

NOTE: ASAP

320 HOSPITAL Dr.  
Suite 21,  
WARRENTON, 20186

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID SD-00-621

2/10/00  
2/10/00  
2/10/00  
Application to  
Newport dated  
12-6-00

To Be Completed By The Applicant

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

Owner JAMES E. B. CARNEY Address PO BOX 132 Phone (703) 969-0049  
THE PLAINS, VA 20198

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions of Property 721 (FREE STATE ROAD) OUT OF MARSHALL - TURN LEFT 3 MILES  
AT FREE STATE, PROPERTY 1/4 MILE ON LEFT (BETWEEN YELLOW HOUSE WITH POND & CABIN BY ROAD)

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Other Property Identification PARCEL A, BOOK 603, PAGE 742, TAX# 6958318851000

Dimension/size of Lot/Property 5.46848 ACRES - SEE ATTACHED PIAT

Other Application Information

I. Building/facility  New  Existing  
Intermittent Use  Yes  No If yes, describe \_\_\_\_\_

II. Residential Use  Yes  No  
Termite Treatment  Yes  No  
 Single Family  Multi-family  
(Number of Bedrooms     ) (Number of Units     )

Basement  Yes  No  
Fixtures in Basement  Yes  No

III. Commercial Use  Yes  No Describe: \_\_\_\_\_

Commercial/Wastewater  Yes  No  
Number of Patrons \_\_\_\_\_  
Number of Employees \_\_\_\_\_

If yes, give volumes and describe \_\_\_\_\_

IV. Water Supply:  Public  New  Existing  
 Private  New  Existing  
Describe: SPRING

V. Proposed Sewage Disposal Method:  
Onsite Sewage Disposal System:  Septic Tank Drainfield  LPD  Mound  Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

~~RENEWAL~~ OF PRIOR 3 BEDROOM DRAINFIELD - SEE #SD-88-0583  
(EXPIRED PERMIT ATTACHED) - NO CHANGES

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

[Signature]  
Signature of Owner/Agent 2/15/00  
Date

6958-31 - 885-1

Pin No. 6958-31-8851  
 Subd. \_\_\_\_\_  
 Old tax Map \_\_\_\_\_

**TAG SHEET**

NAME James Conway

Construction Permit   
 Remodeling \_\_\_\_\_

Lot Certification \_\_\_\_\_  
 Repair \_\_\_\_\_

	<u>INITIALS</u>	<u>DATE</u>
Application Received	<u>PLW</u>	<u>2-16-00</u>
Application Reviewed	<u>OM</u>	<u>2-16-00</u>
Fee Determination	<u>OM</u>	<u>2-16-00</u>
E.H.S. assigned to	<u>ST</u>	<u>2-16-00</u>
Site visit scheduled	_____	_____
Site visit made	_____	_____
Follow-up visit	_____	_____
Issue/Deny Drafted	_____	_____
Issue/Deny Reviewed	_____	_____
Issue/Deny Countersigned	_____	_____
Lot Cert placed in pending	_____	_____
E.H.S. signing plat	_____	_____
Lot Cert and/or permit picked up/mailed	_____	_____

*Application withdrawn -  
 Contact Picked up by  
 sign - 2/17/2000*

Void

# Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health  
Fauquier County Health Department

Health Department  
Identification Number SD-00-83  
Map Reference 6958-31-8851

### 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 Helen Richards Telephone 364-2960  
Address 5459 Freestate Rd, Marshall, 20115 For a Type W Sewage Disposal System or Well to be constructed on/at 17N-66W-721(S) L ON 721 AT INT W / 224 e 1/2 mile on left.  
Subdivision  Section/Block  Lot  Actual or estimated water use 450 GPD

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
<b>Water supply, existing:</b> (describe) _____ <b>To be installed:</b> class <u>III B</u> drilled well cased <u>50 min.</u> grouted <u>50 min.</u>	<b>Water supply location:</b> 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"/>
<b>Building sewer:</b> <u>4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input checked="" type="checkbox"/> Other <u>smooth pipe to tank &amp; box</u>	<b>Building sewer:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Septic tank:</b> Capacity <u>1000 +</u> gals. (minimum). <input checked="" type="checkbox"/> Other <u>no surface disposal</u>	<b>Pretreatment unit:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Inlet-outlet structure:</b> <u>8" inlet 18" outlet</u> PVC Schedule 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other <u>1" Fall Across Tees</u>	<b>Inlet-outlet structure:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Pump and pump station:</b> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: _____	<b>Pump &amp; pump station:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Gravity mains:</b> <u>4"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other <u>smooth pipe to box</u>	<b>Conveyance method:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Distribution box:</b> Precast concrete with <u>8 +</u> ports. <u>Surge Box with turned down flow</u> <input checked="" type="checkbox"/> Other <u>set on concrete pad or solid earth.</u>	<b>Distribution box:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Header lines:</b> 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 _____	<b>Header lines:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Percolation lines:</b> Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	<b>Percolation lines:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Absorption trenches:</b> Square ft. required <u>1400</u> ; depth from ground surface to bottom of trench <u>36"</u> ; aggregate size <u>1/2"-1 1/2"</u> ; Trench bottom slope <u>2"-4" per 100 FT.</u> ; center to center spacing <u>12'</u> ; trench width <u>2'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>100'</u> ; Number of trenches <u>7</u>	<b>Absorption trenches:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ Sanitarian	

3 Bedrooms

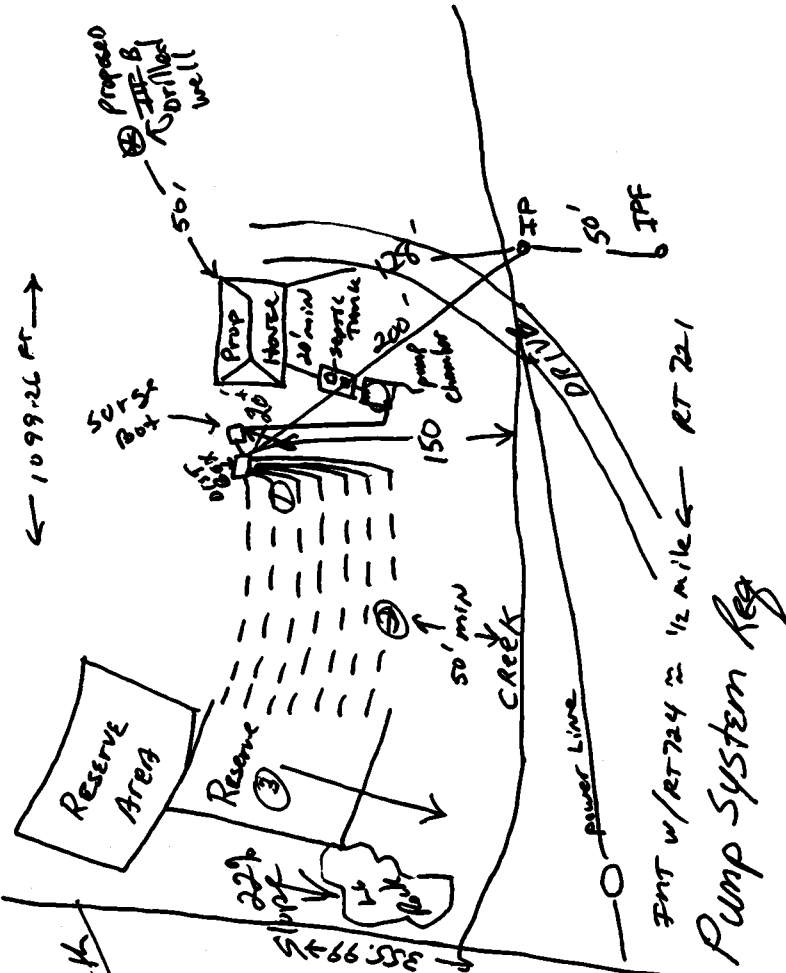
6958-31-8851

**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.

*Pin # 6958-31-8851*

The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



THE SYSTEM TO BE INSTALLED BY THE AUTHORITY OF THIS PERMIT MUST CONFORM TO THE FAUCIQUER COUNTY SANITATION AND/OR WELL ORDINANCES

- \* Drawing not to scale.
- \* Permit void if building location interferes with approved drainfield location.
- \* Designed for basement plumbing? yes no
- \* Drainfield to be 100+' from Class IIIC wells and 50' from all Class IIIA&B wells.
- \* Install 7 - 100' lines, ON CONTOUR, 2' wide trenches, on 12' centers.
- \* Install trenches 36" deep.
- \* No parking or driving on drainfield system
- \* Divert roof drains away from drainfield.
- \* No trees within 10' of system
- \* Pump septic tank every 3 - 5 years.
- \* No wet weather installation.

**PUMP SYSTEM REQUIREMENTS**

- \* Simplex / Duplex alternating pumps req'd.
- \* Install brass checkvalve.
- \* Install audiovisual high-water alarm in building in accessible location.
- \* PROVIDE PUMP SPEC SHEET AT INSP.
- \* Pump to deliver \_\_\_\_\_ gallons per cycle ( \_\_\_\_\_ " drawdown for a \_\_\_\_\_ gallon tank).
- \* Hardwire pump(s) unless exempted in writing by building official. Alarm on separate circuit.
- \* Connections mounted on ring EXTERIOR in watertight box w/master disconnect switch.
- \* Leave surge & d-boxes open for pump insp.

**WELL REQUIREMENTS**

- \* Install Class 3B well 50' away from drainfield, reserve, treated foundation and other structures.
- \* All well grouts to be witnessed by HD.
- \* Water to be tested for potability.

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

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: April 04, 2000 Issued by: Ronald K Bryant Sanitarian  
 Date: 04/04/00 Reviewed by: John T. Largent Supervisory Sanitarian

This Construction Permit Valid until April 04, 2001

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_

2/11/07  
Ad. 2-25-07  
2-24-07

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

Health Department ID SD-00-83

To Be Completed By The Applicant

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

Owner Helen Richards Address 5459 FREESTATE RD Phone 540-364-2960  
MARSHALL VA 20115

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions of Property See Attached

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block 8851 Lot \_\_\_\_\_

Other Property Identification 6958-31-00800

Dimension/size of Lot/Property 5.4685

Other Application Information

I. Building/facility  New  Existing  
Intermittent Use  Yes  No If yes, describe \_\_\_\_\_

II. Residential Use  Yes  No  
Termite Treatment  Yes  No  
 Single Family  Multi-family  
(Number of Bedrooms 3) (Number of Units \_\_\_\_\_)

Basement  Yes  No  
Fixtures in Basement  Yes  No

III. Commerical Use  Yes  No Describe: \_\_\_\_\_  
Commerical/Wastewater  Yes  No Number of Patrons \_\_\_\_\_  
Number of Employees \_\_\_\_\_

If yes, give volumes and describe \_\_\_\_\_

IV. Water Supply:  Public  New  Existing  
 Private  New  Existing  
Describe: \_\_\_\_\_

V. Proposed Sewage Disposal Method:  
Onsite Sewage Disposal System:  Septic Tank Drainfield  LPD  Mound  Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Helen Richards  
Signature of Owner/Agent 2-24-00  
Date

# Soil Evaluation Form

Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number SD-00-83  
Tax Map Number 6958-31-8851

### General Information

Date March 14, 2000 FAUQUIER County Health Department  
Applicant Helen Richards Telephone No. 540-364-2960  
Address 5459 FREESTATE RD. Marshall Va. 20115  
Owner SAME Address \_\_\_\_\_  
Location 17N-66W-RT 647 EXIT-7215 L on 721 at Fnt W/724  
Subdivision \_\_\_\_\_ Block/Section \_\_\_\_\_ Lot \_\_\_\_\_ 1/2 mile on left

### Soil Information Summary

1. Position in landscape satisfactory Yes  No  Describe \_\_\_\_\_
2. Slope 20-25%
3. Depth to rock/impervious strata Max. \_\_\_\_\_ Min. \_\_\_\_\_ None to 50"
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 50 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: Ron Barrett E.H.S.S.R. Agree with  
Signature: Ralph Ryan Chip Russell  
Soil Study Done on  
Application SD-88-0583  
RKB

### Department Use

- Site Approved: Drainfield to be placed at 36" 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 \_\_\_\_\_

Date of Evaluation 03-14-00

Profile Description  
**SOIL EVALUATION REPORT**

Health Department  
 Identification No. 50-00-83

Page 2 of 2

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 soil scientist, 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 site (See section 4) 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
(C)	A-	0-2	TOP SOIL	
	B	2-36	RBRCL 2.5 YR 4/4	3
	C	36-50	Pale Yellow Brown weathered Saprolite	2

Remarks: Soil work done on 7/16/88 by Chip Russell. Site NOT disturbed + therefore permit Renewed as issued IN 8/16/88 by Chip Russell. RKB

Pin No. 6958-31-8851

Subd. \_\_\_\_\_

Old tax Map \_\_\_\_\_

**TAG SHEET**

NAME Helen Richards

Construction Permit              
Remodeling           

Lot Certification             
Repair           

	<u>INITIALS</u>	<u>DATE</u>
Application Received	<u>BR</u>	<u>2-24-00</u>
Application Reviewed	<u>BR</u>	<u>2-24-00</u>
Fee Determination	<u>BR</u>	<u>2-24-00</u>
E.H.S. assigned to	<u>Ron JMS</u>	<u>2/28/00</u>
Site visit scheduled	_____	_____
Site visit made	<u>Ron</u>	<u>3/14/00</u>
Follow-up visit	_____	_____
<del>Issue/Deny Drafted</del>	<del>BR</del>	<del>4/4/00</del>
<del>Issue/Deny Reviewed</del>	<del>BR</del>	<del>4/4/00</del>
<del>Issue/Deny Countersigned</del>	<del>BR</del>	<del>4/4/00</del>
Lot Cert placed in pending	_____	_____
E.H.S. signing plat	_____	_____
Lot Cert and/or permit picked up/ <u>mailed</u>	<u>BR</u>	<u>4/5/00</u>



# Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

For Department Use Only

Health Department

Identification Number 50-88-0583

Map Reference 51/15

Health Department

000453

Date Received 5-12-88

## To Be Completed By The Applicant

Type sewage system:  New  Repair  Expanded  Conditional  
FHA/VA yes  no

Owner MARK KLOPP Address RT 2 Box 512 Phone 703-364-1130

MARSHALL VA 22115 397-7989

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to Property EAST SIDE RT 721 4 1/2 MILES SOUTH OF MARSHALL

Subdivision \_\_\_\_\_ Section 51 Block \_\_\_\_\_ Lot \_\_\_\_\_

Other Property Identification RED FLAGS ON PROPERTY LINES

Dimensions/size of Lot/Property 5 ACRES

### Other Application Information

I. Building/facility  New  Existing  
Intermittent Use  Yes  No If yes, describe: \_\_\_\_\_

II. Residential Use  Yes  No  
Termite Treatment  Yes  No  
Basement  Yes  No  
Fixtures in Basement  Yes  No  
Single Family  Multifamily Number of Units \_\_\_\_\_ Number of Bedrooms 3

III. Commercial Use  Yes  No Describe: \_\_\_\_\_

Commercial/Wastewater  Yes  No Number of Patrons \_\_\_\_\_ Number of Employees \_\_\_\_\_  
If yes, give volumes and describe \_\_\_\_\_

IV. Water Supply:  Public  New Describe: \_\_\_\_\_  
 Private  Existing \_\_\_\_\_

V. Proposed Installation:  Septic tank and drainfield  Other  
If other, describe \_\_\_\_\_

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Mark M Klopp  
Signature of owner/agent

12 MAY 88  
Date

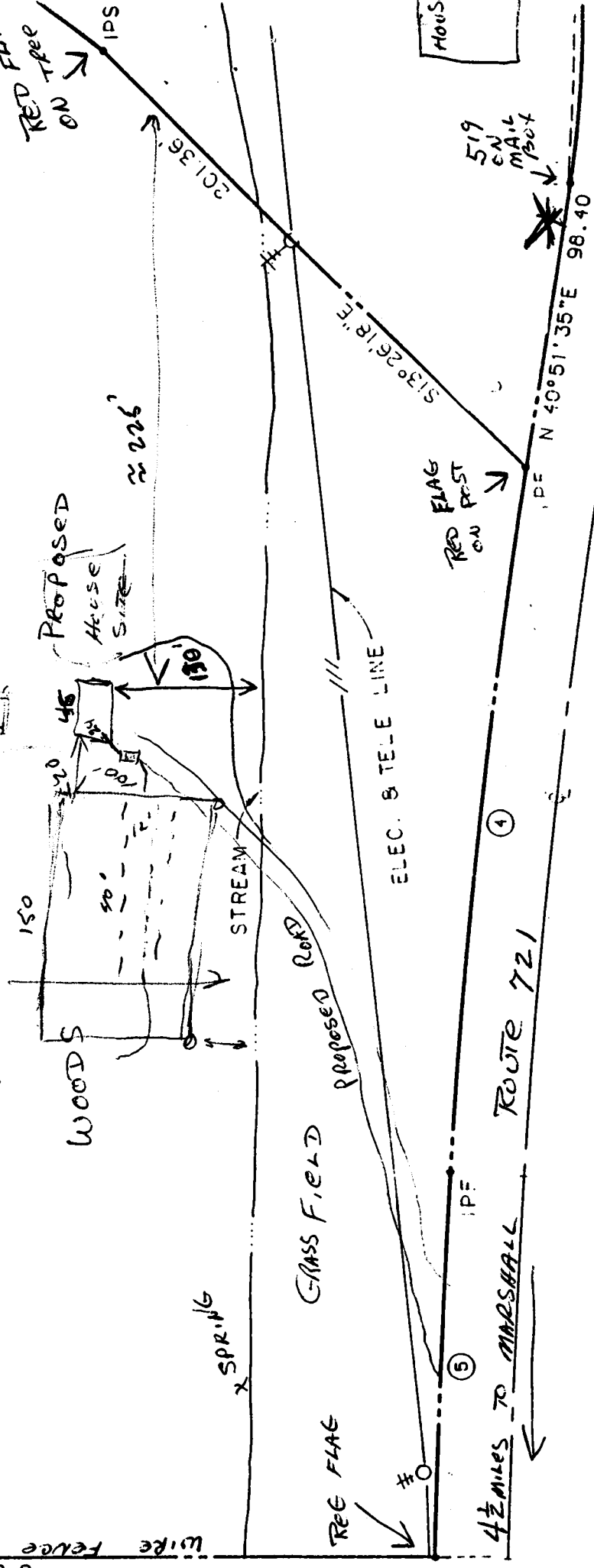
① 88-0583

# PARCEL "A"

241.1440 OR 5.53591 AC.

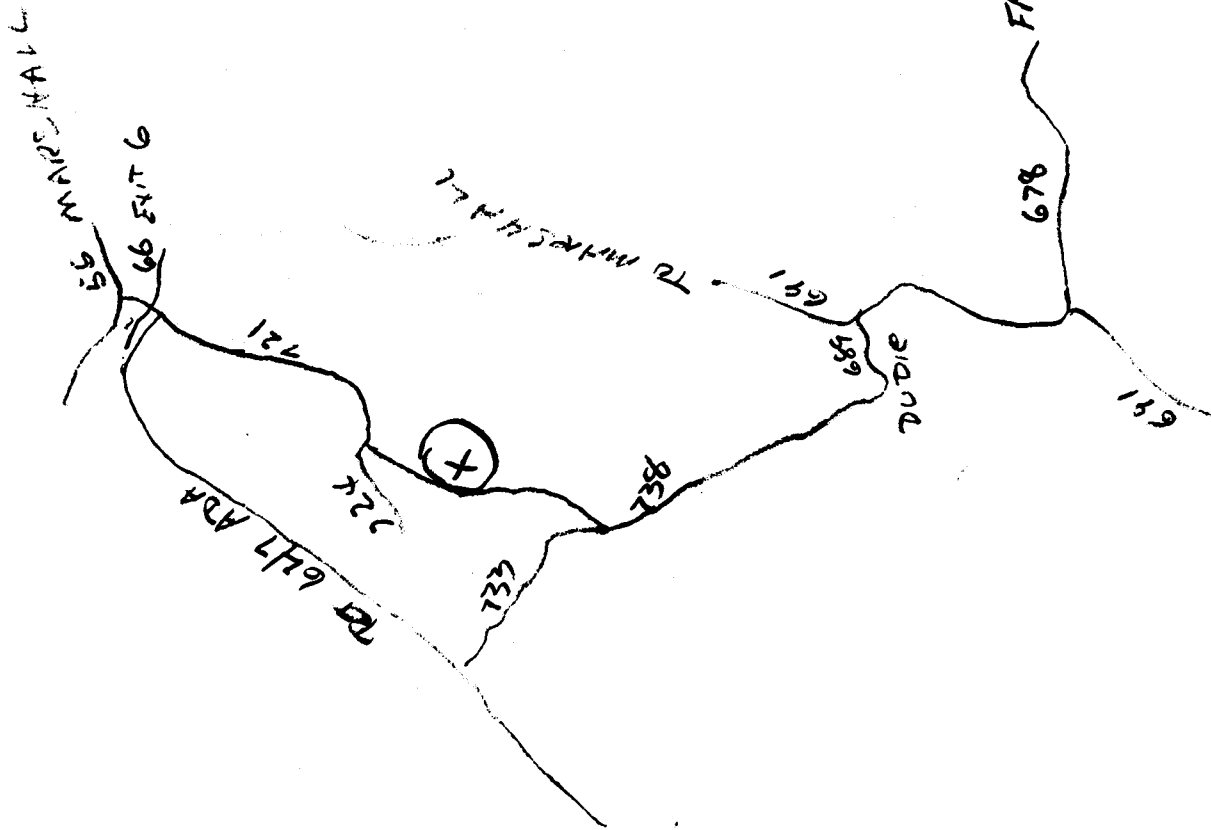
5.100' x 3 ft.

30-40%  
slope



FROM HIGH SCHOOL  
GO 10 MILES TURN RIGHT  
ON RT 721 ABOUT 2 1/2  
MILES ON RIGHT  
JUST PAST MAIL BOX 519

FROM MARSHALL EXIT 6  
ON 66 SOUTH ON RT 647-  
721 STAY ON 721 4 1/2  
MILES PROPERTY ON LEFT  
RED FLAGS ON POSTS  
PARK AT MAIL BOX 519



# Sewage Disposal System Construction Permit

Commonwealth of Virginia  
 Department of Health  
 Fauquier Co. Health Department



Health Department  
 Identification Number  
 Map Reference

6583  
 SD-88-~~0000~~  
 51/15

**General Information**

How  New  Repair  Expanded  Conditional  FHA  VA  Case No. \_\_\_\_\_  
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:  
 Owner Mark Klopp Telephone 364-1130  
 Address Rt. 2 Box 512, Marshall, Va.  
 For a Type FB Sewage disposal system which is to be constructed on/at Rt 17 N - 66 W - 721  
on 721 at INT W/724 APPROX 1/2 mi ON LEFT  
 Subdivision \_\_\_\_\_ Section/Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Actual or estimated water use 450 GPD / 3 Bedrooms

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>Top of well</u> <u>12-18" ABOVE GRADE</u> To be installed: class <u>FB</u> cased <u>50 ft min</u> grouted <u>50 ft min</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4" I.D. PVC 40, or equivalent.</u> Slope <u>1.25" per 10' (minimum)</u> <input checked="" type="checkbox"/> Other <u>Smooth pipe to tank</u>	Building sewer: <u>yes</u> <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Septic tank: Capacity <u>1000+</u> gals. (minimum). <input checked="" type="checkbox"/> Other <u>no garbage disposal</u>	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: <u>8" in 18" out</u> PVC 40, 4" tee or equivalent. <input checked="" type="checkbox"/> Other <u>Stub 1" below lids</u>	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. If yes: <u>acc to 1982 JUNGLE KESS</u>	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Gravity mains: <u>4"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other <u>Smooth pipe to tank</u>	Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>8+ surge box w/ turned ports, down 6' bow</u> <input checked="" type="checkbox"/> Other <u>property 66060</u>	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>1400</u> ; depth from ground surface to bottom of trench <u>36"</u> ; aggregate size <u>5/8"</u> Trench bottom slope <u>2-4" per 100ft</u> center to center spacing <u>12ft</u> ; trench width <u>2ft</u> Depth of aggregate <u>13"</u> Trench length <u>100ft</u> ; Number of trenches <u>7</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ Sanitarian	

31-15

6958-31-8851



# Soil Evaluation Form

Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number SD-88-0583  
Tax Map Number \_\_\_\_\_

### General Information

Date 5/12/88 July Health Department  
Applicant \_\_\_\_\_ Telephone No. 364-1130  
Address \_\_\_\_\_  
Owner Mark Klepp Address Rt. 2 Box 512, Mountain  
Location Rt 17 N - 66W - Rt 647 East. 7215 (DM 721 AT INTW/724 1/2 mi N.L.  
Subdivision \_\_\_\_\_ Block/Section \_\_\_\_\_ Lot \_\_\_\_\_

### Soil Information Summary

1. Position in landscape satisfactory Yes  No  Describe Steep West facing side slope  
2. Slope 20-25 %  
3. Depth to rock/impervious strata Max. \_\_\_\_\_ Min. \_\_\_\_\_ None 650"  
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  No  Texture group I II III IV  
Estimated rate 5055 min/inch  
7. Percolation test performed Yes  No  Number of percolation test holes \_\_\_\_\_  
Depth of percolation test holes \_\_\_\_\_  
Average percolation rate \_\_\_\_\_  
Name and title of evaluator: W. R. Chip Russell (SANITARIAN)  
Signature: W. R. Chip Russell

### Department Use

Site Approved: Drainfield to be placed at 36" 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 \_\_\_\_\_

Date of Evaluation 7-16-88

**Profile Description  
SOIL EVALUATION REPORT**

Health Department  
Identification No. 50-88-0583

Page 2 of 2

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 soil scientist, 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 site (See section 4) 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	A	0-2	BR. ORG LOAM	TS
	B <sub>1</sub>	2-38	PALE BR. - YEL BR. SANDY CL LOAM	TS
	C	38-54"	PALE YEL BR. WEATHERED GCONSTONE	TS
②	A	0-2	BR. ORG LOAM	TS
	B	2-40	RED BR - YEL BR. CL/HR LOAM/GRIT	TS
	C	40-50	PALE YEL BR. WEATHERED SAND	
③	A	0-2	BR. ORG LOAM	TS
	B <sub>1</sub>	2-42	BR. - YEL BR. - RD BR. CL LOAM	TS
	C	42-48	YEL BR WEATHERED SAND	TS
④	A	0-2	BR. ORG LOAM	TS
	B <sub>1</sub>	2-28	YEL BR - RD BR - BR - CL LOAM	TS
	C	28-40	YEL BR - WEATH. SAND	

*Confidential*

Remarks