



Albemarle County Health Department
1138 Rose Hill Drive
Charlottesville, VA 22903
(434) 972-6219 Voice
(434) 972-4310 Fax

OSE Private Well Permit

November 3, 2023

Thomas and Cynthia Mitchell
832 Dawson Circle
Chesapeake, VA 23322

APPROVED

RE: **Site Address:** TBD Secretarys Sand Road, Schuyler, VA 22969 (Albemarle County)
 Tax Map Number: 119-52H
 HDID: 101-23-0351
 Water Supply: IIC Well (cased and grouted 20' minimum)

Dear Thomas and Cynthia Mitchell:

This letter, in conjunction with the approved plans and specifications, which are attached, constitutes your permit to install a **Class IIC** private well. The application for a permit was submitted pursuant to §32.1-163.5 of the Code of Virginia which requires the Health Department to accept private site evaluations and designs from an Onsite Soil Evaluator (OSE) or a Professional Engineer working in consultation with an OSE for residential development. The permitted site was certified as being in compliance with the Board of Health's *Private Well Regulations (12VAC5-630-10 et seq.)*, and local ordinances if the locality has authorized the local health department to accept private evaluations for compliance with local ordinances, by **Steve Gooch, OSE**.

This letter is issued in reliance upon that certification. The Board of Health hereby recognizes that the site conditions acknowledged by this correspondence, and documented by additional records on file at the local health department, are suitable for the installation of Private Well. The attached plat (or plats) shows the approved areas for the private well. This letter is void if there is any substantial physical change in the soil or site conditions 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 Onsite Soil Evaluator (OSE) or Professional Engineer (PE) who performed the site evaluation and design on which this private well permit is based. The name, address, and phone number of the OSE/PE appears on the certification form attached to this permit. Should revisions be necessary during construction, your contractor should consult with the OSE/PE that submitted the site evaluation or site evaluation and design. The OSE or PE 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 Albemarle County Health Department.

TMP: 119-52H
HDID: 101-23-0351

This authorization is null and void if conditions are changed from those shown on the application or conditions are changed from those shown on the attached construction drawings, plans and specifications. 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/>.

No private well shall be used until inspected, corrections made if necessary, and approved by the Albemarle County Health Department or unless expressly authorized by the Albemarle County Health Department. Any part of any installation which has been covered prior to approval shall be uncovered if necessary, upon the direction of the Department. If you have any questions, please contact me. This authorization to construct a private well expires: **May 3, 2028**

Sincerely,



Caitlynn L. Dove
Environmental Health Specialist, Sr.
Albemarle-Charlottesville Health Department

TMP: 119-52H
HDID: 101-23-0851

IF YOUR PERMIT IS FOR A WELL YOU WILL 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 Albemarle County Health Department at (434) 972-6219.

OSE/PE Report for:Construction Permit ☒ Certification Letter ☐ Subdivision Approval ☐**Property Location:**

911 Address: _____ City: _____
 Lot 10 Section _____ Subdivision Secretarys Ridge
 GPIN or Tax Map # 119-52H Health Dept ID # _____
 Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: Thomas and Cynthia Mitchell
 Street: 832 Dawson Circle
 City: Chesapeake State VA Zip Code 23322

Prepared by:

OSE Name Steve Gooch License # 1940001284
 Address 703 Oliver Creek Road
 City Troy State VA Zip Code 22974
 PE Name: _____ License # _____
 Address _____
 City _____ State _____ Zip Code _____

Date of Report 10/11/23 Date of Revision #1 _____
 OSE/PE Job # _____ Date of Revision #2 _____

Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.)

OSE Certification Page	Design Calculations
Well Application Form	Albemarle County GIS Map
Construction Drawing	

Certification Statement

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 Steve Gooch Date 10/11/23

Commonwealth of Virginia

Application for: ☐ Sewage System ☒ Water Supply

VDH Use only
Health Department ID# 101-23-0351
Due Date

Owner Thomas and Cynthia Mitchell

Phone (757) 685-2406

Mailing Address 832 Dawson Circle

Phone

Chesapeake, VA 23322

Fax

Agent

Phone

Mailing Address

Phone

Site Address

Fax

Email cmtitchell50@cox.net

Directions to Property: From Charlottesville Rt20S, right on Esmont Rd., right on Plank Rd., left on Secretarys Sand Rd. to lot on right 0.4 miles past 6386 Secretarys Sand Rd.

Subdivision Secretarys Ridge

Section

Block

Lot 10

Tax Map 119-52H

Other Property Identification

Dimension/Acreage of Property 6.9 Ac.

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)

Multi-Family Dwelling (Total Number of Bedrooms)

Other (describe)

Basement? ☐ Yes ☐ No

Walk-out Basement? ☐ Yes ☐ No

Fixtures in Basement ☐ Yes ☐ No

Conditional 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 ☒ No

If yes, will the old well be abandoned? ☐ Yes ☐ No

Will any buildings within 50' of the proposed well be termite treated? ☐ Yes ☒ No

Well Type (e.g. domestic use, agricultural, irrigation, etc.) Domestic

All Applicants

Is this property intended to serve as your (owners) principal place of residence? ☐ Yes ☒ No

All 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 attached 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.

Signature of Owner/ Agent

Date

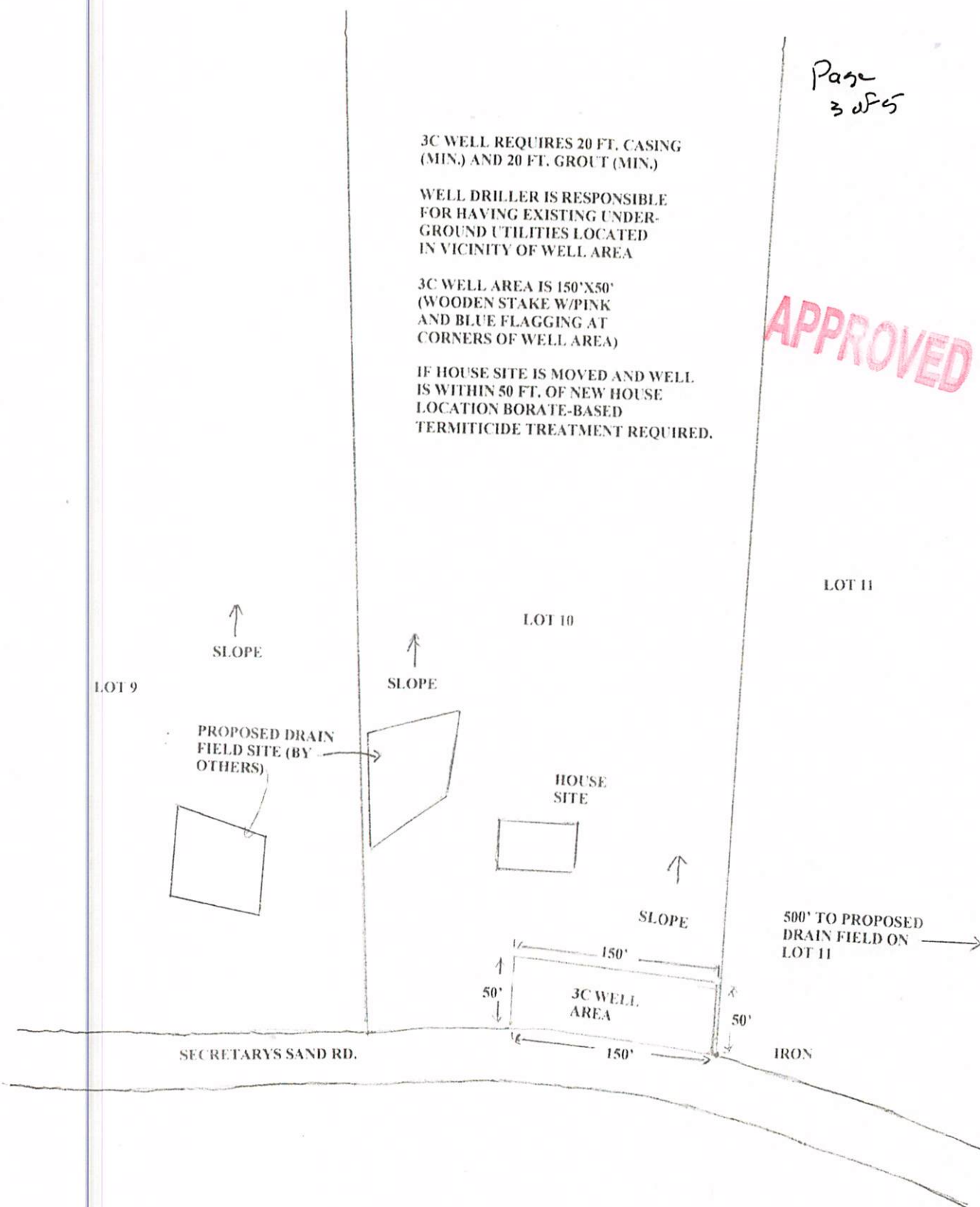
APPROVED

3C WELL REQUIRES 20 FT. CASING
(MIN.) AND 20 FT. GROUT (MIN.)

