VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Amherst County Health Department
PO Box 250
Amherst, VA 24521
(434) 946-9408 Voice
(434) 946-9409 Fax

Private Well Construction Permit

March 18, 2025

Tax Map #: 126-A-24

HDID #: 104-25-0059AgW

Owner Name: Chloe & Doug Cubbage

Property Address: 841 Earley Farm Road
Amherst, VA 24521

Mailing Address: 841 Early Farm Road
Amherst, VA 24521

The attached drawings and below specifications constitute your permit to install a private well on the property referenced above. This 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 attached construction drawings and specifications. VDH may revoke or modify any permit if, at a later date, it finds that the site conditions, well location, and/or design do not substantially comply with the Private Well Regulations, *12 VAC 5-630-10 et seq*, or if the well would threaten public health or the environment. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this private well. The landowner is responsible at all times for complying with all applicable local, state, and federal laws and regulations, and for ensuring that the water well is properly located on the landowner's property and in the approved area indicated on the attached schematic.
Your private well must be inspected by a representative of the local health department. Your private well may not be placed into operation until you have obtained a Record of this Inspection (ROI) from the Amherst County Health Department. This construction permit is transferable 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/ .

Before you can obtain your ROI, you must provide the Health Department with a complete Water Well Completion Statement /GW-2 from your well driller and a record of a satisfactory bacteriological sample result.

Well Purpose: Domestic Drinking Water **Minimum Casing Depth: 20'**
Well Class: IVC **Minimum Grout Depth: 20'**

Minimum distance from any building foundation: 15 '

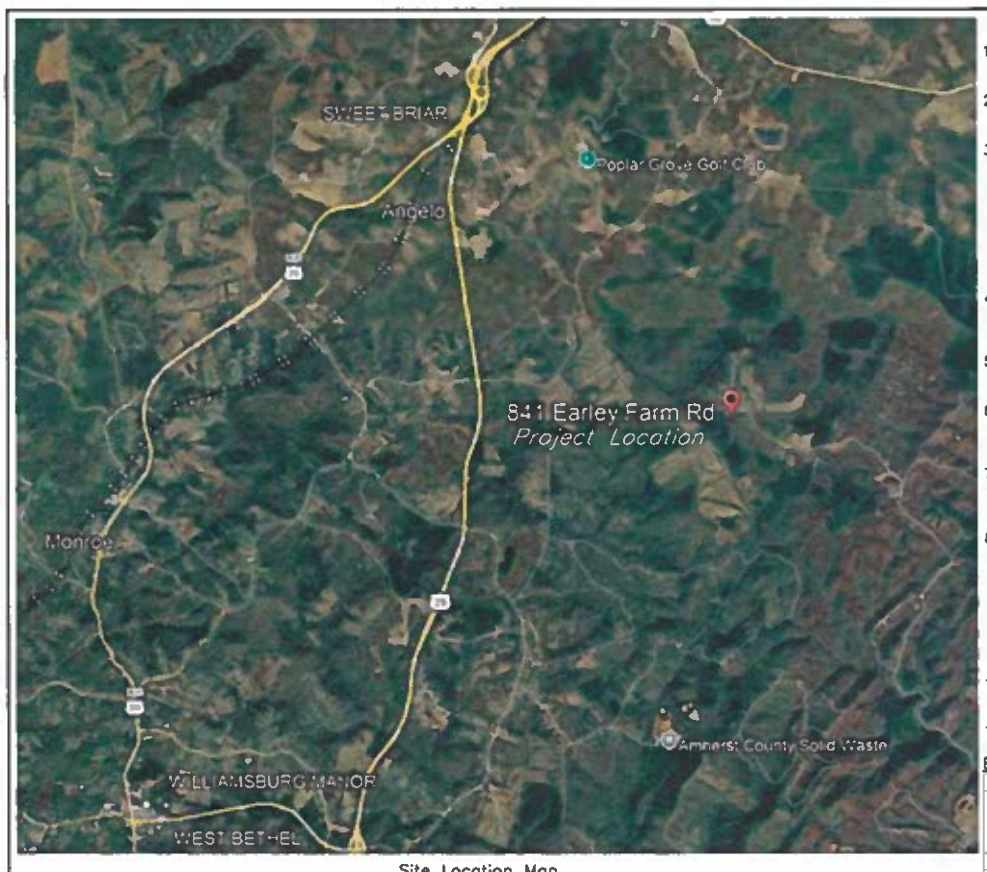
Other Comments:

- **Permit is for the drilling of one well attempt only.**
- **Well to be connected to livestock watering system.**
- **See attached pages certified by Matt Dalton, affiliated with USDA, dated 2/27/2025**
- **Well driller may contact health department to discuss more details regarding well development prior to drilling.**

THIS PERMIT EXPIRES: September 18, 2026.

Issued by: Sara Shelley Date: 3/18/2025
Sara Shelley, Environmental Health Specialist

Attachments: 4 page Construction Plan



Site Location Map

Scale 1 inch = Not to Scale feet

Notes

1. The landowner/operator is responsible for obtaining and complying with all permits and easements. This includes all federal, state and local permits.
2. The landowner/operator is responsible for checking and complying with all state and local ordinances that may affect the project.
3. MISS UTILITY (811 or 1-800-552-7001 or website va811.com) must be contacted at least 3 business days (excluding weekends and legal holidays) before construction begins. Construction cannot commence until the VA811 Positive Response message is received. The landowner/operator is responsible for ensuring that the contractor contacts MISS UTILITY. The contractor must be able to provide the MISS UTILITY ticket number within 24 hours upon request by the NRCS representative. The landowner/operator is responsible for locating any buried utilities (water lines, electric lines, telephone lines, gas lines, sewer lines, etc.) in the work area that are not covered by the MISS UTILITY program.
4. NRCS makes no representation of the existence or nonexistence of utilities. The presence or absence of utilities on the construction drawings does not ensure that there are or are not utilities in the work area.
5. The contractor is responsible for knowing and following the appropriate safety standards required by the Virginia Safety and Health Codes Board.
6. The landowner/operator must notify the local NRCS representative at least one week prior to beginning construction, and at all other times specified in these construction drawings and attached specifications.
7. Any deviation from these construction drawings and specifications without written approval from the NRCS representative may result in the failure of this practice to meet NRCS Standards and the withdrawal of technical assistance for this project.
8. Prior to beginning construction, the cover sheet must be signed by the landowner/operator, the contractor, and the NRCS representative. The landowner/operator is responsible for informing the contractor of these responsibilities by providing the contractor a copy of this cover sheet. The contractor must sign the cover sheet acknowledging that these responsibilities are understood and the landowner/operator must return the signed cover sheet to the NRCS Representative. If requested by NRCS, the landowner/operator must arrange for a meeting between the contractor and NRCS to review the construction drawings and specifications prior to construction.

The NRCS Representative for this project is: Matt Dolton

The NRCS office telephone number is: 434-432-9455

Benchmark Descriptions

TBM	1	Assumed Elev.	774.63

Description: Second fence post located west of old telephone pole (with horshoe nailed to it). Telephone pole is north of driveway and first barn (barn located on left when you pull in driveway).

TBM	?	Assumed Elev.	???.??

