



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

Record of Inspection - Nonpublic Well Class IV - Closed Loop

Property Owner

Francis & Karen McCabe
14751 Watts Bay Dr.
Wallops Island, VA 23337
Phone: (804) 561-1281

Health Dept. ID: **11-100-0341**
Tax Map: **43((6))3**

Locality: Accomack

Property Location

Property Address: Lot 3 Watts Bay Est.
Subdivision: Watts Bay , Lot 3
Directions:

=====

Well Driller: Bundick Well & Pump Co., Inc.

Nonpublic well class: Class IV - Closed Loop

Date construction started: October 11, 2011

Has water well completion report been filed as required by Sec. 12 VAC 5-630-440. Yes

Well Location / Distances from sources of pollution:

(See Table 3.1 and 12 VAC 5-630-380 of the Private Well Regulations)

Building Sewer 15 feet; Pretreatment Unit feet; Conveyance System feet; Subsurface Soil Absorption System feet (nearest point); Property Line 15 feet; house: 15 feet.

Construction, General: (See 12 VAC 5-630-400 and 410 of the Private Well Regulations)

Total depth of well 65 feet; Type of casing Other ; Depth of casing 65 feet; Diameter of casing 1 inches. Casing extends 0 inches above ground. Annular space was sealed with Bentonite to a depth of 65 feet, and was . Screens (if used) are constructed of . Well head and opening to the interior protected: . Type of well seal: . Pitless adapter used: . If so, was it properly installed: ; and properly vented: .

Quantity: Yield and drawdown determined by continuous pumping of hours.

Yield: GPM ; Drawdown: feet ; Static Water Level: feet ; Type of storage: .

Quality: Sample tap provided at entry into system: No . Sample(s) collected: No . Result of samples: .

Date of Sample:

Satisfactory Construction: Yes on October 31, 2011

Well Approved for Use: Yes on November 3, 2011

Signed November 3, 2011

Robert Sloan, Environmental Health Specialist, Sr.

Commonwealth of Virginia Uniform Water Well Completion Report

Owner: Francis & Karen McCabe Tax Map ID 43-6-3
 Address: _____ VDH Permit 11-100-0341
 _____ VWCB Permit _____
 Phone: _____ VWCB ID _____
 Location: Lot 3 Watts Bay Drive County Accomack

* Well Data *

General Information

Drilling Method <u>Mud Rotary</u>	Date Completed <u>10/11/2011</u>	Total Depth of Well <u>65</u>
Depth to Bedrock _____	Yield _____	Length of Test _____
Static Water Level _____	Stabilized Water Level _____	Natural Flow(Rate) _____
Well Disinfected (Y or N) <u>Yes</u>	Disinfectant Used <u>Chlorine</u>	Amount Used <u>1 Gallon</u>

Casing

From <u>0</u> To <u>65</u>	From _____ To _____	From _____ To _____
Size <u>1'</u> Material <u>Cooper</u>	Size _____ Material _____	Size _____ Material _____
Weight/Schedule _____	Weight/Schedule _____	Weight/Schedule _____

Gravel Pack

From _____ To _____	From _____ To _____	From _____ To _____
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Grout

From _____ To _____	From _____ To _____	From _____ To _____
Bore Hole Size _____	Bore Hole Size _____	Bore Hole Size _____
Type <u>Hole Plug</u>	Type _____	Type _____
Method _____	Method _____	Method _____

Water Zones or Screened Intervals

From _____ To _____	From _____ To _____	From _____ To _____
Mesh Size _____ Diam _____	Mesh Size _____ Diam _____	Mesh Size _____ Diam _____
From _____ To _____	From _____ To _____	From _____ To _____
Mesh Size _____ Diam _____	Mesh Size _____ Diam _____	Mesh Size _____ Diam _____

* Use Data *

Private Well: Domestic _____ Agricultural _____ Industrial _____ Monitoring _____
 Public Well: Community _____ Non-community _____ 13 Loops

* 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 _____ to _____ From _____ to _____

Method of permanently marking location: _____



Accomack County Health Department
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Private Well Construction Permit
 Health Department ID Number: **11-100-0341**

Owner / Agent Information
Owner: Francis & Karen McCabe 14751 Watts Bay Dr. Wallops Island, VA 23337 Owner Phone: (804) 561-1281

Location Information
Subdivision: Watts Bay , Lot 3 Property Address: Lot 3 Watts Bay Est. Tax Map: 43((6))3 Locality: Accomack Directions:

General Information
Well Class: Class IV - Closed Loop Minimum Casing Depth: feet Minimum Grout Depth: feet

Comments:

This permit is issued based upon a site evaluation conducted by Robert Sloan, EHS on September 22, 2011. See following page for Construction Drawing.

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations* , 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

