

## Sewage Disposal System Operation Permit

Property Owner

Juskiewicz Family Ltd. Partnership  
81 North Main Street  
Kilmarnock, Virginia 22482  
Phone: (804) 435-7827

Health Dept. ID: 151-06-0095

Tax Map: 36-6D

Locality: Lancaster

Property Location

Property Address: SR 695 Windmill Point Road  
White Stone, Virginia 22578

Directions: SR 695 toward Windmill Point Property on left, after passing Fitchett Landing

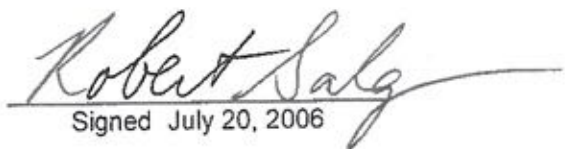
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Juskiewicz Family Ltd. Partnership is hereby granted permission to operate a Puraflo (GMP #112) Sewage System at the above referenced location, having a design capacity of 900 gallons per day, or six (6) bedrooms maximum.

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

July 20, 2006  
Effective Date

Robert Salg  
EHS

  
Signed July 20, 2006

**Soil Evaluation Services, Inc. -----**

PO Box 140  
29 Industrial Way  
Topping, VA 23169-0140

804-758-3511  
Fax: 804-758-0042

7/20/2006

Client: Thomas Juskiewicz  
Health Dept. #151-05-095  
Tax Map #36-6D

This sewage disposal system was installed as specified by the approved Health Department Construction Permit, as shown on attached as built.

Sincerely,



Gary D. Grabb, Soil Scientist, AOSE

SUITABLE DRAINFIELD AREA WITH 55'X20' ACTIVE PAD. SEVEN PURAFLO MODULES DRAIN INTO PAD (SEE SCHEMATIC FOR DETAIL). PAD INSTALLATION DEPTH TO BE A MAXIMUM OF 6". BACKFILL WITH SOIL UP TO BOTTOM OF MODULE LIDS. LIDS MUST REMAIN EXPOSED.

REVISED MARCH 9, 2006

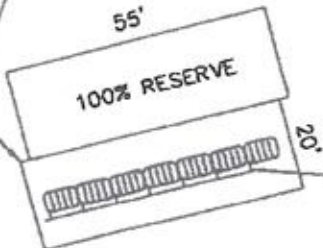
PAGE \_\_\_\_ OF \_\_\_\_

ENTIRE DRAINFIELD SITE MUST BE HAND CLEARED. STUMPS GREATER THAN 6" IN DIAMETER MUST BE GROUND OUT. STUMPS LESS THAN 6" IN DIAMETER MAY BE CAREFULLY REMOVED ON THE DAY OF INSTALLATION.

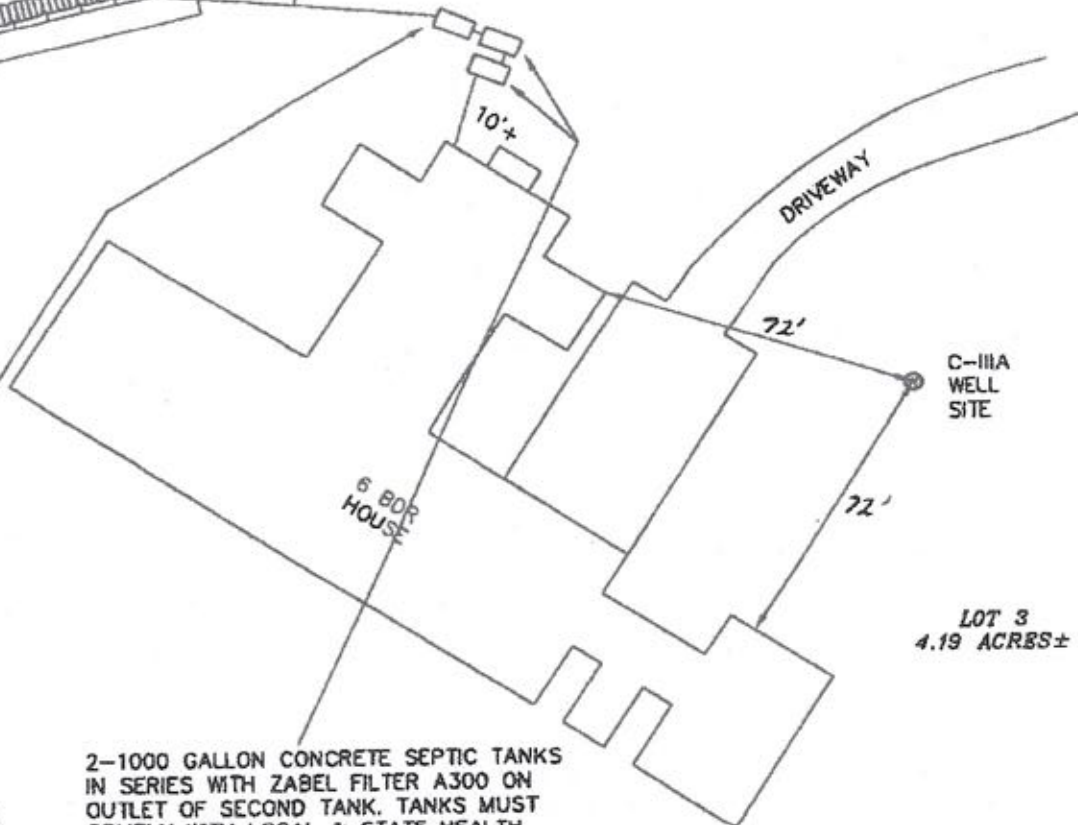
SYSTEM MUST BE INSTALLED ONLY DURING DRY CONDITIONS.

