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

November 25, 2024

Tracy Stone
10041 Alantic Rd
Atlantic, VA 23303

Property Address: 10041 Atlantic Rd, Atlantic, VA 23303
Permit ID: 001-STS-93990
HDID#: 24-100-0267
Tax Map/GPIN: 42A1-A-33
Locality: ACCOMACK

Tracy Stone is hereby granted permission to operate a Residential Conventional Onsite Sewage System at the above referenced location, under the following parameters:

Daily Flow: 450.00 gallons
Number of Bedrooms: 3

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: 11/25/2024

Ashley L Thornes, EH Supervisor

OSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 24-100-0267 Tax Map: 42A1-A-33

Accomack County Health Department

Name of OSE/PE: Grant M. Cooley License Number: 1940001361

Address: P.O. Box 15 Painter, VA. 23420 Telephone: 757-710-2179

Contractors Name Bundick Well & Pump Co.

Owner's Name: Tracy Stone

Owner's Address: 10041 Atlantic Rd Atlantic, VA 23303

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

Other: 10041 Atlantic Rd

Inspection Results

Component	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	Existing deep well	9-27-24
Building Sewer	4" pvc	9-27-24
Septic Tank	Existing septic tank	9-27-24
Inlet-Outlet Structure	4" pvc tees	9-27-24
Pump and Pump Station	New 500 gallon pump station	9-27-24
Conveyance Method	2" pvc	9-27-24
Distribution Box or Pressure Manifold	5 port D-box	9-27-24
Header, Conveyance, Return, etc. Lines	4" plastic 1500 lb crush	9-27-24
Percolation Lines, Drip, Chambers, etc.		
Absorption Trenches and Dispersal Field	4 lines at 45' long, 3' wide, 9' o.c. Installed at 18" depth. Contractor installed 45' of EZFlow per trench	9-27-24
(Other Components: treatment unit, etc.)		

COMMONWEALTH OF VIRGINIA
9-27-24
GRANT M. COOLEY
Lic. No. 1940001361
OSE/PE

ACCOMACK COUNTY
RECEIVED
NOV 18 2024
HEALTH DEPARTMENT

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

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 24-100-0267

Accomack County Health Department

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

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

Owner's Name: Tracy Stone

Owner's Address: 10041 Atlantic Rd VA 23303

Location of Installation: Lot: Block:

Section: Subdivision:

Other: 10041 Atlantic Rd

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (Date) 8-5-24 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the ACCOMACK COUNTY specifications for the project.

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NOV 18 2024
HEALTH DEPARTMENT

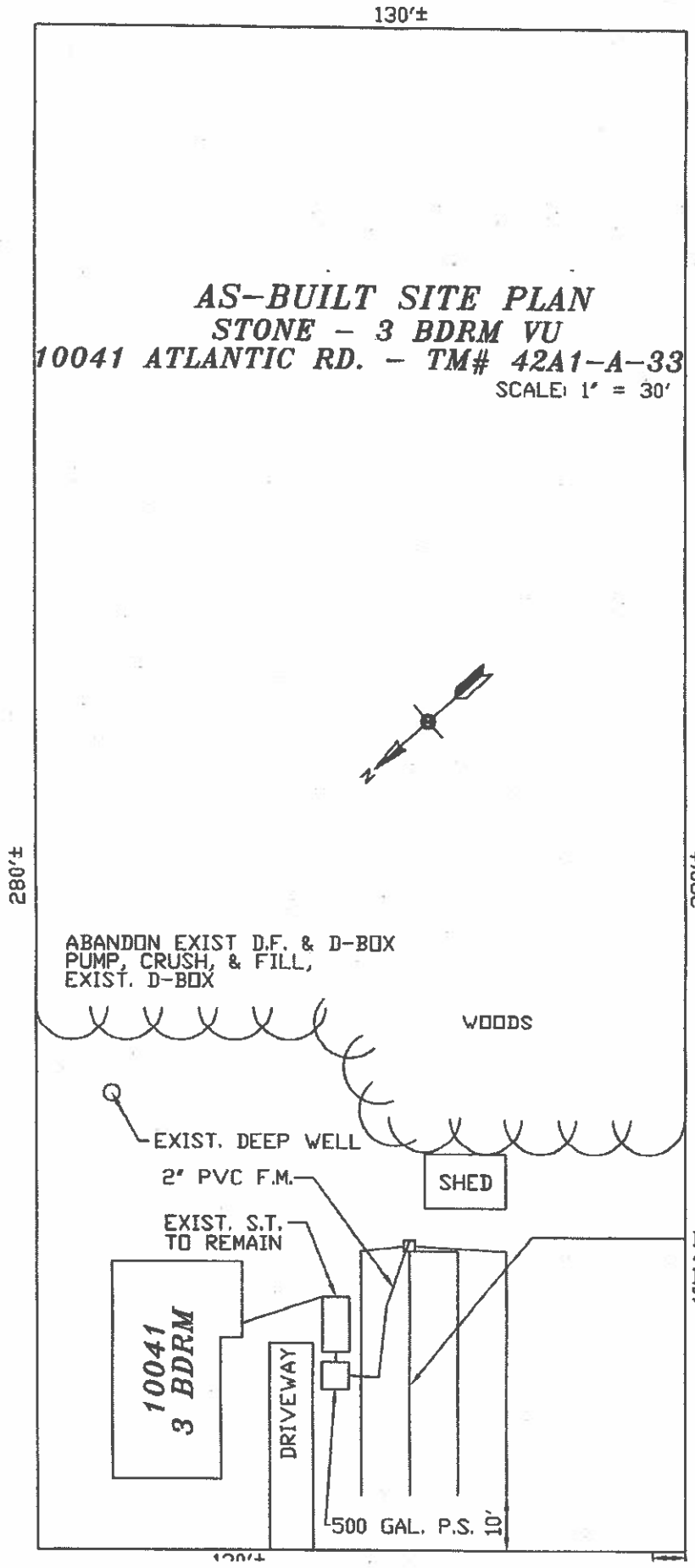
9-27-24
Date

Signature and Title

O.H.S. 203 Rev. 4/81

AS-BUILT SITE PLAN
STONE – 3 BDRM VU
10041 ATLANTIC RD. – TM# 42A1-A-33

SCALE: 1" = 30'



ACCOMACK COUNTY
RECEIVED
NOV 18 2024
HEALTH DEPARTMENT

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

August 05, 2024

Onsite Sewage System Voluntary Upgrade Permit

Tracy Stone
10041 Alantic Rd
Atlantic, VA 23303

RE: 10041 Alantic Rd.
Atlantic, VA 23303
Tax Map #: 42A1-A-33
County: ACCOMACK
Permit ID: 001-STS-93990 / HDID#: 24-100-0267

System Capacity: Residential, 3 Bedrooms, 450 gallons per day.

Dear Tracy Stone:

This letter and the attached drawings, specifications, and calculations (9 pages) dated, 07/17/2024, 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 Grant Cooley, 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: 02/05/2026.

Sincerely,

Hunter S. Cooper, EHTS

Hunter S. Cooper, EHTS

CC: Grant Cooley, 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.

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.

