VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

Madison County Health Department
1480 North Main Street
Madison Virginia 22727
540-948-5481– Voice
540-948-3841- Fax
madisoneh@vdh.virginia.gov

Onsite Sewage System Construction Permit – VA Code ξ32.1-163.5
Septic and Well

Well and Sewage Contractors: *Please notify Health Department **and** OSE or PE 48 hours prior to installation to arrange for inspection*

September 12, 2025

Horn Hollow, LLC
C/O Evan O'Neill
12210 Corter Avenue
Fredericksburg, VA 22407

RE: TBD Horn Hollow Lane, Madison, VA 22727
Tax Map/GPIN: 29-49A/ (Madison County)
HDID: 113-25-135 **Reserve:** 100% Reserve Area Provided
System Capacity: COSS, 3 Bedroom/450 Gallons Per Day
Occupancy: 6 Persons Maximum
Daily Flow: 450 GPD
Well Specifications: IIIB Well. Residential Use. 50' Casing & 50' Grout.

This letter and the attached drawings, specifications, and calculations ***(8 pages)*** dated ***August 18, 2025***, constitute your permit to construct to a sewage disposal system and well on the property referenced above. Your application for a permit was submitted pursuant to §32.1-163.5 of the Code of Virginia, which requires the Health Department to accept private soil evaluations and designs from an Onsite Soil Evaluator (OSE) or a Professional Engineer working in consultation with an OSE for residential development. VDH is not required to perform a field check to verify the private evaluations of OSEs or PEs and such a field check may not have been conducted for the issuance of this permit.

The soil absorption area ("site"), s**ewage system design** and the **well location** were certified by ***Michael Stroble, OSE*.** as substantially complying with the Board of Health's regulations (and local ordinances if the locality has authorized the local health department to accept private evaluations for compliance with local ordinances). This permit is issued in reliance upon that certification. VDH hereby recognizes that the soil and site conditions acknowledged by this permit are suitable for the installation of an onsite sewage system. The attached plat shows the approved area for the sewage disposal system; there are additional records on file with the Madison County Health Department pertaining to this permit, including the Site and Soil Evaluation Report. This construction permit is null and void if any substantial physical change in the soil or site conditions occurs where a sewage disposal system is to be located.

If modifications or revisions are necessary between now and when you construct your dwelling, please contact the OSE/PE who performed the evaluation and design on which this permit is based. Should revisions be necessary during construction, your contractor should consult with the OSE/PE that submitted the site evaluation or site evaluation and design. The OSE/PE is authorized to make minor

adjustments in the location or design of the system at the time of construction provided adequate documentation is provided to the Madison County Health Department.

The OSE/PE that submitted the certified design for this permit is required to conduct a final inspection of this sewage system when it is installed and to submit an inspection report and completion statement. As the owner, you are responsible for giving reasonable notice to the OSE/PE of the need for a final inspection. If the designer is unable to perform the required inspection, you may provide an inspection report and completion statement executed by another OSE/PE. The Madison County Health Department is not required to inspect the installation but may perform an inspection at its sole discretion. No part of this installation shall be covered until it has been inspected by the OSE/PE as noted herein. The sewage system may not be placed into operation until you have obtained an Operation Permit from the Madison County Health Department.

This Construction Permit is null and void if conditions are changed from those shown on your application or if conditions are changed from those shown on the Site and Soil Evaluation Report and the attached construction drawings, specifications, and calculations. VDH may revoke or modify any permit if, at a later date, it finds that the site and soil conditions and/or design do not substantially comply with the Sewage Handling and Disposal Regulations, 12 VAC 5-610-20 et seq., or if the system would threaten public health or the environment.

This permit approval has been issued in accordance with applicable regulations based on the information and materials provided at the time of application. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this onsite sewage system. The owner is responsible at all times for complying with all applicable local, state, and federal laws and regulations. This construction permit is transferrable until expired or deemed null and void. A permit transfer form may be found on the VDH website at http://www.vdh.virginia.gov/environmental-health/gmp-2015-01-forms/ .