CONTRACTOR IS RESPONSIBLE FOR STABILIZATION (GRADING & SEEDING) UPON COMPLETION OF INSTALLATION TO PROMOTE DRAINAGE AWAY FROM SITE.

2" PVC FORCE MAIN SCH. 40. HORIZONTAL PUMP DISTANCE APPROX. 35'. VERTICAL PUMP DISTANCE APPROX. 8'. ANTICIPATED FLOW APPROX. 63 GPM. SET TIMER: 71.43 SECONDS 'ON' AND 2 HOURS 'OFF'. CONTROL PANEL/TIMER SETTINGS MUST BE VERIFIED IN THE FIELD WITH A DRAW DOWN TEST AND ADJUSTED AS NECESSARY.



S20°45'37"W  
255.14'



1500 GALLON CONCRETE PUMP TANK. TANK MUST COMPLY WITH LOCAL & STATE HEALTH DEPARTMENT REGULATIONS. CONTRACTOR IS RESPONSIBLE FOR PROPERLY SEALING TANK. PUMP TO BE ZOELLER 161, 1/2 HP PUMP OR EQUIV. CONTROL PANEL TO BE AN ORENCO MODEL S.2.PT ETM CT-BNM WITH 1" CONDUIT WITH PROGRAMMABLE TIMER, EVENT COUNTER AND ALARM OR EQUIV. PUMP AND ALARM TO BE ON SEPARATE CIRCUITS.

2-1000 GALLON CONCRETE SEPTIC TANKS IN SERIES WITH ZABEL FILTER A300 ON OUTLET OF SECOND TANK. TANKS MUST COMPLY WITH LOCAL & STATE HEALTH DEPARTMENT REGULATIONS. CONTRACTOR IS RESPONSIBLE FOR PROPERLY SEALING TANKS.

DISTURBANCE OR REMOVAL OF SOIL FROM THE DRAINFIELD AREA MAY RENDER THE SITE INVALID.

PLANS DRAWN IN ACCORDANCE WITH PLAT OF SURVEY BY TOMLIN & KEYSER.

AS BUILT			
Reference Subtitle	Thomas Juskiewick, Lancaster County Specific Site Layout		
Drawn By	JBR	Approved By	DRM
Date	4/11/06	Scale	1" = 40'
Revision	1	Drawing No.	



**COMMONWEALTH OF VIRGINIA  
VIRGINIA DEPARTMENT OF HEALTH**

Lancaster County Health Department

P.O. Box 158

Lancaster, Virginia 22503

(804) 462-9919

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*AOSE Construction Permit Approval Letter*

March 20, 2006

Thomas Juskiewicz  
c/o Morning Star Associates  
81 N. Main Street  
Kilmarnock, Virginia 22482

RE: Tax Map # 36-6D  
HDID # 151-05-0095

Dear Thomas Juskiewicz:

This letter, in conjunction with the approved plans (17 pages) dated March 3, 2006, which are attached, constitutes your permit to install a sewage disposal system and well. The 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 Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer working in consultation with an AOSE 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: (Gary D. Grabb, AOSE # 002, phone # 804.758.3511). 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 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 construct your dwelling, please contact the Authorized Onsite Soil Evaluator (AOSE) or Professional Engineer (PE) who performed the evaluation and design on which this permit is based. The name, address, and phone number of the AOSE/PE appears on the certification form attached to this permit. Should revisions be necessary during construction, your contractor should consult with the AOSE/PE that submitted the site evaluation or site evaluation and design. The AOSE or 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 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 Lancaster County Health Department or unless expressly authorized by the Lancaster County Health Department. Any part of any installation which has been covered prior to approval shall be uncovered if necessary, upon the direction of the Department.

This authorization to construct a sewage disposal system expires: September 20, 2007.