Name: Tracy Stone
Property Address: 10041 Atlantic Road
Atlantic, VA 23303
TM#: 42A1-A-33
HDID#: 24-100-0267
Reviewer: Hunter Cooper, EH Technical Specialist
Date: 8/5/2024

Date of Level I Review	IN[2]	OUT[2]	N.O.[3]	N.A.[4]	Comments
Location					
Site features affecting well and septic system location identified	X				Existing Deep Well
Landscape position identified	X				Slight Side Slope 2-3%
Absorption Area	X				
House site located	X				Existing 3 Bedrooms
Other:					
Separation Distance adequate	X				
Adequate triangulation/scale	X				
Depth					
Limiting factors (or lack of) noted	X				SWT = 0"
Depth adequate for slope	X				
Depth adequate for limiting factors	X				Drainlines to be placed at 18"
Timed-Dosing specified (if required)	X				
Capacity					
Absorption area adequately evaluated (number and location of borings/pits)	X				
Design flow adequate for intended use	X				450 GPD
Adequate trench area, based on flow & estimated/measured perc rate	X				25-30 mpi
Adequate footprint area (including reserve area area, if required)	X				540 sq. ft.
Treatment					STE
Treatment level specified	X				
Treatment level adequate for specified absorption area depth	X				Voluntary Upgrade
Treatment capacity adequate for design flow	X				

Additional comments, if any: AOSE Voluntary Upgrade. This V.U. will incorporate the installation of a replacement STE Drainfield with a trench bottom depth of 18" and a new timed dose control panel.

Form 2

24-100-0267

Page 1 of 1

OSE/PE Report For:

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

Property Location:

911 Address: 10041 Atlantic Rd. City: Atlantic

Lot _____ Section _____ Subdivision _____

GPIN or Tax Map # 42A1-A-33 Health Dept ID # 24-100-

Latitude 37°54'06"N Longitude 75°30'22"W

Applicant or Client Mailing Address:

Name: Tracy Stone

Street: 10041 Atlantic Rd.

City: Atlantic State VA Zip Code 23303

Prepared by:

OSE Name Grant M. Cooley License # 1940001361

Address P.O. Box 15

City Painter State VA Zip Code 23420

PE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report _____ Date of Revision #1 _____

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

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

Application, Site Sketch
Design Calculations, Site Plan,
Soil Summary, Soil Evaluation,
Construction Specs, Certifications

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 ☒ Denied ☐
repair permit ☐ voluntary upgrade ☒

OSE/PE Signature Grant M Cooley Date 7-17-24

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 9/1/2017

pd. 225.00
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Page 1 of 9

Rec 884823

Commonwealth of Virginia

Application for: ☑ Sewage System ☐ Water Supply

VDH Use only
Health Department ID# 24.100.0267
Due Date 7/18/24

Owner Tracy Stone — Phone 757-710-2934
Mailing Address 10041 Atlantic Rd. — Phone
Atlantic, VA 23303 — Fax
Agent Grant M. Cooley — Phone 757-710-2179
Mailing Address P.O. Box 15 — Phone
Painter, VA. 23420 — Fax 757-442-6736
Site Address 10041 Atlantic Rd.
Atlantic, VA 23303 — Email grantcooley@verizon.net

Directions to Property: Take Atlantic Rd. to the 1st the house north of the Atlantic Fire Station.

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 42A1-A-33 Other Property Identification _____ Dimension/Acreage of Property 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** 3) 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.) Domestic IIIA Deep Well

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.

_____ 7-17-24

Signature of Owner/ Agent Date

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

001-STS-93990

ACCOMACK COUNTY RECEIVED JUL 18 2024

AOSE VU

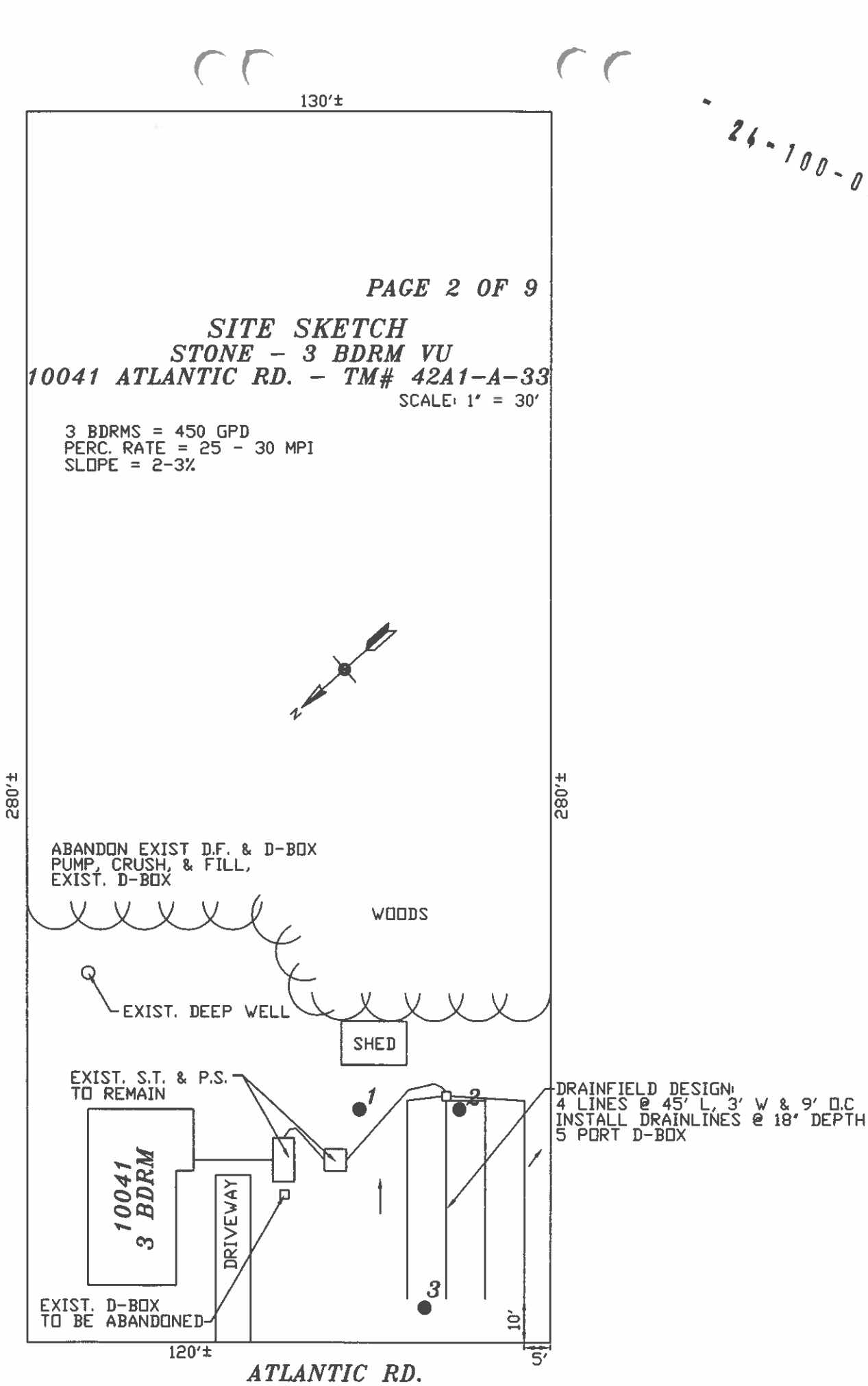
- 24-100-0267

PAGE 2 OF 9

SITE SKETCH
STONE – 3 BDRM VU
10041 ATLANTIC RD. – TM# 42A1-A-33

SCALE: 1" = 30'

3 BDRMS = 450 GPD
PERC. RATE = 25 - 30 MPI
SLOPE = 2-3%



24-100-0267

Commonwealth of Virginia
Soil Summary Report

Accomack Health Department # 24-100-_____ (VDH Use)

