

BERNECHE, BRET A.
1203 Wolftrap Rd;
South Boston, VA

28-D-71
98-141-0682

OP ✓

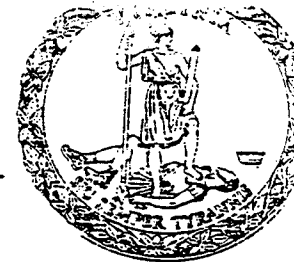
**HALIFAX COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH TAG SHEET #98-141-682**

	INITIALS	DATE
Application Received	<u>CW</u>	<u>12/29</u>
Assigned to	<u>CJA</u>	<u>1-4</u>
Site Visit Made	<u>CJA</u>	<u>1-5</u>
Site Visit Made	_____	_____
Site Visit Made	_____	_____
Follow-up Visit Made	_____	_____
Issue/Deny Drafted:	<u>CJA</u>	<u>1-8</u>
Issue/Deny Countersigned	<u>CJA</u>	<u>1/8</u>
Record Status of Permit in Log	<u>CW</u>	<u>1/8</u>
Record in Grid Log		
Type File Card		
Issue/Deny Mailed/Picked Up	<u>CW</u>	<u>1/8</u>
Copy mailed to Building Inspector		

Comments: _____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

Health Department
Identification No. 98-141-0682
Halifax County Health Department



Sewage Disposal Operation Permit

Bret A. Berneche is hereby granted permission to
operate a septic tank drainfield located at 360 East to 716 right at Runt's
on left, third drive past Airport.

in accordance with the provisions of the regulations of the Board of Health of the
Commonwealth of Virginia governing Sewage Disposal Systems.

Authorized by Section(s) 3.31 of the Code of Virginia (1950) as amended.

VARIANCES GRANTED

NONE SEE ATTACHED

SPECIAL CONDITIONS

NONE SEE ATTACHED

This permit is issued 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.

June 21, 1999

Effective Date

C. James Arden J.
Health Official

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 98-141-0682

HALIFAX COUNTY Health Department

Name of Company/Corporation/Individual: Paul Mabe Owsen

Address: 10 Box 604 South Boston VA Telephone: 575-5662

Owner's Name Bret A. Berneche

Owner's Address 1203 Wolftrap Rd; South Boston, VA

Location of Installation: 360E to 716 right at Runt's on left 3rd drive past Airport
Lot _____ Block _____

Section: _____ Subdivision: _____

Other: Install Tank + pump only

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 1-12-99 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

6-3-99
Date

Paul Mabe Owsen
Signature and Title

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
HALIFAX COUNTY Health Department

Health Department
Identification Number 98-141-0682
Map Reference 28071

General Information

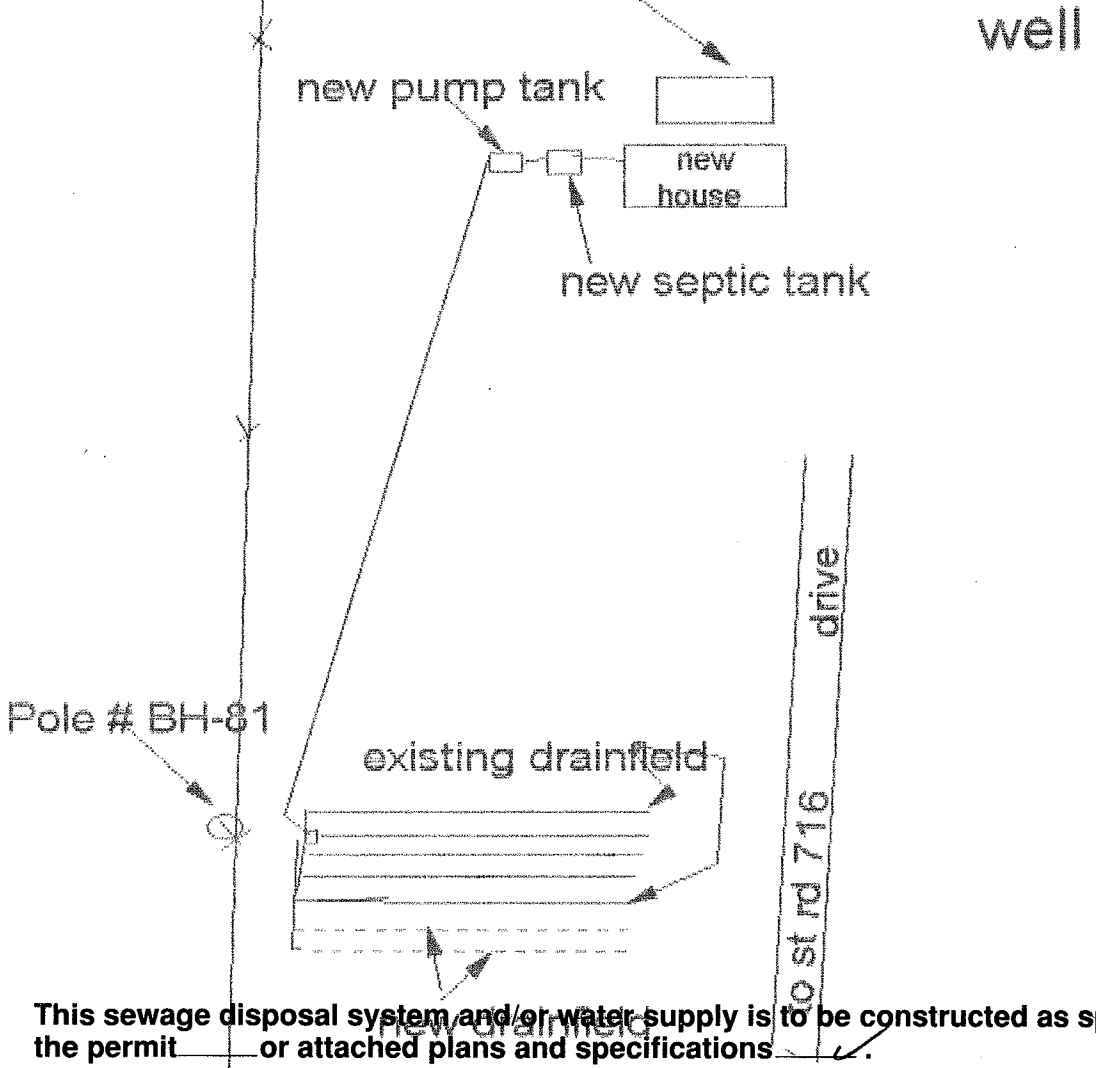
Water Supply System: New ___ Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New X Repair ___ Expanded ___ Conditional ___ Public ___
Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
Owner Bret A. Berneche Telephone 572-1541
Address 1203 Wolftrap Rd; South Boston, VA For a Type II Sewage Disposal System or Well to be constructed on/at 360 E to 716 R at Rents - on L - 3rd drive past Airport
Subdivision N.A Section/Block ___ Lot ___ Actual or estimated water use 600 GPD

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>well</u> To be installed: class _____ cased _____ grouted _____	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>ok-6-3-99</u>
Septic tank: Capacity <u>1200</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>6-3-99</u>
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>6-3-99</u>
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: <u>see pg 3</u>	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>6-3-99</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>existing</u>
Distribution box: Precast concrete with <u>existing ports</u> <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>New box</u>
Header lines: 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 _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: Square ft. required <u>540</u> ; depth from ground surface to bottom of trench <u>60"</u> ; aggregate size <u>1/2" - 1 1/2"</u> Trench bottom slope <u>2"-4"/100</u> ; center to center spacing <u>9'</u> ; trench width <u>36"</u> Depth of aggregate <u>13"</u> Trench length <u>90'</u> ; Number of trenches <u>2</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>ok 2-26-99</u>
Date <u>6-3-99</u> Inspected and approved by: <u>[Signature]</u> Sanitarian	

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.



30 acres - not to scale

98-141-682
CJA

This sewage disposal system and/or water supply is to be constructed as specified by the permit 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: _____ Issued by: [Signature]
 Sanitarian

Date: 1/12/99 Reviewed by: [Signature]
 Supervisory Sanitarian

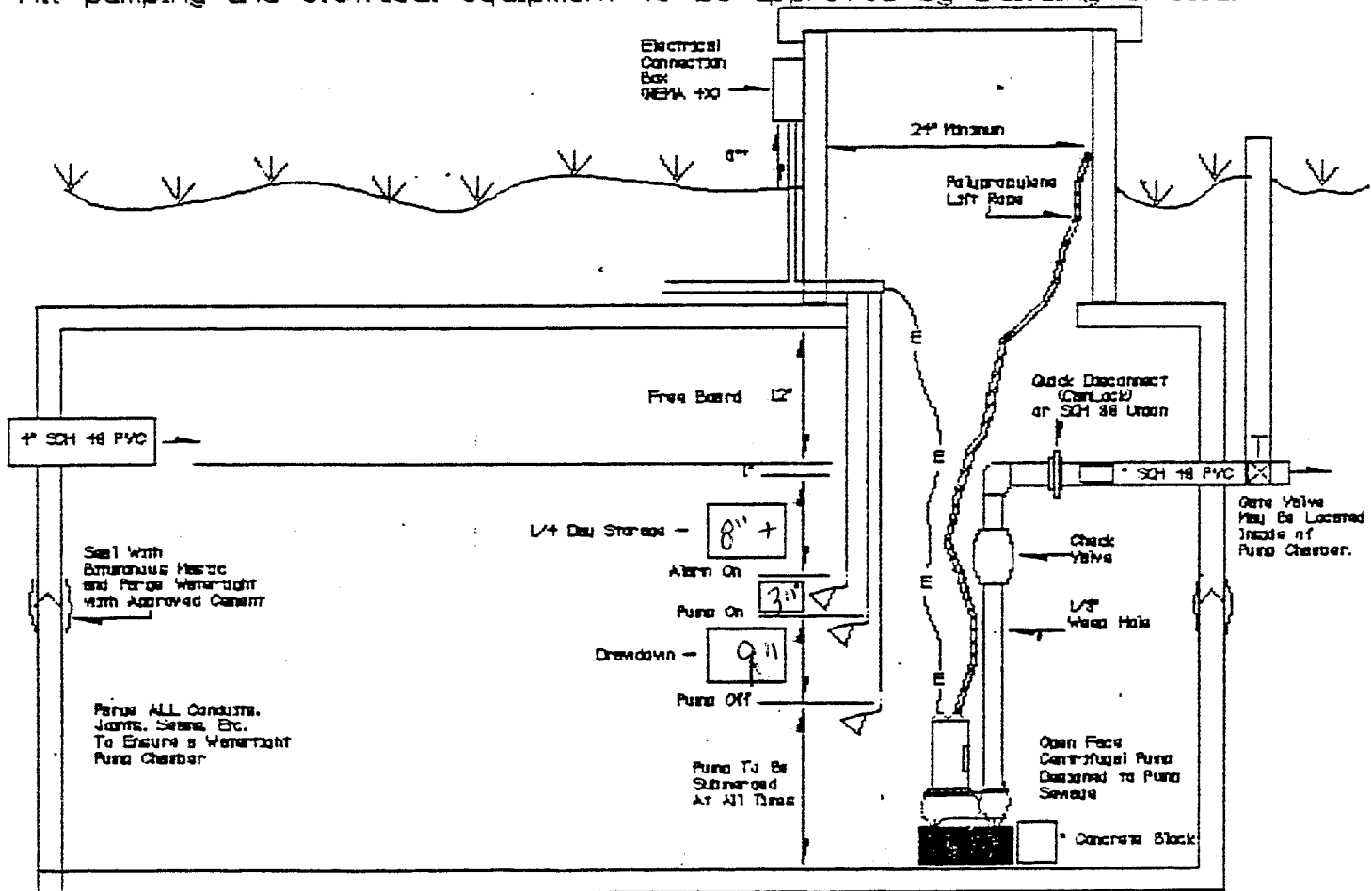
This Construction Permit Valid until _____

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

Pump chamber size 1000 gallons
 Gallons per cycle 160
 Drawdown in inches 9"

Pump required—Submersible Effluent capable of 5 GPM at total head
 Pump station to be equipped with automatic on/off controls
 Electrical controls shall be in a secure location above grade and remote from pump station
 A high water alarm with remote sensing and electric circuit required
 The alarm shall be audiovisual and alarm in an area where it may be easily monitored
 All electrical connections to be hardwired in the electrical connection/junction box
 All piping shall be pressure type with pressure type joints that are chemically fused
 Contractor to provide pump specs and pump curve data to Health Dept for approval prior to installation
 All pumping and electrical equipment to be approved by Building Official



Date: 1-8-98 Issued by: C James [Signature]
 Date: _____ Reviewed by: _____

This Construction Permit Valid Until: 7-8-00

Pd #75⁰⁰

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

Health Department ID 98-141-0074

To Be Completed By The Applicant

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

Owner Bret A. Berneche Address 1203 Wolf Trap Rd Phone 572-1541
So. Boston, VA

Agent _____ Address _____ Phone _____

Directions of Property Hwy 716, Cross 360, 3rd drive on left after runway (across from Mennonite Church)

Subdivision N/A Section _____ Block _____ Lot _____

Other Property Identification 1203 Wolf Trap Rd.

Dimension/size of Lot/Property 30.88 Acres

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 (Number of Bedrooms 4) Multi-family (Number of Units 1)

Basement Yes No
Fixtures in Basement Yes No

III. Commerical Use Yes No Describe: _____

Commerical/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: Well used by current House

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other
Public Sewerage System New septic tank & pump unit w/ existing drain field.

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.

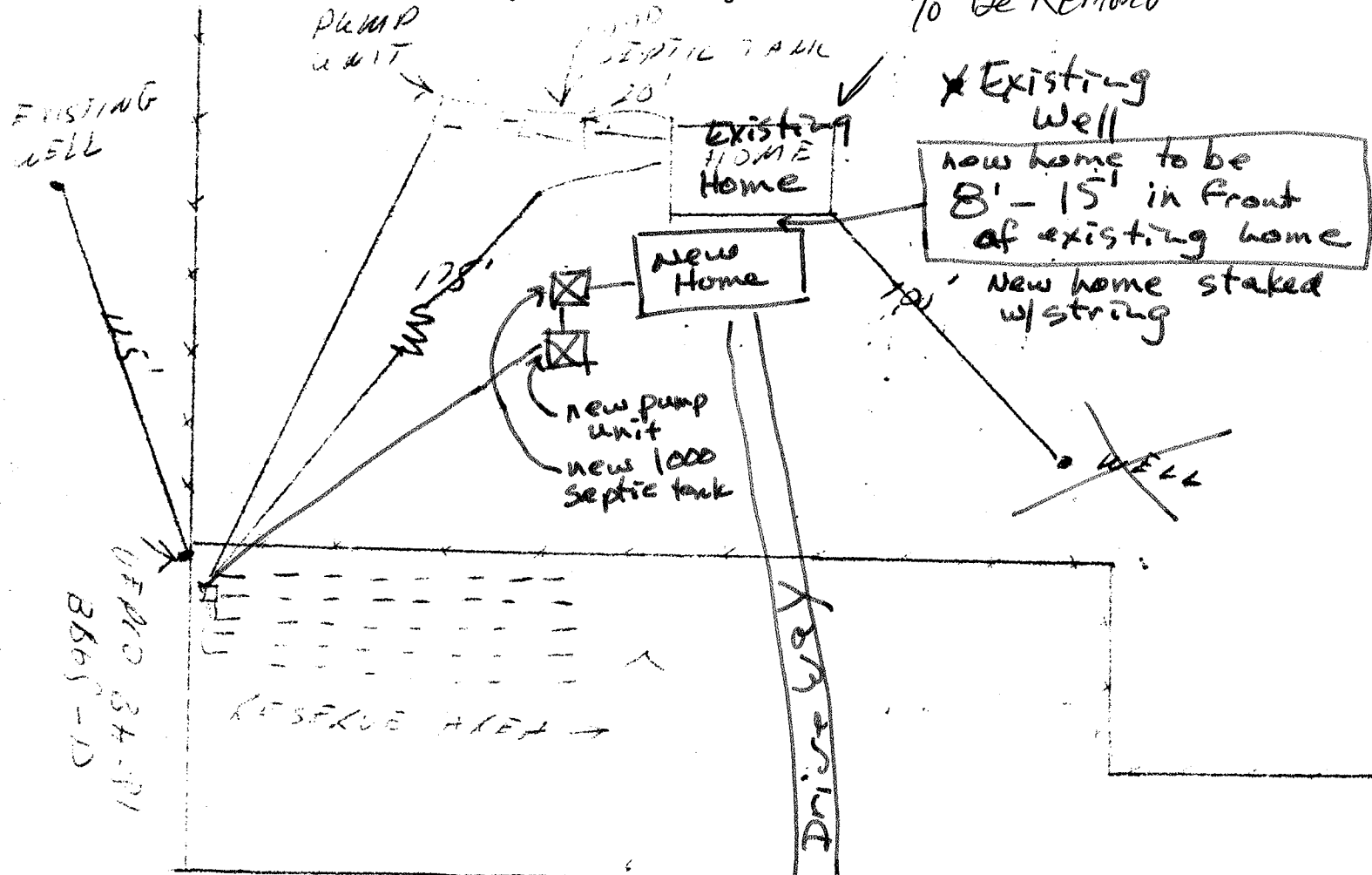
B.A. Berneche
Signature of Owner/Agent

12/20/98
Date 12-29-98

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: 11-9-86 Issued by: Richard M. Volz
Sanitarian

Date: 11/9/86 Reviewed by: [Signature]
Supervisory Sanitarian

This Construction Permit Valid until 5-9-91

If FHA or VA financing

Reviewed by Date _____ Date _____

C.H.S. 202B Revised 6/84 Supervisory Sanitarian Regional Sanitarian

Fax to: Jimmy Anderson
Halifax County Health Dept.

From: Bret A. BERNECHE
572-1541

File
w/
98-141-0688

3 pages follow

Re: Soil analysis
by John Walker.

JOHN'S SOIL SERVICE

John B. Walker
535 Country Club Road
Keysville, VA 23947
(804) 736-8713

January 6, 1999

Mr. Bret A. Berneche
1203 Wolf Trap Road
South Boston, Virginia 24529

Dear Mr. Berneche:

Enclosed is the soil evaluation that you requested. The soils were evaluated regarding their usage relating to the installation of a subsurface sewage disposal system for a four bedroom house.

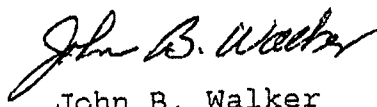
The property is located from: South Boston on route 360 east, to route 716, (Wolf Trap Road) right, approximately .7 miles on the left. It contains 30.88 acres. There is an existing sewage disposal system that is presently serving an existing three bedroom house that will be removed.

