

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 151-11-0147
Lancaster County Health Department

Name of Company/Corporation/Individual: Thomas W. Binsley Septic Contractor

Address: 5964 Historyland Hwy. Farnham Va. 22466 Telephone: 804-394-9656

Owner's Name Patricia Edwards

Owner's Address 27A Larkspur Lane Werners Va. 22576

Location of Installation: Lot _____ Block _____

Section _____ Subdivision: _____

Other: TAX Map # 26-139

I Hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 9/16/11 and is compliance with Part D of the Sewage Handling and Disposal Regulation and when appropriate the plans and specifications of the project.

11-7-11 _____
Date Signature and Title



**COMMONWEALTH OF VIRGINIA
VIRGINIA DEPARTMENT OF HEALTH**

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

Handwritten blue ink signature or initials, possibly "DSE".

***OSE Conditional Construction Permit Approval Letter--Level 1 Review
This Permit is NOT Transferable.***

September 23, 2011

Patricia Edwards
272 Larkspur Lane
Weems, Virginia 22576

Subject: Tax Map # 26-139
HDID # 151-11-0147

Dear Ms. Edwards:

Your application for a conditional sewage disposal system permit filed with the Lancaster County Health Department has been approved with the following:

1. Maximum number of occupants residing in this **FOUR (4) BEDROOM DWELLING** is limited to **SIX (6) PERSONS**.

Your permit is issued in accordance with the Code of Virginia, Title 32.1-164 and 32.1-164.1, Chapter 6, Article 1, Board of Health, Commonwealth of Virginia, *Sewage Handling and Disposal Regulations*, and current agency policy. This letter shall become and is part of the sewage disposal system permit issued for the above referenced location.

This letter, in conjunction with the approved plans (9 pages) dated 09/15/2011, which are attached, constitutes your permit to install a sewage disposal system. The application for a permit was submitted pursuant to Sec. 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. The permitted site was certified as being in compliance 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) by **David R Miles, OSE #106**. This letter is issued in reliance upon that certification.

The Board of Health hereby recognizes that the soil and site conditions acknowledged by this correspondence, and documented by additional soil records on file at the local health department, are suitable for the installation of onsite sewage disposal systems. The attached plat (or plats) shows the approved areas for the sewage disposal systems. This letter is void if there is any substantial physical change in the soil or site conditions where a sewage disposal system is to be located.

If modifications or revisions are necessary between now and when you install this system please contact the Onsite Soil Evaluator (OSE) who performed the evaluation and design on which this permit is based. The name, address and phone number of the OSE appears on the certification form attached to this permit. 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.

This authorization is null and void if conditions are changed from those shown on the application or conditions are changed from those shown on the attached construction drawings, plans, and specifications. No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved by the designer or his agent or unless expressly authorized by the Lancaster Health Department. Any part of any installation which has been covered prior to approval shall be uncovered if necessary, upon direction of the Department.

Your permit is issued in accordance with the Code of Virginia, Title 32.1 and 32.1-164.1. Article I, Board of Health, Commonwealth of Virginia, Sewage Handling and Disposal Regulations, and current agency policy. This letter shall become and is a part of the sewage disposal system permit issued for the above referenced location. Due to the conditional nature of this system, this permit shall not become valid until the following items are completed.

1. The permit shall be recorded in the Grantor Index of the land records of the Circuit Court of the County of .
2. The owner or his agent shall furnish to the certification by the Clerk of the Circuit Court of the Deed Book Number and Page Number upon which the permit and all provisions have been recorded. The Deed Book Number and Page Number must be placed on all copies of the permit prior to giving validation to the building officials for issuance of a building permit.

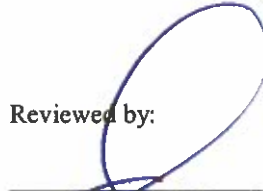
In accordance with the Sewage Handling and Disposal Regulations, you have the right of appeal to obtain a modification or elimination of the conditions set herein. A written request to review the conditions must be submitted to Dr. David Chang, M.D., M.P.H., Director, Three Rivers Health District, P. O. Box 415, Saluda, VA 23149.

This authorization to construct a sewage disposal system expires: March 23, 2013. **This Permit is NOT Transferable.**

If you have any questions, please contact me.

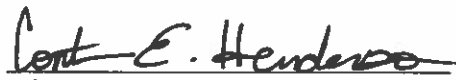
Issued by:

EHS, Sr. / IOSE #58

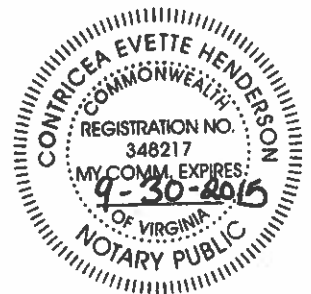
Reviewed by:

Environmental Health Supervisor/Manager

STATE OF VIRGINIA, COUNTY/CITY OF , to wit:

Subscribed and acknowledged before me this 23 day of Sept, 2011 by Timothy Childs.


