Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 06-100-0965

Accomack County Health Department

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

Address: PO Box 15 Painter, VA 23420 Telephone: 442-5555

Owner's Name Kenneth Wolhar

Owner's Address 647 New London Newark DE 19711

Location of Installation: Lot 199 Block

Section: Subdivision: Capt., Cove

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 7/28/06 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

May 3, 2007
Date

Signature and Title

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

VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Accomack County Health Department
P. O. Box 177 / 23191 Front Street
Accomac, VA 23301
(757) 787-5880 Voice
(757) 787-5841 Fax

Sewage Disposal System Operation Permit

Property Owner
Kenneth Wolhar
647 New London
Newark, DE 19711

Health Dept. ID: **06-100-0965**
Tax Map: **5A2((1))199**

Locality: Accomack

Property Location
Property Address: S2 L199 Captains Cove
Greenbackville, VA 23356
Subdivision: Captains Cove , Section 2 , Lot 199

==========

Kenneth Wolhar is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location, having a design capacity of **450** gallons per day, or **3** 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.

May 4, 2007
Effective Date

Robert Sloan
EHS

Signed May 4, 2007

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Protecting You and Your Environment

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P. O. Box 177 / 23191 Front Street
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Sewage System Construction Inspection Report

Property Owner
Kenneth Wolhar
647 New London
Newark, DE 19711

Health Dept. ID: **06-100-0965**
Tax Map: **5A2((1))199**

Locality: Accomack

Property Location
Property Address: S2 L199 Captains Cove
Subdivision: Captains Cove , Section 2 , Lot 199

==========

Sewer Line
Diameter: 4", Material: Sch 40 Plastic, Grade: 1 1/4"/10' minimum
Inspected on May 3, 2007 by Robert Sloan
Satisfactory: **Yes**

Septic Tank(s)

Tank Identifier	Tank Size (gallons)	Tank Material
1	1250	Concrete (pre-cast)

Total # Tanks: 1 1250 Gallons Total Septic Tank Volume
Inspected on May 3, 2007 by Robert Sloan
Satisfactory: **Yes**

Treatment Device
Make and Model: None
Capacity:
Inspected on May 3, 2007 by Robert Sloan
Satisfactory:

Effluent Conveyance System
Method: Gravity
Make and Model:
Dosing Volume: Drawdown:
1/4 Day Storage: Yes Storage Volume: High Water Alarm: Yes
Chamber Total Size:
Inspected on May 3, 2007 by Robert Sloan
Satisfactory:

Conveyance Line
Diameter: 4" Material: Smooth Bore Plastic
Grade: 6"/100' minimum
Inspected on May 3, 2007 by Robert Sloan
Satisfactory: **Yes**

06-100 0965

Distribution System

Method: Gravity Distribution Box
Material: Concrete Box
Inspected on May 3, 2007 by Robert Sloan
Satisfactory: **Yes**

Header Lines

Diameter: 4", Material: Smooth-bore plastic
Inspected on May 3, 2007 by Robert Sloan
Satisfactory: **Yes**

Dispersal Area

Dispersal Method: Gravel-less System
Make and Model: Infiltrator Systems, Inc., Quick 4
Number of Trenches: 3, Trench Length: 62', Trench Width: 3'
Number of Units Installed per Trench: 15
Trench Bottom Depth: 20", Center to Center Spacing: 9'
Was the installed system a reduction from the original permitted design?
Inspected on May 3, 2007 by Robert Sloan
Satisfactory: **Yes**

Constructed by: Bundick Well & Pump Co., Inc.

Documentation Received:

Completion Statement Received By: Robert Sloan on May 3, 2007

Notice of Substitution Received By: on

Overall Result

Satisfactory Construction: Yes
Approved for Operation Permit: Yes on May 4, 2007

I hereby certify that this system was installed substantially in accordance with the Sewage Handling and Disposal Regulations, relevant VDH policies, and manufacturer recommendations. All deviations from these standards of practice were determined to be minor variations, are noted above, and in my opinion will not materially affect the safe and sanitary operation of the system.