WELL DRILLER IS RESPONSIBLE
FOR HAVING EXISTING UNDER-
GROUND UTILITIES LOCATED
IN VICINITY OF WELL AREA

3C WELL AREA IS 150'X50'
(WOODEN STAKE W/PINK
AND BLUE FLAGGING AT
CORNERS OF WELL AREA)

IF HOUSE SITE IS MOVED AND WELL
IS WITHIN 50 FT. OF NEW HOUSE
LOCATION BORATE-BASED
TERMITICIDE TREATMENT REQUIRED.



Scale 1"= 100'

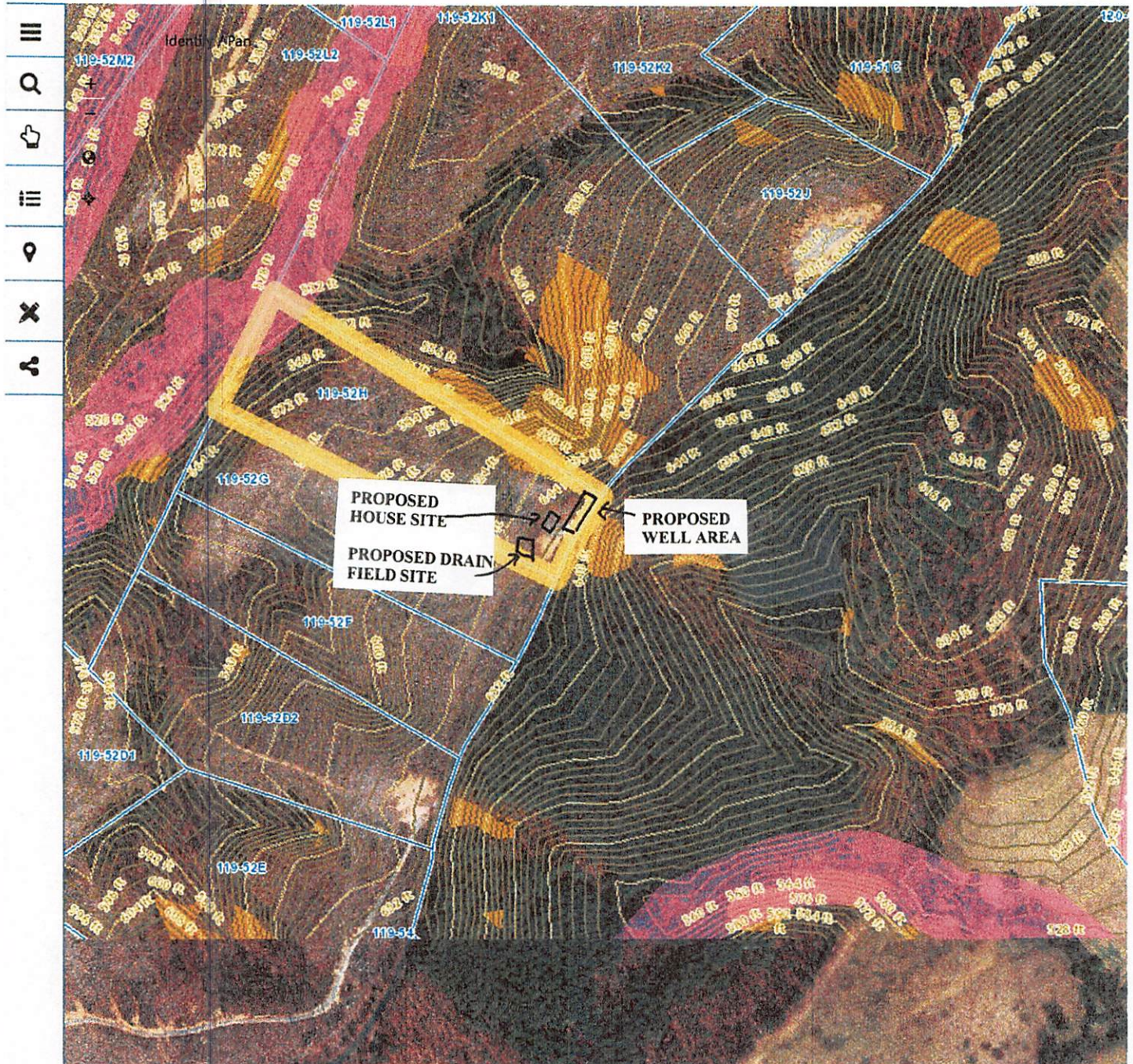
Well Area
Tax Map 119-52H
Secretarys Ridge - Lot 10
Albemarle County, VA
Steve Gooch Consulting Geologist
703 Oliver Creek Road
Troy, Virginia 22974