NOTARY PUBLIC for the
STATE OF VIRGINIA AT LARGE

My Commission expires 9-30-2015



As owner/legal representative of the property included in this permit, I have reviewed and accept all provisions in the conditional sewage disposal system permit.

Patricia Edwards

Date

STATE OF VIRGINIA, COUNTY/CITY OF _____, to wit:

Subscribed and acknowledged before me this ____ day of _____, 2011 by
Patricia Edwards

NOTARY PUBLIC for the
STATE OF VIRGINIA AT LARGE

My Commission expires _____

C: David Miles

OSE/PE Report for:

Construction Permit Certification Letter Subdivision Approval

Property Location:
 911 Address: 272 Larkspur Lane City: Weems
 Lot _____ Section _____ Subdivision _____
 GPIN or Tax Map # 26-139 Health Dept ID # 151-11-0147
 Latitude _____ Longitude _____

Applicant or Client Mailing Address:
 Name: Patricia Edwards
 Street: 272 Larkspur Lane
 City: Weems State VA Zip Code 22576

Prepared by:
 OSE Name David R. Miles License # 1940 000106
 Address P.O. Box 140
 City Topping State VA Zip Code 23169
 PE Name: _____ License # _____
 Address _____
 City _____ State _____ Zip Code _____

Date of Report 9/15/2011 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.)

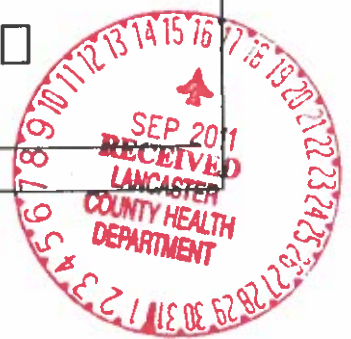
1) OSE Report	5) Construction Drawing	8) 200' Sanitary Survey & Boring Locations
2) Application	6) Soil Summary Report	9) Abbreviated Design
3) Notice To Contractors	7) Soil Profile Descriptions	
4) Construction Specifications		

Certification Statement
 I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

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

OSE/PE Signature David R. Miles Date 9/15/2011



- Certification Letter
- Repair
- Subdivision approval
- Conditional Permit
- Low Flow fixtures
- Occupancy _____ person

See Conditional permit #151-05-524!!

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID# 151-11- (VDH Use)

Owner Patricia Edwards Address 272 Larkspur Lane Phone 804/438-6109
Weems, VA 22576

Agent Soil Evaluation Services, Inc. Address P. O. Box 140 Phone 804-758-3511
Topping, VA 23169-0140

Directions to property: 3E, R/T 200, R/T 222, R/T 629, L/T 630, straight on Larkspur Lane,
to end on right.

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____ Map Reference 26-139

Dimension/size of Lot/Property 1.65 Acres

Residential Use Yes _____ No

Termite Treatment Yes _____ No

Single Family _____ Multi-family _____ # of units

Number of bedrooms 4 Design Flow 450 (6 person maximum occupancy)

Basement _____ Yes No

Fixtures in Basement _____ Yes _____ No

Onsite Sewage Disposal System Type: Conventional drainfield

Water Supply: _____ Public _____ New _____ Existing

Private _____ New Existing

Describe: C-III A on adjacent property.

I give permission to the Department to enter onto the property described for the purpose of processing this application and to perform quality assurance checks as necessary until the sewage disposal system has been constructed and approved.

David Smith
 Signature of Owner/Agent

9/15/11
 Date

Notice to Sewage Disposal System Contractors

Effective July 1, 2002 - The State Board of Health, AOSE Regulations, Section 12 VAC 5-615-70 requires that all construction permits issued pursuant to a design certified by an AOSE/PE be inspected by the AOSE/PE prior to backfilling of the system.

Soil Evaluation Services will be required to inspect this system installation. The cost of inspection will be dependent on site location and complexity of the system. This fee will be charged to the Contractor for this inspection. Contractors should call 804-758-3511 for amount of inspection fee, and to schedule the inspection. Our Firm's Completion Statement will not be released until the inspection fee is paid in full.

It is recommended that 48 hours notice be given prior to system installation. Possible scheduling delays and potential additional costs may be incurred if adequate notice is not provided, and if the system is not operational (power to control panels and pumps, water in tanks, etc.).

