Health Department ID:99-100-1237 (R) Tax Map Number:28((A))30

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

EASTERN SHORE HEALTH DISTRICT
SEWAGE DISPOSAL SYSTEM OPERATION PERMIT

Virginia Wimbrow is/are Hereby Granted Permission to Operate a Type I Sewage Disposal System Having a Design Capacity of 450 gpd, at 7278 Fleming Rd., New Church, VA .

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section 2.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and Construction Permit 99-100-1237. Issuance of an Operating Permit does not Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

Michael Margolius, M.D., M.P.H.
Health Director

E. Anne Peterson, M.D., M.P.H.
Acting Health Commissioner

Delton T. Seaman
Environmental Health Specialist

Dec 10, 1999
Effective Date

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 99-100-1237

Accomack County Health Department

Name of Company/Corporation/Individual: BUNDICK WELL & PUMP, INC.

Address: BOX 15, PAINTER, VA Telephone: 442-5555

Owner's Name VIRGINIA WIMBROW

Owner's Address 7278 FLEMING ROAD, NEW CHURCH, VA 23415

Location of Installation: Lot Same as above Block

Section: Subdivision:

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 12/7/99 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Dec 10, 1999
Date

W. Miller Hoff
Signature and Title

C.H.S. 203 Rev. 4/83

SO.

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

Health Department ID 99-100-1237

TAX MAP #28((A))30

To Be Completed By The Applicant 11/22/99

Type of sewage system: ___ New ✓ Repair ___ Expanded ___ Conditional

FHA/VA yes ___ no ___ Case No _____

Owner Virginia Wimbrow Address 7278 Flemings Rd. Phone _____
New Church, Va.

Agent Jimmy Burdick Well & Pump Co. Address Painter, Va. Phone _____

Directions of Property 7278 Flemings Rd.

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property 1/2 A

Other Application Information

I. Building/facility
- ___ New ✓ Existing
- Intermittent Use ___ Yes ✓ No If yes, describe _____

II. Residential Use ✓ Yes ___ No
- Termite Treatment ___ Yes ✓ No
- ✓ Single Family (Number of Bedrooms 3) ___ Multi-family (Number of Units ___)
- Basement ___ Yes ✓ No
- Fixtures in Basement ___ Yes ✓ No

III. Commerical Use ___ Yes ✓ No Describe: _____
- Commerical/Wastewater ___ Yes ✓ No Number of Patrons _____ Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: ___ Public ✓ Private ___ New ✓ Existing ___ New ___ Existing

Describe: Deep Well

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ✓ Septic Tank Drainfield ___ LPD ___ Mound ___ Other

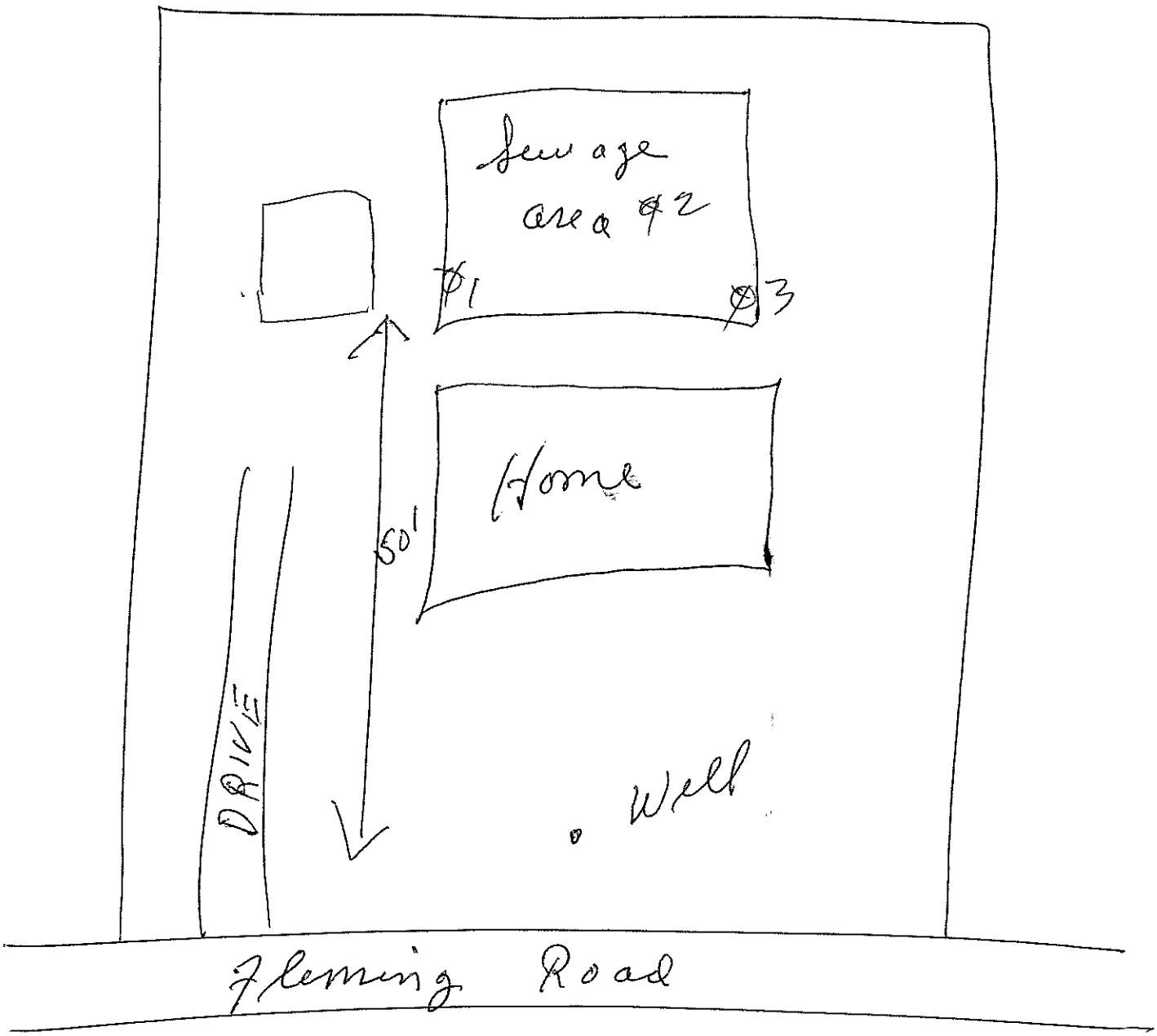
Public Sewerage System Needs new Tanks & fields

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

The property lines and building location 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.

Jimmy Burdick — Signature of Owner/Agent — 11/18/99 Date

CHS 200


Sewage area #2
#1
#3
Home
50'
DRIVE
Well
Fleming Road

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 99-100-1237
Tax Map Number 28((A))30

General Information

Date 12/3/99 ACCOMACK COUNTY Health Department

Applicant _____ Telephone No. _____

Address _____

Owner VIRGINIA WIMBROW Address 7278 FLEMING RD. NEW CHURCH, VA 23415

Location 7278 FLEMING RD.

Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes ☑ No ☐ Describe _____

2. Slope 2 %

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 17 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 Felton T. Sessoms, EHS Sr.

Signature Felton T. Sessoms

Department Use

☑ Site Approved: Drainfield to be placed at 36" 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 _____

Date of Evaluation 12/3/99

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 991-00-1237

Page 2 of 2

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 soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e., sewage disposal systems, wells, etc., within 100 feet of site (See section 4) 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	Ap	0-6	10YR 4/3 Sandy Loam	II
	E	6-14	10YR 5/8 loam	II
	Bt	14-24	7.5YR 5/6 loam	II
	B2	24-32	7.5YR 5/6 Sandy loam	II
	BC	32-42	5YR 4/8 loamy gravel	I
	C	42-60	10YR 4/8 gravel	I
2-3	Similar to #1			

Remarks

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
ACCOMACK COUNTY Health Department

Health Department Identification Number 99-100-1237
Map Reference 28((A))30

General Information

Water Supply System: New ___ Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New ___ Repair XX 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 VIRGINIA WIMBROW Telephone ___
Address 7278 FLEMING RD. NEW CHURCH, VA For a Type I Sewage Disposal System or Well to be constructed on/at 7278 FLEMMING RD.
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use 450 gpd

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) Deep Well **To be installed:** class ___ cased ___ grouted ___	**Water supply location:** Satisfactory yes ☑ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☑
Building sewer: 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☑ no ☐ comments Satisfactory
Septic tank: Capacity 1000 gals. (minimum). ☐ Other ___	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☒ Yes ☐ describe and show design. if yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory NA
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with 5 ports. ☐ Other ___	**Distribution box:** yes ☑ no ☐ comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other ___	**Header lines:** yes ☑ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ___	**Percolation lines:** yes ☑ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 600 : depth from ground surface to bottom of trench 36" ; aggregate size ½"-1½" : Trench bottom slope 2"-4"/100' ; center to center spacing 9' ; trench width 3' Depth of aggregate 13" ; Trench length 50' ; Number of trenches 4	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory Date 12/10/99 Inspected and approved by: Peter J. Scrom Sanitarian

C.H.S 202A

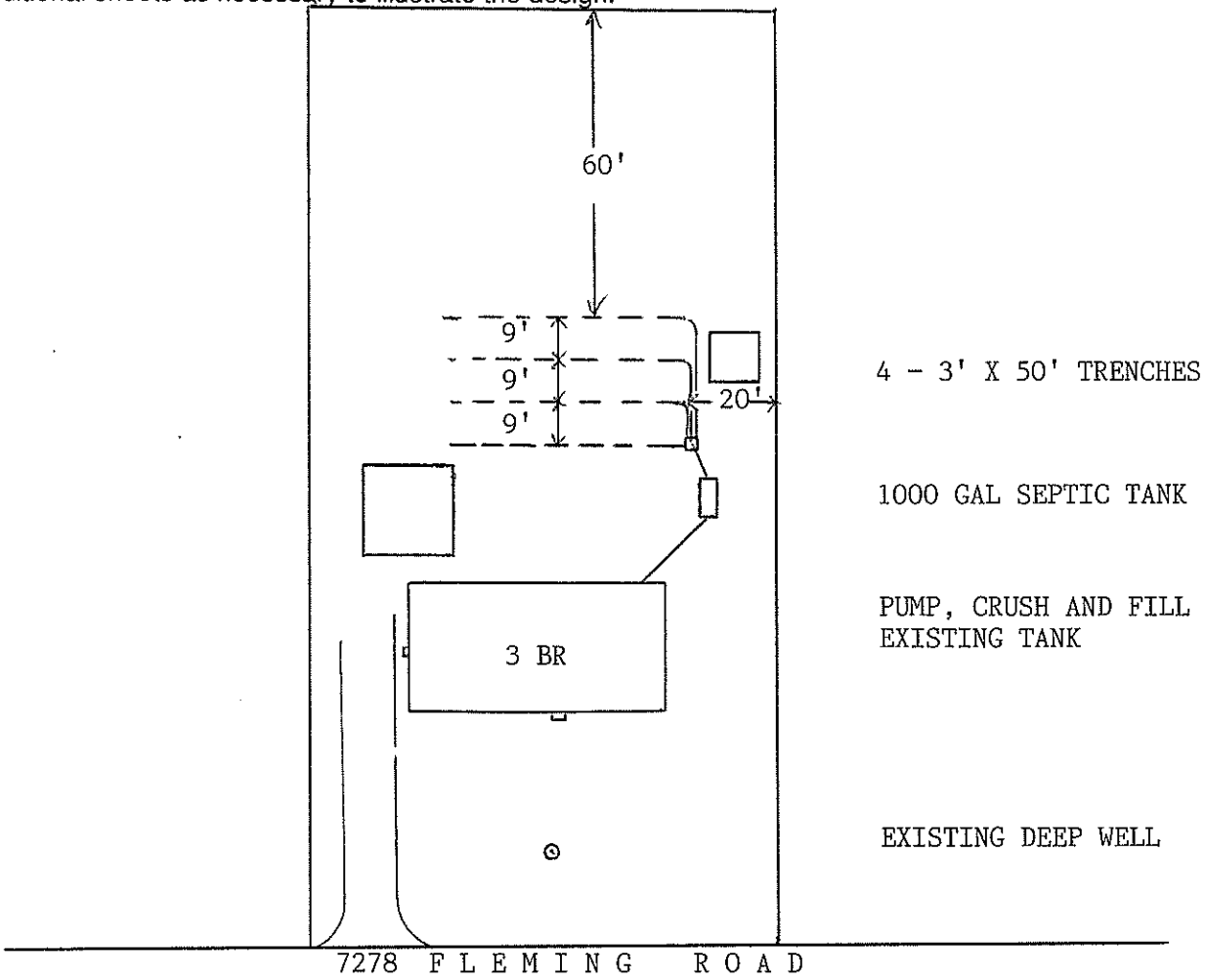
Copy to Builder 12/8/99

Health Department Identification Number 99-100-1237

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.



This sewage disposal system and/or water supply is to be constructed as specified by the permit X 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: Dec 7, 1999 **Issued by:** _____
Sanitarian

Date: 12/7/99 **Reviewed by:** _____
Supervisory Sanitarian

This Construction Permit Valid until June 7, 2001

If FHA or VA financing

Reviewed by Date 12/13/99 _____ **Date** _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B