 2 = 1200 \text{ gals}$
<b>ABSORPTION AREA DESIGN</b>	
Soil texture group: <u>II</u> Estimated percolation rate at trench bottom: <u>35 mpi</u> Estimated percolation rate 12 inches below trench bottom: <u>35 mpi</u> Design percolation rate: <u>35 mpi</u> Reserve area required: No <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Other Specify other: _____	Show Calculations here
<b>Primary Drainfield</b> <p><b>Trench Design:</b></p> <p>Square footage required: <u>1144 ft<sup>2</sup></u></p> <p>Number of trenches: <u>5</u> Length of trenches: <u>80 ft.</u> Width of trenches: <u>3 ft.</u> Square footage in design: <u>1200 ft<sup>2</sup></u> (based on estimated perc rate 12 inches below trench bottom)</p>	
<p>Required Drainfield trench size (ft<sup>2</sup>) for Primary and Secondary Treatment:</p> <p>From Table 5.4 of the <u>Regulations</u>:</p> <p>Percolation Rate (Minutes/Inch) <u>35 mpi</u> Area required (Ft<sup>2</sup>/Bedroom = <u>286</u> <math>\times</math> 4 Br = <u>1144</u> ft<sup>2</sup> <u>5</u> trenches <math>\times</math> 80 ft (trench length) <math>\times</math> <u>3</u> ft (trench width) = <u>1200</u> ft<sup>2</sup></p>	

