VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Middlesex County Health Department
P.O. Box 415
Saluda, Virginia 23149
(804) 758-0330 Voice
(804) 758-8390 Fax

Sewage Disposal System Operation Permit

Property Owner

Smith, C.D.
11075 Tidewater Trail
Saluda, Virginia 23149
Phone: (804) 758-2844

Health Dept. ID: **159-06-0205**
Tax Map: **29D-1-031**

Locality: Middlesex

Property Location

Property Address: 11075 Tidewater Trail
Saluda, Virginia 23149
Subdivision: Whitings Creek , Lot 31

Smith, C.D. is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location, having a design capacity of **600** gallons per day, or **4** 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.

January 16, 2008
Effective Date

Eva Lowe
EHS

Signed January 16, 2008

Completion Statement

Commonwealth of Virginia
State Department of Health

Tax Map# 29D-1-031

Health Department Identification Number 159-06-0205

Middlesex Health Departmen

Name of Company/Corporation/Individual: Church View Septic Service Inc

Address: P.O. Box 62 Church View VA. Telephone: 804-758-5836

Owner's Name C.D. Smith

Owner's Address 11075 Tidewater Trl. Church View VA. 23032

Location of Installation: Lot 31 Block

Section: Subdivision: Whitings Ck

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 6-14-06 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

9-21-07
Date

Lisa M Tayg-Land Sec.
Signature and Title

rev. 4/05

FROM : Church View Septic Service Inc FAX NO. : 8047581211 Jan. 14 2008 01:45PM P2

Form GW
1976-10,000

WATER WELL COMPLETION REPORT

(Certification of Completion/County Permit)

SWCM No ______

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

SWCB Permit ______
County Permit 15906-020

Certification of inspecting official:
This well does ____ does not ____ meet code/flow requirements.
S. ______
Date ______
For Office Use

County/City Middlesex

County/City Stamp

- Virginia Plane Coordinates ______ N ______ E
- Latitude & Longitude ______ N ______ W
- Topo. Map No. ______
- Elevation ______ ft.
- Formation ______
- Lithology ______
- River Basin ______
- Province ______
- Type Logs ______
- Cuttings ______
- Water Analysis ______
- Aquifer Test ______

Owner C. H. Smith
Well Designation or Number
Address 11025 Tidewater Trail
Saluda, Va 23149
Phone ______

Drilling Contractor Fetterolf Bros Inc
Address PO Box 1059
Urbanna(?) Va 23181
Phone 804 785 4651

WELL LOCATION: Whiting Creek feet/miles ______ direction) of ______
and ______ feet/miles ______ (direction) of ______
(If possible please include map showing location marked)

Tax Map I.D. No. 29D-1-031
Subdivision ______
Section ______
Block ______
Lot ______
Class Well I ______ IIA ______ IIB ______ IIIA ______ IIIB ______ IIIC ______ IIID ______ IIIE ______

Date started 9/18/02 Date completed 9/19/02 Type rig Mud Rotary

WELL DATA: New ✓ Reworked ______ Deepened ______
- Total depth 340 ft
- Depth to bedrock ______ ft
- Hole size (Also include reamed zones)
  - 11 3/4 inches from 0 to 20 ft
  - 6 1/4 inches from 20 to 280 ft
  - 3 7/8 inches from 280 to 340 ft
- Casing size (I.D.) and material
  - ______ inches from ______ to ______ ft
  - Material 4" K 2 (?)
  - Wt. per foot ______ or wall thickness ______ in
  - ______ inches from ______ to ______ ft
  - Material PVC
  - Wt. per foot ______ or wall thickness ______ in
  - ______ inches from ______ to ______ ft
  - Material ______
  - Wt. per foot ______ or wall thickness ______ in
- Screen size and mesh for each zone (where applicable)
  - 2" PVC inches from ______ to ______ ft
  - Mesh size ______ Type ______
  - ______ inches from 15 ft ______ to ______ ft
  - Mesh size ______ Type ______
  - ______ inches from ______ to ______ ft
  - Mesh size ______ Type ______
  - ______ inches from ______ to ______ ft
  - Mesh size ______ Type ______
- Gravel pack
  - From ______ to ______ ft
  - From ______ to ______ ft
- Grout
  - From 0 to 20 ft, Type bentonite
  - From ______ to ______ ft, Type ______

