VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia

Accomack County Health Department
23191 Front Street
Accomac, VA 23301
(757) 787-5880

Residential COSS Operation Permit

February 18, 2026

Property Owner
Herbert & Yvonne Bacon
605 Garden Gate Drive
Middletown, DE 19709

Property Location
Property Address: 6135 Martin Lane, Chincoteague, VA 23336
Permit ID: 001-STS-94923
Tax Map/GPIN: 31B2-5-2B
HDID #: 25-100-0409
Locality: ACCOMACK

Herbert & Yvonne Bacon is hereby granted permission to operate a Residential Conventional Onsite Sewage System at the above referenced location, under the following parameters:

Daily Flow: 300.00 gallons
Number of Bedrooms: 2
Treatment Level: Septic

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.

Effective Date: 02/18/2026

Michelle White

Michelle White, EHS

OSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 25-100-0409 Tax Map: 31B2-5-2B

Accomack County Health Department

Name of OSE/PE: Cathy L. Plant License Number: 1940001336

Address: 6558 Olde Mill Lane, New Church, VA 23415 Telephone: 757-894-1697

Contractors Name Bundick Well & Pump, Inc.

Owner's Name: Herbert C. & Yvonne I. Bacon

Owner's Address: 605 Garden Gate Drive, Middletown, DE 19709

Location of Installation: Subdivision: Section: Block: Lot:

Other: 6135 Martin Lane, Chincoteague, Virginia 23336

Inspection Results

Component	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	Chincoteague Town Public Water Supply	N/A
Building Sewer	Existing sewer line	1/29/2026
Septic Tank	Existing concrete 750 gallon septic tank	1/29/2026
Inlet-Outlet Structure	Existing inlet and outlet tee	1/29/2026
Pump and Pump Station	500 gallon concrete pump tank; Audiovisual Alarm; Zoeller N553 Effluent Pump	1/29/2026
Conveyance Method	2" SCH 40 PVC Force Main	1/29/2026
Distribution Box or Pressure Manifold	5 port concrete Distribution Box	1/29/2026
Header, Conveyance, Return, etc. Lines	4" I.D. 1500 lb crush strength plastic pipe	1/29/2026
Percolation Lines, Drip, Chambers, etc.	140 linear feet of EZFLOW 1203-GEO-SEP bundles	1/29/2026
Absorption Trenches and Dispersal Field	4-3' X 35' drainlines on 9' centers at 18" depth	1/29/2026
(Other Components: treatment unit, etc.)	CSI Timed Dose Control Panel	1/29/2026

COMMONWEALTH OF VIRGINIA
Cathy L Plant
CATHY L. PLANT
Lic. No. 1940001336
1/29/2026
ALTERNATIVE ONSITE SOIL EVALUATOR

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary.

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 12/1/2014

OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 25-100-0409 Tax Map: 31B2-5-2B

Triangulate critical system components to fixed reference points.

Installed as Shown on Permit dated 1/5/2026.

COMMONWEALTH OF VIRGINIA
Cathy L Plant
CATHY L. PLANT
Lic. No. 1940001336
1/29/2026
ALTERNATIVE ONSITE SOIL EVALUATOR

☐ Check here if as-built drawing is on a separate page attached to this form
(Attachment must display Health Dept. Identification Number, tax map number, and must be signed and dated by AOSE/PE).

I hereby certify that on January 29, 2026 (date), I, or an employee under my direct supervision, inspected this sewage system's construction. The onsite sewage system has been installed and completed in accordance with the construction permit issued on January 5, 2026 (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), *the Regulations for Alternative Onsite Sewage Systems* (12VAC5-613 et seq), when applicable, the *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

OSE/PE Signature: Cathy L Plant Date: January 29, 2026

Print Name: Cathy L. Plant

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 12/1/2014

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number: 25-100-0409

Accomack County Health Department

Name of Company/Corporation/Individual: Bundick Well & Pump Co.

Address: P.O. Box 15, Painter, VA 23420 Telephone: 757-442-5555

Property Owner's Name: Herbert C. & Yvonne I. Bacon

Property Owner's Address: 605 Garden Gate Drive, Middletown, Delaware 19709

Location of Installation: Subdivision: _____ Section: _____ Block: _____ Lot: _____

Property Address: 6135 Martin Lane, Chincoteague, Virginia 23336

I herby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) January 5, 2026 and is in compliance with Part V (12VAC5-610-660 et seq.) of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Jan 29, 2026
Date

Willie Bundick Lic. No. 1944001205
Signature and License Number

This form contains personal information subject to disclosure under the Freedom of Information Act. [Type here]

Revised: September 19, 2019

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia

Accomack County Health Department
23191 Front Street
Accomac, VA 23301
(757) 787-5880

Voluntary Upgrade Permit

January 05, 2026

Onsite Sewage System Voluntary Upgrade Permit

Herbert & Yvonne Bacon
605 Garden Gate Drive
Middletown, DE 19709

RE: 6135 Martin Lane , Chincoteague, 23336
Tax Map #: 31B2-5-2B
County: ACCOMACK/001
Permit ID: 001-STS-94923 HDID #: 25-100-0409
System Capacity: Residential, 2 Bedrooms, 300 gallons per day

Dear Herbert & Yvonne Bacon:

This letter and the attached drawings, specifications, and calculations (12 pages) dated 12/19/2025, constitute your permit to voluntarily upgrade your sewage disposal system. Your 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 Onsite Soil Evaluator (OSE) or a Professional Engineer (PE). VDH is not required to perform a field check to verify the private evaluations of OSEs or PEs and such a field check may not have been conducted for the issuance of this permit.

The soil absorption area ("site") and sewage system design were certified by Robert Savage Private OSE as substantially complying with the Board of Health's regulations. This permit is issued in reliance upon that certification. VDH hereby recognizes that the soil and site conditions acknowledged by this permit are suitable for the installation of an onsite sewage system. The attached plat shows the approved area for the sewage disposal system; there are additional records on file with the Accomack County Health Department pertaining to this permit, including the Site and Soil Evaluation Report. This voluntary upgrade permit is null and void if any substantial physical change in the soil or site conditions occurs where a sewage disposal system is to be located.

If modifications or revisions are necessary, please contact the OSE/PE who performed the evaluation and design on which this permit is based. Should revisions be necessary during construction, your contractor should consult with the OSE/PE that submitted the site evaluation or site evaluation and design. The OSE/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 Accomack County Health Department. The OSE/PE that submitted the certified design for this permit is required to conduct a final inspection of this sewage system when it is installed and to submit an inspection report and completion statement. As the owner, you are responsible for giving reasonable notice to the OSE/PE of the need for a final inspection. No part of this installation shall be covered until it has been inspected by the OSE/PE as noted herein. The sewage system may not be placed into operation until you have obtained an Operation Permit from the Accomack County Health Department.

This Construction Permit is null and void if conditions are changed from those shown on your application or if conditions are changed from those shown on the Site and Soil Evaluation Report and the attached construction drawings, specifications, and calculations. VDH may revoke or modify any permit if, at a later date, it finds that the site and soil conditions and/or design do not substantially comply with the Sewage Handling and Disposal Regulations, 12 VAC 5-610-20 et seq., or if the system would threaten public health or the environment.

This permit approval has been issued in accordance with applicable regulations based on the information and materials provided at the time of application. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this onsite sewage system. The owner is responsible at all times for complying with all applicable local, state, and federal laws and regulations. This voluntary upgrade permit is transferrable until expired or deemed null and void. A permit transfer form may be found on the VDH website at http://www.vdh.virginia.gov/environmental-health/gmp-2015-01-forms/ . If you have any questions, please contact me.

This permit expires: 07/05/2027.

Sincerely,

EHS SR.

Larry J. Hutchens EHS SR.