If you have any questions, please contact me at the Madison County Health Department, 540-948-5481.

This permit expires: **March 12, 2027**.

Sincerely,

Clare Mangum

Clare Mangum
Environmental Health Specialist

Co-Signed by:

EB

Emily Bourdon
Environmental Health Supervisor

CC: ***Michael Stroble, OSE***

WHAT YOU WILL NEED TO GET YOUR SEPTIC SYSTEM OPERATION PERMIT

- Your system must have a **satisfactory inspection** at the time of installation. This will be done by either a representative of the local Health Department, a private OSE, or a PE, depending on the designer of your permitted system. If your system is designed/inspected by an OSE or PE, they must submit a copy of the inspection results, complete with an as-built diagram, to the Health Department.
- Please ensure that your contractor turns in a **Completion Statement** to the local Health Department after installation.
- If your permit is for an alternative system, you must sign, have notarized, and record the attached **Notice of Recordation** in your locality's land records. Please bring proof of this recordation to the local Health Department
- If you have a **conditional permit** then you must sign, have notarized, and record the permit in your locality's land records. Please bring proof of this recordation to the Health Department.

IF YOUR PERMIT IS FOR BOTH A SEPTIC SYSTEM AND WELL YOU WILL ALSO NEED

- Your well must have **satisfactory inspection** results after installation. Please give the Health Department several days notice to schedule this inspection before your Operation Permit will be requested.
- The Health Department must receive a copy of your **water sample test result** being negative/satisfactory for coliform bacteria. You are responsible for performing this test and ensuring the results are received at the Health Department
- Please ensure that your Well Driller submits a Uniform **Water Well Completion Statement or GW-2** to the Health Department, including documentation of a proper well abandonment if required by permit

Allow 5 business days after the last piece of documentation is received for the Operation Permit to be issued. To avoid delays, clearly label each piece of documentation with the property Tax Map/GPIN number and HDID number shown above and on your construction permit. *Please note that due to the individual circumstances of your permit there may be additional required items not covered by this checklist.*

If you have any questions about any of the items on this list, please do not hesitate to contact the Madison County Health Department at (540) 948-5481.

Level I & II Review Form

Tax Map/GPIN #: 29-49A/
HDID: 113-25-135
Reviewer: Clare Mangum
Print Form Date: 9/10/25

Level I Review

Date of Level I Review:	IN[1]	OUT[2]	N. O.[3]	N. A.[4]	Comments
Location					
Site features affecting well & septic system location identified	X				
Landscape position indicated	X				
Absorption Area	X				
House site located	X				
Other:	X				
Separation distance adequate	X				
Adequate triangulation / scale	X				
Depth					**42”**
Limiting factors (or lack of) noted	X				
Depth adequate for slope	X				
Depth adequate for limiting factors	X				
Timed-Dosing specified (if required)				X	
Capacity					**3 BR/450 GPD**
Absorption area adequately evaluated (number and location of borings / pits)	X				
Design flow adequate for intended use	X				
Adequate trench area, based on flow & estimate / measured perc rate	X				
Adequate footprint area (including reserve area, if required)	X				
Treatment					
Treatment level specified				X	
Treatment level adequate for specified absorption area depth				X	
Treatment capacity adequate for design flow				X	

Level II Review

Date of Level II Review:	IN	OUT	N. O.	N. A.	Comments
Location					
Site features affecting location adequately identified					
Separation distances adequate					
Landscape position identified & adequate					
Slope adequately identified					
Depth					
Depth to limiting factors adequate (A)					
Capacity					
Estimated per rate adequate (A)					
Treatment					
Correct level of treatment indicated					

1 In substantial agreement; 2 Not in substantial agreement; 3 Not observed; 4 Not applicable
(A) If one boring indicates disagreement, reviewer should complete a second boring before concluding that there is overall disagreement.

Additional comments, if any: Level I Only

VIRGINIA DEPARTMENT OF HEALTH

To protect the health and promote the well-being of all people in Virginia.