Robert Sloan, EHS

May 4, 2007

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Accomack County Health Department
P. O. Box 177 / 23191 Front Street
Accomac, VA 23301
(757) 787-5880 Voice
(757) 787-5841 Fax

Septic Tank - Soil Absorption System Construction Permit

Health Department ID Number: **06-100-0965**

Owner / Agent Information

Owner: Kenneth Wolhar
647 New London
Newark, DE 19711
Owner Phone:

Location Information

Subdivision: Captains Cove , Section 2 , Lot 199
Property Address: S2 L199 Captains Cove
Tax Map: **5A2((1))199**
Locality: Accomack
Directions:

General Information

System Type: septic tank effluent and drainfield
Type of Property: Residential
Daily Flow: **450 gallons**
Number of Bedrooms: **3** maximum

Sewer Line

3" or 4" Sch. 40 PVC or equivalent
(cleanouts required at 50' to 60' intervals)

Distribution Box Information

No. of Boxes: 1
No. of Outlets: 4

Conveyance Line / Force Main Information

Method: Gravity Distribution Box
Material: Minimum crush strength 1500#
Pipe Diameter: 4"
Minimum Slope: 6" per 100' (only for non-pump)

Header Line Information

ASTM F405 pipe or better (1500 # crush or equivalent)
Minimum slope 2" per 100'

Septic Tank - Inlet Outlet Structure

Capacity: **1000 gallons**

The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank

Percolation Lines and Absorption Area

Slope: 2-4" per 100'
Percolation Lines: 4" diameter
Center to Center Spacing: **9'**
Installation Depth: **20"**
Depth of Aggregate: **13"**, Size of Aggregate: **0.5-1.5"**
Total Number of Laterals: **3**
Laterals to be **60'** long, x **21'** wide
Install **3780** Square Feet Total
0% Reserve Area Required for Future Repairs

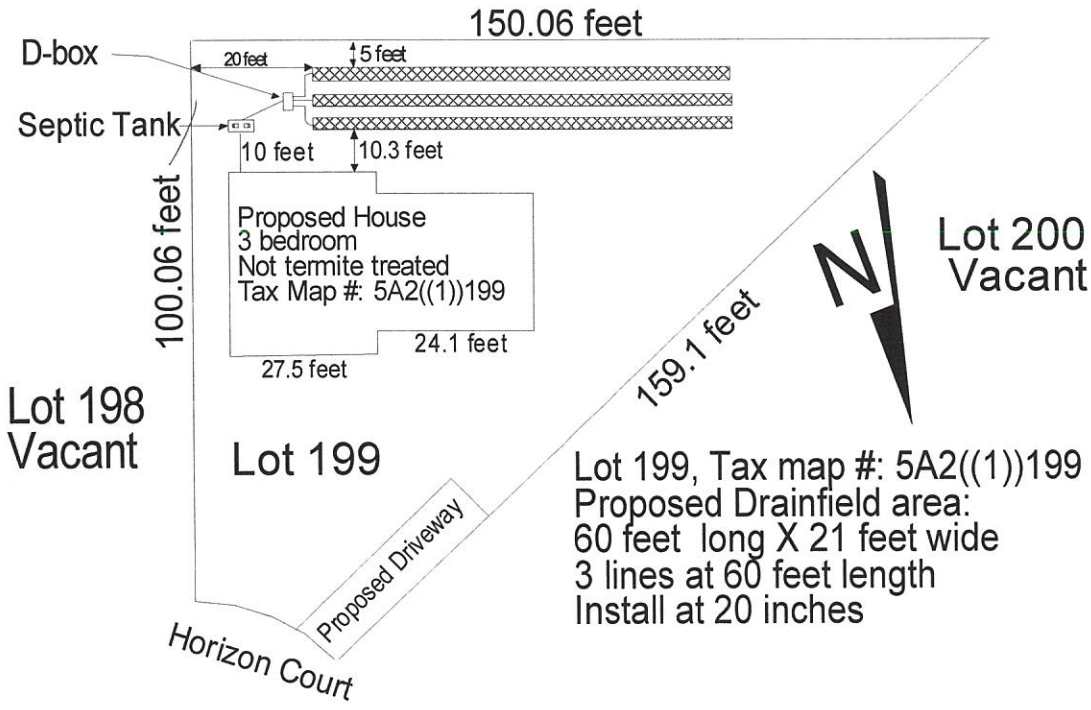
Please Note:

ORIGINAL

Construction Drawing HD ID #: **06-100-0965**

Owner Information	
Kenneth Wolhar 647 New London Newark, DE 19711	Phone:

Construction Drawing
Schematic drawing of sewage disposal system and topographic features.