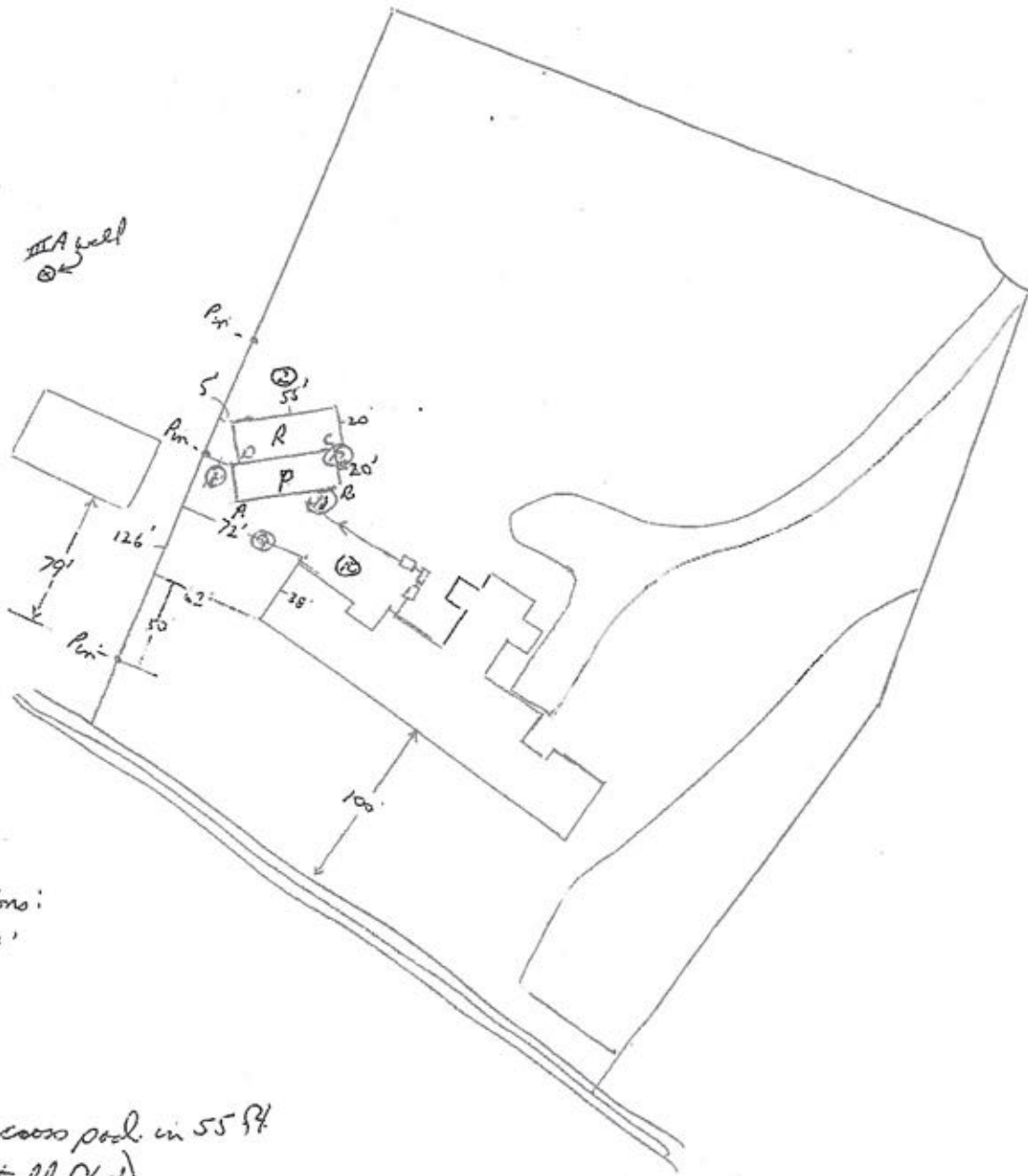
Sincerely,



Robert Salg  
Environmental Health Specialist, Sr.  
Lancaster County Health Department

cc: Grabb, Gary D.  
Post Office Box 140  
Topping, Virginia 23169

P.O. Box 140 Route 3 & Hummel Field  
 Topping, VA 23169-0140  
 804-758-3511  
 Fax 804-758-0042



Elevations:

A - 5.68'

B - 5.49'

C - 5.58'

O - 5.64'

2" fall across pool in 55 ft  
 (essentially flat)

Sanitary Sewer Shown  
 1" = 100'

REVISED MARCH 9, 2006

PAGE \_\_\_\_\_ OF \_\_\_\_\_

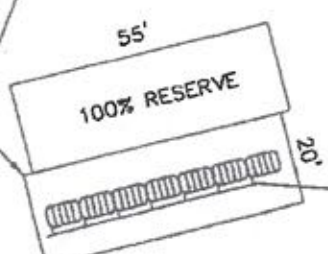
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6 BDR HOUSE

DRIVEWAY

C-III A WELL SITE

LOT 3  
4.19 ACRES±

DISTURBANCE OR REMOVAL OF SOIL FROM THE DRAINFIELD AREA MAY RENDER THE SITE INVALID.

PLANS DRAWN IN ACCORDANCE WITH PLAT OF SURVEY BY TOMLIN & KEYSER.

Title	AS BUILT		
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Drawn By	JBR	Approved By	DRM
Date	4/11/06	Scale	1" = 40'
Revision	1	Drawing No.	

