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

May 15, 2002

Shoreland Trust, Ltd
PO Box 730
Accomac, VA 23301

RE: Folly Creek:Tax Map #95((5))B,C
Seaview, Lot 26
4.13 ac/HDIN #02-100-0126

Dear Sir or Madam:

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.

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 four bedroom house using a system design of 600 gallons per day. The property will be served by a private 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,

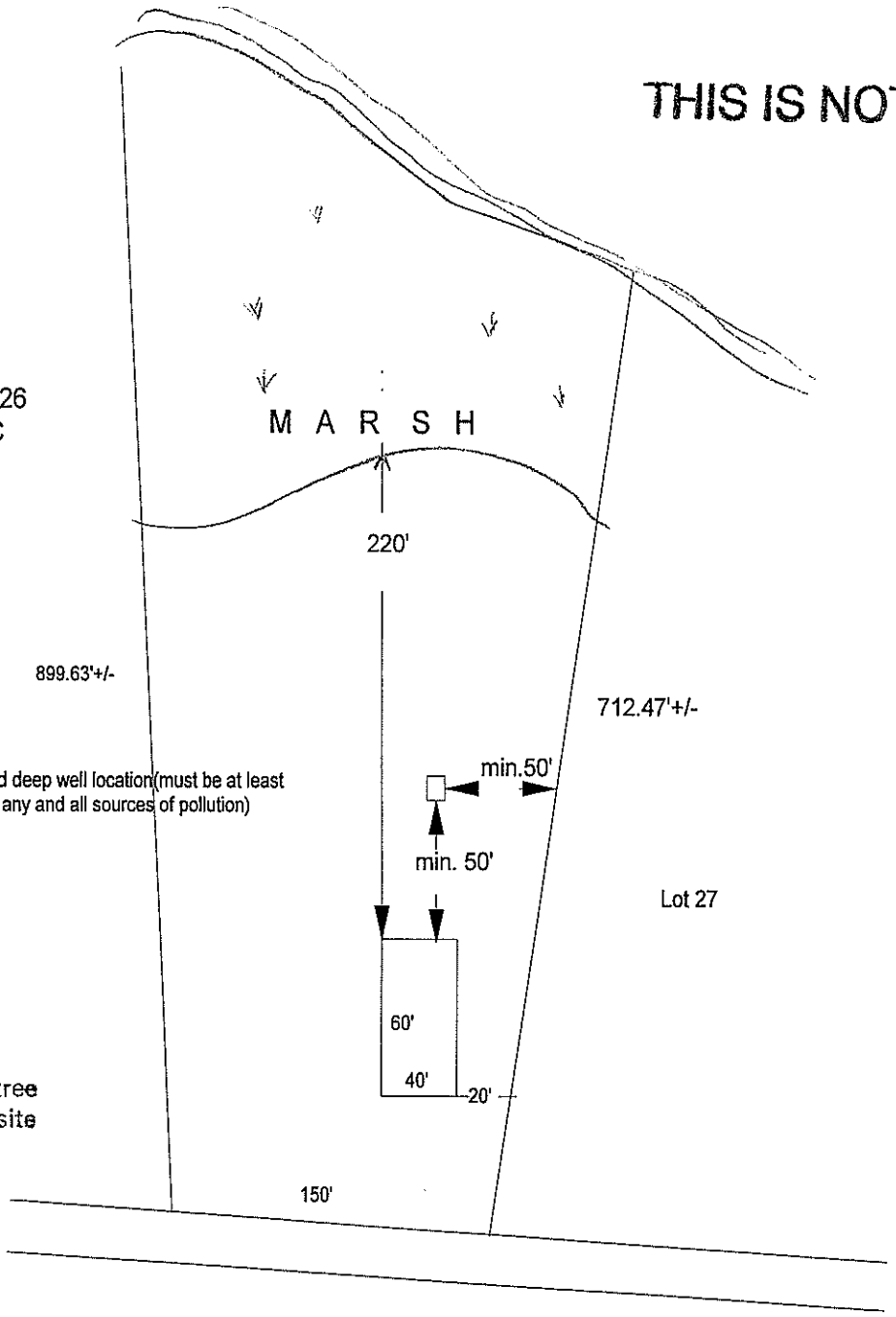
IraVon R. Ashby
Environmental Health Specialist

Attachment
pc:mdp

THIS IS NOT A PERMIT

Shoreland Trust, LTD
H. D. ID. No. 02-100-0126
Tax Map No. 95((5))B,C
Daugherty, VA
Seaview, Lot 26
4.13 acres+/-

NO RESERVE DRAINFIELD AREA IS REQUIRED.