Description:

Acknowledgment Signatures

These construction drawings and attached specifications have been reviewed and I understand what is required. (Sign and date below)

Landowner/Operator

Contractor

NRCS Representative

Engineering Job Class: 1

811 Know what's below. Call before you dig.

Index of Sheets

Sheet No.	Title
1	Cover Sheet
2	Plan View
3	Frost Free Trough Detail
4	Watering System Detail

Specification Table

No.	Title
VA-705	Pollution Control
VA-706	Seeding
VA-707	Site Preparation
VA-708	Salvaging and Spreading Topsoil
VA-721	Excavation
VA-745	Plastic Pipe
VA-772	Watering Facility
VA-795	Geotextile

Table of Estimated Quantities

Item	Unit	Quantity
1 ¼ inch diameter PE SIDR-PR Pipe	Feet	See Plan View for Estimate
Four Ball Frost-Free Watering Facility	No.	2
Heavy Use Area	Sq. Ft	660
Geotextile	Sq. Ft	660

"As Built" Documentation"

Practice	Certified by	Date

Practice Completion Date

AMHERST HEALTH DEPARTMENT
RECEIVED
MAR 17 2025

Livestock Watering System Design
Doug Cubbage
Amherst County, Virginia
Cover Sheet

Des. signed Matt Dolton 2/27/2025
Drawn Matt Dolton 2/27/2025
Checked
Approved

United States Department of Agriculture
Natural Resources Conservation Service

File No. Cubbage_LWS_Design.dwg

Drawing No. VA-SD-100 v3.3.0

3/10/2025 5:08 PM

Sheet 1 of 4

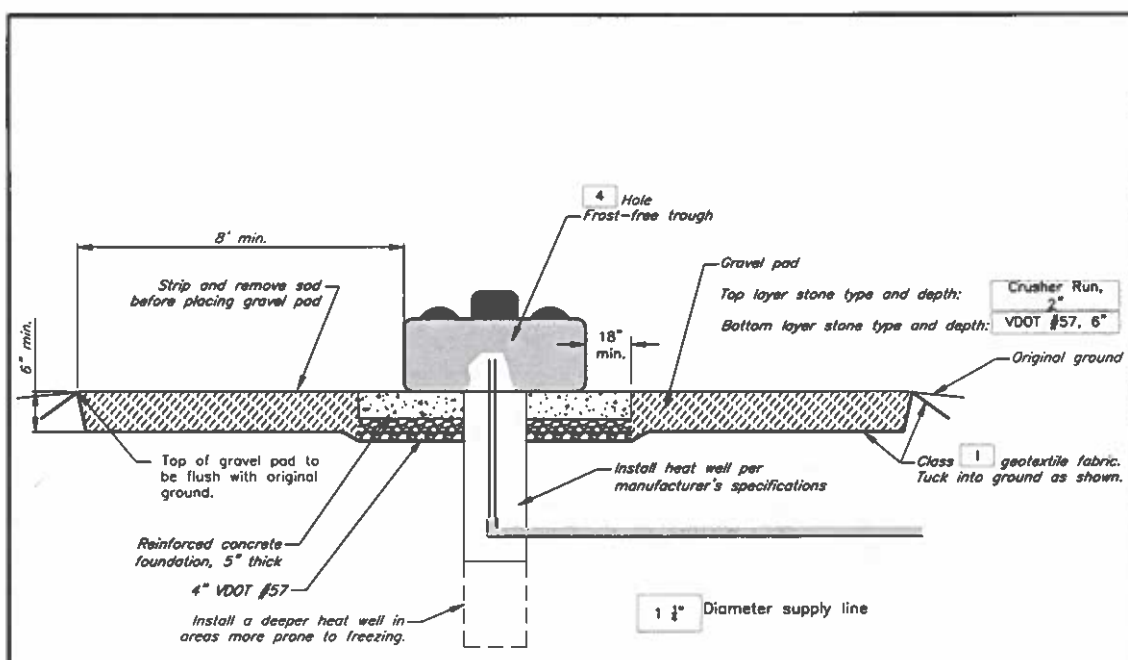
Per homeowner, NO feedlots or fertilizer storage on property. -SES 3/18/25
Septic system 400'+ from proposed well site.

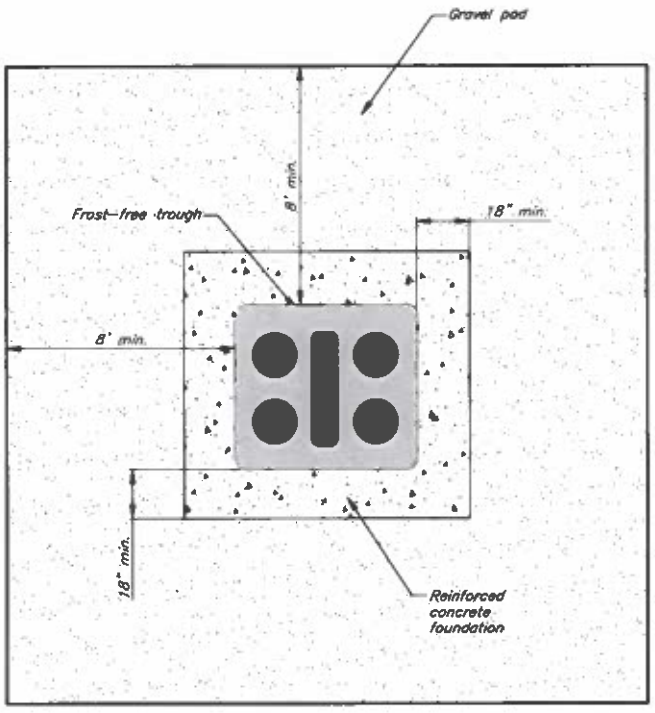
Designed: Matt Dalton 2/27/2025
Drawn: Matt Dalton 2/27/2025
Checked:
Approved:

Livestock Watering System Design
Doug Cubbage
Amherst County, Virginia
Plan View W Scale

United States Department of Agriculture
Natural Resources Conservation Service

Drawing No.
3/10/25 1:12 PM
Sheet 2 of 4





1. Clear the site and prepare the foundation as required in Virginia Construction Specification VA-772, Watering Facility. Excavate a minimum of 6" below the ground surface.
2. Use the manufacturer's recommendations to position the heat well and pipeline.
3. Compact all backfill for pipelines under the trough to the degree required to prevent subsidence after construction. Backfill under the trough may be select compacted earthfill or granular fill such as VDOT #21 or crusher run.
4. Use the larger of 18" beyond the edges of the trough, the manufacturer's recommendation, or local site-specific needs to size the concrete foundation of the trough. Place a minimum of 4" of VDOT #57 below the concrete. The minimum concrete thickness is 5". Use 3000 psi concrete reinforced with 6"x6" 6/6 gage welded wire mesh. Ensure that the wire mesh is covered with at least 1 ½" of concrete. Use the manufacturer's recommendations to attach the trough to the foundation.
5. Install a protective surface around the trough which extends a minimum of 8' from each side of the trough. The surface may be round or rectangular. For a 2-hole trough it will be rectangular. At the minimum, install geotextile and 6" of aggregate. If concrete is used, place a minimum of 4" of VDOT #57 under a minimum thickness of 5" of 3000 psi concrete reinforced with 6"x6" 6/6 welded wire mesh. Ensure that the wire mesh is covered with at least 1½" of concrete.
6. Geotextile will meet the Class I requirements for nonwoven geotextile in Virginia Construction Specification VA-795, Geotextile. Class II may be used with Area Engineer's approval.
7. The trough site will be free draining.
8. Seed all disturbed areas at the rates given in Virginia Construction Specification Seeding (VA-706). If seeding is done outside recommended seeding dates, use a nurse crop.
9. Please see Watering System Detail sheet for pipeline and valve construction notes.

