



Completion Statement

Commonwealth of Virginia
State Department of Health

Tax Map 33-083-82A

Health Department

Identification Number

151130031

Lancaster

Health Department

Name of Company/Corporation/Individual:

Church View Septic

Address:

PO Box 62 Church View

Telephone:

804 758 5836

Owner's Name

David Williams

Owner's Address

PO Box 203 Weems VA

Location of Installation:

Lot

Block

Section

Subdivision:

Other:

3553 Weems Rd

I Hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 4/25/13 and is compliance with Part D of the Sewage Handling and Disposal Regulation and when appropriate the plans and specifications of the project.

10/1/13

Date

Vivian Rumer Bookkeeper

Signature and Title

Soil Evaluation Services, Inc. -----

PO Box 140
29 Industrial Way
Topping, VA 23169-0140
804-758-3511
Fax: 804-758-0042

Date: 10/2/2013

Client: David Williams
Tax Map #: 33 83
HDID #: 151-13-031

This sewage disposal system was installed in accordance with the Health
Department Construction Permit, as shown on the attached as built.

Additional Comments:

Sincerely,



Gary D. Grabb
VA Professional Soil Scientist #3401000080
AOSE #1940001112

David R. Miles
VA Professional Soil Scientist #3401000082
AOSE #1940001111



Sewage Disposal System Construction Specifications**General Information**

New ☐ Repair ☐ Expanded ☒

Owner David Williams Telephone 438-5106

Address PO Box 203 Weems, VA 22576

For a TL 1 Sewage disposal system which is to be constructed at #3553 Weems Road.

Subdivision _____ Section _____ Block _____ Lot _____

Actual or estimated water use 450 gpd

Churchview Septic 9/25/13

DESIGN	NOTES
Water Supply: Existing (describe) <u>IIIC well, public water supply</u> To be installed: Class <u>cased</u> <u>grouted</u>	
Building sewer: <u>4</u> inch I.D. PVC 40, or equivalent Slope <u>1.25</u> " per 10' (minimum) <input checked="" type="checkbox"/> Other: <u>existing</u>	
Septic tank: Capacity <u>1000</u> gals. (minimum) <input checked="" type="checkbox"/> Other: <u>Check condition of existing tank and replace if necessary</u>	<i>900 gal. circular tank - ok</i>
Inlet-Outlet structure: PVC 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other: <u>Install effluent filter on outlet tee</u>	✓
Pump and pump station No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, describe and show design. <u>1000 gallon top seam pump tank</u>	✓
Gravity mains: <u>3"</u> or larger I.D., minimum <u>6"</u> fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other: <u>2" PVC-40 bell hub force main</u>	✓
Distribution box: Precast concrete with <u>6</u> ports. <input type="checkbox"/> Other: _____	✓
Header lines: <u>4"</u> I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope <u>2"</u> per 100' minimum <input type="checkbox"/> Other: _____	✓
Percolation Lines: Gravity <u>4"</u> plastic 1000 lb. per foot bearing load or equivalent, slope <u>2"-4"</u> (min.max) per 100' <input type="checkbox"/> Other: _____	✓
Absorption trenches: Square ft. required <u>450</u> Depth from ground surface to bottom of trench <u>12"</u> Depth of aggregate <u>0</u> in. Number of trenches <u>3</u> Trench length <u>50</u> ft. Trench width <u>3</u> ft.	<i>Info: 1/16/13</i> ✓

Number of trenches

2

Number of logs

2

Soil Evaluation Services, Inc. 804-758-3511

STATE ROUTE #222
(35' WIDE)

1" = 50'

WHITE STONE MAGISTERIAL DISTRICT
LANCASTER COUNTY, VIRGINIA
SCALE 1"=50' OCTOBER 3, 1994
CHARLES R. PRUETT



Lancaster County Health Department
P.O. Box 158
Lancaster, Virginia
22503
(804) 462-9919

OSE Construction Permit

April 25, 2018



David Williams
P.O. Box 203
Weems, VA 22576

RE: Tax Map: 33-083, 82A
HDID: 151-13-0031

Dear Mr. Williams :

This letter and the attached drawings, specifications, and calculations (12 pages) dated March 22, 2013, constitute your permit voluntarily upgrade the 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) for residential development. VDH is not required to perform a field check to verify the private evaluations of OSEs and such a field check may not have been conducted for the issuance of this permit.

The soil absorption area ("site") and, sewage system design, were certified by Gary D. Grabb OSE #1112, 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 Lancaster 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 install this system, please contact the OSE who performed the evaluation and design on which this permit is based. Should revisions be necessary during construction, your contractor should consult with the OSE that submitted the site evaluation or site evaluation and design. The OSE is authorized to make minor adjustments in the location or design of the system at the time of construction provided adequate documentation is provided to the Lancaster County Health Department.

The OSE that submitted the certified design for this permit is required by the AOSE Regulations (12 VAC 5-615-70.D) to conduct a final inspection of this sewage system when it is installed and to submit an inspection report and completion statement. As the owner, you are responsible for giving reasonable notice to the OSE of the need for a final inspection. If the designer is unable to perform the required inspection, you may provide an inspection report and completion statement executed by another OSE. The Lancaster 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 as noted herein. The sewage system may not be placed into operation until you have obtained an Operation Permit from the Lancaster 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: October 25, 2014. This permit is not transferable to another owner or location.

Sincerely,



Timothy Childs
Environmental Health Specialist Senior
Lancaster County Health Department

Att: OSE plans and specifications

Tax Map #: 33-083, 82A
HDID#151-13-0031

**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.
- Should you choose to reduce the size of your installed system using an approved substituted system product, a signed **Notice of Substitution** must be received by the local Health Department.

**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 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

Lancaster County Health Department at (804) 462-9919.

