Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Accomack County Health Department

Health Department
Identification Number 95-100-0145
Map Reference 86((A))97B,C

General Information

Water Supply System: New XX Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New XX 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 Shelia Kincaid Telephone ___
Address 6966 Weatham St., Philadelphia, PA For a Type II Sewage Disposal System or Well to be constructed on/at Rt. 13 between Top City and Eastern Shore Used Cars
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use 450 gpd

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) ___ **To be installed:** class III A Well cased 100' (minimum) grouted 20' (minimum)	**Water supply location:** Satisfactory yes ☑ no ☐ comments Inspected 2/26/96 RCS Completion Report ~~N/E~~ G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☑ no ☐ comments Satisfactory Stubbed
Septic tank: Capacity 1000 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 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 5 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 20"; aggregate size ½"-1½": Trench bottom slope 2" - 4" per 100'; center to center spacing 9'; trench width 3' Depth of aggregate 13"; Trench length 50'; Number of trenches 4	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory Date May 30, 1995 Inspected and approved by: Sanitarian

Copy to BOSSR 5/25/95 mj

C.H.S 202A

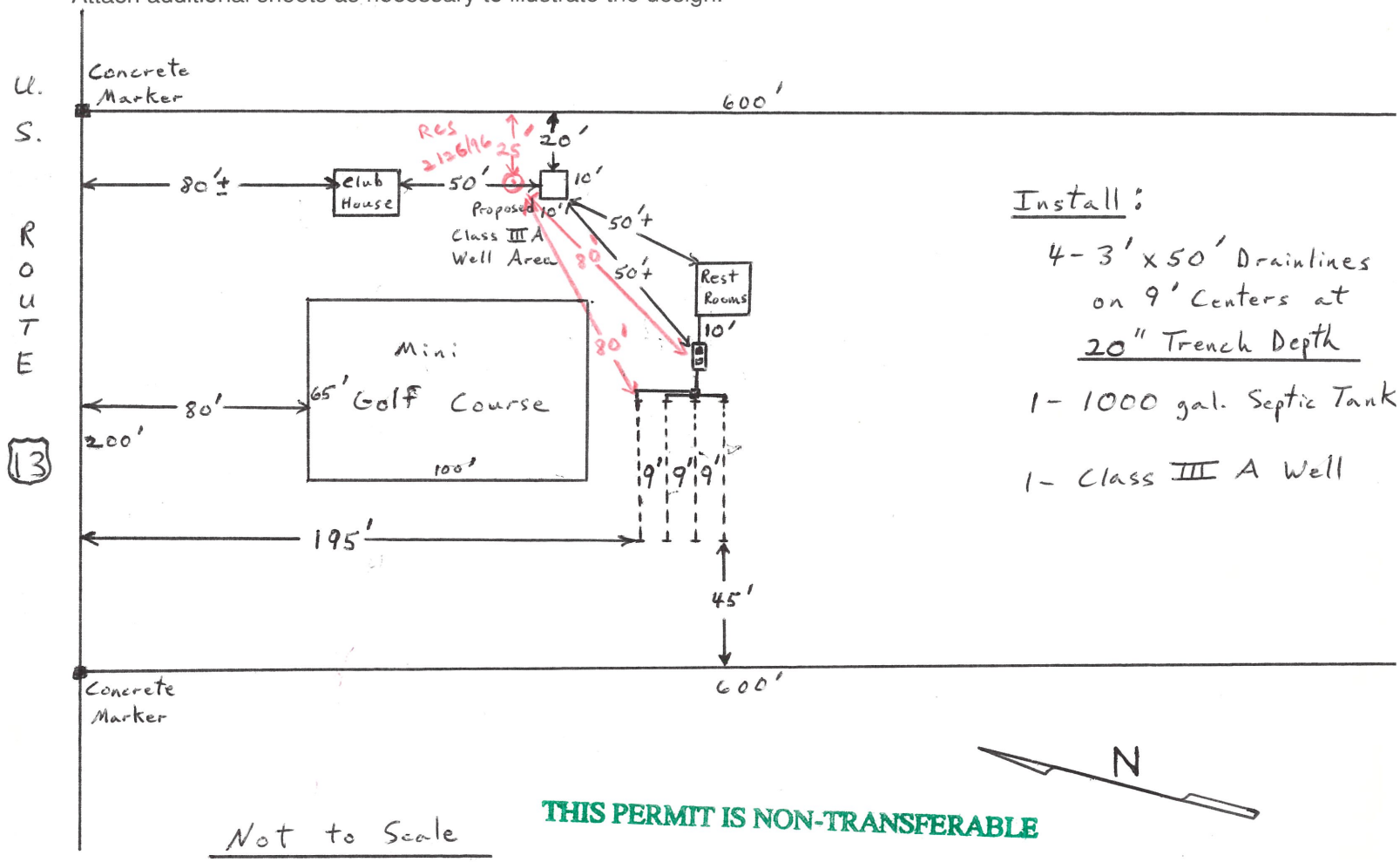
"Disturbance or removal of soil during tree or vegetation removal and/or ainfield site preparation may void this permit."