GENERAL INFORMATION

Date 7/11/2024 Submitted to: Accomack County Health Department

Applicant Bundick Well & Pump, CO Address P.O. Box 15 Phone 757-442-5555

Painter, Va 23420

Owner Tracy Stone Address 10041 Atlantic Rd. Phone 757-710-2934

Atlantic, VA 23303

Directions to Property Take Atlantic Rd. to the next house north of the Atlantic Fire Station

Subdivisio Section Block Lot

Other Property Identification 10041 Atlantic Rd. Tax Map No. 42A1-A-33

SOIL INFORMATION SUMMARY

1. Position in landscape satisfactory: X Yes ____ No Describe: Slight Side Slope
2. Slope: 2-3%
3. Depth to rock or impervious strata: ____ Max ____ Min X None ____
4. Depth to apparent seasonal water table: ____ No X Yes 0 Inches
5. Free water present: X No ____ Yes ____ Range (inches)
6. Soil percolation rate estimated: ____ No X Yes Texture Group II Rate 25-30 mpi
7. Percolation test performed: X No ____ Yes Measured Rate ____ mpi

X Site Approved
Site Disapproved

Drainlines to be placed at 18" inches depth on site designated on permit.

Reason for rejection:

- Position in landscape subject to flooding or periodic saturation.
- Insufficient depth of suitable soil over hard rock.
- Insufficient depth of suitable soil over seasonal/apparent seasonal water table.
- Rates of absorption too slow.
- Insufficient area of acceptable soil for required Primary and/or Reserve Area Drainfield.
- Proposed system too close to well.
- Other:

24-100-0267

Date of Evaluation 11-Jul-24

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 24-100-

Tracy Stone - 10041 Atlantic Rd. **TM# 42A1-A-33** 4 of 9

Profile holes and sketch of the area investigated including all structural features eg., sewage disposal systems, wells, etc., within 100 feet of the site is shown on:

☐ See construction permit ☒ See application sketch ☐ See attached site plan

Hole #	Horizon	Depth	Description of color, texture, etc.	Texture Group
1	Ap	0-2"	10YR 4/3 Brown Sandy Loam fill	II
	Bt1	2-12"	10YR 5/6 Yellowish Brown Sandy Loam w/ 10YR 5/8 & 6/2 throughout, shells, fill	II
	Bt2	12-24"	10YR 4/6 Dark Yellowish Brown Sandy Loam w/ 10YR 5/8 & 6/1 Fe Redox, fill	II
	Bt3	24-38"	10YR 5/2 Grayish Brown Sandy Loam w/ 10YR 5/4 & Fe Redox	II
	Bt4	38-42"	10YR 6/1 Gray Sandy Loam w/ 10YR 5/8 & Mg Redox	II
	Bt5	42-54"	10YR 6/2 Light Brownish Gray Sandy Loam	II
	Bt6	54-60"	10YR 6/1 Gray Sandy Loam w/ 10YR 5/8 Redox	II
2		0-10"	10YR 7/6 Yellow Sand fill	
	Ap	10-18"	10YR 4/4 Dark Yellowish Brown Sandy Loam w/ 10YR 5/8 & 6/1 Redox fill	II
	Bt1	18-24"	10YR 5/6 Yellowish Brown Sandy Loam w/ 10YR 5/8 & 6/1 Redox fill	II
	Bt2	24-36"	10YR 5/2 Grayish Brown Sandy Loam w/ 10YR 5/8 & 6/1 Redox	II
	Bt3	36-52"	10YR 5/2 Grayish Brown Sandy Loam w/ 2.5Y 6/6 & 10YR 6/1 Redox	II
	Bt4	52-60"	10YR 6/1 Gray Sandy Loam w/ 2.5Y 6/6 Redox	II
3	Bt1	0-12"	10YR 5/6 Yellowish Brown Sandy Loam w/ some shell fill	II
	Bt2	12-16"	10YR 5/4 Yellowish Brown Sandy Loam fill	II
	Bt3	16-28"	10YR 6/6 Brownish Yellow Sandy Loam w/ 10YR 5/8 & 6/1 Redox & shell fill	II
	Bt4	28-36"	10YR 5/2 Grayish Brown Sandy Loam w/ 10YR 5/8 & 6/1 Redox	II
	Bt5	36-52"	10YR 6/2 Light Brownish Gray Sandy Loam w/ 10YR 5/8 Redox	II
	Bt6	52-60"	10YR 6/1 Gray Sand	I

Comments: System for VU

24-100-0267

Commonwealth of Virginia

Design Calculations

Accomack Health Department ID# 24-100- _____ (VDH Use)

PROPERTY IDENTIFICATION

Name of property / site: **Tracy Stone**

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification **10041 Atlantic Rd.** Tax Map No. **42A1-A-33**

DESIGN BASIS: Existing Drainfield

A. Estimated percolation rate: **25 - 30 mpi**

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

Per bedroom: **237**

Per 100-gallons: _____

C. Number of bedrooms: **3** (at **150** gallons/bedroom) Total flow from bedrooms: **450** gpd

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

_____ (at _____ gpd) Total Sewage Flows = **450** gpd

_____ (at _____ gpd)

D. Length of trenches: **45** ft (length of available area **45** ft)

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

F. Number of trenches: **4**

G. Center-to-center spacing: **9** ft

H. Required width of drainfield: **30** ft (width of available area **30** ft)

I. Total area required: **711** sf

J. Square footage in design: **540** sf Contractor to take reduction in drainfield size using graveless products

K. Is a reserve area required? _____ Yes **X** No. **System for VU**

Size: _____ % Area provided: _____

Type:

Voluntary Upgrades for this project include installation of a modern drainfield installed shallower than existing d.f. and installing a new Time Dose Control panel.

24-100-0267

Sewage Disposal System Construction Specifications

General Information

Accomack County Health Department — ID # 24-100-

Map reference 42A1-A-33

New ☐ Repair ☐ Expanded ☐ Vol. Upgrade X

Owner Tracy Stone — Telephone 757-710-2934

Address 10041 Atlantic Rd. Atlantic, VA 23303

For a Type TL1 Sewage disposal system which is to be constructed on/at 10041 Atlantic Rd. Atlantic, VA 23303

Subdivision _____ Section _____ Block _____ Lot _____

Actual or estimated water use: 450 gpd

DESIGN	NOTES
Water supply, existing: (describe) Exist. Deep Well **To be installed:** class _____ cased _____ grouted _____	
Building Sewer: 4" I.D. PVC Schedule 40, or equivalent Slope 1.25 " per 10' (minimum). ☐ Other: _____	
Septic tank: Capacity _____ gallons (minimum). ☐ Other: Exist. S.T. to remain	
Inlet-Outlet structures: PVC Schedule 40, 4" tees or equivalent ☐ Other: _____	
Pump and pump station: No Yes X describe and show design: If yes: Exist. P.S. to remain	
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. Crush strength or eq. ☐ Other: _____	
Distribution Box: Precast concrete with 5 ports. w/ flow levelers ☐ 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: _____	
Absorption trenches: Depth of aggregate: 13" Trench length: 45 Square feet required: 540 Trench width: 3' Depth from ground surface to bottom of trench: 18" Number of trenches: 4	Reroute F.M. to new D.F.