Tax Map #: 33-083, 82A

VOLUNTARY UPGRADE
REQUEST FOR WAIVER, RELEASE, HOLD HARMLESS
and INDEMNIFICATION AGREEMENT, & WAIVER

This document, which includes a REQUEST FOR WAIVER, a RELEASE, HOLD HARMLESS, and INDEMNIFICATION AGREEMENT, and a WAIVER (collectively, "AGREEMENT"), is made and entered into this 11 Day of April, 2013, by and between David Williams (OWNER), his HEIRS, SUCCESSORS, DEVISEES, AGENTS, ASSIGNS, REPRESENTATIVES and INTERESTS (hereinafter "OWNER") and the COMMONWEALTH OF VIRGINIA, acting through the Department of Health (DEPARTMENT), including, without limitation, any and all of its agencies, boards, and commissions, their insurer(s), officers, directors, employees, representatives, and agents, (hereinafter the COMMONWEALTH OF VIRGINIA).

WHEREAS, OWNER is the owner of that certain parcel described as Tax Map # 33-083 & 82A containing, among other improvements, a structure consisting of a 3 bedroom single family dwelling (hereinafter "PROPERTY"); and

WHEREAS, the DEPARTMENT, has determined that, under the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 ("Regulations"), the voluntary upgrade system must provide Treatment Level 3 Effluent and/or Pressure Dosing in order to adequately protect public health and ground and surface water resources; and

WHEREAS, § 32.1- 164.1:1 of the *Code of Virginia* provides that whenever an owner has elected to voluntarily upgrade an onsite sewage disposal system pursuant to 32.1-164.1;3 and the regulations impose (i) a requirement for treatment beyond the level of treatment provided by the existing onsite sewage system when operating properly or (ii) a new requirement for pressure dosing, an owner may request a waiver (hereinafter "WAIVER") from the requirements of the REGULATIONS pertaining to Treatment Level 2 Effluent or Treatment Level 3 Effluent and/or Pressure Dosing for a voluntary upgrade system; and

WHEREAS, the State Health Commissioner shall grant such WAIVER, provided that the owner's system to be upgraded was not installed illegally without a permit; and

WHEREAS, the DEPARTMENT as designee of the State Health Commissioner, has determined, and OWNER affirms, that the existing system to be upgraded currently serving the PROPERTY was not installed illegally without a permit, and

REQUEST FOR WAIVER

WHEREAS, OWNER, by executing this AGREEMENT, hereby requests that the State Health Commissioner grant the WAIVER provided at §32.1-164.1:1 B. of the *Code of Virginia* from the requirements for [☐]Treatment Level 2 Effluent or [☐]Treatment Level 3 Effluent and/or [☐]Pressure Dosing

WAIVER

NOW, THEREFORE, in exchange for the mutual promises contained herein, the parties agree as follows:

The WAIVER provided at §32.1-164.1:1 B. of the *Code of Virginia* is hereby granted and shall be effective 24 hours after OWNER provides certification to the DEPARTMENT that this AGREEMENT has been recorded in the land records of the Circuit Court having jurisdiction over the PROPERTY.

RELEASE, HOLD HARMLESS, and INDEMNIFICATION AGREEMENT

OWNER agrees to, and hereby does, release the COMMONWEALTH OF VIRGINIA from any and all claims, complaints, demands, actions, causes of action, liabilities, and obligations of whatever source or nature, whether administrative, legal or equitable, whether known or unknown, which OWNER now has or may have in the future relating to or arising from the WAIVER, including, without limitation, any and all claims due to the failure of any person to comply with federal, state, or local laws or regulations, claims under the Virginia Tort Claims Act, the Virginia Constitution, the United States Constitution and amendments thereto, or under common law. Furthermore, OWNER expressly releases the COMMONWEALTH OF VIRGINIA from any and all claims, actions, causes of action, or obligations under the Virginia Onsite Sewage Indemnification Fund, §32.1-164.1:01 of the *Code of Virginia*, that may arise from or be related to the repair, replacement, and/or operation of OWNER's onsite sewage disposal system pursuant to the WAIVER

OWNER also agrees to hold harmless and indemnify the COMMONWEALTH OF VIRGINIA for any sum of money or judgment against the COMMONWEALTH OF VIRGINIA, as well as costs and reasonable attorneys' fees incurred in the defense of any action arising out of or related to the WAIVER.

Severability. If any portion of this AGREEMENT is held to be void or deemed unenforceable for any reason, the remaining portion shall survive and remain in effect, unless the effect of such severance shall defeat the parties' intent as set forth herein, with the parties asking the Court to construe the remaining portions consistent with the expressed intent of the parties.

Entire Agreement. OWNER acknowledges that OWNER has had an opportunity to consult with an attorney concerning OWNER's rights and obligations. OWNER acknowledges that OWNER has had sufficient time and opportunity to consider this AGREEMENT with the COMMONWEALTH OF VIRGINIA, that OWNER has read this AGREEMENT, that OWNER fully understands and agrees to its terms and conditions, and that there exists no other promises, representations, inducements or agreements related to this AGREEMENT, except as specifically set forth herein. Furthermore, OWNER acknowledges that this constitutes the entire agreement between OWNER and the COMMONWEALTH OF VIRGINIA.

S. William Berg

S. William Berg, M.D., Health Director

David Williams
David Williams /

4-11-13
Date

COMMONWEALTH OF VIRGINIA, COUNTY/CITY OF Middlesex, to wit:

Subscribed and acknowledged before me this 11th day of April, 2013 by
David Williams

Margaret H. Brown
NOTARY PUBLIC for the
COMMONWEALTH OF VIRGINIA AT LARGE



Registration #: _____

My Commission expires 12/31/2016