



Bedford County Health Department
 600 Bedford Avenue
 Bedford, VA 24523
 (540) 586-7952 Voice
 (540) 586-7991 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

June 19, 2019

Bill Meyer
 2299 Walnut Grove Church Road
 Montvale, VA 24122

RE: Country Lane, Thaxton, VA 24174
Tax Map/GPIN: 124-5-11 (Bedford County)
HDID: 109-19-0268 **Reserve:** 0% reserve area provided
System Capacity: Residential, 2 Bedrooms, 300 gallons per day

Dear Bill Meyer :

This letter and the attached drawings, specifications, and calculations (8 pages) dated June 13, 2019, constitute your **PERMIT** to install a sewage disposal system and **well if applicable** 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 location and construction if applicable** were certified by **Martin, Curtis M Private OSE** 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 Bedford County 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 Bedford County 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 Bedford County 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 Bedford County 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: **December 18, 2020.**

Sincerely,




Matthew Beamer
Environmental Health Specialist, Sr.
Bedford County Health Department

CC: Martin, Curtis M Private OSE

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** to the local Health Department after installation.

IF YOUR PERMIT IS FOR BOTH A SEPTIC SYSTEM AND WELL YOU WILL ALSO 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 Bedford County Health Department at (540) 586-7952.

OSE/PE Report For:

Construction
Permit

Repair
Permit

Voluntary Upgrade
Permit

Certification
Letter

Subdivision
Approval

Property Location:

911 Address: _____ City: _____

Lot _____ Section _____ Subdivision _____

GPIN or Tax Map # _____ Health Dept ID # _____

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: _____

Street: _____

City: _____ State _____ Zip Code _____

Prepared by:

OSE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

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.)

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 (12VAC5-613)* 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 _____ Date _____

Site and Soil Evaluation Report

VDH Use Only

HDIN: _____

General Information

Date: _____ County Health Department

Owner: _____ Phone: _____

Owner Address: _____

Property Address: _____

Tax Map/GPIN #: _____

Subdivision: _____ Section: _____ Block: _____ Lot: _____

Soil Information Summary

1. Position in landscape satisfactory: Yes No Describe landscape position: _____

2. Slope: _____ %

3. Depth to rock/impervious strata: Max. _____ in. Min. _____ in. Not observed4. Free Water Present: Yes No Range in inches: _____5. Depth to seasonal water table (gray mottling or gray color): _____ inches Not observed6. Soil percolation rate estimated: Yes No Estimated rate: _____ min/in at _____ inches depthTexture Group: I II III IV7. Percolation test performed: Yes No If yes, provide additional data on percolation test results.

Name and title of evaluator: _____

Signature: _____

Site approved: _____ (describe dispersal area, e.g. absorption trenches) dispersing _____ (proposed level of treatment at time of evaluation) to be placed at _____ (inches) depth at site designated on permit. Site provides a total of _____ 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: _____ Profile Description
SOIL EVALUATION REPORT

Property ID: _____

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

REMARKS: _____

System Specifications

VDH Use Only
HDIN: _____

Application Information	
Name: _____	Address: _____
Phone: _____	_____
Location Information	
Tax Map/GPIN #: _____	Property Address: _____
Subdivision: _____	Section: _____ Block: _____ Lot: _____
Directions: _____	
General Information	
Property Type (e.g. residential): _____	Number of Bedrooms: _____
Daily Flow: _____ gpd	Conditions: _____
Notes: _____	
Sewer Line	
Diameter: _____ in.	Material: _____ (or equivalent) Notes: _____
Pretreatment Unit(s)	
Treatment Level: _____	Septic Tank Capacity: _____ gallons
Number of Septic Tanks _____	Size of Septic Tank(s) _____ gallons
Per the Sewage Handling and Disposal Regulations, check which option(s) chosen:	
<input 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: _____	Distribution Method: _____
If pumping, include pump specifications sheet.	No. of boxes: _____ No. of outlets: _____
Material: _____ Diameter: _____	Surge or splitter box required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes: _____	Header Line Material: _____
Percolation Lines/Absorption Area	
Dispersal Method (e.g. laterals, pad, mound): _____	
If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet.	
No. of laterals/pads: _____	Length of lateral(s)/pad(s): _____ ft. Width of lateral(s)/pad(s): _____ in.
Center to center spacing: _____ ft.	Installation depth: _____ in. Aggregate depth: _____ in.
Size/Type of Aggregate: _____	Lateral/pad slope: _____ in. per _____ ft.
Reserve Area Provided: _____ %	Notes: _____

