

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number:

166-18-015

Northumberland Health Department

Name of Company/Corporation/Individual:

Address:

Telephone (804) 761-8449

Owner's Name:

DAVID DEITY

Owner's Address:

858 HARMONY HILL CREEK - HEATHSVILLE, Va. 22473

Location of Installation: Lot:

Block:

Section:

Subdivision:

Other:

T.Y. # 434(C) 16

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued

(Date)

3/6/2018

and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and

specifications for the project.

Date

7/26/2018

Signature Title

Jerry Turner

CERT 220606-000

from Beasley



Commonwealth of Virginia Uniform Water Well Completion Report

Owner James Leach
Address 5790 Huntington Lane
Haymarket, VA 20169
Phone _____
Location Cranes Creek

Tax Map ID 4380116
VDH Permit 166-04-438
VWCS Permit _____
VWCS ID _____
County Northumberland

Well Data

General Information

Drilling Method Rotary Date Completed 2-16-05 Total Depth 190
Depth to bedrock 190 Yield 100 (GPM) Test length 3m
Static Water Level 50 Stabilized water level 50 Natural flow 60 gpm
Well Disinfected yes Disinfectant used 11-11 Amount used 10.2

Casing

From 0 to 20 From 20 to 670 From 670 to 690
Size 4 Material PVC Size 2 Material PVC Size 2 Material 50mm
Weight/Schedule 40 Weight/Schedule 60 Weight/Sch. 80

Gravel Pack

From _____ to _____ From _____ to _____ From _____ to _____

Grout

From 0 to 50 From _____ to _____ From _____ to _____
Bore hole size 9 Bore hole size _____ Bore hole size _____
Type Grout Type _____ Type _____
Method Pump & Grout Method _____ Method _____

Water Zones or Screened Intervals

From 1.70 to 1.90 From _____ to _____
Mesh Size 011 Diam 2 Mesh Size _____ Diam _____

Private Well: Domestic ☒ Agricultural _____ Industrial _____
Monitoring _____
Public Well: Community _____ Non Community _____

AOSE/PE Inspection Report and Completion Station

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 166-18-015

Tax Map: 43A(1)16

Northumberland Health Department

Name of AOSE/PE: David R. Miles

Certification Number: 1111

Address: Soil Evaluation Services, P. O. Box 2270, Kilmarnock, Virginia 22482

Telephone: 804/ 577-4100

Contractor's Name: Beasley Septic

Owner's Name: David Deitz

Owner's Address: 858 Harmony Hills Circle, Heathsville, VA 22473

Location of Installation:

Subdivision: Harmony Hills

Section: _____

Block: _____

Lot _____

16

Other: _____

Inspection Results

Component	Comments, Material, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	Existing	
Building Sewer	Approved.	7/27/18
Septic Tank	New, midseam, Hanover Concrete, 1000 gallon concrete tank. Filter present.	7/27/18
Inlet/Outlet Structure	Approved.	7/27/18
Pump and Pump Station	N/A	
Conveyance Method	Approved.	7/27/18
Distribution Box or Pressure Manifold	12 hole, concrete box. Approved.	7/27/18
Header, Conveyance, Return, etc. Lines	Approved.	7/27/18
Percolation Lines, Drip, Chambers, etc.	Gravel trenches installed. Approved.	7/27/18
Absorption Trenches and Dispersal Field	Approved.	7/27/18
(Other Components: treatment unit, etc.)		

OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia
State Department of Health

Health Department Identification Number:

166-18-015

Tax Map:

43A (1)16

Triangulate critical system components to fixed reference points.

☒ 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/PB).

I hereby certify that on 7/27/18 (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 3/6/18 (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:

David R. Mills

Date:

8/13/18

Print Name:

DAVID R. MILLS

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

Revised 12/1/2014



Northumberland County Health Department
PO BOX 69
Heathsville, Virginia 22473
(804) 580-8827 Voice
(804) 580-2913 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.

March 06, 2018

David Deitz
858 Harmony Hill Cr.
Heathsville, VA 22473

RE: 858 Harmony Hill Cr., Heathsville, VA 22473
Tax Map/GPIN: 43A(1)16 (Northumberland County)
HDID: 166-18-015 **Reserve:** reserve area provided
System Capacity: Residential, 1 Bedrooms, 150 gallons per day
Dear David Deitz :

This letter and the attached drawings, specifications, and calculations (8 pages) dated February 08, 2018, 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 Miles, David R. Private 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 Northumberland 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 Northumberland 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 notice to the OSE/PE of the need for a final inspection. If the designer is unable to perform the required inspection, you may provide an inspection report and

completion statement executed by another OSE/PE. The Northumberland 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 Northumberland 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. 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 me.

This permit expires: **August 29, 2019.**



Rosalie Coultrip
Environmental Health Specialist, Sr.
Northumberland County Health Department

CC: Miles, David R. Private OSE

Level I & II Review Form

Tax Map/GPIN #: 43A(1)16

HDID: 166-18-015

Reviewer: Rosalie Coultrip

February 27, 2018

Print Form Date:

Level I Review

Date of Level I Review:	IN¹	OUT²	N. O.³	N. A.⁴	Comments
Location					
Site features affecting well & septic system location identified	X				
Landscape position indicated	X				sloping ridge
Absorption Area	X				
House site located	X				
Other:					
Separation distance adequate	X				
Adequate triangulation / scale	X				
Depth					
Limiting factors (or lack of) noted	X				
Depth adequate for slope	X				8%
Depth adequate for limiting factors	X				36"
Timed-Dosing specified (if required)				X	
Capacity					
Absorption area adequately evaluated (number and location of borings / pits)	X				
Design flow adequate for intended use	X				150 gpd
Adequate trench area, based on flow & estimate / measured perc rate	X				45 mpi
Adequate footprint area (including reserve area, if required)	X				405 sq.ft.
Treatment					
Treatment level specified	X				ST1
Treatment level adequate for specified absorption area depth	X				
Treatment capacity adequate for design flow	X				

Level II Review

Date of Level II Review:	IN	OUT	N. O.	N. A.	Comments
Location					
Site features affecting location adequately identified					
Separation distances adequate					
Landscape position identified & adequate					
Slope adequately identified					
Depth					
Depth to limiting factors adequate (A)					
Capacity					
Estimated per rate adequate (A)					
Treatment					
Correct level of treatment indicated					

1 In substantial agreement; 2 Not in substantial agreement; 3 Not observed; 4 Not applicable

(A) If one boring indicates disagreement, reviewer should complete a second boring before concluding that there is overall disagreement.