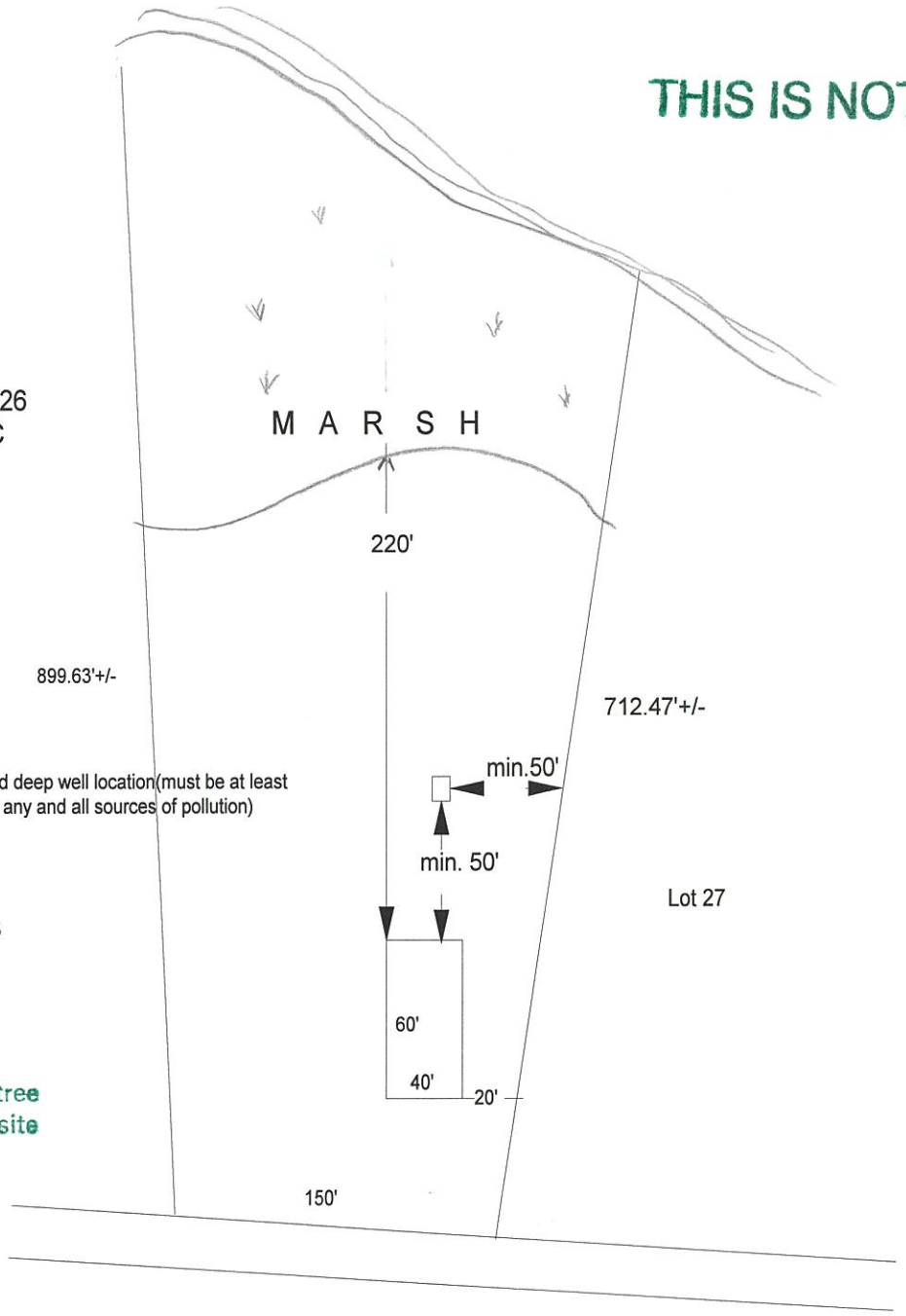


*Disturbance or removal of soil during tree or vegetation removal and/or drainfield site preparation may void this permit."

THIS IS NOT A PERMIT

Shoreland Trust, LTD
H. D. ID. No. 02-100-0126
Tax Map No. 95((5))B,C
Daugherty, VA
Seaview, Lot 26
4.13 acres+/-

NO RESERVE DRAINFIELD AREA IS REQUIRED.