CC: Robert Savage Private OSE

The upgrades specified in this permit are voluntary and not required by law. The Department requires the owner to indemnify and hold harmless the Department prior to the issuance of any such permit. Any permits issued pursuant to this section shall be subject to the provisions of §32.1-164.1:1.

Well and Sewage Contractors: Please notify Health Department and OSE or PE 48 hours prior to installation to arrange for inspection

WHAT YOU WILL NEED TO GET YOUR SEPTIC SYSTEM OPERATION PERMIT

Your system must have a satisfactory inspection at the time of installation. This will be done by a private OSE or a PE, depending on the designer of your permitted system. Your OSE or PE must submit a copy of the inspection results, complete with an as-built diagram, to the Health Department.

Please ensure that your contractor turns in a Completion Statement to the local Health Department after installation.

OFFICIAL RECEIPT
ACCOMACK COUNTY CIRCUIT COURT
DEED RECEIPT

DATE : 01/14/2026 **TIME :** 16:03:28 **CASE # :** 001CLR260000155
RECEIPT # : 26000000487 **TRANSACTION # :** 26011400029
CASHIER : DRC **REGISTER # :** G923 **FILING TYPE :** WAV **PAYMENT :** FULL PAYMENT
INSTRUMENT : 260000155 **BOOK :** **PAGE :** **RECORDED :** 01/14/2026 **AT :** 16:02
GRANTOR : BACON, HERBERT C **EX :** N **LOC :** CO
GRANTEE : COMMONWEALTH OF VIRGINIA **EX :** N **PCT :** 100%
RECEIVED OF : OWNER OR AGENT
ADDRESS : 23191 FRONT ST ACCOMAC, VA 23301
DATE OF DEED : 12/29/2025
CHECK : $31.00 **CHECK NUMBER :** 138
DESCRIPTION 1 : VOLUNTRY UPGRADE TL-3 WAIVER **PAGES :** 004 **OP :** 0
NAMES : 0
CONSIDERATION : $0.00 **A/VAL :** $0.00 **PIN OR MAP :** 031B205000002B0

ACCOUNT CODE	DESCRIPTION	PAID
035	VIRGINIA OUTDOOR FOUNDATION	$3.00
106	TECHNOLOGY TRST FND	$5.00
145	VSLF	$3.50

ACCOUNT CODE	DESCRIPTION	PAID
301	CLERK RECORDING/INDEXING FEE	$14.50
423	E-RECORDING DEED PAPER FILING	$5.00

TENDERED : $ 31.00
AMOUNT PAID : $ 31.00

VIRGINIA LAND RECORD COVER SHEET

Commonwealth of Virginia VA. CODE §§ 17.1-223, -227.1, -249

FORM A – COVER SHEET CONTENT

Instrument Date: 12/29/2025

Instrument Type: WAV

Number of Parcels: 1 Number of Pages: 4

[ ] City [X] County ACCOMACK COUNTY COURT
CIRCUIT COURT

Tax Exempt? VIRGINIA/FEDERAL CODE SECTION

[ ] Grantor:

[ ] Grantee:

INSTRUMENT 260000155
RECORDED IN THE CLERK'S OFFICE OF
ACCOMACK COUNTY CIRCUIT COURT ON
JANUARY 14, 2026 AT 04:02 PM
TALIA C. TAYLOR, CLERK
RECORDED BY: DRC

(Area Above Reserved For Deed Stamp Only)

Business/Name

1 Grantor: BACON, HERBERT C

2 Grantor: BACON, YVONNE I

1 X Grantee: COMMONWEALTH OF VIRGINIA

Grantee:

Grantee Address

Name: COMMONWEALTH OF VIRGINIA

Address: 23191 FRONT ST

City: ACCOMAC State: VA Zip Code: 23301

Consideration: $0.00 Existing Debt: $0.00 Actual Value/Assumed: $0.00

PRIOR INSTRUMENT UNDER § 58.1-803(D):

Original Principal: $0.00 Fair Market Value Increase: $0.00

Original Book No.: Original Page No.: Original Instrument No.:

Prior Recording At: [ ] City [ ] County Percentage In This Jurisdiction: 100%

Book Number: Page Number: Instrument Number:

Parcel Identification Number/Tax Map Number: 031B205000002B0

Short Property Description: VOLUNTRY UPGRADE TL-3 WAIVER

Current Property Address: 6135 MARTIN LN.

City: CHINCOTEAGUE State: VA Zip Code: 23336

Instrument Prepared By: LARRY J HUTCHENS Recording Paid By: OWNER OR AGENT

Recording Returned To: OWNER OR AGENT

Address: 605 GARDEN GATE DR.

City: MIDDLETOWN State: DE Zip Code: 19709

RECEIVED
ACCOMACK CIRCUIT COURT
2026 JAN 14 PM 2:48

VOLUNTARY UPGRADE
REQUEST FOR WAIVER, RELEASE, HOLD HARMLESS
and INDEMNIFICATION AGREEMENT, & WAIVER

This document, which includes a REQUEST FOR WAIVER, a RELEASE, HOLD HARMLESS, and INDEMNIFICATION AGREEMENT, and a WAIVER (collectively, "AGREEMENT"), is made and entered into this 29th Day of December 2025, by and between Herbert C. Bacon and Yvonne I. Bacon , HIS, HER, THEIR, HEIRS, SUCCESSORS, DEVISEES, AGENTS, ASSIGNS, REPRESENTATIVES and INTERESTS (hereinafter "OWNER") and the COMMONWEALTH OF VIRGINIA, acting through the Department of Health ("DEPARTMENT"), including, without limitation, any and all of its agencies, boards, and commissions, their insurer(s), officers, directors, employees, representatives, and agents, (hereinafter the COMMONWEALTH OF VIRGINIA).

WHEREAS, OWNER is the owner of that certain parcel described as Tax Map # 31B2-5-2B, containing, among other improvements, a single-family dwelling, located at 6135 Martin Ln. Chincoteague, VA 23336 (hereinafter "PROPERTY"); and

WHEREAS, the DEPARTMENT has determined that, under the *Sewage Handling and Disposal Regulations*, 12VAC5-610 ("REGULATIONS"), the voluntary upgrade system must provide Treatment Level 3 or better, and Disinfection in order to adequately protect public health and ground and surface water resources; and

WHEREAS, § 32.1- 164.1:1 of the *Code of Virginia* provides that whenever an owner has elected to voluntarily upgrade an onsite sewage disposal system pursuant to 32.1-164.1:3 and the regulations impose (i) a requirement for treatment beyond the level of treatment provided by the existing onsite sewage system when operating properly or (ii) a new requirement for pressure dosing, an owner may request a waiver (hereinafter "WAIVER") from the requirements of the REGULATIONS pertaining to Treatment Level 3 or better and/or pressure dosing for a Voluntary Upgrade System; and disinfection.

WHEREAS, the State Health Commissioner shall grant such WAIVER, provided that the owner's existing system to be upgraded was not installed illegally without a permit; and

WHEREAS, the DEPARTMENT, as designee of the State Health Commissioner, has determined and OWNER affirms that the existing system to be upgraded currently serving the PROPERTY was not installed illegally without a permit, and

Tax Parcel # 031B205000002B0 Prepared by: Larry J. Hutchens EHS SR

REQUEST FOR WAIVER

WHEREAS, OWNER, by executing this AGREEMENT, hereby requests that the State Health Commissioner grant the WAIVER provided at §32.1-164.1:1 B. of the *Code of Virginia* from the requirements for __**X**__ Treatment Level 3, Disinfection and Pressure

WAIVER

NOW, THEREFORE, in exchange for the mutual promises contained herein, the parties agree as follows:

The WAIVER provided at §32.1-164.1:1 B. of the *Code of Virginia* is hereby granted and shall be effective 24 hours after OWNER provides certification to the DEPARTMENT that this AGREEMENT has been recorded in the land records of the Circuit Court having jurisdiction over the PROPERTY.

