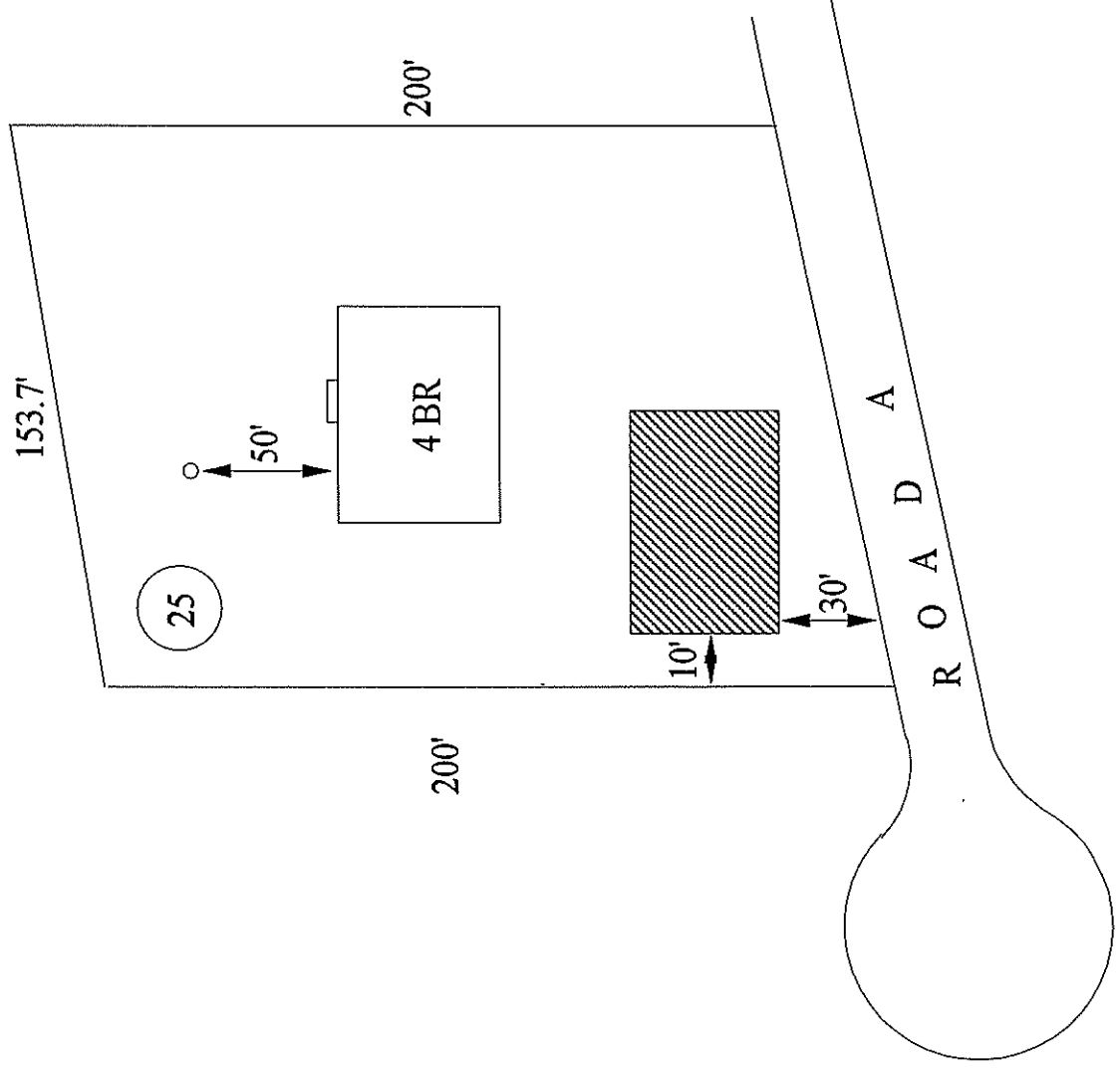


CERTIFICATION LETTER SKETCH

HEALTH DEPARTMENT ID# 03-100-0512

TAX MAP# 43((A))30 PART



THIS NOT A PERMIT

.69ACRES

CLASS IIIA WELL

NOT TO SCALE

DRAINFIELD AREA
39' X 55'

265-

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

Health Department ID 03-100-0512

To Be Completed By The Applicant

Type of Sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☒ Case No. _____

Owner DUANE MADDY PIKEY ISLAND BUILDERS, INC. Address 77 BROAD ST. Phone 410-641-1888
GRANT COOLEY Bethesda, Md. 20811

Agent Shore Engineering Co., Inc. Address P.O. BOX 354 Phone 757-787-2723
MELSA, VA. 23410

Directions of Property END OF S.R. 702 EAST (SOUTHWEST SIDE OF Rd.) ATLANTIC, Va.