"Disturbance or removal of soil during tree or vegetation removal and/or drainfield site preparation may void this permit."

190:

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

Health Department ID 02-100-0126

TAX MAP #

2/22/02

To Be Completed By The Applicant

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

FHA/VA yes ___ no ✓ Case No ___

Owner SHORE LAND TRUST LTD. Address P.O. Box 730 Accomac, VA. 23301 Phone —

Agent GRANT Cooley SHORE ENG. CO., INC. Address P.O. BOX 354 MELFA, VA. 23410 Phone 757-787-2773

Directions of Property S.R. 648 From DAUGHERTY TO PROPERTY ON FOLLY CREEK - NORTH OF HENRY'S PT.

Subdivision SEAVIEW Section ___ Block ___ Lot 26

Other Property Identification FLOYD FARM

Dimension/size of Lot/Property SEE SITE PLAN

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 4)	___ 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 ___ New ___ Existing

✓ Private ✓ New ___ Existing

Describe: INDIVIDUAL WELL

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ✓ 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.

Grant McCooley — Signature of ~~Owner~~/Agent

Feb. 21, 2002 — Date

CHS 200

Commonwealth of Virginia
Department of Health

Health Department
Identification Number _____
Tax Map Number _____

General Information

Date 2/21/02 ACCOMACK Health Department

Applicant SHORE LAND TRUST, LTD Telephone No. - -

Address P.O. Box 730 Accomac, VA 23310

Owner SAME Address _____

Location S.R. 648 FROM DAUGHERTY - NORTH OF HENRY'S PT

Subdivision SEAVIEW Block/Section _____ Lot 26

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe MOSTLY OPEN FIELD

2. Slope 0-6 %

3. Depth to rock/impervious strata Max. _____ Min. _____ None X

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 15-25 min/ inch

7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☒ Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: GRANT COOLEY - SOIL TECHNICIAN

Signature: Grant McCooley

Department Use

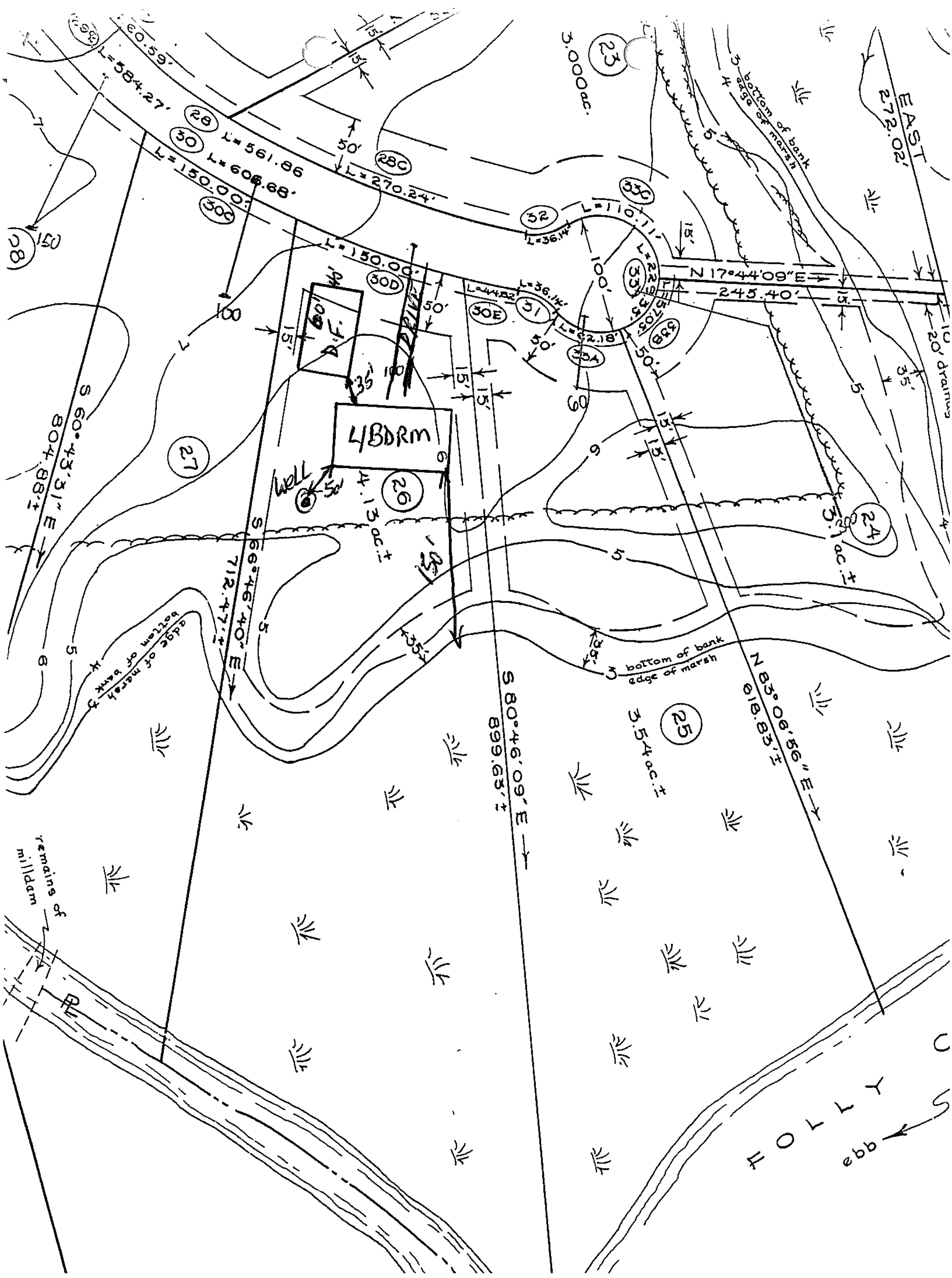
☐ Site Approved: Drainfield to be placed at _____ depth at site designated on permit.

☐ 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 _____

C.H.S. 2031A Rev. sec 4/83



L=584.27'
60.59'
L=561.86
L=606.68'
L=150.00'
L=270.24'
L=110.11'
L=150.00'
L=36.14'
L=44.82
L=62.18'
N 17°44'09"E
245.40'
EAST
272.02'
3.000ac.
bottom of bank
edge of marsh
20' drainage
4 BDRM
WELL
4.13 ac.±
3.1 ac.±
3.54 ac.±
S 60°43'31"E
804.88'±
S 66°46'40"E
712.47'±
S 80°46'09"E
899.63'±
N 83°06'56"E
618.83'±
remains of milldam
FOLLY
ebb

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 02-100-0126
Tax Map Number _____

General Information

Date _____ ACCOMACK COUNTY Health Department

Applicant _____ Telephone No. _____

Address _____

Owner SHORELAND TRUST, LTD Address PO BOX 730 ACCOMAC, VA 23301

Location SEAVIEW,, RT. 648 NORTH OF HENRY'S PT.

Subdivision SEAVIEW Block/Section _____ Lot 26

Soil Information Summary

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

2. Slope _____%

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 _____ 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: _____

Signature: _____

Department Use

☐ Site Approved: Drainfield to be placed at ____ 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 ______________

Profile Description

SOIL EVALUATION REPORT

Health Department Identification No. 02-100-0126

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

Remarks

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number 100-89-0776
Map Reference 95-((5)) PARCEL A

ACCOMAC Health Department

Date Received May 15, 1989

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☒

Owner BEN & ELIZABETH BENSON Address P.O. BOX 450 Phone 787-8585
ACCOMAC, VA. 23301

Agent FRANCIS C. JAMES Address P.O. BOX 133 Phone 442-9193
NASSAWADOX, VA. 23413

Directions to Property VA. RTE. 648 FROM DAUGHTERY TO PROPERTY ON FOLLY CREEK
NORTH OF HENRY'S POINT

Subdivision SEAVIEW Section ____ Block ____ Lot 26

Other Property Identification FLOYD FARM

Dimensions/size of Lot/Property SEE SITE PLAN

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 ☐ Multifamily Number of Units ____ Number of Bedrooms 3
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 Describe: CLASS 2-- DEEP WELL
☒ Private ☐ Existing

V. **Proposed Installation:** ☒ Septic tank and drainfield ☐ Other
If other, describe ____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

Francis C. James

Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department Identification Number 100-89-0776
Tax Map Number 95-((5)) PARCEL A

General Information

Date 5/10/89 ACCOMACK Health Department

Applicant FRANCIS C. JAMES Telephone No. 442-9193

Address NASSAWADOX, VA. 23413

Owner BENSON Address ACCOMAC, VA 23301

Location FOLLY CREEK

Subdivision SEAVIEW Block/Section _____ Lot 26

Soil Information Summary

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

2. Slope 0-6 %

3. Depth to rock/impervious strata Max. _____ Min. _____ None X

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 15-25 min/inch

5-22-89 PERMIT 100-89-077 IS DESIGNED ON A 20" RATE PHD

7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☒ Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: FRANCIS C. JAMES-- SOIL CONSULTANT 5-22-89 REVIEWED BY: Philip H. Lee Sanitarian

Signature: Francis C James

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 5-11-89

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 100-89-0776

lot #26

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	0-10	brown sandy loam	II
	B	10-16	yellow brown loam	II
	B	16-28	strong brown loam	II
	BC	28-32	" " sandy loam	II
	C	32-60	yellow brown sand	I
2)			Same as 1	
3)			Same as 1	
5-22-89 (D-26) IS SIMILAR TO ABOVE PHD				

Remarks

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
ACCOMACK CO. Health Department

Health Department Identification Number 100-89-0776
Map Reference 95 (5)) A

General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____

Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:

Owner BEN + ELIZABETH BENSON Telephone 787-8585

Address P.O. BOX 450 ACCOMAC, VA. 23301

For a Type I Sewage disposal system which is to be constructed on/at RT. 648 FROM DAISHEIM, 2 MILES ON LEFT PROCEED INTO SUBD.

Subdivision SEAVIEW Section/Block _____ Lot 26

Actual or estimated water use 450gpd

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class IIA (DEEP WELL) cased _____ grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 4 I.D. PVC 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 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
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 660: depth from ground surface to bottom of trench 36″; aggregate size .5-1.5″: Trench bottom slope 2-4″/100′; center to center spacing 9′; trench width 3′ Depth of aggregate 13″; Trench length 55′; Number of trenches 4	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date _____ Inspected and approved by: _____ Sanitarian

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number 100-89-0776
Map Reference 95-((5)) PARCEL A

ACCOMAC Health Department

Date Received May 15, 1989

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☒

Owner BEN & ELIZABETH BENSON Address P.O. BOX 450 Phone 787-8585
ACCOMAC, VA. 23301

Agent FRANCIS C. JAMES Address P.O. BOX 133 Phone 442-9193
NASSAWADOX, VA. 23413

Directions to Property VA. RTE. 648 FROM DAUGHTERY TO PROPERTY ON FOLLY CREEK
NORTH OF HENRY'S POINT

Subdivision SEAVIEW Section ____ Block ____ Lot 26

Other Property Identification FLOYD FARM

Dimensions/size of Lot/Property SEE SITE PLAN

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 ☐ Multifamily Number of Units ___ Number of Bedrooms 3
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 Describe: CLASS 2-- DEEP WELL
☒ Private ☐ Existing

V. **Proposed Installation:** ☒ Septic tank and drainfield ☐ Other
If other, describe ____

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

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Francis C. James MAY 10 1989

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 100-89-0776
Tax Map Number 95-((5)) PARCEL A

General Information

Date 5/10/89 ACCOMACK Health Department

Applicant FRANCIS C. JAMES Telephone No. 442-9193

Address NASSAWADOX, VA. 23413

Owner BENSON Address ACCOMAC, VA 23301

Location FOLLY CREEK

Subdivision SEAVIEW Block/Section _____ Lot 26

Soil Information Summary

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

2. Slope 0-6 %

3. Depth to rock/impervious strata Max. _____ Min. _____ None X

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 15-25 min/inch
5-22-89 PERMIT 100-89-077 IS DESIGNED ON A 20" RATE PHD

7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☒ Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: FRANCIS C. JAMES-- SOIL CONSULTANT 5-22-89 REVIEWED BY: Philip H. Dunn Sanitarian

Signature: Francis C James

Department Use

☑ Site Approved: Drainfield to be placed at 36" depth at site designated on permit.

☐ Site Disapproved:

Reasons for rejection:

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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 _____

I concur with finding of Chesapeake Bay Local Assistance Grant on 04-24-02

Type Authority Ann 5/16/02

Date of Evaluation 5-11-89

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 100-89-0776

lot #26

Page 2 of 2

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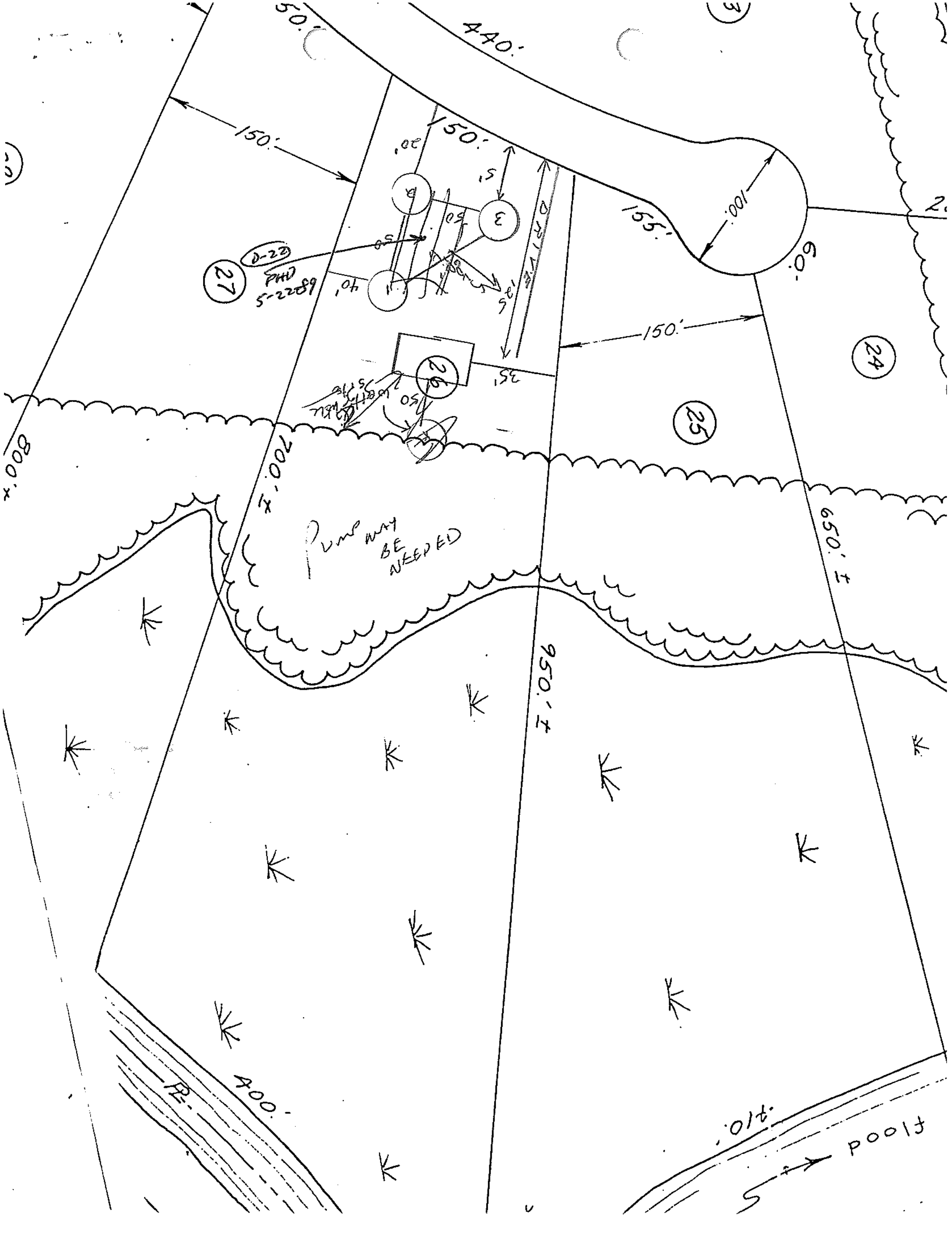
	B	11-28	strong brown loam	II
	BC	28-32	" " sandy loam	II
	C	32-60	yellow brown sand	I
2)			Same as 1	
3)			Same as 1	
5-22-89 (D-26) IS SIMILAR TO ABOVE PHD				

Remarks



440'
150'
150'
155'
100'
60'
150'
27
24
25
26
DRIVE
PUMP MAY BE NEEDED
800'±
700'±
950'±
650'±
400'
710'

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health
ACCOMACK CO. Health Department

Health Department Identification Number 100-890776
Map Reference 95 (65) A

General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____

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Subdivision SEAVIEW Section/Block _____ Lot 26

Actual or estimated water use 450 gpd

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class IIA (DEEP WELL) cased _____ grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 4 I.D. PVC 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 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
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 660: depth from ground surface to bottom of trench 36"; aggregate size 1.5-1.5"; Trench bottom slope 2-4"/100'; center to center spacing 9'; trench width 3' Depth of aggregate 13"; Trench length 55'; Number of trenches 4	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date _____ Inspected and approved by: _____ Sanitarian

NOTE: A PUMP MAY BE NEEDED FOR THIS SYSTEM. CALL HEALTH DEPT. PRIOR TO INSTALLATION TO DISCUSS THIS MATTER. PHD

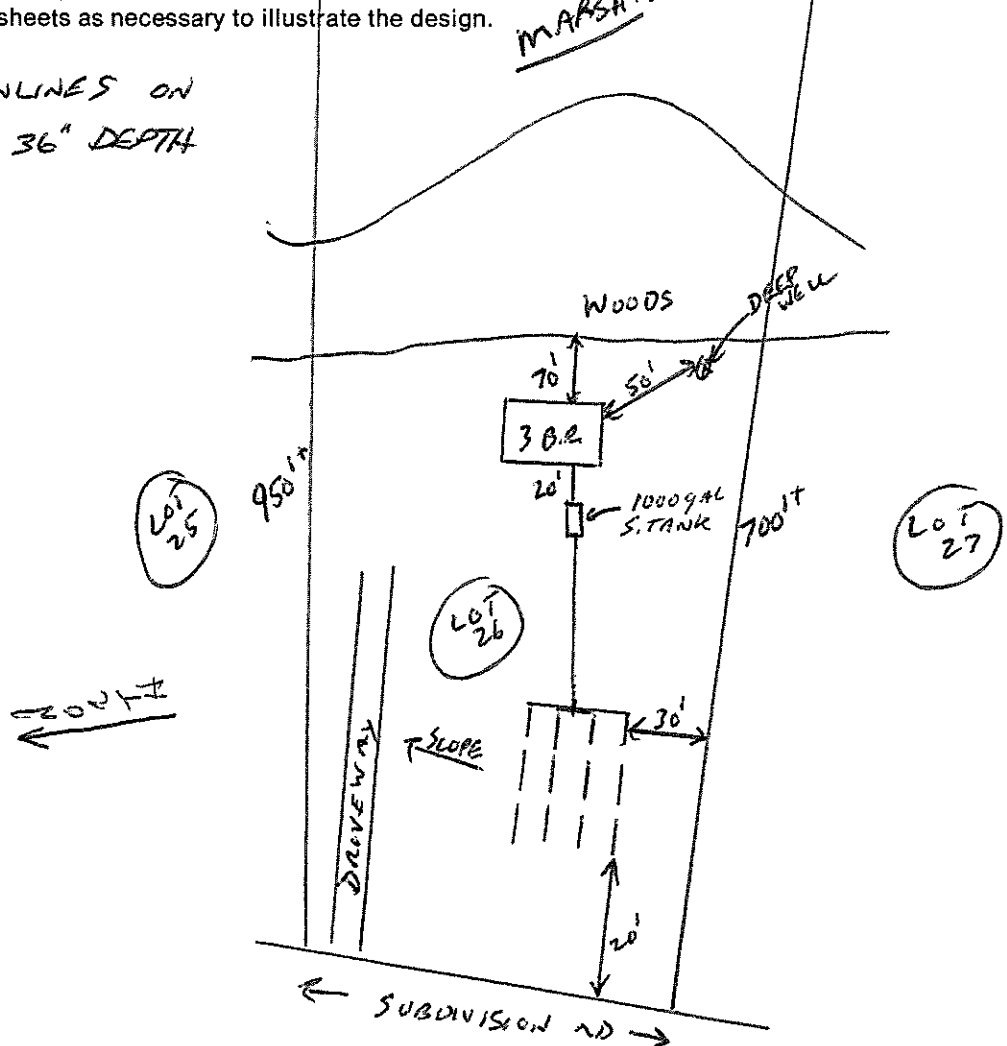
Health Department Identification Number 100-89-0776

Schematic drawing of sewage disposal system and topographic features.

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the 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 located on the same lot show all sources of pollution within 100 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.