Date 2/27/2025
Designed Matt Dalton 2/27/2025
Drawn Matt Dalton
Checked
Approved

Livestock Watering System Design
Doug Cubbage
Amherst County, Virginia
Frost-Free Trough Detail

United States Department of Agriculture
USDA Natural Resources Conservation Service

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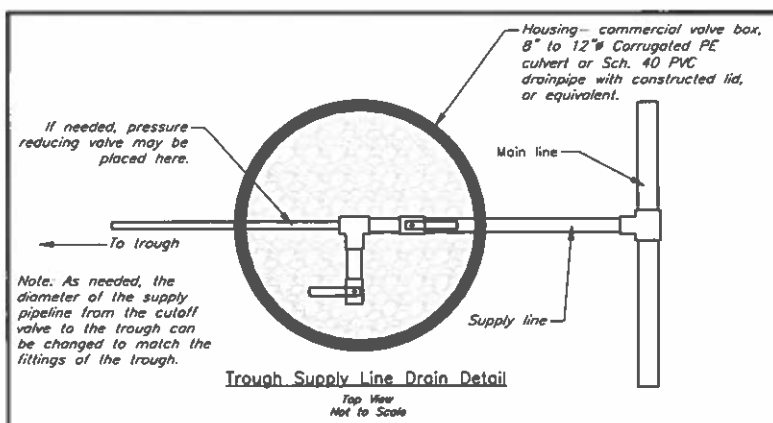
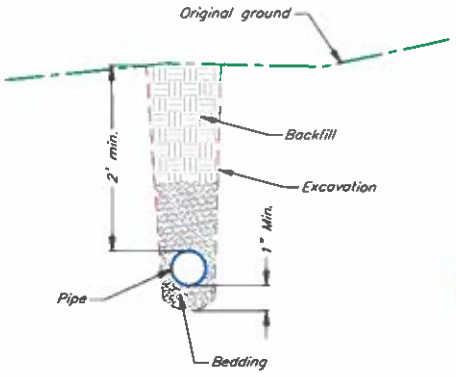
Drawing No.
3/10/2025 1:12 PM
Sheet 3 of 4



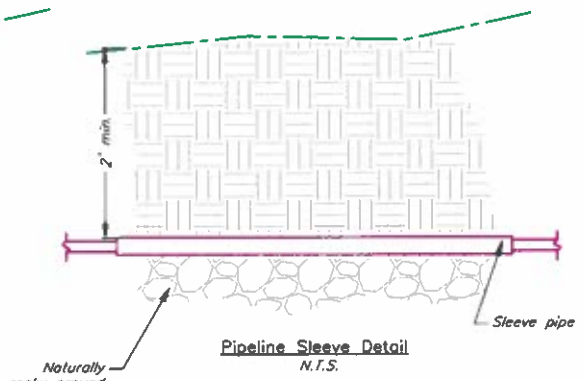
Trough Supply Line Drain Detail

Top View
Not to Scale



Pipeline Bedding Detail

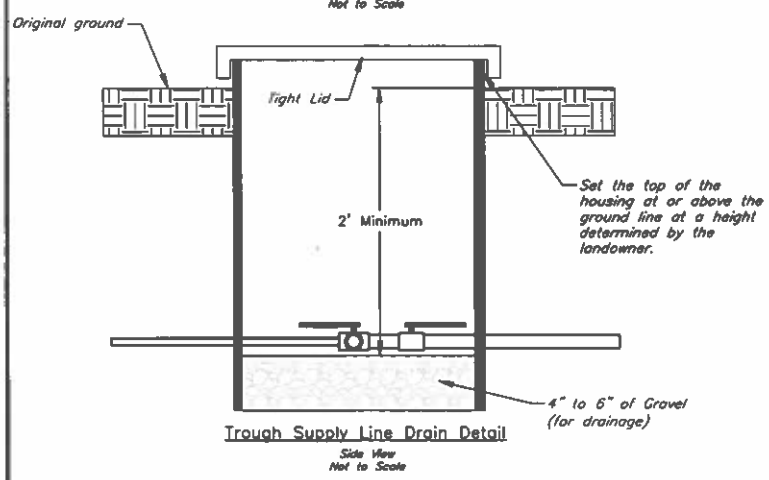
N.T.S.



Pipeline Sleeve Detail

N.T.S.

Sleeve pipe diameter and material: N/A



Trough Supply Line Drain Detail

Side View
Not to Scale

Pumping Plant Data	
Total Energy Requirements (psi) =	11.8
Dynamic head added to pump by watering system (ft) =	92
Design Pumping Rate (gpm) =	2
Pressure Tank: Minimum Volume (gal) =	2
Pressure Tank: Minimum/Maximum Pressure Switch Settings (psi/psi) =	[illegible]
Reservoir: Desired Pumping Rate (gpm) =	N/A
Reservoir: Pumping Duration to Meet Daily Demand (minute) =	N/A
Reservoir: Capacity (gal) =	N/A

1. Install all pipelines according to Virginia Construction Specification Plastic Pipe (VA–745).
2. Protect all pipelines from frost, livestock, and equipment traffic. Install pipelines a minimum of two feet in the ground. If the minimum depth cannot be achieved for structural protection, change the pipe route, or provide additional protection for the pipeline by adding additional soil over the pipeline or sleeving the pipeline through that area.
3. Remove loose rocks from the pipe trench before installing pipeline. Carefully place the pipe in the trench. In rocky soils, bed the pipe as shown in the detail. Acceptable bedding materials include natural soil, sand, and/or fine drainfill. In areas with heavy loads or excessive rocks, or where the pipeline crosses a stream, sleeve the pipeline as shown in the sleeve detail(s).
4. To the extent possible, provide a continuous grade on a gravity pipeline. If a crest in the gravity pipeline is unavoidable, provide an air release device, such as an air vent or hydrant at the crest to relieve airlock.
5. Install pipe fittings as required by the manufacturer. Pressure–test the pipeline at the working head prior to backfilling. Repair any leaks and repeat the test.
6. Compact the backfill for underground pipes to the degree required to prevent subsidence after construction.
7. Install all troughs on short lateral pipelines (supply pipeline). Provide a water supply shutoff valve and drain valve in the supply pipeline for each trough. The housing must be frost–proof, well drained, readily accessible, and protected from livestock or vehicle damage. Provide UV protection for the lid if plastic is used.
8. Install a check valve (or backflow preventer, if required) to prevent water from flowing back into the water source.
9. Seed and mulch all disturbed areas at the rates given in Virginia Construction Specification VA–706, Seeding. If seeding is done outside of recommended seeding dates, use a nurse crop.