Additional comments, if any:

OSE/PE Report For:

Construction
PermitRepair
PermitVoluntary Upgrade
PermitCertification
LetterSubdivision
Approval

Property Location:

911 Address: 858 Harmony Hill Circle City: HeathsvilleLot 16 Section _____ Subdivision Harmony HillsGPIN or Tax Map # 43A (1) 16 Health Dept ID # 166-18-015

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: David & Valerie DeitzStreet: 858 Harmony Hill CircleCity: Heathsville State VA Zip Code 22473

Prepared by:

OSE Name David R. Miles License # 1940001111Address P.O. Box 2270City Kilmarnock State VA Zip Code 22482

PE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report 2/9/2017 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.)

1) OSE/PE Report

5) Construction Drawing

2) Application

6) Soil Summary Report

3) Notice to Contractors

7) Soil Profile Descriptions

4) Design Specifications

8) 200' Sanitary Survey & Boring Locations

Certification Statement

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the applicable provisions of the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), the Regulations for Alternative Onsite Sewage Systems (12VAC5-613) 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 ☒
 repair permit ☐ voluntary upgrade ☐ Denied ☐

OSE/PE Signature David R. Miles Date 2/9/2018

Commonwealth of Virginia

Application for: ☒ Sewage System ☐ Water Supply

Owner David & Valerie Deitz

Mailing Address 858 Harmony Hill Circle
Heathsville, VA 22473

Agent Soil Evaluation Services, Inc.

Mailing Address P.O. Box 2270
Kilmarnock, VA 22482

Site Address Same

2018
VDH Use only
Health Department ID# 166-18-015
Due Date _____

Phone 804/ 761-8449

Phone _____

Fax _____

Phone 804/ 577-4100

Phone _____

Fax _____

Email _____

Directions to Property: 360E, R/T 200, L/T Remo Road, R/T into Harmony Hills Subd., L/T at end, to lot on left.

Subdivision Harmony Hills Section _____ Block _____ Lot 16

Tax Map 43A (1) 16 Other Property Identification _____ Dimension/Acreage of Property 4.76 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

Proposed Use:

Single Family Home (Number of Bedrooms 1) 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

All Applicants

Is this a private sector OSE/PE application? ☒ Yes ☐ No If yes, is the OSE/PE package attached? ☒ Yes ☐ No

Is this property indeed to serve as your (owners) principal place of residence? ☒ 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.

David R. Miel
Signature of Owner/ Agent

2/9/2018
Date

P.3068

SOIL EVALUATION SERVICES INC.

DAVID R MILES, CPSS, OSE
506 N MAIN ST
PO BOX 2270
KILMARNOCK VA 22482

September 20, 2017

**NOTICE TO SEWAGE DISPOSAL SYSTEM
CONTRACTORS**

Please be advised that effective immediately, the charge for a septic installation inspection will be \$250.00 per site visit.

Soil Evaluation Services, Inc. requests 48 hours notice to schedule an inspection. Should you have any concerns or questions, please contact David Miles.

Thank you for your attention to this matter!

Soil Evaluation Services, Inc.

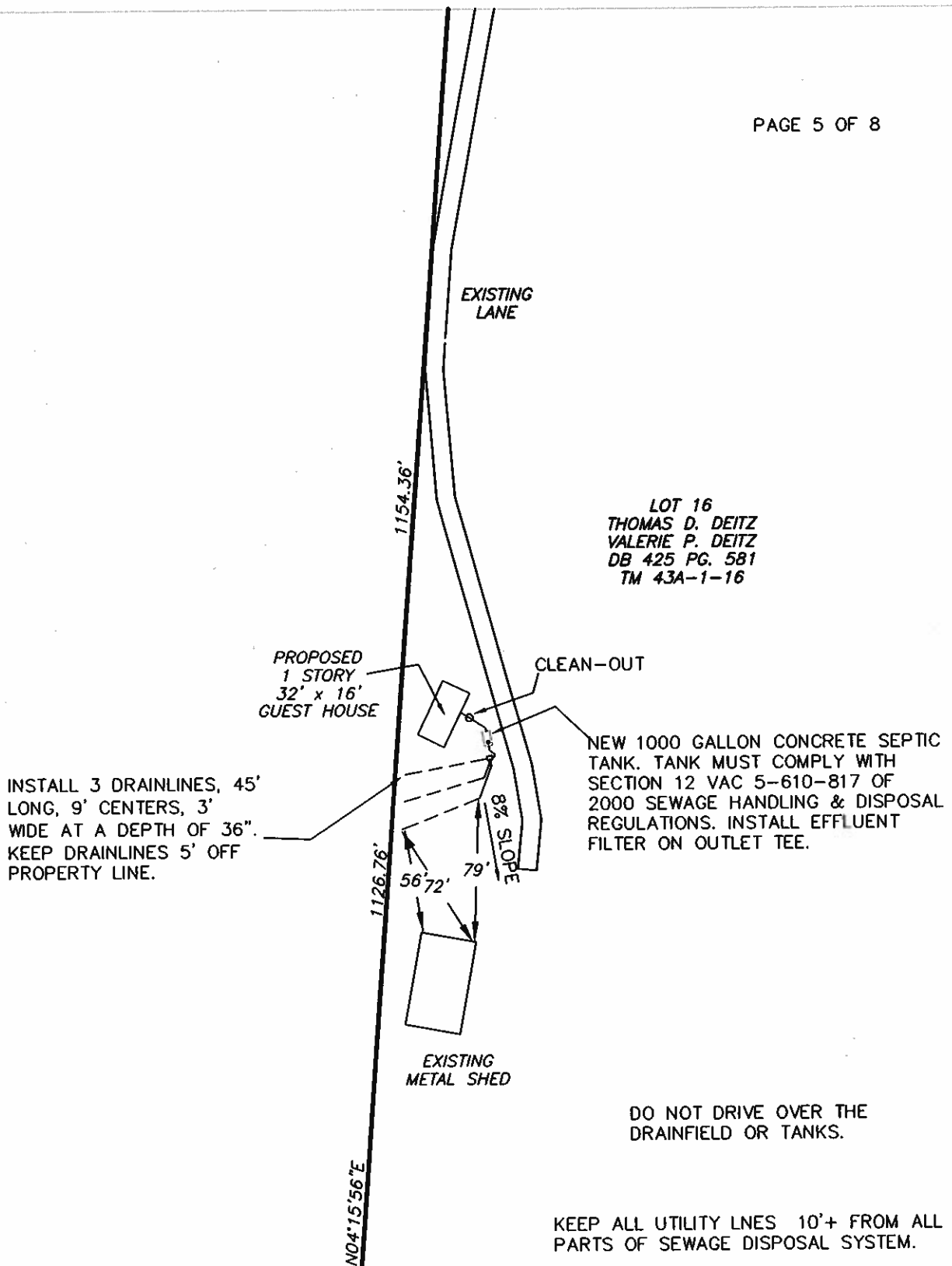
804/ 577-4100

804/ 694-9574

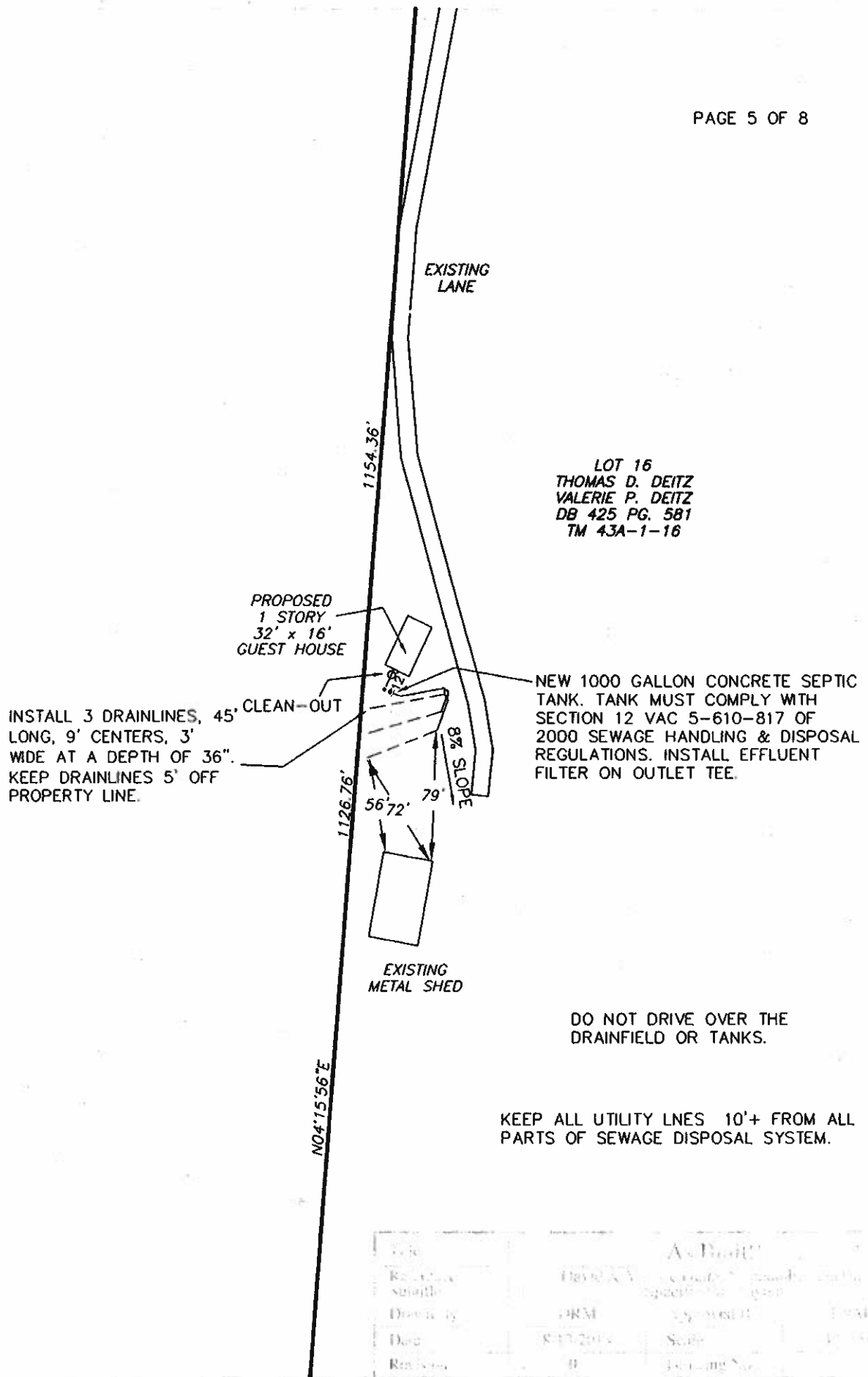
System Specifications

VDH Use Only
 HDIN: 166-18-015

Application Information	
Name: <u>David & Valerie Deltz</u>	Address: <u>858 Harmony Hills Circle</u>
Phone: <u>804/ 761-8449</u>	Heathsville, VA 22473
Location Information	
Tax Map/GPIN #: <u>43A (1) 16</u>	Property Address: <u>Same</u>
Subdivision: <u>Harmony Hills</u>	Section: _____ Block: _____ Lot: <u>16</u>
Directions: <u>360E, R/T 200, L/T Remo Road, R/T into Harmony Hills subd., L/T at end, Lot on left</u>	
General Information	
Property Type (e.g. residential): <u>Residential</u>	Number of Bedrooms: <u>1</u>
Daily Flow: <u>150</u> gpd	Conditions: _____
Notes: _____	
Sewer Line	
Diameter: <u>4</u> in. Material: <u>PVC SCH 40</u>	(or equivalent) Notes: _____
Pretreatment Unit(s)	
Treatment Level: <u>TL-1</u>	Septic Tank Capacity: <u>1000</u> gallons
Number of Septic Tanks <u>1</u>	Size of Septic Tank(s) <u>1000</u> gallons
Per the Sewage Handling and Disposal Regulations, check which option(s) chosen:	
<input type="checkbox"/> Septic tank with inspection port <input checked="" type="checkbox"/> Septic tank with effluent filter <input type="checkbox"/> Reduced maintenance septic tank	
Secondary treatment device(s), if applicable: _____	
Notes: _____	
Conveyance Line	Distribution Method and Header Lines
Conveyance Method: <u>4" SCH 40 PVC Sewer Line</u>	Distribution Method: <u>Distribution Box</u>
If pumping, include pump specifications sheet.	No. of boxes: <u>1</u> No. of outlets: <u>6+</u>
Material: _____ Diameter: _____	Surge or splitter box required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Notes: _____	Header Line Material: <u>SCH 20 or Equiv.</u>
Percolation Lines/Absorption Area	
Dispersal Method (e.g. laterals, pad, mound): <u>Laterals</u>	
If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet.	
No. of laterals/pads: <u>3</u> Length of lateral(s)/pad(s): <u>45</u> ft. Width of lateral(s)/pad(s): <u>36</u> in.	
Center to center spacing: <u>9</u> ft. Installation depth: <u>36</u> in. Aggregate depth: <u>13</u> in.	
Size/Type of Aggregate: <u>0.5-1.5"</u> Lateral/pad slope: <u>2-4</u> in. per <u>100</u> ft.	
Reserve Area Provided: <u>0</u> % Notes: <u>Gravel trenches only!! No substitutions!!</u>	
Please Note: _____	



Title	Plot Plan For Conventional Drainfield		
Reference Subtitle	David & Valerie Deitz, Northumberland Co. Specific Site Layout		
Drawn By	DRM	Approved By	DRM
Date	2/9/2018	Scale	1" = 50'
Revision	0	Drawing No.	



