

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 100-86-458

Accomack County Health Department

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

Address: Painter, VA 23420 Telephone: 442-5555

Owner's Name W. Graham Dill

Owner's Address River Bend, Dagsboro, DE

Location of Installation: Lot 4 Block \_\_\_\_\_

Section: \_\_\_\_\_ Subdivision: Bay Colony

Other: \_\_\_\_\_

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) May 29, 1986 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

11/6/87  
Date

[Signature]  
Signature and Title


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

## Sewage Disposal System Operation Permit

Commonwealth of Virginia  
Department of Health

Tax Map No. 31B1(14)63-4

Health Department  
Identification No. 100-86-458  
Accomack County Health Department

Complete 

W. Graham Dill is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
Bay Colony		4

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

11/11/87  
Effective Date

[Signature]  
Recommended (Sanitarian)

[Signature]  
Approved (State Health Commissioner)  
C.M.G. Butterv. M.D.

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

# Soil Evaluation Form

Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number 100-86-458  
Tax Map Number 31B1(A)63

### General Information

31B1-14D

Date 5-29-86 Accomack Health Department

Applicant W. Graham Dill Telephone No. \_\_\_\_\_  
River Bend  
Address Dagsboro, Del.

Owner \_\_\_\_\_ Address \_\_\_\_\_

Location Bay Colony Lot 4

Subdivision \_\_\_\_\_ Block/Section \_\_\_\_\_ Lot \_\_\_\_\_

### Soil Information Summary

1. Position in landscape satisfactory Yes  No  Describe flat
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  26 inches
5. Free water present No  Yes  32 range in inches
6. Soil percolation rate estimated Yes  Texture group ① 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 24" 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 \_\_\_\_\_



# Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

For Department Use Only

Health Department  
Identification Number 100-86-458  
Map Reference 31B1 (A) 63

Accomack Co.

Health Department

Date Received 5-21-86

## To Be Completed By The Applicant

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

Owner W. Graham Dill Address River Bend Phone 362 934-7190  
Dagsboro Del

Agent Terrell E. Boothe, Inc. Address 117 North Main Street Phone 336-6536  
P. O. Box 98  
Chincoteague, VA 23336

Directions to Property \_\_\_\_\_

Subdivision Bay Colony Section \_\_\_\_\_ Block \_\_\_\_\_ Lot 4

Other Property Identification see attached

Dimensions/size of Lot/Property \_\_\_\_\_

### 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.

W. Graham Dill

Signature of owner/agent

6/3/86

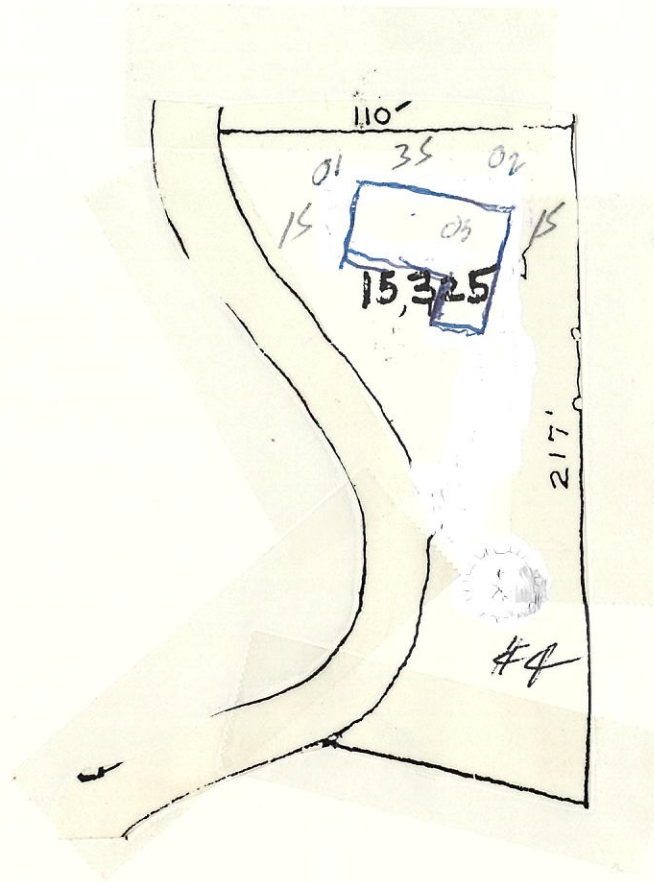
Copy to Terrell Boothe

5-19-86

Date

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.



BAY COLONY  
LOT # 4

# Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

Accomack Health Department



Health Department  
Identification Number  
Map Reference

100-86-458

~~31B1(A) 63-4~~ 31B1(C14)

### 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 W. Graham Dill Telephone \_\_\_\_\_  
Address River Bend, Dagsboro, Del.  
For a Type F Sewage disposal system which is to be constructed on/at \_\_\_\_\_  
Bay Colony Lot 4  
Subdivision \_\_\_\_\_ Section/Block \_\_\_\_\_ Lot \_\_\_\_\_  
Actual or estimated water use 450

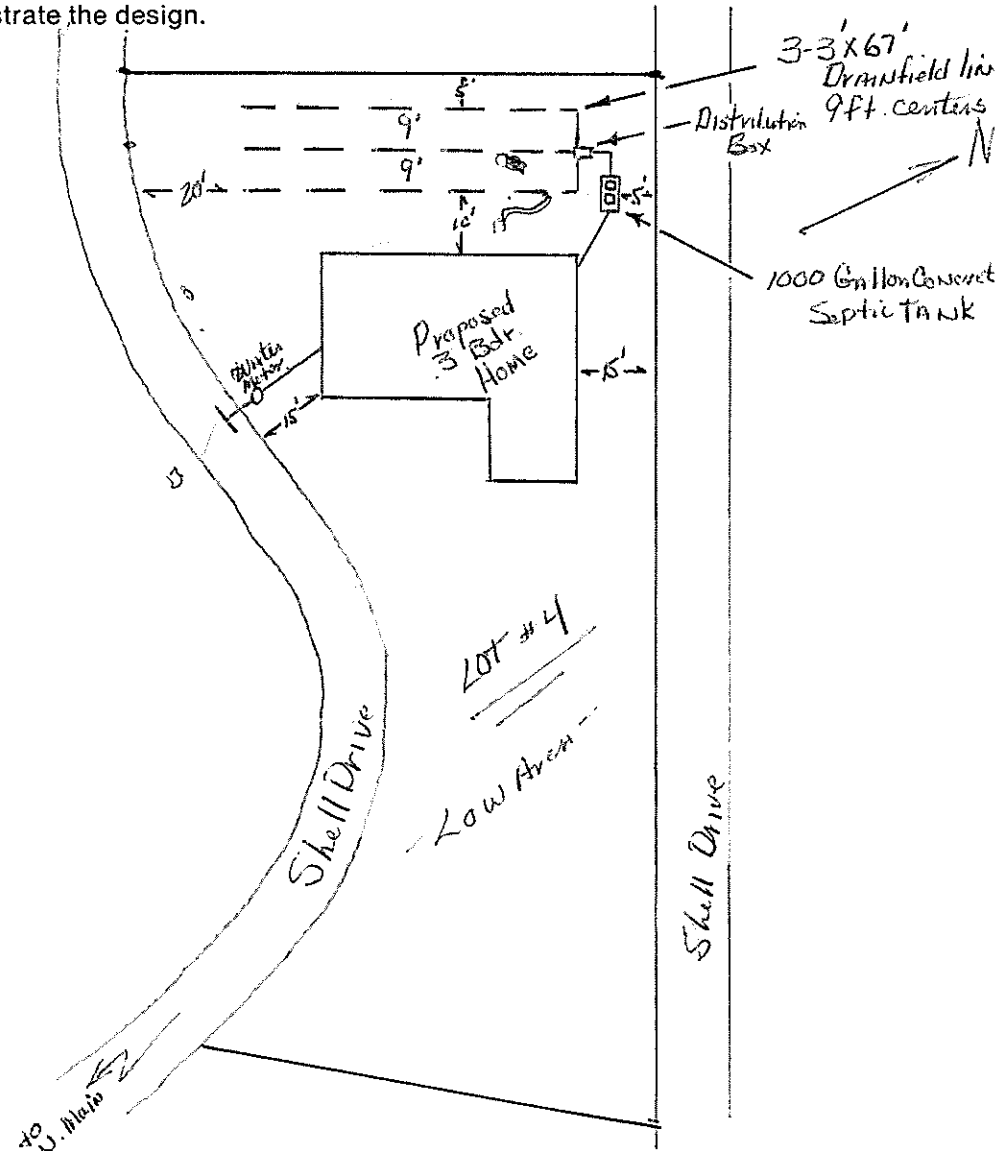
DESIGN	NOTE: INSPECTION RESULTS
<b>Water supply, existing:</b> (describe) <u>Town Supply</u> <b>To be installed:</b> class _____ cased _____ grouted _____	<b>Water supply location:</b> Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ G.W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/>
<b>Building sewer:</b> <u>1/2"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	<b>Building sewer:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Septic tank:</b> Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	<b>Pretreatment unit:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Inlet-outlet structure:</b> PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	<b>Inlet-outlet structure:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Pump and pump station:</b> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	<b>Pump &amp; pump station:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>N/A</u>
<b>Gravity mains:</b> 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	<b>Conveyance method:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Distribution box:</b> Precast concrete with <u>6</u> ports. <input type="checkbox"/> Other _____	<b>Distribution box:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Header lines:</b> Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	<b>Header lines:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Percolation lines:</b> Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	<b>Percolation lines:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Absorption trenches:</b> Square ft. required <u>600</u> ; depth from ground surface to bottom of trench <u>24"</u> ; aggregate size <u>5-1.5"</u> ; Trench bottom slope <u>2"-4"/100'</u> ; center to center spacing <u>8</u> ; trench width <u>2</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>60</u> ; Number of trenches <u>5</u>	<b>Absorption trenches:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Date <u>11/04/97</u> Inspected and approved by: _____ <span style="float: right;">Sanitarian</span>	

*copy for  
Burdick  
10/2/87 CB*

**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.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 5-29-86 Issued by: Arthur C. Miles  
 Sanitarian  
 Date: 6-3-86 Reviewed by: W. S. Schelberg  
 Supervisory Sanitarian

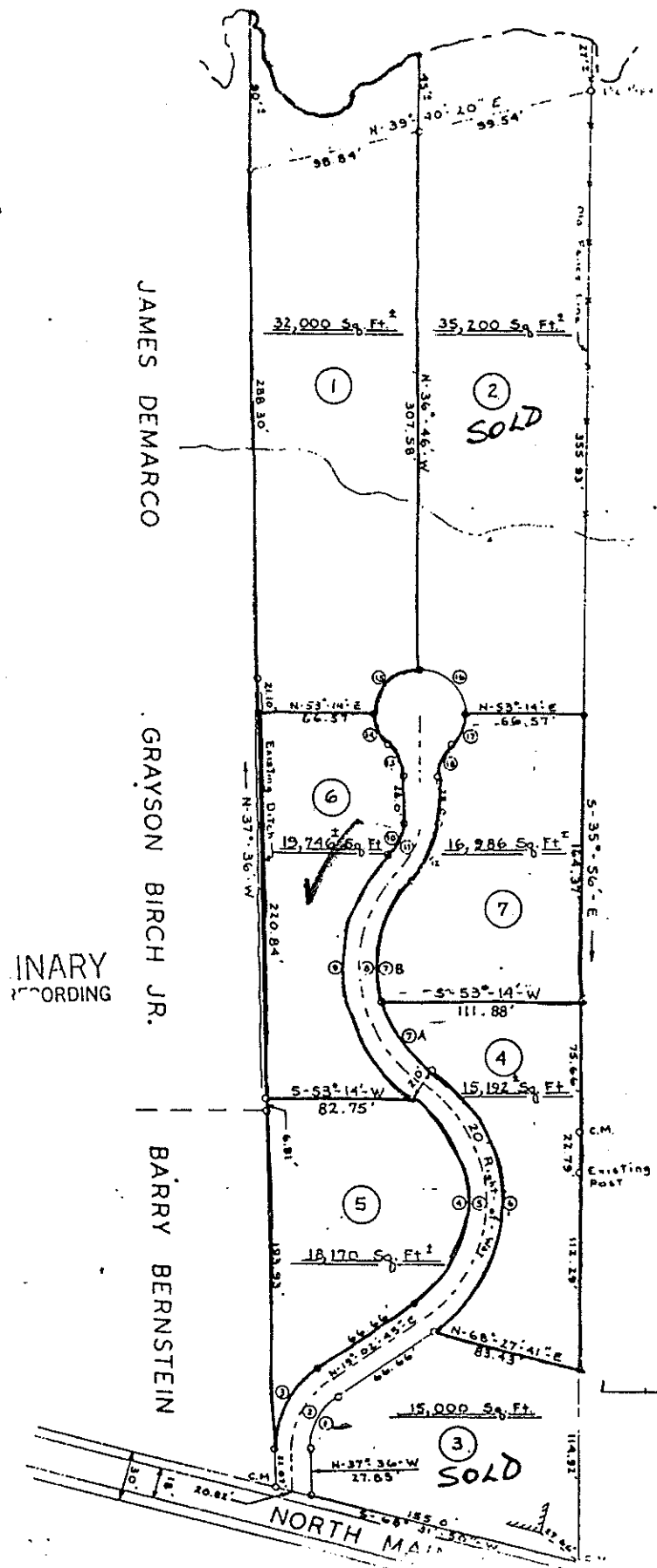
This Construction Permit Valid until 11-29-88

If FHA or VA financing

Reviewed by Date 13 Nov 1987 Arthur C. Miles Date \_\_\_\_\_  
 Supervisory Sanitarian Regional Sanitarian

100-86-458

CHINCOTEAGUE BAY

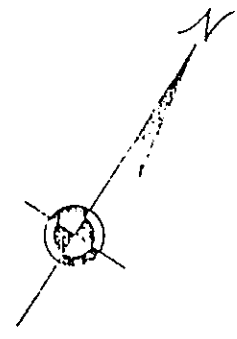


JAMES DEMARCO

GRAYSON BIRCH JR.

BARRY BERNSTEIN

PRELIMINARY RECORDING

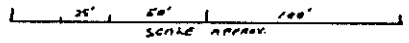


- #1 - \$145K
- #2 - \$145K SOLD
- #3 - \$125K SOLD
- #4 - \$15K
- #5 - \$15K
- #6 - \$18K
- #7 - \$18K

WILLIAM E. TIMMONS JR.

PRELIMINARY NOT FOR RECORDING

All lot corners and Right-of-Way m by 1/4\" Pipes unless otherwise indic



NORTH MAIN