Health Department Identification Number 95-100-0145

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.



Install:

4 - 3' x 50' Drainlines on 9' Centers at 20" Trench Depth

1 - 1000 gal. Septic Tank

1 - Class III A Well

THIS PERMIT IS NON-TRANSFERABLE

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 25, 1995 **Issued by:** Robert C. Savage
Sanitarian

Date: 5/25/95 **Reviewed by:** Arthur C. Mills
Supervisory Sanitarian

This Construction Permit Valid until 11/25/96

If FHA or VA financing

Reviewed by Date 5/31/95 Arthur C. Mills **Date** _____
Supervisory Sanitarian

_____
Regional Sanitarian

C.H.S. 202B

Health Department ID: 95-100-0145 **Tax Map Number:** 86((A))97B,C

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH

EASTERN SHORE HEALTH DISTRICT

SEWAGE DISPOSAL SYSTEM OPERATION PERMIT

Sheila Kincaid is/are Hereby Granted Permission to Operate a Type II Sewage Disposal System Having a Design Capacity of 450 gpd, at Rt. 13, Accomac.

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section 2.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and 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 Construction Permit #95-100-0145. Issuance of an Operating Permit does not Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

Daniel J. Dickinson, M.D., M.P.H.
Health Director

Donald L. Stern, M.D., M.P.H.
Acting Health Commissioner

_____
Environmental Health Specialist

_____
Effective Date

CPB YES

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

Health Department ID 95-100-0145

CHANGE CERTIFICATION LETTER TO PERMIT 86((A)) 97 B, C

To Be Completed By The Applicant

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

Owner SHELIA KINCAID Address 6966 WEATHAM ST. PHILADELPHIA PA 19119-2519 Phone ___

Agent Boggs Water & Sewage, Inc. Address P.O. Box 333 Melfa, VA 23410 Phone 804/787-4000

Directions of Property RT. 13 BETWEEN TOP-CITY AND EASTERN SHORE USED CARS

Subdivision ___ Section ___ Block ___ Lot ___

Other Property Identification ___

Dimension/size of Lot/Property 200' x 600'

Other Application Information

I. Building/facility X New ___ Existing
Intermittent Use X Yes ___ No If yes, describe ___

II. Residential Use ___ Yes ___ No
Termite Treatment ___ Yes ___ No
___ Single Family (Number of Bedrooms ___) ___ Multi-family (Number of Units ___)
N/A
Basement ___ Yes ___ No
Fixtures in Basement ___ Yes ___ No

III. Commerical Use X Yes ___ No Describe: MINI GOLF

Commerical/Wastewater ___ Yes ___ No Number of Patrons 85 * Per telephone conversation w PHD on 5/22/95. RC
Number of Employees 5

If yes, give volumes and describe ___

IV. Water Supply: ___ Public ___ New ___ Existing
X Private X New ___ Existing
Describe: D/W

V. Proposed Sewage Disposal Method:
Onsite Sewage Disposal System: X Septic Tank Drainfield ___ LPD ___ Mound ___ Other
1000g.S/T + 600# D.F.
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.