Title	As Built
Revised	Drawn
Checked	Reviewed
Date	Scale
Revision	Issued

Site and Soil Evaluation Report

VDH Use Only

HDIN: _____

General Information

Date: 2/9/2018 Northumberland County Health Department
 Owner: David & Valerie Deitz Phone: 804/ 761-8449
 Owner Address: 858 Harmony Hill Circle, Heathsville, VA 22473
 Property Address: Same
 Tax Map/GPIN #: 43A (1) 16
 Subdivision: Harmony Hills Section: _____ Block: _____ Lot: 16

Soil Information Summary

1. Position in landscape satisfactory: ☒ Yes ☐ No Describe landscape position: Upland ridge, wooded
 2. Slope: 8 %
 3. Depth to rock/impervious strata: Max. _____ in. Min. _____ in. ☒ Not observed
 4. Free Water Present: ☐ Yes ☒ No Range in inches: _____
 5. Depth to seasonal water table (gray mottling or gray color): _____ inches ☒ Not observed
 6. Soil percolation rate estimated: ☒ Yes ☐ No Estimated rate: 45 min/in at 36 inches depth
 Texture Group: ☐ I ☒ II ☐ III ☐ IV
 7. Percolation test performed: ☐ Yes ☒ No If yes, provide additional data on percolation test results.
- Name and title of evaluator: David R. Miles, CPSS, OSE
 Signature: David R. Miles

☒ Site approved: Trenches (describe dispersal area, e.g. absorption trenches) dispersing TL-1 (proposed level of treatment at time of evaluation) to be placed at 36 (inches) depth at site designated on permit. Site provides a total of 405 square feet of absorption area for primary and reserve (if applicable).

☐ 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 absorption area, and/or reserve area.
6. ☐ Proposed system too close to well.
7. ☐ Other (specify) _____

Date of Evaluation: 2/5/2018

Profile Description

Property ID: T.M. #43A(1) 16

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

☐ See application sketch ☒ See Construction Permit ☐ See sketch on reverse side or page attached to this form.

[illegible]

REMARKS:

INSTALL 3 DRAINLINES, 45' LONG, 9' CENTERS, 3' WIDE AT A DEPTH OF 36". KEEP DRAINLINES 5' OFF PROPERTY LINE.

PROPOSED 1 STORY 32' x 16' GUEST HOUSE

EXISTING LANE

LOT 16
THOMAS D. DEITZ
VALERIE P. DEITZ
DB 425 PG. 581
TM 43A-1-16

CLEAN-OUT

NEW 1000 GALLON CONCRETE SEPTIC TANK. TANK MUST COMPLY WITH SECTION 12 VAC 5-610-817 OF 2000 SEWAGE HANDLING & DISPOSAL REGULATIONS. INSTALL EFFLUENT FILTER ON OUTLET TEE.

EXISTING METAL SHED

DO NOT DRIVE OVER THE DRAINFIELD OR TANKS.

KEEP ALL UTILITY LINES 10'+ FROM ALL PARTS OF SEWAGE DISPOSAL SYSTEM.

Title	200' Sanitary Survey & Boring Locations		
Reference Subtitle	David & Valerie Deitz, Northumberland Co. Specific Site Layout		
Drawn By	DRM	Approved By	DRM
Date	2/9/2018	Scale	1" = 80'
Revision	0	Drawing No.	



COMMONWEALTH OF VIRGINIA

THREE RIVERS HEALTH DISTRICT

INCLUDING COUNTIES OF:

ESSEX
GLOUCESTER
KING & QUEEN
KING WILLIAM
LANCASTER
MATHES
MIDDLESEX
NORTHAMPTON
NORTHAMPTON
RICHMOND
22473
WESTMORELAND

OFFICE OF THE DIRECTOR
P.O. BOX 415
SALUDA, VA 23149
FAX 804-758-4828
TELEPHONE 804-758-2381

NORTHAMPTON COUNTY
PO Box 69
Heathsville, VA

(804) 580-8827
Fax 580-2913

December 5, 1997

David & Valerie Deitz
266 Old Tippers Rd.
Heathsville, Va. 22473



Re: Harmony Hills Subdivision
TM # 43A (1) 16
ID # 166-97-562 Lot 16

Dear Mr. & Mrs. Deitz:

This letter is issued in lieu of a sewage disposal system construction permit in accordance with §32.1-163, et seq., of the Code of Virginia. The Board of Health hereby recognizes that the soil and site conditions acknowledged by this correspondence, and documented by additional records on file at the local health department, are suitable for the installation of an onsite sewage disposal system. The attached plat shows the approved area for the sewage disposal system. This letter is valid until a permit for construction is issued and the system is installed, inspected and approved. This letter is void if there is any substantial physical change in the soil or site conditions where the sewage disposal system is to be located.

A permit to construct the sewage disposal system must be issued before construction of the system. If the property owner (current or future) applies for a construction permit within 18 months of the date of this letter, the application fee paid for this letter shall be applied to any state fees for a permit to construct a system. After 18 months, the applicant is responsible for paying all state fees for a permit application.

This letter, and accompanying sketch showing the specific location of the sewage disposal system area and well area (if applicable), may be recorded in the land records by the clerk of the circuit court in the jurisdiction where all or part of the site or proposed site of the system is to be located. The site shown on the plat is specific and must not be disturbed or encroached upon by any construction. To do so voids this letter. Upon the sale or transfer of the land that is the subject of this letter, the letter shall be transferred with the title to the property.

Deitz/97-562
Page Two
12-5-97

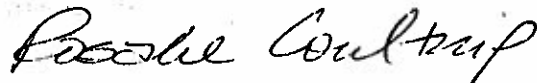
Future owners are advised to review the plat for the location of the onsite sewage disposal area to make sure their building plans do not interfere with the area. If they have any questions regarding the location of the area, they should contact the local health department for assistance.