My soil borings are marked in the field with red metal flags. The soil borings are also shown on the enclosed site sketch. The approximate location of the existing system is also shown. The system is served by a sewage effluent pump. Six additional borings were made in the vicinity of the proposed house in order to propose a gravity type system. However, none of these borings were suitable.

Please provide a copy of this report to the Environmental Health Staff at Halifax County Health Department for their review. Please be reminded that the final review and approval rest with that Department.

If there are any questions, I may be reached at (804) 736-8713. Thank you.

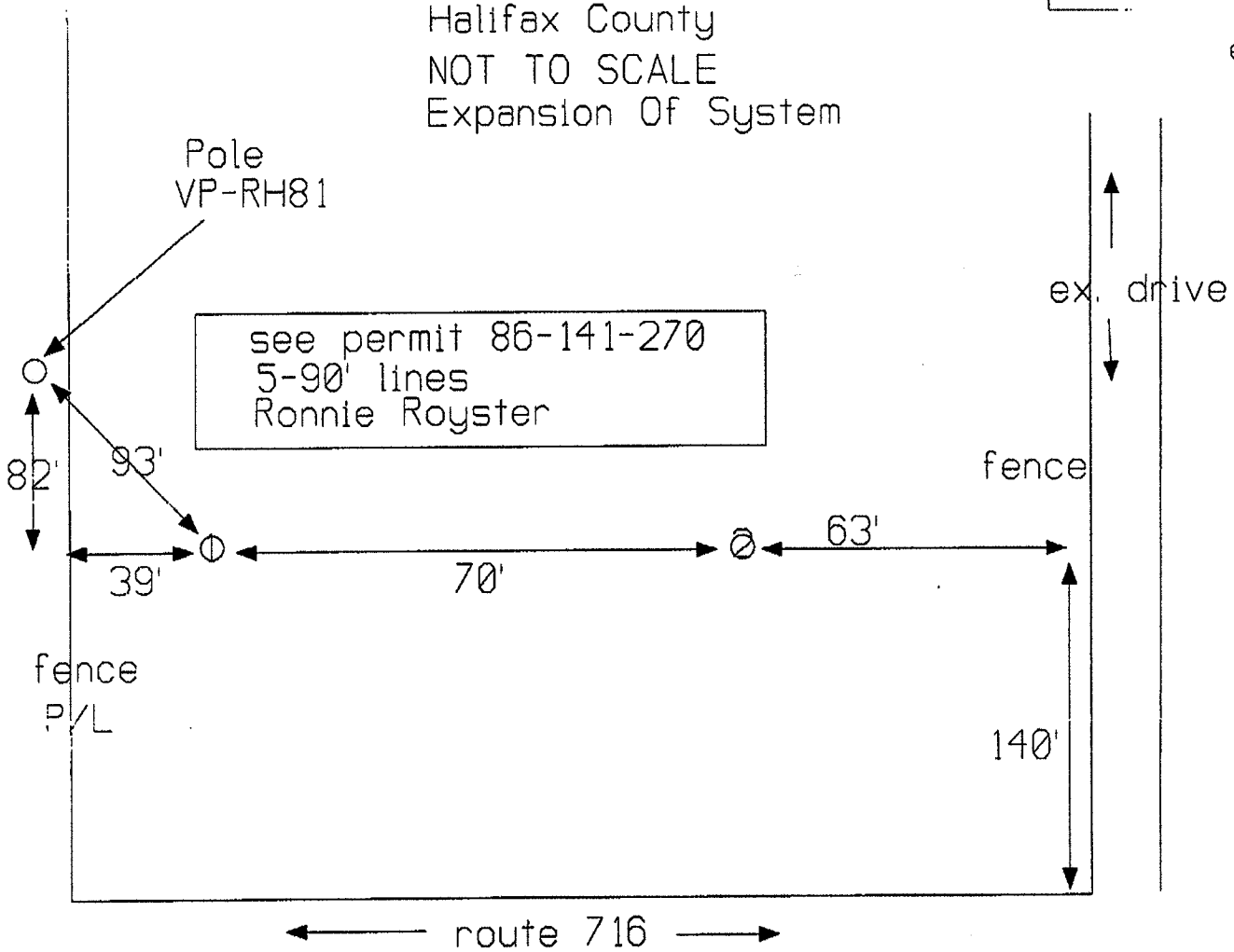
Sincerely,


John B. Walker

Bret A. Berneche
 30.88 acres
 Halifax County
 NOT TO SCALE
 Expansion Of System

proposed house

ex. well



SOIL EVALUATION FORM

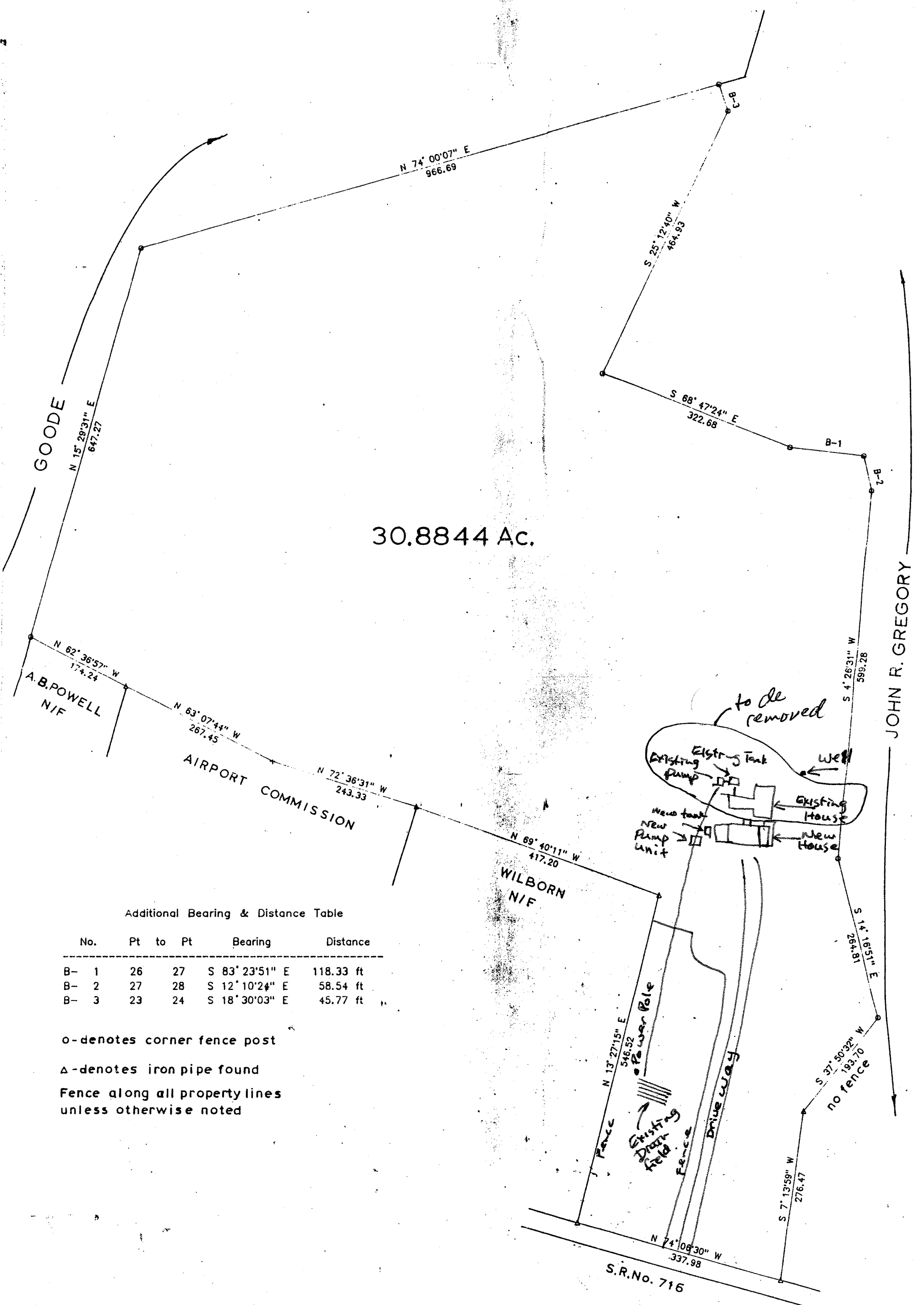
DATE: 1-06-99 COUNTY: Halifax
 APPLICANT: Bret A. Berneche TELEPHONE: (804) 572-1541
 ADDRESS: 1203 Wolf Trap Road South Boston, Va. 24529
 LOCATION: From South Boston on route 360 east, to route 716 right,
 (Wolf Trap Road), approx. .7 miles on the left
 SUBDIVISION: N/A BLOCK/SECTION: LOT: acreage

Slope: <2 % Depth to rock/impervious strata: None: X
 Depth to seasonal water table No: X Yes: _____ inches
 Free water present No: X Yes: _____ Range in inches: _____
 Estimated perc rate: 65 minutes/inch Texture Group I II (III) IV
 Name and title of evaluator: John B. Walker *John B. Walker*
Soil Consultant

Hole #	Horizon	Depth (in.)	Description of Color, Texture, etc.	Texture Group
1	A	0-3	dk. brn. - loam	II
	B1	3-30	yel/brn. - clay	IV
	B2	30-46	red, yel/red - clay	IV
	C	46-72	red, yel/red - lt. clay loam	III
2	A	0-2	dk. brn. - loam	II
	B1	2-32	yel/brn. - clay	IV
	B2	32-48	yel/red - clay	IV
	C	48-72	yel/red - clay loam w/some clay flows	III

* Soil appears to be better closer to hole #1. Area proposed to compensate for an additional bedroom in new house. Existing system includes a sewage effluent pump. See sewage permit # 86-141-270 - Ronnie Rovster. The expansion of this system may have best results if installed in dry weather.

Recommended Installation Depth: 60"



30.8844 Ac.

Additional Bearing & Distance Table

No.	Pt to Pt	Bearing	Distance
B- 1	26 27	S 83° 23' 51" E	118.33 ft
B- 2	27 28	S 12° 10' 24" E	58.54 ft
B- 3	23 24	S 18° 30' 03" E	45.77 ft

o - denotes corner fence post
 Δ - denotes iron pipe found
 Fence along all property lines unless otherwise noted

JOHN R. GREGORY

COMMON PROP.

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number
Map Reference

86-141-0220
28 D-77

W. W. W. 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. W. W. Royles Telephone 572-1594
Address 1825 Chambers Lane St South Boston, Va.
For a Type F Sewage disposal system which is to be constructed on/at 360 feet x 716 feet on left across from Menorahite church
Subdivision _____ Section/Block _____ Lot _____
Actual or estimated water use 450 gpd

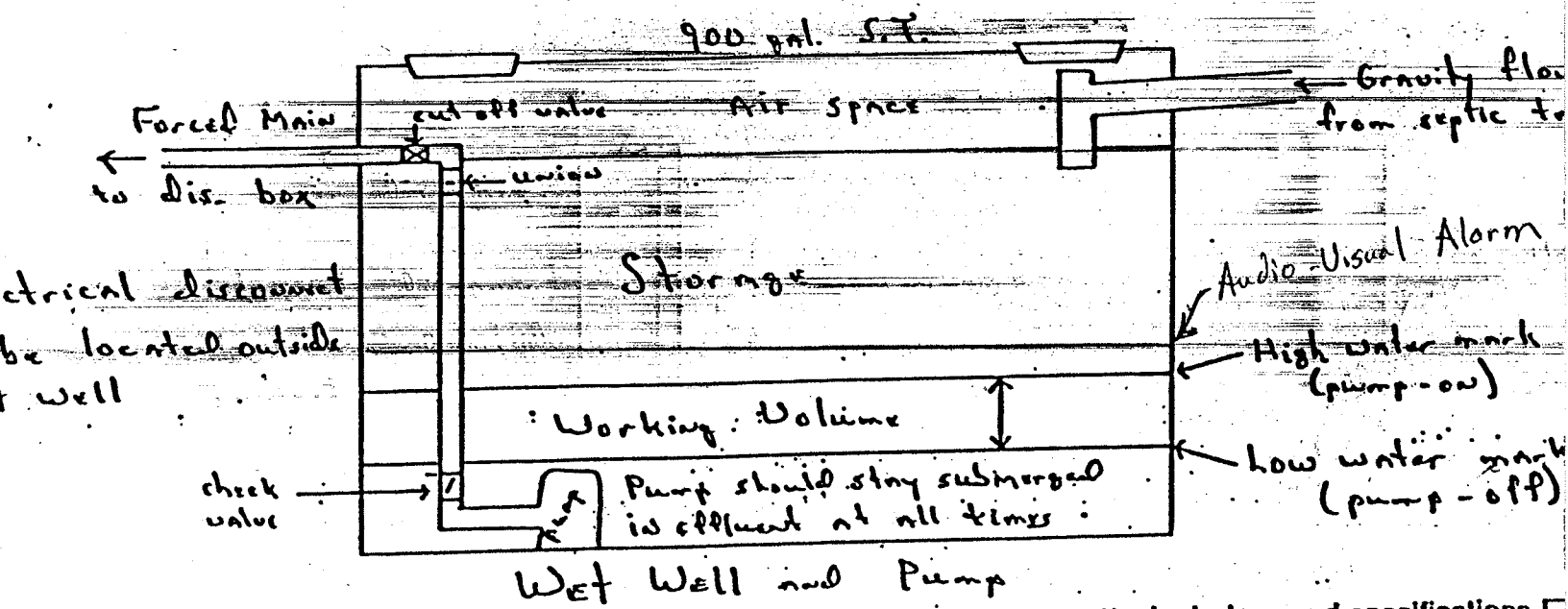
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>TD</u> cased <u>rock</u> grouted <u>20'</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>3" MIN</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>3" sub 40</u>
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design if yes: _____	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>RMH</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with _____ ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: Square ft. required <u>1350</u> ; depth from ground surface to bottom of trench <u>4'</u> ; aggregate size <u>1.5</u> ; Trench bottom slope <u>2-4 on 100'</u> ; center to center spacing <u>9</u> ; trench width <u>36</u> ; Depth of aggregate <u>12</u> ; Trench length <u>90</u> ; Number of trenches <u>5</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date <u>6-26-87</u> Inspected and approved by: <u>Richard M. [Signature]</u> Sanitarian	

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 sewage disposal system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system service 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 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.