2. WATER DATA: Water temperature 62
- Static water level (unpumped level-measured) 129 ft
- Stabilized measured pumping water level 139 ft
- Stabilized yield 30 gal per minute
- Natural Flow: Yes ______ No X Flow rate ______
- Comment on quality Good

3. WATER ZONES: From ______ To ______
From ______ To ______ From ______ To ______
From ______ To ______ From ______ To ______

4. USE DATA
Type of use: Drinking ✓ Livestock Watering ______
Irrigation ______ Food processing ______ Household ✓
Manufacturing ______ Fire safety ______ Cleaning ______
Recreation ______ Aesthetic ______ Cooling or heating ______
Injection ______ Other ______
Type of facility: Domestic ✓ Public water supply ______
Public institution ______ Farm ______ Industry ______
Commercial ______ Other ______

5. PUMP DATA: Type Meyers Rated H.P. 3/4
Intake depth 180 ft Capacity 12 gpm

6. WELLHEAD Type well seal pitless
Pressure tank PMJ 52 gal Loc ______
Sample tap ______ Measurement port ______
Well vent ______ Pressure relief valve ______
Gate valve ______ Check valve (when required) ✓
Electrical disconnect switch on power supply ______

7. DISINFECTION: Well disinfected ✓ yes
Date 9/19/02 Disinfectant used chlorine
Amount 1/2 cup Hours used ______

8. ABANDONMENT (where applicable): yes ______ no ______
Casing pulled: yes ______ no ______ not applicable ______
Plugging grout From ______ to ______ material ______

pd $190.00
ck# 2195
Z2246122

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit

-CONSTRUCTION PERMIT-

Health Department ID# _____ (VDH Use)

Date Received 6/13/06 (VDH Use)

Owner: **C.D. Smith** Address: **11075 Tidewater Trail, Saluda, Virginia 23149** Phone: **804-758-2844**

Agent: **Soil Interpretations, L.C.** Address: **932 Twiggs Ferry Road, Hartfield, Virginia 23071** Phone: **(804)815-8470**

Directions to Property: **Corner of Orchard Cove and Bob White Roads**

Subdivision: **Whitings Creek** Section _____ Block _____ Lot: **31**

Other Property Identification _____ Map Reference: **29D(1)31**

Dimension/size of Lot/Property: _____

Residential Use XX Yes ____ No

Termite Treatment XX Yes ____ No

XX Single Family ____ Multi-Family

Number of bedrooms 4 Number of Units _____

Basement XX Yes ____ No

Fixtures in Basement ____ Yes XX No

Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: XX Septic Tank/Drainfield ___ LPD ___ Mound ____ Other

Water Supply:

____ Public	____ New	____ Existing
XX Private	XX New	____ Existing

Describe: Proposed 3-A Drilled Well

The property lines, building location and sewage disposal system site are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application and to perform the quality assurance checks as necessary until the sewage disposal system has been constructed an approved.

Pump by Ass# 206 6-8-06

Signature of Owner/Agent Date

C H S 200

Sewage Disposal System Construction Specifications

Map Reference: **29D(1)31** GENERAL INFORMATION

New ■ Repair ☐ Expanded ☐

Owner: **C.D. Smith** Telephone: **(804)758-2844**

Address: **11075 Tidewater Trail Saluda, Virginia 23149**

For a Type **1** Sewage disposal system which is to be constructed on/at: **Corner lot at intersection of Orchard Cove and Bob White Roads**