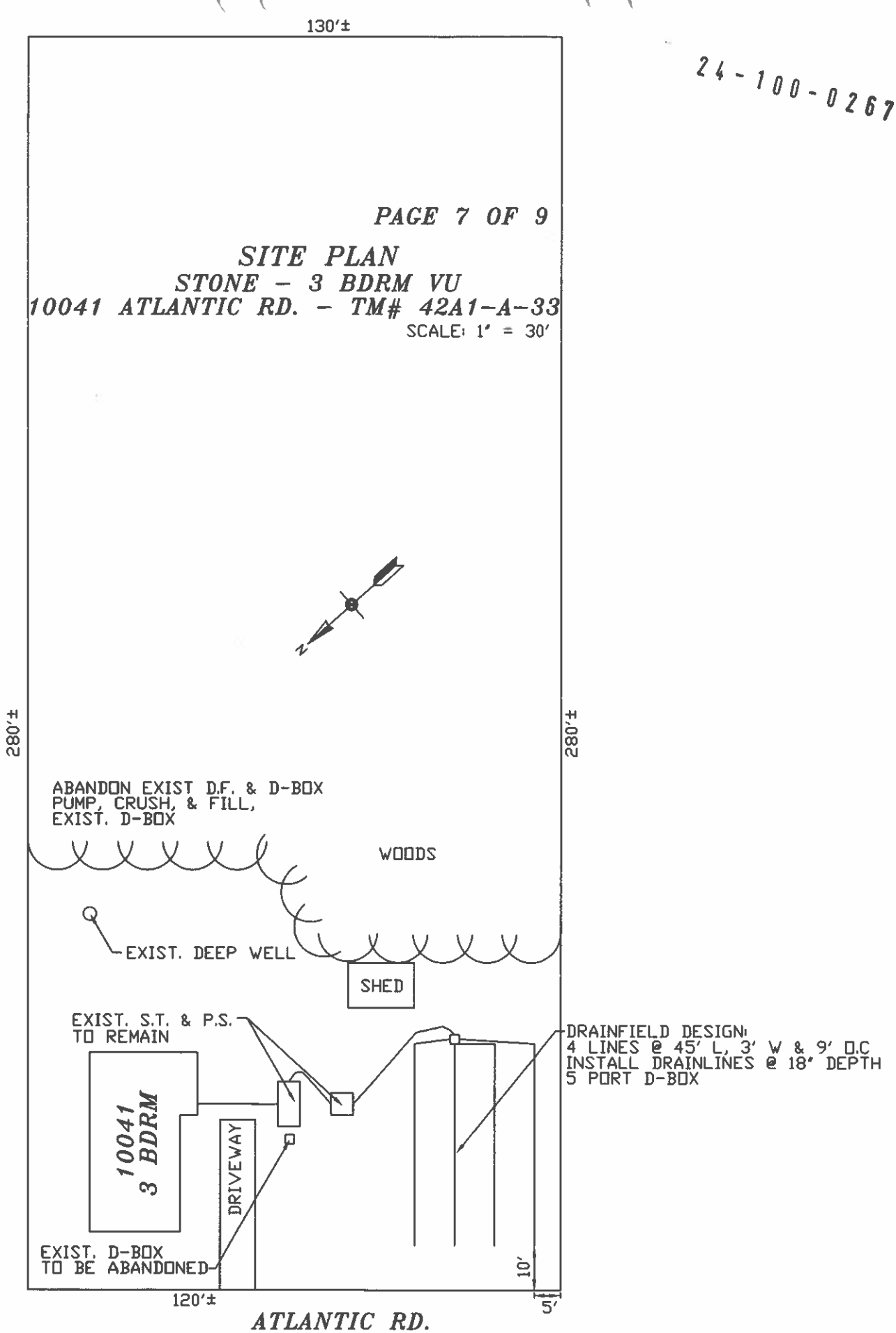
Revised 6/99

Inspected by: _____ Date: _____

24-100-0267

SITE PLAN
STONE – 3 BDRM VU
10041 ATLANTIC RD. – TM# 42A1-A-33

SCALE: 1" = 30'



24-100-0267

SHEET 8 OF 9

PUMP STATION – TIME DOSING

STONE – 10041 ATLANTIC RD.

TM# 42A1–A–33

3 BEDROOM HOME = 450 GPD
DOSE 40 GALLONS EVERY 2 HOURS (AS NEEDED)

500 GALLON PUMP CHAMBER
PUMP CHAMBER SIZE: 5.25' X 5.25'
5.25' X 5.25' X 1' = 28 CUBIC FT.
28 CU. FT. X 7.5 GAL./CU.FT. = 210 GAL./FT.

DRAWDOWN IN INCHES (EACH PUMP CYCLE DOSE):
40 GAL./210 = .19'
.19' X 12" = 2"

PUMP RUN TIME:
40 GALLONS/DOSE AT 25 GPM - 25 GAL./25 GPM = 1 MIN 36 SEC.

MINIMUM 1/4 DAY STORAGE:
112.5 GAL./36 GAL. = .53'
.53'' = 6"

STATIC HEAD: = 5'
FRICTION HEAD @ 25 GPM = 3'
TOTAL DYNAMIC HEAD @ 25 GPM = 8'

PUMP MUST PUMP 25 GALLONS @ 25 GPM @ 8' TDH EVERY 2 HOURS
USE ZOELLER 'DOSE MATE' 151 SERIES

24-100-0267

Commonwealth of Virginia
Construction Permit

Accomack Health Department ID# 24-100- (VDH Use)

PROPERTY IDENTIFICATION

County: **Accomack County** Date: **7/17/2024**

Name of property / site: **Tracy Stone**

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification **10041 Atlantic Rd.** **42A1-A-33**

Submitted by: **Grant M. Cooley, AOSE**

CERTIFICATION OF WORK

This is to certify according to S32.1-163.5 of the *Code of Virginia* that work submitted for the referred property is in accordance to and complies with the *Sewage Handling and Disposal Regulations* of the Virginia Department of Health. I recommend this lot be approved for a Certification Letter.

AOSE ***Grant M. Cooley AOSE#1940001361*** Date 7-17-24

COMMONWEALTH OF VIRGINIA
GRANT M. COOLEY
Lic. No. 1940001361
OSE

Soil Consultant _____ Date _____

If the submission contains a certification by a professional engineer in consultation with an AOSE, the following statement shall be signed and sealed:

CERTIFICATION OF EVALUATION AND DESIGN

I hereby certify that the evaluations and desgins contained herein (refer to subdivision, lot, etc.) were conducted in accordance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610-10 et seq., the "*Regulations*") and the policies of the Virginia Department of Health for implementation of those *Regulations*. Furthermore, I certify that the evaluations and designs comply with the minimum requirements of the *Regulations*.

I recommend a permit / certification letter / subdivision approval be approved.

Licensed PE: _____ Date: _____

SEAL

REQUEST FOR A WAIVER TO THE SURVEY REQUIREMENT

(TO BE COMPLETED BY THE OWNER)

24 - 100 - 0267

Owner's Name TRACY STONE
Owner's Address 10041 ATLANTIC Rd ATLANTIC, VA 23303
Owner's Telephone Number 757-710-2934
Property Location 10041 ATLANTIC Rd Health Department Identification Number 24-100-

1. Yes ☑ No ☐ Is a complete site sketch provided with your application showing the property dimensions, all proposed and/or existing structures, driveways, underground and overhead utilities on the property, adjacent sewage disposal systems, bodies of water, drainage ways, agricultural drain tiles, wells, cisterns, and springs for a minimum of 200 feet radius of the proposed building and/or drain field?

2. Yes ☑ No ☐ Have you clearly marked the property boundaries?

3. Yes ☑ No ☐ Have you clearly marked the proposed building or buildings?

4. Yes ☑ No ☐ Are there any permanent structures within 200 feet of the proposed drain field?

5. Yes ☑ No ☐ Does your parcel of land consist of a single lot?

6. Yes ☐ No ☑ Is your parcel of land directly influenced by the off site location of any sewage disposal system, well and/or body of water?

7. Yes ☐ No ☑ Is your application for an onsite sewage disposal system construction permit to repair or replace a malfunctioning system serving a single family or duplex residential dwelling?

8. Yes ☐ No ☑ Is your application for an onsite sewage disposal system construction permit to expand an existing system serving a single family or duplex residential dwelling?

9. Yes ☑ No ☐ Is your proposed building and/or proposed drain field located within 200 feet of a property line?

10. Yes ☐ No ☑ Does a survey plat exist for your property?

11. Yes ☑ No ☐ Does the survey plat requirement pose an undue hardship upon you?

    If yes, explain: Too Costly

12. Yes ☐ No ☐ Do you understand that a certification statement shall be signed by you verifying the sewage disposal system is located on your property as permitted prior to issuance of an operation permit?

In all cases, it shall be the landowner's responsibility to ensure that the system is properly located as permitted.

Owner's Signature Tracy Stone Date 7-11-24

****

VDH USE ONLY

Waiver: Granted Denied (circle one) Date 8/5/2024
Health Department Identification Number 24-100-0267
Reason(s) for denial of waiver _____

Environmental Health Specialist Senior's Signature Hunter S. Cooper, EHTS
Environmental Health Supervisor's Signature _____

25

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

Health Department ID 99-100-0391
TAX MAP# 42A1((A))33

To Be Completed By The Applicant 5/17/99

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

Owner ALMEDA KELESKI Address 787 DARLING FARM RD. WYOMING DEL. 19934 Phone ___

Agent Bernard Well & Pump Address Dagsboro Phone ___

Directions of Property This HOME Has No 911 # Posted IT IS No 9 Atlantic Fire House just South of # 10033

Subdivision ___ Section ___ Block ___ Lot ___

Other Property Identification older Home being Remodeled

Dimension/size of Lot/Property 1/2A.

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 ___)	___ 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: Deep Well

V. Proposed Sewage Disposal Method:

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

Public Sewerage System Existing

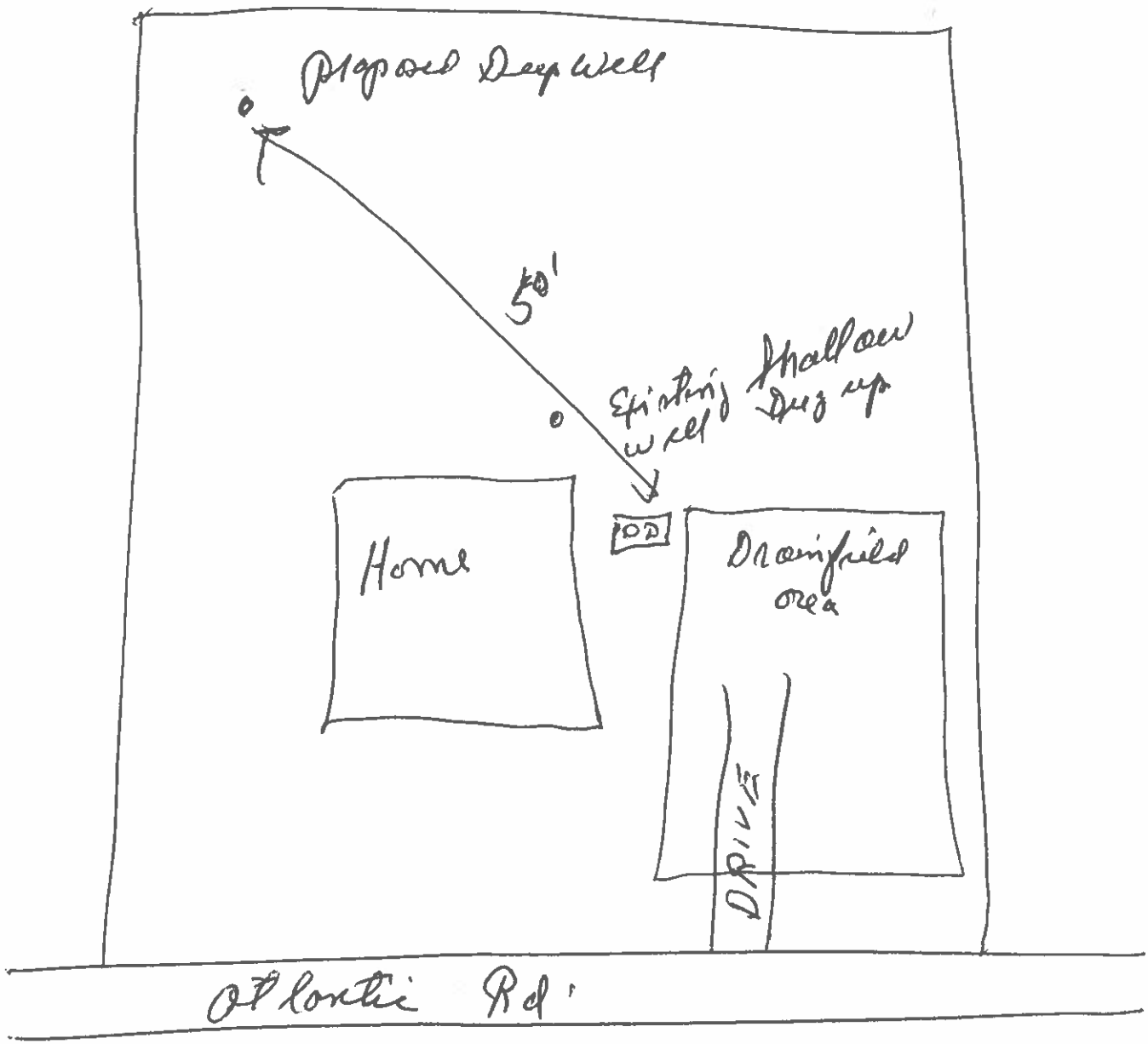
Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances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

5-17-99 — Date

CHS 200


Proposed Deep well
50'
Existing shallow well Dug up
Home
Drainfield area
DRIVE
Atlantic Rd.