Design Calculations

Property ID: TM 119-52H-Secretarys Ridge Lot 10

Flow	
Type of use (residential, etc) _____ No. of bedrooms: _____ No. of employees: _____ Square Footage of building space: _____ Daily flow (peak design) in GPD: _____	Show Calculations Here ¹
Treatment	
No. of septic tanks: _____ Size of septic tank(s): _____ Pretreatment required? ☐ yes ☐ no If yes, specify type of treatment device: _____	Show Calculations Here ¹
Absorption area design	
Soil Texture Group: _____ Reserve area required? ☐ yes ☐ no ☐ 50% ☒ 100% ☐ other (check one) Specify other _____	If pump system, enhanced flow, or LPD show calculations here or on a separate sheet. (dosing volume, head, pump design, etc.)
Water Supply	
Class of well: <u>3C</u> Distance between septic tank(s) and well: <u>50'</u> Distance between absorption area and well: <u>100'</u>	Describe (bored, drilled): <u>Drilled</u> Class 3C well requires 20 ft. casing (min.) and 20 ft. grout (min.)

¹ Information and calculations required for commercial and/or conditional use applications only



Not to scale

Well Area

Tax Map 119-52H

Secretarys Ridge - Lot 10

Albemarle County, VA

Steve Gooch Consulting Geologist

703 Oliver Creek Road

Troy, Virginia 22974

TAGSHEET - Onsite Sewage and Water Program

W:\EH_On-site\Forms\Tagsheet-Onsite

11-27

Date of Application: 11/1/23	Fee Collected: \$350.00	Receipt #: Z03015 VISA 001488
------------------------------	-------------------------	-------------------------------

Application Type: ☐ Bare ☐ OSE ☐ Well Driller ☐ Engineered ☐ AOSS
☐ Combination ☐ Septic Only ☐ Repair ☐ Certification Letter ☐ Minor Mod.
☒ Well Only ☐ Replacement Well ☐ Well Abandonment ☐ Existing Review (SAP)

Health Dept Permit ID #: 101-23-0351
 Owner of Property: Thomas + Cynthia Mitchell
 Agent for Owner: Act # 48071
 Tax Map & Parcel: 119-52H 003-WUD-29866
 Subdivision: Secretarys Ridge ETS-13008
 Lot: 10 Section: Block:

Site Visit: EHS Assigned Carlynn Dove
 Scheduled Date: Time: ☐ YES ☒ NO
 Rescheduled Date: Time: Entered In EHD ☒ YES ☐ NO (TH)
 Comments:

	DATE	INITIALS
☒ Level I ☐ Level II Review Completed: 11-3-23 CD		
Permit: ☒ Issued ☐ Denied	↓	↓
Approved under HB1166 ☐ Yes ☐ No well only		
Treatment Unit Dispersal		
Given to Office Support for Data Entry:	↓	↓
Data Entry Completed by Office Support:		
Date Permit/Denial Letter: ☒ Mailed ☐ Picked Up 11/6/23 (TH)		
Picked Up By:		

	DATE	INITIALS
Installation Inspection Called In:		
Contractor: Telephone #:	Time Requested:	
Follow-Up Inspection Called In:		
Time Requested:		

All Completion Documents Received: ☐ YES ☐ NO
 Operation Permit Signed & Issued: ☐ YES ☐ NO
 Copy: ☐ Mailed/Faxed to Building Inspections
☐ Mailed to Owner/Agent
☐ Picked up by Owner/Agent