RELEASE, HOLD HARMLESS, and INDEMNIFICATION AGREEMENT

OWNER agrees to, and hereby does, release the COMMONWEALTH OF VIRGINIA from any and all claims, complaints, demands, actions, causes of action, liabilities, and obligations of whatever source or nature, whether administrative, legal or equitable, whether known or unknown, which OWNER now has or may have in the future relating to or arising from the WAIVER, including, without limitation, any and all claims due to the failure of any person to comply with federal, state, or
local laws or regulations, claims under the Virginia Tort Claims Act, the Virginia Constitution, the United States Constitution and amendments thereto, or under common law. Furthermore, OWNER expressly releases the COMMONWEALTH OF VIRGINIA from any and all claims, actions, causes of action, or obligations under the Virginia Onsite Sewage Indemnification Fund, §32.1-164.1:01 of the *Code of Virginia*, that may arise from or be related to the repair, replacement, and/or operation of OWNER's onsite sewage disposal system pursuant to the WAIVER.

OWNER also agrees to hold harmless and indemnify the COMMONWEALTH OF VIRGINIA for any sum of money or judgment against the COMMONWEALTH OF VIRGINIA, as well as costs and reasonable attorneys' fees incurred in the defense of any action arising out of or related to the
WAIVER.

Severability. If any portion of this AGREEMENT is held to be void or deemed unenforceable for any reason, the remaining portion shall survive and remain in effect, unless the effect of such severance shall defeat the parties' intent as set forth herein, with the parties asking the Court to construe the remaining portions consistent with the expressed intent of the parties.

Entire Agreement. OWNER acknowledges that OWNER has had an opportunity to consult with an attorney concerning OWNER's rights and obligations. OWNER acknowledges that OWNER has had sufficient time and opportunity to consider this AGREEMENT with the COMMONWEALTH OF VIRGINIA, that OWNER has read this AGREEMENT, that OWNER fully understands and agrees to its terms and conditions, and that there exists no other promises, representations, inducements or agreements related to this AGREEMENT, except as specifically set forth herein. Furthermore, OWNER acknowledges that this constitutes the entire agreement between OWNER and the COMMONWEALTH OF VIRGINIA.

Ashley L. Thornes
Environmental Health Supervisor.

COUNTY OF ACCOMACK:

COMMOMWEALTH OF VIRGINIA, to wit:

The aforesaid subscribed and sworn to before me this 29th day of December 2025,
By, Ashley L. Thornes, EH Supervisor.

PENNY FARRAR MULLINS
NOTARY PUBLIC
Commonwealth of Virginia
Registration No. 8100035
My Commission Expires July 31, 2028

Notary Public Penny Farrar Mullins

My Commission Expires July 31. 2028

Registration Number 8100035

Herbert C. Bacon

Herbert C. Bacon

COUNTY OF Accomack

STATE OF V.A., to wit:

On this the 5th day of Jan., 2026, appeared before me, Herbert C. Bacon, who affirmed that he/she has the authority to enter into this AGREEMENT and that the signatures thereto are his/her own.

Notary Public Mehwish

My Commission expires: Oct 26, 2026

Registration Number 20241004000000

MEHWISH F MUHAMMAD
Notary Public
State of Delaware
My Commission Expires on Oct 26, 2026

==========

Understood and Accepted:

Yvonne I. Bacon

Yvonne I. Bacon

COUNTY OF Accomack

STATE OF Virginia, to wit:

On this the 15th day of Jan 2026, 2026, appeared before me, Yvonne I. Bacon, who affirmed that he/she has the authority to enter into this AGREEMENT and that the signatures thereto are his/her own.

Notary Public Mehwish

My Commission expires: Oct 26, 2026

Registration Number 20241004000000

MEHWISH F MUHAMMAD
Notary Public
State of Delaware
My Commission Expires on Oct 26, 2026

pd. 225.00
CK 3947
Rec. 603082

2/12

Commonwealth of Virginia

Application for: ☑ Sewage System ☐ Water Supply

VDH Use only
Health Department ID# 25.100-0409
Due Date 12/22/25

Owner Herbert C. & Yvonne I. Bacon
Phone

Mailing Address 605 Garden Gate Drive
Middletown, DE 19709
Phone
Fax

Agent Savage Onsite Solutions, LLC
Phone 757-710-2681

Mailing Address P.O. Box 24
Painter, VA 23420
Phone
Fax N/A

Call Bundick.

Site Address 6135 Martin Lane, Chincoteague, VA 23336

Email bwp.brook@verizon.net

Directions to Property: See Above

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 31B2-5-2B Other Property Identification _____ Dimension/Acreage of Property 0.21 Ac.

Sewage System

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.**

○ Certification Letter ○ Construction Permit ◉ Voluntary Upgrade ○ Repair Permit ○ Minor Modification

Proposed Use:

Single Family Home (**Number of Bedrooms** 2) Multi-Family Dwelling (**Total Number of Bedrooms** ____)

Other (describe) _____

Basement? ○ Yes ◉ No Walk-out Basement? ○ Yes ◉ No Fixtures in Basement ○ Yes ◉ No

Conditional permit desired? ○ Yes ◉ No If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited Occupancy ☐ Intermittent or seasonal use ☐ Temporary use not to exceed 1 year

Do you wish to apply for a betterment loan eligibility letter? ○ Yes ◉ No *There is a $50 fee for determination of eligibility.

Water Supply

Will the water supply be ◉ Public or ○ Private? Is the water supply ◉ Existing or ○ Proposed?

If proposed, is this a replacement well? ○ Yes ○ No If yes, will the old well be abandoned? ○ Yes ○ No

Will any buildings within 50' of the proposed well be termite treated? ○ Yes ○ No

Well Type (e.g. domestic use, agricultural, irrigation, etc.) Town of Chincoteague Public Water Supply

All Applicants

Is this property intended to serve as your (owners) principal place of residence? ○ Yes ◉ No

All applications must be accompanied by private sector evaluations and designs, unless a petition for VDH services is approved. Is a Petition for Service form attached? ○ Yes ◉ No

In order for VDH to process your application for a sewage system you must attached a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. 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 sites must be clearly marked and the property sufficiently visible to see the topography. I give permission to the Virginia Department of Health 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 a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

COMMONWEALTH OF VIRGINIA
ROBERT C. SAVAGE
Lic. No. 1940001082
ALTERNATIVE ONSITE SOIL EVALUATOR
12/19/25

Signature of Owner/ Agent

December 19, 2025
Date

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 7/1/2019

001-STS-94923

AOSE VA

OSE/PE Report For:

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

Property Location:

911 Address: 6135 Martin Lane City: Chincoteague

Lot _____ Section _____ Subdivision _____

GPIN or Tax Map # 31B2-5-2B Health Dept ID # _____

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: Herbert C. & Yvonne I. Bacon

Street: 605 Garden Gate Drive

City: Middletown State DE Zip Code 19709

Prepared by:

OSE Name Robert C. Savage License # 1940001082

Address P.O. Box 24

City Painter State VA Zip Code 23420

COMMONWEALTH OF VIRGINIA
Robert C Savage
ROBERT C. SAVAGE
Lic. No. 1940001082
12/19/25
ALTERNATIVE ONSITE SOIL EVALUATOR

PE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report 12/19/25 Date of Revision #1 _____

OSE/PE Job # Bacon_2025 Date of Revision #2 _____

Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.)