Subdivision : **Whitings Creek** Section: _____ Block: _____ Lot: **31**

Actual or estimated water use: **600 GPD–4 Bedroom**

DESIGN	NOTES
Water Supply, existing: (describe) To be installed: Class: **3A** Cased: **100'+** Grouted: **20'+**	
Building sewer: **4"** I.D. PVC sch 40, or equivalent Slope 1.25" per 10' minimum ☐ Other	
Septic Tank: Capacity: **1200** gallons (minimum) ☐ Other: **Tank must meet 2000 regulations**	
Inlet-Outlet Structure PVC sch 40, 4" tees or equivalent ☐ Other	
Pump and Pump Station: No■ Yes☐ describe and show design	
Gravity Mains: 3" or larger I D , minimum 6" fall per 100' , 1500lb Crush strength or equivalent ☐ Other:	
Distribution box: Precast concrete box with **10** ports ☐ **Other:**	
Percolation lines: Gravity 4" plastic 1000lb Per foot bearing load or equivalent, slope 2"-4" (min-max) per 100' ☐Other	
Absorbtion Trenches: Square ft. required: **975 sq.ft.** ,depth from ground surface to bottom of trench **48-54 "** ,trench width: **36"** Depth of aggregate **13"** ;Trench length: **65'** Number of trenches **5**	

Contractor to contact Phillip W. Jones at 804-815-8470 to schedule an inspection. No part of this system is to be covered until inspected and approved. Call in advance to insure that I will be available. Contractor is responsible for inspection fee.

CONSTRUCTION NOTES

Install 1200 Gallon Septic 20' from Basement foundation.
Install 5-65' lines 3' wide at a trench depth of 48-54" (975 sq.ft.)