ORIGINAL

Well Construction Permit -- Drawing

HD ID #: 11-100-0341

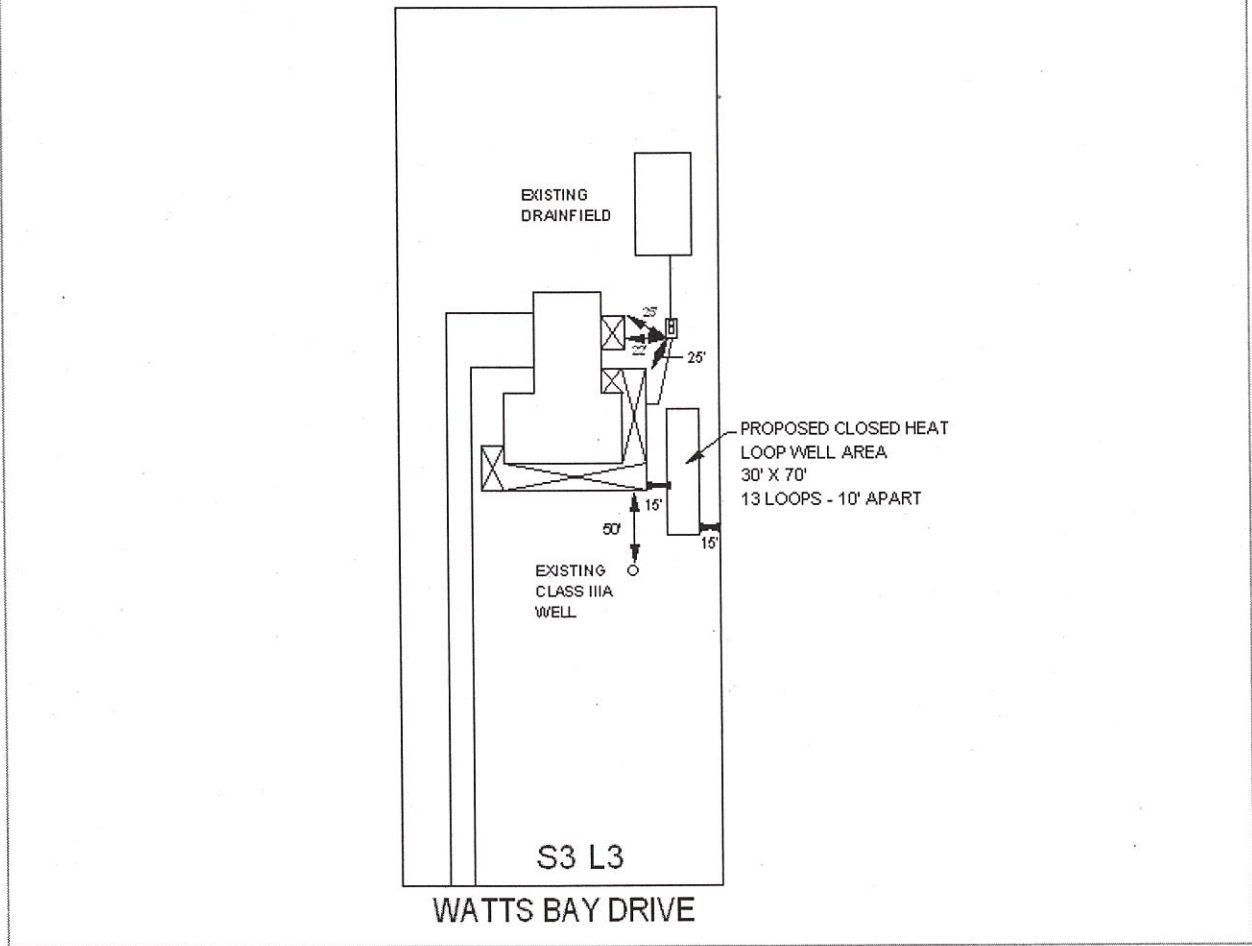
Owner Information

Francis & Karen McCabe
14751 Watts Bay Dr.
Wallops Island, VA 23337


Phone: (804) 561-1281

Construction Drawing

Scale drawing of the well site and related features.



Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.



Issued by: Robert Sloan

September 23, 2011
Issue Date

March 23, 2016
Expiration Date

ORIGINAL

Commonwealth of Virginia

VDH Use Only
Health Department ID# 1100-0341
Date 9/21/11

Application for: Sewage System Water Supply

Owner Francis & Karen McCabe

Mailing Address 14751 Mills Ct
Annalia, Va 23002

Agent Burdick Well & Pump

Mailing Address PO Box 15
Painter Va 23420

Site Address Lt 3 Watts Bay Dr

Phone 804-561-1281
Phone _____
Fax _____
Phone 442-5555
Phone _____
Fax _____
Email _____

3996
325.00

Directions to Property: _____

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 43-6-3 Other Property Identification _____ Dimension/Acreage of Property _____

Sewage System (New Construction)
Construction permits are valid for 18-months. Owners are advised to apply for a construction permit if they intend to build within 18 months of completing this application. Certification letters do not expire, may be recorded in the land records, and transfer with a property sale. For which are you applying? Certification Letter Construction Permit

Sewage System (Existing Construction)
Check all that apply: Repair Modification Expansion Replacement Upgrade
Do you wish to apply for a betterment loan eligibility letter? _____ If yes, there is a \$50.00 fee for determination of eligibility.

Sewage System (New or Existing Construction)
 Single Family Home (Number of Bedrooms) Multi-Family Dwelling (Total Number of Bedrooms)
 Other (describe) Proposed 13 loops
Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one) Fixtures in Basement? Yes/No (circle one).
Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?
 Reduced water flow Limited occupancy Intermittent of seasonal use Seasonal or temporary use not to exceed 1 year

Will the water supply be Public or Private (circle one). **Water Supply** Is the water supply Existing or Proposed (circle one).
If proposed, is this a replacement well? Yes No (circle one). Will the old well be abandoned? Yes No (circle one).
Will any buildings within 50' of the proposed well be termite treated? Yes No (circle one).

Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

[Signature]
Signature of Owner/Agent

9-21-11
Date

INSTRUCTIONS FOR WELL & SEPTIC APPLICANTS

Our goal at the Health Department is to process your application as quickly as possible. Sometimes we take longer to process applications because of our workload, the weather, or need for a backhoe to evaluate the soil. These delays are unavoidable. At other times we are delayed because applicants have not provided us with the information we need to process applications quickly. We cannot accept incomplete applications. In order for us to do our job properly, applicants need to provide us with the following:

- A) A complete application, including an accurate site sketch
- B) Clear directions to the property
- C) The property corners and house site must be staked on the property
- D) A copy of a zoning verification letter if required by the county or city.

This checklist is provided to assist you with our application process. All items listed *must be completed by the applicant* before the application will be accepted by the Health Department. If you have questions or need assistance with the application, one of our Environmental Health Staff will be happy to help you.

A) The application:

- has all items properly filled out
- has a telephone number where I can be reached during the day
- has clear written directions to the property
- is signed and dated
- is accompanied by the proper fee

B) The site sketch clearly and accurately shows:

- the shape of the property
- the length of each property line
- the shape and location of the house (including decks and porches)
- the proposed location of the driveway
- the proposed or existing location of any utilities
- any legal easements located on the property
- the location of wells, springs, and buried fuel tanks within 200 feet of the property
- the location of any other structures I plan to build in the future (e.g. barn, garage, swimming pool)
- where I would like my septic system and/or well to be located (if there is a preference)

C) The building site for which the application is made:

- has the property lines clearly and accurately marked
- has the house site clearly and accurately marked
- has the brush removed from the potential drainfield site
- is easily identified from the road
- has any underground utilities marked

NOTE: the attached pages have a sample site sketch and some hints that may be useful in marking your property and completing your site sketch.

I understand that the Health Department cannot accept incomplete applications and that if the property corners are not clearly marked, the house site properly staked, and the brush cleared from the proposed drainfield site my application will be denied until I have taken corrective actions. I understand that I have 90 days to correct any deficiencies and submit a new application. Failure to do so within the prescribed time frame will require that I submit a new application with the associated fees.

I intend to begin construction within 18 months Yes No

Applicants Signature Daniel R. Bunker

Date 9-21-11



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

Private Well Construction Permit
Health Department ID Number: 11-100-0103

Owner / Agent Information	
Owner: Francie & Karen McCabe 14751 Mills Ct Amelia, VA 23002 Owner Phone: (804) 661-1281	
Location Information	
Section: 3, Lot 3 Property Address: S3/4,3 Watts Bay Locality: Accomack Directions:	Tax Map: 43((6))9
General Information	
Well Class: Class IIIA	Minimum Casing Depth: 100 feet Minimum Grout Depth: 20 feet

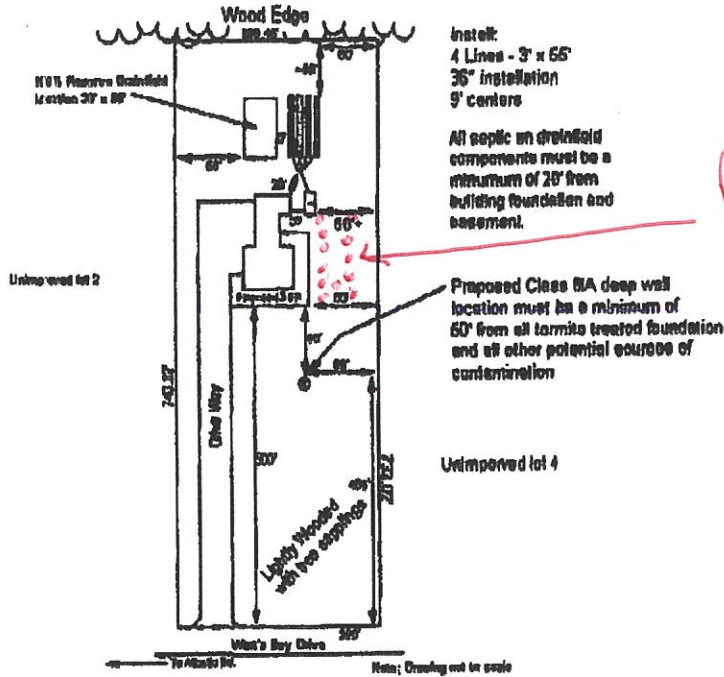
Comments: Proposed Class IIIA deep well is to be 50 feet from all termite treated foundations and all other potential sources of contamination.