The area evaluated, and certified by this letter, is suitable to accommodate a four bedroom house using a system design of 600 gallons per day. The property will be served by a private 3-A existing well on lot.

This letter is an assurance that a sewage disposal system construction permit will be issued (provided there have been no substantial physical changes in the soil or site conditions where the system would be located); however, it is not a guarantee that a permit for a specific type of system will be issued. The design of the sewage system will be determined at the time of application for a building permit and sewage system construction permit. The design will be based on the site and soil conditions certified by this letter, structure size and location, water well location (final determination to be made at time of permit issuance), the regulations in effect at the time, and any off-site impacts that may have occurred since the date of the issuance of this letter. In some cases, engineered plans may be required prior to issuance of the construction permit. In accordance with § 32.1-164.1:1 of the Code of Virginia, owners are advised to apply for a sewage disposal construction permit only when ready to begin construction.

This certification letter may be subject to and must comply with any applicable local ordinances.

Sincerely,



Rosalie Coultrip
Environmental Health Specialist, Sr.
Three Rivers Health District
Northumberland Co. Health Department

Attachment

cc: NCHD

STATE OF VIRGINIA
COUNTY OF Northumberland to wit:

Subscribed and acknowledged before me this 15th day of
December, 1997.

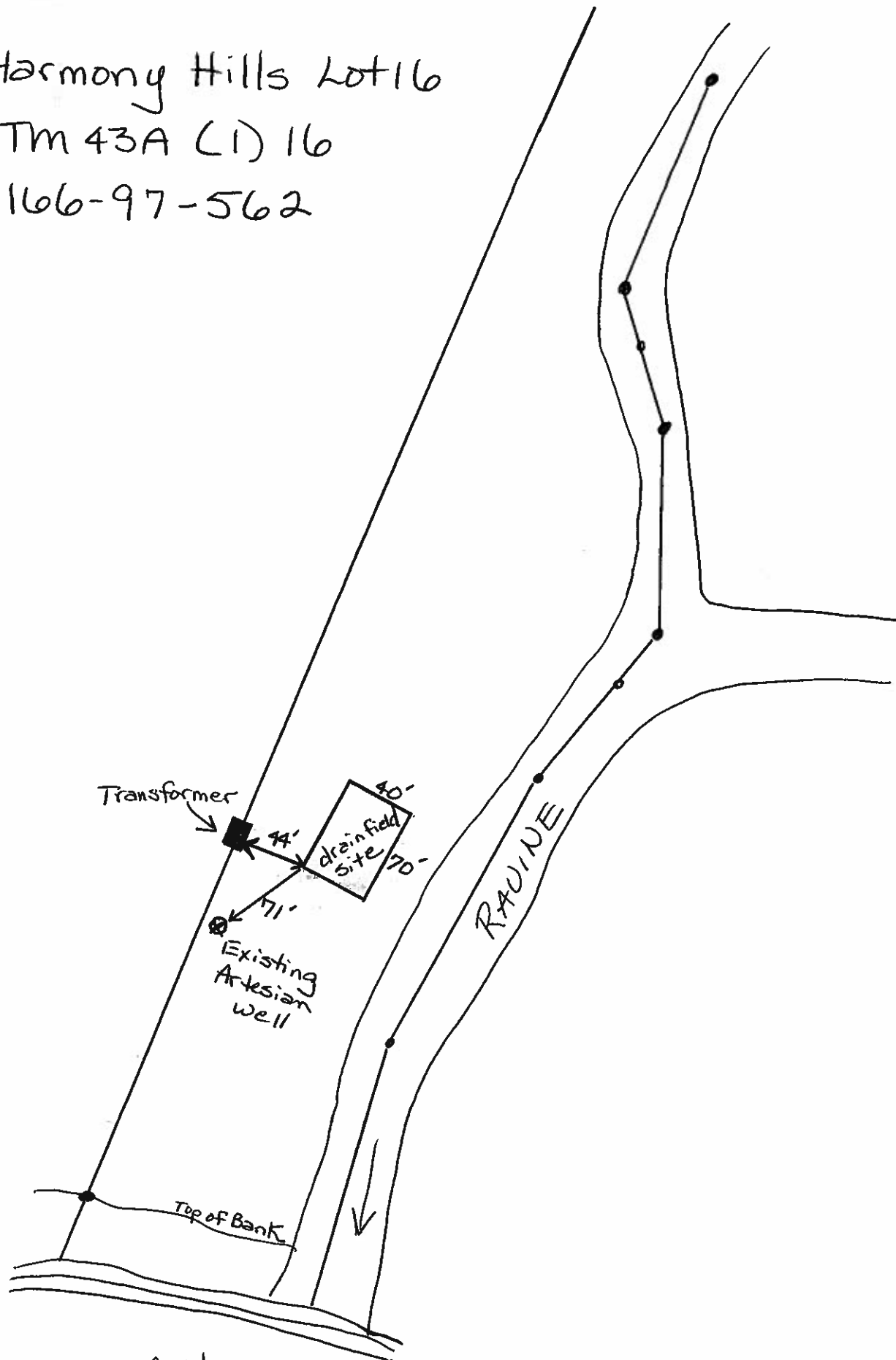
My commission expires

July 31, 1998



NOTARY PUBLIC for the
STATE OF VIRGINIA AT LARGE

Harmony Hills Lot 16
Tm 43A (1) 16
166-97-562



Mill
Creek

Soil Evaluation Form

PAGE 1 OF 2Commonwealth of Virginia
Department of HealthHealth Department
Identification Number 166-97-562
Tax Map Number 43A C116

General Information

Date 12-3-97 Northumberland Health Department
Applicant DAVID Deitz Telephone No. 580-8391
Address 266 Old Tipton Rd. Heathsville, Va. 22473
Owner _____ Address _____
Location 200S, TL 609 twd sandy Pt, TR at Harmony Hills sign
Subdivision Harmony Hills Block/Section _____ Lot 16

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe Bluff overlooking mill
Creek - Wooded
2. Slope 0-1 % in D.F. site
3. Depth to rock/impervious strata Max. _____ Min. _____ None ☒
4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☒ 42 inches
5. Free water present No ☒ Yes ☐ _____ range in inches
6. Soil percolation rate estimated Yes ☒ Texture group I II III IV
No ☐ Estimated rate 35 min/inch
7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☐ Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: Rosalie Coultrip, E.H.S., Sr.
Signature: Rosalie Coultrip

Department Use

☒ Site Approved: Drainfield to be placed at 30 depth at site designated on permit.