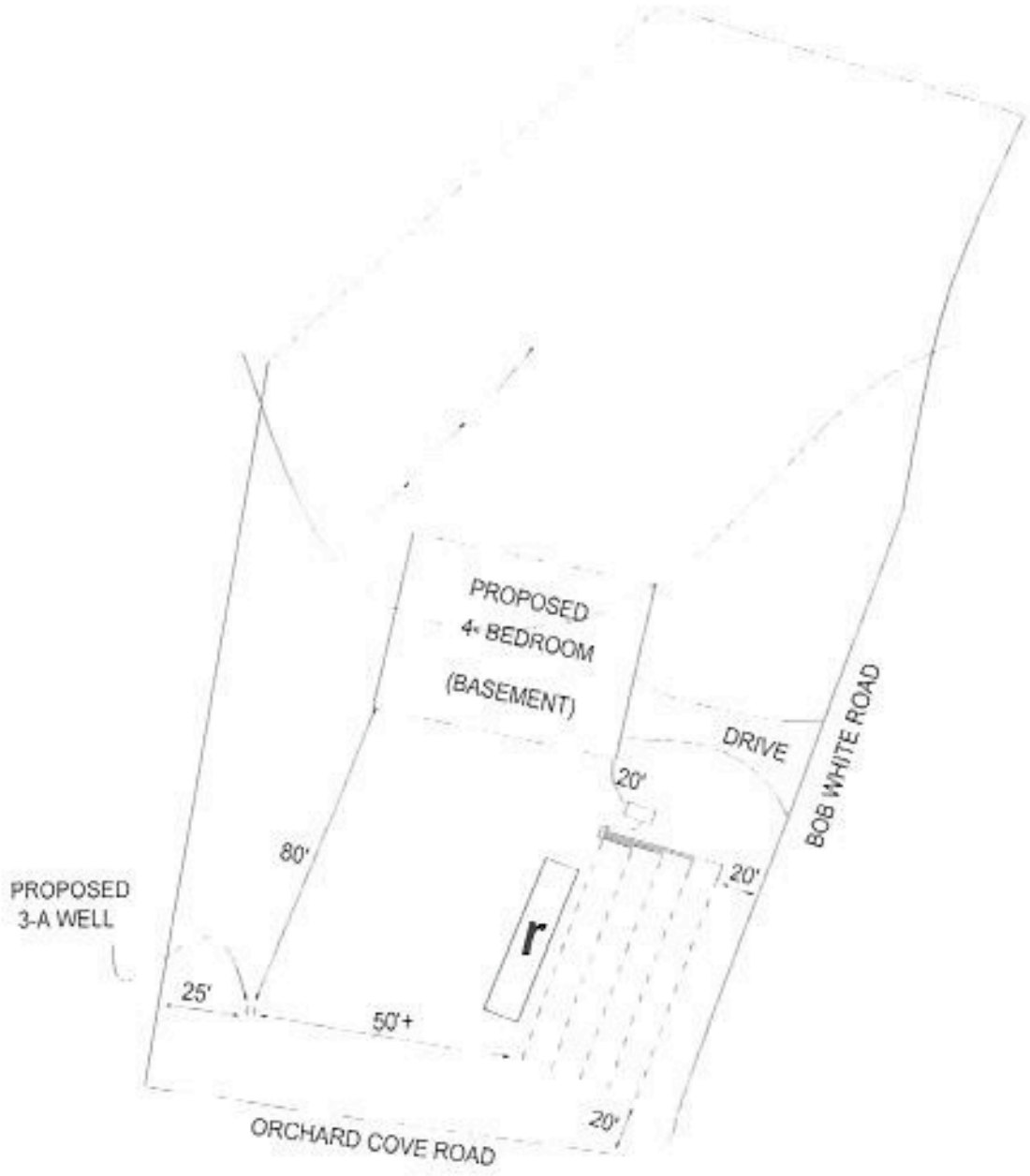
Contact MISS Utility before you dig

Install Class 3-A well 50' off of house foundation and 50' from all parts of system and all other sources of pollution.

Contact Phillip W. Jones AOSE at (804)815-8470 to schedule a construction inspection.
Recommend calling in advance to insure that I will be available. Septic contractor will be billed for each construction inspection required.

Do not cover until inspected and approved.

INSPECTION FEE SCHEDULE AS FOLLOWS:
AOSE is given 48+ hours notice, the fee will be $100.00 per inspection.
AOSE is given 24-48 hours notice, the fee will be $150.00 per inspection
AOSE is given less than 24 hours notice, the fee will be $200.00 per inspection.
Final paperwork will not be submitted to local Health Department until inspection fee(s) are paid



Title: CONSTRUCTION DIAGRAM		
Project Name: C.D. SMITH LOT 31		
Page: 1 OF 1	Scale: 1" = 50	Date: 6.8.06

SOIL INTERPRETATIONS, L.C.
Phillip W. Jones
Hartfield, VA
(804) 815-8470

Soil Summary Report

General Information

Date: 1/28/05 Submitted to: Middlesex County Health Department

Applicant: Soil Interpretations, L.C. Telephone No: 804-815-8470
Address: 932 Twiggs Ferry Road Hartfield, Virginia 23071
Owner: C.D. Smith Address: 11075 Tidewater Trail Saluda, VA 23149
Location: Corner lot at intersection of Orchard Cove and Bob White Roads
Tax Map: 29D(1)31 Subdivision: Whitings Creek Subdivision
Block/Section: Lot: 31

Soil Information Summary

1. Position in landscape satisfactory: ■Yes ☐No
   Describe: Ridgetop

2. Slope: 1-2 %

3. Depth to rock or impervious strata: Max:____ Min. ____ None. XX

4. Depth to seasonal water table (gray mottling or gray color) No■ Yes☐ N/A Inches

5. Free water present No■ Yes☐ N/A range in inches.

6. Soil percolation rate estimated Yes■ Texture Group I II■ III IV
   No☐ Estimated rate, 25 min/inch

7. Permeability test performed Yes☐
   No ■

If yes, note type of test performed and attach

■ Site Approved: Drainfield to be placed at 48-54" depth at site designated on permit.