## Sewage Disposal System Construction Specifications

General Information	
New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Expanded <input type="checkbox"/>	
Owner <u>Thomas F. Juskiewicz</u> Telephone <u>435-7827</u>	
Address <u>c/o Morning Star &amp; Associates, Inc. 81 N Main Street Kilmarnock, VA 22482</u>	
For a Type <u>II</u> Sewage disposal system which is to be construction on/at <u>Windmill Point Road, SR 695, property on left after passing Fitchetts Landing.</u>	
Subdivision <u>Juskiewicz Family Ltd. Partnership</u> Section _____      Block _____      Lot <u>3</u>	
Actual or estimated water use <u>900</u> gpd	
DESIGN	NOTES
Water Supply: Existing (describe) _____ To be installed: Class <u>IIIA</u> cased <u>100 ft. +</u> grouted <u>20 ft. +</u>	
Building sewer: <u>4</u> inch I.D. PVC 40, or equivalent Slope 1.25" per 10' (minimum) <input type="checkbox"/> Other: _____	✓
Septic tank: Capacity <u>1800</u> gals. (minimum) <input checked="" type="checkbox"/> Other: <u>(2) 1000 gallon septic tanks in series - see Puraflo design.</u>	2-1000 in Series ✓
Inlet-Outlet structure: PVC 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other: <u>See Puraflo design.</u>	✓
Pump and pump station No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, describe and show design. <u>See Puraflo design.</u>	✓
Gravity mains: <u>3"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other: <u>See Puraflo design.</u>	✓
Distribution box: Precast concrete with _____ ports. <input checked="" type="checkbox"/> Other: <u>See Puraflo design.</u>	✓
Header lines: <u>4"</u> I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" per 100' minimum <input checked="" type="checkbox"/> Other: <u>See Puraflo design.</u>	✓
Percolation Lines: Gravity <u>4"</u> plastic 1000 lb. per foot bearing load or equivalent, slope 2"-4" (min.max) per 100' <input checked="" type="checkbox"/> Other: <u>See Puraflo design.</u>	✓
Absorption trenches: Square ft. required <u>1100</u> Depth from ground surface to bottom of trench <u>6"</u> Depth of aggregate <u>6"</u> Number of trenches <u>1</u> Trench length <u>55</u> ft.      Trench width <u>20</u> ft.	✓

C  
B  
I

# Coastal Bioanalysts, Inc.

6400 Enterprise Court · Gloucester, VA 23061  
Phone 804-694-8285 · Fax 804-695-1129

VA CERTIFICATION NO. 00067

Please read and complete the following, then sign the Certificate of Accuracy and Release. This will enable us to complete your Certificate of Analysis promptly and correctly. (Type or print legibly in ink.)

SAMPLE ID #: 00006

Payment and Completed Form Must Accompany All Samples. Samples delivered without payment and/or complete chain of custody cannot be processed.

Ordered By: Water Pro-hc  
Address: PO Box 133 Gloucester  
Phone: \_\_\_\_\_ (M) \_\_\_\_\_ (H)

Water Source: (Well) Public Water System, Etc.  
Sample Point: Well Tank  
(Kitchen Tap, Outside Tap, Etc.)

PROPERTY REFERENCE FOR CERTIFICATE  
Name: Eddie @ Best Way Villa, etc.  
Address: Street/P.O. 3315 Wildwood H-Rd  
City White Stone Zip \_\_\_\_\_  
Subdivision & Lot #: \_\_\_\_\_  
Or Tax Map #: \_\_\_\_\_

Date of Collection: 7-18-06  
Time of Collection: 7:30  
Collected By: Brian Bayliss  
Check if Retest (Within 60 Days of Original):

Results are to be: (Please Check One) Mailed:  Picked Up:  FAXED:  FAX No. 804-694-5546

The undersigned certifies that he/she has read and understands the sampling instructions. He/she also certifies that the accuracy of the above sample information is authentic. Because the undersigned, not Coastal Bioanalysts Inc., collected the sample, the lab is hereby released from all liability and responsibility regarding the authenticity of the sample and data supplied.

Signed B. Bayliss Date 7-18-06

### LAB USE ONLY

Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Payment: Amount \_\_\_\_\_ Check No. \_\_\_\_\_  Cash  
Sample Container:  Whirl-Pak  Beads  Other \_\_\_\_\_

Unsatisfactory: Please Re-sample  
 Insufficient Depth  No Form Enclosed  Leak  Chloride present  Confused growth  TNTC  
 Indeterminate  Insufficient Quantity  Incorrect Container  Received Out of Date  Other \_\_\_\_\_

TEST:  QNRG-MUC  MPN COUNT (MPN) \_\_\_\_\_  
Coliforms: Present  Absent  HPC (CFU) \_\_\_\_\_  
E.Coli: Present  Absent  Other \_\_\_\_\_

This water sample PASSES the minimal potable water test requirements established by the Virginia Department of Health.  
 This water sample DORS NOT PASS the minimal potable water test requirements established by the Virginia Department of Health.

