

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

MIDDLESEX COUNTY Health Department

Health Department

Identification Number 159-03-300

Map Reference 19C(3)B 26 & 27

General Information

Water Supply System: New ☐ Repair ☐ Public ☐ FHA ☐ VA ☐ Case No. _____
 Sewage Disposal System: New ☒ 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 NELSON MOWRY Telephone 804.642.7613
 Address 1821 TYNDALL PT. LANE, GLOUCESTER PT. VA 23062 For a Type II Sewage Disposal System or Well to be constructed on/at RT. 602 THROUGH URBANNA, RIGHT ON REMLIK HALL DRIVE, RIGHT ON DOGWOOD LANE, AT END
 Subdivision REMLIK HALL Section/Block _____ Lot 26 & 27 Actual or estimated water use 450 GPD (3 BR)

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

Soil Evaluation Form

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Commonwealth of Virginia
Department of Health

Health Department
Identification Number 159-03-300
Tax Map Number 19C-3-B-26&27

General Information

Date 10/22/2003 Middlesex County Health Department
Applicant William J. Meagher Telephone Number 804.725.7348
Address P. O. Box 950 Address Mathews, VA 23109
Owner Nelson Mowry
Location End of Dogwood Lane Block Section Lot 26&27
Subdivision Remlik Hall

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe: Broad flat.
2. Slope 0-2%
3. Depth to rock/impervious strata Max. Min. 34" None ☐
4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☒ 18 inches
5. Free water present No ☒ Yes ☐ Rain in inches
6. Soil percolation rate estimated Yes ☒ Texture Group II
No ☐ Estimated rate 40 min/in
7. Percolation test performed Yes ☐ Number of percolation test holes
No ☒ Depth of percolation test holes
Average percolation rate

Name and title of evaluator: Joseph J. McGahee, EHS

Signature: 

Department Use

☒ Site approved: Drainfield to be placed at 8" depth at site designated on permit.

☐ Site disapproved:

Reasons for rejection:

1. ☐ Position in landscape subject to flooding or periodic saturation.
2. ☐ Insufficient depth of suitable soil over hard rock.
3. ☐ Insufficient depth of suitable soil to seasonal water table.
4. ☐ Rates of absorption too slow.
5. ☐ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. ☐ Proposed system too close to well.
7. ☐ Other (Specify)

Appendix 2
Soil Summary Report

GENERAL INFORMATION	
Date <u>10.9.03</u>	Submitted to <u>MIDDLESEX COUNTY</u> Health Department
Applicant <u>WJ. MEAGHER</u>	Telephone No. <u>804-725-7348</u>
Address <u>PO BOX 950 / MATHEWS VA 23109</u>	
Owner <u>NELSON MONRY</u>	Address <u>1821 TYNDALL PT ROAD</u>
Location <u>END OF DOGWOOD LANE ON (L)</u> <u>GLOUCESTER PT. VA 23062</u>	
Tax Map <u>19C-3-B-26+27</u>	Subdivision <u>REMLIK HALL</u>
Block/Section <u>B</u>	Lot <u>26+27</u>
SOIL INFORMATION SUMMARY	
1. Position in landscape satisfactory Yes ☒ No ☐ Describe <u>YARD AREA 6+ ABOVE CREEKS ON 2 SIDES</u>	
2. Slope <u>0</u> %	
3. Depth to rock or impervious strata: Max. _____ Min. _____ None ☒	
4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☒ <u>18-20</u> inches	
5. Free water present No ☒ Yes ☐ _____ range in inches	
6. Soil percolation rate estimated Yes ☒ Texture group I <u>(II)</u> III IV No ☐ Estimated rate <u>40</u> min/inch	
7. Permeability test performed Yes ☐ No ☒	
If yes, note type of test performed and attach	
☒ Site Approved: Drainfield to be placed at <u>7-8"</u> depth at site designated on permit.	
☐ Site Disapproved:	
Reasons for rejection:	
1. ☐ Position in landscape subject to flooding or periodic saturation.	
2. ☐ Insufficient depth of suitable soil over hard rock.	
3. ☐ Insufficient depth of suitable soil to seasonal water table.	
4. ☐ Rates of absorption too slow.	
5. ☐ Insufficient area of acceptable soil for required drainfield, and/or Reverse Area.	
6. ☐ Proposed system too close to well.	
7. ☐ Other Specify _____	
(attach additional pages if necessary)	

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Report
Date of Evaluation 10.09.03

☐ See application sketch page ☐ See construction permit ☒ See sketch on reverse side or attached to this form.

[illegible]

Remarks: NOTE: EXCELLENT LANDSCAPE POSITION - 6' ABOVE CREEKS ON
2 SIDES.

KEY: S - sand
LS - Loamy Sand
SL - Sandy Loam

SCL - sandy clay loam
CL - Clay loam
C - Clay

WILLIAM J. MEAGHER
CERTIFIED PROFESSIONAL SOIL SCIENTIST
P.O. BOX 950
MATHEWS, VIRGINIA 23109

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Appendix 6
Abbreviated Design Form

For use with gravity and pump drainfields, enhanced flow systems and low pressure distribution systems when applying for a certification letter or subdivision approval.

Design Basis

- A. Estimated Percolation Rate 40 MIN/IN
- B. Trench bottom square feet required per bedroom (from Table 4.6 based on ☐ Gravity ☐ LPD) 450 GPD ÷ .83 = 542.2 ft²
GM #114
- C. Number of bedrooms 3

Area calculations

- D. Length of trench PAD 2 x 22' Length of available area 75'
- E. Width of trench 15'
- F. Number of trenches 1 PAD
- G. Center-to-center spacing N/A
- H. Width required 15' Width of available area 15-30' Approx
G(F-1) + E
- I. Total square footage required (line B times line C) 542.2 ft²
- J. Square footage in design (D*E*F) 660 ft²
- K. Is a reserve area required? ☒ yes ☐ No

GM #114

A SANITARY SURVEY OF THE ADJOINING LOTS WERE CONDUCTED FOR WELLS AND SPRINGS. NO WELLS ARE LOCATED WITH IN 100' AND NO SPRINGS WERE FOUND WITH IN 200' OF PROPOSED DRAINFIELD SITE.

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Appendix 7

Certification Statement

County: MIDDLESEX Date: 10-09-03

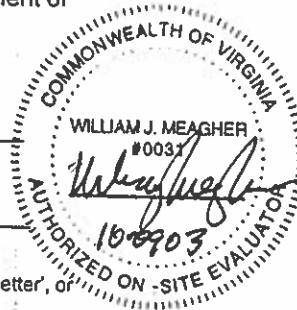
Property Identification: 19C-3-B-26+27

Submitted by: W. J. MEAGHER

This is to certify according to §32.1-163.5 of the Code of Virginia that work submitted for the referred property is in accordance to and complies with the *Sewage Handling and Disposal Regulations* of the Virginia Department of Health. I recommend a PERMIT 'be Approved ².

AOSE _____ Date: _____

Soil Consultant _____ Date: _____



¹ This blank must be filled in with one of the following terms: 'permit', 'certification letter', or 'subdivision approval'.
² This blank must be filled in either the term 'approved' or 'denied'.

If the submission contains a certification by a professional engineer in consultation with an AOSE, the following statement shall be signed and sealed:

I hereby certify that the evaluations and designs contained herein (refer to subdivision, lot, etc.) were conducted in accordance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610-10 et seq., the "Regulations") and the policies of the Virginia Department of Health for implementation of those *Regulations*. Furthermore, I certify that the evaluations and designs comply with the minimum requirements of the *Regulations*.

I recommend a PERMIT 'be Approved ².

Licensed PE: John D. Williams Date: 10-11-03

Note:

- 1). Contact the plan preparer @ 804-725-7348 72 hours in advance of the system installation to arrange for a joint inspection.
- 2). Hand clear the vegetation from the drainfield site and install the system during dry soil conditions. Improper clearing practices or improper installation of this system may void this permit or approval letter.
- 3). Changes to the design by owner or installer must be approved in advance by the plan preparer and the Health Department.
- 4). This permit or approval letter was issued using the current Health Department regulations, interpretations, and policies. Design changes, coordination with permitting agencies, and conflict resolution may require additional services. These services will be billed at the current standard hourly rate. Limits of liability are limited to the cost of the initial services only.

