

COMMONWEALTH OF VIRGINIA VIRGINIA DEPARTMENT OF HEALTH

Northampton County Health Department P. O. Box 248 / 7114 Lankford Highway Nassawadox, VA 23413 (757) 442-6228 January 11, 2005

Jason M. Kirby P.O. Box 882 Exmore, VA 23350

Re:

H.D.I.D.# 04-165-0585, Tax Map#: 1A((5))8

Subdivision: Great Pine Harbour Lot: 8

Lot Size: 2.45 Acre(s)

Dear Jason M. Kirby:

This letter is issued in lieu of a sewage disposal system construction permit in accordance with §32.1-163, et seq., of the *Code of Virginia*. The Board of Health hereby recognizes that the soil and site conditions acknowledged by this correspondence, and documented by additional records on file at the local health department, are suitable for the installation of an onsite sewage disposal system. The attached plat or sketch shows the approved area for the sewage disposal system. This letter is valid until a permit for construction is issued and the system is installed, inspected and approved. This letter is void if there is any substantial physical change in the soil or site conditions where the sewage disposal system is to be located.

A permit to construct the sewage disposal system must be issued before construction of the system. If the property owner (current or future) applies for a construction permit within 18 months of the date of this letter, the application fee paid for this letter shall be applied to any state fees for a permit to construct a system. After 18 months, the applicant is responsible for paying all state fees for a permit application.

This letter, and accompanying plat of survey or sketch showing the specific location of the sewage disposal system area and well area (if applicable), may be recorded in the land records by the clerk of the circuit court in the jurisdiction where all or part of the site or proposed site of the system is to be located.



Page 2 Jason M. Kirby, 04-165-0585 January 11, 2005

The site shown on the plat or sketch is specific and must not be disturbed or encroached upon by any construction. To do so voids this letter. Upon the sale or transfer of the land that is the subject of this letter, the letter shall be transferred with the title to the property.

Future owners are advised to review the plat or sketch for the location of the onsite sewage disposal area to make sure their building plans do not interfere with the area. If they have any questions regarding the location of the area, they should contact the local health department for assistance.

The area evaluated, and certified by this letter, is suitable to accommodate a 4-bedroom house using a system design of 600 gallons per day. The property will be served by a private water supply as shown on the attached plat or sketch.

This letter is an assurance that a sewage disposal system construction permit will be issued (provided there have been no substantial physical changes in the soil or site conditions where the system would be located); it is not, however, a guarantee that a permit for a specific type of system will be issued. This lot requires secondary-treated sewage effluent under the current Regulations. VDH personnel are able to issue a certification letter, but converting this letter to a permit requires a Professional Engineer/Approved Onsite Evaluator design. The design of the sewage system will be determined at the time of application for a building permit and sewage system construction permit. The design will be based on the site and soil conditions certified by this letter, structure size and location, water well location (final determination to be made at time of permit issuance), the regulations in effect at the time, and any off-site impacts that may have occurred since the date of the issuance of this letter. In some cases, engineered plans may be required prior to issuance of the construction permit. In accordance with § 32.1-164.1:1 of the Code of Virginia, owners are advised to apply for a sewage disposal construction permit only when ready to begin construction.

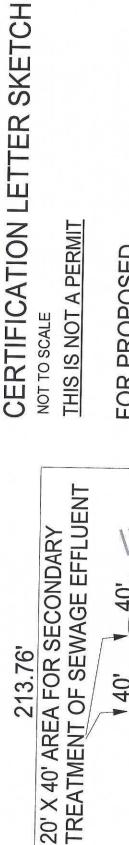
This certification letter may be subject to and must comply with any applicable local ordinances.

Sincerely,

Allen B. Teasley

Environmental Health Specialist Sr.

Attachment: site sketch



FOUR BEDROOM RESIDENCE FOR PROPOSED

.09

20 DRAINFIELD RAINFIELD

RESERVE

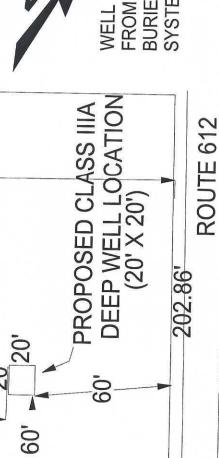
H.D.I.D.# 04-165-0585 TAX MAP # 1A((5))8

GREAT PINE HARBOUR SUBDIVISION, LOT 8

2,45 AC +/-

189:261

UNDER THE CURRENT REGULATIONS REQUIRE SECONDARY TREATMENT THIS SEWAGE SYSTEM WILL 10.585



WELL LOCATION MUST BE A MINIMUM OF 50' FROM SOURCES OF POLLUTION SUCH AS BURIED FUEL TANKS, SEWAGE DISPOSAL SYSTEMS, AND TERMITE TREATMENTS. \$24°

Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID 23 +65 -0+10

NOVEMBER 12, 2004

To Be Completed By The Applicant

Of Sewage system:
FHA/VA yes ____ Now ___ Repair
FHA/VA yes ____ no __ Case No ____ Expanded ___ Conditional

Address P.O. Box 882 Phone 757-442-4540

EX more VA ____ 757-710-0362 cell

23350

Type of Sewage system: Phone 757-442-6157 work Directions of Property From Rt. 13 Go West on Occohannock Neck Rd (Rt 183) then Right on Rt GII, then left on Rt. GIZ. Follow to end of Great Pine Harber Sub. Subdivision Great Pine Harbour Section 1A ______ Block ((05)) Other Property Identification 2.45 acres Dimension/size of Lot/Property Other Application Information I. Building/facility _ Existing Intermittent Use ____ No If yes, describe_ It not approved for conventional system would like secondary system II. Residential Use No Termite Treatment _ Single Family Multi-family (Number of Units ___) INOWLD II Le (Number of Bedrooms 4) Basement _ Yes Fixtures in Basement Yes III. Commercial Use Yes X No Describe: Commercial/Wastewater Yes X_No Number of Patrons Number of Employees If yes, give volumes and describe 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.

Signature of Owner/Agent

Date // 3/64

RYRR F=60. R=45/6.

495.58 E. 213.76 383.01



Northampton County Health Nassawadox, VA 23413 (757) 442-6228

(757) 442-4307

Site Evaluation Report

Health Department ID Number: 04-165-0585

Facility Name: Site Evaluator: HDID:	Kirby, Jason M. Allen B. Teasley 04-165-0585	
Evaluation Information		

Site Evaluation						
Date(s) of evaluation:	1/7/2005					
Evaluation method:	Hand Auger					
Landscape Position:	Sideslope					
Position Satisfactory?	Yes					
Slope (range):	Min: 0% Max: 1%					
Depth to rock:	>10 inches					
Depth to seasonal water table:	>8 inches					
Free water present?	Yes, at 14 to 8 inches					
Depth to other limiting feature?	No, at to inches					
Describe limiting feature:	1 10, 21 10 1110100					
Soil texture group:	I ii					
Estimated soil permeability:	< 40 mpi at: 0 inches					
Measured soil permeability:	at: inches					
0.00						

40

20

Preliminary Design Concepts Treatment level: Secondary Trench/bed width: 0 inches Trench/bed depth: 0 inches Trench spacing: 0 feet Comments: REQUIRES PEAT BIOFILTER, WITH SECONDARY TREATMENT

In accordance with § 32.1-163.5 of the Code of Virginia and 12 VAC 5-615-360, I hereby certify that this evaluation and all associated work, including but not limited to system design information where applicable, complies with and was conducted in accordance with 12 VAC 5-610-20 et seq. (the Sewage Handling and Disposal Regulations) and the policies of the Virginia Department of Health.

(signature & AOSE # if applicable)

If evaluated by a professional engineer. indicate name and # of AOSE consulted:

Drefted le the

Print name and title

pose Cet Let PLS 1/20/05

Type of test:

Length of site (on contour):

Width of site (up and down slope):

Soil Profile Descriptions
Health Department ID Number: 04-165-0585

Facility Information Facility Name:		1 12	irby loos - M			
Site Evaluator		Α	irby, Jason M. Ilen B. Teasley 4-165-0585			
			+-103-0303			22-20-10-10-1
	Horizon	Depth	Color	Texture	Comments	Texture Grou
					Comments	rexture Grou
Hole 1 A 07-Jan-2005 E E Bt1	A	0-5	Dark Brown (10YR 3/3)	Sandy Loam		II (2)
		5-9	Pale Brown (10YR 6/3)	Sandy Loam	WITH FW AT 8"	II (2)
	Bt1	9-14	Yellowish Brown (10YR 5/4)	Loam	WITH 10YR 8/1 MOTTLES THROUGHOUT	II (2)
Hole 2 07-Jan-2005	HOLE 2 LIKE HOLE 1					
	L					
Hole 3 07-Jan-2005 1 Bt (
	6-9	Yellowish Brown (10YR 5/4)	Loam	WITH 10YR 8/1 MOTTLES THROUGHOUT	II (2)	
lole 4 07-Jan-2005	HOLE 4 LIKE HOLE 1					
						<u> </u>
			Site Sketch			
		h Depa	rtment ID Number	: 04-165-05	85	
Facility Inform Facility Name:	ation	Kiel	by, Jason M.			
Site Evaluator: HDID:		Alle	en B. Teasley 165-0585			