RECEIVED
MAR 17 2025
[illegible]

Livestock Watering System Design
Doug Cubbage
Amherst County, Virginia
Watering System Details

Date 2/27/2025
Designed Matt Dalton 2/27/2025
Drawn Matt Dalton
Checked
Approved

United States Department of Agriculture
USDA Natural Resources Conservation Service

File No. Cubbage_LWS_Design.dwg
Drawing No.
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Sheet 4 of 4

$300.00 credit card

Inv Eo-009-14628

009-WW2-20157

VDH Use Only
Health Department ID#
Is this an AOSE/PE application?
☐ Yes ☐ No

104-25-0059 A W

Commonwealth of Virginia

Well Application for:

☐ **Residential Water Supply** ☒ **Agricultural** ☐ **Geothermal** ☐ **Abandonment**

Owner Chris + Doug Cubbage
Phone 919|465|0737
Mailing Address 841 EARLEY FARM RD
Amherst, VA 24521
Phone 814|335|8392
Agent Lauren Cheatham, USDA
Fax
Mailing Address
Phone 434|226|3088
Phone doug.cubbage@gmail.com
Fax
Site Address 841 EARLEY FARM RD
AMHERST, VA 24521
Email

RECEIVED
MAR 17 2025
AMHERST HEALTH DEPARTMENT

Directions to Property: formerly ~~103~~ 130 EDLOE LANE

Subdivision | Section | Block | Lot

Tax Map 124-A24 Other Property Identification | Dimension/Acreage of Property 16 acres

Will this well be Residential? ☐ or Non-Residential? ☒
Single-Family Dwelling (Total Number of Bedrooms ____) ☐
Multifamily Dwelling (Total Number of bedrooms ____) ☐
Is this a replacement well? Yes ☐ No ☒ Will the old well be abandoned? Yes ☐ No ☒
Please describe the well to be abandoned:
Agricultural Well Use: Irrigation Livestock Water Both? (circle one)
Will any buildings within 50' of the proposed well be (or have been) termite treated? Yes ☐ No ☒
If geothermal, please describe the proposed construction method: _____ depth of casing _____ depth of grout

In order for VDH to process your application you must attach a site sketch and plat of the property. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and existing sewerage system (as well as neighbor's). When the site evaluation is conducted the property lines and any proposed building (as necessary) must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) 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 an Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the well has been constructed and approved.

Chris Cubbage
Signature of Owner/Agent

03|13|2025
Date

(rev. 1/30/19)

VDH VIRGINIA DEPARTMENT OF HEALTH

Petition for VDH Services Form

I, Chloe Cubbage, am petitioning VDH to provide evaluation and design services based on (select one):

☐ Means test (household income at or below 400% of the federal poverty guidelines)

☐ VDH Hardship Guidelines

If you selected VDH Hardship Guidelines, please check all of the following guidelines that apply:

☐ Qualify for fee waiver pursuant to 12VAC5-620-80.A.

☐ Replacement well.

☐ Well abandonment.

☐ Safe, Adequate, and Proper Evaluation.

☐ Onsite sewage system repair or pit privy fee waiver.

☐ Insufficient number of private sector service providers.[1]

☐ Other: If other, please provide a detailed description of your hardship in obtaining private sector evaluation and design services along with any relevant documents that you believe supports your request. Please provide the names of private sector service providers you contacted, prior to submitting this petition. (Detailed description can be attached)

Chloe Cubbage — 03/13/2025

Owners/Agents Signature — Date

RECEIVED
MAR 17 2025
[illegible] HEALTH DEPARTMENT

(Office Use Only) Petition for services ☒ ~~Approved~~ ☐ Denied

Reviewed by Sandra W West — 3/17/25

Date

[1] http://www.vdh.virginia.gov/content/uploads/sites/20/2019/08/GMP-2019-01-Hardship-Guidelines-8-11-19.pdf

D.B. 1127, PG. 374
. #126-A-25,27 & # 127-A-11
943.15 AC. (PER TAX RECORDS)

E 455.49'

25' BSL

NEW 50' PRIVATE INGRESS/EGRESS EASEMENT TO LARSEN

(SEE NOTE 10)
(SEE P.B. "M", PG.133)

D.B. 448, PG. 662

RIDING RING

N 01°46'05" E 360.48'

S 04°32'26" W 286.50'

REF. TIE
N 50°38'50" E
133.80'

L5

L6

L7

L8

L8A

L9

L1 L2

S 89°37'51" E
160.40'

L3

L4

S 50°44'49" E
127.39'

25' BSL

WELL HOUSE

S 22°40'52" E
281.10'

25' BSL

PARCEL "F"
16.233 AC.

N 89°29'30" E
125.68'

N 12°59'00" E
79.03'

25' BSL

BARN

N 40°23'49" E
60.29'

PORTION OF EXISTING 50' ACCESS EASEMENT TO BE VACATED & ABANDONED (SEE NOTE 10) (PLAT CAB. 1. SLIDE 415)

OSILO

SILO

BARN

N 09°21'32" W
130.68'

GRAVEL DRIVE

CARPORT

BARN

STABLE

#841 EARLEY FARM ROAD
3 STORY BRICK

ST

DB

DF

DF

DBo

163.61'

S 11°36'36" W

N 59°37'33" E
141.69'

N 09°17'04" W
142.69'

TP

25' BSL

IPS ⊙164.19'

S 85°53'16" W 489.26'

SOIL ROAD

EXISTING 50' PRIVATE INGRESS/EGRESS EASEMENT (SEE NOTE 10) (SEE P.B. "M", PG. 133)

GRAVEL DRIVE

ABANDONED PUBLIC ROAD

108.44'

N 89°02'43" W

NEW 50' PRIVATE INGRESS/EGRESS EASEMENT

EDLOE LANE

SOIL ROAD

176.07'
N 81°36'51" W

REF. TIE
N 83°57'19" E
150.03'

N 05°21'36" W 277.83'

25' BSL

S 07°30'10" W 217.54'

50' BSL

20' UE

18" CMP

70.03'
N 83°20'13" W

C2

A

C1

SR 624 - EARLEY FARM ROAD

REMAINING PROPERTY
SCOTT FAMILY INVESTMENTS, LL
D.B. 1127, PG. 374
T.M. #126-A-25,27 & # 127-A-

REMAINING PROPERTY
SCOTT FAMILY INVESTMENT
D.B. 1127, PG. 374
T.M. #126-A-25,27 & # 12
±1943.15 AC. (PER TAX RE

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Amherst County Health Department
224 Second Street
P.O. Box 250
Amherst, VA 24521
(434) 946-9408 Voice
(434) 946-9409 Fax

November 6, 2020

Jeremy Bryant, Director
Tyler Creasy, Assistant Planning & Zoning Administrator
Amherst County Planning and Zoning Department
P.O. Box 390
Amherst, VA 24521

RE: Review of Proposed Subdivision Plat for Individual Onsite Sewage Disposal Systems
Division of Part of the "Earley" Farm – Parcel "F" (16.233 Acre)
841 Earley Farm Road, Tax Map # 126-A-25, 27 & 127-A-11

Dear Mr. Bryant and Mr. Creasy:

On November 2, 2020, the County of Amherst requested the Virginia Department of Health via the Amherst County Health Department review the proposed subdivision plat identified above. This letter is to inform you that the above referenced subdivision plat is **approved** for an individual onsite sewage system in accordance with the provisions of the *Code of Virginia* and the *Sewage Handling and Disposal Regulations* (12 VAC 5-610-10 et seq., the *"Regulations"*).