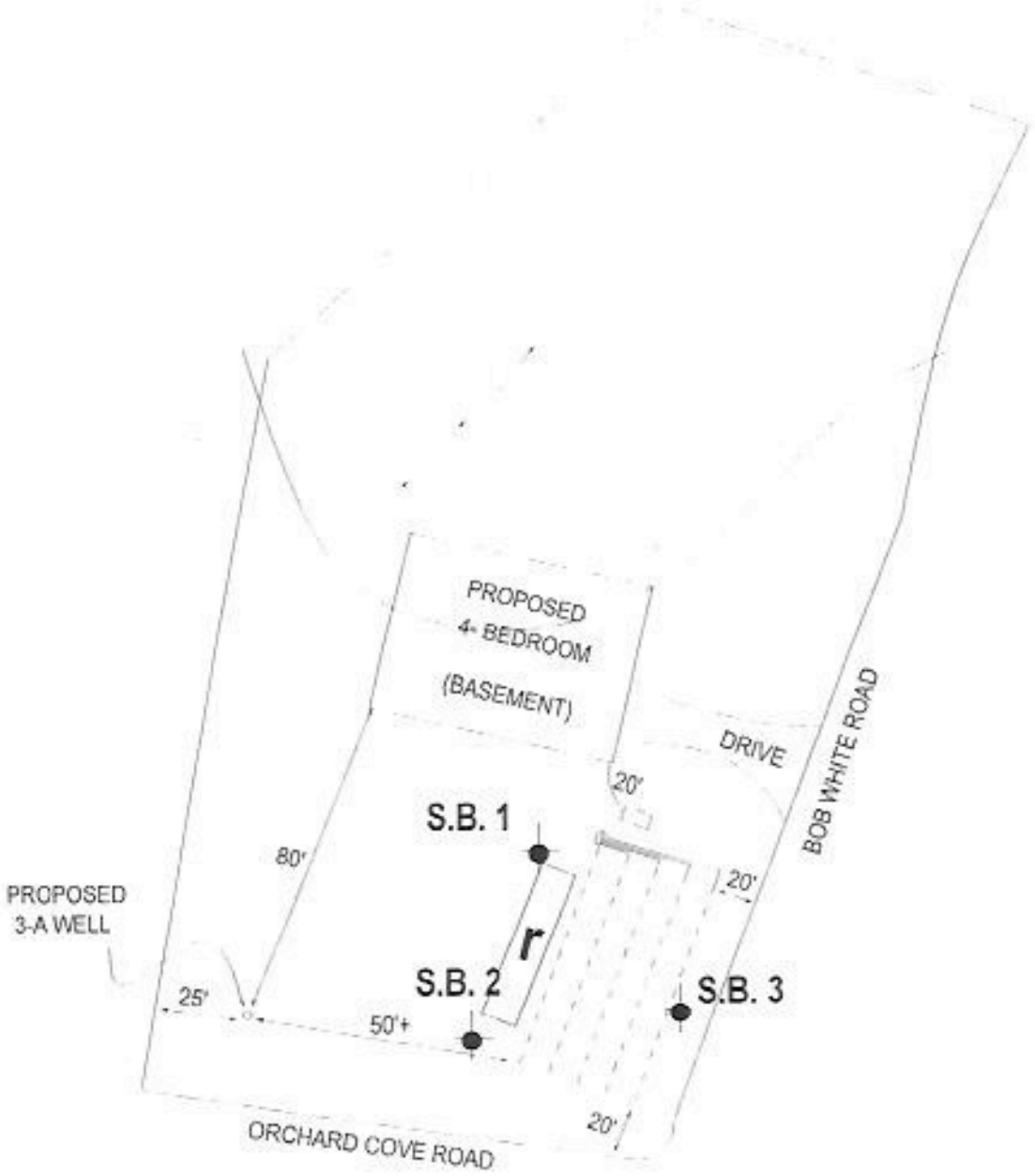
☐Site Disapproved:

