VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

THREE RIVERS HEALTH DISTRICT
Westmoreland County Health Dept.
P.O. BOX 303
Montross, VIRGINIA 22520

Subdivision Approval Letter

July 26, 2024

Westmoreland County Subdivision Officer

Re: Review of Proposed Exempt Subdivision Plat for Individual Onsite Sewage Systems
Tax Map 53-28. Prepared by Gary M. Whelan, LS.
Dated May 6, 2024 with June 24, 2024 revision. Proposed 5 acres and 29.75 acre residue.
Health Department Identification Number 196-24-0102

Dear Westmoreland County Subdivision Officer:

On 6/25/2024 the County of Westmoreland requested that the Virginia Department of Health, via the Westmoreland County Health Department, review the proposed subdivision plat identified above. This letter is to inform you that the above referenced subdivision plat is approved for individual onsite systems in accordance with the provisions of the Code of Virginia, the Sewage Handling and Disposal Regulations (12 VAC 5-610-10 et seq.), and the Alternative Onsite Sewage System Regulations (12 VAC 5-613 et seq.,).

This request for subdivision review was submitted pursuant to the provisions of Section 32.1-163.5 of the Code of Virginia, which authorizes 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. This subdivision was certified as being in compliance with the Board of Health's regulations by Davis, Alwyn Private OSE #194001136. This subdivision approval is issued in reliance upon that certification.
Pursuant to Section 360 of the Regulations this approval is not an assurance that Sewage Disposal System Construction Permits will be issued for any lot in the subdivision identified above unless that lot is specifically identified on the above referenced plat as having an approved site for an onsite sewage disposal system, and unless all conditions and circumstances are present at the time of application for a permit as are present at the time of this approval. This subdivision may contain lots that do not have approved sites for onsite sewage systems.

This subdivision 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 at (804) 493-1335.

Sincerely,

David Harrison, Environmental Health Specialist Sr.
Westmoreland Health Department

OSE/PE Report For:

☐ Construction Permit ☐ Repair Permit ☐ Voluntary Upgrade Permit ☐ Certification Letter ☑ Subdivision Approval

Property Location:

911 Address: 394 Springview Road City: Hague

Lot _____ Section _____ Subdivision _____

GPIN or Tax Map # 53-28 Health Dept ID # 196-24-0102

Latitude 38°00'02.4"N Longitude 76°41'06.7"W

Applicant or Client Mailing Address:

Name Barry Sudduth

Address 394 Springview Road

City Hague State: VA Zip Code 22469

Prepared by:

OSE Name Davis Onsite Soil Evaluations L.L.C. License # 1940001136 Phone (804) 366-1137

Address P.O. Box 3133 E-mail awdavis272@gmail.com

City Tappahannock State: VA Zip Code 22560

PE Name _____ License # _____

Address _____

City _____ State: _____ Zip Code _____

RECEIVED JUL 15 2024 Westmoreland Co. Health Dept.

Date of Report _____ 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.)

Application
Site Sketch/Drainfield Layout
Soil Summary Report
Soil Profile Descriptions
Soil Boring Locations
200' Sanitary Survey
Abbreviated Design Reports
Construction Drawings

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 potential for both conventional and alternative onsite sewage systems has been discussed with the owner/applicant.

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 _____ #1940001136 Date: 07-01-24

Commonwealth of Virginia

Application for Subdivision Review

(Page 1 of 2 to be filled out by the Owner or Agent)

VDH Use Only
Health Department ID# 196-29-0102
Due Date _____

Owner	Barry Sudduth	Phone	(804) 296-8234
Mailing Address	394 Springview Road	Phone	
	Hague, VA 22469	Email	brsudduth2000@yahoo.com
Developer/Agent	Davis Onsite Soil Evaluations L.L.C.	Phone	(804) 366-1137
Mailing Address	P.O. Box 3133	Phone	
	Tappahannock, VA 22560	Email	awdavis272@gmail.com
AOSE	Davis Onsite Soil Evaluations L.L.C.	Phone	(804) 366-1137
Mailing Address	P.O. Box 3133	Phone	
	Tappahannock, VA 22560	Email	awdavis272@gmail.com

Directions to Property: L/3; L/203; L/688; on Right

Name of Proposed Subdivision: Sudduth

Tax Map: 53-28 Other Property Identification: _____ Dimension/Acreage of Property: 34.75 acres

Number of lots proposed: 2 Proposed water source (note: new or existing, public or individual): Well

General size of lots: 5.00 acres and 29.75 acres (give range if appropriate)

Additional description of subdivision: Cutting 5 acre parcel from 34.75 acre parent parcel, creating 29.75 acre remainder. 5.00 acre parcel is developed.

RECEIVED
JUL 15 2024
Westmoreland Co
Health Dept

Overview of soils and geology (optional but encouraged) _____

In order for VDH to process a subdivision application you must attach a plat of the property showing the location of the proposed onsite sewage disposal systems and the reserve absorption areas (if required) and the location of the water supply system on each lot, if applicable. Each plat or subsection of a subdivision plat shall be accompanied by specific soil information for each lot (absorption area and reserve area). If not provided by the local subdivision ordinance, the district or local health department may require the plat to show streets, utilities, storm drainage, water supplies, easements, lot lines and original topographic contour lines by detail survey or other information as required.

When the OSE site evaluations are reviewed, 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 Onsite Soil Evaluator (OSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

Signature of Owner/Agent

07-01-24
Date

Commonwealth of Virginia

Application for Subdivision Review

(page 2 of 2 to be filled out by the county official requesting a VDH review)

VDH Use Only
Health Department ID# 196-24-0102
Due Date _____

County Office initiating request WESTMORELAND COUNTY LAND USE ADMINISTRATOR

Contact Individual BETH McDOWELL Phone 804-493-0120

Local offices of the Virginia Department of Health may review subdivision applications for compliance with state rules and regulations governing sewage treatment and dispersal and private water supplies, compliance with local ordinance governing sewage treatment and dispersal and private water supplies and potentially for compliance with other local ordinances. Please indicate the nature of review you are asking the health department to conduct.

