Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 100-86-952

Accomack County Health Department

Name of Company/Corporation/Individual: Boggs Water & Sewage, Inc.

Address: Melfa, VA 23410 Telephone: 787-4000

Owner's Name Thomas Mason & Reginald Stubbs

Owner's Address Chincoteague, VA 23336

Location of Installation: Lot #5 Block

Section: Subdivision: Smuggler's Cove

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 12/3/86 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Dec 6, 1990
Date

J. Shelby Baynes
Signature and Title

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

Sewage Disposal System Operation Permit Complete

Commonwealth of Virginia
Department of Health

Health Department Identification No. 100-86-952
Accomack County Health Department

Tax Map No. 31((A))1-5

Thomas Mason & Regionald Stubbs is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
Smuggler's Cove		5

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 2.22 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

Dec 6, 1990
Effective Date

Recommended (Sanitarian)

Approved (State Health Commissioner)

Application for a S(/age Disposal Syster(Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number 100-86-952
Map Reference 31((A)) 1-5

Accomack Co. Health Department

Date Received 11/6/86

To Be Completed By The Applicant

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

Owner Thomas Mason & Reginald Stubbs Address Chincoteague Phone

Agent ISLAND PROPERTY Enterprises Inc Address P O Box 2 Phone 336-6543
Attn: Janine Howard or Floyd Mason Chincoteague VA 23336

Directions to Property Off of North Main Street Extended, on Chincoteague Bay
(see enclosed map)

Subdivision Smuggler's Cove Section Block Lot 5

Other Property Identification

Dimensions/size of Lot/Property 15,000 sq. ft. +

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:
☐ Private ☐ Existing

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

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

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Janine Howard
Signature of owner/agent

Date x 11-3-86

Copy to WSMO 12/12/90 [illegible]

12/12/86 Copy to J. Howard/[illegible]

C.H.S. 200 Revised 4/83

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 100-86-952
Tax Map Number 31((A)) 1-5

General Information

Date 12-3-86 — Accomack Co. Health Department

Applicant Thomas Maosn & Reginald Stubbs — Telephone No. _____

Address Chincoteague, VA 23336

Owner _____ Address _____

Location Smuggler's Cove, Lot 5, off of N. Main St. Ext. on Chincoteague Bay

Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

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

2. Slope < 5 %

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

4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☑ 24-26 inches

5. Free water present No ☐ Yes ☑ 26" range in inches

6. Soil percolation rate estimated Yes ☑ Texture group (I) II III IV
   No ☐ Estimated rate 10 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: Arthur C. Miles, Sanitarian

Signature: Arthur C Miles

Department Use

☑ Site Approved: Drainfield to be placed at 22" depth at site designated on permit.

☐ Site Disapproved:

Reasons for rejection:
1. ☐ Position in landscape subject to flooding or periodic saturation.
2. ☐ Insufficient depth of suitable soil over hard rock.
3. ☐ Insufficient depth of suitable soil to seasonal water table.
4. ☐ Rates of absorption too slow.
5. ☐ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. ☐ Proposed system too close to well.
7. ☐ Other Specify _____

Date of Evaluation 12-3-86

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 100-86-952

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.

1	A	0-3	Strong Brown Loamy Sand	I
	B	3-24	Yellow Sand — Pale Yellow Br. Sand	I
	C	24 →	Grey Sand FWT 24"-26"	I
2+3	same as #1			

Remarks:

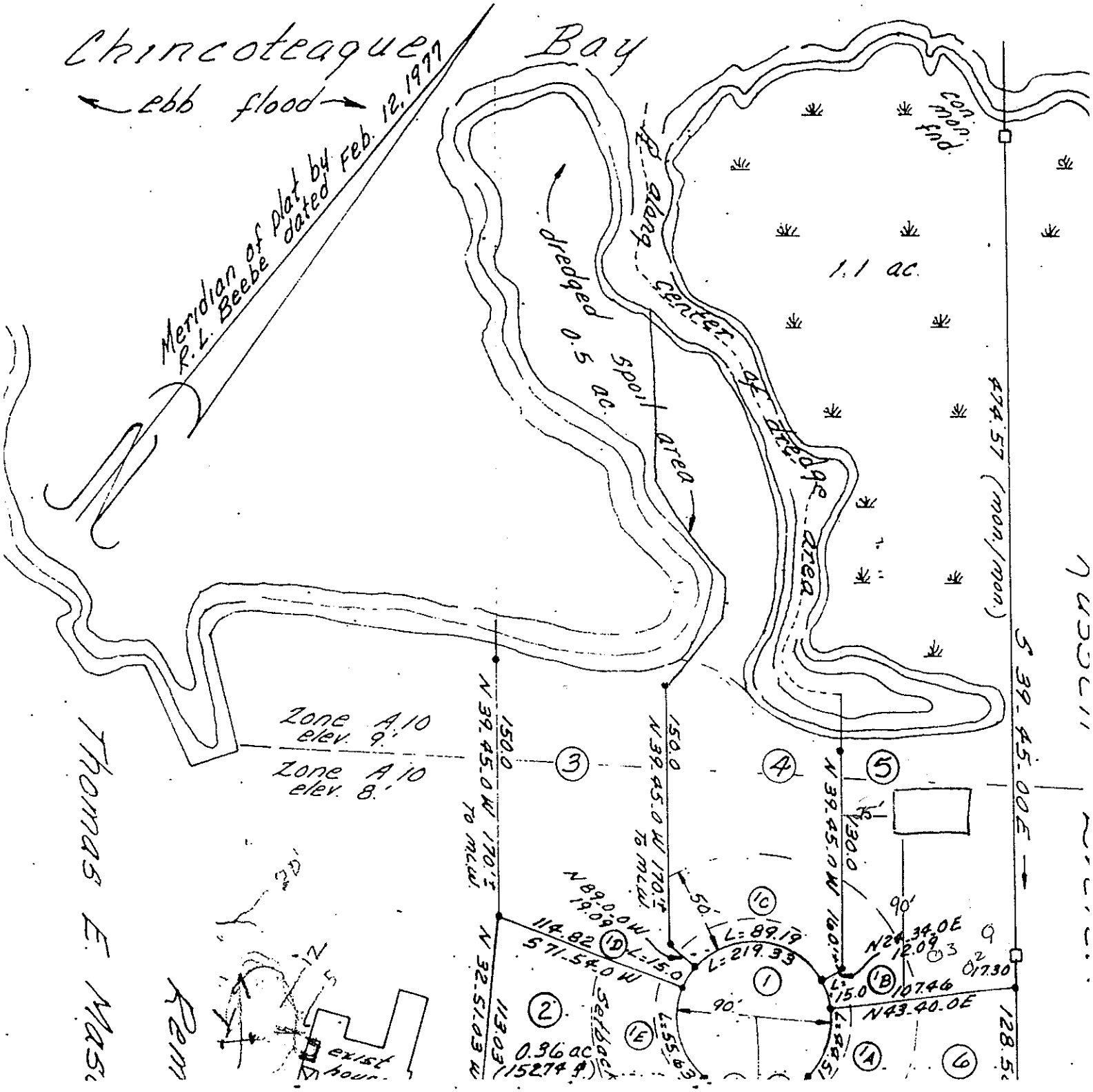
Sats. H2O @ 12"

C.H.S. 201B Revised 4/83

SITE PLAN

LTH DEPT. I. D. #_____

:etch drainfields, dimensions of property, proposed and/or existing structures and
:iveways, underground utilities, adjacent bodies of water, and wells within 200 feet
:dius of the center of the proposed building or drainfield.



Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Accomack Health Department

Health Department Identification Number 100-86-952
Map Reference 31((A)) 1-5

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 Thomas Mason & Reginald Stubbs Telephone _____

Address Chincoteague, VA 23336

For a Type I Sewage disposal system which is to be constructed on/at off N. Main St. extended on Chincoteague Bay

Subdivision _____ Section/Block _____ Lot _____

Actual or estimated water use 450

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) Public Supply **To be installed:** class _____ cased _____ grouted _____	**Water supply location:** Satisfactory yes ☑ no ☐ comments G. W. 2 Received: yes ☐ no ☐ not applicable ☑
Building sewer: 4 I.D. PVC 40, or equivalent. Slope 1.25″ per 10′ (minimum). ☐ Other _____	**Building sewer:** yes ☑ no ☐ comments Satisfactory
Septic tank: Capacity 1000 gals. (minimum). ☐ Other _____	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC 40, 4″ tees or equivalent. ☐ Other _____	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☑ Yes ☐ describe and show design. if yes: _____	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory NA
Gravity mains: 3″ or larger I.D., minimum 6″ fall per 100′, 1500 lb. crush strength or equivalent. ☐ Other _____	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with 6 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 24″; aggregate size .5"-1.5": Trench bottom slope 2"-4"/100′; center to center spacing 8′ 9″; trench width 3′ Depth of aggregate 13″; Trench length 50′; Number of trenches 4	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory Date 12/6/90 Inspected and approved by: Fulton Mason Sanitarian