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

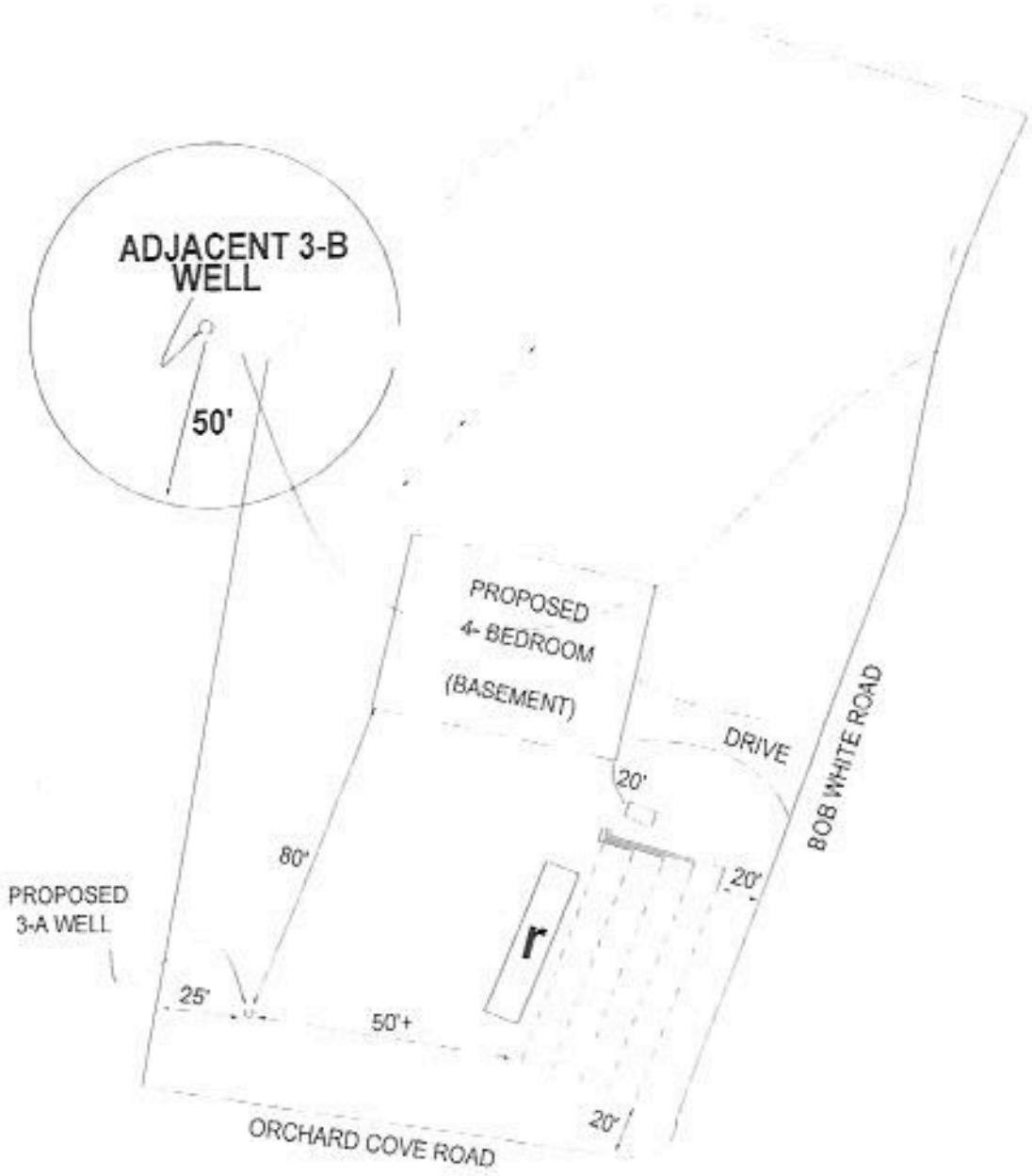
SOIL PROFILE DESCRIPTION REPORT

Date of evaluation: 6/8/06 Middlesex County Tax Map: 29D(1)31

Hole #	Horizon	Depth (inches)	Description of color, texture, etc	Texture Group
1.	A	00-06	10YR 4/3 Sandy Loam	2
	E	06-10	10YR 6/4 Sandy Loam-Brittle (drought stressed)	2
	Bt	10-14	10YR 5/8 light Sandy Clay Loam	2
	B	14-34	7.5YR 5/6 Sandy Clay Loam	2
	BC	34-42	10YR 5/6 coarse Sandy Loam	2
	C	42-72	10YR 6/6 Loamy Sand	1
2	A	00-08	10YR 4/3 Sandy Loam	2
	B	08-12	10YR 6/4 Sandy Loam-Brittle (drought stressed)	2
	B	12-24	10YR 5/8 Sandy Clay Loam	2
	B	24-36	7 5YR 5/8 Sandy Clay Loam	2
	BC	36-40	10YR 5/6 Sandy Loam	2
	C	40-72	10YR 5/6 Loamy Sand	1
3.	A	00-08	10YR 4/4 Sandy Loam	2
	E	08-14	10YR 5/6 Light Sandy Clay Loam	2
	B	14-30	10YR 5/8 Sandy Clay Loam/lt Clay Loam	2
	B	30-36	7.5YR 5/6 Sandy Loam	2
	BC	36-40	7.5YR 5/6 Sandy Loam	2
	C	40-54	10YR 5/6 Sandy Loam/Loamy Sand	2-1
	C	54-72	10YR 7/6 Loamy Sand	1



Title: SOIL BORING LOCATIONS			SOIL INTERPRETATIONS, L.C. Phillip W. Jones Hartfield, VA (804) 815-8470
Project Name: C.D. SMITH LOT 31			
Page: 1 OF 1	Scale: 1"=50'	Date: 6.8.06	



Title: SANITARY SURVEY		SOIL INTERPRETATIONS, L.C. Phillip W. Jones Hartfield, VA (804) 815-8470
Project Name: C.D. SMITH LOT 31		
Page: 1 OF 1	Scale: 1" = 50	Date: 6.8.06

ABBREVIATED DESIGN FORM
PRIMARY

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 (minutes per inch) 25 MPI

B. Trench bottom square feet required per bedroom (from Table 5.4) based on ■ Gravity ☐LPD 237