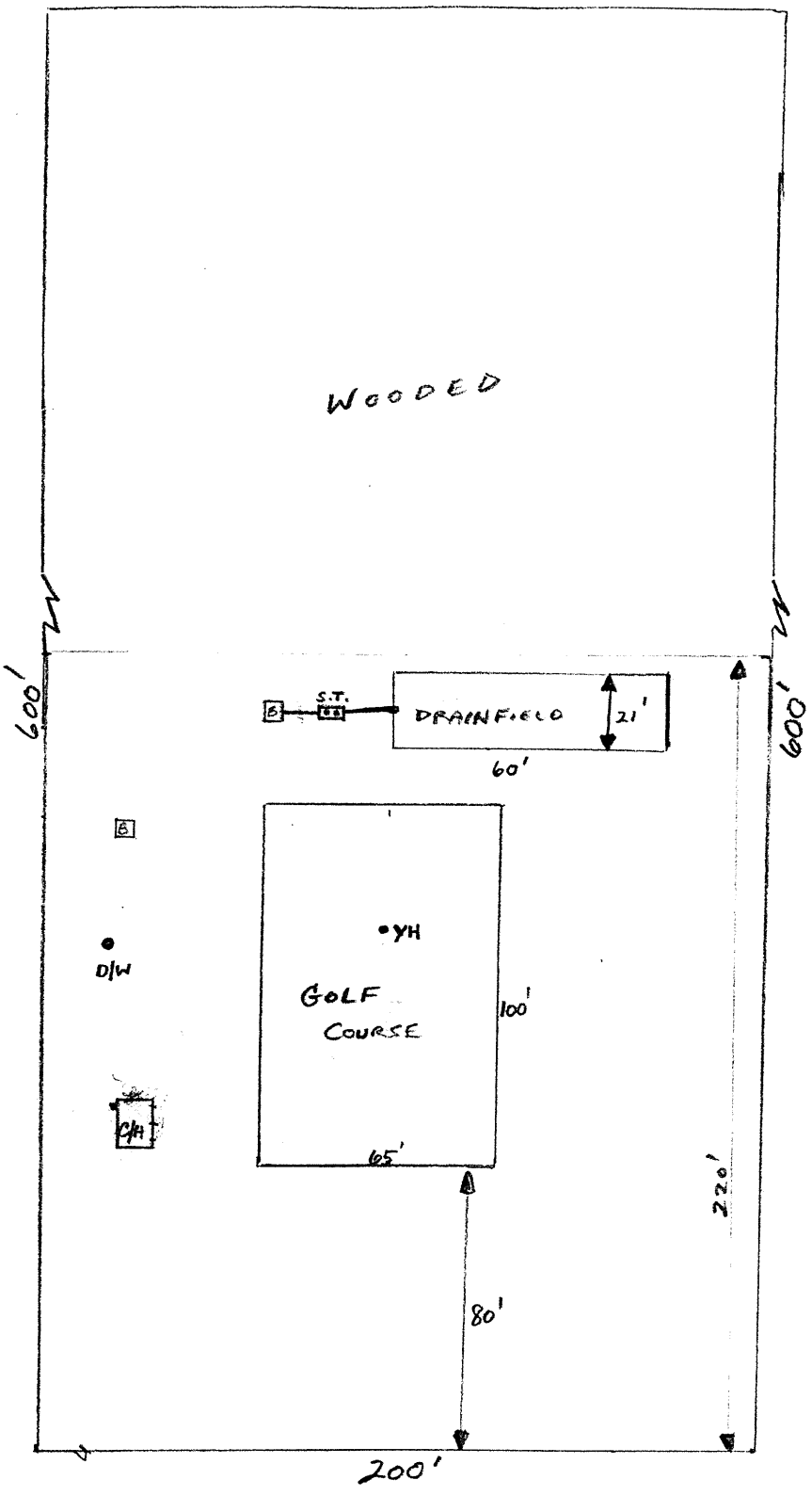
BOGGS WATER & SEWAGE, INC. p.h. 5-23-95

Signature of Owner/Agent Date

CHS 200

SHELIA KINCAID

EASTERN SHORE
MINI GOLF



N ← RT. 13 → S

1"=50'

240.PA.

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

ACCOMACK COUNTY

Health Department ID 95-100-0145

TAX MAP: 86-A-97B,C

To Be Completed By The Applicant

MARCH 7, 1995

Type of sewage system: X New ___ Repair ___ Expanded ___ Conditional

FHA/VA yes ___ no ___ Case No ___

Owner SHEILA D. KINCAID Address 6966 WEATHAM ST. PHILADELPHIA, PA 19119-2519 Phone ___

Agent Boggs Water & Sewage, Inc Address P.O. Box 333 Melfa, VA 23410 Phone 804/787-4000

Directions of Property RT. 13 BETWEEN TOP-CITY AND EASTERN SHORE USED CARS

Subdivision ___ Section ___ Block ___ Lot ___

Other Property Identification — CALL CONTRACTOR PRIOR TO SITE VISIT —

Dimension/size of Lot/Property ___

Other Application Information

I. Building/facility X New ___ Existing
Intermittent Use X Yes ___ No If yes, describe ___

II. Residential Use ___ Yes ___ No
Termite Treatment ___ Yes N/A ___ No
___ Single Family (Number of Bedrooms ___) ___ Multi-family (Number of Units ___)

Basement ___ Yes ___ No
Fixtures in Basement ___ Yes ___ No

III. Commerical Use X Yes ___ No Describe: CLUBHOUSE FOR PUTT-PUTT GOLF < 10 EMPLOYEES

Commerical/Wastewater X Yes ___ No Number of Patrons ___
Number of Employees ___

If yes, give volumes and describe ___

IV. Water Supply: ___ Public ___ New ___ Existing
X Private X New ___ Existing
Describe: D/W

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: X Septic Tank Drainfield ___ LPD ___ Mound ___ Other
PROPOSED 750 gallon SEPTIC TANK + 400 ft D.F.

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.