9-12

**PLUMBING MUST EXIT ABOVE**  
**GRADE TO MAINTAIN**  
**FALL THROUGH THE SYSTEM.**

**NEW 1250 GALLON SEPTIC TANK TO BE INSTALLED  
TERRAIN IS SET 1 ONE AND 3 FEET WIDE**

5 TRENCHES 80 FT LONG AND 3 FEET WIDE

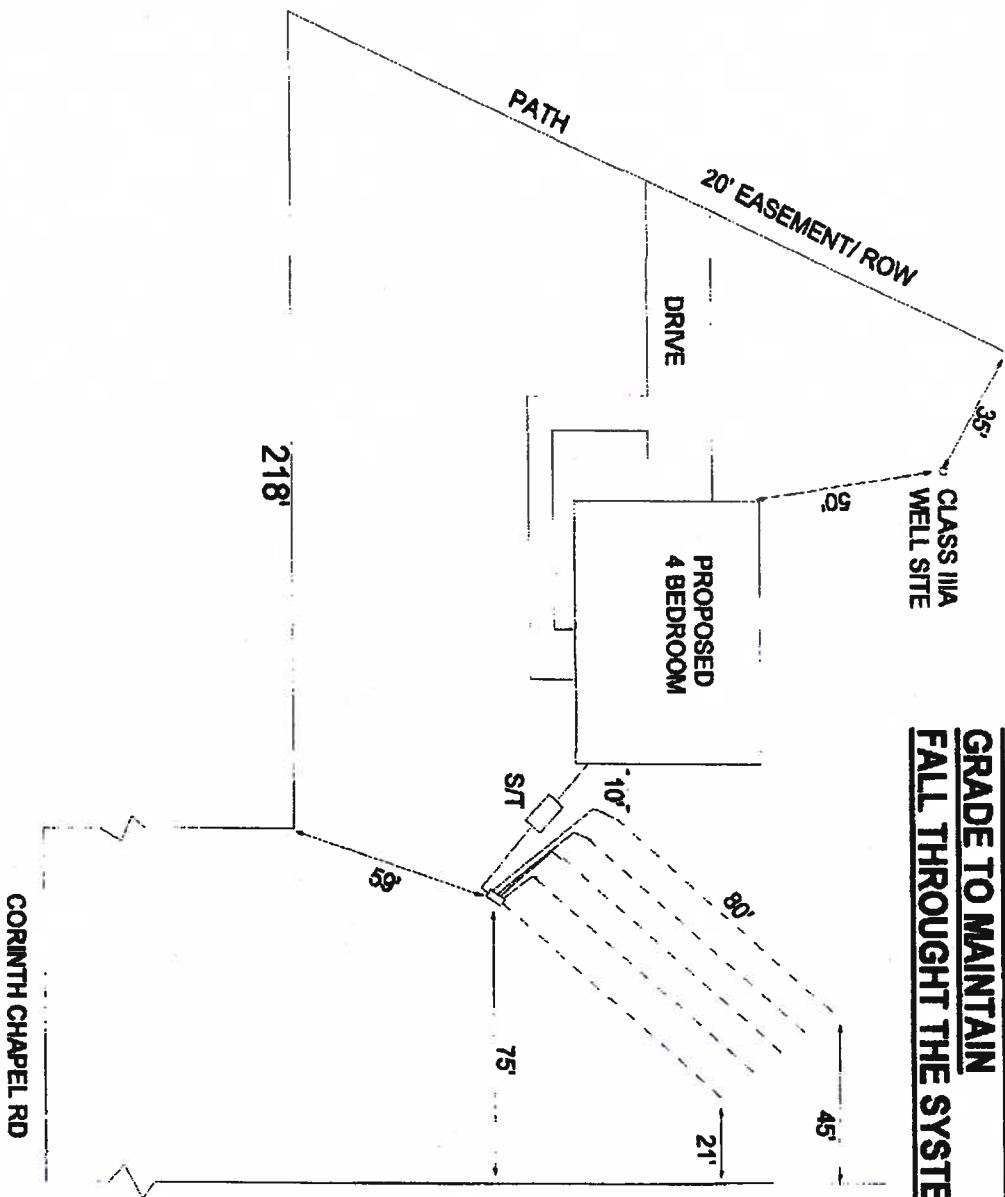
INSTALL TRENCHES ON 9FT CENTERS

INSTALL BOTTOM OF TRENCHES 22 INCHES  
FROM GROUND SURFACE

## **DISTURBANCE OR REMOVAL OF SOIL DURING**

VEGETATION REMOVAL OR DURING INSTALLATION OF DRAINFIELD MAY VOID THIS PERMIT

KEEP ALL VEHICULAR TRAFFIC OFF DRAINFIELD AREA.  
ANY DAMAGE OF DRAINFIELD AREA MAY VOID THIS PERM  
A SANITARY SURVEY WAS CONDUCTED WITHIN 200FT  
OF THE PROPOSED SEPTIC SYSTEM. THERE ARE NO WEL  
THAT WILL BE IMPACTED.



**APPROVED PLANS**  
**Health Department**

SIGNED: Carly St. John  
DATE: 01/27/2024

1" - 501

**CONSTRUCTION NOTES**  
**CONVENTIONAL DRAINFIELD**

**General:**

1. All system components to be installed per manufacturer's instructions and recommendations. Contractor to be a licensed approved septic system installer.
2. Proposed drainfield site shall be fenced off to prevent damage to the site during other construction activity on the lot. Vehicular traffic over the drainfield area is prohibited.
3. All construction materials and methods, except for proprietary products, must conform to the Commonwealth of Virginia/State Board of Health Sewage Handling and Disposal Regulations and applicable city/county specifications and standards.
4. Contractor must contact "Miss Utility" prior to any digging on the site. The contractor is responsible for confirming the location of all underground utilities prior to any construction and shall be responsible for repairing, at his expense, any existing utilities damaged during construction.
5. Any deviation from the design must be approved by the AOSE/Engineer prior to installation.
6. For drainfield sites that must be survey located, it will be the responsibility of the septic tank contractor to co-ordinate any surveys with the property owner or building contractor. Note: If there is any question as to the location of the permitted drainfield area, the septic tank contractor shall not begin any installation until the issue has been resolved.
7. A final inspection of the completed system will be provided by the AOSE/Engineer. No part of the installation shall be covered without the final approval of the AOSE. Contractor to contact the AOSE 48 hours prior to installation to schedule an inspection.

**Septic tanks/Pump Chamber/Pipes and fittings**

1. New 1250 Gallon Septic Tank to be installed.
2. Contractor to install concrete tanks on uniformly firm and stable compacted ground. Crushed stone is recommended to provide uniform bedding support to the tank bottom.
3. An effluent filter with riser to grade shall be installed on the outlet tee of the septic tank. A 4" inspection port recommended on septic tank.

**Site Preparation Work:**

1. All wooded sites must be hand cleared. Stumps greater than 8" in diameter must be ground out.
2. Machinery shall not traverse the drainfield/percolation area.
3. Machinery shall never traverse the excavated drainfield/percolation area.
4. Contractor must provide adequate access for correct installation.
5. This system must be installed only during dry conditions. Contractor must consult with AOSE if he has any questions regarding moisture content of the drainfield area prior to any installation.

**Drainfield Design:**

1. Trenches to be installed on contour.
2. Slope on trenches to be 2" – 4" per 100 ft.
3. Use 0.5 – 1.5 inch clean stone.
4. Stone to be covered with approved filter fabric or untreated building paper.
5. Contractor is responsible for the required amount of clean top soil/fill (loam) to be placed over and around system. A total of 12 inches of fill required over top of rock.