VDH Application	Construction Specs
Site Plan	Schematic Drawing
AOSE Soil Evaluation Report	Pump Calcs & Tech Data Sheets
Design Calcs	Survey Plat

Certification Statement

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the *applicable provisions of the* Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), *the* Regulations for Alternative Onsite Sewage Systems (12VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein. The potential for both conventional and alternative onsite sewage systems has been discussed with the owner/applicant.

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

I recommend that a (select one): construction permit ☐ certification letter ☐ subdivision approval ☐ be (select one) Issued ■
repair permit ☐ voluntary upgrade ■ Denied ☐

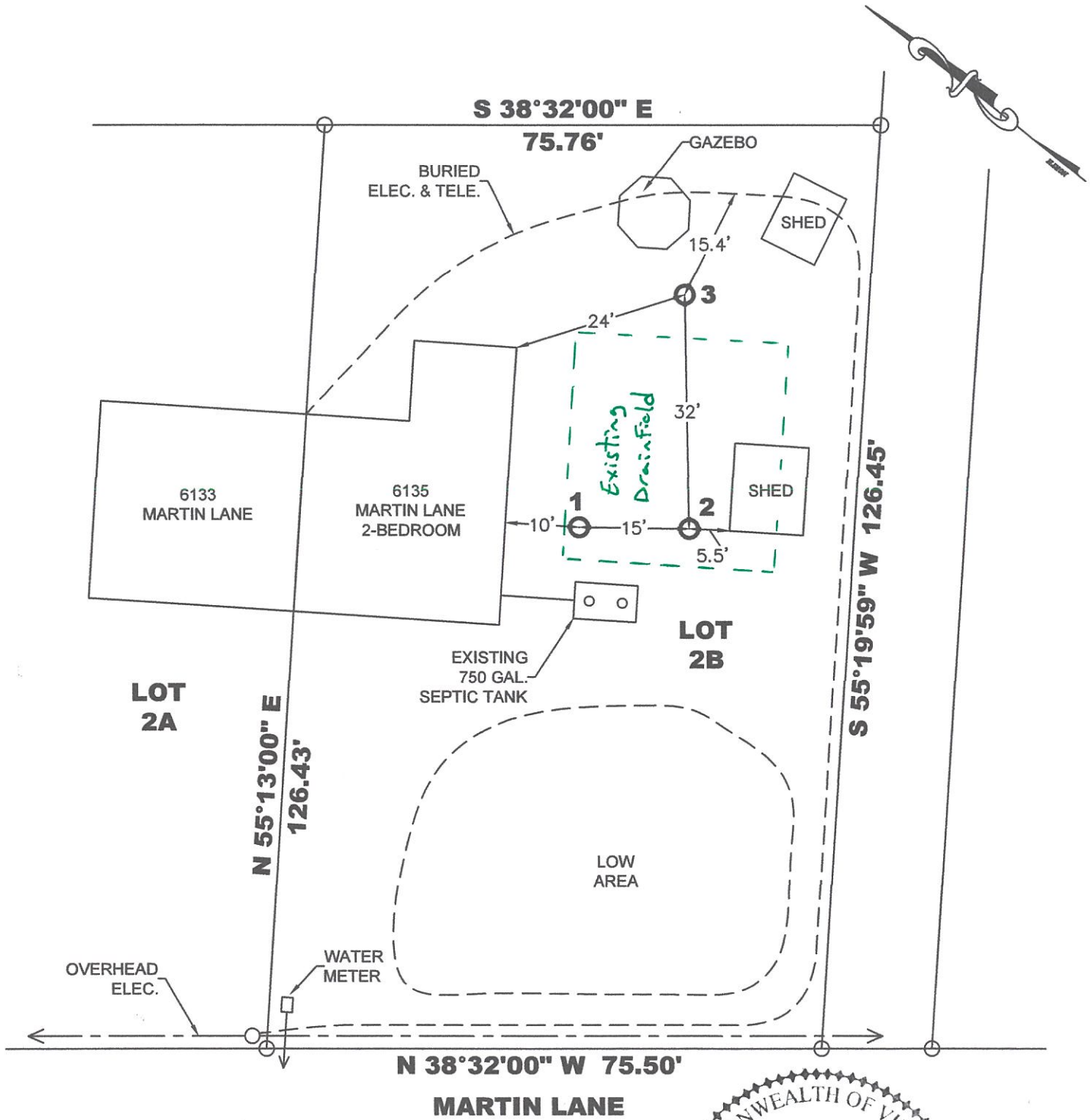
OSE/PE Signature Robert C. Savage Date December 19, 2025

CCI- STS-94928

OWNER: HERBERT & YVONNE BACON
TAX MAP# 31B2-5-2B

SITE PLAN

H.D.I. #_____



SCALE: 1" = 20'

0' 20' 40'

SOS
Savage Onsite Solutions

COMMONWEALTH OF VIRGINIA
Robert C Savage
ROBERT C. SAVAGE
Lic. No. 1940001082
12/19/25
ALTERNATIVE ONSITE SOIL EVALUATOR

Drafter:IDV

Site and Soil Evaluation Report

VDH Use Only
HDIN: _____

General Information

Date: December 10, 2025 Accomack County Health Department

Owner: Herbert & Yvonne Bacon Phone: _____

Owner Address: 605 Garden Gate Drive, Middletown, DE 19709

Property Address: 6135 Martin Lane, Chincoteague, VA 23336

Tax Map/GPIN #: 31B2-5-2B

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

Soil Information Summary

1. Position in landscape satisfactory: ■ Yes ☐ No Describe landscape position: Broad Flat
2. Slope: <1 %
3. Depth to rock/impervious strata: Max. _____ in. Min. _____ in. ■ Not observed
4. Free Water Present: ■ Yes ☐ No Range in inches: 33 -36
5. Depth to seasonal water table (gray mottling or gray color): 0 inches ☐ Not observed
6. Soil percolation rate estimated: ■ Yes ☐ No Estimated rate: 15 min/in at 18 inches depth
   Texture Group: ■ I ☐ II ☐ III ☐ IV
7. Percolation test performed: ☐ Yes ☒ No If yes, provide additional data on percolation test results.

Name and title of evaluator: Robert C. Savage, Master AOSE

Signature: _____

☒ Site approved: Absorption Trenches (describe dispersal area, e.g. absorption trenches) dispersing STE (proposed level of treatment at time of evaluation) to be placed at 18 (inches) depth at site designated on permit. Site provides a total of 420 square feet of absorption area for primary and reserve (if applicable).

☐ Site disapproved: Reasons for rejection (check all that apply)

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

COMMONWEALTH OF VIRGINIA
Robert C. Savage
ROBERT C. SAVAGE
Lic. No. 1940001082
12/19/25
ALTERNATIVE ONSITE SOIL EVALUATOR

Date of Evaluation: December 10, 2025 Profile Description

SOIL EVALUATION REPORT

Property ID: 31B2-5-2B

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private Onsite Soil Evaluator or Professional Engineer, location of profile holes and sketch of the area investigated including all structural features (i.e. sewage disposal systems, wells, etc.) within 200 feet of the site and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

■ See application sketch ☐ See Construction Permit ☐ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of color, texture, etc.	Texture Group
1	^Cg	0-15	10YR 3/2 Very Dark Grayish Brown Fine Loamy Sand	I
		15-	Gravel Aggregate	
2	Ap	0-8	10YR 3/2 Very Dark Grayish Brown Fine Loamy Sand	I
	Cg	8-22	10YR 3/2 Very Dark Grayish Brown Fine Sand with many 7.5YR 5/8 Strong Brown	I
			concentrations and 10YR 6/2 Light Brownish Gray depletions	
	C	22-28	10YR 6/6 Brownish Yellow Fine Sand with many 7.5YR 5/8 Strong Brown	I
			concentrations and 10YR 6/2 Light Brownish Gray depletions	
	Cg	28-48	10YR 6/2 Light Brownish Gray Fine Sand with many 7.5YR 5/8 Strong Brown and	I
			2.5Y 7/4 Pale Yellow concentrations	
		48+	Sloughing	
			Free Water at 36"	
3	^Cg	0-10	10YR 3/1 Very Dark Gray Fine Loamy Sand with few 5YR 4/6 Yellowish Red concentrations	I
	^C1	10-24	10YR 5/4 Yellowish Brown Sand	I
	^C2	24-36	10YR 5/4 Yellowish Brown Sand with common 7.5YR 5/8 Strong Brown concentrations	I
			and few 10YR 6/2 Light Brownish Gray depletions	
			Free Water at 33"	

COMMONWEALTH OF VIRGINIA
Robert C Savage
ROBERT C. SAVAGE
Lic. No. 1940001082
12/19/25
ALTERNATIVE ONSITE SOIL EVALUATOR

REMARKS:

Commonwealth of Virginia
Design Calculations

Health Department ID# _____ (VDH Use)

PROPERTY IDENTIFICATION

Name of property / site: **Herbert & Yvonne Bacon**

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification **6135 Martin Lane, Chincoteague, VA** Tax Map No. **31B2-5-2B**

DESIGN BASIS

A. Estimated percolation rate: **15 mpi**

B. Trench bottom square footage required: (based on **X** Gravity or _____ LPD)

Per bedroom: **198**

Per 100-gallons: _____

C. Number of bedrooms: **2** (at **150** gallons/bedroom) Total flow from bedrooms: **300** gpd

Other: _____ (at _____ gpd) Total flows from other sources: **0** gpd

_____ (at _____ gpd) Total Sewage Flows = **300** gpd

_____ (at _____ gpd)

AREA CALCULATIONS

D. Length of trenches: **35** ft (length of available area **35** ft)

E. Width of trenches: **3** ft

F. Number of trenches: **4**

G. Center-to-center spacing: **5** ft

H. Required width of drainfield: **18** ft (width of available area **18** ft)

I. Total area required: **400** sf

J. Square footage in design: **420** sf

K. Is a reserve area required? _____ Yes **X** No: _____

Size: _____ % Area provided: _____

L. Type: **septic tank, pump station, and conventional (septic tank effluent) drainfield**

Pump Station = 500 gals. 1/4 Day Storage = 75 gals. Working Volume = 50 gals.

Tank Volume (1 Inch) = 13.1 gals. 1/4 Day Storage = 75 gals./ 13.1 = 5.73 (say 5.75")

Time Dose Calcs: Cycles per day = 6
1440 min (minutes/24 hrs) / 6 cycles = 240 minutes per cycle
300 gals. / 6 cycles = 50 gals. per cycle
50 gals. / 36 gpm =1.38 (say 1.5) minutes ON run time
Dosing Run Time = 1.5 minutes ON and 238.5 minutes OFF

Static Head = 6'

Friction Head at 36 gpm = 0.369'

Total Dynamic Head at 36 gpm = 6.369'

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Note: This application is for a Voluntary Upgrade of an an existing septic tank effluent sewage disposal system. The upgrade will incorporate installing a replacement drainfield (18" trench depth) and installing a new timed dose pump station. Existing drainfield aggregate was encountered at a depth of 15" below existing grade. Assuming, 13" of aggregate, existing trench bottom depth equals 28". This upgrade raises the trench bottom depth to 18".

Sewage Disposal System Construction Specifications

General Information

Accomack County Health Department

ID #

Map reference 31B2-5-2B

New ☐ Repair ☐ Upgrade ☒

Owner Herbert C. & Yvonne I. Bacon Telephone

Address 605 Garden Gate Drive, Middletown, DE 19709

For a Type II Sewage disposal system which is to be constructed on/at 6135 Martin Lane, Chincoteague, VA 23336

Subdivision Section Block Lot

Actual or estimated water use: 300 gpd

DESIGN

Water supply, existing: (describe) Chincoteague Town Public Water Supply

To be installed: class cased grouted

Building Sewer:

I.D. PVC Schedule 40, or equivalent

Slope 1.25 " per 10' (minimum).

☒ Other: Existing 750 gal. Septic Tank

Septic tank: Capacity gallons (minimum).

☒ Other: Existing

Inlet-Outlet structures:

PVC Schedule 40, 4" tees or equivalent

☐ Other:

Pump and pump station:

No ☐ Yes ☒ describe and show design:

If yes: See Attached.

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. Crush strength or eq.

☒ Other: 1.5" SCH 40 PVC Force Main

Distribution Box:

Precast concrete with 3 ports.

☐ Other:

Header lines:

Material: 4" I.D. 1500 lb. Crush strength plastic or equivalent from distribution box to 2' into trench.

Slope 2" minimum

☐ Other:

Percolation lines:

Gravity 4" plastic 1000 lb. Per foot bearing load or equivalent, slope 2"-4" (min. max) per 100'.

☒ Other: Ezflow 1203H-GEO Bundles

Absorption trenches: Depth of aggregate: 12"* Trench length: 35'

Centers: 5' Square feet required: 420 Trench width: 3'

Depth from ground surface to bottom of trench: 18" Number of trenches: 4

*Height of Ezflow 1203H-GEO

NOTES

COMMONWEALTH OF VIRGINIA
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12/19/25
ALTERNATIVE ONSITE SOIL EVALUATOR

Revised 6/99

Inspected by: Date:

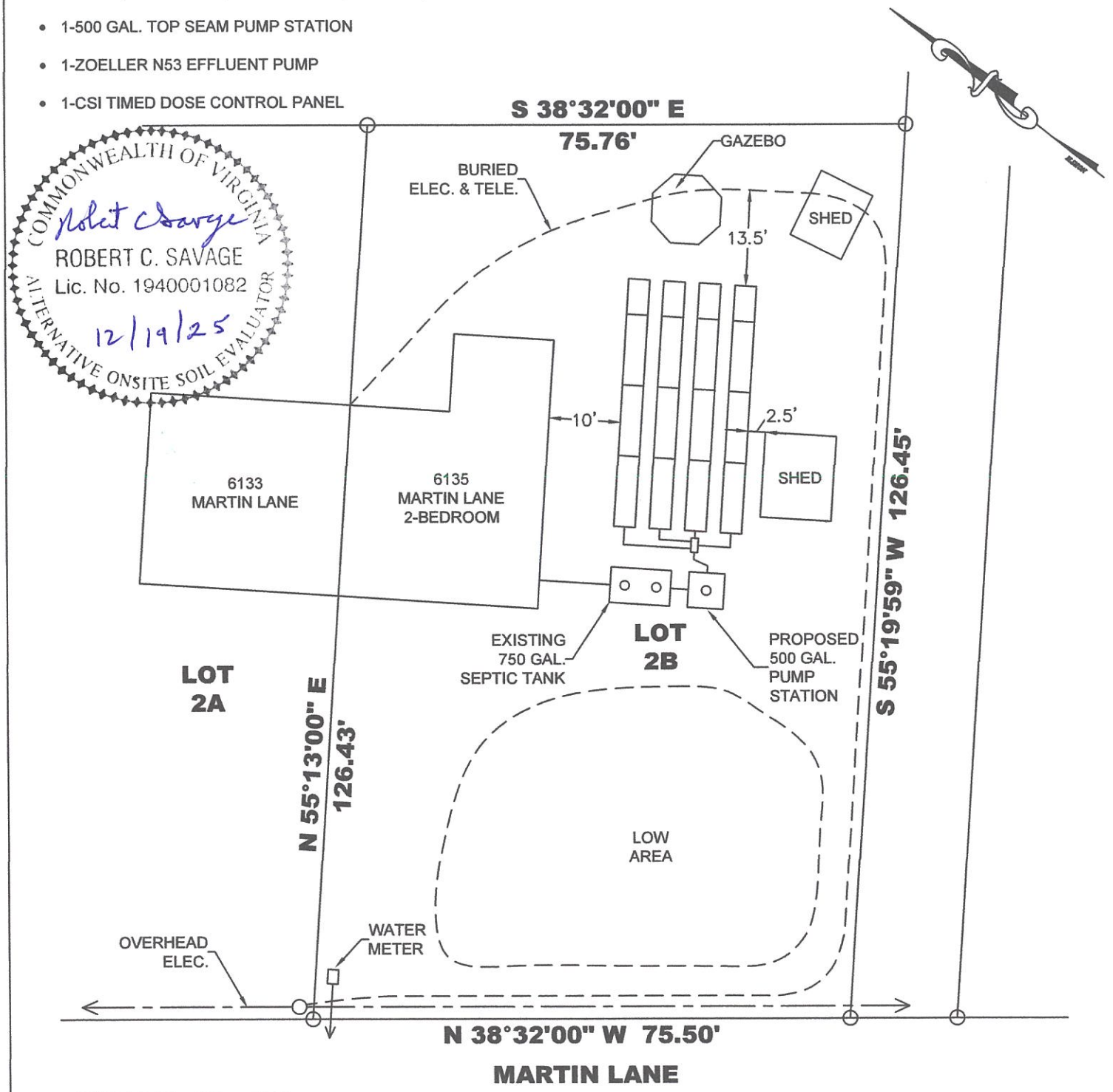
OWNER: HERBERT & YVONNE BACON
TAX MAP# 31B2-5-2B