This permit is issued based upon a site evaluation conducted by Ashley Thomas, EHS on April 6, 2011. See following page for Construction Drawing.

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations*, 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

Construction Drawing HC ID #: 11-100-0100

Owner Information	
Francis & Karen McCabe 14781 Mills Ct Amelia, VA 23002	Phone: (804) 561-1281
Construction Drawing	



Proposed 13 Loops

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 ACISE, 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: Ashley Thomas ; Site Evaluation By: Ashley Thomas


Ashley L. Thomas, EHS Sr.

April 8, 2011
Issue Date

October 8, 2012
Expiration Date



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

Francis & Karen McCabe
14751 Mills Ct
Amelia, VA 23002
Phone: (804) 561-1291

Health Dept. ID: **11-100-0100**

Tax Map: **43((6))3**

Locality: Accomack

Property Location

Property Address: Section3 Lot3, Watts Bay Estates
Wattsville, VA 23483

Directions:


=====

Francis & Karen McCabe is hereby granted permission to operate a Septic Tank Only and Aggregate Trench 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.

August 1, 2011
Effective Date

Robert Sloan
EHS


Signed August 1, 2011

COMPLETION STATEMENT

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number: 11-100-0100
ACCOMACK COUNTY Health Department

Name of Company/Corporation/Individual: BUNDICK WELL & PUMP

Address: PO BOX 15 PAINTER, VA 23420 Telephone: 757-442-5555

Owner's Name: FRANCES & KAREN MCCABE

Owner's Address: 14751 MILLS CT., AMELIA, VA 23002

Location of Installation (9-1-1 Address): WATTS BAYDRIVE,

Subdivision: WATTS BAY Lot: 3 Block: _____ Section: _____

Other: 43((6))3

I hereby certify that the onsite sewage disposable system has been installed and completed in accordance with the construction permit issued
APRIL 8, 2011 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and
(Date) specifications for the project.

August 4, 2011
Date

[Signature]
Signature and Title

Commonwealth of Virginia

Application for: Sewage System Water Supply

VDH Use Only
Health Department ID# 11-100-0100
Due Date 3/16/11
8800-00 # 3571

Owner FRANCIS & KAREN L. McCABE

Phone 804-561-1291

Mailing Address 14751 MILLS CT

Phone 804-822-0609

AMELIA, VA 23002

Fax 804-561-0558

Agent _____

Phone _____

Mailing Address _____

Phone _____

Site Address _____

Fax _____

Email karenmccabe@mac.com

Directions to Property: RT ON 175 TOWARD CHINCO, RT ON ATLANTIC, LEFT ON WATTS BAY DR.

Subdivision Watts Bay Estates Section 3 Block _____ Lot 3

Tax Map 43-6-3 Other Property Identification (STEN W/ McCABE) Dimension/Acreage of Property 3.383 acres
NAME

Sewage System (New Construction)

Construction permits are valid for 18-months. Owners are advised to apply for a construction permit if they intend to build within 18 months of completing this application. Certification letters do not expire, may be recorded in the land records, and transfer with a property sale. For which are you applying? Certification Letter Construction Permit

Sewage System (Existing Construction)

Check all that apply: Repair Modification Expansion Replacement Upgrade

Do you wish to apply for a betterment loan? _____ If yes, there is a \$50.00 fee for a betterment loan determination and you must complete the application addendum for betterment loans..

Sewage System (New or Existing Construction)

Single Family Home (Number of Bedrooms 3) Multi-Family Dwelling (Total Number of Bedrooms _____)

Other (describe) _____

Basement? Yes (circle one). Walk-out Basement? Yes/No (circle one) Fixtures in Basement? Yes/No (circle one).

Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?

Reduced water flow Limited occupancy Intermittent of seasonal use Seasonal or temporary use not to exceed 1 year

Water Supply

Will the water supply be Public or Private (circle one). Is the water supply Existing or Proposed (circle one).

If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).

Will any buildings within 50' of the proposed well be termite treated? Yes/No (circle one).

Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

[Signature]
Signature of Owner/Agent

15 MARCH 2011
Date



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

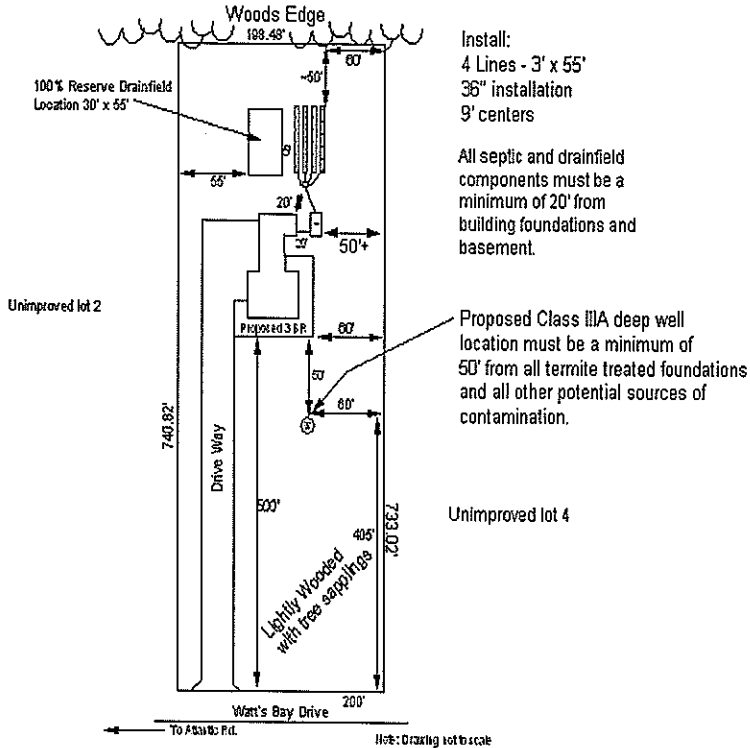
Septic Tank - Soil Absorption System Construction Permit
 Health Department ID Number: **11-100-0100**

Owner / Agent Information	
Owner: Francis & Karen McCabe 14751 Mills Ct Amelia, VA 23002 Owner Phone: (804) 561-1291	
Location Information	
, Section 3 , Lot 3 Property Address: S3/L3 Watts Bay Locality: Accomack Directions:	
Tax Map: 43((6))3	
General Information	
System Type: Septic Tank Only and Aggregate Trench	Daily Flow: 450 gallons
Type of Property: Residential	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: 5
Conveyance Line / Force Main Information	
Method: Gravity Distribution Box	Header Line Information
Material: Minimum crush strength 1500#	ASTM F405 pipe or better (1500 # crush or equivalent)
Pipe Diameter: 4"	Minimum slope 2" per 100'
Minimum Slope: 6" per 100' (only for non-pump)	
Septic Tank - Inlet Outlet Structure	
Capacity: 900 gallons	Percolation Lines and Absorption Area
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	Slope: 2-4" per 100'
	Percolation Lines: 4" diameter
	Center to Center Spacing: 9'
	Installation Depth: 36"
	Depth of Aggregate: 13", Size of Aggregate: 0.5-1.5"
	Total Number of Laterals: 4
	Laterals to be 55' long, x 3' wide
	Install 660 Square Feet Total
	100% Reserve Area Required for Future Repairs
Please Note:	

ORIGINAL

Construction Drawing HD ID #: 11-100-0100

Owner Information	
Francis & Karen McCabe 14751 Mills Ct Amelia, VA 23002	Phone: (804) 561-1291
Construction Drawing	



Install:
4 Lines - 3' x 55'
36" installation
9' centers

All septic and drainfield components must be a minimum of 20' from building foundations and basement.