☐ Site Disapproved:

Reasons for rejection:

1. ☐ Position in landscape subject to flooding or periodic saturation.
2. ☐ Insufficient depth of suitable soil over hard rock.
3. ☐ Insufficient depth of suitable soil to seasonal water table.
4. ☐ Rates of absorption too slow.
5. ☐ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. ☐ Proposed system too close to well.
7. ☐ Other Specify _____

Date of Evaluation 12-2-97

Profile Description
SOIL EVALUATION REPORT

Health Department
Identification No. 166-97-562Page 2 of 2

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction 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 systems, 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 to this form.

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

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
①		0-12	10YR 5/4 L SCL	
		12-24	7.5YR 5/8 SCL	
		24-32	7.5YR 5/8 10YR 5/8 w/ gravel 6/16 m SL	
		32-42	10YR 6/8 LS	
		42-60	10YR 7/8, 6/16 LS-S w/ 1/4 m 2+ 3/16" w/ 1/4 m iron m w/ 7/16 m	
②		0-3	10YR 4/2 L	
		3-20	10YR 5/4 L SCL	
		20-36	7.5YR 5/8 SL	
		36-40	7.5YR 5/8 w/ 5/4 w/ 7/13 4/2 m (old roof channel)	
		40-48	10YR 6/8, 7/8 LS	
		48-52	10YR 5/8 w/ 7/8 L SCL	
		52-60	2.5YR 6/8 LS	
③		0-10	10YR 4/2 L	
		10-30	7.5YR 5/8 SCL	
		30-42	7.5YR 5/8 w/ 10YR 6/8 m gravel SL	
		42-50	10YR 5/8 w/ 7/2 m, 5/3 m CL lenses in SCL	
		50-	10YR 7/1, 7/2, 5/4 SL-LS	

Remarks

Commonwealth of Virginia
Department of Health

Northumberland

Health Department



Health Department

Identification Number

Map Reference

166-84-167

43-154A

General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 313.01, a construction permit is hereby issued to:
Owner *James D. Finzer*
Address *3213 Purit Hill Dr. Middleton, Va 23113* Telephone *744-4101*
For a Type *F* Sewage disposal system which is to be constructed on/at *Virginia Ch. 11/2 RT 603, T/R at entrance to Harmony Hills, T/R at 2nd rd to right - lot on left*
Subdivision *Harmony Hills* Section/Block _____ Lot *16*
Actual or estimated water use *6000 gpd*

DESIGN

Water supply, existing: (describe) _____

To be installed: class *II*
cased *Bottom* grouted *20'*

Building sewer:
4" I.D. PVC 40, or equivalent
Slope 1.25" per 10' (minimum)
☐ Other _____

Septic tank: Capacity *1000 + 750* gals. (minimum)
☐ Other _____

Inlet-outlet structure:
PVC 40, 4" tees or equivalent
☐ Other _____

Pump and pump station:
No ☒ Yes ☐ describe and shown design.
if yes: _____

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb crush strength or equivalent.
☐ Other _____

Distribution box:
Precast concrete with *8* ports.
☐ Other _____

Header lines:
Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench.
Slope 2" minimum.
☐ Other _____

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min max.) per 100'.
☐ Other _____

Absorption trenches:
Square ft. required *300*; depth from ground surface to bottom of trench *48"*; aggregate size *5/8" 15*
Trench bottom slope *2-4"/100'*
center to center spacing *7*; trench width *36"*
6-50' line w/ 12" stone.