This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: James A. Davis ; Site Evaluation By: James A. Davis

James A. Davis

July 28, 2006
Issue Date

January 28, 2008
Expiration Date

ORIGINAL

VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Accomack County Health Department
P. O. Box 177 / 23191 Front Street
Accomac, VA 23301
(757) 787-5880
(757) 787-5841

Site Evaluation Report

Health Department ID Number: 06-100-0965

Facility Information	
Facility Name:	Wolhar, Kenneth
Site Evaluator:	James A. Davis
HDID:	06-100-0965

Evaluation Information	
Scheduled Evaluation:	July 27, 2006
Comments:	5 holes augered due to variability of soil

Site Evaluation	
Date(s) of evaluation:	July 28, 2006
Evaluation method:	Hand Auger
Landscape Position:	Broad Flat
Position Satisfactory?	Yes
Slope (range):	Min: 0% Max: 3%
Depth to rock:	>60 inches
Depth to seasonal water table:	>60 inches
Free water present?	No
Depth to other limiting feature?	No
Describe limiting feature:	
Soil texture group:	I
Estimated soil permeability:	=< 10 mpi at: 20 inches
Measured soil permeability:	No
Type of test:	
Length of site (on contour):	60
Width of site (up and down slope):	21

Preliminary Design Concepts	
Treatment level:	Primary
Trench/bed width:	36 inches
Trench/bed depth:	20 inches
Trench spacing:	9 feet
Comments:	

In accordance with § 32.1-163.5 of the *Code of Virginia* and 12 VAC 5-615-360, I hereby certify that this evaluation and all associated work, including but not limited to system design information where applicable, complies with and was conducted in accordance with 12 VAC 5-610-20 et seq. (the *Sewage Handling and Disposal Regulations*) and the policies of the Virginia Department of Health.

(signature & AOSE # if applicable)

James A. Davis, Environmental Health Supervisor

Print name and title

If evaluated by a professional engineer, indicate name and # of AOSE consulted:

Soil Profile Descriptions

Health Department ID Number: 06-100-0965

Facility Information	
Facility Name:	Wolhar, Kenneth
Site Evaluator:	James A. Davis
HDID:	06-100-0965

	Horizon	Depth	Color	Texture	Comments	Texture Group
Hole 1 28-Jul-2006	A	0-4"	Yellowish Red (5YR 4/6)	Loamy Sand		I (1)
	B	4-30"	Yellowish Brown (10YR 5/6)	Sand	with 2% gravel	I (1)
	C1	30-36"	Strong Brown (7.5YR 5/6)	Sand		I (1)
	C2	36-60"	Brownish Yellow (10YR 6/6)	Sand	with 5YR 5/8 Yellowish red concretions @ 2% from 48-50 inches	I (1)
Hole 2 28-Jul-2006	A	0-3"	Dark Yellowish Brown (10YR 4/4)	Loamy Sand		I (1)
	B1	3-16"	Strong Brown (7.5YR 5/6)	Sand	with 1% gravel	I (1)
	B2	16-33"	Yellowish Brown (10YR 5/6)	Sand	with 1% gravel	I (1)
	C1	33-45"	Strong Brown (7.5YR 5/6)	Sand		I (1)
	C2	45-60"	Brownish Yellow (10YR 6/6)	Sand	with 5YR 5/8 concretions @ 1% at 54 inches	I (1)
Hole 3 28-Jul-2006	A	0-7"	Dark Yellowish Brown (10YR 4/4)	Loamy Sand		I (1)
	B	7-14"	Dark Yellowish Brown (10YR 4/6)	Loamy Sand		I (1)
	C1	14-36"	Light Yellowish Brown (10YR 6/4)	Sand	with 1% gravel	I (1)
	C2	36-60"	Yellowish Brown (10YR 5/8)	Sand	with 5YR 4/4 Reddish brown concretions @ 1% at 52 inches	I (1)
Hole 4 28-Jul-2006	A	0-4"	Yellowish Red (5YR 4/6)	Loamy Sand		I (1)
	B	4-26"	Yellowish Red (5YR 4/6)	Sand	with 5YR 4/4 Reddish brown concretions @ 1%	I (1)
	C1	26-40"	Brownish Yellow (10YR 6/6)	Sand		I (1)
	C2	40-50"	Yellowish Brown (10YR 5/6)	Sand		I (1)
	C3	50-60"	Yellow (10YR 7/6)	Sand		I (1)