1. Review for conformance with the Sewage Handling and Disposal Regulations
2. Review for conformance with local onsite wastewater ordinances
3. Other (describe below)

✓ REVIEW FOR CONFORMANCE WITH STATE AND LOCAL REGULATORS

Beth McDowell, zoning administrator 6-25-2024
Name and title of requestor Date

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

Revised 9/25/2014

Site and Soil Evaluation Report

VDH Use Only
HDIN: 196-24-0102

General Information

Date: June 18, 2024 Westmoreland County Health Department

Owner: Barry Sudduth Phone: (804) 296-8234

Owner Address: 394 Springview Road, Hague, VA 22469

Property Address: 394 Springview Road, Hague, VA 22469

Tax Map/GPIN #: 53-28B

Subdivision: _____ Section: _____ Block: _____ Lot: B

Soil Information Summary

1. Position in landscape satisfactory: ☑Yes ☐No Describe landscape position: Broad Flat
2. Slope: 0-1 %
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): 38 inches ☐ Not observed
6. Soil percolation rate estimated: ☑Yes ☐No Estimated rate: 50 min/in at 18 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: Alwyn W. Davis Jr., AOSE #1940001136

Signature: _____

☑Site Approved: Absorption trenches (describe dispersal area, e.g. absorption trenches) dispersing Septic Tank Effluent (proposed level of treatment at time of evaluation) to be placed at 18 (inches) depth at site designated on permit. Site provides a total of 1140 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: June 18, 2024 Profile Description

SOIL EVALUATION REPORT

Property ID: Westmoreland TM#: 53-28B

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 200 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.

Hole #	Horizon	Depth (inches)	Description of color, texture, etc.	Texture Group
1	A	00-08	10YR 4/3 Brown; FSL	IIa
	E	08-18	10YR 5/4 Yellow Brown; Light SCL	IIa
	Bt	18-28	7.5YR 5/6 Strong Brown; Light CL, friable, 50mpi	III
	BC	28-60	7.5YR 5/6 Strong Brown; SCL, with 10YR 6/2, 6/2 mottles at 38"	IIa
2	A	00-08	10YR 4/3 Brown; FSL	IIa
	E	08-18	10YR 5/4 Yellow Brown; Light SCL	IIa
	Bt	18-28	7.5YR 5/6 Strong Brown; Light CL, friable, 50mpi	III
	BC	28-60	7.5YR 5/6 Strong Brown; SCL	IIa
3	A	00-08	10YR 4/3 Brown; FSL	IIa
	E	08-18	10YR 5/4 Yellow Brown; Light SCL	IIa
	Bt	18-28	7.5YR 5/6 Strong Brown; Light CL, friable, 50mpi	III
	BC	28-60	7.5YR 5/6 Strong Brown; SCL, w/few 10YR 7/1, 7/2 mottles at 42"	IIa

REMARKS: 3 bdrm, 50mpi, 1128sf required. Reserve 5 x 76' = 1140sf design

ABBREVIATED DESIGN FORM
(RESERVE)

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

Tax Map: 53-28B County: Westmoreland

Design Basis

Estimated percolation rate: 50 mpi Number of Bedrooms: 3

Proposed Distribution Method (select one):

Gravity, Pump to Gravity, or Enhanced Flow: Pump to Gravity LPD or drip dispersal: N/A

Square feet of trench bottom required per bedroom (from Table 5.4 of SHDR) based on the distribution method selected above:

Square feet per bedroom: 376 Total square feet required: 1128

Area Calculations:

Number of trenches: 5 Length of trenches: 76'

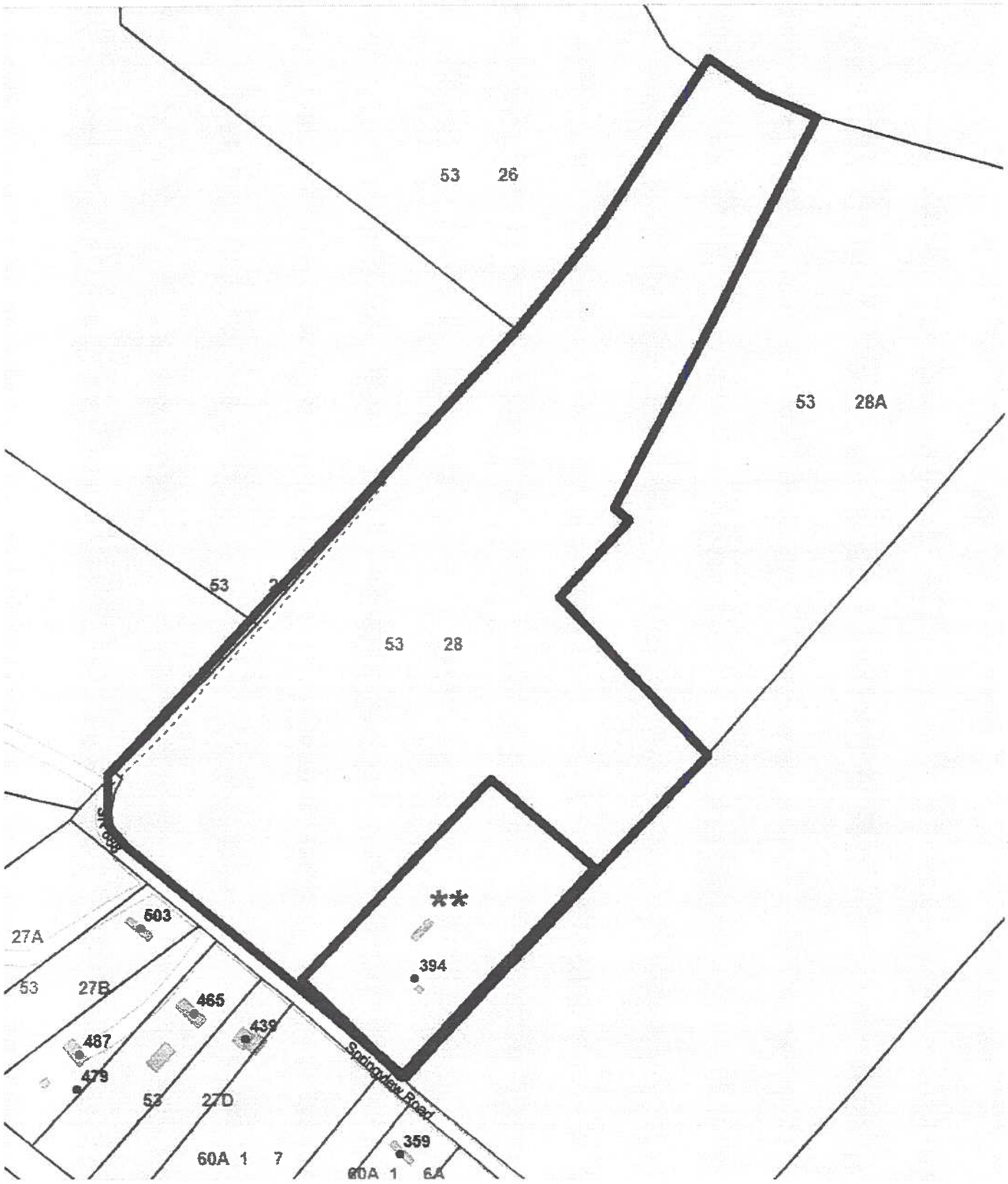
Width of trenches: 3' Center to center spacing: 9'

Reserve required? Yes Percent reserve area required: 100

Total width of required absorption area: 39' Total square feet proposed: 1140

The required width is calculated by multiplying the number of trenches minus 1 by the center to center spacing 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.