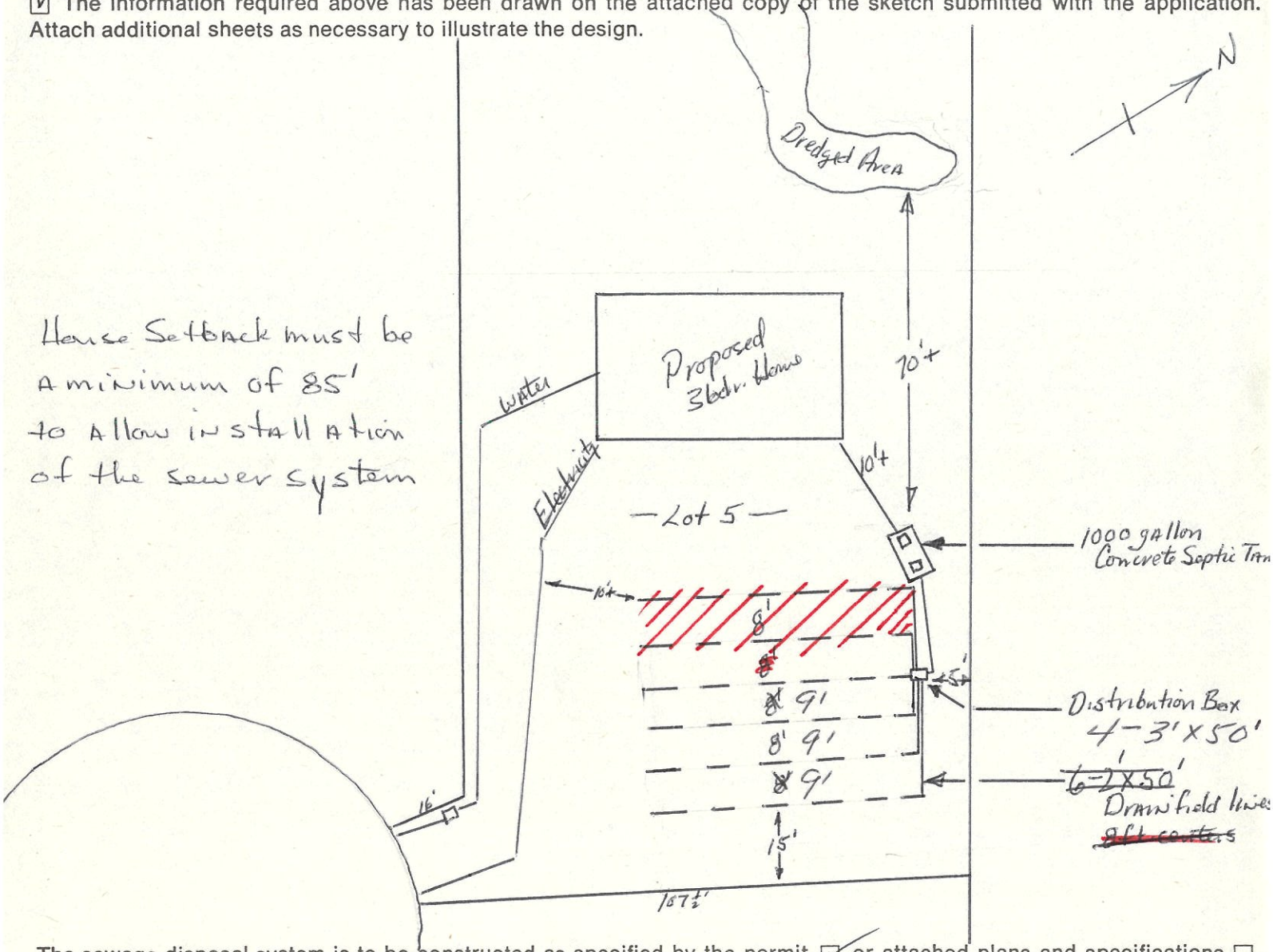
Health Department Identification Number 100-86-952

Schematic drawing of sewage disposal system and topographic features. PAGE 2 OF 2

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.

House Setback must be a minimum of 85' to allow installation of the sewer system



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.

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: 12-3-86 Issued by: Arthur C Miles
Sanitarian

Date: 12-8-86 Reviewed by: [signature]
Supervisory Sanitarian

This Construction Permit Valid until ~~12-3-90~~ 5-3-91

If FHA or VA financing

Reviewed by Date 12-11-90 [signature] Date _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B Revised 6/84