06-100-0965

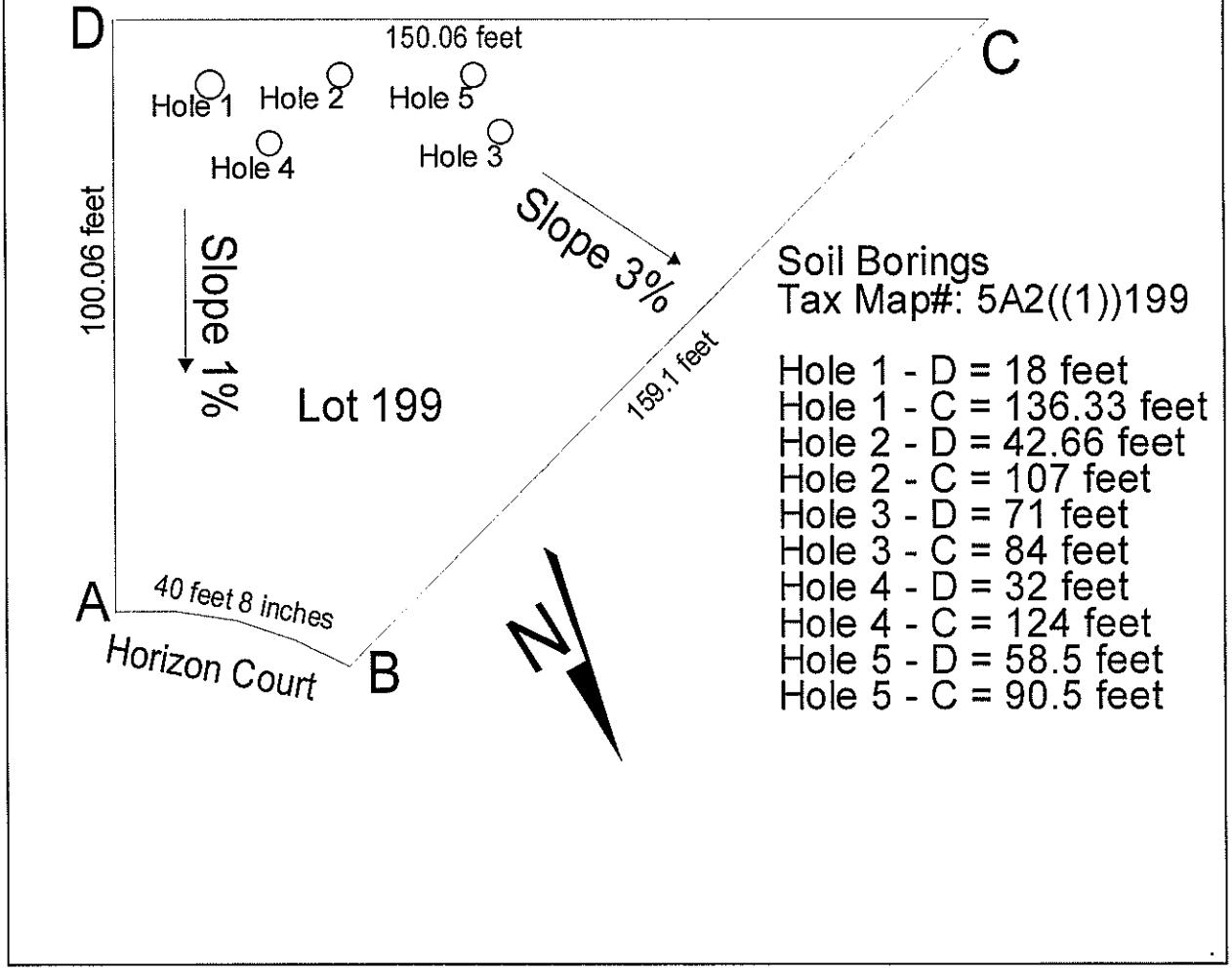
Hole 5 28-Jul-2006	A	0-5"	Dark Yellowish Brown (10YR 4/4)	Loamy Sand		I (1)
	B1	5-18"	Strong Brown (7.5YR 4/6)	Sand	with 5% gravel	I (1)
	B2	18-36"	Dark Yellowish Brown (10YR 4/6)	Sand	with 2% gravel	I (1)
	C	36-60"	Yellowish Brown (10YR 5/8)	Sand	with 10YR 4/4 Dark yellowish brown concretions @ 5% from 38-44 inches	I (1)

Site Sketch

Health Department ID Number: 06-100-0965

Facility Information	
Facility Name:	Wolhar, Kenneth
Site Evaluator:	James A. Davis
HDID:	06-100-0965

Site Sketch



Conversion
162.50
#3727

HORIZON COURT
LOT 199

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

Health Department ID 06-100-0965

TAX MAP # 5A2((1)) 199

To Be Completed By The Applicant 6/9/06

Type of Sewage system: ✓ New ___ Repair ___ Expanded ___ Conditional
FHA/VA yes ___ no ✓ Case No ___

Owner Kenneth WOLCHAR Address 647 NEW LONDON AVE LYNCHBURG VA 24501 Phone 302 598 8274 cell

Agent NONE Address NA Phone NA

Directions of Property CAPTAIN COVE GREENBANK VIA ENTER ON CAPTAIN CORRIDOR RIGHT ON NANCATAK LN LEFT HORIZON CT

Subdivision CAPTAIN COVE Section 2 Block ___ Lot 0199

Other Property Identification LOT 0199 HORIZON COURT

Dimension/size of Lot/Property 50'R x 100.06 x 159.10 x 150.06
SURVEY ENCLOSED

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 ___ Multi-family
(Number of Bedrooms 3) (Number of Units ___)

Basement ___ Yes ✓ No
Fixtures in Basement ___ Yes ✓ No

III. Commercial Use ___ Yes ✓ No Describe: ___

Commercial/Wastewater ___ Yes ✓ No Number of Patrons ___
Number of Employees ___

If yes, give volumes and describe ___

IV. Water Supply: ✓ Public ✓ New ___ Existing
___ Private ___ New ___ Existing
Describe: CAPTAIN COVE UTILITY CO

V. Proposed Sewage Disposal Method:

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

Public Sewerage System GRAVITY

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.

Kenneth R Wolchar JUNE-01-06

Signature of Owner/Agent **Date**

CHS 200

COMMONWEALTH of VIRGINIA

EASTERN SHORE HEALTH DISTRICT

ACCOMACK COUNTY HEALTH DEPARTMENT
23191 FRONT STREET
PO BOX 177
ACCOMAC, VIRGINIA 23301-0177

PHONE (757) 787-5880 OR 824-5616

NORTHAMPTON COUNTY HEALTH DEPARTMENT
7114 LANKFORD HIGHWAY
PO BOX 248
NASSAWADOX, VIRGINIA 23413-0248

PHONE (757) 442-6228

September 26, 2002

Patricia Decker
225 E. 36th Street Apt G1
New York, NY 10016

RE: Location #5A2((1))199
Captain's Cove/Lot 199
0.24 Acres/02-100-0813

Dear Ms. Decker:

This letter is issued in lieu of a sewage disposal system construction permit in accordance with §32.1-163, et seq., of the Code of Virginia. 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 Accomack County Health Department, are suitable for the installation of an onsite sewage disposal system. The attached sketch or plat shows the approved area for the sewage disposal system. 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.

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 fees for a permit to construct a system. After 18 months, the applicant is responsible for paying all fees for a permit application.

This letter, and accompanying sketch or 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 for Accomack County. 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 subject of this letter, the letter shall be transferred with the title to the property.

02-100-0813

Future owners are advised to review the sketch or 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 this area, they should contact the Accomack Health Department for assistance.

The area evaluated, and certified by this letter, is suitable to accommodate a three bedroom house using a system design of 450 gallons per day. The property will be served by a public water supply as shown on the attached sketch/plat.

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, water well location (final determination to be made at time of permit issuance), the regulations in effect at the time, and any offsite 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.