Length of available area: 76' Total width of available area: 39'


53 26
53 28A
53 28
53
**
394
503
27A
53 27B
465
439
487
479
53 27D
Springdale Road
359
60A 1 7
60A 1 6A

01/8

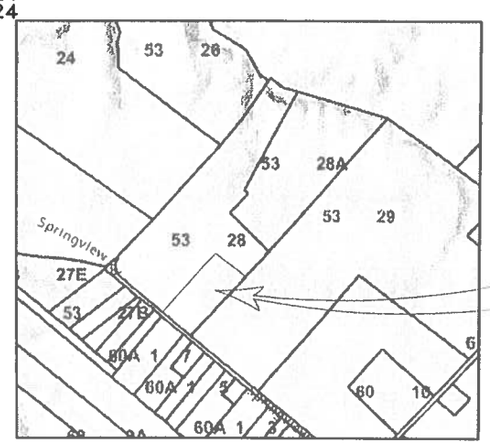
EXEMPT SUBDIVISION PLAT SHOWING

PART OF PARCEL 28
A DIVISION OF TM 53–28

COPLE MAGISTERIAL DISTRICT
WESTMORELAND COUNTY, VIRGINIA

SCALE: 1" = 100' MAY 6, 2024
JUNE 20, 2024

Gary M. Whelan
Land Surveyor
Lottsburg, Virginia



LOCATION MAP

APPROVED BY:

SUBDIVISION AGENT
WESTMORELAND COUNTY, VIRGINIA

DATE

OWNER'S CERTIFICATE:

THE BOUNDARY ADJUSTMENT SURVEY OF THE BARRY R. & MARY H. SUDDUTH AS IT APPEARS ON THIS PLAT IS DONE WITH THE FREE CONSENT AND IS IN ACCORDANCE WITH THE DESIRES OF THE UNDERSIGNED OWNERS.

DATE: _____ _____

DATE: _____ _____

STATE OF VIRGINIA

COUNTY OF _____ TO WIT: _____

A NOTARY PUBLIC IN AND FOR THE COUNTY AND STATE AFORESAID DO HEREBY ATTEST THAT THE AGENTS OF BARRY R. AND MARY H. SUDDUTH OWNERS WHOSE NAMES ARE SIGNED TO THE FOREGOING WRITING BEARING DATE ON THIS ___DAY OF _____ 2024, HAS ACKNOWLEDGED THE SAME BEFORE ME IN MY JURISDICTION AFORESAID

MY COMMISION EXPIRES:

GIVEN UNDER MY HAND THE ___DAY OF _____ , 2024

_____
NOTARY PUBLIC

SHEET 2

HEALTH DEPARTMENT CERTIFICATION

THE PROPERTY SHOWN HEREON IS APPROVED FOT INDIVIDUAL ONSITE SEWER DISPOSAL SYSTEMS IN ACCORDANCE WITH THE PROVISIONS OF THE CODE OF VIRGINIAAND THE VIRGINIA SEWAGE HANDLING AND DISPOSAL REGULATIONS 02 VAC 5-610-10 et seq THE REGULATIONS AND LOCAL ORDINANCES IF THE LOCALITY HAS AUTHORIZED THE LOCAL HEALTH DEPARTMENT TO ACCEPT PRIVATE EVALUATIONS FOR COMPLIANCE WITH LOCAL ORDINANCES.
THIS SUBDIVISION WAS SUBMITTED TO THE HEALH DEPARTMENT FOR REVIEW PURSUANT TO 321-1635 OF THE CODE OF VIRGINIA WHICH REQUIRES THE HEALTH DEPARTMENT TO ACCEPT PRIVATE SOIL EVALUATIONS AND DESIGNS FROM AN AUTHORIZED ONSITE SOIL EVALUATOR (AOSE) OR A PROFESSIONAL ENGINEER WORKING IN CONSULTATION WITH AN AOSE FOR RESIDENTIAL DEVELOPMENT. THE DEPARTMENT IS NOT REQUIRED TO PERFORM A FIELD CHECK OF SUCH EVALUATIONS. THIS SUBDIVISION WAS CERTIFIED AS BEING IN COMPLIANCE WITH THE BOARD OF HEALTH REGULATIONS BY _____
THIS SUBDIVISION APPROVAL IS ISSUED IN RELIANCE UPON THAT CERTIFICATION PURSUANT TO 360 OF THE REGULATIONS. THIS APPROVAL IS NOT AN ASSURANCE THAT SEWER CONSTRUCTION PERMITS WILL BE ISSUED FOR ANY LOT IN THE SUBDIVISION UNLESS THAT LOT IS SPECIFICALLY IDENTIFIED AS HAVING AN APPROVED SITE FOT AN ONSITE SEWAGE DISPOSAL SYSTEM AND UNLESS ALL CONDITIONS AND CIRCUMSTANCES ARE PRESENT AT THE TIME OF APPLICATION FOR A PERMIT AS PRESENT AT THE TIME OF THIS APPROVAL. THIS SUBDIVISION MAY CONTAIN LOTS THAT DO NOT HAVE APPROVED SITES FOR ONSITE SEWAGE DISPOSAL SYSTLMS.
THIS SUBDIVISION APPROVAL IS ISSUED IN RELIANCE UPON CERTIFICATION THAT APPROVED LOTS ARE SUITABLE FOR AN ONSITE DISPOSAL SYSTEM. ACTUAL SYSTEM DESIGNS MAY BE DIFFERENT AT THE TIME THE CONSTRUCTION PERMITS ARE ISSUED.

_____ _____ _____ _____
DATE WESTMORELAND COUNTY HEALTH DEPARTMENT DATE PROFESSIONAL ENGINEER

CERTIFICATE OF APPROVAL

THIS PLAT IS IN ACCORDANCE WITH THE REQUIREMENTS OF THE SUBDIVISION ORDINANCES OF WESTMORELAND COUNTY, VIRGINIA, AS EXISTED ON THE DATE OF APPROVAL AND IS HEREBY APPROVED FOR RECORDATION. THIS PLAT APPROVAL REMAINS VALID AND THE SUBJECT PARCEL(S) IS(ARE) CONSIDERED LEGAL LOT(S) OF RECORD ONLY IF THIS PLAT IS RECORDED IN THE CIRCUIT COURT CLERK'S OFFICE OF WESTMORELAND COUNTY, VIRGINIA, IN ACCORDANCE WITH SUBDIVISION ORDINANCE AND OTHER ORDINANCES AND STATUTES OF THE COMMONWEALTH OF VIRGINIA PERTAINING TO LAND SUBDIVISION.