Sewage Disposal System Construction Specifications

General Information

New Repair Expanded

Owner Patricia Edwards Telephone 804/ 438-6109

Address 272 Larkspur Lane Weems, VA 22576

For a Type I Sewage disposal system which is to be construction on/at 272 Larkspur Lane, Weems, VA 22576

Subdivision _____ Section _____ Block _____ Lot _____

Actual or estimated water use 450 gpd (Conditional permit for 6 permanent residents)

DESIGN	NOTES
Water Supply: Existing (describe) <u>IIIA on neighbor's property.</u> To be installed: Class _____ cased _____ grouted _____	
Building sewer: <u>4</u> inch I.D. PVC 40, or equivalent Slope 1.25" per 10' (minimum) <input checked="" type="checkbox"/> Other: <u>Existing</u>	
Septic tank: Capacity _____ gals. (minimum) <input checked="" type="checkbox"/> Other: <u>Existing tank with riser.</u>	
Inlet-Outlet structure: PVC 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other: <u>Recommend effluent filter on outlet tee</u>	
Pump and pump station No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, describe and show design. _____	
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other: _____	
Distribution box: Precast concrete with <u>9+</u> ports. <input type="checkbox"/> Other: _____	
Header lines: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" per 100' minimum <input type="checkbox"/> Other: _____	
Percolation Lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2"-4" (min.max) per 100" <input checked="" type="checkbox"/> Other: <u>Gravity trenches only! No substitutions!</u>	
Absorption trenches: Square ft. required <u>600</u> Depth from ground surface to bottom of trench <u>102-114'</u> Depth of aggregate <u>49-61" in.</u> Number of trenches <u>5</u> Trench length <u>40</u> ft. Trench width <u>3</u> ft.	

GENERAL INFORMATION

Date 9/15/2011 Submitted to Lancaster Health Department

Applicant Patricia Edwards Telephone No. 804/ 438-6109

Address 272 Larkspur Lane Weems, VA 22576

Owner _____ Address _____

Location 272 Larkspur Lane, Weems, VA 22576

Tax Map 26-139 Subdivision _____

Block/Section _____ Lot _____

SOIL INFORMATION SUMMARY

1. Position in landscape satisfactory? Yes
Describe Well drained soils in deeper horizons. Gently sloping to flat.

2. Slope 0-1 %

3. Depth to rock or impervious strata: Range in inches: 10-96" None _____

4. Seasonal/perched water table present? No Range in inches: _____

5. Free water present? No Range in inches: _____

6. Soil percolation rate estimated? Yes Texture group I
Estimated rate 15 min/inch @ 102-114 inch depth

7. Permeability test performed? No
Type of test and results: _____

Site Approved: Drainfield to be placed at 102-114" depth at site designated on permit.

Site Disapproved: Recommendations for engineered system: _____

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 over seasonal water table
- 4. Rates of absorption too slow
- 5. Insufficient area of acceptable soil for require drainfield, and/or reserve
- 6. Proposed system too close to well
- 7. Other Specify _____

(attach additional pages if necessary)

Soil Profile Description Report

Date of evaluation 9/12/2011

See attached sketch for soil boring locations

Hole	Horizon	Depth	Soil Boring Description of color, texture, etc.	Texture Group
1	A	0-02	10YR 3/3 L	II
	A	02-06	10YR 4/3 mottled 10YR 6/2 L	II
	E	06-10	2.5Y 6/3 mottled 10YR 5/3,6/2,7.5YR 5/8 L-SiL	II-III
	B	10-42	10YR 5/8 mottled 7.5YR 5/8,10YR 7/2,2.5YR 5/6 Clay	IV
	B	42-96	10YR 6/1-7/1 Clay (Massive)	IV
	B	96-102	10YR 6/1-7/1 mottled 10YR 5/6,7.5YR 5/8 SCL (Heavy)	II
	C	102-108	10YR 6/8 SL (Coarse)	II
	C	108-120	10YR 6/8 mottled 10YR 8/3 LS (Coarse)	I
	C	120-138	10YR 8/1 LS-S (Coarse,gravelly)	I
2		0-84	Same as Boring #1	
		84-90	10YR 6/1-7/1 mottled 10YR 5/6,7.5YR 5/8 SCL (Heavy)	II
		90-108	10YR 6/8 mottled 10YR 8/3 LS (Coarse)	I
		108-120	10YR 8/1 LS-S (Coarse,gravelly)	I

- Key:**
- S - Sand
 - LS - Loamy Sand
 - SL - Sandy Loam
 - L - Loam
 - SCL - Sandy Clay Loam
 - CL - Clay Loam
 - SiL - Silty Loam
 - SiCL - Silty Clay Loam
 - SC - Sandy Clay
 - SiC - Silty Clay Loam
 - C - Clay

Remarks: Dry edge is applicable.

Design Basis

- A. Estimated percolation Rate 15 MPI

- B. Require trench bottom square feet/bedroom
 From Table 5.4 based on:
 - 1 Gravity 198 FT²/BDR
 - 2 Conditional Permit - Low Flow plumbing Fixtures 132 FT²/100 gal.

