| Commonwealth of Virginia VDH Use Only Gealth Depurtment III# | | |
|--|--|--|
| Application for: Sewage System Water Supply | Oue Date | |
| Owner Vernon Ward | Dhora 424 500 4654 | |
| Mailing Address | Phone 434-528-4674 | |
| | Phone Por | |
| Agent Acres of Virginia, Inc. | Phone 404 500 4574 | |
| Mailing Address 404 Clay Street | Phone 434-528-4674 | |
| Lynchburg, Virginia 24504 | Phone 424 045 1040 | |
| Site Address Wares Gap Road | Fax 434-845-1048 | |
| Amherst County | Provide and Och 1 | |
| Directions to Property: See attached map | Email <u>seroa2@aol.com</u> | |
| Subdivision Grants Hollow Section n/a | | |
| ax Map 78-1-18 Other Property Identification see attached map D | Dimension/Agreege of Property 7 004 august | |
| sultable for a sewage system and to apply for a construction permit (valid for 18 me For New Construction: Certification Letter | acement g (Total Number of Bedrooms) | |
| Other (describe) | ,,, | |
| Will there be a basement: Yes /No (circle one). If yes, will there be fixtures in Base | ment? Yes/No (circle one). | |
| Are any conditions proposed on this construction permit? Yes/No (circle one). If y proposed conditions that apply: Reduced water flow limited occupant Temporary use not to exceed I year Other (describe | | |
| Water Supply Will the water supply be Public or Private (circle one). Is the water supply Existing | • | |
| If proposed, is this a replacement well? Yes/No (circle one). Will the old well be ab | andoned? Yes/No (circle one). | |
| Will any buildings within 50' of the proposed well be termite treated? Yes /No (circle | e one). | |
| (" | rage attached? Yes/No (circle one), | |
| order for VDH to process your application you must attach a site sketch and plat of the property lines, actual and/or proposed buildings and the desired location of your well luation is conducted the property lines, building location and the proposed well and se the property sufficiently visible to see the topography, otherwise this application will | I and/or sewage system. When the site | |
| ve permission to the Virginia Department of Health (VDH) to enter onto the property opurpose of processing this application and to perform quality assurance checks of evaluation (AOSE) or a Professional Engineer (PI) as necessary in the department of the property of the process of the process of the property of the process of the proc | | |
| | S <u>eptember 25, 2006</u> Date | |

AOSE Form D Revised 4/5/06



ACRES OF VIRGINIA, INC.
Surveyors-Engineers-Planners & Soil Consultants
404 Clay Street Lynchburg, VA 24504
Office (434) 528-4674 Fax (434)845-1648

Appendix 7

Certification Statement

| County: Amherst | Date: | September 25, 2 | 2006 |
|--|--|---|---------------------------------------|
| Property Identification:Grant's Ho | | | |
| Submitted by: Acres of Virginia, In | c. | | |
| This is to certify according to §32.1-16: submitted for the referred property is in Sewage Handling and Disposal Regula. Department of Health. I recommend a approved | 3.5 of the <i>Code</i> accordance to tions of the Vi | e of Virginia that we and complies with rginia Letter 1 be | roule |
| Soil Consultant | Date: | | NO. 122 |
| This blank must be filled in with one of the following terms 'subdivision approval' This blank must be filled in either the term 'approved' or 'a If the submission contains a certification consultation with an AOSE, the following sealed. | enied'. | mal engineer in | OWRITE SOLVE |
| I hereby certify that the evaluations and subdivision, lot, etc.) were conducted in <i>Handling and Disposal Regulations</i> (12 "Regulations") and the policies of the V implementation of those Regulations. Full evaluations and designs comply with the Regulations. | accordance wi VAC 5-610-20 irginia Depart uthermore, Lo | th the Sewage) et seq., the ment of Health for ertify that the | |
| I recommend a 1 | be ² | · | <u> </u> |
| Licensed PE: | Date: _ | | · · · · · · · · · · · · · · · · · · · |
| This blank must be filled in with one of the following items: subdivision approval'. This blank must be filled in either the term 'approved' or 'der | د permit', 'certificatio' | | |

INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY ** DURATION 38 TIME RECEIVED August 9, 2022 at 3:00:59 PM MST 08/09/2022 18:24 FAX 434 376 1440 REMOTE CSID DU 434 376 1440 38 Rogers Insurance STATUS Received **2**0001/0001 -IRON PEBAR SET TO HOUTES S80 40 21 E 204.55.40<u>,E 438</u>.00. S40 "22"20"# 47.71 HEBAR FOUND - 584 '36' 10'E (ROUTE 635) M89°17'33"E 56.41' ON CONTOUR 34" ON 13' CENTERS 8 - CLEAN OUT WARES GAP ROAD 8 100 0 \$90 OF 'n 150.31 N21 *48 ' 36 " W 683 . 29 '

E 1 E

LANGRORD 9 P. 688 -I-IP)