1. The working volume of the wet well (900 gal. S.T.) to be 100, thereby dosing approximately 100 gal. per cycle.
2. Contractor to furnish Health Dept. with specification sheet of pump to be used. Pump must have a 5 gpm capacity (at total head) minimum.
3. Wet well must be equipped with an audio-visual alarm system. Alarm float should be set 2" - 3" above high water mark. (pump-on)



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. If construction has not commenced within 12 months of date of issuance, this construction permit must be revalidated.

Part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department 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: 11-9-86 Issued by: Richard W. Holzgrod
 Sanitarian

Date: 11/9/86 Reviewed by: [Signature]
 Supervisory Sanitarian

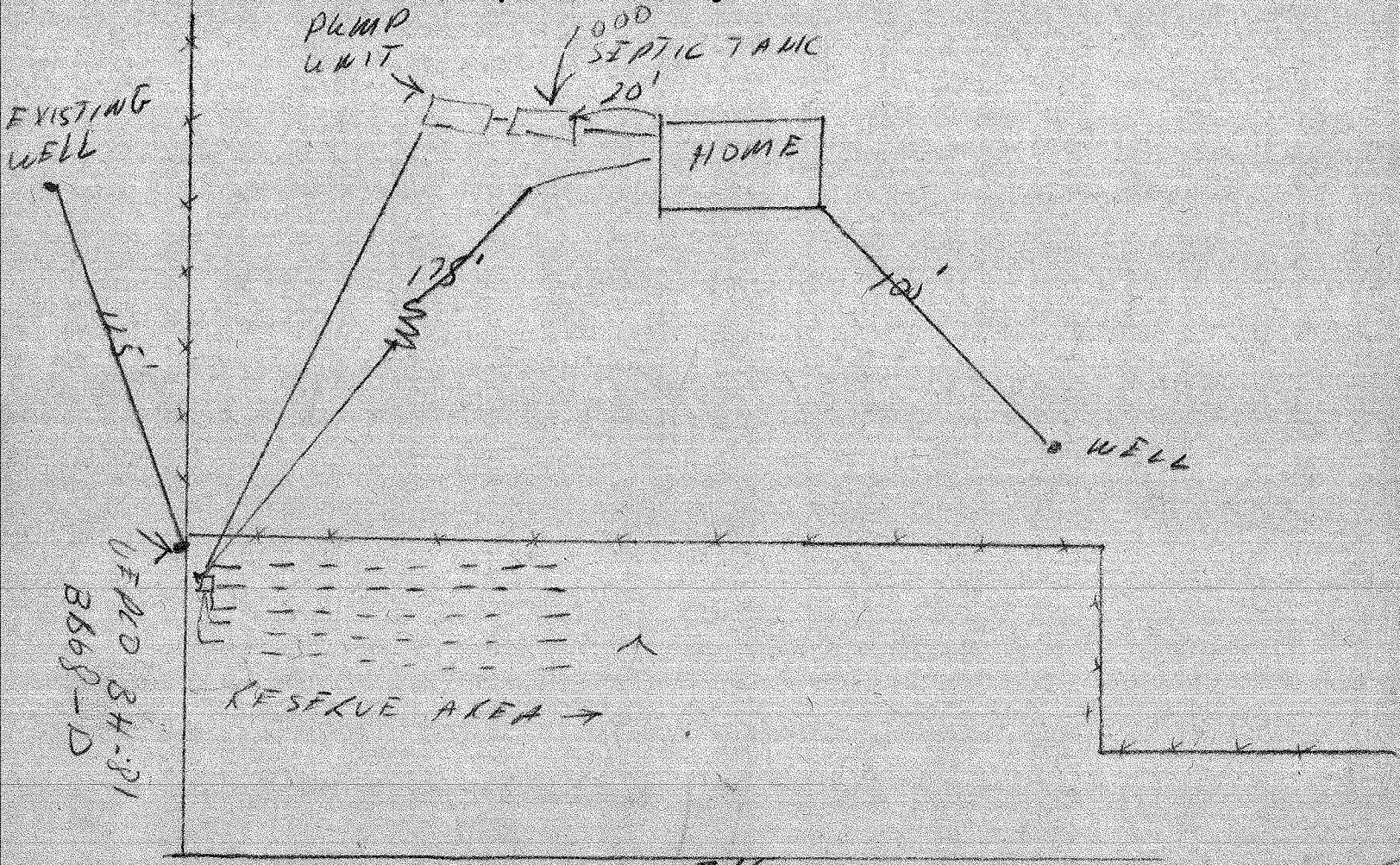
If FHA or VA financing

Date _____

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: 11-9-86 Issued by: Richard W. Helgord
Sanitarian

Date: 11/9/86 Reviewed by: [Signature]
Supervisory Sanitarian

This Construction Permit Valid until 5-9-91

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian