VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Cumberland County Health Department
PO BOX 107
Cumberland, VA 23040
(804) 492-4661 Voice
(804) 492-9463 Fax

Sewage Disposal System Operation Permit

Property Owner

Charlene Elliott
9297 Susquehanna Trail
Ashland, VA 23005
Phone: (434)

Health Dept. ID: **16-124-30**
Tax Map/GPIN: **13A-4-23**
Locality: **Cumberland County**

Property Location

Property Address: Ampthill Rd.
Cartersville, VA 23027
Legal: 13- A - 4- 23 (Plantation on the James s/d)

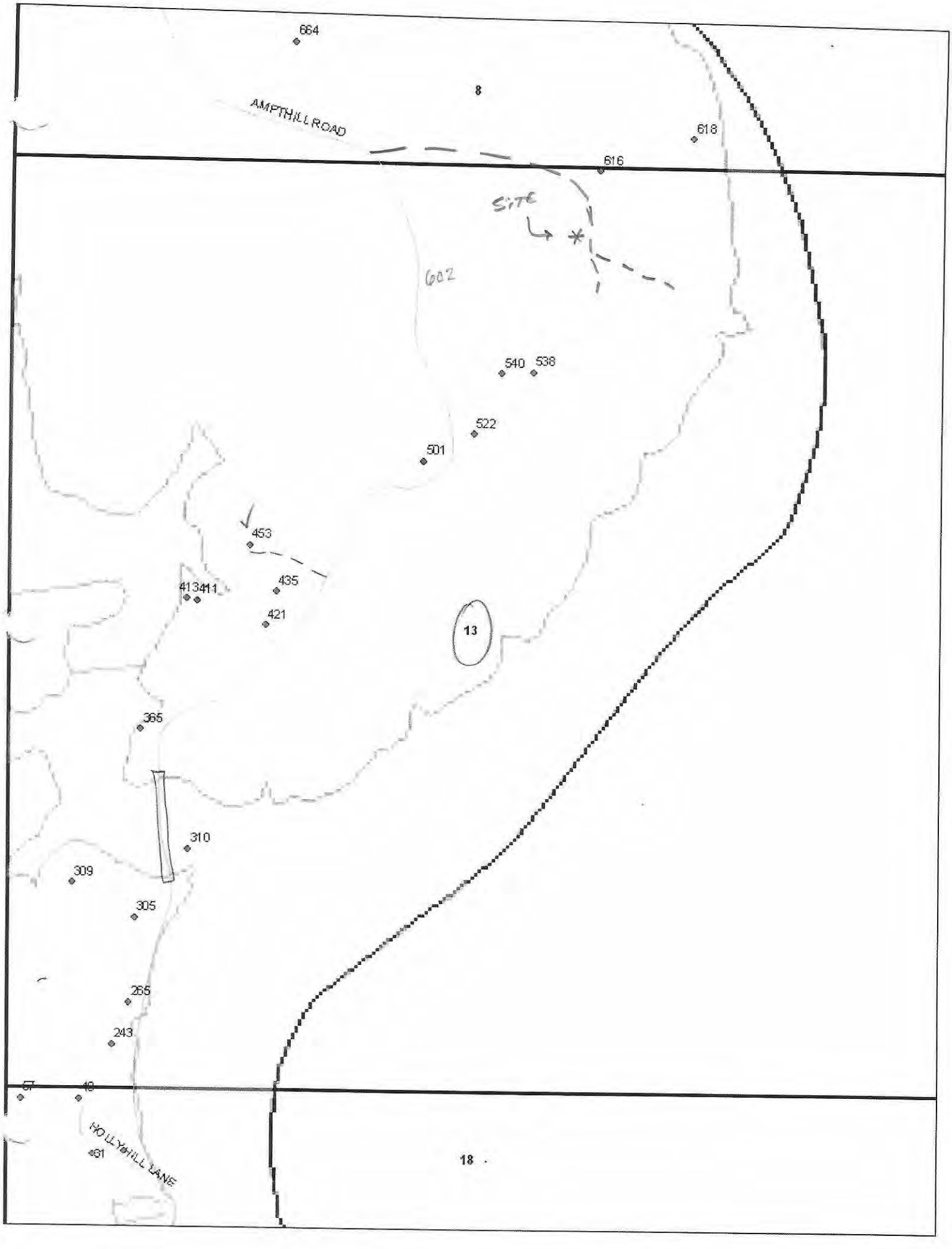
Charlene Elliott is hereby granted permission to operate a **Residential** with conventional gravity **Sewage System** at the above referenced location, under the following parameters:

Daily Flow: 450 gallons - 3 BRs

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

The continued validity of this permit is contingent upon compliance with the operation and maintenance requirements contained in the Owner's Operation and Maintenance Manual and Regulations for Alternative Onsite Sewage Systems of the Virginia Department of Health (12VAC5-613-100 et seq.). Owners are advised to be aware of the operation and maintenance instructions for their alternative onsite sewage system and to follow them. Copies of the operation and maintenance instructions can be found by contacting the local health department for the locality where the onsite sewage disposal system is located.

May 30, 2017	Steve Hennessey	X Steve Hennessey
Effective Date	Environmental Health Specialist Sr	Signature


664
8
AMPTHILL ROAD
618
616
SITE
602
540
538
522
501
453
435
413
411
421
13
365
310
309
305
265
243
ST
48
HOLLYHILL LANE
491
18

AOSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 16-124-30 Tax Map: T3-A-4-23

Cumberland Health Department

Name of AOSE/PE: Robert Johansen Certification Number: 1940001333

Address: 810 High Rock Road Cumberland VA 23040 Telephone: 434-547-3241

Contractors Name: Earl Dunn

Owner's Name: Charlene Elliot

Owner's Address:

Location of Installation: Subdivision: Plantation on James Section: Block: Lot: 23

Other:

Component	Inspection Results Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction		
Building Sewer	4" sch 40	2-2-17
Septic Tank	1000 gallon	
Inlet-Outlet Structure		
Pump and Pump Station	NA	
Conveyance Method	sch 40 4" PVC	
Distribution Box or Pressure Manifold		
Header, Conveyance, Return, etc. Lines		
Percolation Lines, Drip, Chambers, etc.	3-88's	
Absorption Trenches and Dispersal Field	Infiltrator	
(Other Components: treatment unit, etc.)		

Robert Johansen AOSE/PE

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary.

1

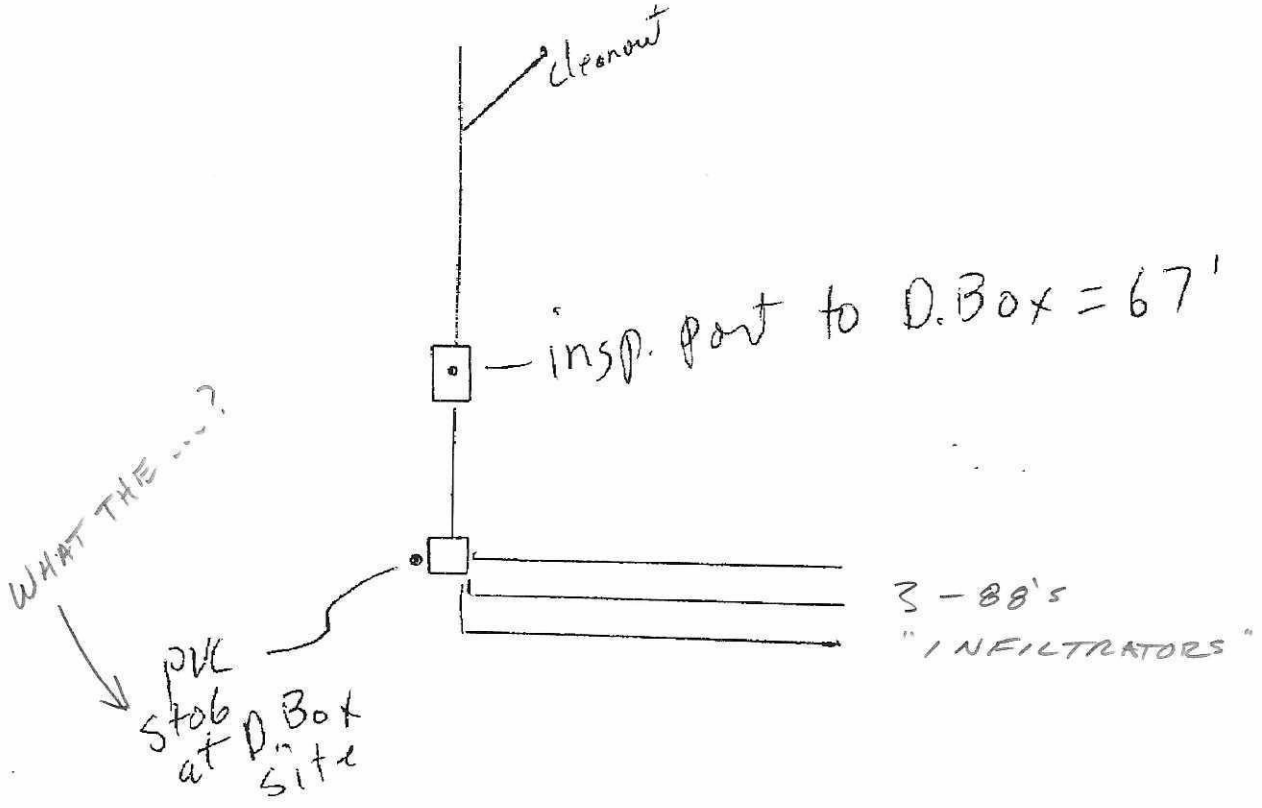
OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: _____ Tax Map: T3-A-4-23

Triangulate critical system components to fixed reference points.

Lot 23
Plantation on James



☐ Check here if as-built drawing is on a separate page attached to this form.
(Attachment must display Health Dept. Identification Number, tax map number, and must be signed and dated by AOSE/PE).

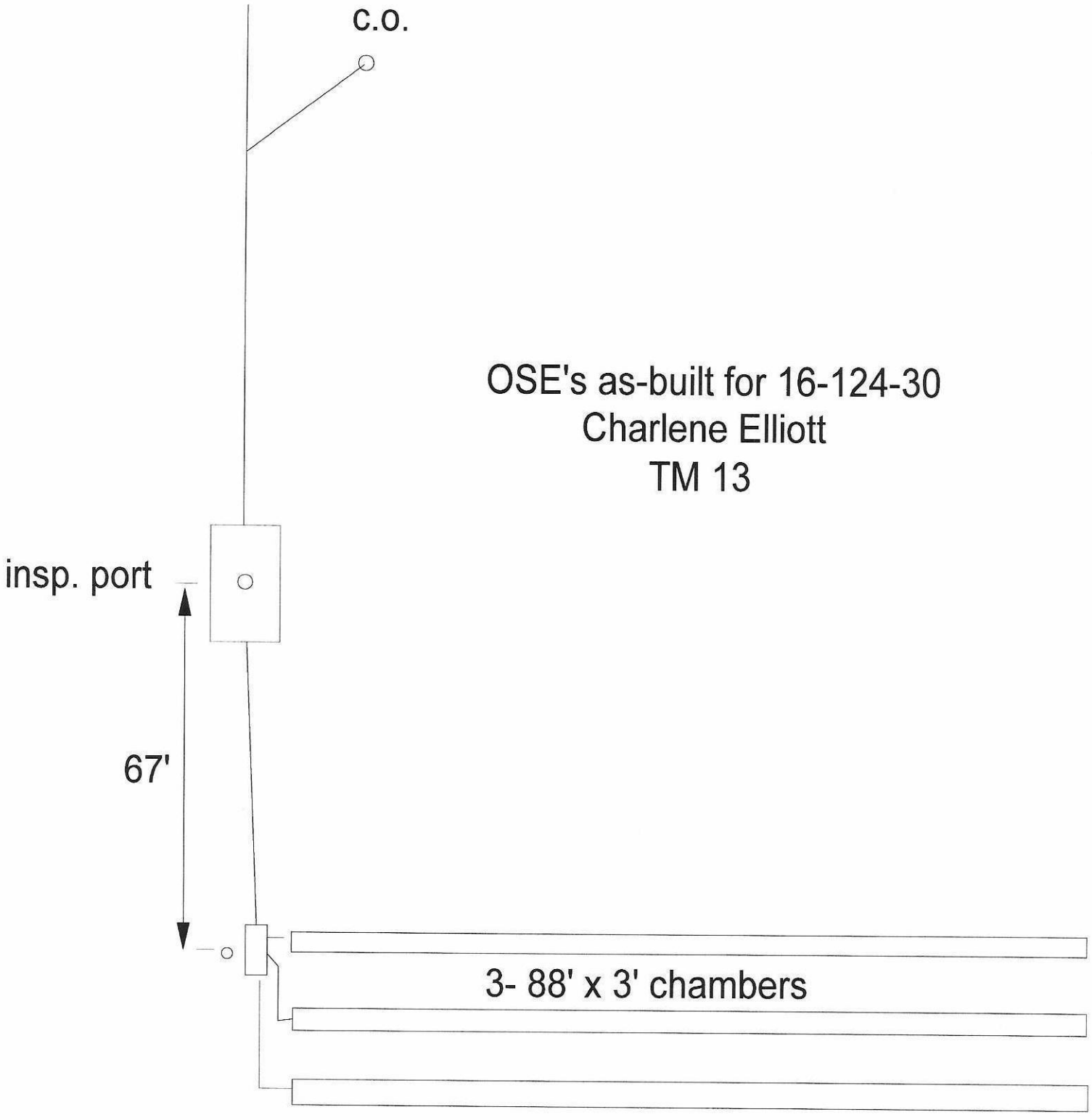
I hereby certify that on _____ (date), I, or an employee under my direct supervision, inspected this sewage system's construction. The onsite sewage system has been installed and completed in accordance with the construction permit issued on _____ (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), *the Regulations for Alternative Onsite Sewage Systems* (12VAC5-613 et seq), when applicable, the *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

OSE/PE Signature: _____ Date: 2-2-17

Print Name: Robert T Brunser

This form contains personal information subject to disclosure under the Freedom of Information Act.

Revised 12/1/2014


c.o.
OSE's as-built for 16-124-30
Charlene Elliott
TM 13
insp. port
67'
3- 88' x 3' chambers

20 S. River Ct.

TM 13 FILE

HD's Copy

VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Cumberland County Health Department
PO BOX 107
Cumberland, VA 23040
(804) 492-4661 Voice
(804) 492-9463 Fax

OSE Construction Permit

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

July 18, 2016

Charlene Elliott
9297 Susquehanna Trail
Ashland, VA 23005

RE: Ampthill Rd. Cartersville Cumberland County VA 23027
Tax Map/GPIN: 13A-4-23
HDID: 16-124-30 **Reserve:** reserve area provided
System Capacity: Non-Residential, 450 gallons per day

Dear Charlene Elliott :

This letter and the attached drawings, specifications, and calculations (8 pages) dated 11-8-2014, constitute your permit to install a sewage disposal system 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 Health Department to accept private soil evaluations and designs from an Onsite Soil Evaluator (OSE) or a Professional Engineer working in consultation with an OSE for residential development. 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, were certified by Robert Todd Johansen, OSE, as substantially complying with the Board of Health's regulations (and local ordinances if the locality has authorized the local health department to accept private evaluations for compliance with local ordinances). 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 Cumberland County 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/PE 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/PE that submitted the site evaluation or site evaluation and design. The OSE/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 Cumberland County Health Department.