- C. 1 Number of Bedrooms
 2 Design Flow 450

Area Calculations

- D. Length of trench 40 Length of available area 40

- E. Width of trench 3

- F. Number of trenches 5

- G. Center-to-center spacing 9

- H. Width required 39 Width of available area 40

- I. Total square footage required
 - Per bedroom (B1*C1)
 - Per 100 gpd (B2*C2) 594

- J. Square footage in design 600
 (D*E*F)

- K. Is reserve area required? No

Level I & II Review Form

Tax Map #: 26-139

HDID #:151-11-0147

Date: 09/23/11

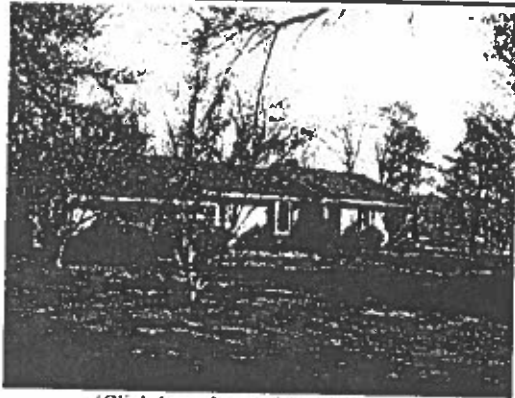
Reviewer: Childs

Level I Review

Item	IN ¹	OUT ²	N. O. ³	N. A. ⁰	Comments
Location					
Site features affecting well & septic system location identified	X				
Landscape position indicated	X				
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				
Depth adequate for limiting factors	X				
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				
Adequate trench area, based on flow & estimate / measured perc rate	X				
Adequate footprint area (including reserve area, if required)	X				
Treatment					
Treatment level specified	X				
Treatment level adequate for specified absorption area depth	X				
Treatment capacity adequate for design flow	X				

Level II Review

Item	IN ¹	OUT ²	N. O. ³	N. A. ⁰	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					



(Click here for additional photos.)

MLS#: R09001
 List Price: \$599,000
 Str#: 272
 Address: LARKSPUR LANE
 Sbdvsn/Area: N/A
 Bdrms: 3
 Baths: 2
 HBths: 1
 County: Lancaster

Listing Off: RIVER TOWNE PROPERTIES (27)
 Office Phone: 804-435-2482
 Listing Agt: SANDRA H. HARGETT (5)
 Agent Phone: 804-580-3350
 Agent Email: sandra@rivertowne.com

Town	LANCASTER	Zip Code	22482	Zoning	RI	Flood Zn	N	
Lot Size	1.5							
River/Creek	MORAN CREEK			Water Frntg		Water View	WIDE	
Deed Book	382	Deed Page	416	Tax Map #	26-139			
Taxes	2029.47	HOA NO		Amps	200	Street Surface	ASPHALT	
Rooms	8	Year Built	1977	SqFt +/-	2262			
Foyer	Lvl 1	Dimensns		Living Rm	Lvl 1	Dimensns		
Dining Rm	Lvl 1	Dimensns		Kitchen	Lvl 1	Dimensns		
Family Rm	Lvl 1	Dimensns		Utility Rm	Lvl 1	Dimensns		
Bedroom 1	Lvl 1	Dimensns		Bedroom 2	Lvl 1	Dimensns		
Bedroom 3	Lvl 1	Dimensns		Bedroom 4	Lvl 1	Dimensns		
Other Rm	Lvl 1	Dimensns		Other Rm	Lvl 1	Dimensns		
Remarks	INCREDIBLE VIEWS - POINT OF LAND WITH SAND BEACH AREA & DEEP WATER DOCK. GREAT NEIGHBORHOOD ONE STORY HOME. FROM KILMARNOCK: TOWARD IRVINGTON, RIGHT ON VSH 222, RIGHT ON LUMBERLOST RD, LEFT ON TAYLORS CREEK, STRAIGHT ONTO LARKSPUR LANE, MAIL BOXES ON CORNER TO HOUSE AT END.							
Directions	TAYLORS CREEK, STRAIGHT ONTO LARKSPUR LANE, MAIL BOXES ON CORNER TO HOUSE AT END.							
Owner	NINE / HAYES						Phone	
D/T		A%		PITI		Term	LOD	
Sub Agent	Y	\$/% 3		Buyer Agent	Y	\$/% 3		
Seller Conc	N	Disclaimer	Y	Disclosure	N	Listing ER	Dual Rate	

# Stories: One Story	Appliances: Wall Oven, Surface Units, Dishwash
Type/Style: Ranch	Refrigerator, Washer, Dryer
Construction: Wood Siding	Dining Facilities: Eat-in Kitchen, Dining Room
Foundation: Crawl Space	Int/Ext Feat: Paved Driveway
Heating: Heat Pump	Fireplaces: One Fireplace, Family Room
Cooling: Heat Pump	Storage: Attic
Roof: Composition Shingle	Misc Search: Fireplace, Dining Room, Deck, Old
Floors: Wall to Wall Carpet, Vinyl, Hardwood	Home 15+
walls:	Misc Search: River/Creek Front, Deeded Water
Water/Sewer: Community Water, Septic System	Rights, Sand Beach
Water Heater: Electric	Water Depth: Other-See Remarks
Garage: Garage, Two Car, Attached	Acreage: 1-1.9 acres
Special Feat: Washer/Dryer Hookup	Financing: Conventional
	Possession: At Settlement
	Showing Inst: Call Listing Office
	County: Lancaster