Please Note: _____	

Design Calculations

Property ID: _____

Flow	
Type of use (residential, etc) _____ No. of bedrooms: _____ No. of employees: _____ Square Footage of building space: _____ Daily flow (peak design) in GPD: _____	Show Calculations Here ¹
Treatment	
No. of septic tanks: _____ Size of septic tank(s): _____ Pretreatment required? __yes__ no If yes, specify type of treatment device: _____	Show Calculations Here ¹
Absorption area design	
Soil Texture Group: _____ Reserve area required? __yes__ no __ 50%__ 100% __other (check one) Specify other _____	If pump system, enhanced flow, or LPD show calculations here or on a separate sheet. (dosing volume, head, pump design, etc.)
Water Supply	
Class of well: _____ Distance between septic tank(s) and well: _____ Distance between absorption area and well: _____	Describe (bored, drilled): _____

¹ Information and calculations required for commercial and/or conditional use applications only

General Information

1. Please call Curtis Martin (540)537-4599 for pre-construction meeting.
2. Home foundation must maintain 10 feet minimum separation from all septic components. (not including the sewer line from house to septic tank)
3. All septic components must be at least 5 feet from all property lines
4. With out a preconstruction meeting, this permit will be deemed null and void.
5. Post construction keep all hydrophilic vegetation 20' away from the drainfield area
6. Divert all roof and footer drains away from septic tank and drainfield area
7. Mark all utilities prior to excavation
8. Do not install drainfield trenches in wet weather
9. No vehicle traffic over septic tank and distribution box
10. If driveway crosses drainfield trenches it must be paved
11. Septic tank should be pumped every 3 to 5 years

Construction Information

1. Install 1000 Gallon Septic tank
2. 10+ port distribution box
3. Septic tank and distribution box should be installed as shallow as possible 18" to 24" while maintaining proper fall
4. 5 lines, 50 feet long, 3 feet wide, and 48 inches deep are to be installed on contour and on 11 feet centers
5. Please call Curtis Martin (540)537-4599 at least one week in advance to schedule and inspection.
6. Private IIC drilled well.

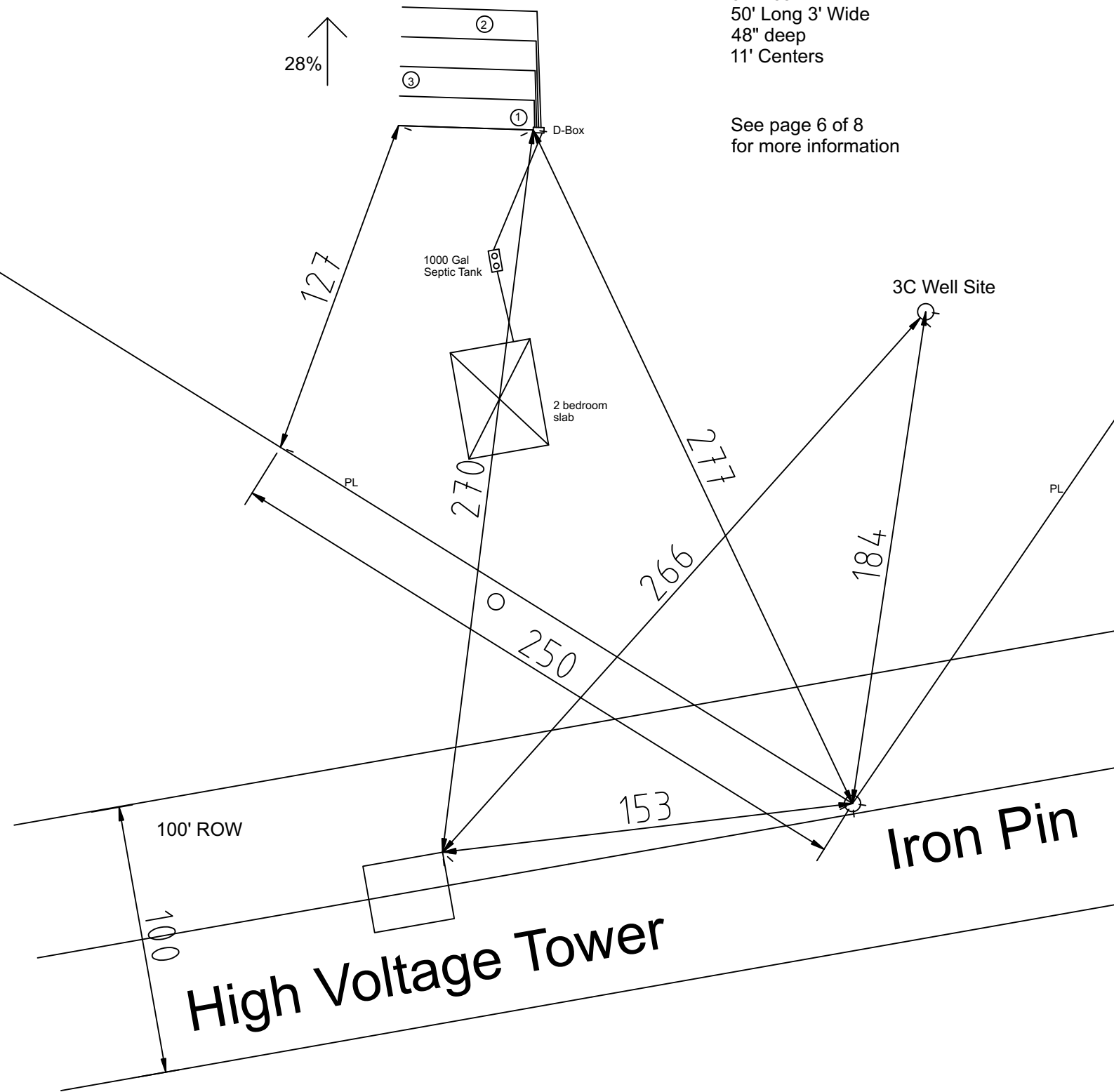
Addendum to AOSE/PE Certification Statement
For Private Well Construction Permit