Respectfully submitted: P. Bayliss Date 7/18/06  
CBI Biologist

VALID ONLY WITH OFFICIAL CORPORATE SEAL

Commonwealth of Virginia  
Uniform Water Well Completion Report

Owner THOMAS F. JUSK LEWICZ Tax Map ID 36-60  
Address \_\_\_\_\_ VDH Permit 157-06-009  
Phone \_\_\_\_\_ VWCB Permit \_\_\_\_\_  
Location JUST AFTER FITCHETT'S LANDING OULDER County LANCASTER  
VWCB ID \_\_\_\_\_

\* Well Data \*

General Information

Drilling Method ROTARY Date Completed 7-13-06 Total Depth of Well 663'  
Depth to Bedrock \_\_\_\_\_ Yield 60 (GPM) Length of Test \_\_\_\_\_  
Stabilized Water Level \_\_\_\_\_ Stabilized Water Level \_\_\_\_\_ Natural Flow (Rate) \_\_\_\_\_  
Well Disinfected (Y OR N) Y Disinfectant Used HTH Amount Used 4 CUPS

Casing  
From 0 to 280' From 280 to 560 From 560 to 648  
Size 4" Material PVC Size 2" Material PVC Size 3" Material PVC  
Weight/Schedule 40 Weight/Schedule 40 Weight/Schedule 30

Gravel Pack

From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Grout

From 0 to 20'+ From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Bore Hole Size 2 1/2" Bore Hole Size \_\_\_\_\_ Bore Hole Size \_\_\_\_\_  
Type BENTONITE Type \_\_\_\_\_ Type \_\_\_\_\_  
Method \_\_\_\_\_ Method \_\_\_\_\_ Method \_\_\_\_\_

Water Zones or Screened Intervals

From 648 to 663 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size 20 Diam. 2" Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_

\* Use Data \*

Private Well: Domestic  Agricultural \_\_\_\_\_ Industrial \_\_\_\_\_ Monitoring \_\_\_\_\_  
Public Well: Community \_\_\_\_\_ Non-Community \_\_\_\_\_

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit that the well complies with all applicable state and local regulations, ordinances and laws.

Name RENNIE L. FETTEROLF

Address P.O. BOX 166 TOPPING VA 23167

Phone 804-757-1829 Fax 804-757-3513

Drillers Signature Bernie Fetterolf Date 7-17-06 Representing ALL AMERICAN WELL DRILLING, INC.

Virginia Contractors License Number 2709-020-992



COMMONWEALTH of VIRGINIA  
THREE RIVERS HEALTH DISTRICT

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

Lancaster County Health Department  
P. O. Box 158  
Lancaster, VA 22503  
(804) 462-5197, Environmental 462-9919  
FAX: (804) 462-6211

REUBEN K. VARGHESE, MD, MPH  
DIRECTOR  
P. O. BOX 415  
SALUDA, VA 23149  
TELEPHONE 804-758-2381  
FAX (804) 758-4828

08.11.2000

Juskiewicz Family Ltd. Partnership  
C/o C.D. Vest & Co., Inc.  
P.O. Box 500  
Deltaville, VA 23043

Re: HDID # 151-03-326, TAX MAP # <sup>36-6E</sup>~~36-926~~, Juskiewicz Family Limited Partnership Lot # 4.

Directions to Property: VSH 3 to White Stone, L/T 695 (Windmill Point Road), on left just after Fitchett's Landing.

Dear Juskiewicz Family Ltd. Partnership:

This letter is issued in lieu of a sewage disposal system construction permit in accordance with § 32.1-163, et seq., and 32.1-164 H. of the Code of Virginia. The application for a certification letter 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 Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer working in consultation with an AOSE for residential development. The site for an individual onsite sewage system 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: (Gary D. Grabb, AOSE # 002, 804-758-3511). 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 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.

08.11.2003

Page 2 of 3

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 plat of survey 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.

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 AOSE or PE identified above prior to contacting the local health department for assistance.

The area certified by this letter, is suitable to accommodate a **FOUR (4) bedroom house** using a system design of **600 gallons per day**. This property will be served by a private Class III-A water supply to be located upon issuance of permit. 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, 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,



Robert Bennett, P.E.

Environmental Health Specialist Senior

Attachment

Juskiewicz Family Ltd. Partnership, Lot # 4.

08.11.2003

Page 3 of 3

STATE OF VIRGINIA, COUNTY OF LANCASTER TO WIT:

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003, for

Robert Bennett. My commission expires \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR THE STATE  
OF VIRGINIA AT LARGE

Cc: Gary D. Grabb  
Soil Evaluation Services, Inc.  
P.O. Box 140  
Topping, VA 23169-0140

Construction Permit

✓ Certification Letter

Conditional Permit

# Commonwealth of Virginia Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID# 151-03-33/2 (VDH Use)

Owner Juskiewicz Family Ltd. Partn Address c/o C.D. Vest & Co., Inc. Phone 776-9271

PO Box 500 Deltaville, VA 23043

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

Topping, VA 23169-0140

Directions to Property: SR 695 toward Windmill Point. Property on left, after passing Fitchett Landing.