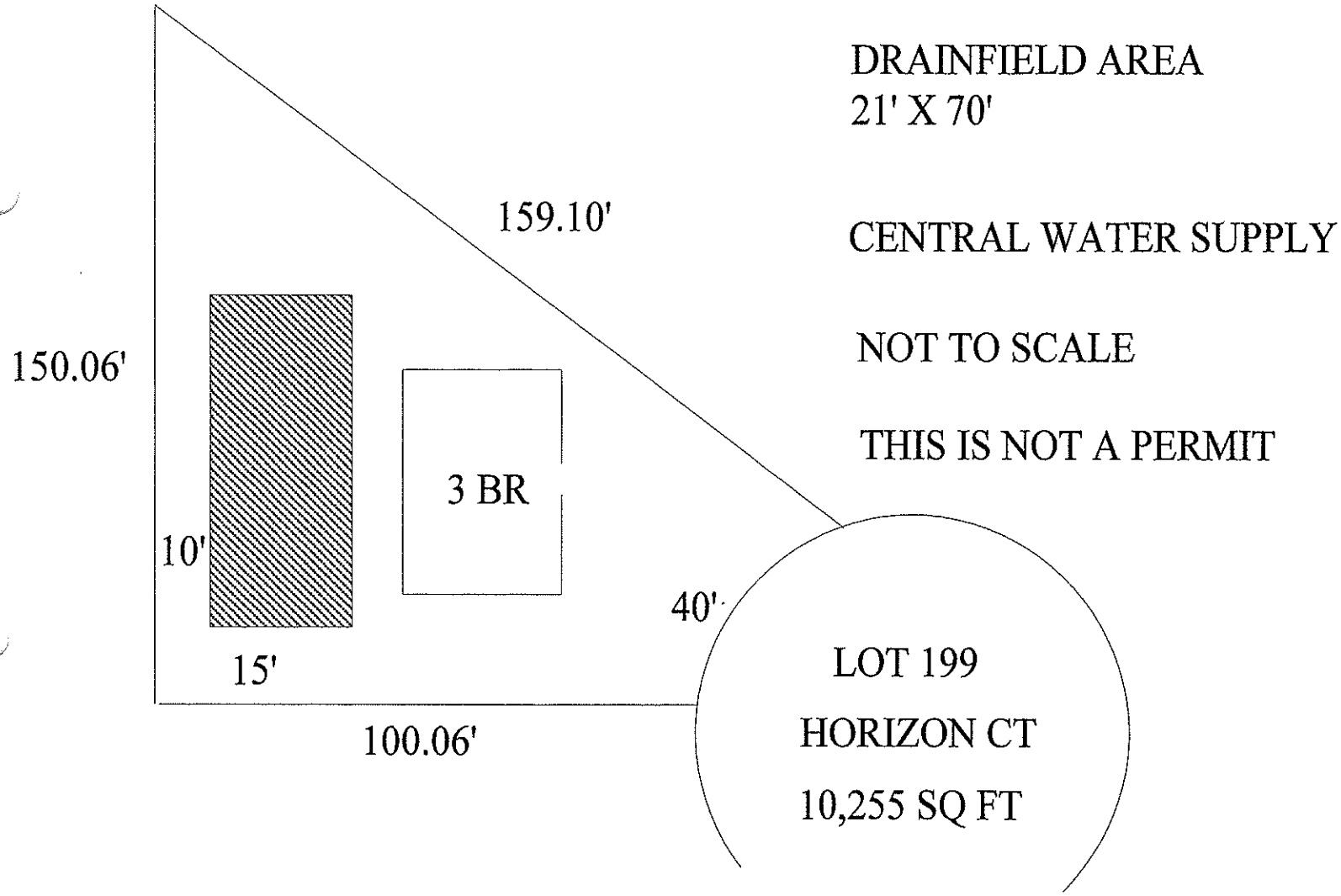
Sincerely,

Felton T. Sessoms
Environmental Health Supervisor

Attachment
cgb

CERTIFICATION LETTER SKETCH

HEALTH DEPARTMENT ID # 02-100-0813 TAX MAP # 5A2((1))199



DRAINFIELD AREA
21' X 70'

CENTRAL WATER SUPPLY

NOT TO SCALE

THIS IS NOT A PERMIT

02-100-0813

SOIL PROFILE DESCRIPTION REPORT

Date of Evaluation 7-27-06

Lot 199
Tax Map 5A2((1)) 199

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 on this form.

☐ See application sketch page ☐ See construction permit ☐ See sketch on reverse side or attached to this form.

Hole #	Horizon	Depth (inches)	Descriptions of, color, texture, etc.	Texture Group
1	A	0-4"	5YR 4/6 Yellowish Red LS	I
	B	4-30"	10 YR 5/6 Yellowish Brown S w/ 2% gravel	I
	C1	30-36"	7.5 YR 5/6 Strong Brown S	I
	C2	36-60"	10 YR 6/6 Brownish Yellow S w/ 5 YR 5/8 Yellowish Red @ 2% at 48-50"	I
2	A	0-3"	10 YR 4/4 Dark Yellowish Brown LS	I
	B1	3-16"	7.5 YR 5/6 ~~Yellowish Brown~~ S w/ 1% gravel Strong Brown	I
	B2	16-33"	10 YR 5/6 Yellowish Brown S w/ 1% gravel	I
	C1	33-45"	7.5 YR 5/6 Strong Brown S Yellowish Brown	I
	C2	45-60"	10 YR 6/6 Brownish Yellow S w/ 5 YR 5/8 concretions @ 1% at 54"	I
3	A	0-7"	10 YR 4/4 Dark Yellowish Brown LS	I
	B	7-14"	10 YR 4/6 Dark Yellowish Brown LS	I
	C1	14-36"	10 YR 6/4 Light Yellowish Brown w/ 1% gravel S	I
	C2	36-60"	10 YR 5/6 Yellowish Brown S w/ 5 YR 4/4 Reddish Brown concretions @ 1% at 52"	I

Remarks:

C.H.S. 201

02-100-0813

SOIL PROFILE DESCRIPTION REPORT

Date of Evaluation 7-27-06

Lot 199

Tax Map 5A2((1)) 199

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 on this form.

☐ See application sketch page ☐ See construction permit ☐ See sketch on reverse side or attached to this form.

Hole #	Horizon	Depth (inches)	Descriptions of, color, texture, etc.	Texture Group
4	A	0-4"	5 YR 4/6 Yellowish Red LS	I
	B	4-26"	5 YR 4/6 Yellowish Red S	I
			w/ 5 YR 4/4 concretions @ 1%	I
	C1	26-40"	10 YR 6/6 Brownish Yellow S	I
	C2	40-50"	10 YR 5/6 Yellowish Brown S	I
	C3	50-60"	10 YR 7/6 Yellowish [redacted] S	I
5	A	0-5"	10 YR 4/4 Dark Yellowish Brown LS	I
	B1	5-18"	7.5 YR 4/6 Strong Brown S w/ 5% gravel	I
	B2	18-36"	10 YR 4/6 Dark Yellowish Brown S w/ 2% gravel	I
	C	36-60"	10 YR 5/8 Yellowish Brown S	I
			10 YR 4/4 Dark Yellowish Brown concretions @ 5% from 38-44"	

Remarks:

C.H.S. 201

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 02-100-0813
Tax Map Number 53A2((1))199

General Information

Date Sept 8, 2002 Accomack County Health Department

Applicant _____ Telephone No. _____

Address _____

Owner PATRICIA DECKER Address 225 E. 36TH STREET APT. G1, NEW YORK NY 10016

Location CAPTAIN'S COVE, LOT 199

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 12 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 J. Sessoms, EHSS

Signature: Felton J. Sessoms Typed Initials 9/19/02

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 9/8/02

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 02-100-0813

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	A	0–4	5YR 4/4 sandy loam gravelly	II
	E	4–12	5YR 4/4 loamy sand gravelly	V
	Bw	12–36	5YR 4/4 gravelly sand	I
	C2	36–66	5YR 6/8 gravelly sand, 5YR 4/6	I
2+3 similar to #1				

Remarks

T602.50

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

Health Department ID 02-180-0813

TAX MAP #5A2((1))199

8/19/02

To Be Completed By The Applicant

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

FHA/VA yes ___ no X Case No ___

Owner Patricia Decker Address 225 E 36th St Apt Grl, New York NY 10016 Phone (212) 725-5345

Agent Susan Poole Address PO Box 35 Greensbackville VA 23356 Phone (757) 854-4141

Directions of Property Captain's Corridor, L Navigator Drive, L Horizon Court, and lot on L

Subdivision Captain's Cove Section 2 Block ___ Lot 199

Other Property Identification NA

Dimension/size of Lot/Property 40'x 159.10 x 150.06 x 100.06

Other Application Information

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

II. Residential Use X Yes ___ No
Termite Treatment ___ Yes X No
X Single Family (Number of Bedrooms 3) ___ Multi-family (Number of Units 1)

Basement ___ Yes X No
Fixtures in Basement ___ Yes X No

III. Commerical Use ___ Yes X No Describe: ___

Commerical/Wastewater ___ Yes X No Number of Patrons ___ Number of Employees ___

If yes, give volumes and describe ___

IV. Water Supply: X Public ___ New X Existing
___ Private ___ New ___ Existing
Describe: ___

V. Proposed Sewage Disposal Method:
Onsite Sewage Disposal System: X Septic Tank Drainfield ___ LPD ___ Mound ___ Other

Public Sewerage System

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.

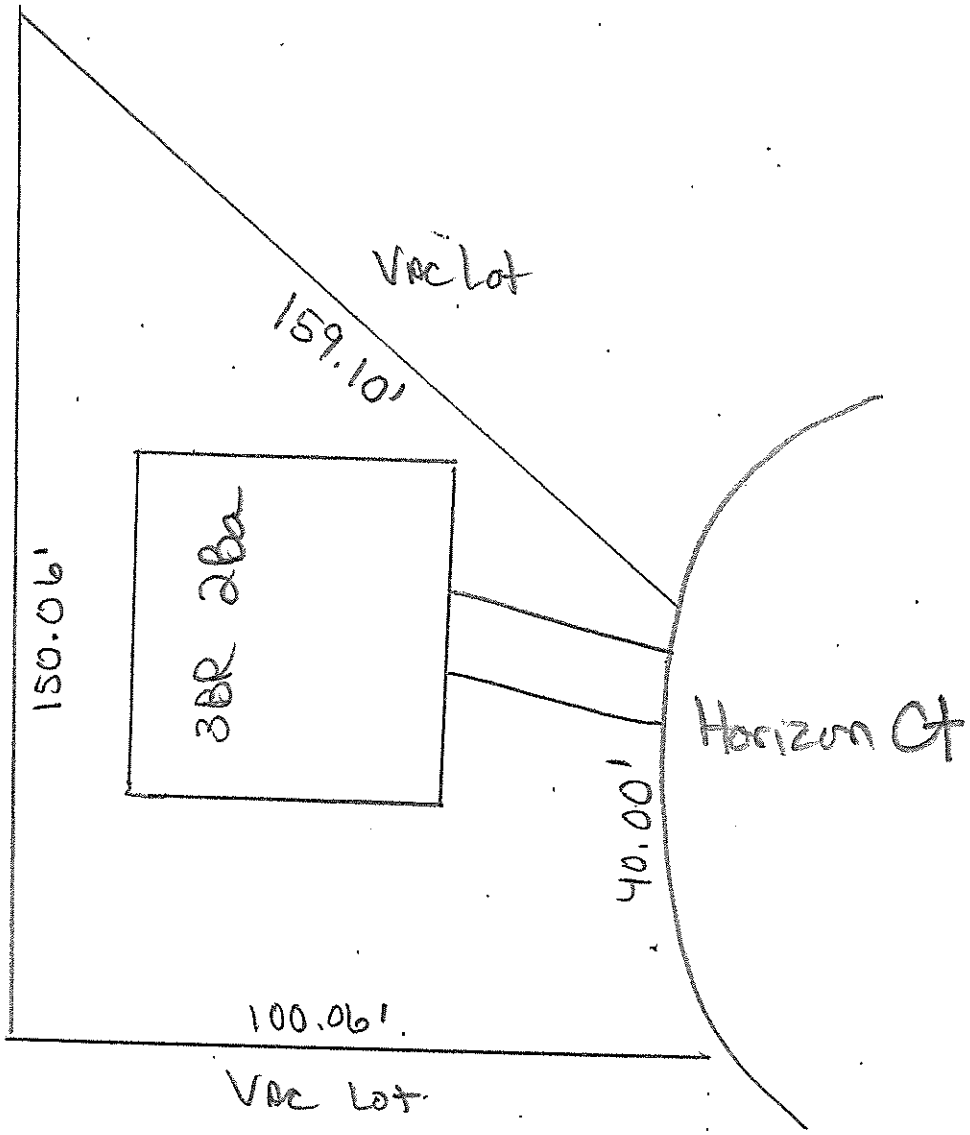
Susan M Poole
Signature of Owner/Agent

13 Aug 2002
Date

CHS 200

HEALTH DEPARTMEN 02-700-0813

ketch drainfields, dimensions of property, proposed and/or existing structures and riveways, underground utilities, adjacent bodies of water, and wells within 200 feet adius of the center of the proposed building or drainfield.



*****IS THIS DWELLING/FACILITY TO BE SERVED BY A WATER TO AIR HEAT PUMP? ____YES ____NO IF SO, SHOW ALL WELLS INVOLVED (i.e. LOCATIONS OF DRINIKING WATER, HEAT PUMP SOURCE, AND HEAT PUMP RECHARGE WELLS).