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Accomack County Health Department

Health Department Identification Number 99-100-0391
Map Reference 42A1((A))33

General Information

Water Supply System: New ____ Repair X Public ____ FHA ____ VA ____ Case No. ____
Sewage Disposal System: New ____ Repair ____ 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 ALMEDA KELESKI Telephone ____
Address 787 Darling Frm Rd., Wyoming, DE For a Type NA Sewage Disposal System or Well to be constructed on/at 10041 Atlantic Rd., Atlantic, VA
Subdivision ____ Section/Block ____ Lot ____ Actual or estimated water use NA

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) Shallow well **To be installed:** class IIIA cased 100' min. grouted 20' min.	**Water supply location:** Satisfactory yes ☑ no ☐ comments Completion Report G. W. 2 Received: yes ☑ no ☐ not applicable ☐
Building sewer: ____ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ____	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity ____ 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
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 ____ 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 ____: depth from ground surface to bottom of trench ____; aggregate size ____: Trench bottom slope ____; center to center spacing ____; trench width ____ Depth of aggregate ____; Trench length ____; Number of trenches ____	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date 7/31/99 Inspected and approved by: Cathy Plant Sanitarian

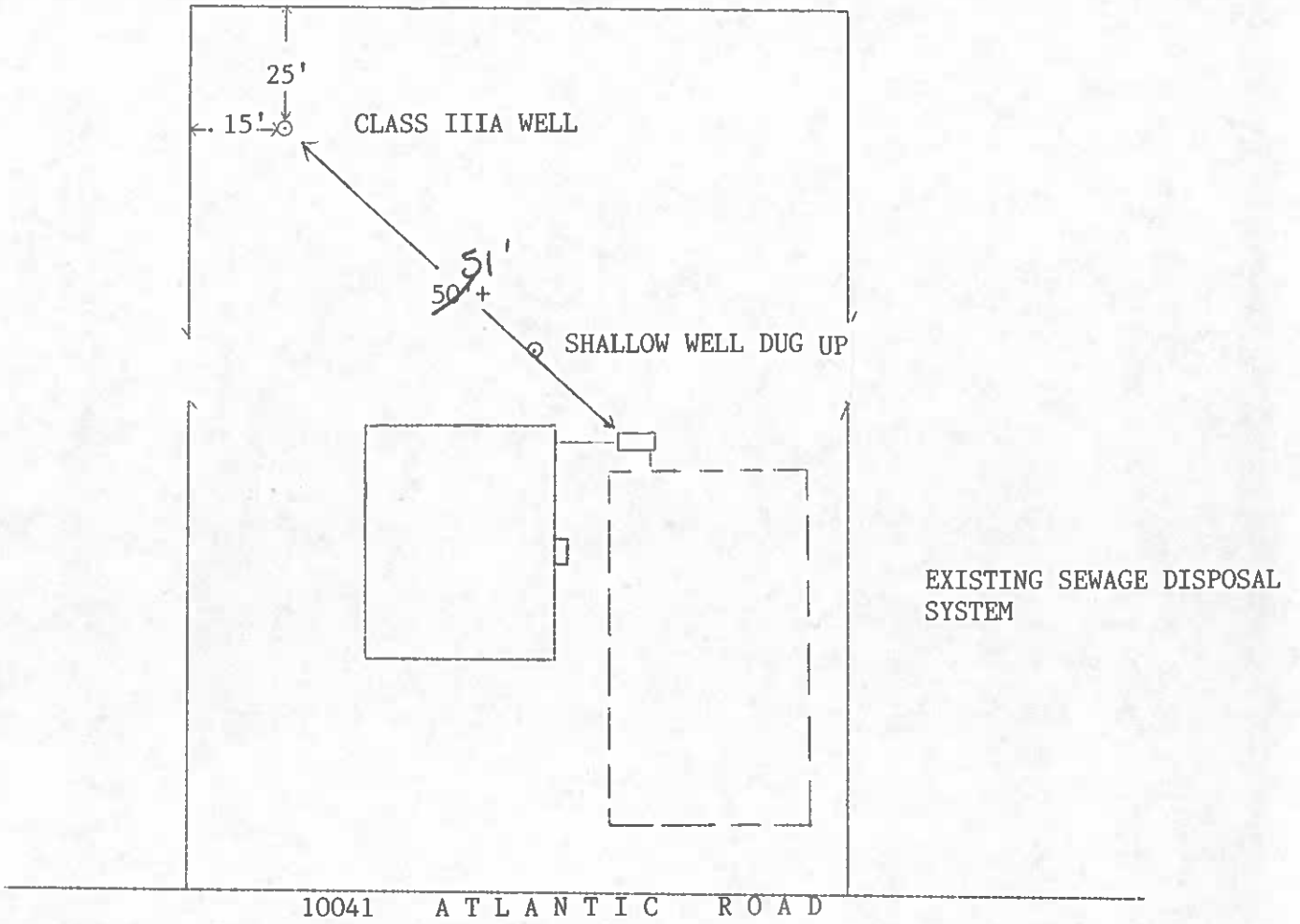
C.H.S 202A

Health Department
Identification Number 99-100-0391

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: May 18, 1999 **Issued by:** _____
Sanitarian

Date: 5/10/99 **Reviewed by:** _____
Supervisory Sanitarian

This Construction Permit Valid until Nov 19, 2003

If FHA or VA financing

Reviewed by Date 9/13/99 _____ **Date** _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department I.D. Number 99-100-0391

F.H.A. or V.A. Case Number If Applicable

Date Sept 13, 1999 Local Health Department Accomack County

Owner Almeda Keleski Address 787 Darling Farm Rd Wyoming, DE 19934 Phone

Exact Location of Premises Atlantic Rd - Rt 1004

Subdivision Section/Block Lot

Class of nonpublic drinking water well. 1) Class III A ✓
2) Class III B
3) Class III C
4) Other

Date of installation 7/16/99

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e. well log, etc.), so note.

1. Water well completion report filed as required by Sec. 2.18 Yes ☒ No ☐
2. Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations.
   Building Sewer 5' Pretreatment Unit 5'
   Conveyance System 5' Subsurface Soil Absorption System 5'
   (nearest point). Property Line Other
   Site graded where necessary to divert water away from well? Yes ☒ No ☐ N/A ☐
3. Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).
   Total depth of well 240 feet. Type of casing PVC
   Depth of casing 220 feet. Diameter of casing 4 1/2 inches.
   Casing extends 12 inches above ground. Exterior space sealed with neat cement grout to a depth of 25 feet. Screens constructed of
   free of rough edges and irregularities, with positive watertight seal between screen and casing?
   Yes ☑ No ☐ N/A ☐ Well head and opening to the interior protected? Yes ☑ No ☐
   Type of well seal Pitless adapter used? Yes ☑ No ☐ N/A ☐
   Properly installed? Yes ☑ No ☐ N/A ☐ Proper venting? Yes ☑ No ☐ N/A ☐
4. Quantity: Yield and drawdown determined by continuous pumping of hours. Drawdown feet. Yield GPM. Type of storage.
5. Quality: Sample tap provided at entry into system? Yes ☐ No ☑ Samples(s) collected? Yes ☑ No ☐ Results of samples. Satisfactory ☑ Unsatisfactory ☐ (attach copy of results of this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply meets ☑ does not meet ☐ the requirements of the Private Well Regulations.

Remarks:

Date Sept 13, 1999 Signed Cathy Peart
Sanitarian

Date 9/13/99 Signed Arthur C Mills
Supervisory Sanitarian

Date Signed
Regional Sanitarian (If V.A. or F.H.A.)

