

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
 Department of Health
 Northumberland Health Department

Health Department
 Identification Number 166-97-569
 Map Reference 18E-1-10

General Information

Water Supply System: New Repair Public FHA VA Case No.
 Sewage Disposal System: New Repair Expanded Conditional Public
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
 Owner John Spies/Wealth Partners, LLC, 21032 Telephone (410) 923-0333
 Address 1204 Severnview Dr, Crownville, Md For a Type F Sewage Disposal System or Well to be constructed on/at
 Subdivision Sands on the Potomac Section/Block Lot 10 Actual or estimated water use 300gpd

2 Bdr.

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>none</u> To be installed: class <u>III A Artesian</u> cased <u>100'+</u> grouted <u>20'</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments Completion Report G. W. 2. Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>1000 gallon</u>
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes:	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>4</u> ports. <input type="checkbox"/> Other	Distribution box: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>plastic 8port 7 1/2" in</u>
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>495</u> ; depth from ground surface to bottom of trench <u>48"</u> ; aggregate size <u>.5-1.5"</u> ; Trench bottom slope <u>1-2 inches for 50'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>55</u> ; Number of trenches <u>3</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>DF must be added on for 3 bed room</u> Date <u>2-23-99</u> Inspected and approved by: <u>Cornel Trip</u> Sanitarian, <u>2/23/99</u>

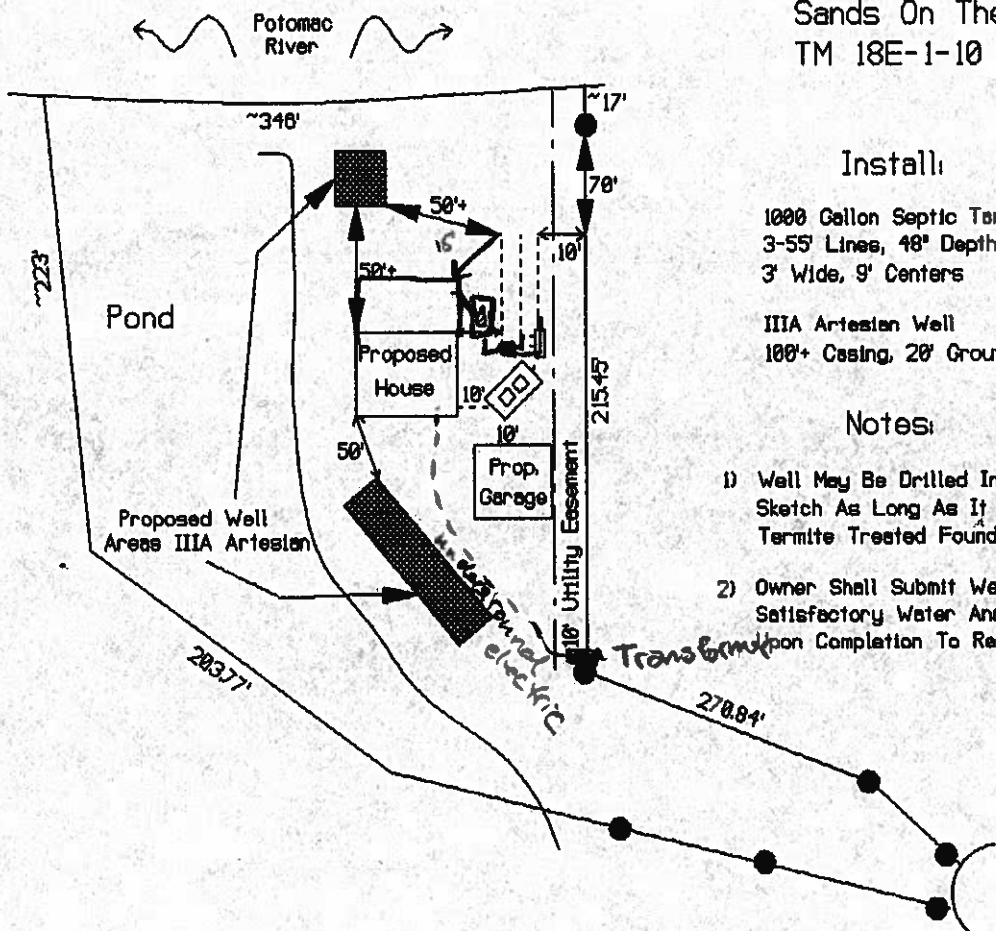
THIS PERMIT IS NOT TRANSFERABLE

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

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

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

John Spies
Sands On The Potomac Lot #10
TM 18E-1-10



Install:

- 1000 Gallon Septic Tank
- 3-55' Lines, 48" Depth
- 3' Wide, 9' Centers
- IIIA Artesian Well
- 100'+ Casing, 20' Grout

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

Notes:

- 1) Well May Be Drilled In Either Location Shown On Sketch As Long As It Is Located 50'+ From A Termite Treated Foundation
- 2) Owner Shall Submit Well Driller's Log & A Satisfactory Water Analysis To The Health Dept. Upon Completion To Receive Operations Permit

NOT TO SCALE

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

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

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

Date: 12-12-97 Issued by: Lloyd Wood
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction Permit Valid until 5-12-99

If FHA or VA financing

Reviewed by Date _____
Supervisory Sanitarian _____ Regional Sanitarian _____

THIS PERMIT IS NOT TRANSFERABLE

Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 166-97-569
Tax Map Number 18E-1-10