The OSE/PE 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 notic
final inspection. If the designer is unable to perform the required inspect
inspection report and

completion statement executed by another OSE/PE. The Cumberland County Health Department is not required to inspect the installation but may perform an inspection at its sole discretion. No part of this installation shall be covered until it has been inspected by the OSE/PE as noted herein. The sewage system may not be placed into operation until you have obtained an Operation Permit from the Cumberland County 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. If you have any questions, please contact me.

This permit expires: **January 17, 2018**. This permit is not transferable to another owner or location.

Sincerely,

Steve Hennessey
Environmental Health Specialist Sr
Cumberland County Health Department

CC: Robert Todd Johansen- OSE

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 representative of the local Health Department, a private OSE, or a PE, depending on the designer of your permitted system. If your system is designed/inspected by an OSE or PE, they 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

Cumberland County Health Department at (804) 492-4661.

OSE/PE Report for:

Construction Permit ☑ Certification Letter ☐ Subdivision Approval ☐

Property Location:

911 Address: _____ City: _____

Lot 23 Section _____ Subdivision Plantation on the James

GPIN or Tax Map # _____ Health Dept ID # _____

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: Charlene Elliot

Street: 9297 Susquehanna Trail

City: Ashland State Va. Zip Code 23005

Prepared by:

OSE Name Robert Johansen License # 1940001333

Address 810 High Rock Road

City Cumberland State Va. Zip Code 23040

PE Name: _____ License # _____

Address _____

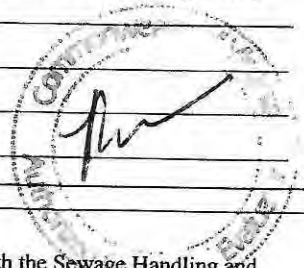
City _____ State _____ Zip Code _____

Date of Report 11-8-14 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.)

permit package



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.A.11

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

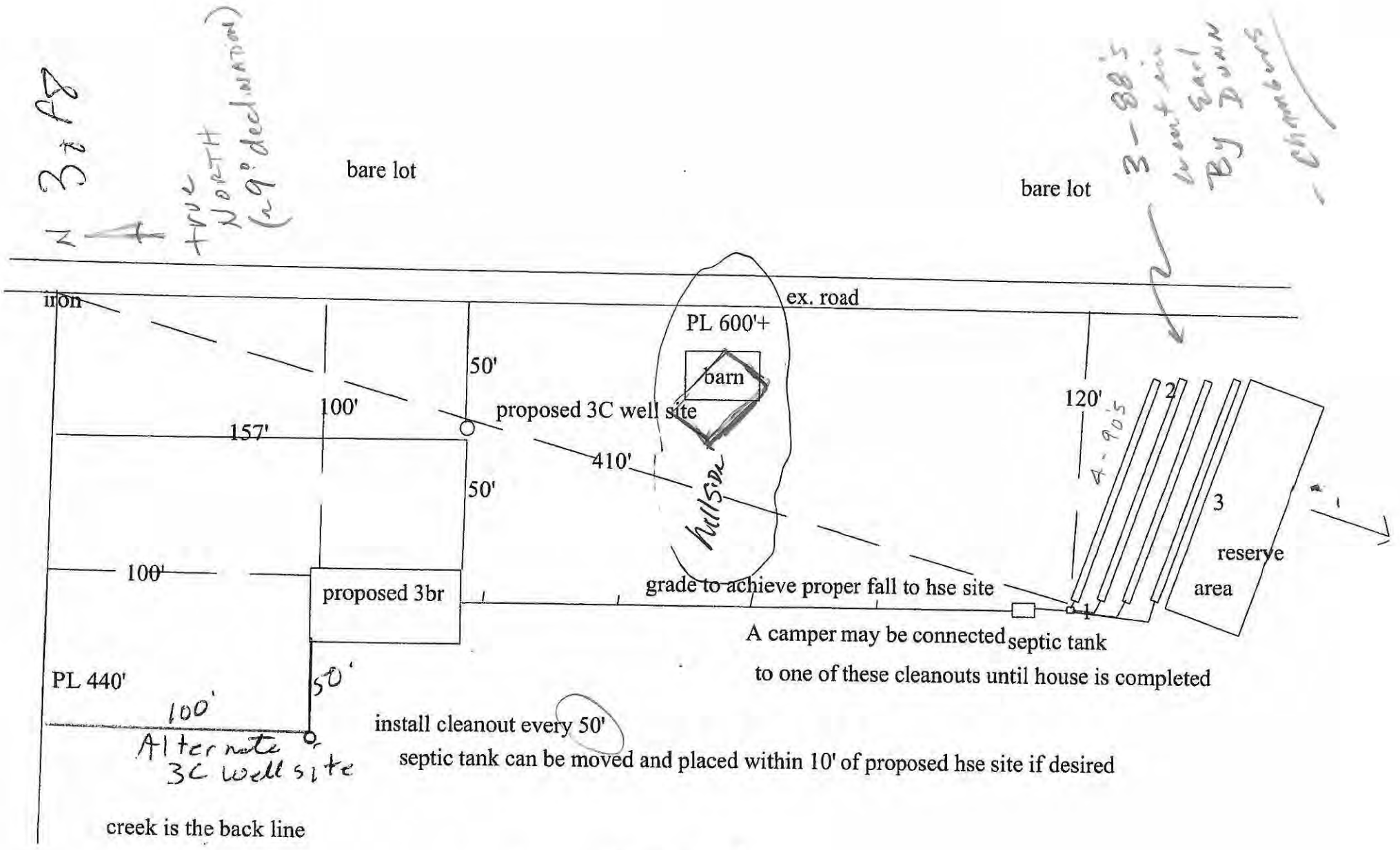
OSE/PE Signature _____ Date 11-8-14

System Specifications

Property ID: lot 23

Applicant Information	
Name Charlene Elliot Address 9297 Susquehanna Trl. Ashland Va. 23005	Phone 804 363-1335
Location Information	
Tax Map No. 73-A-4-23 GPIN No. _____ Directions 45 north, left on Ampthill road to lot aprox. 3.5 mile on right at commercial entrance, proceed to lot on right _____	Property Address _____ _____ Subdivision Plantation on the James Section _____ Block _____ Lot 23
General Information	
System Type st.df (e.g. septic tank, drainfield) Type of Property res (e.g. commercial, residential, etc.) Conditions _____	Number of bedrooms 3 Daily flow 450 (gpd) **Well specifications: III C well to be installed** **Cased: 20' min. Grouted: 20' min.** **Install as shown on Construction drawing**
Sewer Line	**Septic Tank – Inlet/Outlet Structure**
Schedule 40 PVC, 4" x or equivalent (add check or describe equivalent below) _____	Capacity: 1000gallons 2nd septic tank _____ gallons Per the *2000 Sewage Handling & Disposal Regulations,* Check which option chosen: Septic tank with inspection port ☒ Septic tank with effluent filter ☐ Reduced maintenance septic tank ☐
Conveyance line/force main Information	**Distribution box Information**
Method gravity (e.g. gravity, pumping, dosing siphon) If pumping, attach Pump Spec Sheet Material sch. 40 Pipe diameter 4" Slope of pipe 6" per 100' (in inches)	No. of boxes 1 No. of outlets 9 Surge or splitter box required: Yes☐ No☒
Header line Information	**Percolation line Information/Absorption Area**
1500 pound crush strength Yes☒ Minimum slope is 2"/100 ft. Yes ☒	Center to center spacing 9 ft. Required spacing 9 ft. Installation depth 52 inches Aggregate depth 13 inches No. of Laterals 4 Lateral length 90 ft. Lateral bottom slope 2 inches Lateral width 36 inches