*4-3'x55' DRAINLINES ON 9' CENTERS AT 36" DEPTH



The sewage disposal system is to be constructed as specified by the permit ☒ or ~~attached plans and specifications~~ ☐. NOT TO SCALE

This sewage disposal system 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: 5-22-89 Issued by: _____ Sanitarian

Date: 6-17-89 Reviewed by: _____ Supervisory Sanitarian

This Construction Permit Valid until 11-22-93

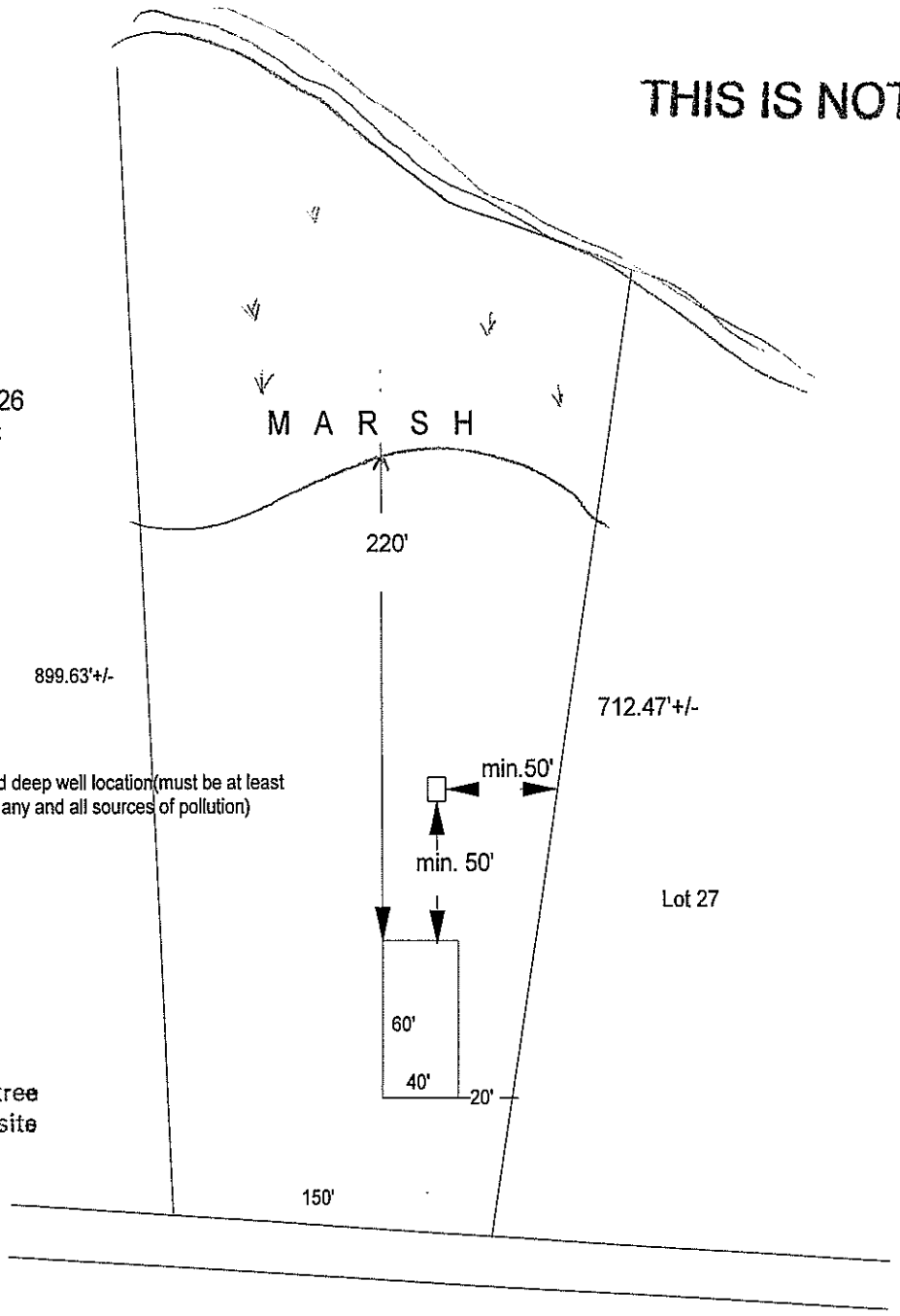
If FHA or VA financing

Reviewed by Date _____ _____ Supervisory Sanitarian Date _____ _____ Regional Sanitarian

THIS IS NOT A PERMIT

Shoreland Trust, LTD
H. D. ID. No. 02-100-0126
Tax Map No. 95((5))B,C
Daugherty, VA
Seaview, Lot 26
4.13 acres+/-

NO RESERVE DRAINFIELD AREA IS REQUIRED.



*Disturbance or removal of soil during tree or vegetation removal and/or drainfield site preparation may void this permit."