BOGGS WATER & SEWAGE, INC. [signature] 3-6-95

Signature of Owner/Agent Date

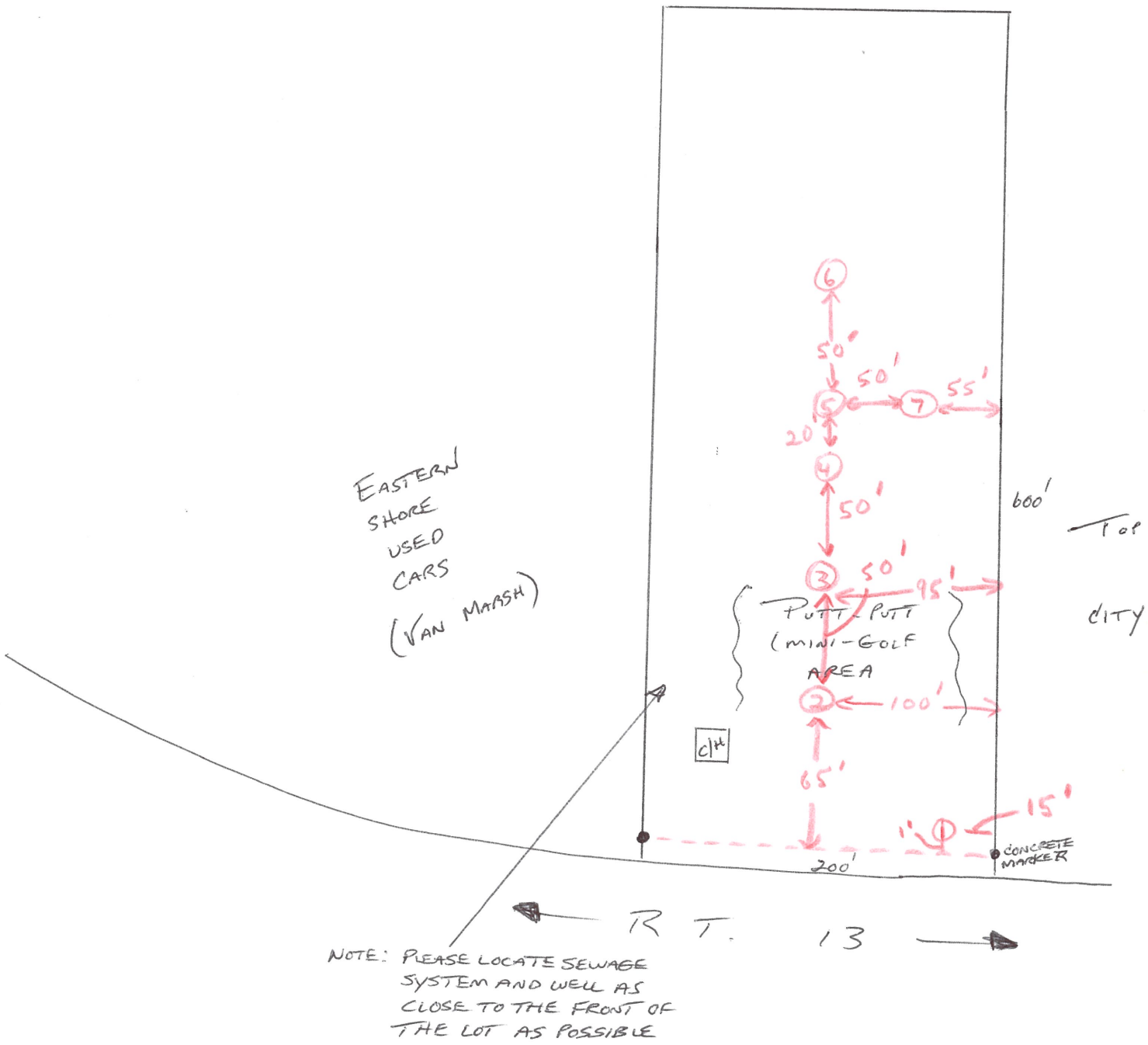
CHS 200

HEALTH DEPARTMENT #_____

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.

SHEILA D. KINCAID

OLD PERMIT: 100-87-776



****IS THIS DWELLING/FACILITY TO BE SERVED BY A WATER TO AIR HEAT PUMP? ____YES ____NO IF SO, ****: SHOW ALL WELLS INVOLVED (i.e. LOCATIONS OF DRINIKING WATER, HEAT PUMP SOURCE, AND HEAT PUMP RECHARGE WELLS)

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 95-100-0145
Tax Map Number 86 ((A)) 97B, C

General Information

Date 3/10/95 ACCOMACK COUNTY Health Department

Applicant _____ Telephone No. _____

Address _____

Owner SHEILA D. KINCAID Address 6966 WEATHAM ST. PHILADELPHIA,M PA 19119

Location RT. 13 BETWEEN TOP-CITY AND EASTERN SHORE USED CARS

Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe Wooded lot

2. Slope 0 - 2 %

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 ☐ _____ range in inches

6. Soil percolation rate estimated Yes ☑ Texture group I (II) III IV
No ☐ Estimated rate 20-25 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: Robert C. Savage, Environmental Health Specialist

Signature: Robert C. Savage

Department Use

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

☐ Site Disapproved:

Trench depth to be determined at time of permit issuance.