AOSE 1940001333



N 3 & P8
true NORTH (~9° declination)
bare lot
bare lot
3-88's went in By Earl Dunn - Chambers
iron
ex. road
PL 600'+
barn
50'
100'
157'
proposed 3C well site
410'
50'
hillside
120'
2
4-90's
3
reserve area
100'
proposed 3br
grade to achieve proper fall to hse site
1
A camper may be connected
septic tank
to one of these cleanouts until house is completed
PL 440'
50'
100'
Alternate 3C well site
install cleanout every 50'
septic tank can be moved and placed within 10' of proposed hse site if desired
creek is the back line
Scale 1" = 50'

VDH Use Only
Health Department ID# _____
Due Date _____

Site and Soil Evaluation Report

(For certification letters and subdivisions)

General Information

Date: 11-7-14 **CumberlandCounty Health Department**

Applicant: Charlene Elliot

Telephone Number: 804-363-1335

Address: _____

Owner: _____ **Address:** _____

Location: 45north, left on Ampthill to commercial entrance on right

Subdivision Plantations on the James **Block/Section** _____ **Lot** 23

Soil Information Summary

1. **Position in landscape satisfactory** Yes X No _____ **Describe:** sideslope

2. **Slope** ≤10%

3. **Depth to rock/impervious strata** Max._____ Min._____ None X

4. **Free Water Present** No X Yes _____ **Range in inches** _____

5. **Depth to seasonal water table (gray mottling or gray color)** NA **inches**

6. **Soil percolation rate estimated** Yes x **Texture group** ☐I ☒II ☐III ☐IV
No _____ **Estimated rate** 45 **min/in**

7. **Percolation test performed** Yes _____ **Number of percolation test holes** _____
No x **Depth of percolation test holes** _____
Average percolation rate _____ **mpi**

Name and title of evaluator: Robert Johansen OSE 1940001333

Signature: _____

Department Use

_____ **Site approved: Drainfield trench bottoms to be placed at** _____ **(inches) depth at site designated on permit.**
_____ **Site disapproved:**
Reasons for rejection: (check all that apply)

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)** _____

Date of Evaluation10-27-14 Profile Description
Property ID:lot 23 **Soil Evaluation Report**

Where the local health department conducts the soil evaluation, the location of profile holes may be shown on the schematic drawing on the constructions permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features, i.e., sewage disposal system, wells, etc., within 100 feet of site (see section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached on this form.

☐ See application sketch page xx See construction permit see sketch on reverse side or attached to this form

Hole #	Horizon	Depth (inches)	Descriptions of color, textures, etc.	Texture Group
1	A	0-6	10 YR 5/3 loam	2
	B	6-40	2.5 YR 4/8 clay	4
	C	40-72	2.5 YR 4/8 loam-micatious	2
2	A	0-6	10 YR 5/3 loam	2
	B	6-40	2.5 YR 4/8 clay	4
	C	40-72	2.5 YR 4/8 micatious loam	2
3	A	0-6	10 YR 5/3 loam	2
	B	6-40	2.5 YR 4/8 clay	4
	C	40-72	2.5 YR 4/8 loam	2

Remarks: few rounded cobbles in B horizon-very nice C horizon

Design Calculations

Property ID:

Flow	
Type of use: res. No. of bedrooms: 3 No. of employees: _____ Square Footage of building space:_____ Daily flow (peak design) in GPD: 450	Show Calculations Here*
Treatment	
No. of septic tanks: 1 Size of septic tank(s): 1000 Pretreatment required? ☐Yes ☒No If yes, specify type of treatment device: _____	Show Calculations Here*
Absorption area design	
Soil Texture Group: 2 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: 3c Distance between septic tank(s) and well: 50 Distance between absorption area and well: 100	Describe (bored, drilled): drilled

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

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

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 <u>not</u> used for an agricultural operation.**

- ☐ **i. Written affirmation from the adjacent property owner(s) that their property is <u>not</u> used for an agricultural operation.**
- ☐ **ii. Other confirmation that land use is <u>not</u> an agricultural operation, please describe:**

☐ **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.**

7 of 8

Abbreviated Design Form

This form is for use with gravity, pump to gravity, enhanced flow, and low pressure distribution (LPD) sewage system designs and when applying for a certification letter or subdivision approval.

This abbreviated design covers the ☒ primary and reserve area, ☐ only the primary area, ☐ only the reserve area (check one) for lot 23 _____ property ID).

Design Basis

Total length of available area: 100 Total width of available area: 60

Estimated Perc. Rate: 45 at 52 in. (depth) Number of bedrooms (or GPD): 3

Conveyance Method[1]: Gravity Distribution method[2] (specify): _____

Dispersal system basis[3] Table 5.4 of SHDR LGMI required? No (Yes/No)

Effluent quality required: Primary (Primary, Secondary, Advanced Secondary)

Square feet per bedroom: 344 Total trench bottom area required: 1032

[1] Gravity, pump, siphon
[2] Enhanced flow, LPD, or Drip Dispersal
[3] Table 5.4 of SHDR or identify the GMP used

Area Calculations

Number of trenches 4/4 (Note if a pad is used) Length of pad or trenches: 90

Width of pad or trenches: 3 Center to center spacing: 9 ft

Reserve required? yes Percent reserve area required: 100

Total width of absorption area required 30/30 Total trench bottom area provided: 1080p/1080R

The required width is calculated by multiplying the center-to-center spacing by one less than the number of trenches and adding 1 trench width plus any required reserve area. If the topography is not uniform across the length of the site the trenches will need to flare apart on one end to maintain contour. When this occurs it is necessary to use a center-to-center spacing that accounts for the flair or the installer will not be able to fit the system within the approved area. It is perfectly acceptable to have more area available, especially up and down the slope, than is required.

Commonwealth of Virginia

Application for: ☒ **Sewage System** ☐ **Water Supply**

VDH Use Only	
Health Department ID#	
Due Date	10-24-30

TM 13

Owner Charlene E. Elliott — Phone 804 363-1335

Mailing Address 9297 Susquehanna Trl — Phone

Ashland Va 23005 — Fax 804 550-1700

Agent — Phone

Mailing Address — Phone

Fax

Site Address off Ampthill Rd 13-A-4-23 — CharleneElliott2@gmail.com

Cartersville Va — Email

#610 MAILBOX OUT front

Directions to Property: Rt 45 North Left on Ampthill, go 3.5 miles to concrete skirt entrance take right, Pass farmhouse bare right Pass chicken coop

Subdivision Plantation on the James Section Block Lot 23

Tax Map 13-A-4-23 Other Property Identification fenced w/ barn camper Dimension/Acreage of Property 6.4 acres

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.**

For New Construction: ☐ Certification Letter ☐ Construction Permit

For Existing Construction: ☐ Repair ☐ Modification ☐ Expansion ☐ Replacement

Proposed Use:

☐ Single Family Home (**Number of Bedrooms** ___) ☐ Multi-Family Dwelling (**Total Number of Bedrooms** ___)

☒ Other (describe) Recreational use

Will there be a basement: Yes ☐ No ☒ . If yes, will there be fixtures in Basement? Yes ☐ No ☐ N/A

Are any conditions proposed on this construction permit? ☐ Yes ☐ No. If yes, please check or describe all proposed conditions that apply: ☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of seasonal use ☐ Temporary use not to exceed 1 year ☐ Other (describe ___)

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. Will the old well be abandoned? ☐ Yes ☐ No. N/A

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

All Applicants

Is this an AOSE/PE application? ☐ Yes ☐ No

If yes, is the AOSE package attached? ☐ Yes ☐ No.

Note: The well location must comply with §32.1-176.5:2

In order for VDH to process your application you must attach a site sketch and plat of the property. 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 system sites must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) 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 an Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

Charlene E Elliott — Signature of Owner/Agent

July 15, 2016 — Date

AOSE Form D Revised 7/03/07

OVER →

Please provide a detailed sketch on this page. Refer to the "Instructions for Well & Septic Permit Application" page to be sure You include all the requested information on your sketch. 9an example Sketch is also provided for you on the back of the instruction sheet.)

Legend:

Electric box for Camper

underground electrical lines to barn and camper

Proposed Septic Field

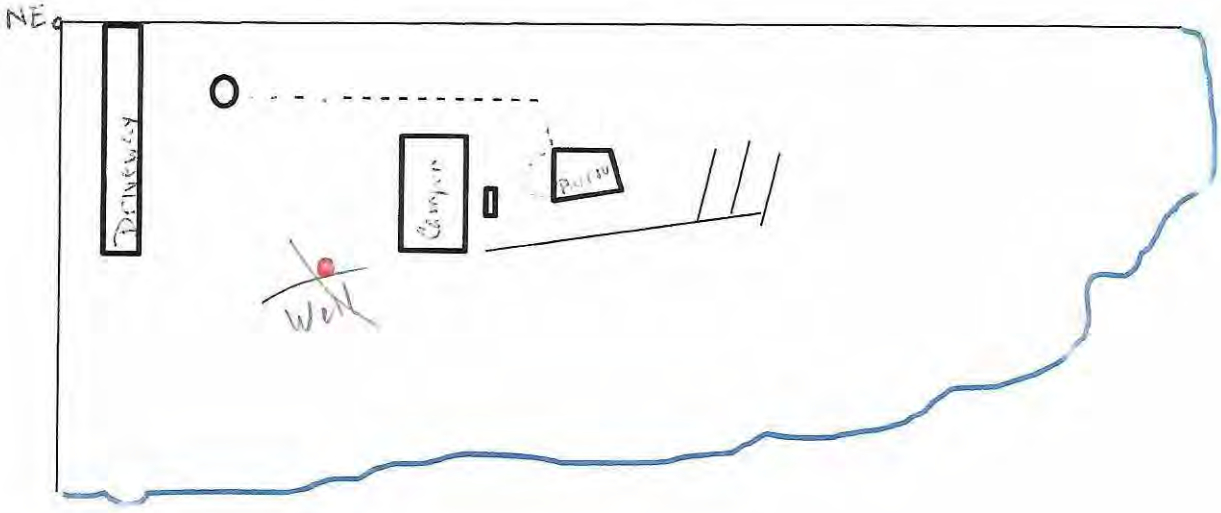
Electrical Pole

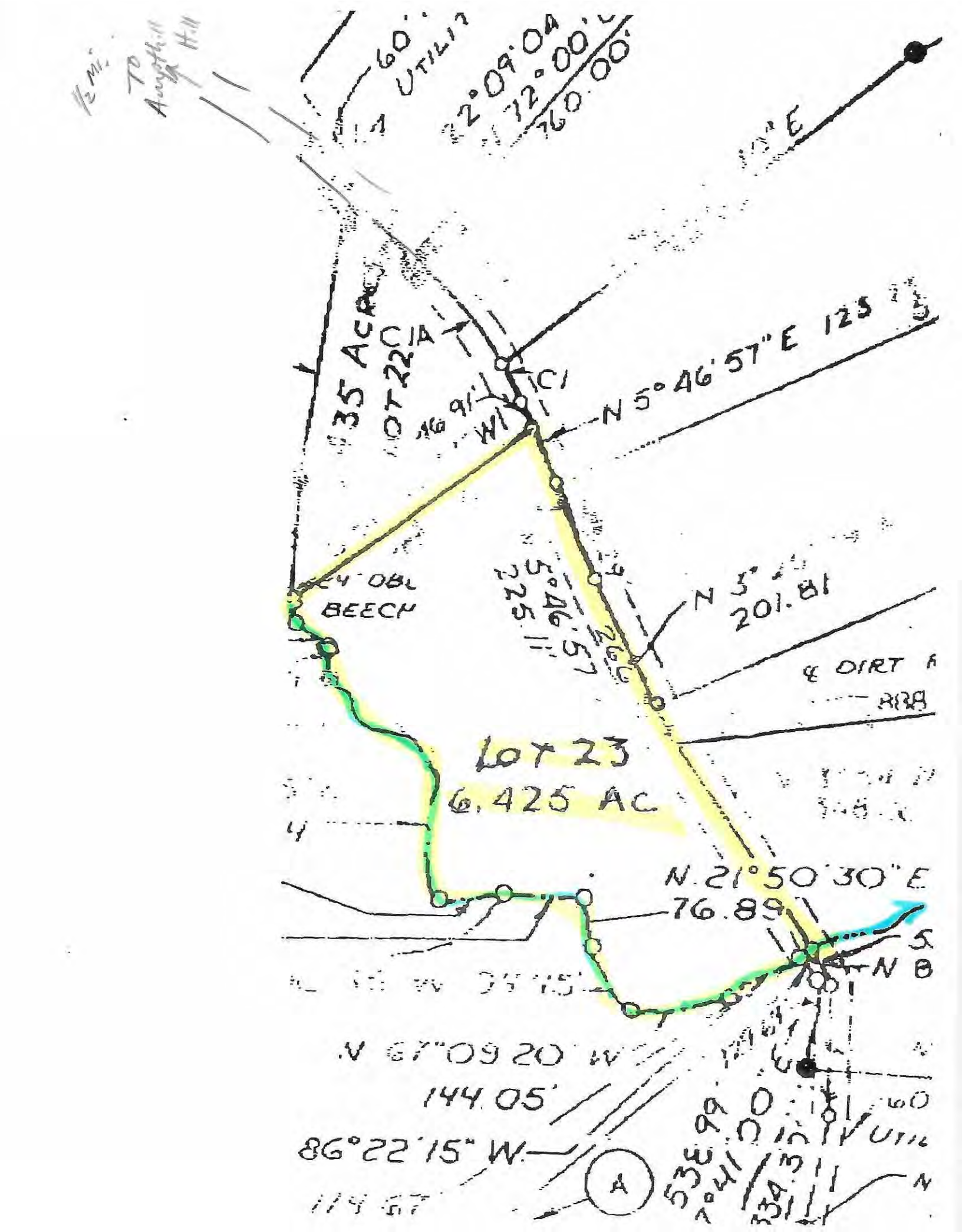
Camper

Proposed well site – EXISTING well

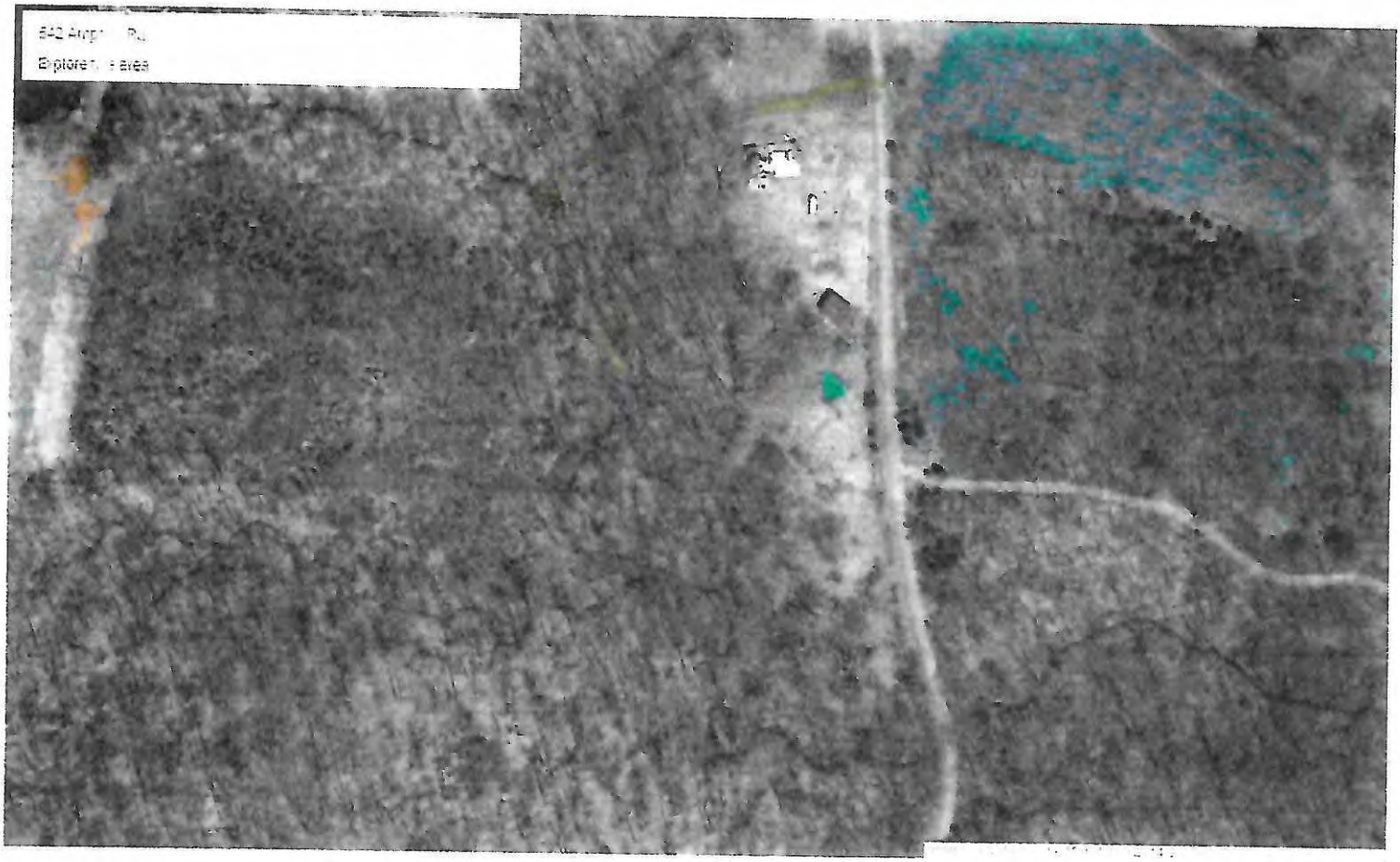
Barn

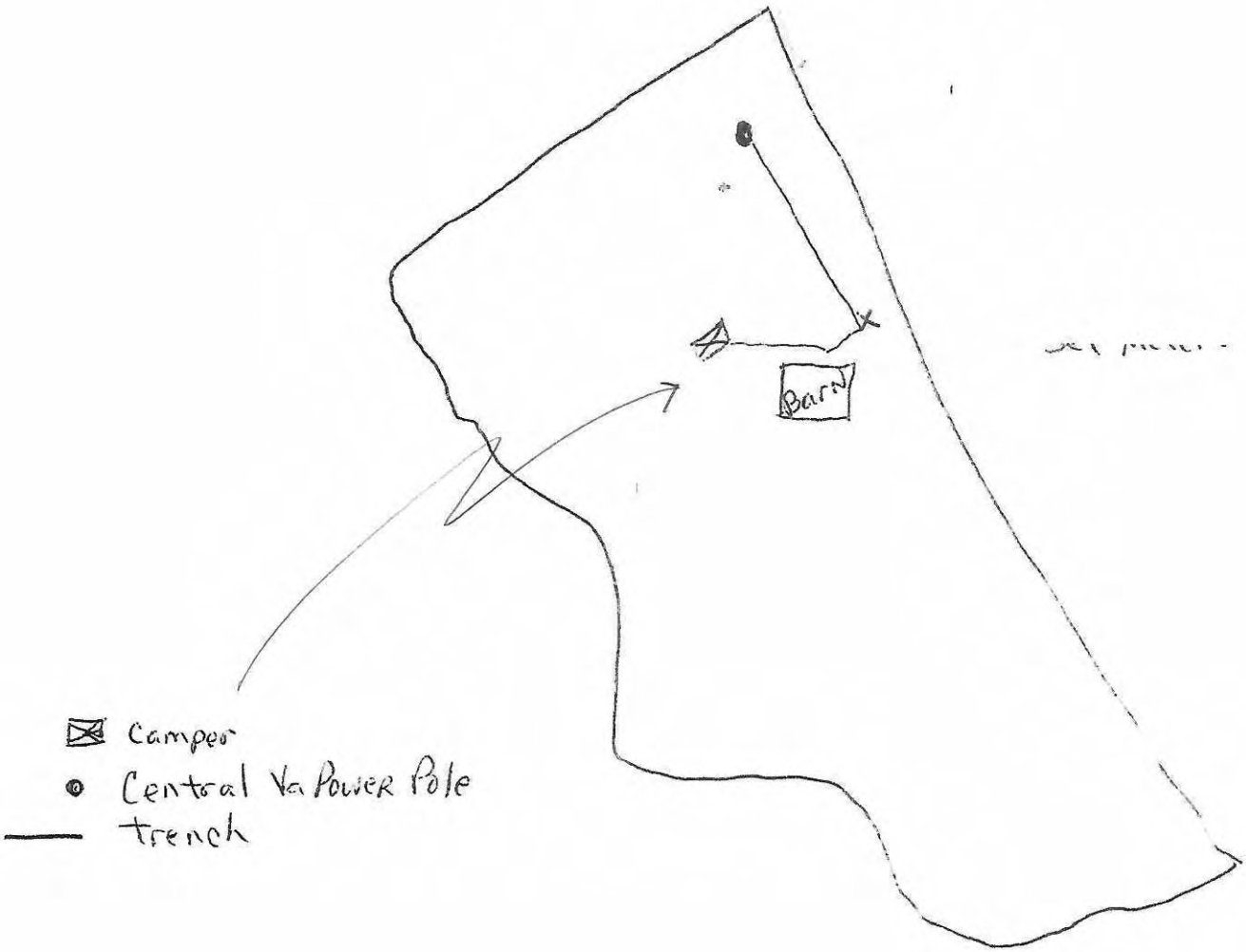
Dirt Road





60' UTILIT
72°00'
760.00'
35 ACRE
LOT 22
C1A
C1
W1
N 5°46'57" E 123
BEECH
N 5°46'57"
225.11'
N 5°
201.81
DIRT
LOT 23
6.425 AC
N 21°50'30" E
76.89
N 67°09'20" W
144.05'
86°22'15" W
A




Barn
Camper
Central Va Power Pole
trench

** This page is to be filled out by ZONING Staff. **

Cumberland County
Public Utility Connection / Private Well & Septic Permit

SECTION 1—Planning & Zoning—Connection Requirement Certification

Tax Map Number: 13A-4-23 TM Abbreviated: _____

Address: TBD Amphill Rd

Property Owner: Charlene Elliott Zoning: A-2

Property is within Public Water Service Area: YES NO Property is within Public Sewer Service Area: YES NO

** If not within either public utility service areas or within only one of the service areas please return a copy to Health Department.**

Mackenzie Tate [signature] 7/15/16

Name Signature Date

Setbacks: F 75' S 25' R 35'

SECTION 2—Public Utilities—Public Utility Connection

Proposed Use: ☐ Residential ☐ Commercial ☐ Industrial

Public Utility: ☐ Public Water ☐ Public Sewer ☐ Private Well ☐ Private Septic

Size of Water Connection: 5/8" 3/4" 1" 1½" 2" 4" 6"

Estimated Monthly Water Usage: _____ Gallons

Size of Sewer Connection: 4" 6" 8" Other: _____

Name Signature Date

SECTION 3— Finance Department—Connection Requirement Certification

User Agreement Completed: ☐ Yes ☐ No

Water Connection Fee Paid: ☐ Yes ☐ No Amount: _____

Sewer Connection Fee Paid: ☐ Yes ☐ No Amount: _____

Copies Distributed to: ☐ Planning Dept. ☐ Building Dept. ☐ Health Dept. ☐ Utilities Dept.

Name Signature Date

** Health Dept Use Only**

Application Received By Sal Date 7-15-16

Receipt # 0498160 Csh /Ck# 137

Enter Client Soc. Security # in Webvision. SS# needed for all refunds.

INSTRUCTIONS FOR WELL & SEPTIC APPLICANTS

Our goal at the Health Department is to process your application as quickly as possible. Sometimes we take longer to process applications because of our workload, the weather, or need for a backhoe to evaluate the soil. These delays are unavoidable. At other times we are delayed because applicants have not provided us with the information we need to process applications quickly. **We cannot accept incomplete applications.** In order for us to do our job properly, applicants need to provide us with the following:

A) A complete application, including an accurate site sketch
B) Clear directions to the property
C) The property corners and house site must be staked on the property
D) A copy of a zoning verification letter if required by the county or city.

This checklist is provided to assist you with our application process. All items listed *must be completed by the applicant* before the application will be accepted by the Health Department. If you have questions or need assistance with the application, one of our Environmental Health Staff will be happy to help you.

A) The application:
- ✓ has all items properly filled out
- ✓ has a telephone number where I can be reached during the day
- ✓ has clear written directions to the property
- ✓ is signed and dated
- ✓ is accompanied by the proper fee

B) The site sketch clearly and accurately shows:
- ✓ the shape of the property
- ✓ the length of each property line
- ✓ the shape and location of the house (including decks and porches)
- ✓ the proposed location of the driveway
- ✓ the proposed or existing location of any utilities
- ✓ any legal easements located on the property
- ✓ the location of wells, springs, and buried fuel tanks within 200 feet of the property
- ✓ the location of any other structures I plan to build in the future (e.g. barn, garage, swimming pool)
- ___ where I would like my septic system and/or well to be located (if there is a preference)

C) The building site for which the application is made:
- ✓ has the property lines clearly and accurately marked
- ✓ has the house site clearly and accurately marked
- ✓ has the brush removed from the potential drainfield site
- ✓ is easily identified from the road
- ✓ has any underground utilities marked

NOTE: the attached pages have a sample site sketch and some hints that may be useful in marking your property and completing your site sketch.

I understand that the Health Department cannot accept incomplete applications and that if the property corners are not clearly marked, the house site properly staked, and the brush cleared from the proposed drainfield site my application will be denied until I have taken corrective actions. I understand that I have 90 days to correct any deficiencies and submit a new application. Failure to do so within the prescribed time frame will require that I submit a new application ***with the associated fees.***

I intend to begin construction within 18 months Yes ✓ **No**___

Applicants Signature Charlene L Elliott Date 7-15-16

ADSE septic
$225

WELL AND SEPTIC $725 WELL ONLY $300 SEPTIC ONLY $425
SEPTIC REPLACEMENT $0
WELL REPLACEMENT $300 (IF YOU CHOOSE TO ABANDON YOUR OLD WELL ACCORDING TO VA STATE REGULATIONS, A REFUND MAY BE REQUESTED UPON WELL CONTRACTOR SUBMITTING PROPER DOCUMENTATION TO HEALTH DEPT)

OSE/PE Report for:

Construction Permit ☑ Certification Letter ☐ Subdivision Approval ☐

Property Location:

911 Address: _____ City: _____

Lot 23 Section _____ Subdivision Plantation on the James

GPIN or Tax Map # _____ Health Dept ID # _____

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: Charlene Elliot

Street: 9297 Susquehanna Trail

City: Ashland State Va. Zip Code 23005

Prepared by:

OSE Name Robert Johansen License # 1940001333

Address 810 High Rock Road

City Cumberland State Va. Zip Code 23040

PE Name: _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report 11-8-14 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.)

permit package

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.A.11

I recommend that a (select one): construction permit ☑ certification letter ☐ subdivision approval ☐

be (select one) issued ☑ denied ☐.

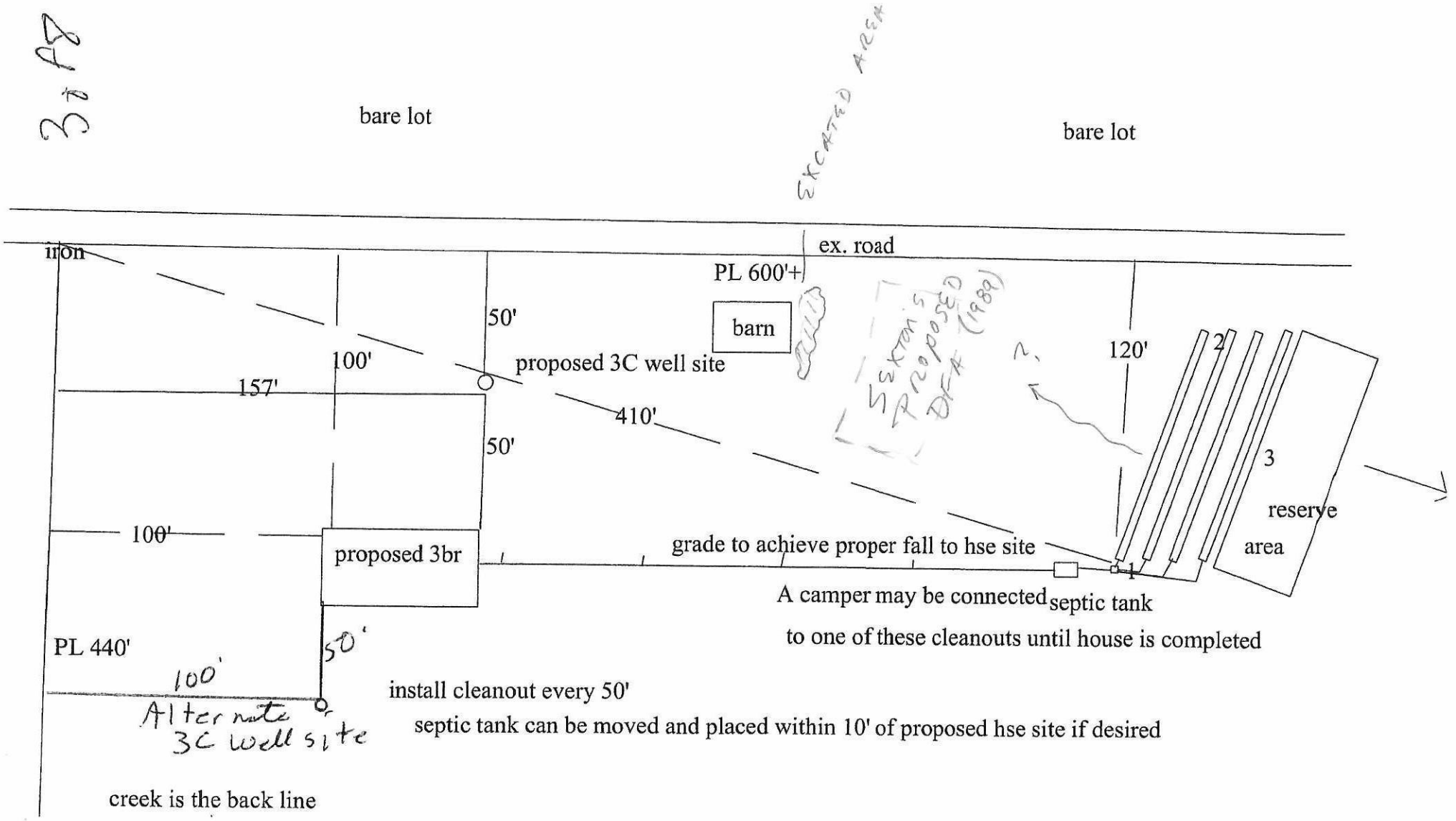
OSE/PE Signature _____ Date 11-8-14

System Specifications

Property ID: lot 23

Applicant Information	
Name Charlene Elliot Address 9297 Susquehanna Trl. Ashland Va. 23005	Phone 804 363-1335
Location Information	
Tax Map No. T3-A-4-23 GPIN No. _____ Directions 45 north, left on Ampthill road to lot aprox. 3.5 mile on right at commercial entrance, proceed to lot on right _____	Property Address _____ _____ Subdivision Plantation on the James Section _____ Block _____ Lot 23
General Information	
System Type st,df (e.g. septic tank, drainfield) Type of Property res (e.g. commercial, residential, etc.) Conditions _____	Number of bedrooms 3 Daily flow 450 (gpd) **Well specifications: III C well to be installed** **Cased: 20' min. Grouted: 20' min.** **Install as shown on Construction drawing**
Sewer Line	**Septic Tank – Inlet/Outlet Structure**
Schedule 40 PVC, 4" x or equivalent (add check or describe equivalent below) _____	Capacity: 1000gallons 2nd septic tank _____ gallons Per the *2000 Sewage Handling & Disposal Regulations,* Check which option chosen: Septic tank with inspection port ☒ Septic tank with effluent filter ☐ Reduced maintenance septic tank ☐
Conveyance line/force main Information	**Distribution box Information**
Method gravity (e.g. gravity, pumping, dosing siphon) If pumping, attach Pump Spec Sheet Material sch. 40 _____ Pipe diameter 4" Slope of pipe 6" per 100' (in inches)	No. of boxes 1 No. of outlets 9 Surge or splitter box required: Yes☐ No☒
Header line Information	**Percolation line Information/Absorption Area**
1500 pound crush strength Yes☒ Minimum slope is 2"/100 ft. Yes ☒	Center to center spacing 9 ft. Required spacing 9 ft. Installation depth 52 inches Aggregate depth 13 inches No. of Laterals 4 Lateral length 90 ft. Lateral bottom slope 2 inches Lateral width 36 inches

AOSE 1940001333


3 of 8
bare lot
EXCAVATED AREA
bare lot
iron
ex. road
PL 600'+
barn
50'
100'
proposed 3C well site
157'
410'
50'
Sexton's Proposed D-F (1989)
120'
2
3
reserve area
100'
proposed 3br
grade to achieve proper fall to hse site
1
A camper may be connected to one of these cleanouts until house is completed
septic tank
PL 440'
50'
100'
Alternate 3C well site
install cleanout every 50'
septic tank can be moved and placed within 10' of proposed hse site if desired
creek is the back line
Scale 1" = 50'

VDH Use Only
Health Department ID# _____
Due Date _____

Site and Soil Evaluation Report

(For certification letters and subdivisions)

General Information

Date: 11-7-14 **CumberlandCounty Health Department**

Applicant: Charlene Elliot

Telephone Number: 804-363-1335

Address: _____

Owner: _____ **Address:** _____

Location: 45north, left on Ampthill to commercial entrance on right

Subdivision Plantations on the James **Block/Section** _____ **Lot** 23

Soil Information Summary

1. Position in landscape satisfactory Yes X No _____ Describe: sideslope

2. Slope ≤10%

3. Depth to rock/impervious strata Max. _____ Min. _____ None X

4. Free Water Present No X Yes _____ Range in inches _____

5. Depth to seasonal water table (gray mottling or gray color) NA inches

6. Soil percolation rate estimated Yes x Texture group ☐I ☒II ☐III ☐IV
No _____ Estimated rate 45 min/in

7. Percolation test performed Yes _____ Number of percolation test holes _____
No x Depth of percolation test holes _____
Average percolation rate _____ mpi

Name and title of evaluator: Robert Johansen OSE 1940001333

Signature: _____

Department Use

_____ Site approved: Drainfield trench bottoms to be placed at _____ (inches) depth at site designated on permit.
_____ Site disapproved:
Reasons for rejection: (check all that apply)

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) _____

Date of Evaluation10-27-14 Profile Description
Property ID:lot 23 **Soil Evaluation Report**

Where the local health department conducts the soil evaluation, the location of profile holes may be shown on the schematic drawing on the constructions permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features, i.e., sewage disposal system, wells, etc., within 100 feet of site (see section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached on this form.

☐ See application sketch page xx See construction permit see sketch on reverse side or attached to this form

Hole #	Horizon	Depth (inches)	Descriptions of color, textures, etc.	Texture Group
1	A	0-6	10 YR 5/3 loam	2
	B	6-40	2.5 YR 4/8 clay	4
	C	40-72	2.5 YR 4/8 loam-micatious	2
2	A	0-6	10 YR 5/3 loam	2
	B	6-40	2.5 YR 4/8 clay	4
	C	40-72	2.5 YR 4/8 micatious loam	2
3	A	0-6	10 YR 5/3 loam	2
	B	6-40	2.5 YR 4/8 clay	4
	C	40-72	2.5 YR 4/8 loam	2

Remarks: few rounded cobbles in B horizon-very nice C horizon

5 of 8

Water Supply	
Class of well: 3c Distance between septic tank(s) and well: 50 Distance between absorption area and well: 100	Describe (bored, drilled): drilled

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

AOSE Form I Revised 12/9/05

6 of 8

Design Calculations

Property ID:

Flow	
Type of use: res. No. of bedrooms: 3 No. of employees: _____ Square Footage of building space:_____ Daily flow (peak design) in GPD: 450	Show Calculations Here*
Treatment	
No. of septic tanks: 1 Size of septic tank(s): 1000 Pretreatment required? ☐Yes ☒No If yes, specify type of treatment device: _____	Show Calculations Here*
Absorption area design	
Soil Texture Group: 2 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: 3c Distance between septic tank(s) and well: 50 Distance between absorption area and well: 100	Describe (bored, drilled): drilled

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

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

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 <u>not</u> used for an agricultural operation.**

- ☐ **i. Written affirmation from the adjacent property owner(s) that their property is <u>not</u> used for an agricultural operation.**
- ☐ **ii. Other confirmation that land use is <u>not</u> an agricultural operation, please describe:**

☐ 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.**

7 of 8

Abbreviated Design Form

This form is for use with gravity, pump to gravity, enhanced flow, and low pressure distribution (LPD) sewage system designs and when applying for a certification letter or subdivision approval.

This abbreviated design covers the ☒ primary and reserve area, ☐ only the primary area, ☐ only the reserve area (check one) for lot 23 _____ property ID).

Design Basis

Total length of available area: 100 Total width of available area: 60

Estimated Perc. Rate: 45 at 52 in. (depth) Number of bedrooms (or GPD): 3

Conveyance Method[1]: Gravity Distribution method[2] (specify): _____

Dispersal system basis[3] Table 5.4 of SHDR LGMI required? No (Yes/No)

Effluent quality required: Primary (Primary, Secondary, Advanced Secondary)

Square feet per bedroom: 344 Total trench bottom area required: 1032

[1] Gravity, pump, siphon
[2] Enhanced flow, LPD, or Drip Dispersal
[3] Table 5.4 of SHDR or identify the GMP used

Area Calculations

Number of trenches 4/4 (Note if a pad is used) Length of pad or trenches: 90

Width of pad or trenches: 3 Center to center spacing: 9 ft

Reserve required? yes Percent reserve area required: 100

Total width of absorption area required 30/30 Total trench bottom area provided: 1080p/1080R

The required width is calculated by multiplying the center-to-center spacing by one less than the number of trenches and adding 1 trench width plus any required reserve area. If the topography is not uniform across the length of the site the trenches will need to flare apart on one end to maintain contour. When this occurs it is necessary to use a center-to-center spacing that accounts for the flair or the installer will not be able to fit the system within the approved area. It is perfectly acceptable to have more area available, especially up and down the slope, than is required.