Madison County Health Department
1480 A. N. Main Street
Madison, Virginia 22727
540-948-5481 – Voice
540-948-3841- Fax
madisoneh@vdh.virginia.gov

Reminders

Please remember when hiring a septic installer or well driller that they ***must*** be DPOR certified. Please contact our office for a list or visit the DPOR website. https://www.dpor.virginia.gov/LicenseLookup/

In addition, please remember to have the septic installer to call our office with the date and time of the scheduled inspection.

Our goal is to provide the Operation Permit within 5 business days of receipt of all required completion documents if an inspection has been conducted prior. Please keep in mind, failure to schedule an inspection during construction, will likely cause a delay in the issuance of an Operation Permit.

To obtain an ***Operation Permit*** and ***Private Well Inspection Statement***, please submit the following:

Installer/Contractor Completion Statement	_____
As-Built Drawing	_____
Private OSE/PE Completion Statement/ Inspection Report	_____
Well Completion Report (GW-2)	_____
Satisfactory Water Sample	_____
Conditional Letter of Recordation*	_____
Notice for Recordation: AOSS O & M*	_____
Operation and Maintenance Manual*	_____
VDH Final Inspection	_____

*For Alternative Systems Only

Shenandoah Soil Consulting, LLC
P.O. Box 192, Wolftown, VA 22748
(540) 383-5680

OSE/PE Report For:

☒ Construction Permit ☐ Repair Permit ☐ Voluntary Upgrade Permit ☐ Certification Letter ☐ Subdivision Approval

Property Location:

911 Address: TBD Horn Hollow Lane City: Madison

Lot _____ Section _____ Subdivision _____

GPIN or Tax Map # 29-49A Health Dept ID # 113-25-135

Latitude _____ Longitude _____

RECEIVED
AUG 19 2025
MADISON COUNTY
HEALTH DEPARTMENT

Applicant or Client Mailing Address:

Name: Horn Hollow, LLC c/o Evan O'Neill

Street: 12210 Corter Avenue

City: Fredericksburg State VA Zip Code 22407

Prepared by:

OSE Name Michael L. Stroble License # 1940001477

Address P.O. Box 192

City Wolftown State VA Zip Code 22748

PE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report 8/7/2025 Date of Revision #1 _____

OSE/PE Job # 250051 Date of Revision #2 _____

Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.)

Certification Statement

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the *applicable provisions of the* Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), *the* Regulations for Alternative Onsite Sewage Systems (12VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

☑ The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

I recommend that a (select one): construction permit ☒ certification letter ☐ subdivision approval ☐ be (select one) Issued ☒ repair permit ☐ voluntary upgrade ☐ Denied ☐

OSE/PE Signature Michael L Stroble Date 8/7/2025

Commonwealth of Virginia

Application for: ☑ **Sewage System** ☑ **Water Supply**

VDH Use only
Health Department ID# 113-25-135
Due Date 9-10-25

Applicant: Horn Hollow, LLC c/o Evan O'Neill — Phone (434) 996-9619

Mailing Address 12210 Corter Avenue, Fredericksburg, VA 22407 — Phone

Fax

Agent — Phone

Mailing Address — Phone email when issued, please

Fax

Site Address TBD Horn Hollow Lane, Madison, VA 22727

Email evanco239@gmail.com

Directions to Property:

Subdivision — Section — Block — Lot

Tax Map 29-49A — Other Property Identification 1.25ac on GIS — Dimension/Acreage of Property 2.019

Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) **only when ready to build.**

○ Certification Letter ◉ Construction Permit ○ Voluntary Upgrade ○ Repair Permit ○ Minor Modification

Proposed Use:

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

Other (describe)

Basement? ◉ Yes ○ No Walk-out Basement? ◉ Yes ○ No Fixtures in Basement ◉ Yes ○ No

Conditional permit desired? ○ Yes ◉ No If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited Occupancy ☐ Intermittent or seasonal use ☐ Temporary use not to exceed 1 year

Do you wish to apply for a betterment loan eligibility letter? ○ Yes ◉ No *There is a $50 fee for determination of eligibility.