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 Type certification letter

J Simmons

Date of Evaluation 3/10/95

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 95-100-0145

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 - 8	DK B (10YR 3/3) LS	I
	Bt1	8 - 15	YB (10YR 5/8) L w/ Str. B (7.5 YR 5/8) and B (10YR 5/3) mottles	II
	Bt2	15 - 18	YB (10YR 5/8) L w/ Str. B (7.5YR 5/8), B (10YR 5/3), & few Lt. BG (10YR 6/2) mottles	II
	Bt3	18 - 28	YB (10YR 5/8) L w/ Lt. G (10YR 7/1) and Str. B (7.5 YR 5/8) mottles	II
	Bt4	28 - 30	YB (10YR 5/8) SL w/ Lt. G (10YR 7/1) and Str. B (7.5YR 5/8) mottles	II
2	A	0 - 6	Blk (10YR 2/1) LS	I
	Bg	6 - 30	G (10YR 6/1) L w/ BY (10YR 6/6), PB (10YR 6/3), and YB (10YR 5/8) mottles	II
3		0 - 30	Like Hole #1	
4	A	0 - 6	B (10YR 5/3) LS	I
	Bt1	6 - 22	Lt. YB (10YR 6/4) SL w/ YB (10YR 5/8) mottles	II
	Bt2	22 - 30	Lt. YB (10YR 6/4) SL w/ YB (10YR 5/8) and few Lt. G (10YR 7/1) mottles	II
* 5	A	0 - 6	B (10YR 5/3) LS	I
	Bt1	6 - 26	Lt. YB (10YR 6/4) L	II
	Bt2	26 - 30	Lt. YB (10YR 6/4) SL w/ Few Lt. BG (10YR 6/2) and BY (10YR 6/6) mottles	II
	C1	30 - 36	Lt. YB (10YR 6/4) S w/ Few Lt. BG (10YR 6/2) and BY (10YR 6/6) mottles	I
	C2	36 - 48	Y (10YR 7/6) S	I
	C3	48 - 60	YB (10YR 5/8) S	I
* 6, 7		0 - 36	Like Hole # 5	

Remarks * = Holes bored in proposed sewage area.

C.H.S 201B Revised 4/87

V-1A

† no mottling of soils in area drainfield installed

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Shelia Kincaid
Address c/o George Kincaid
P. O. Box 98, Tasley, Va. 23441
Phone
Location See Attached Map

Tax Map ID
VDH Permit 95-100-0145
VWCB Permit
VWCB ID
County Accomack

* Well Data *

General Information
Drilling Method
Depth to Bedrock
Static Water Level 30'
Well Disinfected (Y or N)

Date Completed 6/21/95
Yield 15 (GPM)
Stabilized Water Level 90'
Disinfectant Used

Total Depth of Well 205'
Length of Test
Natural Flow (Rate)
Amount Used

Casing
From 0 To 110'
Size 4" Material PVC
Weight/Schedule Sch. 40

From 110' To 185'
Size 2" Material PVC
Weight/Schedule Sch. 40

From To
Size Material
Weight/Schedule

Gravel Pack
From To

From To

From To

Grout
From 0 To 50'
Bore Hole Size
Type Cement
Method

From To
Bore Hole Size
Type
Method

From To
Bore Hole Size
Type
Method

Water Zones or Screened Intervals
From 205' To 185'
Mesh Size 60 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 X 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:

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department I.D. Number 95-100-0145
86 (CA)) 97B,C

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

Date 02/26/96 Local Health Department Accomack County

Owner Sheila Kincato Address 6966 Weatham Street Phone
Philadelphia PA 19119-2519

Exact Location of Premises

Subdivision Section/Block Lot

Class of nonpublic drinking water well. 1) Class III A
2) Class III B ✓
3) Class III C
Date of installation 6-21-95 4) Other

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 60'+ Pretreatment Unit 80'
   Conveyance System 80'+ Subsurface Soil Absorption System 80'
   (nearest point). Property Line 25' Other Club house 150'
   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 205 feet. Type of casing PVC
   Depth of casing 185 feet. Diameter of casing 4-2 inches.
   Casing extends inches above ground 12. Exterior space sealed with neat cement grout to a depth of 50 feet. Screens constructed of PVC
   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 N/A 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 N/A hours. Drawdown 60 feet. Yield 1.5 GPM. Type of storage N/A.
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: Card Sent 3-1-96
Letter Sent 11-20-97

Date Signed
Sanitarian

Date Signed
Supervisory Sanitarian

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

C.H.S. 204 Revised 9/90

COMMONWEALTH of VIRGINIA

EASTERN SHORE HEALTH DISTRICT

ACCOMACK COUNTY HEALTH DEPARTMENT
23191 FRONT STREET
PO BOX 177
ACCOMAC, VIRGINIA 23301-0177

PHONE (804) 787-5880 OR 824-5616

NORTHAMPTON COUNTY HEALTH DEPARTMENT
7114 LANKFORD HIGHWAY
PO BOX 248
NASSAWADOX, VIRGINIA 23413-0248

PHONE (804) 442-6228

March 14, 1995

Sheila D. Kincaid
6966 Weatham Street
Philadelphia, PA 19119-2519

RE: Location #86((A))97B,C
Accomac
600' x 200'/95-100-0145

Dear Ms. Kincaid:

This letter is issued in lieu of a sewage disposal system construction permit in accordance with §32.1-163, et seq., of the Code of Virginia. The Board of Health hereby recognizes that the soil and site conditions acknowledged by this correspondence, and documented by additional records on file at the Accomack County Health Department, are suitable for the installation of an onsite sewage disposal system. The attached sketch or plat shows the approved area for the sewage disposal system. This letter is void if there is any substantial physical change in the soil or site conditions where the sewage disposal system is to be located.

A permit to construct the sewage disposal system must be issued before construction of the system. If the property owner (current or future) applies for a construction permit within 18 months of the date of this letter, the application fee paid for this letter shall be applied to any fees for a permit to construct a system. After 18 months, the applicant is responsible for paying all fees for a permit application.

This letter, and accompanying sketch or plat of survey showing the specific location of the sewage disposal system area and well area (if applicable), may be recorded in the land records by the Clerk of the Circuit Court for Accomack County. The site shown on the plat is specific and must not be disturbed or encroached upon by any construction. To do so voids this letter. Upon the sale or transfer of the land that is subject of this letter, the letter shall be transferred with the title to the property.

Future owners are advised to review the sketch or plat for the location of the onsite sewage disposal area to make sure their building plans do not interfere with the area. If they have any questions regarding the location of this area, they should contact the Accomack Health Department for assistance.

The area evaluated, and certified by this letter, is suitable to accommodate a clubhouse for ten employees using a system design of 300 gallons per day. The property will be served by a private water supply as shown on the attached sketch/plat.

This letter is an assurance that a sewage disposal system construction permit will be issued (provided there have been no substantial physical changes in the soil or site conditions where the system would be located); however, it is not a 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 building permit and sewage system construction permit. The design will be based on the site and soil conditions certified by this letter, structure size and location, water well location (final determination to be made at time of permit issuance), the regulations in effect at the time, and any offsite impacts that may have occurred since the date of the issuance of this letter. In some cases, engineered plans may be required prior to issuance of the construction permit. In accordance with §32.1-164.1:1 of the Code of Virginia, owners are advised to apply for a sewage disposal construction permit only when ready to begin construction.

This certification letter may be subject to and must comply with any applicable local ordinances.