SCHEMATIC DRAWING

H.D.I. #_____

INSTALL:

- 140 LF OF EZFLOW 1203H-GEO AT 18" TRENCH DEPTH (4 TRENCHES, 5' ON CENTER, 35' LONG)
- 1-500 GAL. TOP SEAM PUMP STATION
- 1-ZOELLER N53 EFFLUENT PUMP
- 1-CSI TIMED DOSE CONTROL PANEL



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ALTERNATIVE ONSITE SOIL EVALUATOR

SCALE: 1" = 20'

0' 20' 40'

SOS
Savage Onsite Solutions

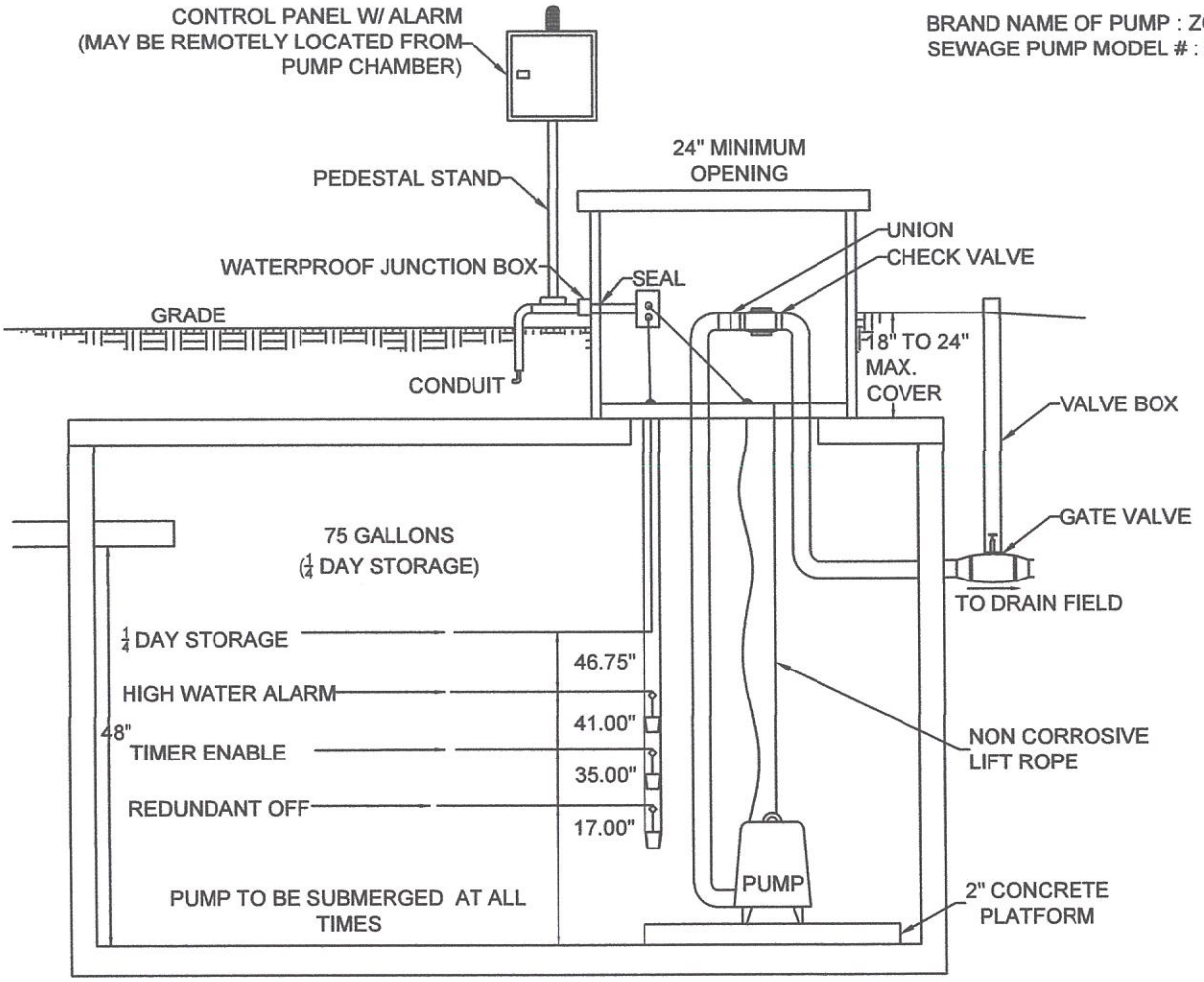
NOTES:

1) DRAINLINE CENTERS REDUCED DUE TO LIMITED AVAILABLE AREA.
2) CAP & CROWN DRAINFIELD AREA AFTER INSTALLATION WITH A MINIMUM OF 6" OF SAND/LOAMY FILL.

Drafter: IDV

H.D.I. #_____

PUMP STATION SCHEMATIC



WORKING VOLUME = 13.1 GALLONS PER INCH
500 GALLON PUMP CHAMBER

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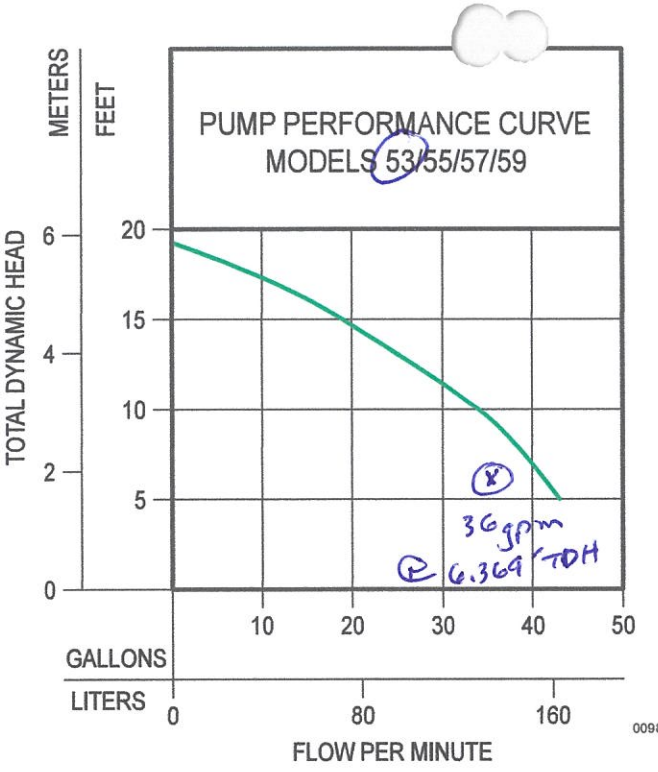
CONSTRUCTION NOTES

- PUMP CHAMBER TO BE SEALED WATERTIGHT.
- PUMP TO BE SEPARATE ELECTRICAL CIRCUIT FROM ALARM.
- ALARM TO BE AUDIO/VISUAL.
- PUMP AND ALARM TO BE HARDWIRED INTO ELECTRIC SYSTEM.
- PUMP CHAMBER MUST BE ANCHORED OR WEIGHTED TO PREVENT FLOTATION.
- CENTER AND TOP SEAM TANKS MUST BE SEALED WITH BITUMINOUS MASTIC-TOP SEAM TANKS RECOMMENDED.

SOS
Savage Onsite Solutions

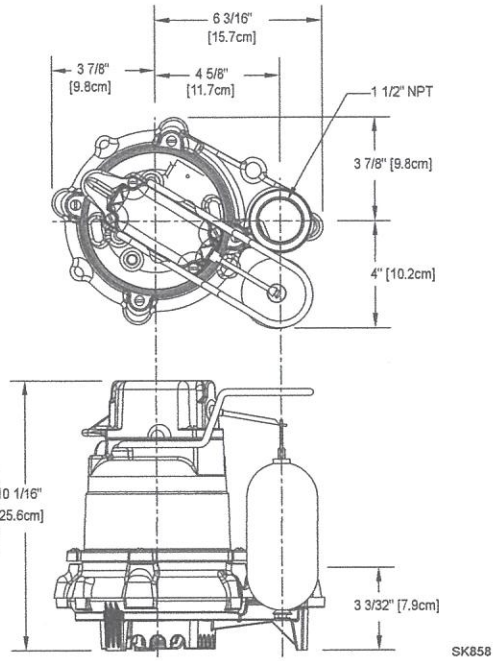
Drafter: IDV

10/12



NAMIC HEAD/FLOW
PER MINUTE
EFFLUENT AND DEWATERING

MODEL		53/55/57/59	
Feet	Meters	Gal.	Liters
5	1.5	43	163
10	3.0	34	129
15	4.6	19	72
Shut-off Head:		19.25 ft.(5.9m)	



CONSULT FACTORY FOR SPECIAL APPLICATIONS

- Variable level float switches available
- Variable level long cycle systems available
- Available with special cord lengths of 15', 25', 35', (50' 230V only)
- Alarm systems available
- Duplex systems available

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ALTERNATIVE ONSITE SOIL EVALUATOR

SELECTION GUIDE

1. Integral float operated mechanical switch, no external control required.
2. Single piggyback variable level float switch or double piggyback variable level float switch. Refer to FM0477.
3. Mechanical alternator "M-Pak" 10-0072 or 10-0075.
4. See FM0712 for correct model of Electrical Alternator.
5. Variable level control switch 10-0743 used as a control activator, with Electrical Alternator (3) or (4) float system.

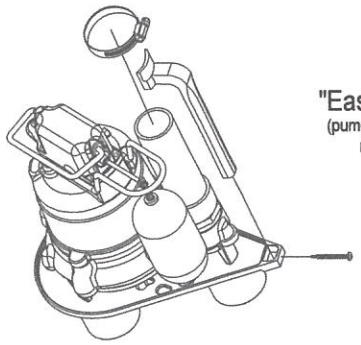
Single Seal	Control Selection						Listings	
Model	Volts	Phase	Mode	Amps	Simplex	Duplex	CSA	UL
M53/55 & M57/59	115	1	Auto	9.7	1	-----	Y	Y
N53/55 & N57/59	115	1	Non	9.7	2	3 or 4 & 5	Y	Y
* BN53	115	1	Auto	9.7	*	-----	Y	Y
* BN57	115	1	Auto	9.7	*	-----	Y	Y
* BE53/57	230	1	Auto	4.8	*	-----	Y	Y
D53/55 & D57/59	230	1	Auto	4.8	1	-----	Y	Y
E53/55 & E57/59	230	1	Non	4.8	2	3 or 4 & 5	Y	Y

* Single piggyback switch included.

⚠ CAUTION

All installation of controls, protection devices and wiring should be done by a qualified licensed electrician. All electrical and safety codes should be followed including the most recent National Electrical Code (NEC) and the Occupational Safety and Health Act (OSHA).

For information on additional Zoeller products refer to catalog on Piggyback Variable Level Float Switches, FM0477; Electrical Alternator, FM0486; Mechanical Alternator, FM0495; Sump/Sewage Basins, FM0487; and Single Phase Simplex Pump Control/Alarm Systems, FM0732.



"Easy assembly"
(pump & discharge pipe not included.)

OPTIONAL PUMP STAND P/N 10-2421

- Reduces potential clogging by debris
- Replaces rocks or bricks under the pump
- Made of durable, noncorrosive ABS
- Raises pump 2" off bottom of basin
- Provides the ability to raise intake by adding sections of 1½" or 2" PVC piping
- Attaches securely to pump
- Accommodates sump, dewatering and effluent applications

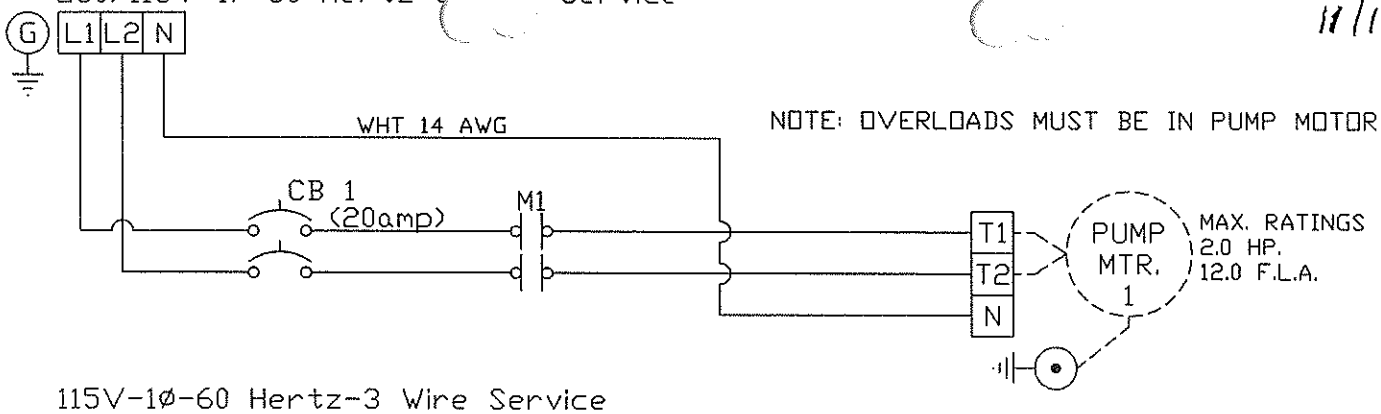
NOTE: Make sure float is free from obstruction.

RESERVE POWERED DESIGN

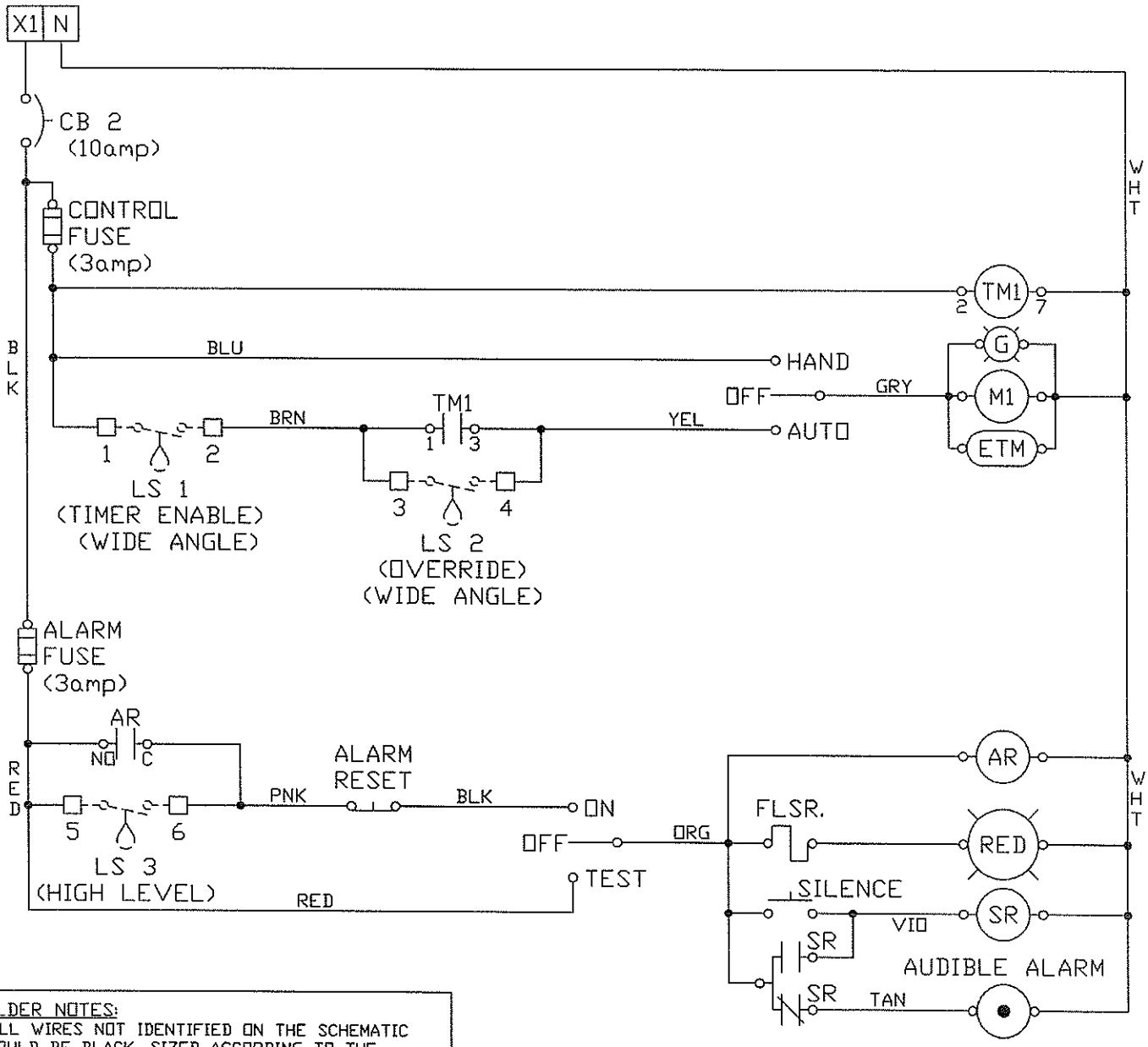
For unusual conditions a reserve safety factor is engineered into the design of every Zoeller pump.

11/12

230/115V-1ø-60 Hertz-3 Wire Service



115V-1ø-60 Hertz-3 Wire Service



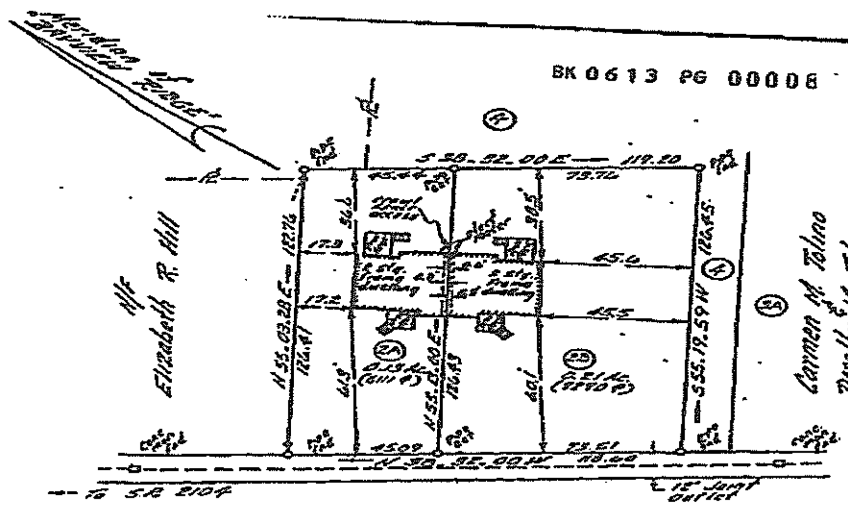
BUILDER NOTES:
1) ALL WIRES NOT IDENTIFIED ON THE SCHEMATIC SHOULD BE BLACK, SIZED ACCORDING TO THE CIRCUIT. ALL OTHER WIRES, UNLESS OTHERWISE SPECIFIED, ARE TO BE 22 AWG.

NOTES:
1. MAIN POWER DISCONNECT IS TO BE PROVIDED BY INSTALLER
2. REPLACE CONTROL FUSE WITH 250V, 3A MAX Fuse. LITTELFUSE P/N: 021802.5HXP OR EQUIVALENT.
3. TORQUE LARGE FIELD WIRING TERMINALS TO 35 In. Lbs. TORQUE SMALL FIELD WIRING TERMINALS TO 12 In. Lbs.
4. FIELD WIRING MUST BE 60°C COPPER WIRE MINIMUM.
5. LEVEL SWITCHES MUST BE RATED A MINIMUM OF 2 AMPS @ 120 VOLTS.
6. OVERLOAD DEVICE MUST BE IN PUMP MOTOR.
7. -------- = ITEMS NOT SUPPLIED IN CONTROL PANEL.
8. CAUTION: NONMETALLIC ENCLOSURE DOES NOT PROVIDE GROUNDING BETWEEN CONDUIT CONNECTIONS. USE GROUNDING BUSHINGS AND JUMPER WIRES.

1030118

DRWN.	FUSION by CSI Controls	220 Ohio Street Ashland, Ohio (419)281-5767	
DWF			
DATE	SCALE	DRWG. NO.	
7/26/10	NONE	A-FS230CB-0075	

BK 0613 PG 00006



Note:
Title to this property was acquired by Deed Book 560 page 278.

For plats of previous or adjacent surveys:
Plat of "Bayview Ridge", Located: Chincoteague Island, The Islands District, Accomack County, Virginia by Shore Engineering Co., Inc. dated March 21, 1989

Flood Zone: FIRM 510001 0075B dated June 1, 1984
Zone A10, elevation 8.0

County Assessor's Map: Section

No Title Report furnished.

Plat of Survey
Partitioning of Lot No 2 of "Bayview Ridge" into Parcels 2A & 2B. (Duplex dwelling). Located on Chincoteague Island, The Islands District, Accomack County, Virginia.

SEC SHORE ENGINEERING CO., INC.

DATE: Apr. 8, 1991
JOB NO: SA028252
SCALE: 1"=40'
DESIGNED: TLH | DRAWN: JLR | APPROVED: GEW | SHEET NO. 1 OF 1

COMMONWEALTH OF VIRGINIA
GEORGE E. WALTERS
NO. 028
LAND SURVEYOR