C. Number of bedrooms 4

AREA CALCULATIONS

D. Length of trench 65' Length of available area 65'

E. Width of trench 3'

F. Number of trenches 5

G Center-to-center spacing 9'

H. Width required 39' Width of available area 50'
G(F-1) + E

I. Total square footage required 948 SQ.FT.
(B*C)

J. Square footage in design 975 SQ.FT.
(D*E*F)

K. Is a reserve area required ■YES ☐NO
See reserve abbreviated design

ABBREVIATED DESIGN FORM FOR PURAFLO® AND GMP-118 SYSTEMS (RESERVE AREA)

A.	Estimated Percolation Rate (Minutes Per Inch)	**25 mpi**
B.	Loading Rate (Gallons Per Square Foot)	**1.33 gpd/sq.ft**
C.	Number of Bedrooms	**4**
D.	Estimated Daily Flow To Disposal Bed	**600 GPD**
E.	Bed Area Required (Square Feet) (D/B)	**451.1 sq.ft.**
F.	Length of Proposed Bed	**46'**
G.	Width of Proposed Bed	**10'**
H.	Area of Proposed Bed (Square Feet)	**460 sq.ft**
I.	Maximum Elevation Change in Proposed Bed.	**1-2"**
J.	Proposed Installation Range	**48-50"**

Remarks:

CERTIFICATION STATEMENT

County: Middlesex **Date:6/8/06**

Property Identification: Middlesex County Tax Map # 29D(1)31

Submitted by: Soil Interpretations, L.C./Phillip W. Jones (AOSE #206)
932 TWIGGS FERRY ROAD HARTFIELD, VA 23071
PH (804) 776-6070

This is to certify according to §32.1-163.5 of the *Code of Virginia* that the work submitted for the referred property is in accordance to and complies with the *Sewage Handling and Disposal Regulations* of the Virginia Department fo Health. I Recommend that a **PERMIT** be **APPROVED.**

Phillip W. Jones AOSE #206
AOSE #206
CPSS #176

6-8-06
Date