**Site Restoration:**

1. Minimum cover over drainfield trenches to be 12 inches.
2. Backfill with suitable loose material (loam to sandy loam) free of large or damaging objects. Fill material should be of Top Soil quality.
3. Sow back-filled areas with fescue grass seed and cover with straw to prevent erosion.
4. Backfill should be graded to prevent the infiltration of surface water and divert storm water run-off away from the system.

**Well Construction:**

1. A Class IIIA well to be installed.
2. Well to be cased a minimum of 100 ft.
3. Well to be grouted a minimum of 20 ft.
4. Well location and construction must be inspected by the local City/County Health Department.
5. Well driller must submit a water well completion report (GW-2) to local City/County Health Department.
6. The results of a satisfactory water sample must be submitted to the local City/County Health Department.
7. Well driller to notify the local City/County Health Department prior to well construction.
8. All underground utility lines should be marked prior to drilling.
9. Any change in permitted well location must be approved by Wendy's Onsite Evaluation and Design, L.L.C.

**Addendum to AOSE/PE Certification Statement  
For Private Well Construction Permit**

Owner: Jae Rivera

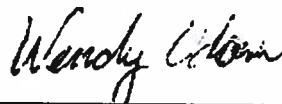
Tax Parcel: 61\*61\*1

Property Location: Corinth Chapel Dr

Instructions: Please check one box in 1-3 below. Statement templates for item #2 and #3 are on the following pages.

The proposed well site shown herein,

- 1. Is located a minimum of 50 feet from all property lines.
- 2. Is located within 50 feet of the adjacent property line(s) but I have determined that The adjacent property is not used for agricultural operation.
  - i. Written affirmation from the adjacent property owner(s) that their property is not used for an agricultural operation.
  - ii. Other confirmation that land use is not an agricultural operation, please describe. Right Of Way
- 3. Is located within 50 feet of an adjacent property line where the property is used for an agricultural operation. For confirmation, I have attached the appropriate Documentation pursuant to § 32.1-176.5:2 of the *Code of Virginia*. (check one below)
  - i. Written permission from the adjacent property owner(s) for the well construction.
  - ii. I certify that no other site on the property complies with the Board's Regulations for the construction of a private well.



\_\_\_\_\_  
Wendy Odom OSE # 1940001152

\_\_\_\_\_  
8-1-24  
Date

### Certification Statement

City/County Suffolk/ Suffolk

Property Identification: Tax Map Reference 61\*61\*1

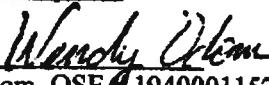
Street/ Road: Corinth Chapel Rd

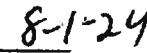
Submitted by: Wendy Odom, OSE # 1940001152  
433 Pleasant Grove Rd  
Seaboard, NC 27876  
Phone no. 757-635-6229

I hereby certify that the evaluations and/ or designs contained herein were conducted in accordance with the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

I recommend a Construction Permit be approved.

The site and soil conditions are suitable for a:  
Conventional system.

  
\_\_\_\_\_  
Wendy Odom, OSE # 1940001152

  
\_\_\_\_\_  
Date

### SYSTEM INSPECTION AND COMPLETION STATEMENT POLICY

Wendy's Onsite Evaluation & Design, L.L.C. will be required to inspect the installation of this system. The septic system contractor/installer will be required to do the following:

1. Wendy's Onsite Evaluation & Design, L.L.C. must be contacted 48 hours prior to system installation to insure co-ordination of inspection. Contractor must notify the local Health Department prior to system installation. Contractor must contact Wendy's Onsite Evaluation & Design, L.L.C. if the system cannot be installed as designed. Any field adjustments or specification changes must be authorized by AOSE. For drainfield/Pad sites that must be survey located, it will be the responsibility of the septic tank contractor to co-ordinate any surveys with the property owner or building contractor. Note: If there is any question as to the location of the permitted drainfield/pad area or system components the septic tank contractor shall not begin any installation until the issue has been resolved.
2. All inspection requirements of the local Health Department must be adhered to. Contractor is responsible for submitting a Completion Statement to the local Health Department.
3. Pumps, alarms and control panels must be operational at time of inspection. Water levels in pump stations/dosing chambers must be set so pump draw-down levels and pump run times can be checked. Additional inspection fees may be incurred if these items are not operational. Contractor to field test all pump and alarm functions prior to AOSE inspection.
4. An "as-built" sketch must be provided by system installer.