Water Supply

Will the water supply be ○ Public or ◉ Private? Is the water supply ○ Existing or ◉ Proposed?

If proposed, is this a replacement well? ○ Yes ◉ No If yes, will the old well be abandoned? ○ Yes ◉ No

Well Type (e.g. domestic use, agricultural, irrigation, etc.) ○ ◉ Domestic Drinking Water

All Applicants

Is this property intended to serve as your (owners) principal place of residence? ○ Yes ◉ No

All applications must be accompanied by private sector evaluations and designs, unless a petition for VDH services is approved. Is a Petition for Service form attached? ○ Yes ◉ No

In order for VDH to process your application for a sewage system you must attached a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage sites must be clearly marked and the property sufficiently visible to see the topography. I give permission to the Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

Evan O'Neill — 08/18/2025

Signature of Owner/ Agent See agreement on page 6. Date

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 7/1/2019

Site and Soil Evaluation Report

VDH Use Only
HDIN: 113-25-135

General Information

Date: 8/7/2025 Madison County Health Department

Client: Horn Hollow, LLC c/o Evan O'Neill Phone: see application

Owner Address: 12210 Corter Avenue, Fredericksburg

Property Address: TBD Horn Hollow Lane, Madison

Tax Map/GPIN #: 29-49A

Subdivision: _____ Section: _____ Block: _____ Lot: _____

Soil Information Summary

1. Position in landscape satisfactory: ■ Yes ☐ No Describe landscape position: Sideslope
2. Slope: 23 %
3. Depth to rock/impervious strata: Max. _____ in. Min. _____ in. ■ Not observed
4. Free Water Present: ☐ Yes ■ No Range in inches: _____
5. Depth to seasonal water table (gray mottling or gray color): _____ inches ■ Not observed
6. Soil percolation rate estimated: ■ Yes ☐ No Estimated rate: 45 min/in at 42 inches depth

   Texture Group: ☐ I ■ II ☐ III ☐ IV
7. Percolation test performed: ☐ Yes ☒ No If yes, provide additional data on percolation test results.

Name and title of evaluator: Michael L. Stroble, AOSE

Signature: Michael L Stroble

☒ Site approved: Absorption Trenches (describe dispersal area, e.g. absorption trenches) dispersing Septic Tank Effluent (proposed level of treatment at time of evaluation) to be placed at 42 (inches) depth at site designated on permit. Site provides a total of 1,650 square feet of absorption area for proposed primary drainfield and reserve area combined.

☐ Site disapproved: Reasons for rejection (check all that apply)

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 absorption area, and/or reserve area.
6. ☐ Proposed system too close to well.
7. ☐ Other (specify) _____

Date of Evaluation: 7/7/2025 & 7/23/25 Profile Description

SOIL EVALUATION REPORT

Property ID: 29-49A

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 Onsite Soil Evaluator or Professional Engineer, 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 the site and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