This request for subdivision review was submitted pursuant to the provisions of § 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 (PE) working in consultation with an AOSE for residential development. This subdivision was certified as being in compliance with the Board of Health's regulation based on an existing sewage disposal system installed and approved on May 8, 1953 for H.L. Early and a later expansion/repair installed and approved March 11, 1977 also for Harold L. Early. The existing sewage disposal system was field identified by a licensed system installer, Cecil Foster, and survey located on the plat.

Pursuant to § 360 of the *Regulations* this approval is not an assurance that Sewage Disposal System Construction Permits will be issued for any lot in the subdivision identified above unless that lot is specifically identified on the above referenced plat as having an approved site for an onsite sewage disposal system, and unless all conditions and circumstances are present at the time of application for a permit as are present at the time of this approval.

The approved onsite sewage system sites are shown on a separate plat on file at the Amherst County Health Department.

Sincerely,

Sarah L. Nichols

Sarah Lewis Nichols
Environmental Health Specialist Sr.

Cc: Will Sigler, Agent

Commonwealth of Virginia

Application for Subdivision Review

(page 1 of 2 to be filled out by the Owner or Agent)

VDH Use Only
Health Department ID# _____
Due Date _____

Owner Scott Family Investments, LLC — Phone _____
Mailing Address P O Box 814 — Phone _____
Amherst, Va 24521 — Fax _____
Developer/Agent _____ — Phone _____
Mailing Address _____ — Phone _____
_____ — Fax _____
AOSE N/A Existing System — Phone _____
Mailing Address _____ — Phone _____
_____ — Fax _____

Directions to Property: 130 Edloe Lane (current address) at intersection with Earley Farm Road

Name of Proposed Subdivision Division of Part of the "Earley" Farm

Tax Map 126-A-25,27 & 127-A Other Property Identification _____ Dimension/Acreage of Property 16.233

Number of lots proposed 1 Proposed water source (note: new or existing, public or individual) Existing private well

General size of lots N/A (give range if appropriate)

Additional description of subdivision Cutting off 16.233 acres around existing dwelling

Overview of soils and geology (optional but encouraged) _____

Received
NOV 4 - 2020
Amherst Health Department

In order for VDH to process a subdivision application you **must** attach a plat of the property showing the location of the proposed onsite sewage disposal systems and the reserve absorption areas (if required) and the location of the water supply system on each lot, if applicable. Each plat or subsection of a subdivision plat shall be accompanied by specific soil information for each lot (absorption area and reserve area). If not provided by the local subdivision ordinance, the district or local health department may require the plat to show streets, utilities, storm drainage, water supplies, easements, lot lines and original topographic contour lines by detail survey or other information as required.

When the OSE site evaluations are reviewed, the property lines, building location and the proposed well and sewage system sites **must** be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) 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 an Onsite Soil Evaluator (OSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

[signature], AGENT — 11-02-20

Signature of Owner/Agent — Date

This form contains personal information subject to disclosure under the Freedom of Information Act

Revised 9/25/2014

Commonwealth of Virginia

Application for Subdivision Review

(page 2 of 2 to be filled out by the county official requesting a VDH review)

VDH Use Only
Health Department ID# _____
Due Date _____

County Office initiating request Community Development

Contact Individual S. Tyler Creasy Phone (434)946-9303

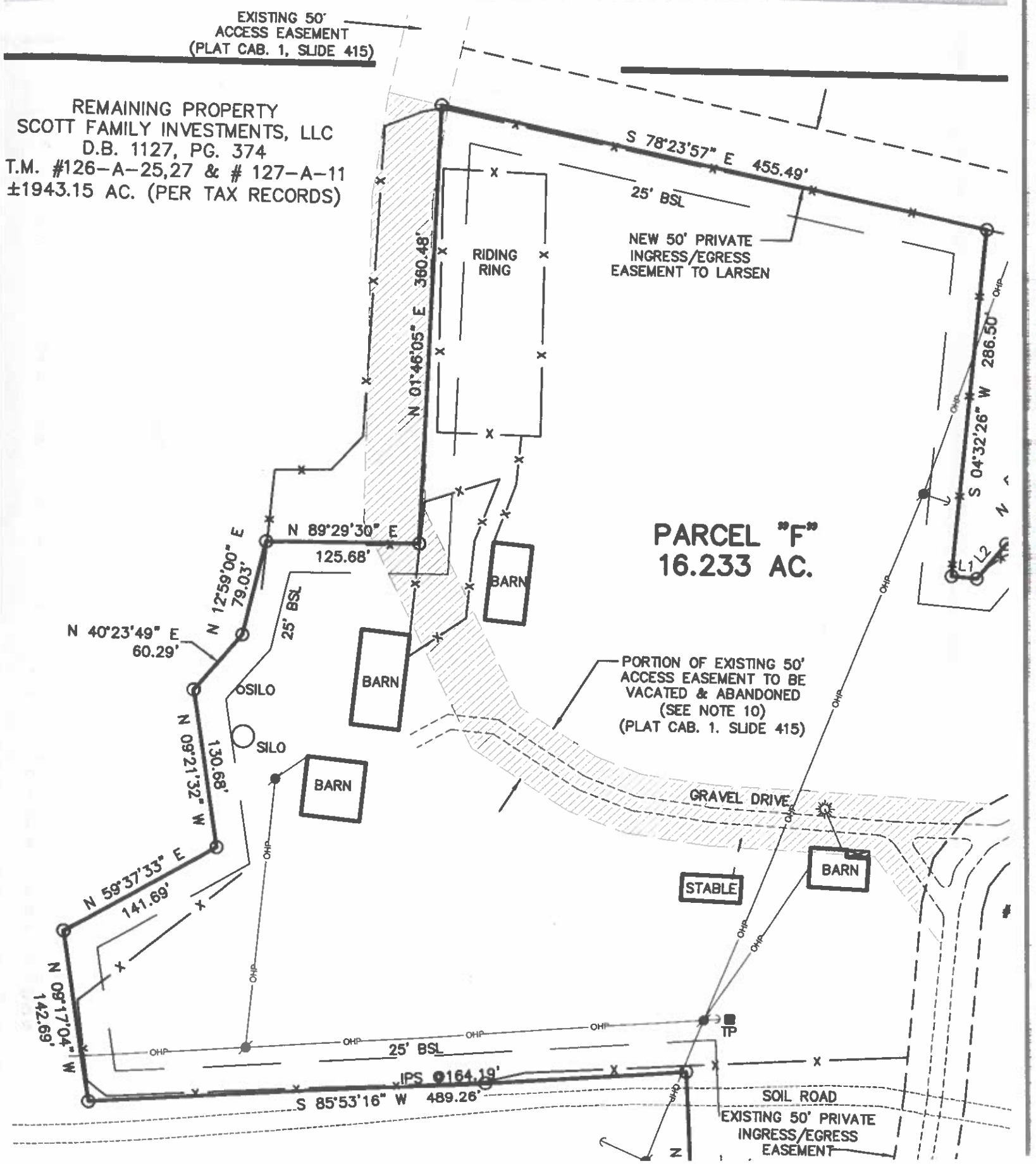
Local offices of the Virginia Department of Health may review subdivision applications for compliance with state rules and regulations governing sewage treatment and dispersal and private water supplies, compliance with local ordinance governing sewage treatment and dispersal and private water supplies and potentially for compliance with other local ordinances. Please indicate the nature of review you are asking the health department to conduct.

1. Review for conformance with the Sewage Handling and Disposal Regulations
2. Review for conformance with local onsite wastewater ordinances
3. Other (describe below)

Name and title of requestor Asst. Planning & Zoning Admin. Date 11/2/2020

This form contains personal information subject to disclosure under the Freedom of Information Act

Revised 9/25/2014


EXISTING 50'
ACCESS EASEMENT
(PLAT CAB. 1, SLIDE 415)
REMAINING PROPERTY
SCOTT FAMILY INVESTMENTS, LLC
D.B. 1127, PG. 374
T.M. #126-A-25,27 & # 127-A-11
±1943.15 AC. (PER TAX RECORDS)
S 78°23'57" E 455.49'
25' BSL
NEW 50' PRIVATE
INGRESS/EGRESS
EASEMENT TO LARSEN
RIDING
RING
N 01°46'05" E 360.48'
PARCEL "F"
16.233 AC.
N 89°29'30" E
125.68'
N 12°59'00" E
79.03'
25' BSL
BARN
BARN
N 40°23'49" E
60.29'
SILO
SILO
N 09°21'32" W
130.68'
BARN
PORTION OF EXISTING 50'
ACCESS EASEMENT TO BE
VACATED & ABANDONED
(SEE NOTE 10)
(PLAT CAB. 1, SLIDE 415)
GRAVEL DRIVE
STABLE
BARN
N 59°37'33" E
141.69'
N 09°17'04" W
142.69'
TP
25' BSL
IPS ●164.19'
S 85°53'16" W 489.26'
SOIL ROAD
EXISTING 50' PRIVATE
INGRESS/EGRESS
EASEMENT
S 04°32'26" W 286.50'
L1
L2
OHP
N

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

29D Hc 17

Date 3-11-77 Case No. _____

Owner Harold L. Early Address Rt 2, Amherst Phone _____
(Mailing Address)

Occupant Same Address _____ Phone _____
(Mailing Address)

Exact Location of Premises On N side 624 5 miles E of 29
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION
Allotted Area adequate ☒ Yes ☐ No. Distance from nearest lot lines 3/4 feet. Trees 6 feet.
Water Supplies > 100 feet. Buildings > 100 feet.

(2) INSTALLATION AND DESIGN
Installed according to Permit Design ☐ Yes ☒ No.
Have additional Household Appliances been added NOT on Permit:
☐ Automatic Washer ☐ Garbage Disposal
☐ Other None
(Describe)

(3) SOIL CONDITION
Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☒ No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE
Installed ☒ Yes ☐ No. Type of material Repair
Size — Inches.

(5) SEPTIC TANK
Constructed of —
(Kind of Material)
Inside Dimensions Length — feet. Width — feet.
Liquid Depth — feet. Depth of Air Space — inches.
Inside Fittings comply with requirements ☐ Yes ☐ No.

(6) DISTRIBUTION BOX
Watertight and equal surcharge to each line by Water Test ☒ Yes ☐ No. Distribution Box provided with 2 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 600 square feet.
Number of ditches 2 Length of ditches 100 x 3 feet.
Grade of ditches Minimum 3 Inches per 100 feet.
Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No.
Type aggregate used Broken Stone
Depth of aggregate under Tile 6 inches
Total depth of aggregate 13 inches
Depth of backfill over aggregate 24-36 inches

(8) SURFACE DRAINAGE
Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☒ Yes ☐ No. Was Surface Drainage required ☐ Yes ☒ No. If Yes, has this been provided ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☒ Not required.

(9) Are follow-up inspections necessary ☐ Yes ☒ No.

Septic Tank Contractor: W. R. Craig Address Rt 2, Amherst Phone _____

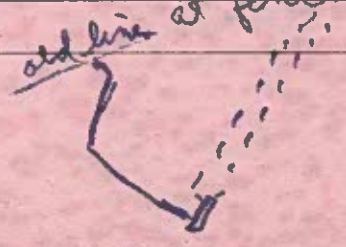
This Sewage Disposal System (Is) (~~Is Not~~) Approved by Amherst County Health Department

Date 3-11-77 Signed Peyton R Thomas (Sanitarian)

Date _____ Approved _____ (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: Used two ditches 100 x 3'. (This option was given at time permit issued —

add line of fence



Virginia Department of Health
LHS - 141 Rev. 1/76

PERMIT TO INSTALL ☒ REPAIR, ☒ REASONS FOR REJECTION ☐
WATER SUPPLY ☐ SEWAGE DISPOSAL SYSTEM ☐

29-D 16

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
(3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA ☐ Yes ☒ No Date 3-11-77 Case No. _____

Owner Harold P Early Address Rt 2, Amherst Phone _____
(Mailing Address)

Occupant Same Address _____ Phone _____
(Mailing Address)

Exact Location of premises On N side of 624 5 miles E of 29.
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption 600 gal. per day
Actual ☐ Potential ☒ Bedrooms 3 Garbage Disposal Unit ☒ Yes ☐ No (☐ Actual ☒ estimated Water)
Additional wastes _____

(1) WATER SUPPLY (Existing) Class Drilled Well Approved Yes ☐ No ☐ Other _____
(To be installed) Class _____ Cased Well ft. to be grouted _____ ft.

(Unless supported by positive evidence Class III is to be considered as to be installed.)

(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification _____ (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes No ☐ Rate _____ (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size — inches. Type of material required — . Distance from Water Supply — feet

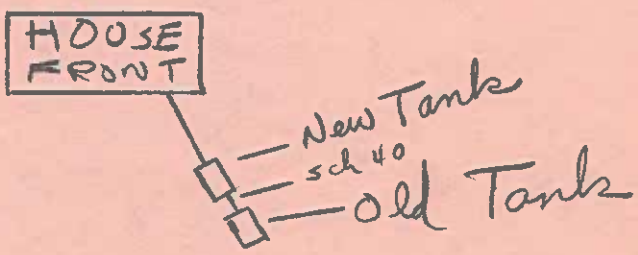
(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Pre Cast Concrete Material Liquid Capacity 1000 gallons.
Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required — Type aggregate required _____

(5) Depth of aggregate from base of tile to bottom of ditches — inches. Allowable fall — to — inches.
Total aggregate minimum depth — inches or more. Depth of drainfield to be — inches from surface of original ground.
Distance from well to septic tank N/A feet; distance from well to drainfield N/A feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.

Use Tees, same as new installation



acreage

Signature Harold P Early Owner ☒ Representative ☐ _____ feet

Note: Owner or his agent must notify Amherst County Health Department, Phone 946-5535 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date _____ Approved _____ (Reviewing Authority) Date 3-11-77 Signed Peyton R. Thomas (Sanitarian or Health Director)

LHS - 121 REV. 12/71
Virginia State Department of Health

DUPLICATE

PERMIT TO INSTALL ☒ REPAIR, ☐ REASONS FOR REJECTION ☐
WATER SUPPLY ☐ SEWAGE DISPOSAL SYSTEM ☒

35-D17

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
(3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA ☐ Yes ☒ No Date 3-10-77 Case No. _____

Owner Harold R. Early Address Rt 2, Box 172 Amherst Phone _____
(Mailing Address)

Occupant Same Address _____ Phone _____
(Mailing Address)

Exact Location of premises On North side of 624 4 miles East of 29
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption 600 gal. per day
Actual ☐ Potential ☒ Bedrooms 3 Garbage Disposal Unit ☐ Yes ☒ No (☐ Actual ☒ estimated Water)
Additional wastes _____

(1) WATER SUPPLY (Existing) Class Drilled Approved Yes ☐ No ☐ Other _____
(To be installed) Class _____ Cased Well ft. to be grouted _____ ft.

(Unless supported by positive evidence Class III is to be considered as to be installed.)

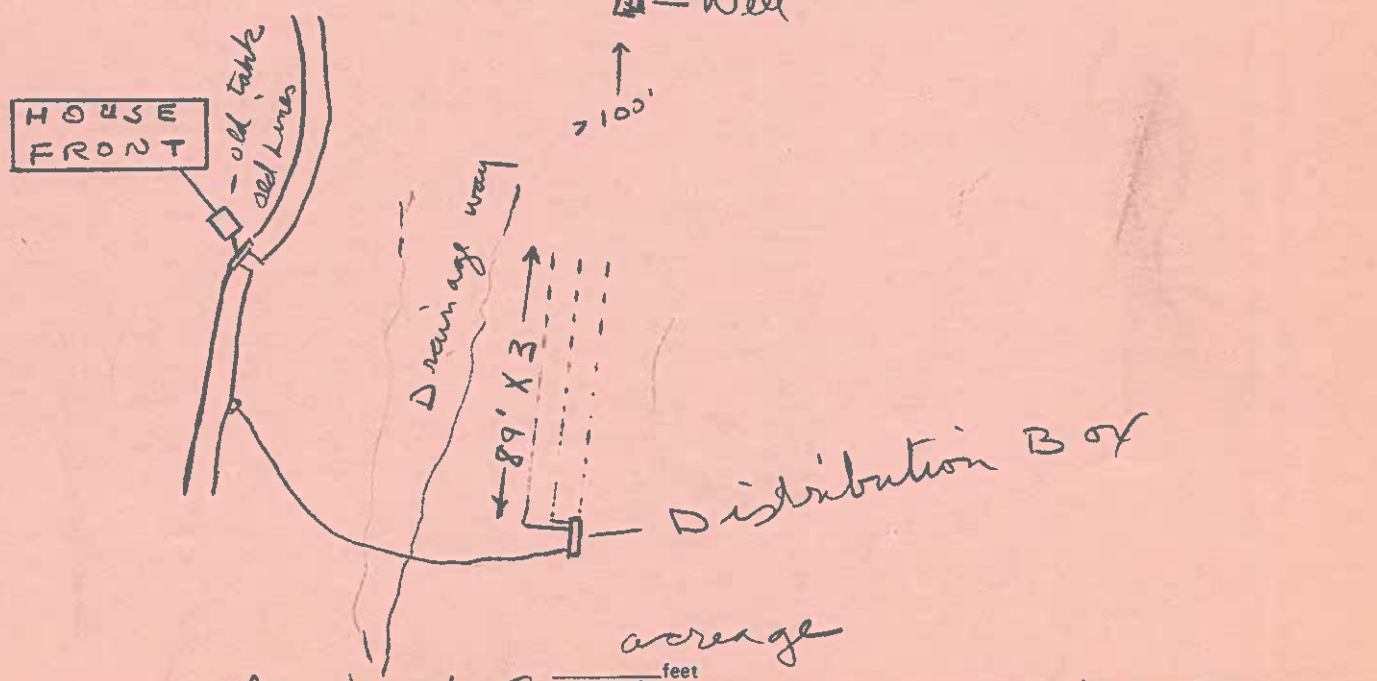
(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification _____ (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes No ☒ Rate _____ (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
Surface drainage required ☐ Yes ☒ No OTHER DRAINAGE None

(3) HOUSE SEWER LINE Size 4 inches. Type of material required SCH. Distance from Water Supply — feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Repair Material Liquid Capacity — gallons.
Inside Dimensions Length — feet. Width — feet. Liquid Depth — feet. Depth of Air Space — feet.
SUBSURFACE ABSORPTION FIELD Number of square feet required 800 Type aggregate required Broken Stone

(5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 46 inches.
Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 30 inches from surface of original ground.
Distance from well to septic tank >100 feet; distance from well to drainfield >100 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



Signature Harold R Earley Jr ☒ Owner ☐ Representative _____ feet

Note: Owner or his agent must notify Amherst County Health Department, Phone 946 5535 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date _____ Approved _____ (Reviewing Authority) Date 3-10-77 Signed Peyton R. Thomas (Sanitarian or Health Director)

HS - 121 REV. 12/71
Virginia State Department of Health

DUPLICATE

RECORD OF INSPECTION—INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Case No. _____

☐ NEW INSTALLATION
☐ REPAIRS TO OLD INSTALLATION _____ County or Municipality

DATE May 8 53

OWNER H L Early ADDRESS _____ PHONE _____

OCCUPANT OR OTHER Same ADDRESS Buffalo Ridge - Wade Rd. PHONE _____

EXACT LOCATION _____ Subdivision-section-lot no. _____ St. or Road name or number _____ Other description

☑ Single Dwelling Unit ☐ Multiple Dwelling Unit, Number of Bedrooms (actual or potential) _____

LOT SIZE: Width FARM ft. Depth _____ ft. 4 bedrooms

WATER SUPPLY. ☐ Public System ☐ Community System ☑ Individual system on site

SEWAGE DISPOSAL: ☑ Septic Tank System ☐ Other _____ describe

DESIGNED FOR: Only ordinary household wastes—Yes ☑ No ☐; Garbage disposal device—Yes ☐ No ☐; Automatic Laundry machine—Yes ☐ No ☐

Tank capacity 1000 Gallons; Tank dimensions: Length 8 ft. Width 4 ft. Depth 5 ft.

Subsurface drainage; Number of ditches 4; Total drainage 800 sq. ft.

INSPECTION FINDINGS:

(1) LOCATION: Lot size adequate ☐ Yes ☐ No. Entire system accepted distance from water supply ☐ Yes ☐ No. Properly located relative to property lines, buildings, etc. ☐ Yes ☐ No.

(1a) SOIL CONDITION: Naturally drained and suitable by sight ☐ Yes ☐ No. Sufficient surface drainage ditches provided ☐ Yes ☐ No. Percolation tests made ☐ Yes ☐ No. Acceptable results ☐ Yes ☐ No.

(2) HOUSE SEWER: Type of pipe Cast Iron Size 4 Laid to proper grade ☐ Yes ☐ No.

(3) SEPTIC TANK: Installed according to permit design ☐ Yes ☐ No. Approved construction for water tightness ☐ Yes ☐ No. Inside fixtures comply with requirements ☐ Yes ☐ No. Storm drains from house and basements not flowing into or on tank ☐ Yes ☐ No. Trees, etc. within 10 feet of tank ☐ Yes ☐ No.

(4) DISTRIBUTION BOX: Watertight and equal surcharge by Water Test ☐ Yes ☐ No. Inlets and outlets caulked tightly ☐ Yes ☐ No. Adequate number of extra outlets ☐ Yes ☐ No. Separate, tight lines connected to outlets and leading into subsurface ditches—no leaks ☐ Yes ☐ No. Surcharge lines graded to not less than 1 inch to 10 feet length ☐ Yes ☐ No.