Proposed Class IIIA deep well location must be a minimum of 50' from all termite treated foundations and all other potential sources of contamination.

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: Ashley Thornes ; Site Evaluation By: Ashley Thornes


Ashley L. Thornes, EHS Sr.

April 8, 2011
Issue Date

October 8, 2012
Expiration Date

ORIGINAL



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

Private Well Construction Permit
Health Department ID Number: **11-100-0100**

Owner / Agent Information		
Owner: Francis & Karen McCabe 14751 Mills Ct Amelia, VA 23002 Owner Phone: (804) 561-1291		
Location Information		
, Section 3, Lot 3 Property Address: S3/L3 Watts Bay Locality: Accomack Directions:		Tax Map: 43((6))3
General Information		
Well Class: Class IIIA	Minimum Casing Depth: 100 feet	Minimum Grout Depth: 20 feet

Comments: Proposed Class IIIA deep well is to be 50 feet from all termite treated foundations and all other potential sources of contamination.

This permit is issued based upon a site evaluation conducted by Ashley Thornes, EHS on April 6, 2011. See following page for Construction Drawing.

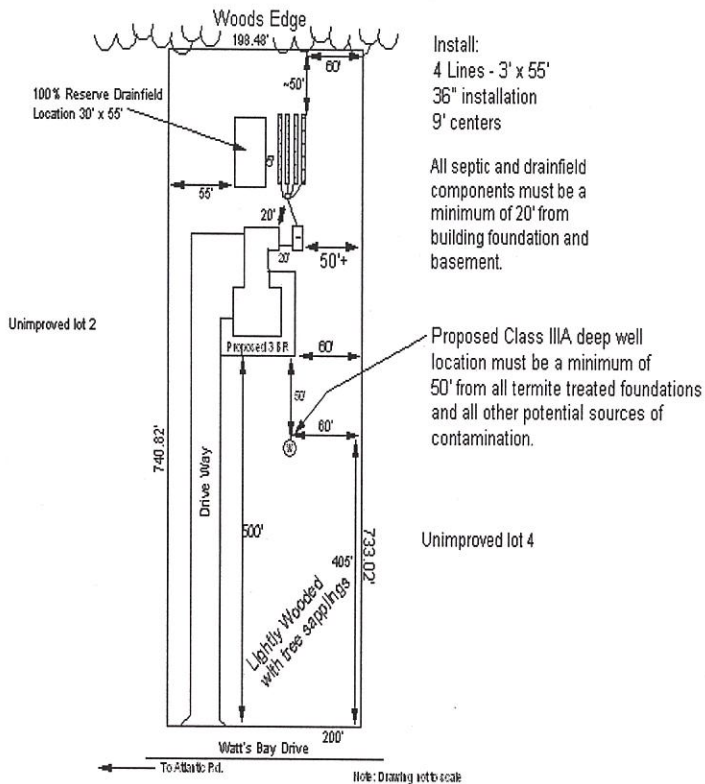
Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations*, 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

ORIGINAL

Well Construction Permit -- Drawing

HD ID #: 11-100-0100

Owner Information	
Francis & Karen McCabe 14751 Mills Ct Amelia, VA 23002	Phone: (804) 561-1291
Construction Drawing	



Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.


 Issued by: Ashley L. Thornes,
 EHSS

April 8, 2011
 Issue Date

October 8, 2012
 Expiration Date

ORIGINAL

Commonwealth of Virginia Uniform Water Well Completion Report

Owner: <u>Francis & Karen McCabe</u>	Tax Map ID: <u>43-6-3</u>
Address: _____	VDH Permit: <u>11-100-0100</u>
Phone: _____	VWCB Permit: _____
Location: <u>Lot 3 Watts Bay Drive</u>	VWCB ID: _____
	County: <u>Accomack</u>

*** Well Data ***

General Information

Drilling Method: <u>Mud Rotary</u>	Date Completed: <u>4/29/2011</u>	Total Depth of Well: <u>260</u>
Depth to Bedrock: _____	Yield: <u>12</u>	Length of Test: <u>4Hrs</u>
Static Water Level: <u>30ft</u>	Stabilized Water Level: <u>50ft</u>	Natural Flow(Rate): _____
Well Disinfected (Y or N): <u>Yes</u>	Disinfectant Used: <u>Chlorine</u>	Amount Used: <u>1 Gallon</u>

Casing

From: <u>0</u> To: <u>140</u>	From: <u>140</u> To: <u>240</u>	From: _____ To: _____
Size: <u>4"</u> Materi: <u>Pvc</u>	Size: <u>2"</u> Materi: <u>Pvc</u>	Size: _____ Material: _____
Weight/Schedule: <u>Sch. 40</u>	Weight/Schedule: <u>Sch. 40</u>	Weight/Schedule: _____

Gravel Pack

From: <u>240</u> To: <u>260</u>	From: _____ To: _____	From: _____ To: _____
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Grout

From: <u>0</u> To: <u>30</u>	From: _____ To: _____	From: _____ To: _____
Bore Hole Size: _____	Bore Hole Size: _____	Bore Hole Size: _____
Type: <u>Hole Plug</u>	Type: _____	Type: _____
Method: _____	Method: _____	Method: _____

Water Zones or Screened Intervals

From: <u>240</u> To: <u>260</u>	From: _____ To: _____	From: _____ To: _____
Mesh Size: <u>8 Slot</u> Diam: <u>2"</u>	Mesh Size: _____ Diam: _____	Mesh Size: _____ Diam: _____
From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Mesh Size: _____ Diam: _____	Mesh Size: _____ Diam: _____	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 _____ to _____ From _____ to _____

Method of permanently marking location: _____



Accomack County Health Department
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Record of Inspection - Nonpublic Well Class IIIA

Property Owner

Francis & Karen McCabe
14751 Mills Ct
Amelia, VA 23002
Phone: (804) 561-1291

Health Dept. ID: 11-100-0100
Tax Map: 43((6))3
Locality: Accomack

Property Location

Property Address: S3/L3 Watts Bay
, Section 3 , Lot 3
Directions:

Well Driller: Bundick Well & Pump Co., Inc.

Nonpublic well class: Class IIIA

Date construction started: April 29, 2011

Has water well completion report been filed as required by Sec. 12 VAC 5-630-440. Yes

Well Location / Distances from sources of pollution:

(See Table 3.1 and 12 VAC 5-630-380 of the Private Well Regulations)

Building Sewer feet; Pretreatment Unit feet; Conveyance System feet; Subsurface Soil Absorption System feet (nearest point); Property Line 60 feet; House: 50 feet.

Construction, General: (See 12 VAC 5-630-400 and 410 of the Private Well Regulations)

Total depth of well 260 feet; Type of casing Sch 40 PVC WC ; Depth of casing 240 feet; Diameter of casing 4 inches. Casing extends 12 inches above ground. Annular space was sealed with bentonite to a depth of 30 feet, and was Poured through tremmie pipe. Screens (if used) are constructed of SCH 80 PVC. Well head and opening to the interior protected: Yes. Type of well seal: Well cap. Pitless adapter used: Yes. If so, was it properly installed: Yes; and properly vented: Yes.

Quantity: Yield and drawdown determined by continuous pumping of 4 hours.

Yield: 12 GPM ; Drawdown: 20 feet ; Static Water Level: 30 feet ; Type of storage: Pressure.

Quality: Sample tap provided at entry into system: Yes. Sample(s) collected: Yes. Result of samples: Satisfactory. Date of Sample: May 24, 2011

Satisfactory Construction: Yes on May 27, 2011

Well Approved for Use: Yes on May 27, 2011

Signed May 27, 2011

[Handwritten signature]

Robert Sloan, Environmental Health Specialist, Sr.



Accomack County Health Department
P. O. Box 177 / 23191 Front Street
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(757) 787-5880 Voice
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Sewage System Construction Inspection Report

Property Owner

Francis & Karen McCabe
14751 Mills Ct
Amelia, VA 23002
Phone: (804) 561-1291

Health Dept. ID: 11-100-0100

Tax Map: 43((6))3

Locality: Accomack

Property Location

Property Address: S3/L3 Watts Bay
, Section 3 , Lot 3
Directions:

=====

Sewer Line

Diameter: 4", Material: Sch 40 Plastic, Grade: 1 1/4" minimum
Inspected on August 1, 2011 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 August 1, 2011 by Robert Sloan
Satisfactory: Yes

Treatment Device

Make and Model: None
Capacity:
Inspected on August 1, 2011 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 August 1, 2011 by Robert Sloan
Satisfactory:

Conveyance Line

Diameter: 4" Material: Sch 40 Plastic
Grade: 6"/100' minimum
Inspected on August 1, 2011 by Robert Sloan
Satisfactory: Yes

Distribution System

Method: Gravity Distribution Box
Material: Concrete Box
Inspected on August 1, 2011 by Robert Sloan
Satisfactory: **Yes**

Header Lines

Diameter: 4", Material: Smooth-bore plastic
Inspected on August 1, 2011 by Robert Sloan
Satisfactory: **Yes**

Dispersal Area

Dispersal Method: Gravel-less System
Make and Model: Advanced Drainage Systems, Inc., ARC 36
Number of Trenches: 4, Trench Length: 55', Trench Width: 3'
Number of Units Installed per Trench: 11
Trench Bottom Depth: 36", Center to Center Spacing: 9'
Was the installed system a reduction from the original permitted design? No
Inspected on August 1, 2011 by Robert Sloan
Satisfactory: **Yes** Installed as permitted.

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

Documentation Received:

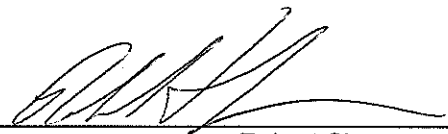
Completion Statement Received By: Robert Sloan on August 1, 2011

Notice of Substitution Received By: on

Overall Result

Satisfactory Construction: Yes
Approved for Operation Permit: Yes on August 1, 2011

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
Environmental Health Specialist, Sr.

August 1, 2011



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

Site Evaluation Report
 Health Department ID Number: 11-100-0100

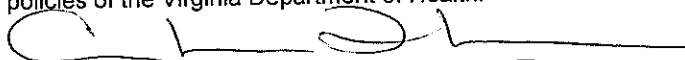
Facility Information	
Facility Name:	McCabe, Francis & Karen
Site Evaluator:	Ashley Thornes
HDID:	11-100-0100

Evaluation Information	
Scheduled Evaluation:	April 6, 2011
Comments:	

Site Evaluation	
Date(s) of evaluation:	April 6, 2011
Evaluation method:	Hand Auger
Landscape Position:	Backslope/Sideslope
Position Satisfactory?	Yes
Slope (range):	Max: 0%
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:	None
Soil texture group:	II
Estimated soil permeability:	=> 20 mpi at: 36 inches
Measured soil permeability:	
Type of test:	Other
Length of site (on contour):	55 feet
Width of site (up and down slope):	30 feet

Preliminary Design Concepts	
Treatment level:	Primary
Trench/bed width:	36 inches
Trench/bed depth:	36 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)

Ashley L. Thornes, EHS Sr.

 Print name and title

Soil Profile Descriptions

Health Department ID Number: 11-100-0100

Facility Information	
Facility Name:	McCabe, Francis & Karen
Site Evaluator:	Ashley Thomes
HDID:	11-100-0100

Horizon	Depth	Color	Texture	Comments	Texture Group
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Hole 1 06-Apr-2011 Hand Auger		0-12	Dark Yellowish Brown (10YR 3/4)	Loamy Sand		I (1)
		12-22	Dark Yellowish Brown (10YR 4/6)	Sandy Loam	with few 10YR 3/4 dark yellowish brown	II (2)
		22-36	Yellowish Brown (10YR 5/6)	Sandy Loam		II (2)
		36-44	Yellowish Brown (10YR 5/8)	Loamy Sand		I (1)
		44-60	Brownish Yellow (10YR 6/8)	Sand	with few 10YR 4/6 dark yellowish brown	I (1)

Hole 2 06-Apr-2011 Hand Auger		0-12	Dark Yellowish Brown (10YR 3/4)	Loamy Sand		I (1)
		12-22	Dark Yellowish Brown (10YR 4/6)	Sandy Loam	with few 10YR 3/3 dark brown	II (2)
		22-36	Yellowish Brown (10YR 5/6)	Sandy Loam		II (2)
		36-46	Yellowish Brown (10YR 5/8)	Loamy Sand		I (1)
		46-60	Yellowish Brown (10YR 5/8)	Sand	with few 10YR 4/6 dark yellowish brown	I (1)

Hole 3 06-Apr-2011 Hand Auger		0-8	Dark Yellowish Brown (10YR 3/4)	Loamy Sand		I (1)
		8-22	Dark Yellowish Brown (10YR 4/6)	Sandy Loam	with few 10YR 3/3 dark brown	II (2)
		22-36	Yellowish Brown (10YR 5/6)	Sandy Loam		II (2)
		36-48	Yellowish Brown (10YR 5/8)	Loamy Sand		I (1)
		48-60	Yellowish Brown (10YR 5/8)	Sand	with few 10YR 4/6 dark yellowish brown	I (1)

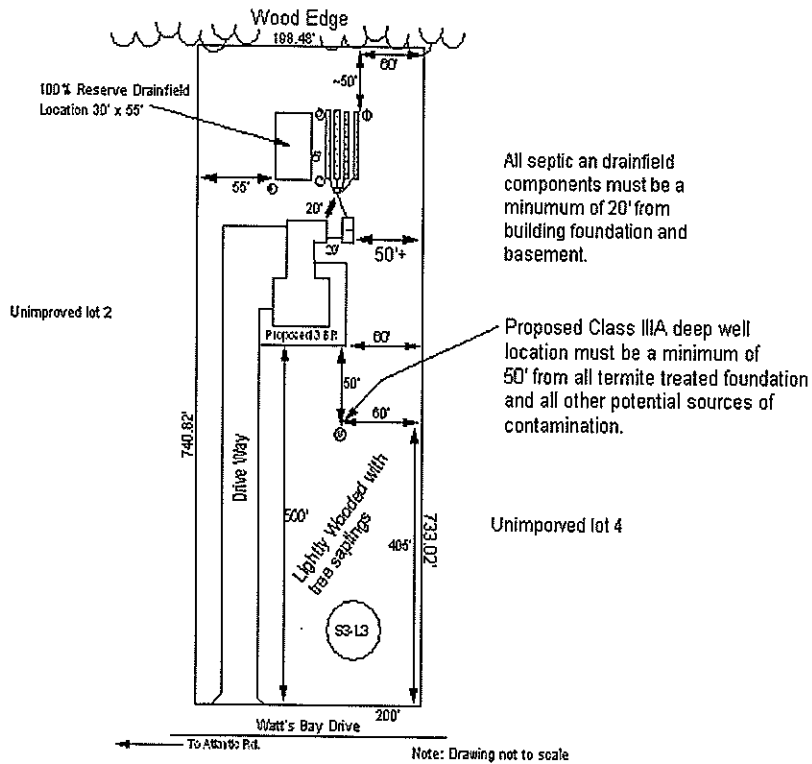
Hole 4		0-8	Dark Yellowish Brown (10YR 3/4)	Loamy Sand		I (1)
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06-Apr-2011 Hand Auger					
		8-18	Dark Yellowish Brown (10YR 4/6)	Sandy Loam	II (2)
		18-34	Yellowish Brown (10YR 5/6)	Sandy Loam	II (2)
		34-52	Yellowish Brown (10YR 5/8)	Loamy Sand	I (1)
		52-60	Brownish Yellow (10YR 6/6)	Sand	I (1)