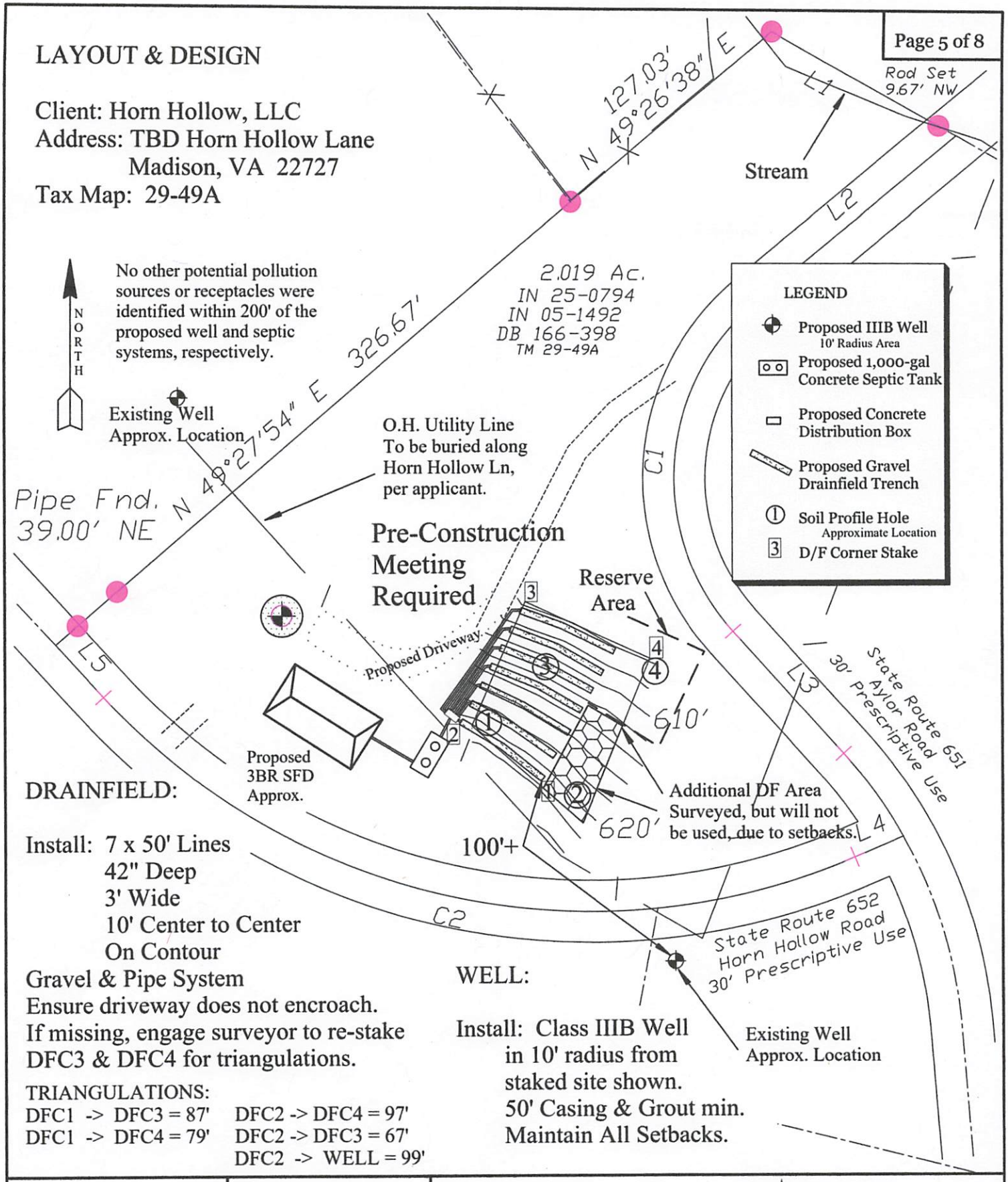
■ See application sketch ☐ See Construction Permit ☐ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of color, texture, etc.	Texture Group
HA-1	A	0-4	7.5YR 4/3 brown Loam very friable, common roots, few Qtz gravels	II
	C	4-66	7.5YR 6/4 fine light brown Sandy Loam very friable, few roots, yel/brn/red lithochromic variegation	II
HA-2	AE	0-7	7.5YR 4/3 brown Loam very friable, common roots, few Qtz gravels	II
	Bt	7-39	5YR 4/6 yellowish red Clay Loam friable	III
	Ct	39-66	5YR 5/6 yellowish red Sandy Clay Loam friable, some yellowish lithochromic variegation	II
HA-3	AE	0-4	7.5YR 4/3 brown Loam very friable, common roots, few Qtz gravels	II
	Bt	4-26	5YR 4/6 yellowish red Clay Loam friable	III
	C	26-66	5YR 5/6 yellowish red Sandy Clay Loam friable, some yellowish lithochromic variegation	II
HA-4	AE	0-12	7.5YR 4/3 brown Loam very friable, common roots, few Qtz gravels	II
	Bt	12-32	5YR 4/6 yellowish red Clay Loam friable	III
	Ct	32-66	7.5YR 4/6 strong brown Heavy Loam very friable, few roots, some small Qtz gravels	II

REMARKS: Overall, soils evaluated across the site were observed to be similar, and derived from gneissic PM.

LAYOUT & DESIGN

Client: Horn Hollow, LLC
Address: TBD Horn Hollow Lane
Madison, VA 22727
Tax Map: 29-49A



DRAINFIELD:

Install: 7 x 50' Lines
42" Deep
3' Wide
10' Center to Center
On Contour
Gravel & Pipe System
Ensure driveway does not encroach.
If missing, engage surveyor to re-stake DFC3 & DFC4 for triangulations.

TRIANGULATIONS:

DFC1 -> DFC3 = 87'	DFC2 -> DFC4 = 97'
DFC1 -> DFC4 = 79'	DFC2 -> DFC3 = 67'
	DFC2 -> WELL = 99'

WELL:

Install: Class IIIB Well
in 10' radius from
staked site shown.
50' Casing & Grout min.
Maintain All Setbacks.

Project No. 250051	GRAPHIC SCALE: 1" = 60' (0' 30' 60')	Contractor: Please call at least 48 hours prior for inspection - $400 total fees. All work must be uncovered for inspection. Call to schedule pre-construction meeting. (540) 383-5680	DRAWN BY: MLS DATE: 8/8/2025

SHENANDOAH SOIL CONSULTING LLC

System Specifications

VDH Use Only
HDIN: 113-25-135

Application Information

Name: Horn Hollow, LLC
Address: 12210 Corter Avenue, Fredericksburg, VA 22407
Phone: see application

Location Information

Tax Map/GPIN #: 29-49A
Property Address: TBD Horn Hollow Lane, Madison, VA 22727
Subdivision: _____ Section: _____ Block: _____ Lot: _____
Directions: _____

General Information

Property Type (e.g. residential): residential
Number of Bedrooms: 3
Daily Flow: 450 peak estimated gpd
Conditions: _____
Notes: _____

Sewer Line

Diameter: 4 in. Material: schedule 40 (or equivalent) Notes: _____

Pretreatment Unit(s)

Treatment Level: Septic Tank Effluent
Septic Tank Capacity: 1,000 gallons
Number of Septic Tanks 1 (concrete)
Size of Septic Tank(s) 1,000 gallons

Per the Sewage Handling and Disposal Regulations, check which option(s) chosen:

■ Septic tank with inspection port ☐ Septic tank with effluent filter ☐ Reduced maintenance septic tank

Secondary treatment device(s), if applicable: _____

Notes: CONCRETE ONLY Septic Tank with precast riser to the surface

Conveyance Line

Conveyance Method: Gravity

If pumping, include pump specifications sheet.

Material: Schedule 40 PVC Diameter: 4"

Notes: Use 90 degree bend, turned down on D-box inlet to baffle flow

Distribution Method and Header Lines

Distribution Method: Distribution Box (concrete only)

No. of boxes: 1 No. of outlets: 8 (minimum)

Surge or splitter box required: ☐ Yes ■ No

Header Line Material: 4" schedule 30+ PVC (do not use corrugated)

Percolation Lines/Absorption Area

Dispersal Method (e.g. laterals, pad, mound): Absorption Trenches

If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet.

No. of laterals/pads: 7 Length of lateral(s)/pad(s): 50 ft. Width of lateral(s)/pad(s): 36 in.

Center to center spacing: 10 ft. Installation depth: 42 in. Aggregate depth: 13 in.

Size/Type of Aggregate: 0.5" - 1.5" clean gravel Lateral/pad slope: 0.5 - 1 in. per 25 ft.

Reserve Area Provided: 100 % Notes: With pg 2 of this permit package signed, the owner / agent agree that Shenandoah Soil Consulting, LLC & its proprietor are harmless and not liable for any unknown or undisclosed features such as - or any resulting damages due to encountering or in the close proximity of - wells, debris, oil tanks, drainfields, bedrock, springs, utilities, groundwater, and so on.

Please Note: See agreement noted above. Leave installation uncovered for inspection - $400 Fee. Gravel & Pipe system. Minimum trench fall preferred.

Abbreviated Design

PRIMARY Drainfield

Design Basis

A. Estimated Percolation Rate (minutes per inch)	45 @ 42"
B. Trench bottom square feet Required per bedroom (from Table 5.4) based on ☒Gravity ☐LPD☐other:	341
C. Number of bedrooms	3

Area Calculations

D. Length of trench (ft.)	50
E. Length of available area (ft.)	50+
F. Width of trench (ft.)	3
G. Number of trenches	7
8. Center-to-center spacing (ft.)	10
E. Width required (ft.)	63
J. Width of available area (ft.)	67+ (some contour flare)
K. Total square footage required	1,023
L. Square Footage in design	1,050
M. Abbreviated reserve area design	TL-3 LPD Absorption Trenches - Engineered Alt. 45 mpi @ 42" (3BR/1.13) 5 x 40' Lines, 3' Wide, 10' Centers 398 sqft required, 600 sqft provided

Well Specifications

VDH Use Only
HDIN: 113-25-135

Applicant Information

Name: Horn Hollow, LLC
Address: 12210 Corter Avenue, Fredericksburg, VA 22407
Phone: see application

Location Information

Tax Map/GPIN #: 29-49A
Property Address: TBD Horn Hollow Lane, Madison, VA 22727
Subdivision: _____ Section: _____ Block: _____ Lot: _____
Directions: _____

General Information

Well Purpose (select all that apply): ☒ Domestic Drinking Water ☐ Agricultural
☐ Irrigation ☐ Industrial/Commercial ☐ Geothermal
Well Class: IIIB
Minimum Casing Depth: 50 ft.
Estimated Water Usage: 450 GPD Peak estimated
Minimum Grout Depth: 50 ft.

Horizontal Setbacks

Distance from Building Sewer: 50+ ft.
Distance from Pretreatment Unit(s): 50+ ft.
Distance from Conveyance System: 50+ ft.
Distance from Absorption Area: 50+ ft.
Distance from Property Line: 50+ ft.
Distance from foundations: 10+ ft.
Distance from other source(s) of contamination: 50+ ft.
List other source(s): None Identified

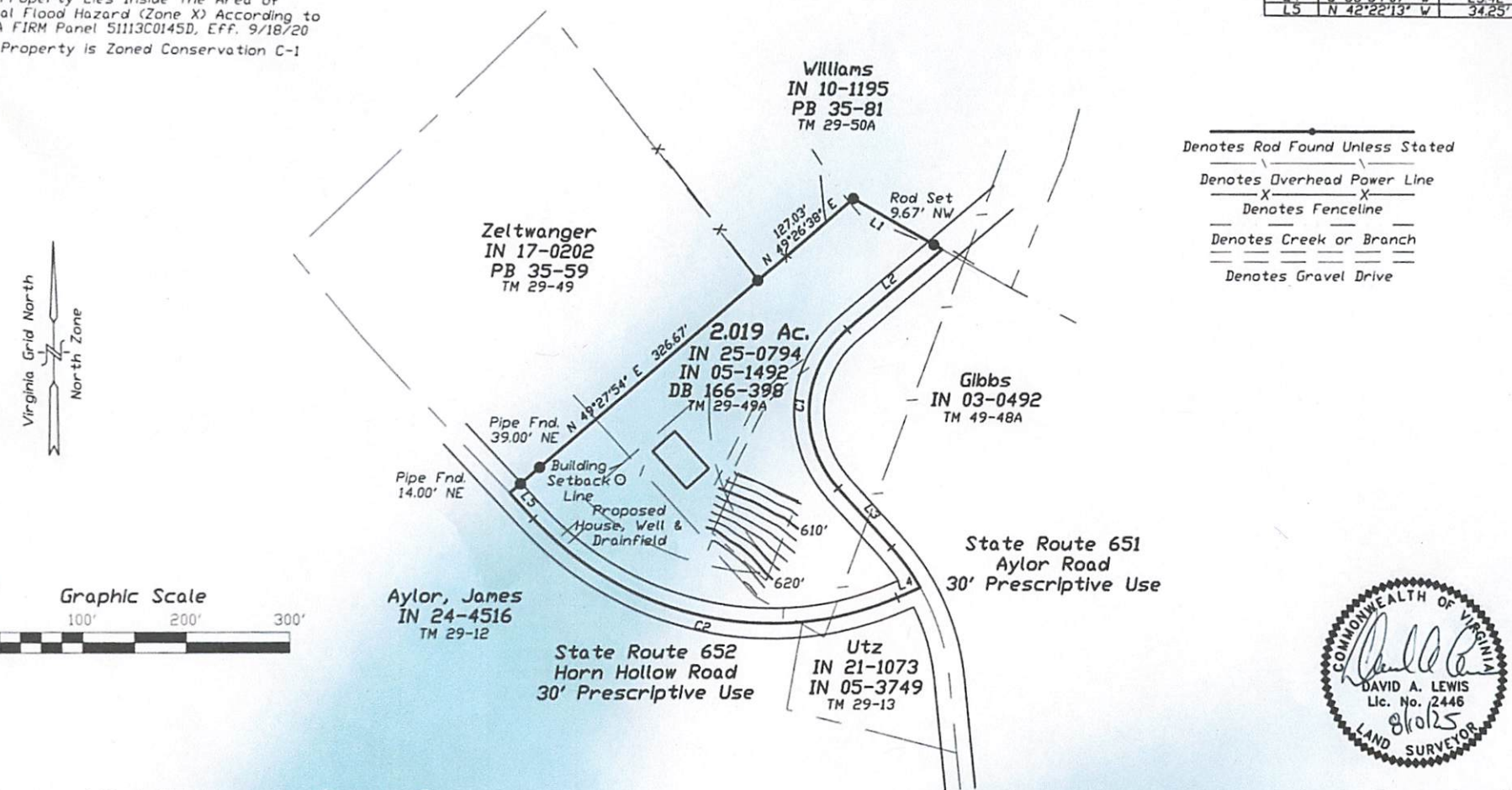
Note: Class IIIB Well - Maintain all setbacks
Mark buried utilities prior to drilling.

NOTES:

1. No Title Report Furnished
2. Easements Not Shown May Exist
3. This Plat Is Based On A Field Survey Dated 29 July 2025
4. This Property Lies Inside The Area of Minimal Flood Hazard (Zone X) According to FEMA FIRM Panel 51113C0145D, Eff. 9/18/20
5. This Property is Zoned Conservation C-1

CURVE	DELTA ANGLE	RADIUS	ARC LENGTH	CHORD BEARING	CHORD LENGTH
C1	91°53'07"	110.60'	177.37'	S 04°01'10" W	158.96'
C2	70°43'40"	319.57'	394.49'	N 77°44'03" W	369.91'

LINE	BEARING	DISTANCE
L1	S 60°32'05" E	102.18'
L2	S 49°57'43" W	125.85'
L3	S 41°55'24" E	79.49'
L4	S 66°54'07" W	25.42'
L5	N 42°22'13" W	34.25'



Denotes Rod Found Unless Stated

Denotes Overhead Power Line

Denotes Fenceline

Denotes Creek or Branch

Denotes Gravel Drive

COMMONWEALTH OF VIRGINIA
DAVID A. LEWIS
Lic. No. 2446
8/10/25
LAND SURVEYOR

Boundary and Drainfield Location Survey of:
HORN HOLLOW LLC Inc. Property
IN 25-0794, Tax Map 29-49A
Madison County, Va.
Scale: 1" = 100' 8 August 2025

Lewis Surveying Inc.
David A. Lewis, L. S.
518 Graves Road
Graves Mill, VA 22727
(540) 948-7136

M0965