NOTICE: THIS PLAT SHALL BECOME NULL AND VOID AND BECOME OF NO FURTHER FORCE AND EFFECT IF THE PLAT IS NOT RECORDED IN ACCORDANCE WITH THE SUBDIVISION ORDINANCE OF WESTMORELAND COUNTY WITHIN SIX(6) MONTHS OF THE DATE OF APPROVAL, UNLESS CONSTRUCTION OF FACILITIES TO BE DEDICATED FOR PUBLIC USE HAS COMMENCED PURSUANT TO AN APPROVED PLAN OR PERMIT WITH SURETY APPROVED BY THE AGENT THEN THE TIME FOR RECORDATION OF THE PLAT SHALL BE EXTENDED TO SIX MONTHS AFTER FINAL APPROVAL OR TO A TIME LIMIT SPECIFIED IN THE SURETY AGREEMENT, WHICHEVER IS GREATER. APPROVAL AND/OR RECORDING OF THIS PLAT DOES NOT CONSTITUTE ASSURANCE THAT PUBLIC SEWER OR PUBLIC WATER SERVICE WILL BE AVAILABLE TO SERVE THE LAND DESCRIBED ON THIS PLAT AT ANY PARTICULAR TIME.

THIS PLAT APPROVAL SHALL BE DECLARED NULL AND VOID UNLESS RECORDED BY:

_____

DATED THIS ____ DAY OF _____ 20__
BY:

_____
WESTMORELAND COUNTY SUBDIVISION AGENT

9/6

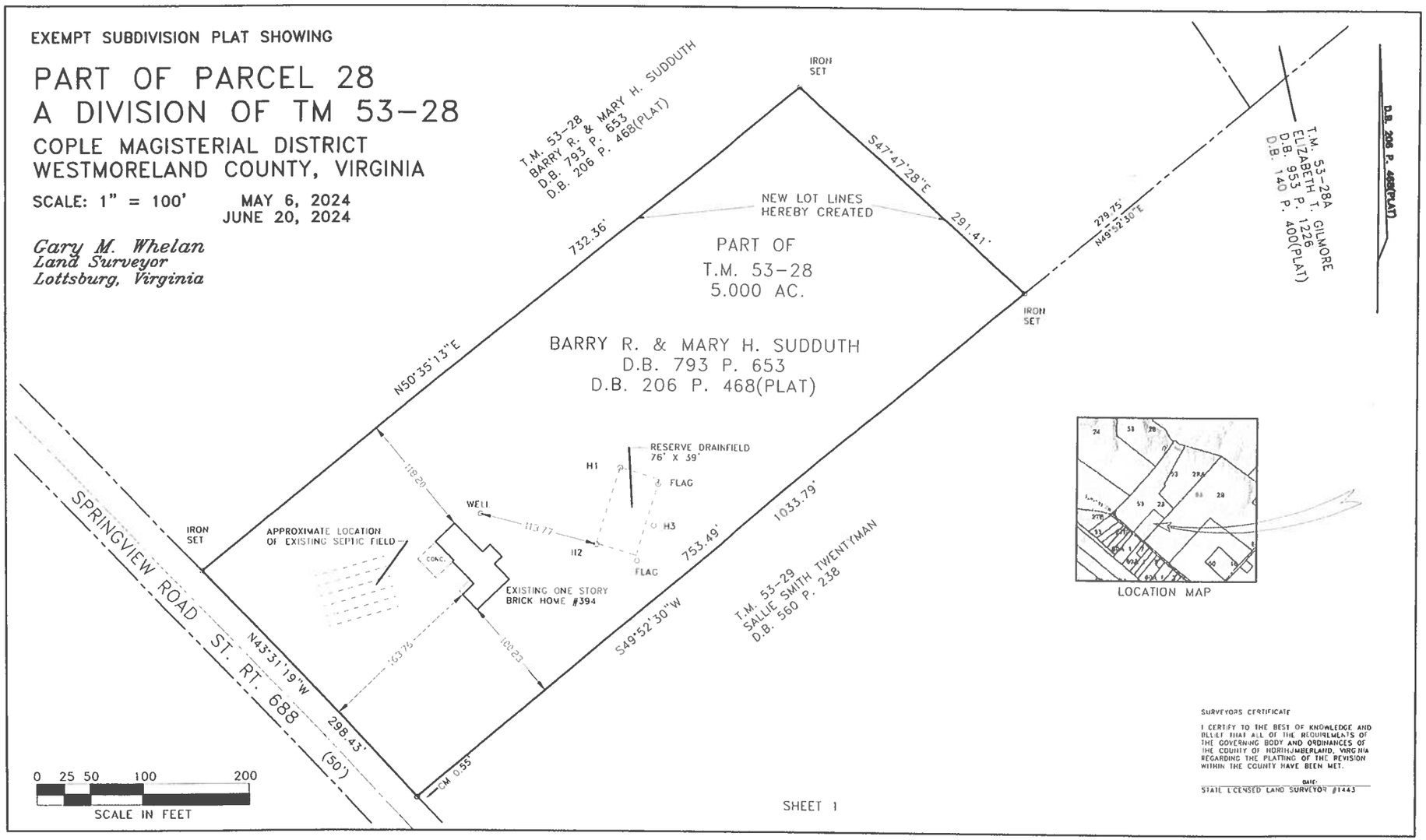
EXEMPT SUBDIVISION PLAT SHOWING

PART OF PARCEL 28
A DIVISION OF TM 53-28

COPLE MAGISTERIAL DISTRICT
WESTMORELAND COUNTY, VIRGINIA

SCALE: 1" = 100' MAY 6, 2024
JUNE 20, 2024

Gary M. Whelan
Land Surveyor
Lottsburg, Virginia



LOCATION MAP

SURVEYORS CERTIFICATE

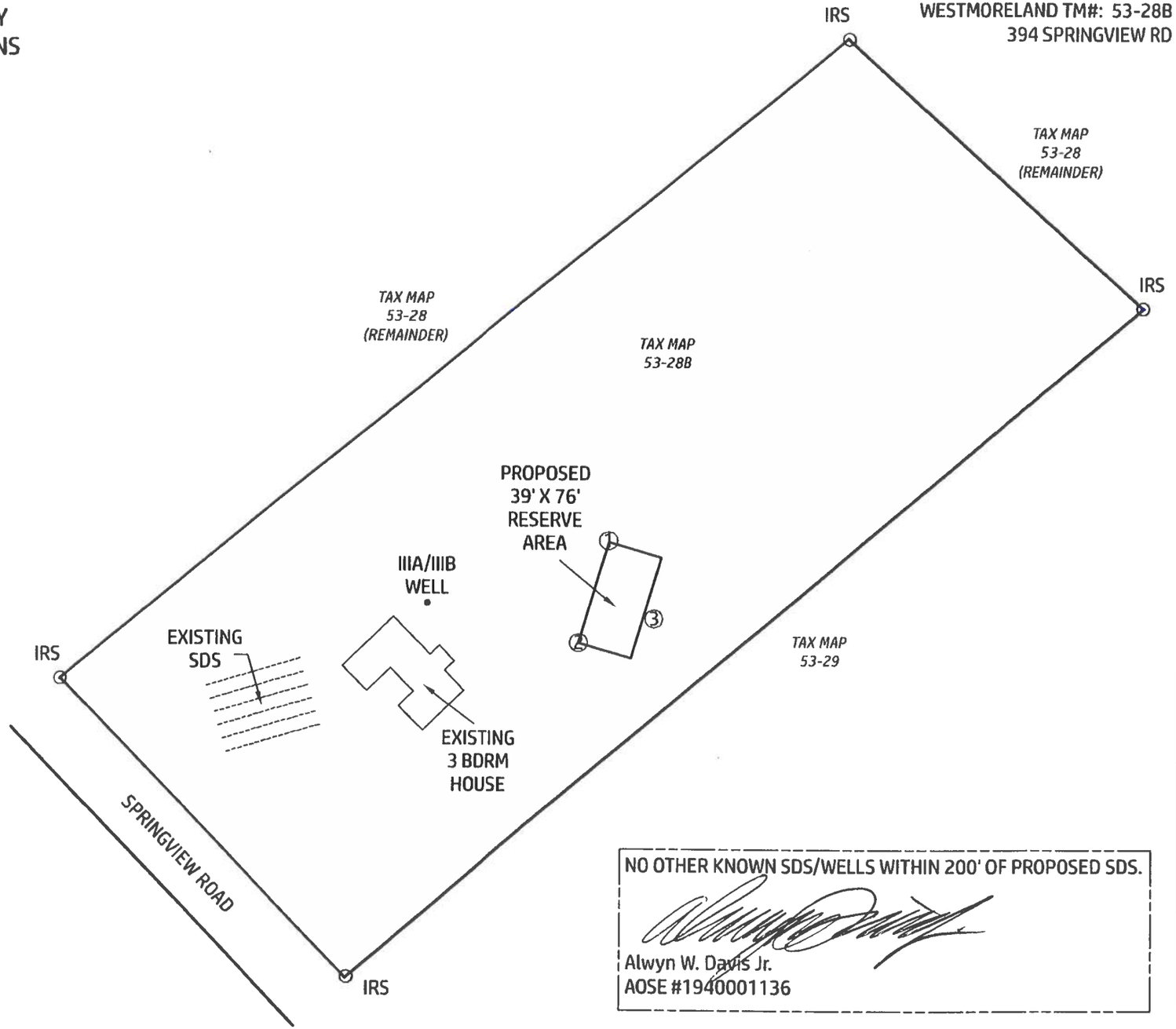
I CERTIFY TO THE BEST OF KNOWLEDGE AND BELIEF THAT ALL OF THE REQUIREMENTS OF THE GOVERNING BODY AND ORDINANCES OF THE COUNTY OF NORTHUMBERLAND, VIRGINIA REGARDING THE PLATTING OF THE PEVISION WITHIN THE COUNTY HAVE BEEN MET.

DATE:
STATE LICENSED LAND SURVEYOR #1443

SHEET 1

SUBDIVISION CONSTRUCTION DRAWING
200' SANITARY SURVEY
SOIL BORING LOCATIONS
JUNE 18, 2024

BARRY SUDDUTH
WESTMORELAND TM#: 53-28B
394 SPRINGVIEW RD



NO OTHER KNOWN SDS/WELLS WITHIN 200' OF PROPOSED SDS.

Alwyn W. Davis Jr.
AOSE #1940001136

1" = 100'

GREENFIELD, WALTER & Ruth — Date 7/25/69 — Case No. 60

Owner J. T. JONES — Address 3202 Kimberly Road (Mailing Address) — Phone 1332 G. ST NE WASH. DC 20002

Occupant — Address M. HEATH, MARYLAND (Mailing Address) — Phone

Exact Location of Premises: Between 3-way & Oldhams on Rt. 688 (Subdivision, Street or Road Name, Section or Lot No.)

DEEP WELL

WATER SUPPLY INSPECTION

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer ____ feet. Distance to nearest Sewage Disposal System ____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION
Allotted Area adequate ☑ Yes ☐ No. Distance from nearest lot lines ____ feet. Trees ____ feet.
Water Supplies 100 feet. Buildings ____ feet.

(2) INSTALLATION AND DESIGN
Installed according to Permit Design ☑ Yes ☐ No
Have additional Household Appliances been added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal
☐ Other ____ (Describe)

(3) SOIL CONDITION
Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☑ No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE
Installed ☐ Yes ☑ No. Type of material ____ Size ____ Inches.

(5) SEPTIC TANK
Constructed of 1000 (Kind of Material)
Inside Dimensions Length ____ feet. Width ____ feet.
Liquid Depth ____ feet. Depth of Air Space ____ inches.
Inside Fittings comply with requirements ☑ Yes ☐ No.

(6) DISTRIBUTION BOX
Watertight and equal surcharge to each line by Water Test ☑ Yes ☐ No. Distribution Box provided with ____ (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 900 square feet.
Number of ditches ____ Length of ditches ____ feet.
Grade of ditches Minimum ____ Inches per 100 feet.
Maximum ____ inches per 100 feet. Has system been checked by instruments (Level) ☐ Yes ☐ No
Type aggregate used ____
Depth of aggregate under Tile ____ inches
Total depth of aggregate ____ inches
Depth of backfill over aggregate ____ inches

(8) SURFACE DRAINAGE
Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☑ Yes ☐ No. Was Surface Drainage required ☑ Yes ☐ No. If Yes, has this been provided ☐ Yes ☑ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☐ Not required.

(9) Are follow-up inspections necessary ☐ Yes ☐ No.

Septic Tank Contractor: W. C. LOWERY — Address CALLAO — Phone

This Sewage Disposal System (Is) (Is Not) Approved by WESTMORELAND Health Department.

Date 7/25/69 Signed W. E. Appleby (Sanitarian) Date ____ Approved ____ (Health Director)

Date ____ Approved ____ (Advisory Sanitarian) Date ____ Approved ____ (Reviewing Authority — Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: ____

Virginia Department of Health
LHS - 141 Rev. 11-67

(VOID AFTER TWELVE (12) MONTHS) 7-1-67

Date _____ Case No. _____

Owner J. T. FONES Address 3202 Kimberly Rd. (Mailing Address) Phone _____

Occupant _____ Address W. Hyatts, Maryland (Mailing Address) Phone _____

Exact Location of Premises Between Lyells & Oldhams on Rt. 688 (Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

- ☑ INSTALL
- ☐ Water Supply System
- ☑ Sewage Disposal System
- ☑ Septic Tank

- ☐ REPAIR
- ☐ Water Supply System
- ☐ Sewage Disposal System
- ☐ Septic Tank

Health Department recommends _____

FOR ☑ Dwelling ☐ Other _____

Actual or potential Bedrooms 3 Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine ☑ Yes ☐ No Garbage Disposal unit ☐ Yes ☑ No

Additional wastes DISHWASHER

DETAILS OF RECOMMENDED SYSTEMS

(1) WATER SUPPLY Location to be approved by Sanitarian. Type ☑ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well ☐ Other _____ Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

(2) SOIL STUDY Naturally drained, suitable by sight ☑ Yes ☐ No Technical Classification _____ Rough Classification ☐ Sandy ☑ Medium ☐ Clay ☐ Pipe Clay. Percolation Test required ☐ Yes ☑ No. Rate _____ Minutes per inch. Depth of Water Table _____ feet (Estimated)

Surface drainage required ☐ Yes ☑ No _____ Area Drainage by Lowering Ground Water Table required ☐ Yes ☑ No

(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of CONCRETE (Kind of Material) Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 1000 gallons.

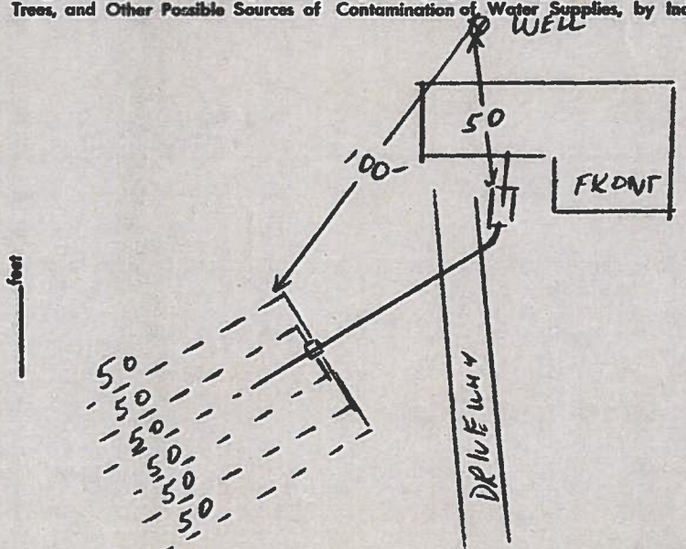
(4) HOUSE SEWER LINE Size 4 inches. Type of material required CI. Distance from Water Supply 50 feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. 900 Number of square feet required _____ Type aggregate required ☐ Broken Stone ☑ Gravel ☐ Slag. Size range from ½ inches to 2½ inches. Depth of aggregate from base of tile to bottom of ditches 18 inches.

Total aggregate must equal minimum depth of 13 inches or more.

Soil Cover over tile not to exceed _____ inches. Distance from well to septic tank 50 feet; distance from well to draintile field 100 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



6-50 ft. lines with 3' hoe

Run solid cast iron under driving area to box.

Set tank 4" under ground & wathc where sand comes in, put bottoms tile lines into sand.

7-65's/2' hoe

_____ feet

Note: Owner or his agent must notify WESTMORELAND Health Department, Phone 493-3054 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued 7-1-67

Date _____ Approved _____ (Reviewing Authority) Date _____ Signed W. E. Appleby (Sanitarian or Health Director)

LHS - 121 Rev. 1-65
Virginia State Department of Health

TRIPLICATE

Since [illegible] Jan 8 by there.

APPLICATION FOR PERMIT TO INSTALL A SEWAGE DISPOSAL SYSTEM

Owner: Mr & Mrs J Theonee Fones Mailing Address: 3202 Kimberly Rd W Hwy 41

Occupant: None Mailing Address: _____

Location of Property: (Use state highway route numbers, or sketch location on back) Route 688, OFF 203 Between LYELLS & OLDHAMS.

House: ✓ Trailer: _____ Business: _____ No. of Employees: _____

HOUSING DETAILS:

No. of Bedrooms 3
No. of occupants 3
Automatic Washer: Yes ✓ No _____
Garbage Disposal: Yes _____ No X
Dishwasher: Yes ✓ No _____
Additional Water-Using Appliances - (Specify): 1 1/2 baths
Location of Bath: Back ✓ Side: FRONT ✓ of house.
Is house already constructed: *being constructed..... Yes _____ No ✓ *
Has a well been installed on the lot:...yes..... Yes _____ No _____
Is there another well within 100' of property line: ..... Yes _____ No ✓

WATER SUPPLY:

Public Water Supply _____
Drilled Well ✓
Dug Well _____
Bored Well _____
Driven Well _____
Other (Specify) _____

BUILDING SITE: (MUST BE FILLED IN!)

Lot shape: Rectangular: _____ Square: ✓ Irregular: _____
Lot size: Width: Varies Depth: _____ Trees: Yes ✓ No _____
Soil type: (If known): Sand: _____ Clay: _____ Other: Mixed

TOPOGRAPHY:

Level: ✓ Hillside: _____ Waterfront: _____
If waterfront, what is elevation above high water line? _____
Is future addition to house contemplated? ..... Yes _____ No ✓
Will driveway be around house? Yes _____ No _____ Where will it be? Front & Side
Will house have basement: Yes _____ No ✓ Plumbing in basement: Yes _____ No ✓
Does the slope of land favor drainage? ..... Yes ✓ No _____
Will house be provided with gutters? ..... Yes ✓ No _____
Other pertinent remarks or information:

NOTE: Water supply and septic tank must be 50' apart! Water supply and drain tile must be 100' apart. Tile field must be 50' from any river, creek or stream, with minimum elevation of 3' above high water mark.