Information Herein Deemed Reliable but Not Guaranteed

4-5 houses on a well



COMMONWEALTH of VIRGINIA
THREE RIVERS HEALTH DISTRICT

SERVING ESSEX, GLOUCESTER, KING & QUEEN, KING WILLIAM, LANCASTER, MATHEWS, MIDDLESEX, NORTHUMBERLAND, RICHMOND, & WESTMORELAND COUNTIES

LANCASTER COUNTY HEALTH DEPARTMENT
P. O. BOX 158
LANCASTER, VA 22503
(804) 462-5197, ENVIRONMENTAL 462-9919
FAX: (804) 462-6211

THOMAS K. IRUNGU, MD, MPH
DIRECTOR

January 24, 2006

Re: Conditional Permit
Tax Map # 26-139, Lancaster County
HDID # 151-05-524

Dear Mr. Radtke:

Your application for a conditional sewage disposal system permit filed with the Lancaster County Health Department has been approved with the following condition:

- 1) Maximum number of occupants residing in the 4 bedroom dwelling is limited to 6 persons.

Your permit is issued in accordance with the **Code of Virginia, Title 32.1-164 and 32.1-164.1, Chapter 6, Article I, Board of Health, Commonwealth of Virginia, Sewage Handling and Disposal Regulations**, and current agency policy. This letter shall become and is part of the sewage disposal system permit issued for the above referenced location.

This permit is not valid until the following items are completed:

- 1) The permit is **recorded** in the Grantor Index of the land records of the Circuit Court of the county in which the property exists.
- 2) The owner or his agent shall furnish to the Lancaster County Health Department certification by the Clerk of the Circuit Court of the Deed Book Number and Page Number upon which the permit and all conditions have been recorded. The Deed Book Number and Page Number must be placed on all copies of the permit prior to giving validation to the building official for issuance of a building permit.

In accordance with the above mentioned **Sewage Handling and Disposal Regulations**, you have the right of appeal to obtain a modification or elimination of the conditions established in and for the issuance of this permit. A written request to review the conditions outlined must be submitted to Reuben K. Varghese, M.D., M.P.H., Director of Three Rivers Health District, P.O. Box 415, Saluda, VA 23149.

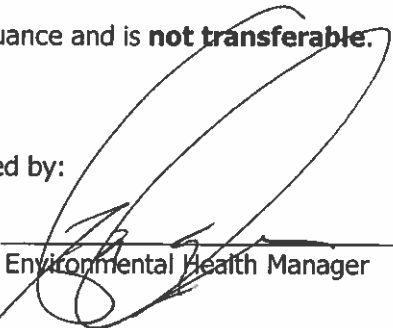
The permit shall expire after 18 months from date of issuance and is **not transferable**.

If you have any questions, please contact me.

Issued by:


Environmental Health Spec.

Reviewed by:


Environmental Health Manager

As owner/ representative of the property included in this permit, I have reviewed and accept all conditions in the Conditional Sewage Disposal System Permit.

Date

STATE OF VIRGINIA, COUNTY/CITY OF _____, to wit:

Subscribed and acknowledged before me this _____ day of _____, 2003 by

NOTARY PUBLIC for the
STATE OF VIRGINIA AT LARGE

My Commission expires

Construction Drawing

HD ID #: 151-05-524

Owner Information	
Arthur & Lisa Radtke 272 Larkspur Lane Weems, Virginia 22576	Phone: (804) 438-6293

Construction Drawing
<p>This document approves the conditional four-bedroom use of an existing sewage disposal system (installed 8/12/77) based upon maximum occupancy of six persons.</p> <p>The existing system does not meet the site, soil, or design criteria of the current <i>Sewage Handling and Disposal Regulations</i>, and in accordance with 12 VAC 5-610-340, the issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time.</p> <p>It shall be the responsibility of the owner or any subsequent owner to maintain, repair or replace any sewage disposal system that ceases to operate as defined in the operation permit.</p> <p>The septic tank shall have an inspection port or effluent filter installed as per 12 VAC 5-610-817.A and the distribution box shall be properly balanced; these shall be inspected and approved by the local health department.</p>

This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: Thomas Anderson ; Site Evaluation By: Thomas Anderson


James Broyhill

January 24, 2006
Issue Date

July 24, 2007
Expiration Date

This permit shall become effective one day after the Lancaster County Health Department receives notification of recordation.