Site Sketch

Health Department ID Number: 11-100-0100

Facility Information	
Facility Name:	McCabe, Francis & Karen
Site Evaluator:	Ashley Thomes
HDID:	11-100-0100





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

March 28, 2011

Francis & Karen McCabe
14751 Mills Ct
Amelia, VA 23002

CERTIFIED MAIL #7006 3450 0000 7310 6802

Re: Administrative Denial of Bare Application
Health Department ID # 11-100-0100
Tax Map: 43((6))3
Located at: S3/L3 Watts Bay, Wattsville, VA 23483

Dear Mr. & Mrs. McCabe,

On March 16, 2011, the Accomack County Health Department received your application for a sewage system and water supply. After reviewing the application, I regret to inform you that I am unable to complete the work necessary to reach a decision to issue or deny your request. At this time I am administratively denying your application for the following reason(s):

- The property lines were not clearly marked. Please mark the property lines, then call the health department to reschedule another site visit.

In accordance with VDH policy, you can submit one corrected new application within 90 days from the date you receive this letter and avoid paying additional fees. This fee waiver applies only one time. If you submit a new application and the defects are not corrected, or new defects appear, then the fee waiver will not apply to future applications. Please be certain that your next application fully complies with the Sewage Handling and Disposal Regulations, the AOSE Regulations, and applicable VDH policies so that you can avoid paying additional fees. If you have any questions regarding the additional information you may need to submit, please call me at (757) 787-5880.

Should you have additional questions, you may call me at (757) 787-5880.

Sincerely,

Ashley L. Thornes,
Environmental Health Specialist, Sr.



VDH Approval Letter for Issuing AOSE/PE Certification Letter

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

September 25, 2006

Maxine Blake
PO Box 284
Accomac, VA 23301

Subject: H.D.I.D# 06-100-1400, Subdivision: Watts Bay Estates,
Tax Map#: 43((6))3, Acres: 3.41, Lot: 3

Dear Ms. Blake:

This certification letter is issued in accordance with § 32.1-163, et seq. of the *Code of Virginia* and is issued in response to your application for a certification letter submitted pursuant to §32.1-163.5 of the *Code of Virginia* and the Authorized Onsite Soil Evaluator Regulations (12 VAC 5-615-10 et seq., the *AOSE Regulations*).

The Code of Virginia requires the Virginia Department of Health (“VDH”) to accept site and soil evaluations and designs from an Authorized Onsite Soil Evaluator (“AOSE”) or a Professional Engineer working in consultation with an AOSE (“AOSE/PE”). On September 6, 2006, Robert C. Savage, AOSE, certified that the footprint shown on the attached surveyed plat(s)/sketch(s) complies with the current laws, regulations, and policies administered by the VDH. This certification letter is issued in lieu of a construction permit and relies upon the AOSE certification. Please be advised that VDH is not required to perform a field check to verify the AOSE's work and such a field check may not have been conducted before issuing this approval.

The footprint shown on the attached survey plat(s)/sketch(s) can treat and disperse 600 gallons per day of septic tank effluent under the *Sewage Handling and Disposal Regulations* (“Regulations”), which are the regulations currently in effect. For residential development, the *Regulations* expect that a peak daily flow of 150 gallons per bedroom might occur on rare occasions. Estimated peak and average daily flows vary for commercial development.

This letter certifies that VDH will issue a permit to construct a sewage system or water

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment

supply (if applicable) when such application is made in the future provided there have been no substantial physical changes to the footprint. This letter does not 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 construction permit, and will be based on the site and soil conditions certified by this letter, the regulations in effect at the time of the application, and any off-site impacts that may have occurred since the issue date of this letter. In some cases, VDH may require engineering plans and specifications before issuing the construction permit.

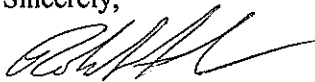
Future owners are advised to review the footprint's location and to make sure that their building plans do not interfere with the footprint. Please review the work of the AOSE to determine whether any specific design might be required in the future and whether all local ordinances are met. You can obtain this information by contacting the AOSE: Robert Savage, Post Office Box 676, Melfa, VA 23410, telephone (757) 787-1191 or the Accomack County Health Department. For assistance or questions, contact the AOSE *prior to* contacting the Accomack County Health Department.

This certification does not expire and shall convey with the title to the property until a construction permit is issued within the footprint. This certification letter and accompanying survey plat(s)/sketch(s) showing the footprint's location and well area (if applicable) may be recorded in the land records by the clerk of the circuit court holding jurisdiction.

In accordance with § 32.1-164.1:1 of the *Code of Virginia*, owners can only apply for a sewage construction permit when they are ready to begin construction. The property owner can convert this letter into a construction permit by making application to the local health department. No additional fee shall be charged if it is converted to a construction permit within 18 months from the issue date of this letter, by March 25, 2008. If more than 18 months elapses, then the Accomack County Health Department shall impose applicable fees.

The footprint shown on the plat(s)/sketch(s) is specific and must not be disturbed or encroached upon. This letter is null and void if any substantial physical change in the site or soil conditions occurs where the footprint is shown. This certification letter is null and void if conditions are changed from those shown on your application or if conditions are changed from those certified by the AOSE. The Virginia Department of Health may revoke or modify any certification letter if it finds that the site and soil conditions do not substantially comply with the *Regulations* or if a future sewage system would threaten public health or the environment.

Sincerely,



Robert Sloan
Environmental Health Specialist Sr.

Attachments

Pc: Robert Savage, Post Office Box 676, Melfa, VA 23410

CERTIFICATION LETTER

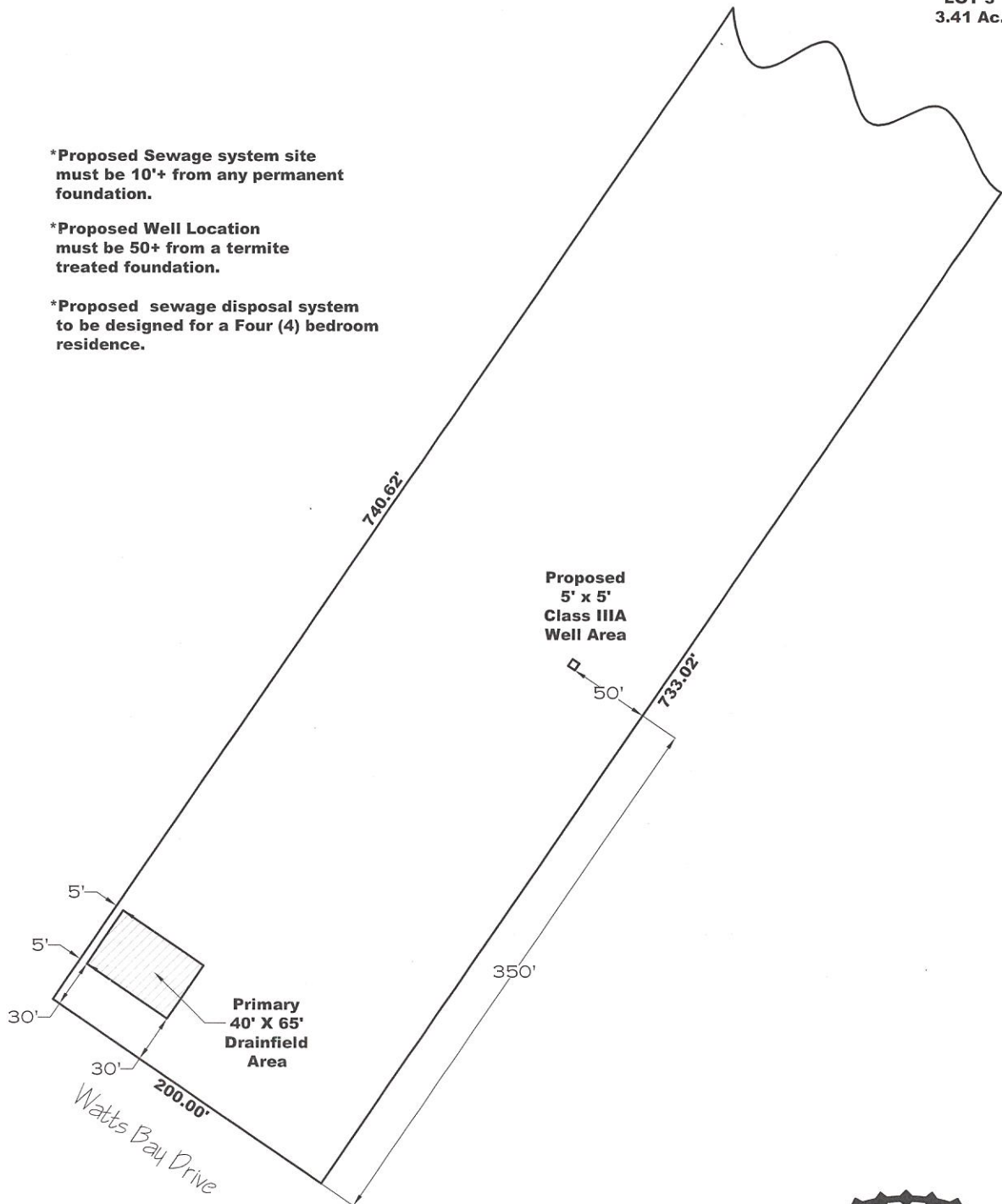
H.D.I. # _____

Tax Map # 43((6)) 3
Section 3
LOT 3
3.41 Ac.

*Proposed Sewage system site must be 10'+ from any permanent foundation.

*Proposed Well Location must be 50+ from a termite treated foundation.

*Proposed sewage disposal system to be designed for a Four (4) bedroom residence.

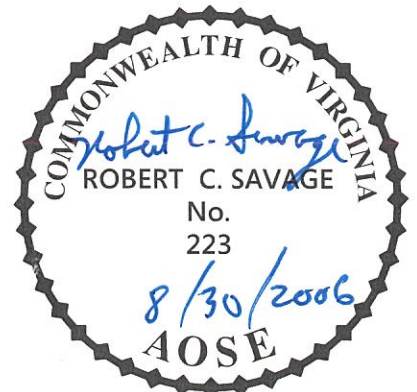


SCALE: 1" = 100'
0 100' 200'



**AFFORDABLE
SEPTIC
SOLUTIONS, INC.**

PO Box 676 • Melfa, VA 23410
(757) 787-1191 • Fax (757) 787-7287



Commonwealth of Virginia

Application for a Sewage Disposal System Certification Letter

Type of sewage system: New Repair Expanded Conditional (VDH Use) 9-6-06

Acomack County County Health Department Health Dept. ID # 06-107-1400

Date: _____ Tax Map # 43((6))3

To Be Completed By The Applicant

Owner Maxine Blake Address P.O. Box 284 Phone _____
Accomac, VA 23301
Agent Affordable Septic Solutions, Inc. Address P.O. Box 676 Phone 757-787-1191
Melfa, VA 23410

Directions to Property: Rt. 13 North; Right on Rt. 175; Right on on Rt. 798; Left into Watts Bay Estates;
Lot is down on left

Subdivision Watts Bay Estates Section 3 Block _____ Lot 3
Other Property Identification _____ Tax Map No. 43((6))3
Dimension/Size of Lot/Property 3.41 Acres

Building/facility New Existing
Intermittent Use Yes No If yes, describe _____
Residential Use Yes No
Termite Treatment Yes No
 Single Family Multi-family
4 Number of bedrooms 1 Number of Units
Basement Yes No
Fixtures in Basement Yes No
Commercial Use Yes No Describe: _____
Commercial Wastewater Yes No Number of Patrons _____
Number of Employees _____

If yes, give volumes and describe _____

Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: Septic Tank & Drainfield LPD Mound Other* _____

Water Supply:

Public New Existing
 Private New Existing

Describe: Deep Well

The property lines, building location, and sewage disposal system site 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 and to perform quality assurance checks of evaluations and designs certified by an AOSE or PE as necessary until the sewage disposal system has been constructed and approved.

Robert C. Savage
ROBERT C. SAVAGE
Signature of Owner/Agent
272
8/30/2006
AOSE

30-Aug-2006

Date

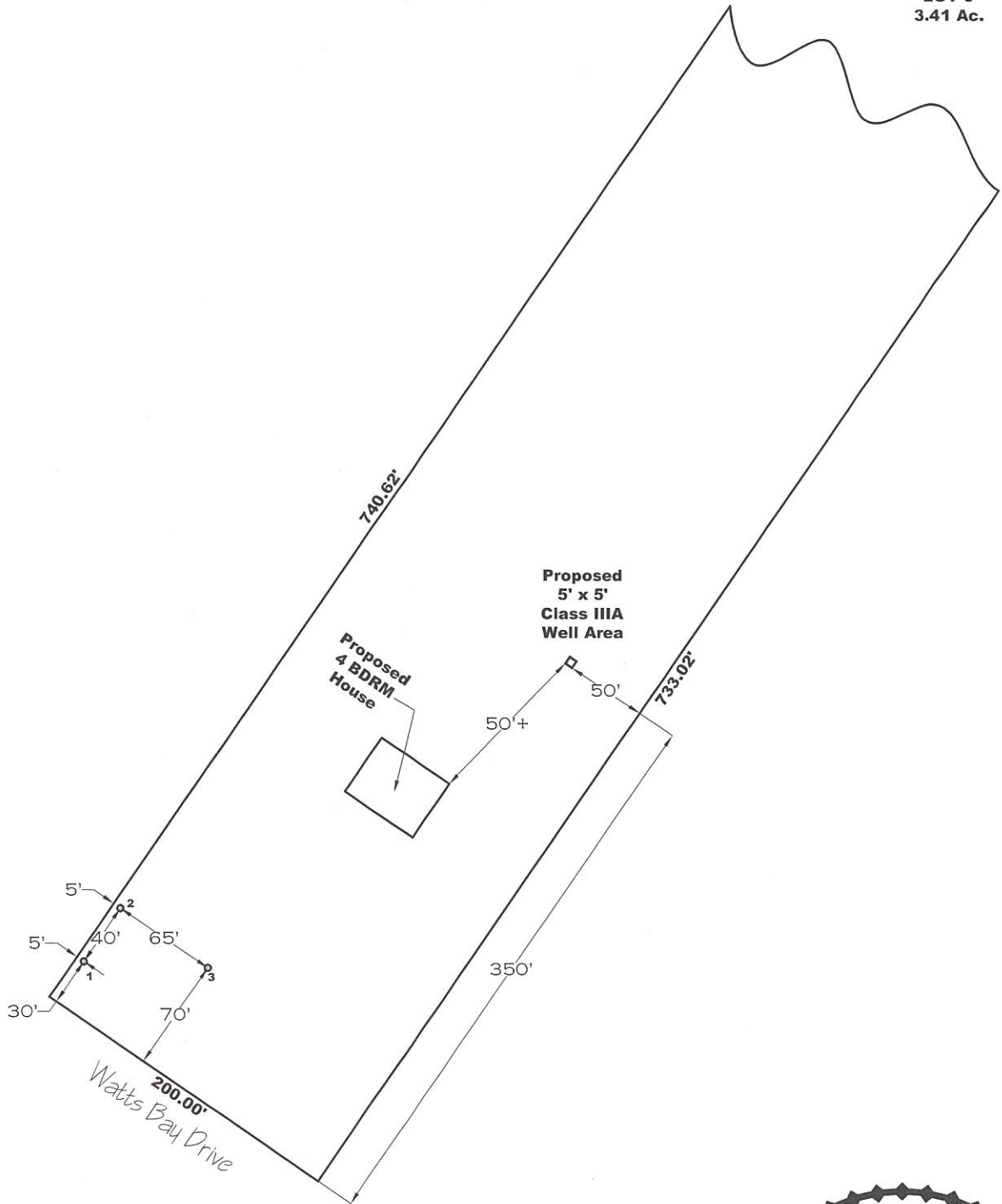
265
#3946

pk
9/6/06

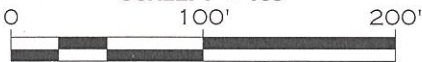
SITE PLAN

H.D.I. # _____

Tax Map # 43((6)) 3
Section 3
LOT 3
3.41 Ac.

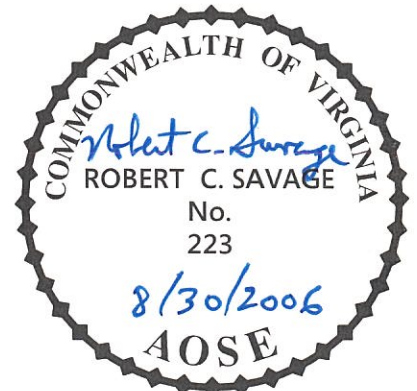


SCALE: 1" = 100'



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SOLUTIONS, INC.**

PO Box 676 • Melfa, VA 23410
(757) 787-1191 • Fax (757) 787-7287



Commonwealth of Virginia
Department of Health

Health Department
Identification Number _____
Tax Map Number 43((6))3

General Information

Date 8/30/2006 Accomack County Health Department
Applicant _____ Telephone No. _____
Address _____
Owner Maxine Blake Address P.O. Box 284, Accomac, VA 23301
Location Watts Bay Estates
Subdivision Watts Bay Estates Block/Section 3 Lot 3

Soil Information Summary

- 1. Position in landscape satisfactory Yes No Describe Relatively flat
- 2. Slope 0 - 0.5 %
- 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 25 min/in
- 7. Percolation test performed Yes Number of percolation test holes _____
No Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator Kenneth W. Greene, Soil Specialist, Affordable Septic Solutions, Inc.

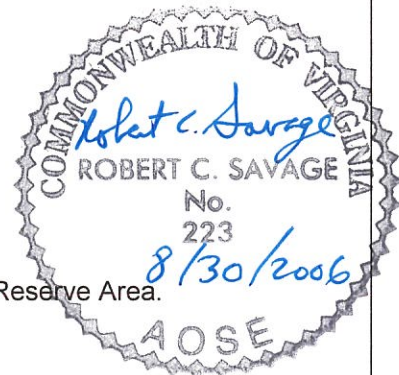
Signature Kenneth W. Greene

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 watertable.
- 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 _____



Commonwealth of Virginia

Abbreviated Design

Health Department ID# _____ (VDH Use)

PROPERTY IDENTIFICATION

Name of property / site: Maxine Blake

Subdivision Watts Bay Estates Section 3 Block _____ Lot 3

Other Property Identification 3.41 Acres Tax Map No. 43((6))3

DESIGN BASIS

A. Estimated percolation rate: 25 mpi

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

Per bedroom: 237

Per 100-gallons: _____

C. Number of bedrooms: 4 (at 150 gallons/bedroom) Total flow from bedrooms: 600 gpd

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

_____ (at _____ gpd) Total Sewage Flows = 600 gpd

_____ (at _____ gpd)

AREA CALCULATIONS

D. Length of trenches: 65 ft (length of available area 65 ft)

E. Width of trenches: 3 ft

F. Number of trenches: 5

G. Center-to-center spacing: 9 ft

H. Required width of drainfield: 39 ft (width of available area 40 ft)

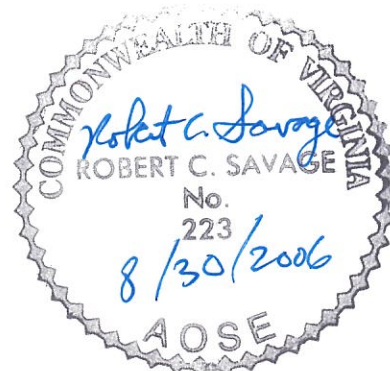
I. Total area required: 948 sf

J. Square footage in design: 975 sf

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

Size: _____ % Area provided: _____

Type: septic tank and conventional drainfield



Commonwealth of Virginia Certification Statement

Health Department ID# _____ (VDH Use)

PROPERTY IDENTIFICATION

County: Accomack Date: 8/30/2006

Name of property / site: Maxine Blake

Subdivision Watts Bay Estates Section 3 Block _____ Lot 3

Other Property Identification 3.41 Acres Tax Map No. 43((6))3

Submitted by: Affordable Septic Solutions, Inc., Robert C. Savage, A.O.S.E. #223

CERTIFICATION OF WORK

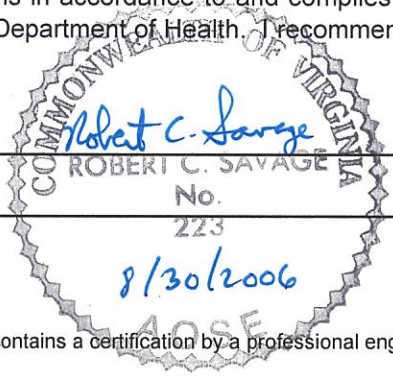
This is to certify according to S32.1-163.5 of the *Code of Virginia* that work submitted for the referred property is in accordance to and complies with the *Sewage Handling and Disposal Regulations* of the Virginia Department of Health. I recommend this lot be approved for a Certification Letter.

AOSE _____

Date: 8/30/2006

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 designs 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