NOTE: INSPECTION RESULTS

Water supply location: yes ☐ no ☐ comments _____
Satisfactory

Building sewer: yes ☐ no ☐ comments _____
Satisfactory

Pretreatment unit: yes ☐ no ☐ comments _____
Satisfactory

Inlet-outlet structure: yes ☐ no ☐ comments _____
Satisfactory

Pump & pump station: yes ☐ no ☐ comments _____
Satisfactory

Conveyance method: yes ☐ no ☐ comments _____
Satisfactory

Distribution box: yes ☐ no ☐ comments _____
Satisfactory

Header lines: yes ☐ no ☐ comments _____
Satisfactory

Percolation lines: yes ☐ no ☐ comments _____
Satisfactory

Absorption trenches: yes ☐ no ☐ comments _____
Satisfactory

Date _____ Inspected and approved by: _____

Sanitarian

AUG-28-97 10:38 AM LINDA FRAZER

JAMES O. FRAZER

804 744 3510

P.02

Health Department

Identification Number 166-84-167

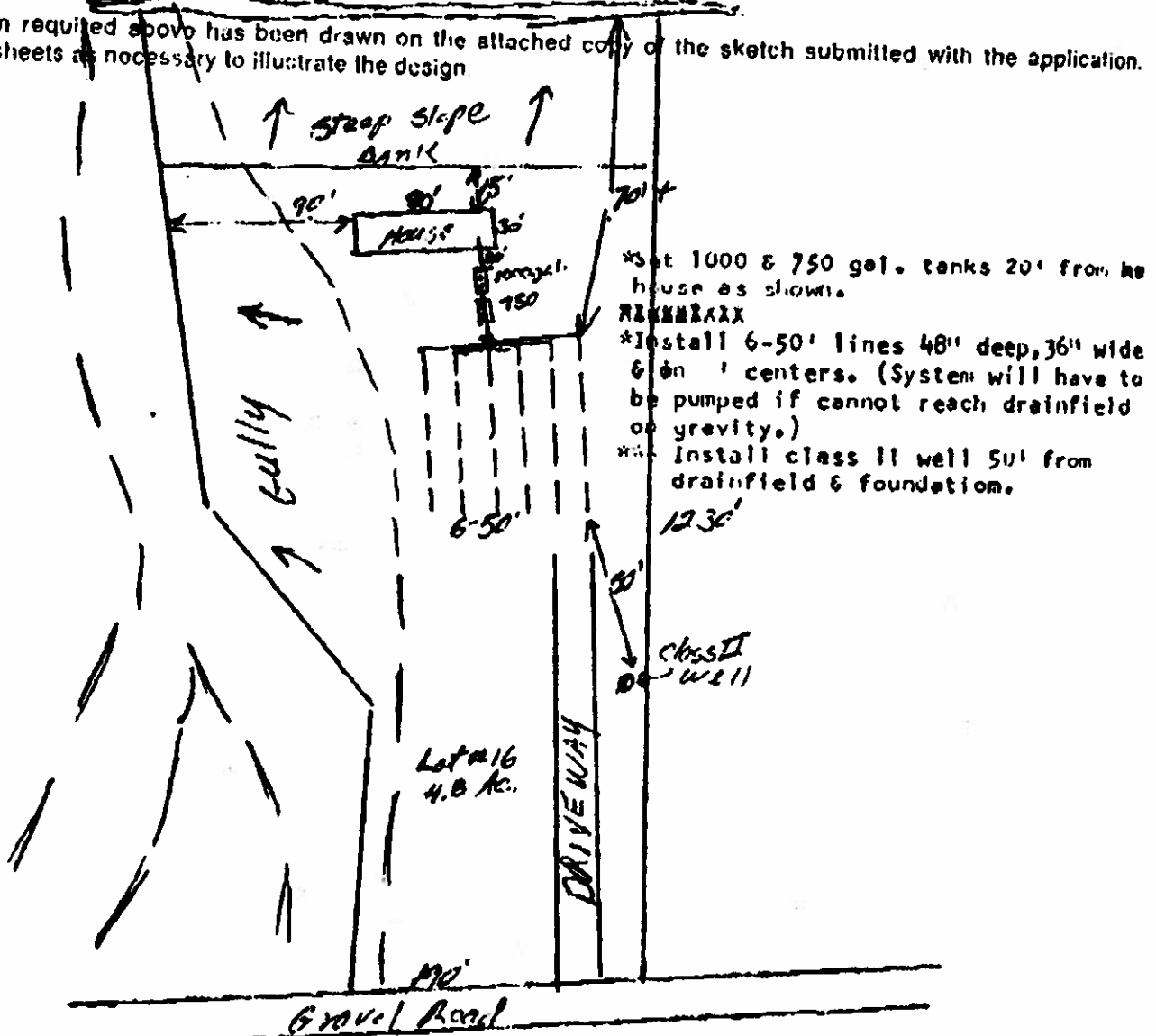
43-1544

Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, etc. When a nonpublic drinking water supply is to be located on the same lot show all sources of pollution within 100 feet.

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



The sewage disposal system is to be constructed as specified by the permit ☐ or attached plans and specifications ☐.

This sewage disposal system construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

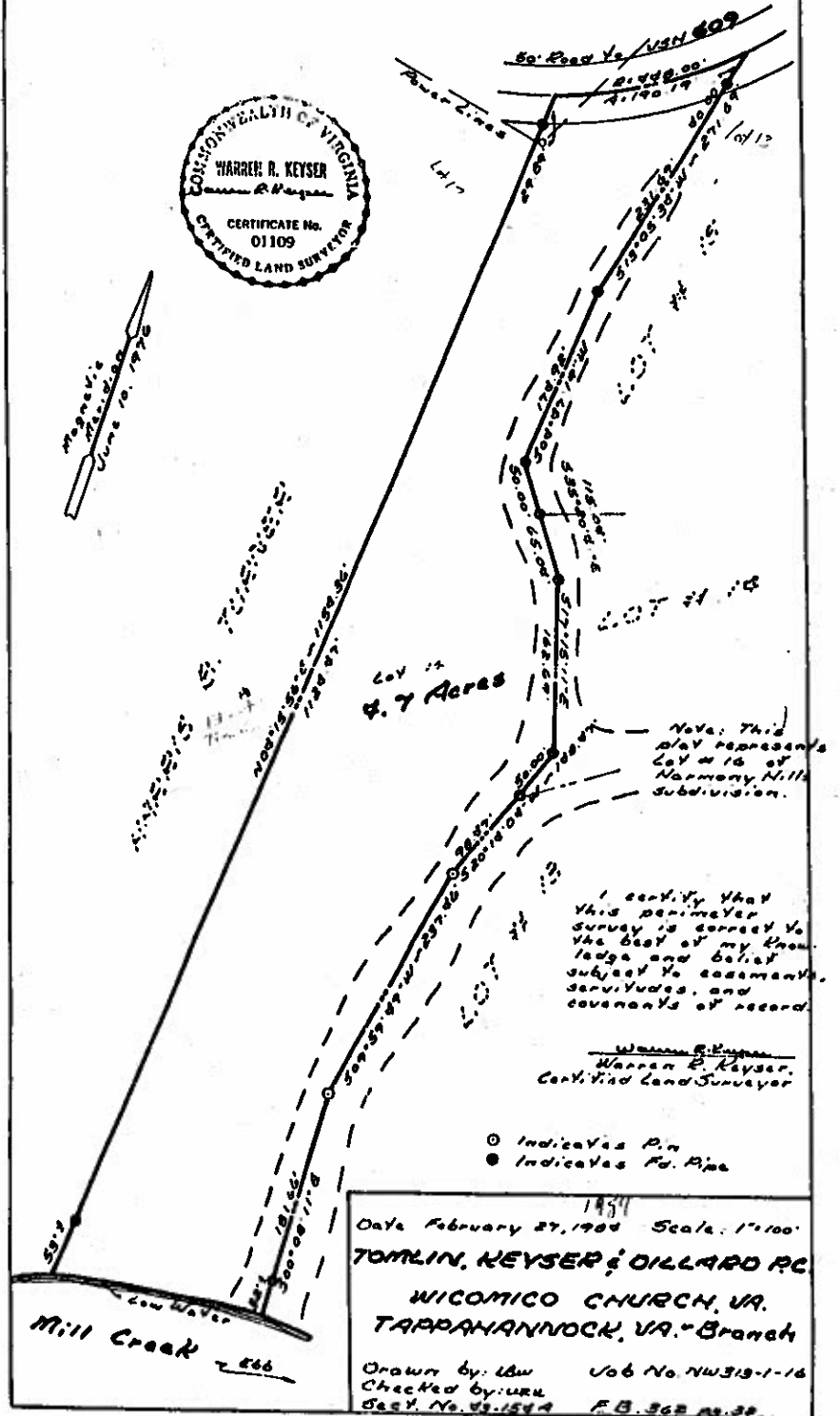
No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

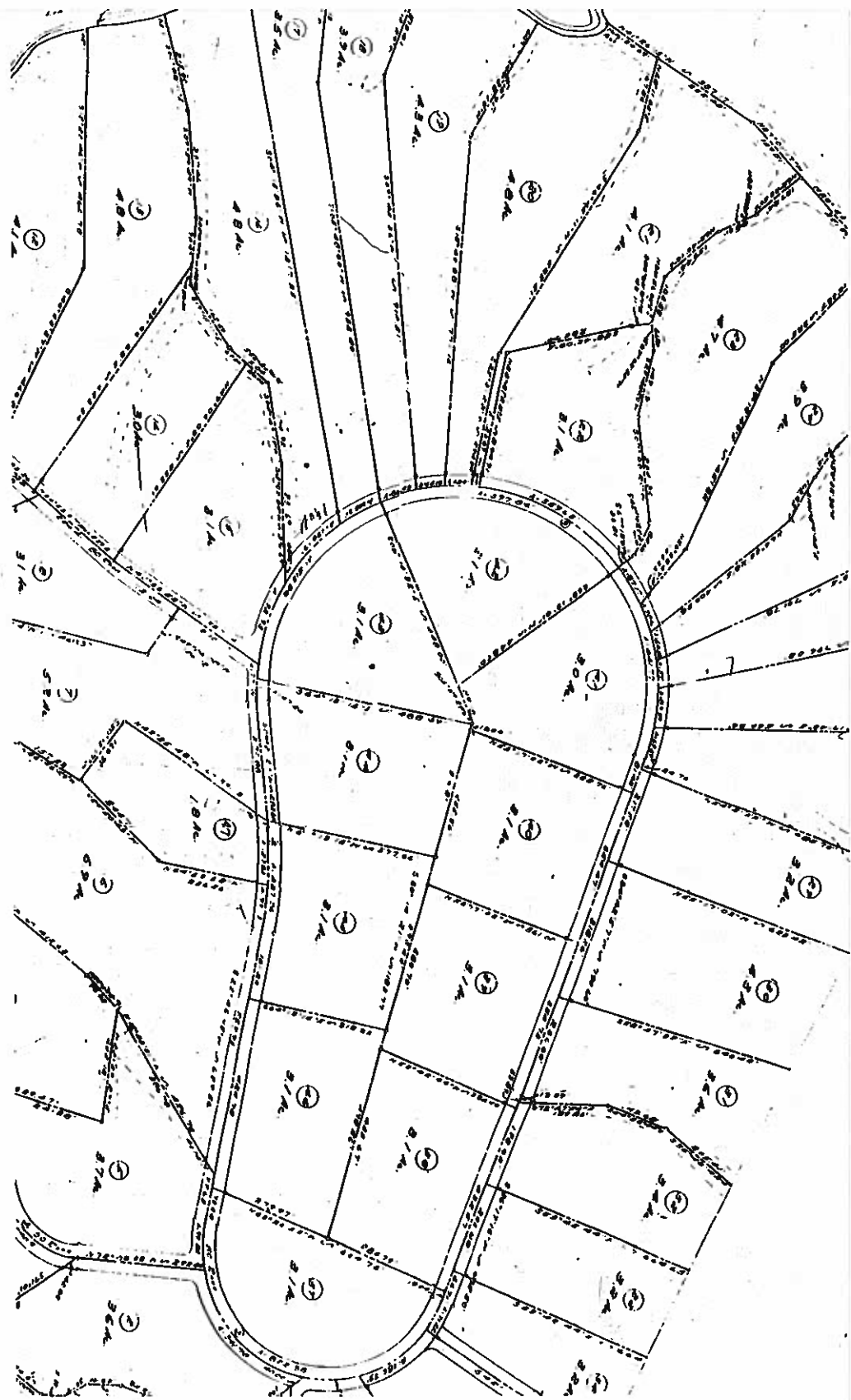
Date: 8-17-84 Issued by: Mike J. Underhill
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

If FHA or VA financing

LINDA S. FRAZER
WICOMICO MAGISTERIAL DISTRICT
NORTHUMBERLAND COUNTY, VIRGINIA





Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department

Identification Number 166-99-392

Northumberland

Health Department

Name of Company/Corporation/Individual:

Thomas W. Seasley

Address: 5964 Highland Hwy. Franklin

Telephone: 334-9658

Owner's Name David Deitz

Owner's Address 266 Tapers Rd. Hartsville VA

Location of Installation: Lot 16

Block

Section:

Subdivision:

Harmony Hills

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 9-10-99 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

3-1-01

Date

[Signature]

Signature and Title

THIS PERMIT IS NOT TRANSFERABLE

Sewage Disposal System Construction Permit

PAGE 1 OF 3

Commonwealth of Virginia
Department of Health

Northumberland Health Department



Health Department
Identification Number
Map Reference

166-99-392
43A CD16

General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
Owner David Deitz Telephone 580-8391
Address 266 Tapers Rd. Heathsville, Va. 22473
For a Type II Sewage disposal system which is to be constructed on/at 2005, TL 609 West
3rd St. TR @ Hargrove Hill 3 sign
Subdivision Hargrove Hill 3 Section/Block _____ Lot 110
Actual or estimated water use 450 GPD

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>Artesian</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class _____ cased _____ grouted _____	G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>1000</u> gals. (minimum). <input checked="" type="checkbox"/> Other <u>1000 gallon pump tank</u>	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: <u>see sheet 3</u>	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other <u>2 inch sch 40 PVC</u>	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with _____ ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>DB</u>
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>DB</u>
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>DB</u>
Absorption trenches: Square ft. required <u>1050</u> ; depth from ground surface to bottom of trench <u>30"</u> ; aggregate size <u>1/2"</u> Trench bottom slope <u>2-4"/100</u> ; trench width <u>3'</u> center to center spacing <u>4'</u> ; trench length <u>70'</u> Depth of aggregate <u>13"</u> ; Number of trenches <u>5</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>DB</u>

Date 3/1/01 Inspected and approved by: [Signature]
Sanitarian

David Dertz
Harmony Hills Lot 16
TM 43AC 1) 16

Health Department
Identification Number 166-99-392

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

- ☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.

Install 1000 gallon septic tank

1000 gallon pump tank

Set floats for 7 inch drawdown.

Pump controls & alarm must

conform to Sec. 4.23

of the Virginia

Sewage Regulations.

5 lines, 20 ft long

3 ft wide, 30 inches

deep.

Existing
Transformer

Existing Artesian
well

PIPE

House
Site
no basement

DISTURBANCE OR REMOVAL OF
SOIL DURING TREE OR
VEGETATION REMOVAL & / OR
DRAINFIELD SITE PREPARATION
MAY VOID THIS PERMIT

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

This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 9-10-99 Issued by: Rosalie Coultrip
Sanitarian

Date: Reviewed by: Supervisory Sanitarian

This Construction
Permit Valid until

12-10-2001

If FHA or VA financing