C.H.S. 204 Revised 9/90

99-100-0391

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner ALMeNA Keleski
Address
Phone
Location 10041 ATLantic Rd

Tax Map ID
VDH Permit 99-100-0391
VWCB Permit
VWCB ID
County

* Well Data *

General Information
Drilling Method Rotary Mud
Depth to Bedrock
Static Water Level 20FT
Well Disinfected (Y or N) Yes

Date Completed 7-16-99
(12) Yield (GPM)
Stabilized Water Level
Disinfectant Used

Total Depth of Well 240
Length of Test
Natural Flow (Rate)
Amount Used

Casing
From 0 To 140
Size 4" Material PVC
Weight/Schedule Sch 40

From 140 To 220
Size 2" Material PVC
Weight/Schedule Sch 40

From To
Size Material
Weight/Schedule

Gravel Pack
From 220 To 240

From To

From To

Grout
From 0 To 25
Bore Hole Size
Type Hole plug
Method

From To
Bore Hole Size
Type
Method

From To
Bore Hole Size
Type
Method

Water Zones or Screened Intervals
From 220 To 240
Mesh Size .008 Diam 2"
From To
Mesh Size Diam

From To
Mesh Size Diam
From To
Mesh Size Diam

From To
Mesh Size Diam
From To
Mesh Size Diam

* Use Data *

Private Well: Domestic ✓ Agricultural Industrial Monitoring
Public Well: Community Non Community

* Abandonment Information *

Bored or Dug Wells
Casing Removed, Y or N?:
If Y, Depth to which casing was removed:
Depth and Type of Fill:
Source of Fill
Bentonite Plugs: From ___ to ___ From ___ to ___

Wells other than Bored Wells
Casing removed, Y or N? ✓
Depth to which casing was removed:
Applicable, depth(s), and type of gravel/sand fill:
Source of gravel or sand:
Cement: From 0 to 25 From ___ to ___

Method of permanently marking location:

Water Testing Laboratories of Maryland, Inc.

P. O. Box 4547
Salisbury, MD 21803-4547
(410) 860-2210

Report # 3240

Sample Source : Almeda Kelesia

Bundick Well and Pump Co.
P.O. Box 15
Painter VA 23420

Sampled by Client

Sample Identification X Water
_____ Other, Specify

	Date	Time
Collected	7/16/99	9:20 AM
Received	7/16/99	11:00 AM
Examined	7/16/99	3:00 PM
Reported	7/17/99	3:00 PM

Refrigerated X
Not Refrigerated _____

Analytical Results

Parameter	Results	Allowable Limits	Method
Total Coliform	Absent FJG	Absent	
Fecal Coliform	Absent FJG	Absent	
Nitrates N(NO_3), mg/L		10.0	Ion-Selective
Sand		None	Visual
Turbidity, NTU		10.0	EPA 180.1
ph, SU		N/A	EPA 150.1
Chlorine Residual, mg/L		<0.1	EPA 430.5
Iron, mg/L		<0.3	EPA 236.1
Total Solids, mg/L		500	EPA 160.3
MBAS, mg/L		<0.1	EPA 425.1
Nitrite, mg/L			EPA 354.1
Lead, ppb		15	SM 3113 B

Bacteriological examination of this sample indicates that it is **SAFE** for human consumption.

* ND = Not Detected
* N/R = Not Requested
* Bacteriological examination performed using Presence/Absence Method with results expressed as organisms/100ml.
(Standard Methods, 17th ed.)

These results were obtained for the sample indicated above; however, this sample was not collected by Water Testing Labs, Inc. As such, we can assume no responsibility for the validity of the sample source.

REPORTED BY: FRED GROZINGER

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department Identification No. 100-84-121
Accomack County Health Department

Tax Map No. 42A1((A))33-34

Agnes Coulbourne is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at

SUBDIVISION	SECTION/BLOCK	LOT

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits _____ Dated _____

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 any Variances or Conditions Granted. Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

VARIANCES GRANTED
☒ NONE ☐ SEE ATTACHED

SPECIAL CONDITIONS
☒ NONE ☐ SEE ATTACHED

5/11/84
Effective Date

Recommended (Sanitarian)

Approved (State Health Commissioner)

C.H.S. 205 Rev. 4/83

MAY 15 1984

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 100-84-121
Accomack Co. Health Department

Date ~~June 7, 1984~~

Name of Company/Corporation/Individual: ~~Bundick Well & Pump Co.~~
Address: Painter, Va. 23420 Telephone: 442-5555
Owner's Name Agnus Coulbourne
Owner's Address Box 53 Atlantic, Va.
Location of Installation: Lot _____ Block _____
Section: _____ Subdivision: _____
Other: House next to fire house in Atlantic

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 4/26/84 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Jimmy Bundick Pres.
Signature and Title

B.W.E. 29-1

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

_____ Health Department

Health Department Identification Number 100-84-124
Map Reference 42A1 ((A)) 33-34

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 Agnes Coulbourne Telephone 824-3585

Address Box 53 Atlantic Va.

For a Type 1 Sewage disposal system which is to be constructed on/at Home not to the Home in Atlantic.

Subdivision _____ Section/Block _____ Lot _____

Actual or estimated water use 450

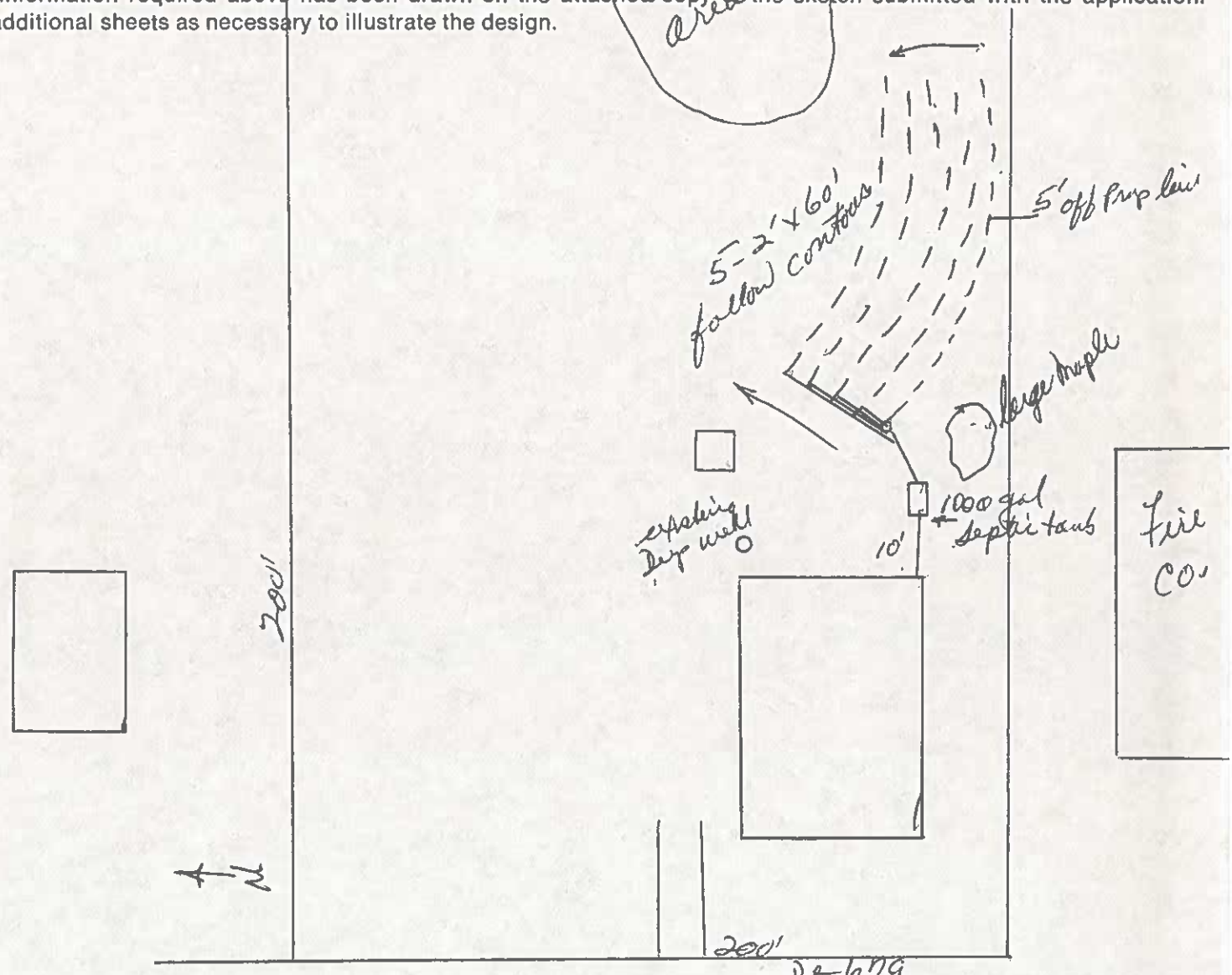
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) existing 2" deep well **To be installed:** class _____ cased _____ grouted _____	**Water supply location:** yes ☐ no ☐ comments Satisfactory existing
Building sewer: 4 I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other _____	**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 shown 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 4 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 18 ; aggregate size 5-15 : Trench bottom slope 2-4" / 100 ft. ; center to center spacing 6 ft ; trench width 24"	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory
APR 26	Date 5/11/84 MAY 15 Inspected and approved by: Don Turner Sanitarian

Health Department
Identification Number 100-84-124

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.



The sewage disposal system is to be constructed as specified by the permit ☒ or attached plans and specifications ☐.

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. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

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: 4/19/84 Issued by: J. Jones
Sanitarian

Date: 4/26/84 Reviewed by: F. C. James
Supervisory Sanitarian

[redacted]

Reviewed by Date 5-14-84 F. C. James Date _____
Supervisory Sanitarian

Regional Sanitarian
APR 26

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 100-84-124
Tax Map Number 42A1 ((A)) 33

General Information

Date 4/19/84 Accomack Health Department

Applicant Beardsley Well & Pump Telephone No. _____

Address Painter Va.

Owner Agnes Coulbourne Address Box 53 Atlantic Va.

Location In Atlantic Fairs Fire House on N. side

Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

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

2. Slope 3-4 %

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

4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☐ _____ inches

5. Free water present No ☐ Yes ☒ 32 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: D T Turner

Signature: Don L Turner

Department Use

☒ Site Approved: Drainfield to be placed at 18 depth at site designated on permit.

☐ Site Disapproved: on contour of land - see permit.

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 _____

APR 2 6 84

Date of Evaluation 4/19/84

Profile Description
SOIL EVALUATION REPORT

...lth Department
Identification No. 101-84-124

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	0-40	Tan loamy sand	I
			Water at 30" Sand slumped into hole	
2	A	0-26	Tan loamy sand	I
	B	26-36	Grey sand	I
3	~~Horiz~~	as 1		
4	A	0-10	Black loam	II
	B	10-18	Grey Sandy loam	II

Remarks:

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number 100-84-124
Map Reference 42A1 ((A)) 33-34

Accomack Health Department

Date Received 4-19-84

To Be Completed By The Applicant

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

Owner Agnes Coulbourne Address Box 53 Atlantic, Va. Phone 824 3585

Agent Bundick Well & Pump Address Box 15 Pointer, Va. Phone 242 5555

Directions to Property RT 679 East side in Atlantic North side of Fire House

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 200 X 200

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: Deep Well
☒ Private ☒ Existing

V. **Proposed Installation:** ☐ Septic tank and drainfield ☐ Other
If other, describe Needs new Septic Tank & DF

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.

Jeremy Bundick
Signature of owner/agent

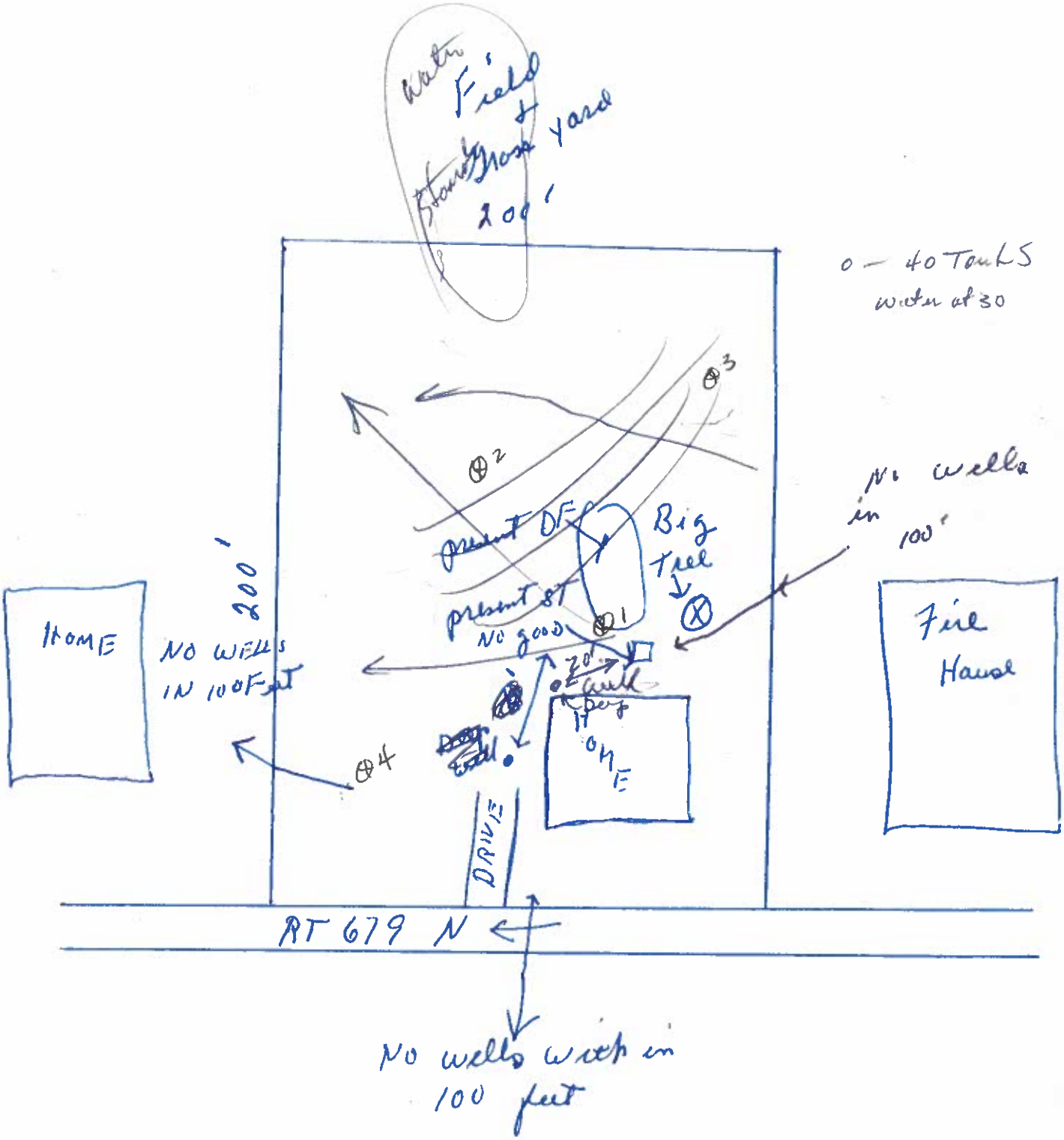
4-13-84
Date

C.H.S. 200 Revised 4/83

Health Dept. I.D.#_____

SITE PLAN

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



APR 96