Sincerely,

Robert C. Savage

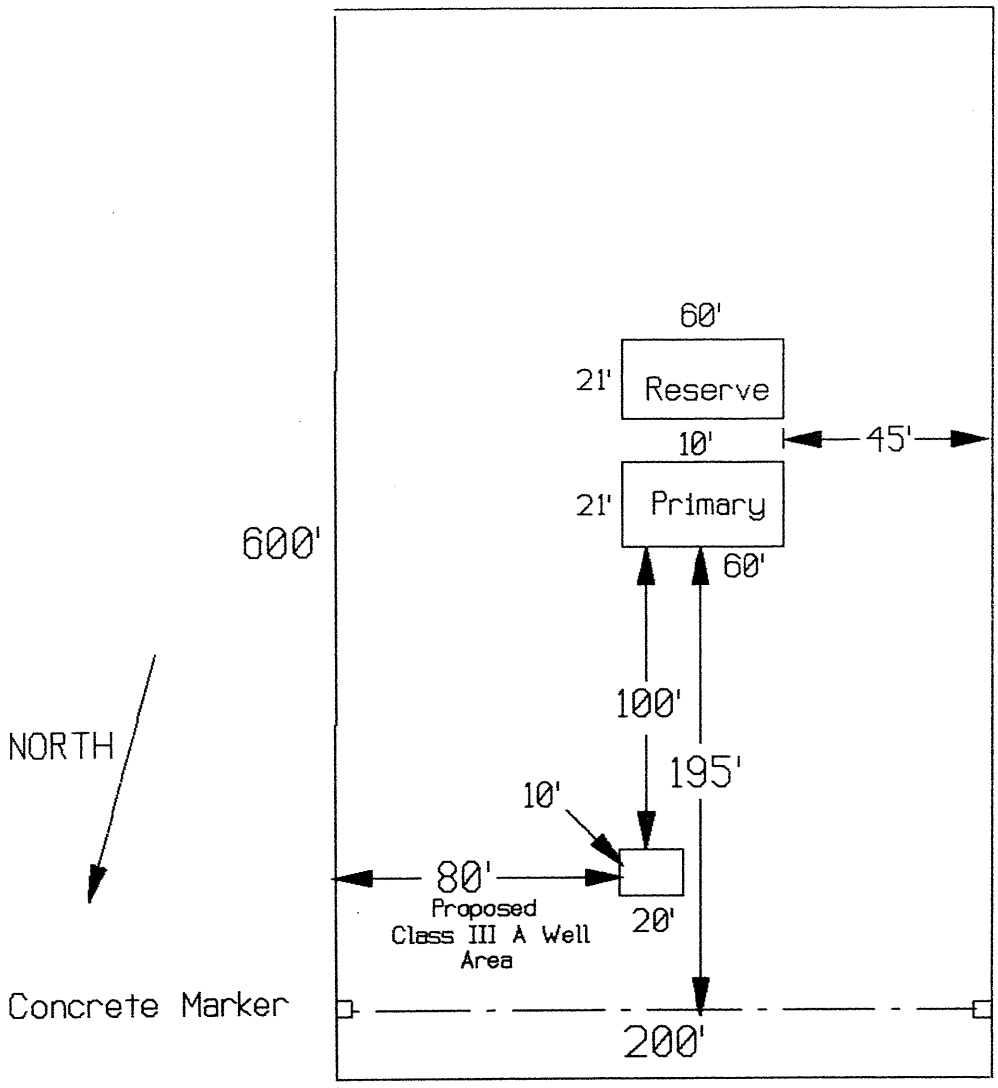
Robert C. Savage
Environmental Health Specialist

Attachment
pc: cgb

H.D.I.# 95-100-0145

Tax Map# 86((A))97B,C

THIS IS NOT A PERMIT



System to be designed for maximum of 10 employees with a daily water usage of 300 gpd.

U.S. ROUTE 13