Subdivision Juskiewicz Family Ltd. Partnership Section \_\_\_\_\_ Block \_\_\_\_\_ Lot 4

Other Property Identification \_\_\_\_\_ Map Reference 36-5 & 6

Dimension/size of Lot/Property 3.69 acre

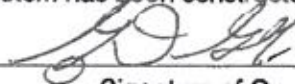
Residential Use	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Termite Treatment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family # of Units _____
Number of Bedrooms	<u>4</u>	Design flow <u>600 gpd</u>
Basement	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fixtures in Basement	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Onsite Sewage Disposal System Type: Remote on Lot 1. Conventional primary, "Puraflo" reserve.

Water Supply:	<input type="checkbox"/> Public	<input type="checkbox"/> New	<input type="checkbox"/> Existing
	<input checked="" type="checkbox"/> Private	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Existing

Describe: IIIA

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.

  
\_\_\_\_\_  
Signature of Owner/Agent

07/02/2003  
\_\_\_\_\_  
Date

GENERAL INFORMATION

Date 07/03/2003 Submitted to Lancaster Health Department  
 Applicant Juskiewicz Family Limited Partnership Telephone No. 776-9271  
 Address c/o C. D. Vest & Co., Inc. PO Box 500 Deltaville, VA 23043  
 Owner Same Address \_\_\_\_\_  
 Location SR 695, Foxwells area.  
 Tax Map 36-5 & 6 Subdivision Juskiewicz Family Limited Partnership  
 Block/Section \_\_\_\_\_ Lot 4

SOIL INFORMATION SUMMARY

1. Position in landscape satisfactory? yes  
 Describe Slight rise in farm field area. Remote drainfield on Lot 1.
2. Slope 0 %
3. Depth to rock or impervious strata : Range in inches: \_\_\_\_\_ None x
4. Seasonal/perched water table present? yes Range in inches: 46+
5. Free water present? no \_\_\_\_\_ range in inches
6. Soil percolation rate estimated? yes Texture group II  
 Estimated rate 45 min/inch @ 18 inch depth
7. Permeability test performed? no  
 Type of test and results:

- Site Approved: Drainfield to be placed at NA depth at site designated on permit.  
 Site Disapproved: Recommendations for engineered system: "Puraflo" biofilter shown for future repair 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 to seasonal water table.
4.  Rates of absorption too slow.
5.  Insufficient area of acceptable soil for required drainfield, and/or Reverse Area.
6.  Proposed system too close to well.
7.  Other Specify \_\_\_\_\_

(attach additional pages if necessary)

# Soil Profile Description Report

Date of Evaluation 11/13/2002

See attached sketch for soil boring locations

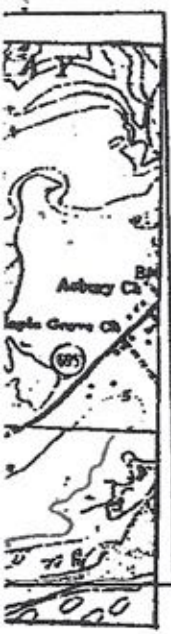
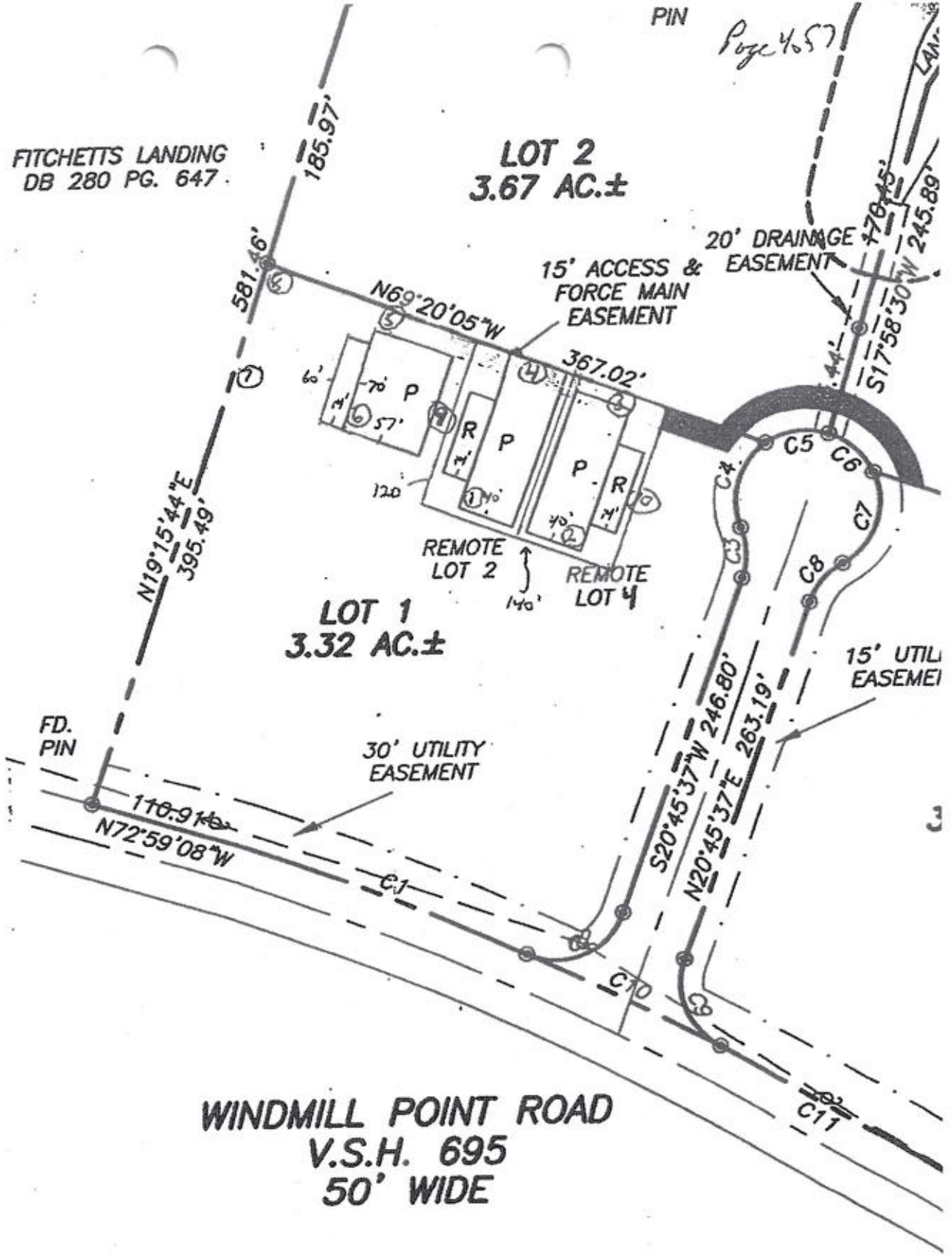
Hole	Horizon	Depth	Soil Boring Description of color, texture, etc.	Texture Group
1	A	0-06	10YR 5/3 SI	II
		06-14	10YR 6/4 SI	
	B	14-20	10YR 5/8 mottled with 10YR 6/4 SCL (40 mp)	II
		20-26	7.5YR 5/8 SCL (40 mp)	II
		26-30	7.5YR 5/8 SCL (30 mp)	II
		30-44	7.5YR 6/8 SI	II
		44-50	10YR 6/8 SI	II
50-52	10YR 6/8 mottled with 10YR 8/2, 7/2 SI	II		
2	A	0-06	10YR 5/3 SI	II
		06-24	10YR 7/4 SI	
	B	24-28	10YR 6/4 mottled with 10YR 5/6, 7.5YR 5/8 SCL (30 mp)	II
		28-42	7.5YR 5/8 SI	II
		42-48	10YR 6/8-5/8 I.S.	II
3	A	0-06	10YR 5/3 SI	II
		06-14	10YR 6/4 SI	
	B	14-30	10YR 5/8 SCL (45 mp)	II
		30-36	10YR 5/8 mottled with very few 10YR 7/3-7/4 SCL (40 mp)	II
		36-46	7.5YR 5/8 mottled with very few 5YR 5/6 SI-I.S.	II
		46-48	7.5YR 5/8 mottled with 5YR 5/8, 10YR 7/2 SI	I, II
4	A	0-08	10YR 5/3 SI	II
		08-18	10YR 6/4 SI	
	B	18-24	10YR 5/8 SCL (45 mp)	II
		24-30	10YR 5/8 SCL (35 mp)	II
		30-32	10YR 5/8 SCL (25 mp)	II
		32-40	7.5YR 5/8 SI	II
40-46	7.5YR 5/8 mottled with few 5YR 5/6 SI-I.S.	II		
10	A	0-6	10YR 5/3 SI	I, II
	E	6-12	10YR 6/4 SI	II
	B	12-28	7.5YR 5/8 SCL - 35 MPI	II
		28-44	7.5YR 5/8 SI-I.S.	II
		44-48	10YR 6/8 I.S-S	I+

FITCHETTS LANDING  
DB 280 PG. 647

LOT 2  
3.67 AC.±

LOT 1  
3.32 AC.±

	CHORD
W	207.92
E	73.17
E	35.36
W	62.58
W	44.47
W	40.67
E	67.26
W	35.36
E	65.33
W	147.09
W	164.39



Sanitary Sewer shown

1" = 100'



### Abbreviated Design Form

For use with gravity and pump drainfields, enhanced flow systems and low pressure distribution systems when applying for a certification letter or subdivision approval.

#### Design Basis

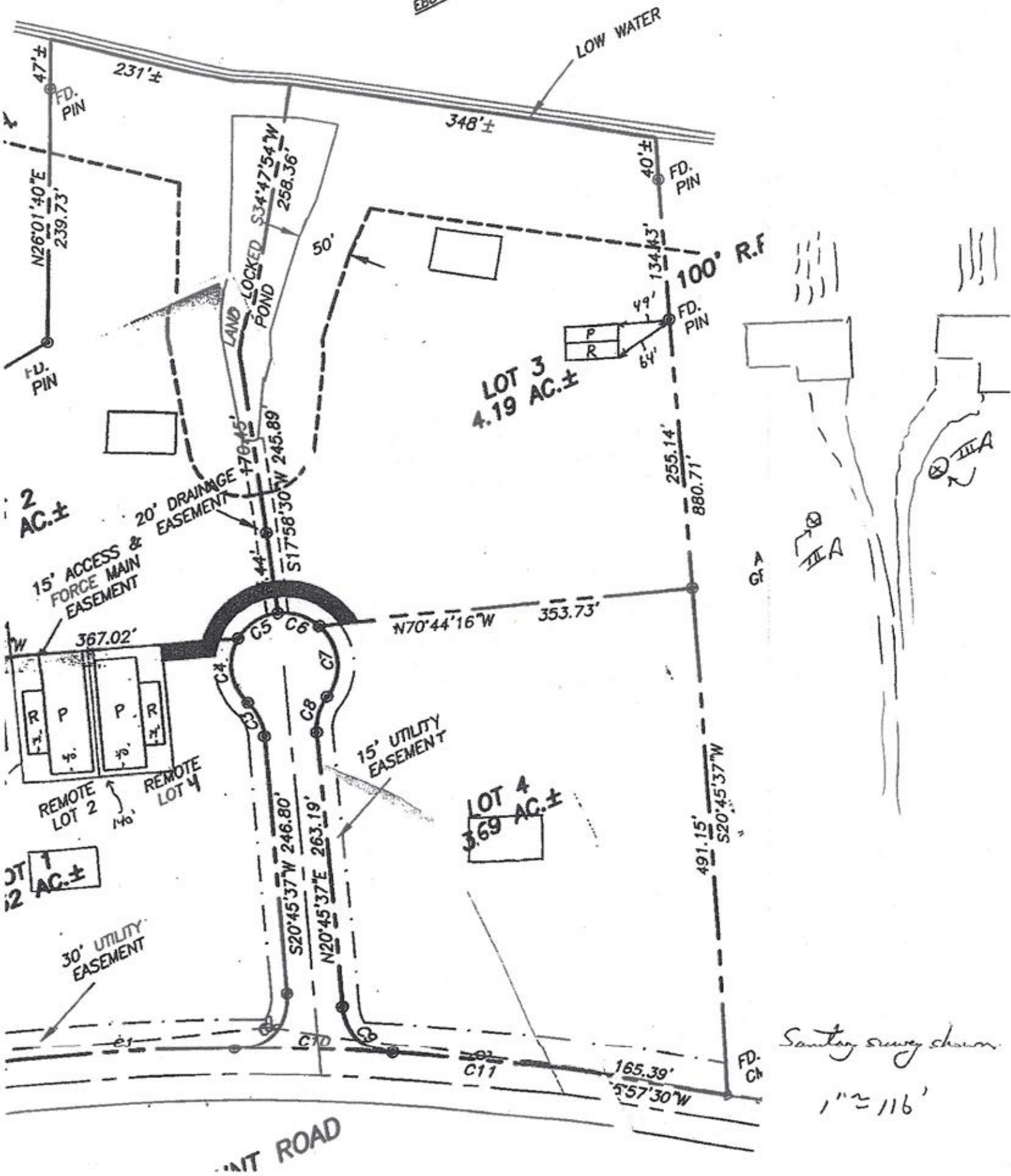
- A. Estimated Percolation Rate 45 *18" depth*
- B. Required trench bottom square feet/bedroom  
From Table 5.4 based on  Gravity  LPD) 344  
 Conditional Permit - Low Flow Plumbing Fixtures
- C. Number of bedrooms 4

#### Area calculations

- D. Length of trench 46 Length of available area 100+
- E. Width of trench 3
- F. Number of trenches 10
- G. Center-to-center spacing 9
- H. Width required 39' Width of available area 54  
G(F-1) + E
- I. Total square footage required (B\*C) 1376
- J. Square footage in design (D\*E\*F) 1380

K. Is a reserve area required? yes *Reserve " shown for future repair.*  
*600 gpd ÷ 0.74 ft<sup>3</sup>/gpd = 811 ft<sup>3</sup> pool*  
*14' x 60' = 840 ft<sup>2</sup>.*

LITTLE BAY



Survey survey shown  
1" = 116'



151-03-326

TM 36-5 1/2 G  
Juskiewicz Family  
Limited Partnership  
Lot #4

8.11.03 RB

Appendix 15  
Level 1 Checklist for AOSE Permit Application

For All Applications:

- Permit Application
- Fee
- Site Evaluation
  - Three soil borings documented
  - Soil summary sheet conforms to the *Regulations*
  - Site properly located
  - Sanitary survey shown within 200'
- Proposed Well Site *To be located on permit.*
- Certification of Compliance

For Construction Permits:

- Construction Drawings
- Construction Specifications
- Design Calculations

For Individual Certification Letters:

- Abbreviated system design including:
  - Installation depth
  - Area required for system
  - Area available for system

For Subdivisions and Multiple Certification Letters:

- Abbreviated system design including:
  - Installation depth
  - Area required for system
  - Area available for system
- Preliminary Subdivision Plat (as necessary) See Appendix L of the *Regulations*
- Local Government Letter of Request (if no fee or application)