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.
- 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. Notarized, written permission from the adjacent property owner(s) for the well construction.
 - ii. Notarized, affirmation from the adjacent property owner(s) that Their property is not used for agricultural operation pursuant to § 3.1-22.29 of the Code of Virginia

Install:
1000 Gallon Tank
12 port D-box
5 Lines
50' Long 3' Wide
48" deep
11' Centers

See page 6 of 8
for more information





010007168

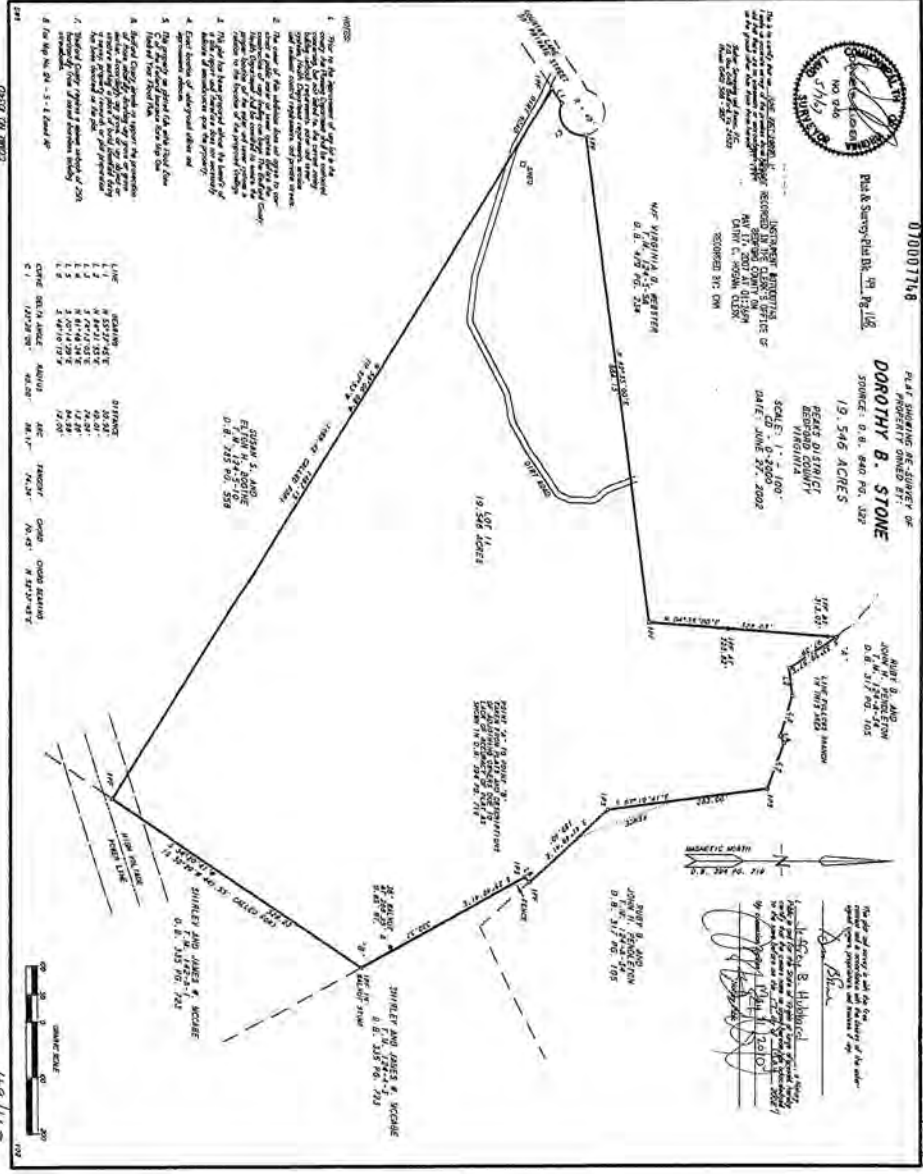
PLAT SUBDIVING ACQUITTANCE OF
PROPERTY OWNED BY:
DOROTHY B. STONE
SOURCE: O. B. 840 P. 1327
19.546 ACRES
BEARS DISTRICT
RESUBDIVISION
COUNTY