IF ANY CHANGES ARE MADE IN MY PLANS AFFECTING THE INFORMATION SUBMITTED HEREIN, I AGREE TO CONSULT WITH THE HEALTH DEPARTMENT BEFORE COMMENCING WORK ON THE CHANGES, IN ORDER TO PERMIT RECONSIDERATION AND/OR RE-DESIGN OF THE WASTE DISPOSAL SYSTEM.

Date: June 28, 1969

J. Theonee Fones
Signature of Property Owner

WA 7-4113
Telephone Number

EXEMPT SUBDIVISION PLAT SHOWING

PART OF PARCEL 28
A DIVISION OF TM 53–28

COPLE MAGISTERIAL DISTRICT
WESTMORELAND COUNTY, VIRGINIA

SCALE: 1" = 100' MAY 6, 2024
JUNE 24, 2024

Gary M. Whelan
Land Surveyor
Lottsburg, Virginia

29.75 AC. RESIDUE

IRON SET

T.M. 53–28
BARRY R. & MARY H. SUDDUTH
D.B. 793 P. 653
D.B. 206 P. 468(PLAT)

T.M. 53–28A
ELIZABETH T. GILMORE
D.B. 953 P. 1226
D.B. 140 P. 400(PLAT)

D.B. 206 P. 468(PLAT)

S47°47'28"E

291.41'

279.75'
N49°52'30"E

NEW LOT LINES
HEREBY CREATED

T.M. 53–28
BARRY R. & MARY H. SUDDUTH
D.B. 793 P. 653
D.B. 206 P. 468(PLAT)

732.36'

N50°35'13"E

PART OF
T.M. 53–28
5.000 AC.

BARRY R. & MARY H. SUDDUTH
D.B. 793 P. 653
D.B. 206 P. 468(PLAT)

IRON SET

RESERVE DRAINFIELD
76' X 39'

H1

FLAG

H3

H2

FLAG

WELL

113.77

118.20

IRON SET

APPROXIMATE LOCATION
OF EXISTING SEPTIC FIELD

CONC.

EXISTING ONE STORY
BRICK HOME #394

163.76

100.23

753.49'

1033.79'

S49°52'30"W

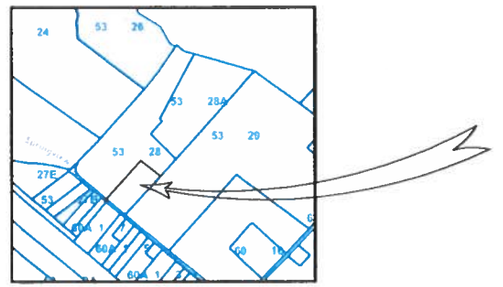
T.M. 53–29
SALLIE SMITH TWENTYMAN
D.B. 560 P. 238

SPRINGVIEW ROAD ST. RT. 688 (50')

N43°31'19"W

298.43'

CM 0.55'



LOCATION MAP

COMMONWEALTH OF VIRGINIA
GARY M. WHELAN
6/24/2024
LAND SURVEYOR

SURVEYORS CERTIFICATE

I CERTIFY TO THE BEST OF KNOWLEDGE AND BELIEF THAT ALL OF THE REQUIREMENTS OF THE GOVERNING BODY AND ORDINANCES OF THE COUNTY OF NORTHUMBERLAND, VIRGINIA REGARDING THE PLATTING OF THE REVISION WITHIN THE COUNTY HAVE BEEN MET.

DATE: 6/24/2024
STATE LICENSED LAND SURVEYOR #1443

0 25 50 100 200
SCALE IN FEET

SHEET 1

EXEMPT SUBDIVISION PLAT SHOWING

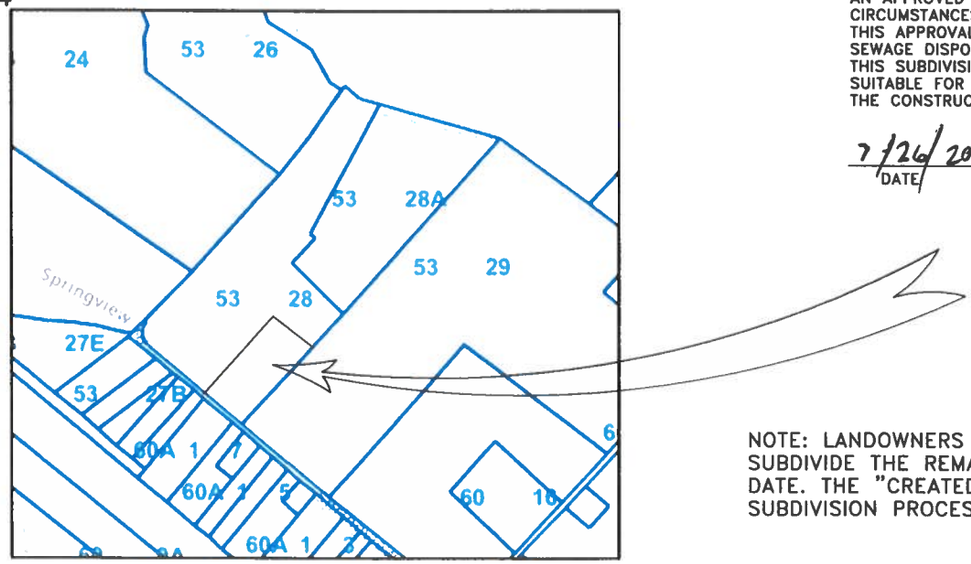
PART OF PARCEL 28
A DIVISION OF TM 53-28

COPLE MAGISTERIAL DISTRICT
WESTMORELAND COUNTY, VIRGINIA

SCALE: 1" = 100' MAY 6, 2024
JUNE 24, 2024

Gary M. Whelan
Land Surveyor
Lottsburg, Virginia

COMMONWEALTH OF VIRGINIA
GMW
GARY M. WHELAN
Lic. No. 1443
6/24/2024
LAND SURVEYOR



LOCATION MAP

HEALTH DEPARTMENT CERTIFICATION

THE PROPERTY SHOWN HEREON IS APPROVED FOT INDIVIDUAL ONSITE SEWER DISPOSAL SYSTEMS IN ACCORDANCE WITH THE PROVISIONS OF THE CODE OF VIRGINIAAND THE VIRGINIA SEWAGE HANDLING AND DISPOSAL REGULATIONS 02 VAC 5-610-10 et seq THE REGULATIONS AND LOCAL ORDINANCES IF THE LOCALITY HAS AUTHORIZED THE LOCAL HEALTH DEPARTMENT TO ACCEPT PRIVATE EVALUATIONS FOR COMPLIANCE WITH LOCAL ORDINANCES.
THIS SUBDIVISION WAS SUBMITTED TO THE HEALH DEPARTMENT FOR REVIIEW PURSUANT TO 321-1635 OF THE CODE OF VIRGINIA WHICH REQUIRES THE HEALTH DEPARTMENT TO ACCEPT PRIVATE SOIL EVALUATIONS AND DESIGNS FROM AN AUTHORIZED ONSITE SOIL EVALUATOR (AOSE) OR A PROFESSIONAL ENGINEER WORKING IN CONSULTATION WITH AN AOSE FOR RESIDENTIAL DEVELOPMENT. THE DEPARTMENT IS NOT REQUIRED TO PERFORM A FIELD CHECK OF SUCH EVALUATIONS. THIS SUBDIVISION WAS CERTIFIED AS BEING IN COMPLIANCE WITH THE BOARD OF HEALTH REGULATIONS BY _____
THIS SUBDIVISION APPROVAL IS ISSUED IN RELIANCE UPON THAT CERTIFICATION PURSUANT TO 360 OF THE REGULATIONS. THIS APPROVAL IS NOT AN ASSURANCE THAT SEWER CONSTRUCTION PERMITS WILL BE ISSUED FOR ANY LOT IN THE SUBDIVISION UNLESS THAT LOT IS SPECIFICALLY IDENTIFIED AS HAVING AN APPROVED SITE FOT AN ONSITE SEWAGE DISPOSAL SYSTEM AND UNLESS ALL CONDITIONS AND CIRCUMSTANCES ARE PRESENT AT THE TIME OF APPLICATION FOR A PERMIT AS PRESENT AT THE TIME OF THIS APPROVAL. THIS SUBDIVISION MAY CONTAIN LOTS THAT DO NOT HAVE APPROVED SITES FOR ONSITE SEWAGE DISPOSAL SYSTEMS.
THIS SUBDIVISION APPROVAL IS ISSUED IN RELIANCE UPON CERTIFICATION THAT APPROVED LOTS ARE SUITABLE FOR AN ONSITE DISPOSAL SYSTEM, ACTUAL SYSTEM DESIGNS MAY BE DIFFERENT AT THE TIME THE CONSTRUCTION PERMITS ARE ISSUED.

7/26/2024
DATE

WESTMORELAND COUNTY HEALTH DEPARTMENT

7/15/24
DATE ALWYN DAVIS OSE #1940001136

NOTE: LANDOWNERS SHOULD BE AWARE THAT THEY WILL ONLY BE ABLE TO FURTHER SUBDIVIDE THE REMAINDER/RESIDUE PARCEL BY THE THE EXEMPT PROCESS AT A LATER DATE. THE "CREATED LOT" CANNOT BE FURTHER SUBDIVIDED BY THE EXEMPT (BY RIGHT) SUBDIVISION PROCESS.

OWNER'S CERTIFICATE:

THE BOUNDARY ADJUSTMENT SURVEY OF THE BARRY R. & MARY H. SUDDUTH AS IT APPEARS ON THIS PLAT IS DONE WITH THE FREE CONSENT AND IS IN ACCORDANCE WITH THE DESIRES OF THE UNDERSIGNED OWNERS.

DATE: 6/25/24 Barry R. Sudduth

DATE: 6/25/24

STATE OF VIRGINIA

COUNTY OF Northumberland TO WIT: Dana V. Wilson

A NOTARY PUBLIC IN AND FOR THE COUNTY AND STATE AFORESAID DO HEREBY ATTEST THAT THE AGENTS OF BARRY R. AND MARY H. SUDDUTH OWNERS WHOSE NAMES ARE SIGNED TO THE FOREGOING WRITING BEARING DATE ON THIS 25 DAY OF June 2024, HAS ACKNOWLEDGED THE SAME BEFORE ME IN MY JURISDICTION AFORESAID

MY COMMISION EXPIRES: 4/30/26

GIVEN UNDER MY HAND THE 26 DAY OF June, 2024

NOTARY PUBLIC

DANA V. WILSON
NOTARY PUBLIC
MY COMMISSION NUMBER
7037310
COMMONWEALTH OF VIRGINIA

CERTIFICATE OF APPROVAL

THIS PLAT IS IN ACCORDANCE WITH THE REQUIREMENTS OF THE SUBDIVISION ORDINANCES OF WESTMORELAND COUNTY, VIRGINIA, AS EXISTED ON THE DATE OF APPROVAL AND IS HEREBY APPROVED FOR RECORDATION. THIS PLAT APPROVAL REMAINS VALID AND THE SUBJECT PARCEL(S) IS(ARE) CONSIDERED LEGAL LOT(S) OF RECORD ONLY IF THIS PLAT IS RECORDED IN THE CIRCUIT COURT CLERK'S OFFICE OF WESTMORELAND COUNTY, VIRGINIA, IN ACCORDANCE WITH SUBDIVISION ORDINANCE AND OTHER ORDINANCES AND STATUTES OF THE COMMONWEALTH OF VIRGINIA PERTAINING TO LAND SUBDIVISION.

NOTICE: THIS PLAT SHALL BECOME NULL AND VOID AND BECOME OF NO FURTHER FORCE AND EFFECT IF THE PLAT IS NOT RECORDED IN ACCORDANCE WITH THE SUBDIVISION ORDINANCE OF WESTMORELAND COUNTY WITHIN SIX(6) MONTHS OF THE DATE OF APPROVAL, UNLESS CONSTRUCTION OF FACILITIES TO BE DEDICATED FOR PUBLIC USE HAS COMMENCED PURSUANT TO AN APPROVED PLAN OR PERMIT WITH SURETY APPROVED BY THE AGENT THEN THE TIME FOR RECORDATION OF THE PLAT SHALL BE EXTENDED TO SIX MONTHS AFTER FINAL APPROVAL OR TO A TIME LIMIT SPECIFIED IN THE SURETY AGREEMENT, WHICHEVER IS GREATER. APPROVAL AND/OR RECORDING OF THIS PLAT DOES NOT CONSTITUTE ASSURANCE THAT PUBLIC SEWER OR PUBLIC WATER SERVICE WILL BE AVAILABLE TO SERVE THE LAND DESCRIBED ON THIS PLAT AT ANY PARTICULAR TIME.

THIS PLAT APPROVAL SHALL BE DECLARED NULL AND VOID UNLESS RECORDED BY:

_____

DATED THIS _____ DAY OF _____ 20__
BY:

_____
WESTMORELAND COUNTY SUBDIVISION AGENT