Subdivision NOCK'S LANDING Section IV Block _____ Lot 25

Other Property Identification _____

Dimension/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 ☐ Multi-family
(Number of Bedrooms 4) (Number of Units _____)

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 ☐ Existing
☒ Private ☒ New ☐ Existing
Describe: INDIVIDUAL WELL

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ☐ Septic Tank ☐ Drainfield ☐ LPD ☐ Mound ☐ Other

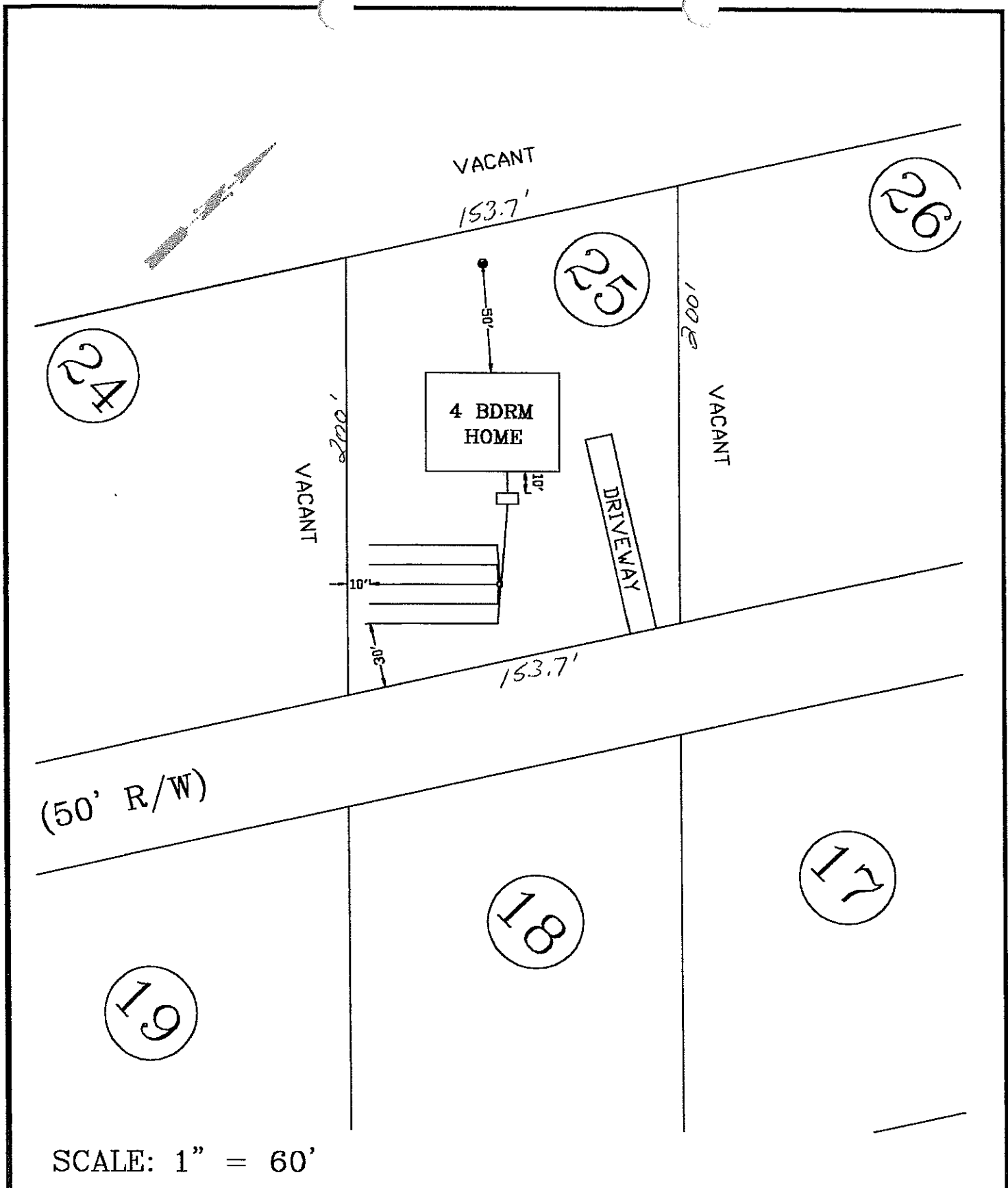
Public Sewerage System

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

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

Signature of Grant Cooley Agent

Date May 6, 2003



SHORE ENGINEERING
COMPANY, INC.



CIVIL • ENVIRONMENTAL • SURVEYING
P.O. BOX 354, MELPA, VA 23410 (757) 787-2773

SECTION II LOT 25
SEWAGE SITE PLAN

NOCKS LANDING SUBDIVISION

ATLANTIC

ACCOMACK COUNTY

VIRGINIA

SHEET

1 OF 1

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

ID # 100-90-0403 *Past*

Map # 43((A))302

ACCOMACK COUNTY Health Department

Date rec'd May 17, 1990

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☒Owner DOUG ESTES, ET.AL. Address 135 CHINCO.RD. Phone 824-4207
WALLOPS IS. 23337Agent BRENDA HALL, M.S., R.S. Address SR 1 BOX 6 Phone 824-5751
TEMPERANCEVILLE 23442

Directions to Property END OF RT. 702 EAST, ATLANTIC

Subdivision NOCK'S LANDING Section II Block Lot 25

Other Property Identification ON SOUTHSIDE OF RT. 702. SEE PLAT

Dimensions/size of Lot/Property 30,000+ S.F.

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 # of Units
Basement ☐ Yes ☒ No # of Bdrms 4
Fixtures in Basement ☐ Yes ☒ NoIII. Commercial Use ☐ Yes ☒ No Describe:Commercial/Wastewater ☐ Yes ☒ No # of Patrons
If yes, give volumes and describe: # of EmployeesIV. Water Supply: ☐ Public ☒ New Describe: CLASS IIA
☒ Private ☐ Existing DEEP WELLV. Proposed installation: ☒ Septic tank and drainfield-GRAVITY ☐ Other
If other, describe:SITE Attach a site plan (rough sketch) showing dimensions of property,
PLAN 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 the application.*Brenda Hall*

Signature of owner/agent

5/16/90

Date

Soil Evaluation Form

Health Dept.

ID # 100-90-0403

Tax Map # 43((A))30

General Information

Date 5/16/90

ACCOMACK COUNTY Health Dept.

Applicant DOUG ESTES, ET.AL.

Telephone # 824-4207

Address 135 CHINCOTEAGUE RD., WALLOPS ISLAND, VA 23337

Owner FOR SALE

Address _____

Location END OF RT. 702 EAST, ATLANTIC- SOUTHSIDE OF RD.

Subdivision NOCK'S LDG. Block/Section II Lot 25

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe HIGH UPLANDS
2. Slope 0-3 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None ☒
4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☐ In. _____
5. Free water present No ☒ Yes ☐ _____ range in inches
6. Soil percolation rate estimated Yes ☒ Texture Group II III IV
No ☐ Estimated rate 20 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: Brenda Hall, M.S., R.S., Environmental Consultant

Signature: Brenda Hall

Department Use

- ☒ Site Approved: Drainfield to be placed at 24" depth at site designated on permit.
- ☐ Site Disapproved:

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 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 5/16/90Health Dept ID# 100-90-0403Profile Description
SOIL EVALUATION REPORT

NOCK'S LANDING, SECTION II - LOT 25

HOLE #	HORIZON	DEPTH	DESCRIPTION	TEXTURE GROUP
1	A	0-10	10YR4/3 Dark Brown Loam	II
	B	10-24	17.5YR4/6 Strong Brown Loam	II
	B2	24-36	17.5YR4/6 Strong Brown Loam-Sandy Loam	II
	B-C	36-50	17.5YR4/6 Strong Brown Loamy Sand-Sand	I
	C	50-60	10YR6/8 Brown Yellow Sand	I
2			Same as #1 to 48"	
3			Same as #1 to 48"	
2R			Same as #1 to 48"	
3R			Same as #1 to 48"	
PT-AZ (on axis with Soil Consultants findings)				
REMARKS: Approximate area suitable soil = 4000 S.F. (incl. Reserve)				
S. J. Taylor 5/18/90				

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health



Health Department

Identification Number 100-90-0403

Map Reference 45 (CA) 30 Part

Accomack Health Department

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. Doug R. Pless Telephone _____
Address 135 S. Chance Rd., Stallons, Va., VA
For a Type F Sewage disposal system which is to be constructed on/at South side of Rt 702, at Lantic
Subdivision Dick's Landing Section/Block _____ Lot 25
Actual or estimated water use 600 GPD

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>IIA</u> cased <u>100'</u> grouted <u>20'</u>	Water supply location: Satisfactory yes ☐ no ☐ comments _____ G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: <u>4"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other _____	Building sewer: yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity <u>1200</u> gals. (minimum). ☐ Other _____	Pretreatment unit: yes ☐ no ☐ comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. ☐ Other _____	Inlet-outlet structure: yes ☐ no ☐ comments Satisfactory
Pump and pump station: No ☒ Yes ☐ describe and show design. if yes: _____	Pump & pump station: yes ☐ no ☐ comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other _____	Conveyance method: yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with <u>6</u> 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 <u>808</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>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>55'</u> ; Number of trenches <u>5</u>	Absorption trenches: yes ☐ no ☐ comments Satisfactory
Date _____ Inspected and approved by: _____ Sanitarian	

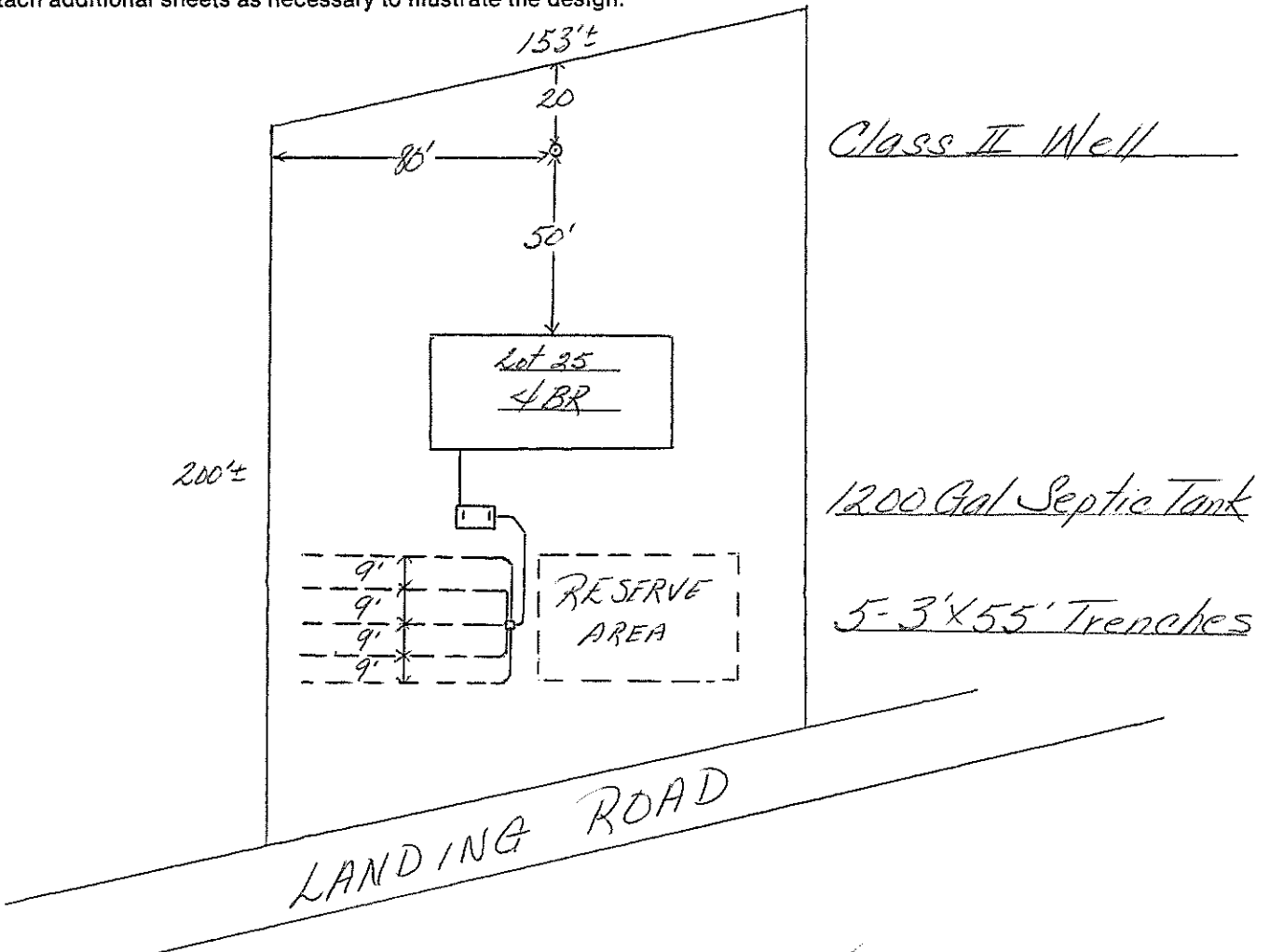
Copy to B. Hall
8/24/90

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.



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: May 22, 1990 Issued by: William J. Sessions
Sanitarian

Date: 5-23-90 Reviewed by: Arthur Chiew
Supervisory Sanitarian

This Construction
Permit Valid until
11-22-94

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian