



Rockingham-Harrisonburg Health Department
110 North Mason St
Harrisonburg, VA 22801
520-574-5200 Voice
540-574-2831 Fax

Sewage Disposal System Operation Permit

Property Owner

FULLER, Jeremy M.
& Lauren E.L.
2897 Longs Pump Rd.
Rockingham, VA 22802

Health Dept. ID: **182-19-0365**
Tax Map: 80(A)16J
Locality: **Rockingham County**

Property Location

Property Address: 2897 Longs Pump Rd.
Rockingham, VA 22802

Jeremy & Lauren FULLER is hereby granted permission to operate a **Residential Sewage System** at the above referenced location, under the following parameters:

Daily Flow: 450 gallons per day
Number of Bedrooms: 3

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

The continued validity of this permit is contingent upon compliance with the operation and maintenance requirements contained in the Owner's Operation and Maintenance Manual and Regulations for Alternative Onsite Sewage Systems of the Virginia Department of Health (12VAC5-613-100 et seq.). Owners are advised to be aware of the operation and maintenance instructions for their alternative onsite sewage system and to follow them. Copies of the operation and maintenance instructions can be found by contacting the local health department for the locality where the onsite sewage disposal system is located.

June 29, 2020
Effective Date

Christina Henriksen
Environmental Health Specialist, Sr.


Signature



COMMONWEALTH OF VIRGINIA
 Central Shenandoah Health District
 Harrisonburg-Rockingham County Health Department

110 N. Mason St.
 P. O. Box 26

Harrisonburg, VA 22803

TELEPHONE NO. 540-574-5100
 FAX 540-574-5214
 ENV. HEALTH 540-574-5200
 FAX 540-574-2831

IN COOPERATION WITH THE STATE
 DEPARTMENT OF HEALTH

Private Well Record of Inspection

Health Department ID Number: 182-19-0365

Tax Map: 80(A)16J

Owner Name: **FULLER, Jeremy M. & Lauren E.L.**

Owner Address: ~~518 Graves Rd. Madison, VA 22727~~ *Out*
~~2897 Longs Pump Rd. Rockingham, VA 22851~~

Private Well Facility Information

Property Address:	2897 Longs Pump Rd.	Date Inspected:	June 17, 2020
County:	Rockingham	Section/Block/Lot:	
Well Driller:	Virginia Well Drilling	Well Class:	IIIB
Date construction started:	May 8, 2020	Water Well Completion Report Received:	Yes

Location Information

Building Sewer:	50 ft.	Soil Absorption System:	85 ft.
Pretreatment Unit:	115 ft.	Property Line:	
Conveyance System:	125 ft.	Other Distance:	
Comments:			

Construction Information

Total depth of well:	425 ft.	Pitless adapter used:	
Type of casing:	Stainless Steel	Pitless properly installed:	
Depth of casing:	125 ft.	Pitless properly vented:	
Diameter of casing:	6.625 in.	Type of Well Seal:	Well Cap
Casing extends:	18 in.	Screens: constructed of	
Annular Space sealed with, to a depth of:	60 ft., bentonite slurry.	Well grout method:	Pumped from bottom up
Comments:			

Quantity & Quality

Yield and drawdown	Determined by	continuous pumping of	1 hr.
Yield:	20 gpm	Sample tap provided:	
Drawdown:	-	Sample collected:	Yes
Static Water Level:	80 ft.	Result of samples:	Satisfactory
Type of Storage:		Date of sample:	June 24, 2020
Comments:			

Satisfactory Construction: YES on DATE: June 17, 2020

Well Approved for Use: YES on DATE: June 29, 2020

Comments:

Signed: *Christina Henriksen* DATE: June 29, 2020
 Name: Christina Henriksen, Title: Environmental Health Specialist, Sr.



1775 Erickson Avenue
Harrisonburg, VA
22801

Phone: (540) 433-2611
Fax: (540) 433-8838

STATE CERTIFIED IN BACTERIAL ANALYSIS OF DRINKING WATER

VA Lab ID # 00206

Order Number: 01-744315		SAMPLE COLLECTION INFORMATION*			
SAMPLE OWNER INFORMATION*		Date: 6-23-20	Time: 10:30 AM PM	Collected by: R.C.O.	CI Residual: _____ mg/l
Name: Jeremy Fuller		CHAIN OF CUSTODY*			
Street Address: 2897 Long Pump Rd		Relinquished by: R.C.O.	Received by: JMK	Date: 6-23-20	Time: 11:34 AM PM
City: Rockingham	State: VA	Zip: 22800	Relinquished by:	Received by:	Date: _____ Time: _____ AM PM
Phone: (540) 433-3233	Fax: (optional) _____		Relinquished by:	Received by:	Date: _____ Time: _____ AM PM
SAMPLE COLLECTION LOCATION*		TEST(S) REQUESTED*			
Street Address or Legal Description: same as above		<input checked="" type="checkbox"/> Bacteria - Sample must be collected in IDEXX 100 mL bottle <input type="checkbox"/> Standard Chemical Analysis - any clean bottle acceptable <input type="checkbox"/> Other: _____			
Zip: _____	County: _____				
Does this well serve the public? Yes No		LABORATORY RESULTS			
If yes, PWSID #: _____		Colisure - Presence / Absence Method (SM 9223)			
WELL CONSTRUCTION		<input checked="" type="checkbox"/> Safe (Coliform Absent) <input type="checkbox"/> Unsafe (Total Coliform) <input type="checkbox"/> Unsafe (<i>E. coli</i>) <input type="checkbox"/> Invalid (Submit another sample)			
Date Constructed: 6/18/20	Permit #: 182-19-0365				
Tax ID #: 80-A-16J					
Construction Method: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Other: _____		Chemical Analysis			
SAMPLER INFORMATION		Hardness: _____ gpg			
Company: Valley Custom Homes	Contact: Tim Doolan	TDS: _____ mg/l			
Street Address: 2040 Deyerle Ave Suite 205		Iron: _____ mg/l			
City: Harrisonburg	State: VA	Zip: 22801	Manganese: _____ mg/l		
Phone: (540) 433-3233	Fax: (540) 574-0909	Nitrates: _____ mg/l			
COMMENTS / ADDITIONAL INFORMATION		pH: _____			
Email results to: terrym@valleyhomesusa.com		Other: _____			
		CI Res @ Lab: 0	Lab Use Only		1 2 3 F: F
Test Rec'd Date: 6-23-20	Time: 3:00 AM PM	Initial: LR	Test Start Date: 6-23-20	Time: 3:50 AM PM	Legal: LR
Test Read Date: 6-24-20	Time: 4:00 AM PM	Initial: LR	Test Disposal Date: 6-24-20	Time: 4:05 AM PM	Legal: LR

* indicates required field

Commonwealth of Virginia Uniform Water Well Completion Report

Owner: Jeremy Fuller Tax Map ID: 80(A) 16J
 Address: 518 Graves Rd VDH Permit: 182-14-0365
Mazison VA 22707 WVCS Permit: _____
 Phone: _____ WVCS ID: _____
 Location: _____ County: Rock

*** Well Data ***

General Information
 Drilling Method: ROTARY-AIR
 Depth to Bedrock: 119
 Static Water Level: 80'
 Well Disinfected (Y or N): N

Date Completed: 5/8/20
 Yield: 20 (GPM)
 Stabilized Water Level: _____
 Disinfectant Used: _____

Total Depth of Well: 425'
 Length of Test: 1 hr or less
 Natural Flow (Rate): _____
 Annular Used: _____

Casing From +1 To 125
 Size: 6 5/8 Material: Steel
 Weight/Schedule: 0.155

From _____ To _____
 Size _____ Material _____
 Weight/Schedule _____

From _____ To _____
 Size _____ Material _____
 Weight/Schedule _____

Gravel Pack From _____ To _____

From _____ To _____

From _____ To _____

Grout From 0 To 60
 Bore Hole Size _____ to _____
 Type: Bentonite
 Method: Pressure Pump

From _____ To _____
 Bore Hole Size _____
 Type _____
 Method _____

From _____ To _____
 Bore Hole Size _____
 Type _____
 Method _____

Water Zones or Screened Intervals
 From _____ To _____
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

From _____ To _____
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

From _____ To _____
 Mesh Size _____ Diam _____
 From _____ To _____
 Mesh Size _____ Diam _____

*** Use Data ***

Private Well: Domestic Agricultural _____ Industrial _____ Monitoring _____
 Public Well: Community _____ Non-community _____

*** Abandonment Information ***

Bored or Dug Wells
 Casing Removed, Y or N? _____
 If Y, Depth to which casing was removed: _____
 Depth and Type of Fill: _____
 Source of Fill: _____
 Bentonite Plugs: From _____ to _____ From _____ to _____
 Method of permanently marking location: _____

Wells other than Bored Wells
 Casing removed, Y or N? _____
 Depth to which casing was removed: _____
 Applicable, depth(s), and type of gravel/sand fill: _____
 Source of gravel or sand: _____
 Cement: From _____ to _____ From _____ to _____

RECEIVED

JUN 25 2020

Harrisonburg/Rockingham
Health Dept.

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0-70	Clay/ Hardpan	
70-90	L.S.	
90-119	Broken L.S.	
119-290	limestone	
290-291	H ₂ O (2 gpm)	
291-370	L.S.	
370-371	H ₂ O (2 gpm)	
371-409	L.S.	
409-410	H ₂ O (~15 gpm)	
410-425	L.S.	

RECEIVED
 JUN 25 2020
 Harrisonburg/Rockingham
 Health Dept.

(Use Additional Sheets if necessary)

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Name Virginia Well Drilling + Pump Co., LLC
 Address P.O. Box 7
194 Crawford VA 22841
 Phone 540-426-1167
 Drillers Signature [Signature]
 Date _____ Representing VA well pump
 Virginia Contractors License Number 2705-110921A

Completion Statement

Commonwealth of Virginia
State Department of Health

RECEIVED
JUN 17 2020
Harrisonburg/Rockingham
Health Dept.

Health Department
Identification Number 182-19-0365
Rockingham - H'burg Health Department

Name of Company/Corporation/Individual: VALLEY CUSTOM HOMES
Address: 2040 DEVERLE AVENUE SUITE 205
HARRISONBURG, VA. 22801 Telephone: 540-433-3233

Owner's Name KELLY SAMPSON
Owner's Address 1992 GRAVELS RD. ROCKINGHAM, VA, 22802

Location of Installation: Lot _____ Block _____

Section _____ Subdivision: N/A

Other: TAX MAP #80-A160 1.632 AC. / LONG PUMP RD. LINVILLE

I Hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) JAN. 9 2020 and is compliance with Part D of the Sewage Handling and Disposal Regulation and when appropriate the plans and specifications of the project.

5-11-20
Date

Roger C. Osborne - INSTALLER
Signature and Title
ID # 1944001029

OSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 182-19-0365 Tax Map: 80-A-16J

Rockingham Health Department

Name of OSE/PE: Brad Williams License Number: 1940001238

Address: 707 Woods Rd Rockingham, Va Telephone: 540-578-3260

Contractors Name Valley Custom Homes

Owner's Name: Jeremy Fuller

Owner's Address: 518 Graves Rd Madison, Va. 22727

Location of Installation: Subdivision: Long Pump Rd Linville Section: _____ Block: _____ Lot: _____

Other: _____

Inspection Results

Component	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	3B well located 85' from drainfield and 30'+ from UN-TERMITE Treated hose	5/11/20
Building Sewer	4" sch 40 w/ clean-out next to house	5/11/20
Septic Tank	1000 gallon top concrete tank	5/11/20
Inlet-Outlet Structure	Inlet and outlet T's w/ 2" fall	5/11/20
Pump and Pump Station	NA	
Conveyance Method	Gravity 4" sch 40	5/11/20
Distribution Box or Pressure Manifold	2-Concrete 8 hole boxes 1-4 hole splitter box w/ levelers	5/11/20
Header, Conveyance, Return, etc. Lines	4" smooth bore 1500lb w/ adequate fall	5/11/20
Percolation Lines, Drip Chambers, etc.	4" smooth pvc drain tile	5/11/20
Absorption Trenches and Dispersal Field	8-3'X80' Gravel trenches w/ approx. 3" of fall 9' centers 20" deep	5/11/20
(Other Components: treatment unit, etc.)		

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JUN 17 2020

Harrisonburg/Rockingham
Health Dept.

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary.

OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 182-19-0365 Tax Map: 80-A-16J

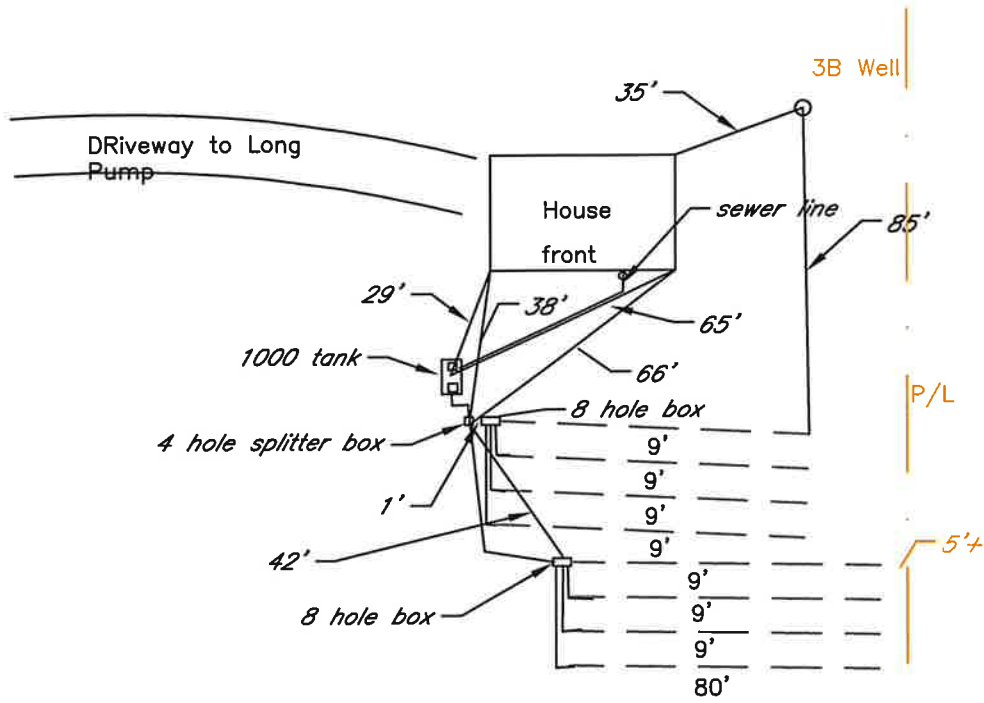
Triangulate critical system components to fixed reference points.

Check here if as-built drawing is on a separate page attached to this form
(Attachment must display Health Dept. Identification Number, tax map number, and must be signed and dated by AOSE/PE).

I hereby certify that on 5/11/20 (date), I, or an employee under my direct supervision, inspected this sewage system's construction. The onsite sewage system has been installed and completed in accordance with the construction permit issued on 1/11/20 (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), the *Regulations for Alternative Onsite Sewage Systems* (12VAC5-613 et seq), when applicable, the *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

OSE/PE Signature: Brad Williams Date: 5/12/20

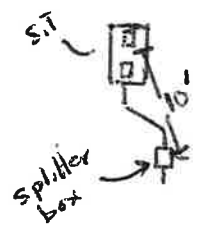
Print Name: Brad Williams OSE# 1940001238



100% Res Area
House Will NOT be Termite treated

182-19-0365

Jeremy Fuller
Long Pump Rd
TM# 80-A-16J



1"=50'

5/12/20

Brad Williams

Brad Williams
Ose 1940001238



Rockingham-Harrisonburg Health Department
110 North Mason St
Harrisonburg, VA 22801
520-574-5200 Voice
540-574-2831 Fax

OSE Construction Permit

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

January 7, 2020

**FULLER, Jeremy M.
& Lauren E.L.**
518 Graves Rd.
Madison, VA 22727

RE: TBD Longs Pump Rd., Linville VA 22802
Tax Map: 80(A) 16J (1.632 Ac) (Rockingham County)
HDID: 182-19-0365 Reserve: 100% reserve area provided
System Capacity: Residential, 450 gallons per day, 3 Bedroom

Dear Jeremy and Lauren Fuller:

This letter and the attached drawings, specifications, and calculations (**11 pages**) dated **December 5, 2019** constitute your permit to install 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"), sewage system design, and the well were certified by **Brad Williams, AOSE** 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 Rockingham-Harrisonburg 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 **Rockingham-Harrisonburg 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 **Rockingham-Harrisonburg 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 **Rockingham-Harrisonburg 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.

This permit expires: **June 11, 2021**

Sincerely,



Christina Henriksen
Environmental Health Specialist, Sr.
Rockingham-Harrisonburg Health Department

CC: Brad Williams, AOSE

**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 with Sewage System Installer License Number** 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 YOUR PERMIT IS FOR A SEPTIC SYSTEM AND WELL; TO GET YOUR
WELL RECORD OF INSPECTION YOU WILL 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 Rockingham-Harrisonburg Health Department at (540)574-5200

PERMIT TRANSFER FORM
FOR
PRIVATE WELL AND ONSITE SEWAGE SYSTEM CONSTRUCTION PERMIT

Commonwealth of Virginia
Virginia Department of Health

ROCKINGHAM - HARRISON BUREAU Health Department

Health Department Identification Number 182-19-0365

Name of New Owner: JEREMY M. FULLER + LAUREN E. L. FULLER

Address of New Owner: 518 GRAVES RD, MADISON, VA 22727

New Owner Phone Number: (540) 948-3439

System Address: TBD LONGS PUMP RD, LINVILLE, VA 22842

Tax Map Number: 80(A) 16J

I certify the conditions such as house location, sewage system location, sewerage system location, well location, topography, drainage ways, or other site conditions have not changed from those shown on the application and conditions have not changed from those shown on the construction permit.


New Owner Signature

01/03/20
Date



Rockingham-Harrisonburg Health Department
110 North Mason St
Harrisonburg, VA 22801
520-574-5200 Voice
540-574-2831 Fax

OSE Construction Permit

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

December 11, 2019

SAMPSON, Kelly
1992 Gravels Rd.
Rockingham, VA 22802

RE: TBD Longs Pump Rd., Linville VA, 22802
Tax Map: 80(A) 16J (1.632 Ac) (Rockingham County)
HDID: 182-19-0365 Reserve: 100% reserve area provided
System Capacity: Residential, **450** gallons per day, **3** Bedroom

Dear Kelly Sampson:

This letter and the attached drawings, specifications, and calculations (**11 pages**) dated **December 5, 2019** constitute your permit to install 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"), sewage system design, and the well were certified by **Brad Williams, AOSE** 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 Rockingham-Harrisonburg 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 **Rockingham-Harrisonburg 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 **Rockingham-Harrisonburg 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 **Rockingham-Harrisonburg 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.

This permit expires: **June 11, 2021**

Sincerely,



Christina Henriksen
Environmental Health Specialist, Sr.
Rockingham-Harrisonburg Health Department

CC: Brad Williams, AOSE

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 with Sewage System Installer License Number** to the local Health Department after installation.

IF YOUR PERMIT IS FOR A SEPTIC SYSTEM AND WELL; TO GET YOUR WELL RECORD OF INSPECTION YOU WILL 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 Rockingham-Harrisonburg Health Department at (540)574-5200

Level I & II Review Form

Tax Map#: 80(A) 16J
HDID: 182-19-0365
Reviewer: Christina Henriksen

Print Form Date: December 11, 2019

Level I Review

Date of Level I Review:	IN¹	OUT²	N. O.³	N. A.⁴	Comments
Location					
Site features affecting well & septic system location identified	X				Adjacent df within 80' of proposed well
Landscape position indicated	X				Sideslope
Absorption Area	X				
House site located	X				
Other:					
Separation distance adequate	X				
Adequate triangulation / scale	X				Survey plat included proposed DF and well meet all req'd setbacks
Depth					
Limiting factors (or lack of) noted	X				
Depth adequate for slope	X				13% slope, 20" install specified
Depth adequate for limiting factors	X				
Timed-Dosing specified (if required)				X	
Capacity					
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

Commonwealth of Virginia

Application for: Sewage System Water Supply

VDH Use only
Health Department ID# 182-19-0365
Due Date _____

Owner Kelly Sampson
Mailing Address 1992 Gravels Rd
Rockingham, Va. 22802
Agent Brad Williams
Mailing Address 707 Woods Rd
Rockingham, Va. 22801
Site Address Long Pump Rd Rockingham, Va

Phone 540-271-1737
Phone _____
Fax _____
Phone 540-578-3260
Phone _____
Fax _____
Email racing1549@comcast
.net

Directions to Property: 400' south of Rt 721 directly across from Rt 948
Subdivision _____ Section _____ Block _____ Lot _____
Tax Map 80-A-16J Other Property Identification _____ Dimension/Acreage of Property 1.632

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

Will any buildings within 50' of the proposed well be termite treated? Yes No

Well Type (e.g. domestic use, agricultural, irrigation, etc.) Domestic Use

All Applicants

Is this property indeed 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.

Brad Williams
Signature of Owner/ Agent

12/5/19
Date

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

DEC 4 2019

CK 143/079831

OSE/PE Report For:



Construction Permit



Repair Permit



Voluntary Upgrade Permit



Certification Letter



Subdivision Approval

Property Location:

911 Address: Long Pump Rd City: Rockingham

Lot Section Subdivision

GPIN or Tax Map # 80-A-16J 1.632 Ac. Health Dept ID # 182-19-0365

Latitude Longitude

Applicant or Client Mailing Address:

Name: Kelly Sampson

Street: 1992 Gravels Rd

City: Rockingham State Va. Zip Code 22802

Prepared by:

OSE Name Brad Williams License # 1940001238

Address 707 Woods Rd

City Rockingham State VA Zip Code 22801

PE Name License #

Address

City State Zip Code

Date of Report Date of Revision #1

OSE/PE Job # Date of Revision #2

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

Pg 1- 2 Owner Appl. OSE

Pg 7-8-9 Soils and sketch

Pg 3-4 Well Specs Sew design

Pg 10-11 Cert Stat and Plat

Pg 5-6 Drawing & Const. notes

Attach 50' well stat

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 (12VACS-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 potential for both conventional and alternative onsite sewage systems has been discussed with the owner/applicant.

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 Brad Williams Date 12/5/19

Well Specifications

VDH Use Only HDIN: <u>182-19-0365</u>

Applicant Information	
Name: <u>Kelly Sampson</u>	Address: <u>1992 Gravels Rd</u>
Phone: <u>540-271-1737</u>	<u>Rockingham, Va. 22802</u>
Location Information	
Tax Map/GPIN #: <u>80-A-16J 1.632 Ac</u>	Property Address: <u>Long Pump Rd</u>
Subdivision: _____	Section: _____ Block: _____ Lot: _____
Directions: <u>11N to left(west) on Rt 721 to pvt drive directly across(south) from Rt 948</u>	
General Information	
Well Purpose (select all that apply): <input checked="" type="checkbox"/> Domestic Drinking Water <input type="checkbox"/> Agricultural	
<input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial/Commercial <input type="checkbox"/> Geothermal	
Well Class: <u>3B Well</u>	Minimum Casing Depth: <u>50'</u> ft.
Estimated Water Usage: <u>450</u>	Minimum Grout Depth: <u>50'</u> ft.
Horizontal Setbacks	
Distance from Building Sewer: <u>70'+</u> ft.	Distance from Pretreatment Unit(s): <u>70'+</u> ft.
Distance from Conveyance System: <u>70'+</u> ft.	Distance from Absorption Area: <u>110'+</u> ft.
Distance from Property Line: <u>5-10'</u> ft.	Distance from foundations: <u>50'</u> ft.
Distance from other source(s) of contamination: <u>80'</u> ft.	
List other source(s): <u>Neighbors Drainfield</u>	
Note: _____	

System Specifications

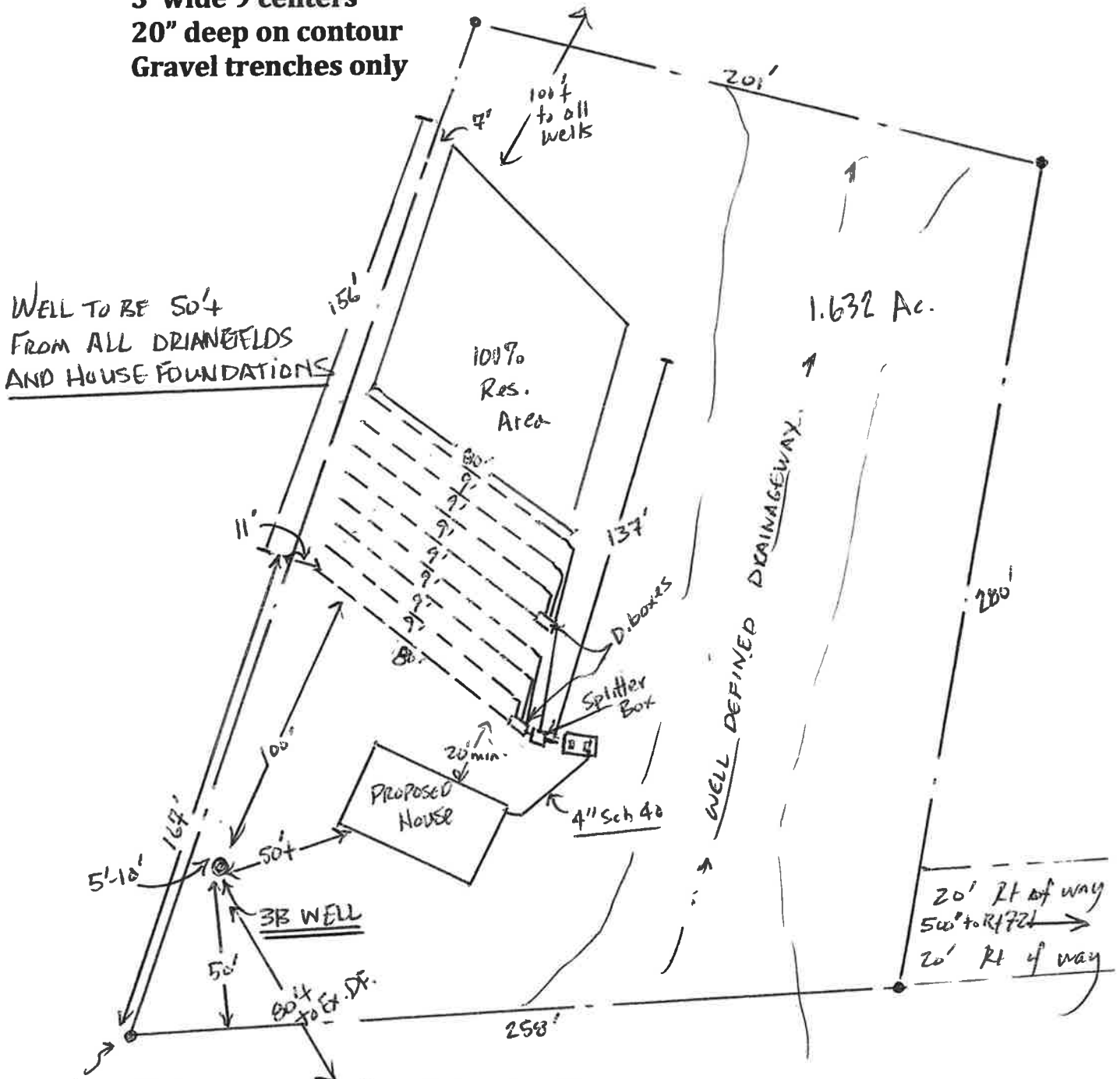
VDH Use Only
HDIN: 182-19-0365

Application Information	
Name: <u>Kelly Sampson</u>	Address: <u>1992 Gravels Rd</u>
Phone: <u>540-271-1737</u>	<u>Rockingham, Va</u>
Location Information	
Tax Map/GPIN #: <u>80-A-16J 1.632 Ac.</u>	Property Address: <u>Long Pump Rd</u>
Subdivision: _____	Section: _____ Block: _____ Lot: _____
Directions: <u>South side of Rt 721 across from Rt 948</u>	
General Information	
Property Type (e.g. residential): <u>Residential</u>	Number of Bedrooms: <u>3</u>
Daily Flow: <u>450</u> gpd	Conditions: _____
Notes: <u>Previously issued permit from Alan Howard 2003 and renewed in 2007</u>	
Sewer Line	
Diameter: <u>4</u> in. Material: <u>sch 40</u> (or equivalent) Notes: _____	
Pretreatment Unit(s)	
Treatment Level: <u>Primary</u>	Septic Tank Capacity: <u>1000</u> gallons
Number of Septic Tanks <u>1</u>	Size of Septic Tank(s) <u>1000</u> gallons
Per the Sewage Handling and Disposal Regulations, check which option(s) chosen:	
<input checked="" type="checkbox"/> Septic tank with inspection port <input type="checkbox"/> Septic tank with effluent filter <input type="checkbox"/> Reduced maintenance septic tank	
Secondary treatment device(s), if applicable: _____	
Notes: _____	
Conveyance Line	Distribution Method and Header Lines
Conveyance Method: <u>Gravity</u>	Distribution Method: <u>Distribution box</u>
If pumping, include pump specifications sheet.	No. of boxes: <u>1</u> No. of outlets: <u>8</u>
Material: <u>sch 40</u> Diameter: <u>4</u>	Surge or splitter box required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Notes: _____	Header Line Material: <u>1500 lb</u>
Percolation Lines/Absorption Area	
Dispersal Method (e.g. laterals, pad, mound): <u>trench</u>	
If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet.	
No. of laterals/pads: <u>8</u> Length of lateral(s)/pad(s): <u>80</u> ft. Width of lateral(s)/pad(s): <u>36</u> in.	
Center to center spacing: <u>9</u> ft. Installation depth: <u>20</u> in. Aggregate depth: <u>13</u> in.	
Size/Type of Aggregate: <u>#5 stone</u> Lateral/pad slope: <u>2-4</u> in. per <u>100</u> ft.	
Reserve Area Provided: <u>100</u> % Notes: <u>8X 100'X3' takes up 63' X 100' X 2(100%RA) = 135' X 100' required w/ 100%</u>	
Site provides 137' X 100'	
Please Note: _____	

Constuction Drawing
Name: Kelly Sampson

Hd Id# 182-19-0365
Tax Map#80-A-16J

Install 8 X 80' ditches
3' wide 9' centers
20" deep on contour
Gravel trenches only



WELL TO BE 50'± FROM ALL DRAINFIELDS AND HOUSE FOUNDATIONS

Well to be cased and grouted a min. 50'
Cover Gravel w/ paper or straw before backfilling
**** Call Brad Williams @ 540-578-3260 if there are any question****

1" = 50'

Dated: 12/5/19
Peak Environmental Services

Signed: Brad Williams
Brad Williams AOSE
#1940001238
Peak Environmental LLC

Construction Notes

1. Contact Peak Environmental Brad Williams 24 hours prior to Installation or if you have any questions 540-578-3260
2. Gravel trenches only.
3. Top Seam tanks recommended.
4. Direct Gutters and run-off as well as water softners away from drainfield
5. Pump Septic Tank conventional systems every 3-5 years.
6. Drainfield and surrounding area shall be free of hydrophilic Trees(Maples,Willows,Poplar,etc.) and bushes which may clog drainfield with roots.

7. DO NOT INSTALL DRAINFIELD OR COVER DRAINFIELD IN WET CONDITIONS. Call if there are any questions.

Site and Soil Evaluation Report

VDH Use Only
 HDIN: 182-19-0365

General Information

Date: 12/3/19 Rockingham County Health Department
 Owner: Kelly Sampson Phone: 540-271-1737
 Owner Address: 1992 Gravels Rd Rockingham, Va. 22802
 Property Address: Long Pump Rd Linville
 Tax Map/GPIN #: 80-A-16J 1.632 Ac.
 Subdivision: na Section: _____ Block: _____ Lot: _____

Soil Information Summary

1. Position in landscape satisfactory: Yes No Describe landscape position: sideslope
 2. Slope: 13%
 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): 46+ inches Not observed
 6. Soil percolation rate estimated: Yes No Estimated rate: 75 min/in at 20 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: Brad Williams OSE 1940001238
 Signature: *Brad Williams*

Site approved: Trenches (describe dispersal area, e.g. absorption trenches) dispersing primary (proposed level of treatment at time of evaluation) to be placed at 20 (inches) depth at site designated on permit. Site provides a total of 3840 square feet of absorption area for primary and reserve (if applicable).

 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: 12/3/19

Profile Description

SOIL EVALUATION REPORT

Property ID: 80-A-16J 1.632 Ac. Sampson

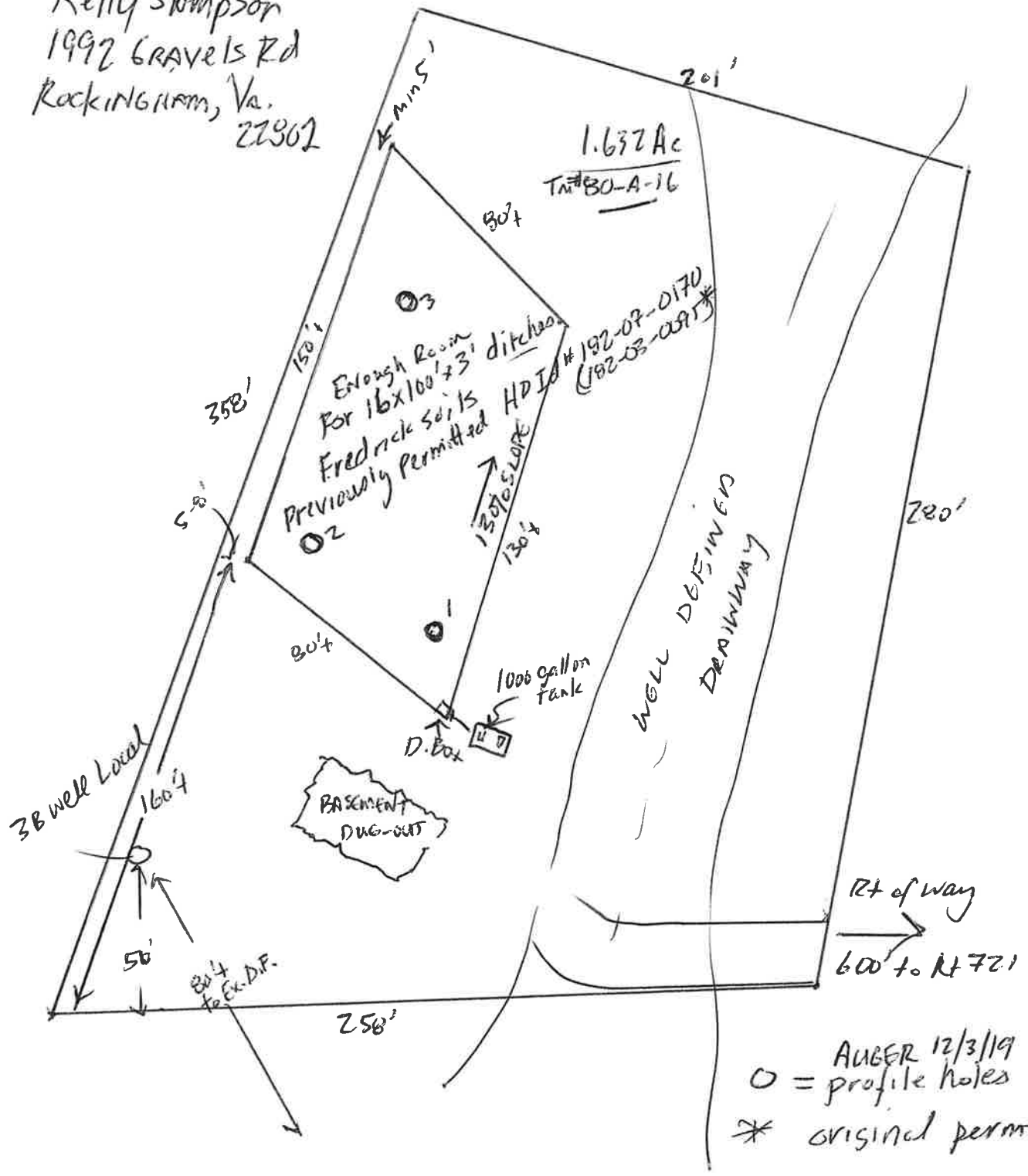
Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private Onsite Soil Evaluator or Professional Engineer, location 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
1	Ap	0-4	5YR 4/2 Dk Reddish Br SL	II
	E	4-12	7.5YR 5/4 Brown SCL loose friable 45 rate	II
	Bt1	12-26	5YR 5/6 Yellowish Red SiCL Good SAB structure uniform color well drained <70 rate	III
	Bt2	26-46	7.5YR 5/6 Str. Br w/ 2.5YR 4/8 Red mottled SiCL SAB denser w/ depth and paler colors 75+ rate	III
2	Ap	0-4	5YR 4/2 Dk Reddish Br SL	II
	EB	4-18	7.5YR 5/6 Str Br w/ 6/2 pinkish gr SL 45 rate Granular w/ discontinuous compaction	II
	Bt1	18-26	5YR 5/6 Yellowish Red SiCL Good SAB structure uniform color <70 rate	III
	Bt2	26-44	7.5YR 5/6 Str. Br w/ 2.5YR 4/8 Red mottled SiCL SAB denser w/ depth and paler colors 75+ rate	III
3	Ap	0-3	5YR 4/2 Dk Reddish Br SL	II
	E	3-10	7.5YR 5/4 Brown SCL loose friable 45 rate	II
	Bt1	10-28	5YR 5/6 Yellowish Red SiCL Good SAB structure uniform color <70 rate	III
	Bt2	28-44	7.5YR 5/6 Str. Br w/ 2.5YR 4/8 Red mottled SiCL SAB denser w/ depth 75 rate	III
Typic Fredrick soils with common chert seams NO solid Rock				

REMARKS: _____

Kelly Simpson
1992 GRAVELS RD
Rockingham, Va.
22861



SITE SKETCH

1" = 50'
Brad Williams
OSE # 1940001238

Certification Statement
Sampson

County: Rockingham Date: 12/5/19 Prop. Id # 80-A-16J

**Certified /Submitted by: Brad Williams Peak Environmental
Services LLC.**

This is to certify according to Sec. 32.1-163.5 of the code of Virginia that the work submitted for the referred property is in accordance of and in compliance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health .

I recommend a Construction Permit be Approved

Brad Will

**AOSE # 1940001238
Brad Williams
Date: 12/5/19**

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 were conducted in accordance with the Sewage Handling and Disposal Regulations (12VAC 5-610-10 et seq., the "Regulations) and the policies of the Virginia Department of Health for implementation of the Regulations. Furthermore, I certify that the evaluations and design comply with the minimum requirements of the regulations.

I recommend a Certification Letter be Approved

Licensed PE: _____

SEAL:

Date: _____

**Addendum to AOSE/PE Certification Statement
For Private Well Construction Permit**

Instructions: Please check one box in 1-3 below. Statement templates for item #2 and #3 are on the following pages.

The proposed well site shown herein,

1. Is located a minimum of 50 feet from all property lines.
2. Is located within 50 feet of the adjacent property line(s) but I have determined that the adjacent property is not used for an agricultural operation.
- i. Written affirmation from the adjacent property owner(s) that their property is not used for an agricultural operation.
- ii. Other confirmation that land use is not an agricultural operation, please describe: *No Agriculture adjacent to property!* *JBW*
3. Is located within 50 feet of an adjacent property line where the property is used for an agricultural operation. For confirmation, I have attached the appropriate documentation pursuant to § 32.1-176.5:2 of the *Code of Virginia*. (check one below)
- i. Written permission from the adjacent property owner(s) for the well construction.
- ii. I certify that no other site on the property complies with the Board's Regulations for the construction of a private well.

TAG SHEET FOR SEPTIC/WELL APPLICATIONS

OWNER'S NAME: Sampson, Kelly
Last First

HD ID #: 182-19-0365

EHD SEWAGE TREATMENT SYSTEM ID#: 165-STS-333828

EHD WATER WELL MANAGER ID#: 165-WW-174030

RECEIPT#: 079831 CHECK#: 143 AMOUNT: \$525.00

AOSE APPLICATION? Yes No TYPE OF APPLICATION: Septic/well

PAID BY: MASTERCARD VISA ENDING IN: _____ APPROVAL CODE: _____
(Circle One) (Last 4 digits of card #) (CC Receipt)

	<u>INITIALS</u>	<u>DATE</u>
Application Received/Reviewed / Fee Determined & Collected		
Assigned to: <u>Christina H.</u> Environmental Health Specialist	<u>AF</u>	<u>12/4/19</u>
Site Visit Scheduled:	_____	_____
Site Visit Made:	_____	_____
Follow-up Visit:	_____	_____
Issue/Deny Drafted:	<u>CMH</u>	<u>12/10/19</u>
Issue/Deny Reviewed and Countersigned by Supervisor:	_____	_____
Issue/Deny Mailed:	_____	_____
Comments: _____		

inactive



Rockingham-Harrisonburg Health Department
P. O. Box 26
Harrisonburg, Virginia 22803
(540) 574-5200 Voice
(540) 574-2831 Fax

Septic Tank - Soil Absorption System Construction Permit

Health Department ID Number: 182-07-0170

Owner / Agent Information	
Owner: Sampson, Kelly T. 1992 Gravels Road Harrisonburg, Virginia 22802 Owner Phone: (540) 833-8770	
Location Information	
Property Address: Rt. 721 Locality: Rockingham Directions: South side Rt. 721 at 948 in R/W .1 mile	Tax Map: 80(A)16
General Information	
System Type: septic tank effluent and drainfield Type of Property: Residential	Daily Flow: 450 gallons Number of Bedrooms: 3 maximum
Sewer Line	Distribution Box Information
3" or 4" Sch. 40 PVC or equivalent (cleanouts required at 50' to 60' intervals)	No. of Boxes: 3 No. of Outlets: 5
Conveyance Line / Force Main Information	Header Line Information
Method: Gravity Distribution Box Material: Minimum crush strength 1500# Pipe Diameter: 4" Minimum Slope: 6" per 100' (only for non-pump)	ASTM F405 pipe or better (1500 # crush or equivalent) Minimum slope 2" per 100'
Septic Tank - Inlet Outlet Structure	Percolation Lines and Absorption Area
Capacity: 1000 gallons The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank	Slope: 2-4" per 100' Percolation Lines: 4" diameter Center to Center Spacing: 9' Installation Depth: 32" Depth of Aggregate: 13", Size of Aggregate: 0.5-1.5" Total Number of Laterals: 8 Laterals to be 75' long, x 3' wide Install 1800 Square Feet Total 100% Reserve Area Required for Future Repairs
Please Note:	

H

Construction Drawing HD ID #: 182-07-0170

Owner Information	
Sampson, Kelly T. 1992 Gravels Road Harrisonburg, Virginia 22802	Phone: (540) 833-8770

Construction Drawing
Schematic drawing of sewage disposal system and topographic features.

This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: Alan Howard ; Site Evaluation By AFH



Alan Howard

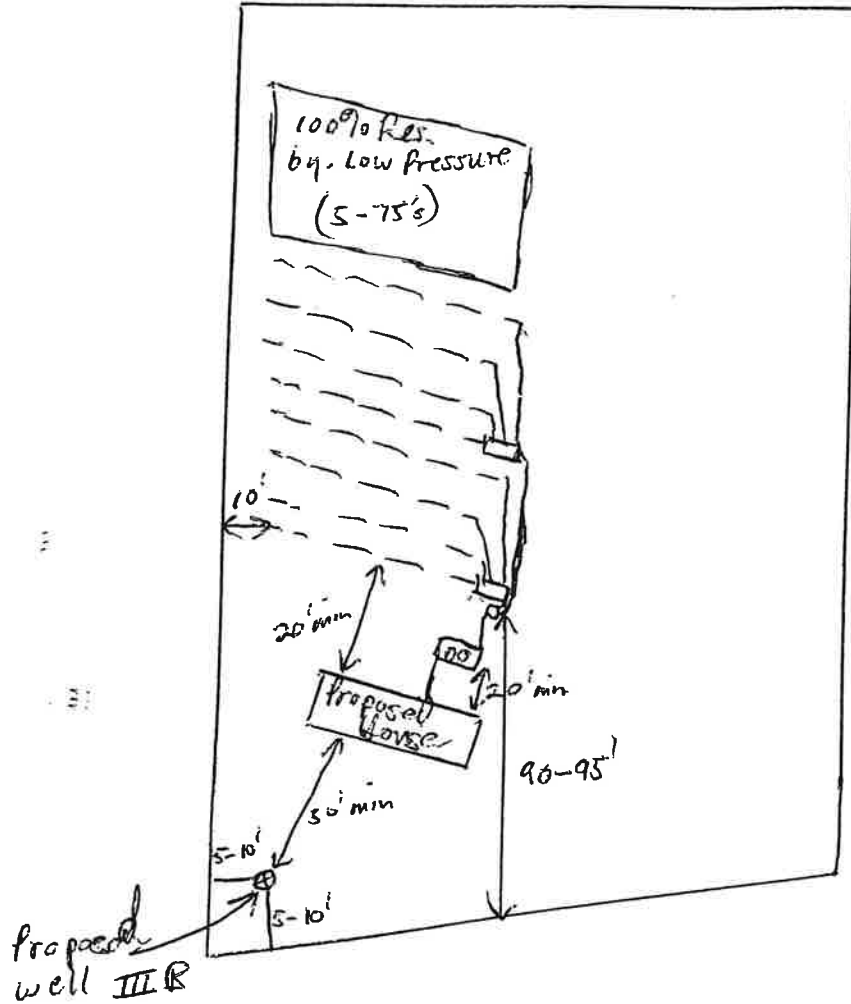
April 26, 2007
Issue Date

October 26, 2008
Expiration Date

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.



8-75' ditches
3' wide
9' center to center
32" deep
- install along contour



Rockingham-Harrisonburg Health Department
P. O. Box 26
Harrisonburg, Virginia 22803
(540) 574-5200 Voice
(540) 574-2831 Fax

Private Well Construction Permit
Health Department ID Number: **182-07-0170**

Owner / Agent Information		
Owner: Sampson, Kelly T. 1992 Gravels Road Harrisonburg, Virginia 22802 Owner Phone: (540) 833-8770		
Location Information		
Property Address: Rt. 721 Locality: Rockingham Directions: South side Rt. 721 at 945 in R/W .1 mile	Tax Map: 80(A)16	
General Information		
Well Class: Class IIIB	Minimum Casing Depth: 50 feet	Minimum Grout Depth: 50 feet

Comments:

This permit is issued based upon a site evaluation conducted by Alan Howard, EHS on . See following page for Construction Drawing.

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit 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.

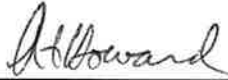
Well Construction Permit -- Drawing

HD ID #: 182-07-0170

Owner Information	
Sampson, Kelly T. 1992 Gravels Road Harrisonburg, Virginia 22802	Phone: (540) 833-8770

Construction Drawing
Scale drawing of the well site and related features.

Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.



Issued by: Alan Howard

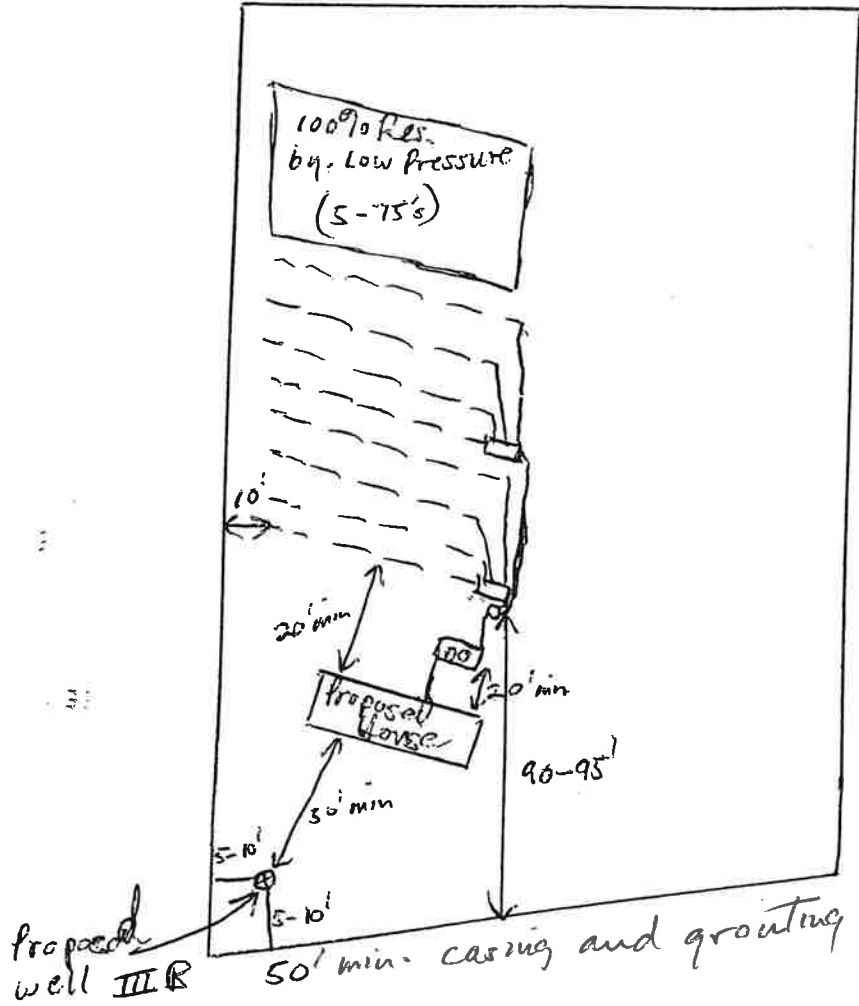
April 26, 2007
Issue Date

October 26, 2011
Expiration Date

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.



8-75' ditches
3' wide
9' center to center
32" deep
- install along contour

inactive

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Kham Co. Health Department

Health Department
Identification Number
Map Reference

182-03-91
80-A-16

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 Theodore Sager Telephone _____
 Address 2941 Longs Pump Rd Harrisonburg VA For a Type I Sewage Disposal System or Well to be constructed on/at South side Rt. 721 at 948 in P.W. - 1 mile
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use 450 gpd

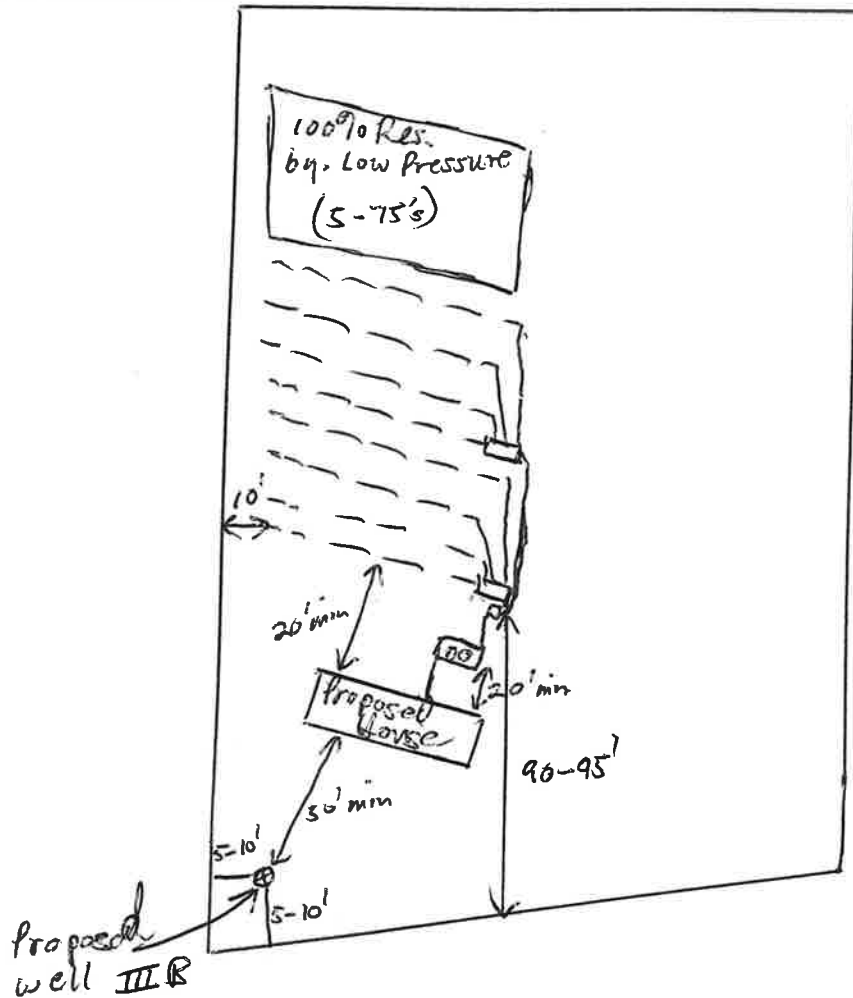
DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III B well</u> cased <u>50 min</u> grouted <u>50 min</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>3-4"</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
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
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 type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>See 2nd pg</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input 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 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 type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>1800</u> ; depth from ground surface to bottom of trench <u>32"</u> ; aggregate size <u>1/2-1 1/2"</u> Trench bottom slope <u>1" / 25'</u> center to center spacing <u>9'</u> ; trench width <u>36"</u> Depth of aggregate <u>13"</u> Trench length <u>75'</u> ; Number of trenches <u>8</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory Date _____ Inspected and approved by: _____ _____ 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.



8-75' ditches
 3' wide
 9' centers
 32" deep
 - install along contour

This sewage disposal system and/or water supply is to be constructed as specified by the permit X or attached plans and specifications _____.

This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 7/7/03 Issued by: Altward
 Sanitarian

Date: _____ Reviewed by: _____
 Supervisory Sanitarian

This Construction Permit Valid until
1/7/05

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 182-03-91
Tax Map Number 80-A-16

General Information

Date 4/24/03 Rhame Co. Health Department
Applicant _____ Telephone No. _____
Address _____
Owner Theodore Sager Address 2941 Longs Pump Rd Hburg Va
Location South side Rt. 721 at 948 in R/W #1
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe _____
2. Slope <10 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None
4. Depth to seasonal water table (gray mottling or gray color) No Yes _____ inches
5. Free water present No Yes _____ range in inches
6. Soil percolation rate estimated Yes Texture group I II III IV
No Estimated rate 75 min/inch
7. Percolation test performed Yes Number of percolation test holes _____
No Depth of percolation test holes _____
Average percolation rate _____
Name and title of evaluator: Alan Howard EHS
Signature: Alan Howard

Department Use

Site Approved: Drainfield to be placed at 32" 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 _____