General Information

Date 12-12-97 Northumberland Health Department
Applicant Warren Keyser Telephone No. 453-4100
Address P.O. Box 99, Burgess, Va. 22432
Owner John Spies Address 1204 Severnview Dr., Crownville, Md. 21032
Location _____
Subdivision Sands on the Potomac Block/Section _____ Lot 10

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe marine terrace with good relief
2. Slope 1-3 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None
4. Depth to seasonal water table (gray mottling or gray color) No Yes _____ inches
5. Free water present No Yes _____ range in inches
6. Soil percolation rate estimated Yes Texture group I II III IV
No Estimated rate 25 min/inch
7. Percolation test performed Yes Number of percolation test holes _____
No Depth of percolation test holes _____
Average percolation rate _____
- Name and title of evaluator: Lloyd Wood, EHS Sr.
Signature: Lloyd Wood

Department Use

Site Approved: Drainfield to be placed at 48" depth at site designated on permit.

Site Disapproved:

Reasons for rejection:

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

SOIL EVALUATION SERVICES, INC.
 SOIL EVALUATION FORM
 GENERAL INFORMATION

Tax Map Number: 18/

DATE: 03/04/89

HEALTH DEPT: 166

APPLICANT Robert J. Hughes
 ADDRESS 11306 Chapel Road
 Fairfax Station, Va. 22039

PHONE 703/451-8801

LOCATION: Heathsville E. on VSH 360, N. on VSH 636, rt. on
 VSH 635 to end.

SUBDIVISION Gill LOT 10

SOIL INFORMATION SUMMARY

1. Position in landscape satisfactory? y
Describe:
2. Slope: 0-1 %
3. Depth to rock/impervious strata: Max: Min: None X
4. Depth to seasonable water table: n inches
5. Free water? n range in inches
6. Soil percolation: Texture group: II Estimated rate: 20-40 min./in.
7. Percolation test performed? n
 Number of test holes
 Depth of test hole:
 Average perc. rate:

Name and title of evaluator: Gary Grabo, Soil Consultant

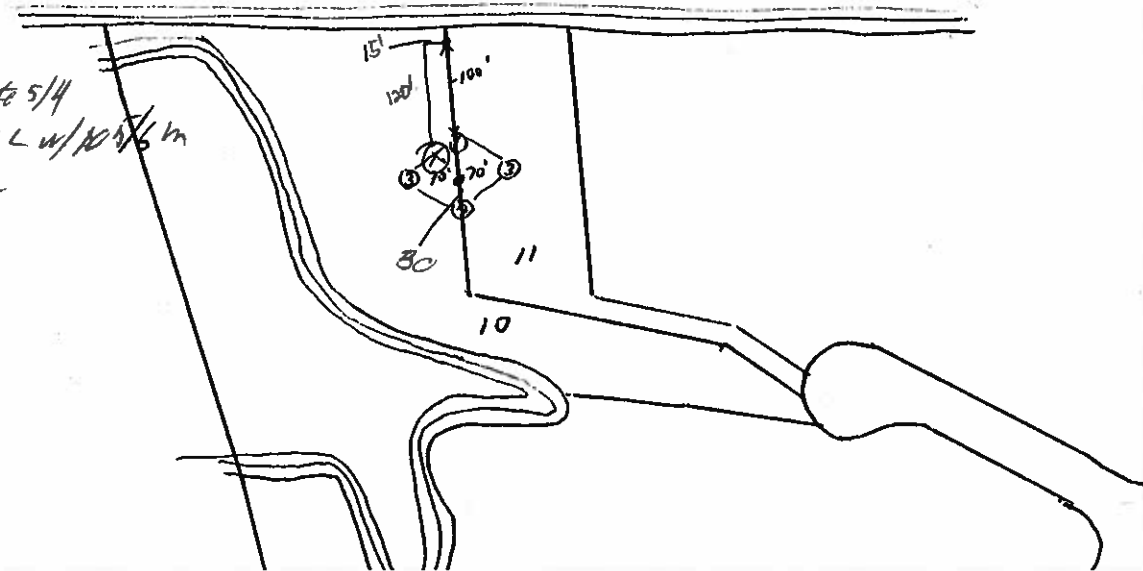
Signature Gary Grabo

1"=200'

3-23-89 NY

Potomac River →

- (A)
- 0-8 104/12 L
 - 8-18 106/116 L to 5/4
 - 18-24 1.5 5/6 SLL w/10 1/6 m
 - 24-30 " SLL
 - 30-40 " SL



Completion Statement

Commonwealth of Virginia
State Department of Health

NOR 18E(1) 10

Health Department
Identification Number

166-97-569

NORTHID Co.

Health Department

Name of Company/Corporation/Individual:

W.C. LOWERY INC

Address:

CHLAND

Telephone:

529-6210

Owner's Name

JOHN SPIES

Owner's Address

1204 SEVENVIEW DR. CROWVILLE, MD.

Location of Installation: Lot

10

Block

Section:

Subdivision:

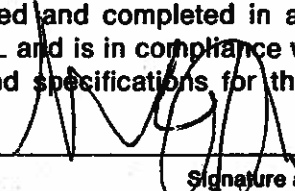
SANDS ON POTOMAC

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 12/12/94 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

2/23/95

Date



Signature and Title