OFFICIAL RECEIPT
 COUNTY OF LANCASTER CIRCUIT COURT
 DEED RECEIPT

DATE: 02/09/06 TIME: 11:06:50 ACCOUNT: 103CLR060000380 RECEIPT: 0600000094E
 CASHIER: LAL REG: L021 TYPE: OTHER PAYMENT: FULL PAYMENT
 INSTRUMENT : 060000380 BOOK: PAGE: RECORDED: 02/09/06 AT 11:06
 GRANTOR: RADTKE, ARTHUR B EX: N LOC: CC
 GRANTEE: THREE RIVERS HEALTH DISTRICT EX: N PCT: 100%
 AND ADDRESS : N/A-N/A
 RECEIVED OF : ARTHUR B RADTKE DATE OF DEED: 01/24/06
 CASH : \$21.00
 DESCRIPTION 1: PARCEL LANCASTER COUNTY PAGES: 4
 2: NAMES: 0
 CONSIDERATION: .00 A/VAL: .00 MAP: 23-139
 PIN:
 301 DEEDS 14.50 145 VSLF 1.50
 105 TECHNOLOGY TRUST FU 5.00

TENDERED : 21.00
 AMOUNT PAID: 21.00
 CHANGE AMT : .00

CLERK OF COURT: CONSTANCE L. KENNEDY

VIRGINIA
TRICT

DDLESEX, NORTHUMBERLAND, RICHMOND, &

THOMAS K. IRUNGU, MD, MPH
 DIRECTOR

nit filed with the Lancaster County
 lition:

edroom dwelling is limited to 6

DC-18 (1/90)

i, Title 32.1-164 and 32.1-

164.1, Chapter 6, Article I, Board of Health, Commonwealth of Virginia, Sewage Handling and Disposal Regulations, and current agency policy. This letter shall become and is part of the sewage disposal system permit issued for the above referenced location.

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060000380



COMMONWEALTH of VIRGINIA
THREE RIVERS HEALTH DISTRICT

SERVING ESSEX, GLOUCESTER, KING & QUEEN, KING WILLIAM, LANCASTER, MATHEWS, MIDDLESEX, NORTHUMBERLAND, RICHMOND, & WESTMORELAND COUNTIES

LANCASTER COUNTY HEALTH DEPARTMENT
P. O. BOX 158
LANCASTER, VA 22503
(804) 462-5197, ENVIRONMENTAL 462-9919
FAX: (804) 462-6211

THOMAS K. IRUNGU, MD, MPH
DIRECTOR

January 24, 2006

Re: Conditional Permit
Tax Map # 26-139, Lancaster County
HDID # 151-05-524

Dear Mr. Radtke:

Your application for a conditional sewage disposal system permit filed with the Lancaster County Health Department has been approved with the following condition:

- 1) Maximum number of occupants residing in the 4 bedroom dwelling is limited to 6 persons.

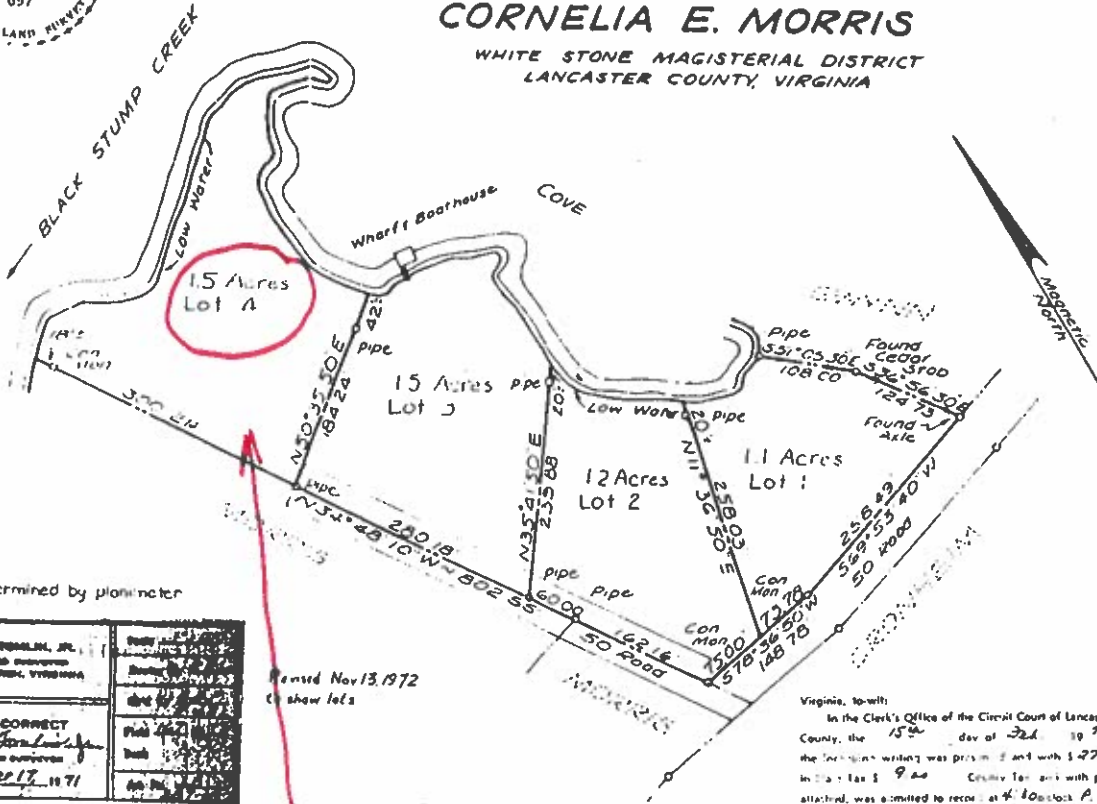
Your permit is issued in accordance with the **Code of Virginia, Title 32.1-164 and 32.1-164.1, Chapter 6, Article I, Board of Health, Commonwealth of Virginia, Sewage Handling and Disposal Regulations**, and current agency policy. This letter shall become and is part of the sewage disposal system permit issued for the above referenced location.

This permit is not valid until the following items are completed:

- 1) The permit is **recorded** in the Grantor Index of the land records of the Circuit Court of the county in which the property exists.
- 2) The owner or his agent shall furnish to the Lancaster County Health Department certification by the Clerk of the Circuit Court of the Deed Book Number and Page Number upon which the permit and all conditions have been recorded. The Deed Book Number and Page Number must be placed on all copies of the permit prior to giving validation to the building official for issuance of a building permit.



BOUNDARY SURVEY
of the Land of
**JOSEPH A. MORRIS &
CORNELIA E. MORRIS**
WHITE STONE MAGISTERIAL DISTRICT
LANCASTER COUNTY, VIRGINIA



Areas determined by planimeter

CHARLES E. TOMLIN, JR. REGISTERED LAND SURVEYOR LANCASTER COUNTY, VIRGINIA	DATE 11/17/71
CERTIFIED CORRECT <i>Charles E. Tomlin, Jr.</i> CERTIFIED LAND SURVEYOR September 17, 1971	FILE NO. 100-100-100

Revised Nov 13, 1972
to show lots

RADTKE

Virginia, to-wit:
In the Clerk's Office of the Circuit Court of Lancaster
County, the 15th day of Feb. 19 73
the foregoing writing was presented and with \$27.00
in State tax \$ 9.00 County tax and with plat
attached, was admitted to record at 4:10 o'clock P. M.
and with \$ 18.00 in UNDER SECTION 18.548 of
aforesaid taxes having been paid
Teste:
Robert H. Lewis, Clerk-Dep. Clerk

Commonwealth of Virginia

Z 2092398 \$112.50

HD # 151-05-524

Tax Map # 26-139

Application for: Sewage System Water Supply

Owner ANTHUR B. & LISA L. Radtke

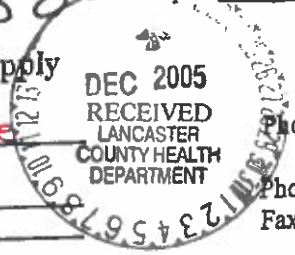
Mailing Address 272 harkspur lane weems, VA. 22576

Agent CRESTON SAUNDERS CORP.

Mailing Address Box 1536 Kilmarnock, VA. 22482

Site Address 272 harkspur lane weems, VA. 22576

Phone (804) 438-6293
Phone (804) 307-7036
Phone 804 435-6405
Phone
Fax 435-2398



Directions to Property: Follow TAYLOR'S Creek Road approx (2) mi. and turn Right onto harkspur lane - follow to end - Grey RP # 10 siding Rancher
Subdivision Sunset Point Section Block Lot
Other Property Identification Dimension/Acreage of Property 1.627 acres
Deed Book 174, Page 502; Assessment MAP 26, Lot 139

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) only when ready to build.

For New Construction: Certification Letter Construction Permit
For Existing Construction: Repair Modification Expansion Replacement
Proposed Use:
 Single Family Home (Number of Bedrooms 4) Multi-Family Dwelling (Total Number of Bedrooms 4)
 Other (describe)

Will there be a basement: Yes No If yes, will there be fixtures in Basement? Yes No
Are any conditions proposed on this construction permit? Yes No If yes, please check or describe all proposed conditions that apply: Reduced water flow Limited occupancy Intermittent of seasonal use
 Temporary use not to exceed 1 year Other (describe)
(4) Bedroom - (6) people

Water Supply
Will the water supply be Public Private Is the water supply: Existing Proposed
If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).
Well Type: Deep Well (III A) Shallow Well (III B) Well Loops Irrigation Well
Have any buildings within 100' of the proposed well been termite treated? Yes No

All Applicants
Is this an AOSE/PE application? Yes/No (circle one) If yes, is the AOSE package attached? Yes/No (circle one).
In order for VDH to process your application you must attach a site sketch and plat of the property. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage system sites must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by an Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.
Signature of Owner/Agent Creston Saunders Date 12.20.05
Aose Form D Revised 9/29/04

RECORD INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 3/31/77 Case No. G-26

Owner HAYES, DAVID W. & VIRGINIA Address 5513 33rd St. N- Phone _____
(Mailing Address)

Occupant _____ Address ARLINGTON, VA. 22207 Phone (703) 532-5158
(Mailing Address)

Exact Location of Premises ADJACENT TO RT. 630, WESTERNMOST OF 4 LOTS- at point- LOT #4 J.A. NORRIS PROPERTY
(Subdivision, Street or Road Name, Section or Lot No.) 26-139

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 _____ 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 PVC-40 Size 4 Inches.
- (5) SEPTIC TANK
 Constructed of concrete
 Inside Dimensions Length 8 (Kind of Material) feet. Width 4 feet. Liquid Depth 4 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 1200 square feet. Number of ditches 8 Length of ditches 50 feet. Grade of ditches Minimum 2 Inches per 100 feet. Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) Yes No. Type aggregate used gravel Depth of aggregate under Tile 6 inches. Total depth of aggregate 13 inches. Depth of backfill over aggregate 25 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: Beasley Brothers Address _____ Phone _____

This Sewage Disposal System (Is) (Is Not) Approved by LANCASTER COUNTY Health Department
 Date 10-31-77 Signed Thomas Bruce Anderson (Sanitarian)
 Date _____ Approved _____ (Reviewing Authority)

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

**PERMIT TO INSTALL REPAIR, REASONS FOR REJECTION
WATER SUPPLY SEWAGE DISPOSAL SYSTEM**

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
 (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA Yes No Date 3/31/77 Case No. G-26

Owner David W. + Virginia Hayes Address 5513 33rd St. N., Arlington, Va. 22207 Phone (703)-532-5158

Occupant Same Address _____ Phone _____

Exact Location Adjacent to Rt. 630, Westernmost of 4 lots - at point - Lot # 4
J.A. Norris property
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other _____ Automatic Washing Machine Yes No Consumption 600 gal. per day
 Actual Potential Bedrooms 3 Garbage Disposal Unit Yes No (Actual estimated Water)

Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other subdivision H₂O Supply
 (To be installed) Class _____ Cased _____ ft. to be grouted _____ ft.

(Unless supported by positive evidence Class III is to be considered as to be installed.)

SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____ (If Known)

(2) Estimated Percolation Rate 1-10 11-25 26-50 > 51 Percolation Test Required Yes No Rate _____
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)

Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____

Surface drainage required Yes No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size 4 inches. Type of material required PVC-40 Distance from Water Supply 10+ feet.

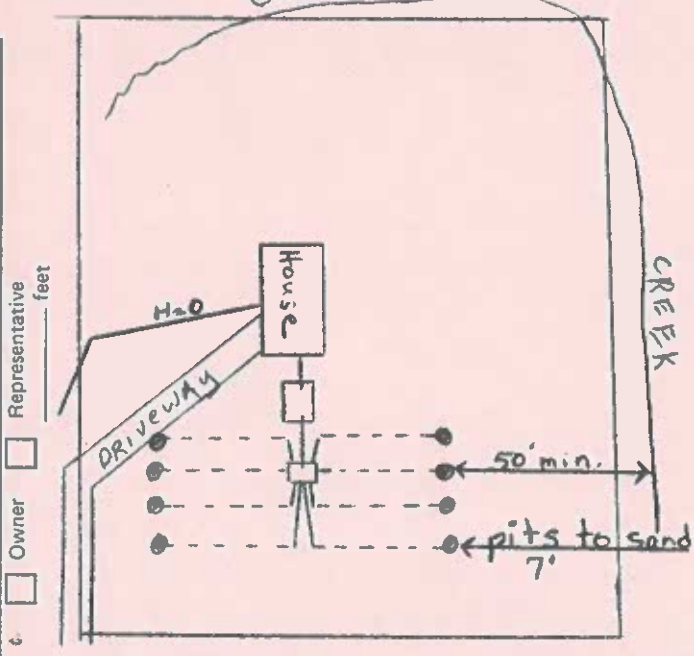
(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of concrete Material Liquid Capacity 1000 gallons.
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 1200 Type aggregate required gravel

(5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 4 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 24 inches from surface of original ground.

Distance from well to septic tank _____ feet; distance from well to drainfield _____ 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.



8-50 ft. drainlines (1200 sq ft)
 Pits to sand (7') at end of each line with line continuing to sand.
 Pits backfilled with gravel
 1000 gal. septic tank
 Keep drainlines 50' from Creek

Note: Owner or his agent must notify Lancaster Health Department, Phone 462-2462 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.
 Date _____ Approved _____ (Reviewing Authority) Date 3/31/77 Signed Thomas Bruce Anderson (Sanitarian or Health Director)