JOHN H. HUBBARD, JR.
JUNIOR ENGINEER, SURVEYOR
RESUBDIVISION COUNTY
COUNTY, OHIO
RECORDED 312 CM

SCALE: 1" = 100'
DATE: JUNE 27, 2008

4-5/1168

COMD 00 8500



- NOTES:**
- This is the Department of Public Safety's Survey of the property shown on the plat. The survey was conducted on June 27, 2008, and the results are shown on this plat. The survey was conducted in accordance with the Ohio Surveying Board's rules and regulations.
 - The owner of the adjacent land and other parties to this survey are hereby notified that the survey was conducted in accordance with the Ohio Surveying Board's rules and regulations.
 - The plat has been prepared in accordance with the Ohio Surveying Board's rules and regulations.
 - Each section of adjacent land and other parties to this survey are hereby notified that the survey was conducted in accordance with the Ohio Surveying Board's rules and regulations.
 - The plat is a true and correct copy of the original survey as conducted on June 27, 2008.

LINE	BEARING	DISTANCE	AREA
1	$N 12^{\circ} 00' 00'' E$	110.00	12.10
2	$E 89^{\circ} 59' 59'' W$	110.00	12.10
3	$S 89^{\circ} 59' 59'' N$	110.00	12.10
4	$W 89^{\circ} 59' 59'' E$	110.00	12.10
5	$N 12^{\circ} 00' 00'' E$	110.00	12.10
6	$E 89^{\circ} 59' 59'' W$	110.00	12.10
7	$S 89^{\circ} 59' 59'' N$	110.00	12.10
8	$W 89^{\circ} 59' 59'' E$	110.00	12.10
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10	$E 89^{\circ} 59' 59'' W$	110.00	12.10
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57	$N 12^{\circ} 00' 00'' E$	110.00	12.10
58	$E 89^{\circ} 59' 59'' W$	110.00	12.10
59	$S 89^{\circ} 59' 59'' N$	110.00	12.10
60	$W 89^{\circ} 59' 59'' E$	110.00	12.10
61	$N 12^{\circ} 00' 00'' E$	110.00	12.10
62	$E 89^{\circ} 59' 59'' W$	110.00	12.10
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68	$W 89^{\circ} 59' 59'' E$	110.00	12.10
69	$N 12^{\circ} 00' 00'' E$	110.00	12.10
70	$E 89^{\circ} 59' 59'' W$	110.00	12.10
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72	$W 89^{\circ} 59' 59'' E$	110.00	12.10
73	$N 12^{\circ} 00' 00'' E$	110.00	12.10
74	$E 89^{\circ} 59' 59'' W$	110.00	12.10
75	$S 89^{\circ} 59' 59'' N$	110.00	12.10
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87	$S 89^{\circ} 59' 59'' N$	110.00	12.10
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90	$E 89^{\circ} 59' 59'' W$	110.00	12.10
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94	$E 89^{\circ} 59' 59'' W$	110.00	12.10
95	$S 89^{\circ} 59' 59'' N$	110.00	12.10
96	$W 89^{\circ} 59' 59'' E$	110.00	12.10
97	$N 12^{\circ} 00' 00'' E$	110.00	12.10
98	$E 89^{\circ} 59' 59'' W$	110.00	12.10
99	$S 89^{\circ} 59' 59'' N$	110.00	12.10
100	$W 89^{\circ} 59' 59'' E$	110.00	12.10

4-5/1168