(5a) DRAINAGE FIELD: Total length of ditches 400 feet. All ditches of equal length ☐ Yes ☐ No. Width 2 ft. Depth 1 ft. Properly located ☐ Yes ☐ No. Bottom of ditches of proper grade ☐ Yes ☐ No. Ditches laid—6 foot centers ☐ Yes ☐ No.

(5b) DRAINAGE FIELD (Materials, etc.): Open joints protected on top with approved strips ☐ Yes ☐ No. Approved filter material ☐ Yes ☐ No. Depth of filter material under tile _____ in. Filter material packed around and encasing the entire tile ☐ Yes ☐ No.

(5c) DRAINAGE FIELD (Grading): Storm drains from house and basements not flowing into or on ditches. Ditches properly backfilled and area graded ☐ Yes ☐ No.

(6) DO THE ABOVE DEFECTS IN CONSTRUCTION WARRANT REJECTION? ☐ Yes ☐ No.

(7) IS A FOLLOW-UP REINSPECTION NECESSARY? ☐ Yes ☐ No.

REMARKS: _____

Based on the above information, this is to certify that this system (has) (has not) been located and installed according to ☐ Local ☐ County ☐ State Requirements. This system requires proper use and adequate maintenance.

Date May 8 53 Signed Tom Lewis (Inspector)

Sanitarian (Title)

Signed _____ (Reviewing Official)

_____ (Title)

With proper maintenance and avoidance of overloading, this system can be expected to function satisfactorily if no physical damage occurs to any part of the system and favorable soil conditions continue.

Follow-ups: Date _____

Va. State Dept. of Health
LHS-141 1/52—50 M

☑ New Installation ☐ Repairs

Date Nov 17 '52

PERMIT TO INSTALL OR REPAIR WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

Owner H. L. EARLY (Must be filled in) Address Rt 2, Amherst (Mailing Address) Phone

Occupant TO BE SAME Address (Mailing Address) Phone

Location of Premises GLADE Rd. (Subdivision, Street or Road Name or Number, Section, Lot No.)

Directions

Owner Desires to: ☑ Install ☐ Repair ☐ Water Supply System: Type

☑ Sewage Disposal System: ☐ Septic Tank ☐ Other

Lot Size: Width Ft. FARM Depth Ft.

FOR: ☐ Single Dwelling Unit ☑ Multiple Dwelling Unit Total No. Bed Rooms 3 Estimated or Actual Water Consumption Gal.

Septic Tank System For Disposal of: ☑ Ordinary Household Sewage & Wastes ☐ In Addition Wastes from Automatic Washing Machine ☐ Garbage Disposal Device

Additional ☐

Living Quarters (Explain) Other (Explain)

Health Department: ☐ Recommends ☑ Recommends ☐ Rejects: Water Supply System ☐ Rejects: Sewage Disposal System

Reasons for Rejection and Recommended Alternatives:

DETAILS OF RECOMMENDED SEPTIC TANK SYSTEM

Kind of Material for Tank: ☑ Concrete ☐ Other

Size of Tank: Length 8' Ft. Width 4' Ft. Depth 5' Ft. Capacity 1000 Gallons

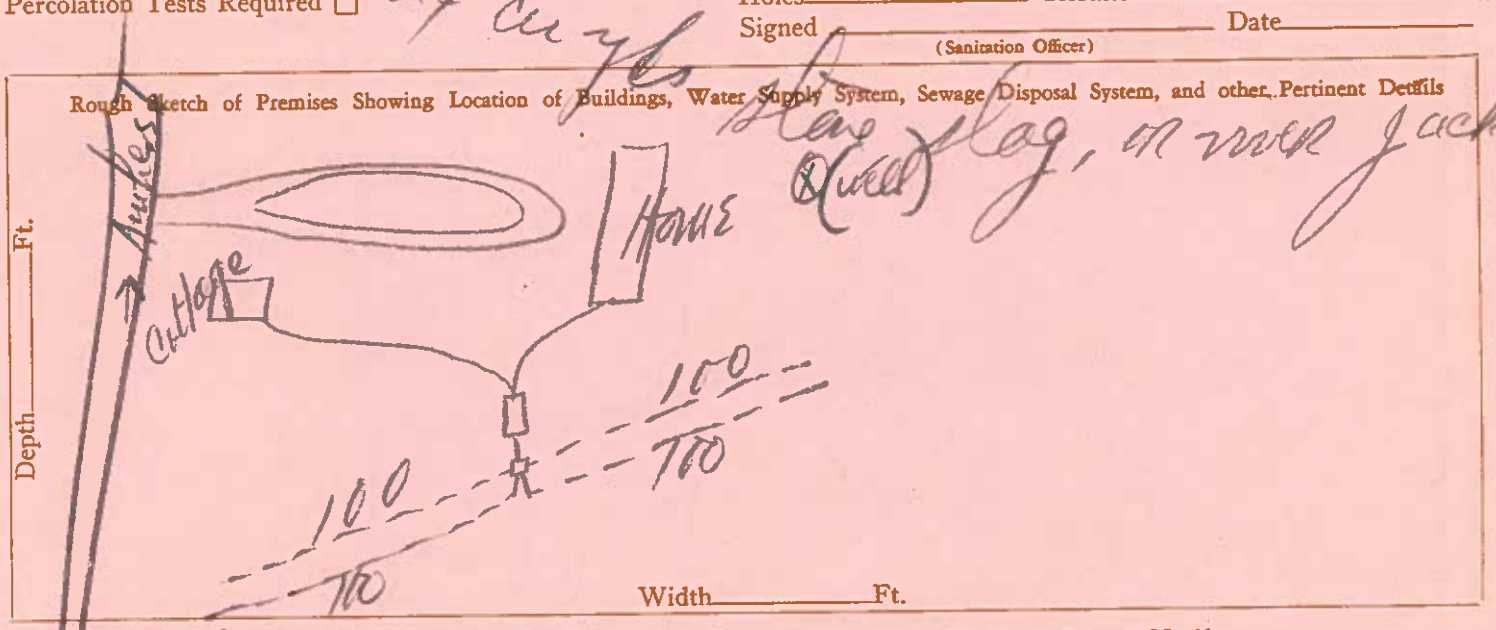
Subsurface Drainage Field: No. of Ditches 4 Exact Length of Each Ditch 100 Ft. Width of Ditches 2 Ft. Depth of Ditches 24 Inches

Depth of Filter Material From Base to Cover Tile Use 24 Inches. Depth of Water Table Ft. Surface Drainage Required Linear Ft.

Percolation Tests Required ☐ No. of Holes Results

Signed (Sanitation Officer) Date

Rough Sketch of Premises Showing Location of Buildings, Water Supply System, Sewage Disposal System, and other Pertinent Details



Note: This is a Permit to Construct or Repair Subject to Inspection. (Owner or his Agent) must Notify Health Department when Installation is ready for Inspection. If any Septic Tank or Part thereof is covered before being inspected by the Health Department, it shall be uncovered by the owner at the direction of the Health Officer or his Agent.

LHS 121 Rev. 4-52—25M Virginia State Department of Health