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**VDH-D2PI SWAP
Low Income Qualified Residential Septic
Repair/Replacement, Well Replacement,
Abandonments, Sewer Connections, and Public
Water Connections**

Contractors:

The Middle Peninsula Planning District Commission Septic and Well Assistance Program is soliciting bids for the attached project. Projects are supported by a grant program funded by the Virginia Department Health (VDH) and administered by the Middle Peninsula Planning District Commission (MPPDC) Septic and Well Assistance Program.

Grant funds will be utilized to fund 100% of the approved amount. The attached project has already been qualified for grant funding and the next phase is to solicit bids from contractors.

Attached you will find an itemized bid sheet breaking out certain costs and acknowledgments that need to be captured, a scope of work, and existing permits. Awarded projects are to be completed in a timely manner. **All work must be completed before the expiration of permits.** Work is done for the MPPDC SWAP Program, who disperses payment. You will receive a Notice to Proceed if you are awarded the project.

The grant has a hard deadline, to be reimbursed by this program all work, associated paperwork, invoices, and receipts must be dated prior to and received by the MPPDC SWAP Program Manager **no later than December 31st, 2024.**

For additional information or assistance, please contact Taylor Ovide, Coastal Resilience Planner at (804) 758-2311 or tovide@mppdc.com.

Onsite Sewage System Evaluation and Design Project (2022-ER-60S)

Address: 149 Pops Lane, Dunnsville, VA 22454

Cost for Line Item #1 (include total cost for items A-L) These are known factors. Vendors must invoice for actual cost incurred as described in the attached scope of work and permits.

Total	
	Line 1 Total Bid Cost
Line Item # 1; The contractor shall furnish all labor, supervision, equipment, tools, parts, supplies and materials, as necessary, to perform the services as described in the scope of work:	\$
Itemized Included in Line 1:	
	Itemized Bid Cost
A) Conduct onsite sewage system site evaluations and submit onsite sewage system designs pursuant to all applicable laws and regulations:	\$
B) Costs of Septic Pump-out by a licensed sewage hauler to appropriately evaluate the system (prior to all site and soil evaluations):	\$
C) Provide or subcontract with a licensed Surveyor and mark the boundaries for all subject properties(THIS PROPERTY HAS ALREADY BEEN SURVEYED):	\$N/A Survey Already Conducted With SWAP FUNDS
D) Obtain an onsite sewage system repair permit for each of the subject properties from the applicable local health department (no LHD fee for the repair permit):	\$
Additional Itemized Costs <u>NOT</u> Included In Line 1:	
Additional costs not included in line item 1:	\$

Signature: _____ **Date** _____

Bid is good for _____ **days**

The following are required. Please initial in agreement to perform the following and that any costs to perform these tasks are included in Line Item 1:	
	Initial on the lines below;
E) Bidders shall comply with all requirements of DPOR for contracting and executing the contract with the MPPDC.	_____
Must submit invoice to tovide@mppdc.com once Local Health Department has issued the Repair Permit.:	_____

Project #: 2022-ER-60S
Project Title: SWAP
Scope of Work – Onsite Sewage System Evaluation and Designs

The contractor shall furnish all labor, supervision, equipment, tools, parts, supplies and materials, as necessary, to perform the services as described herein:

A) Conduct onsite sewage system site evaluations and submit onsite sewage system designs pursuant to the Sewage Handling and Disposal Regulations (12VAC5-610-10 et. seq., the Regulations) and the Regulations for Alternative Onsite Sewage Systems (12VAC5-613-10 et. seq., the AOSS Regulations), and all other applicable state and local laws, regulations and ordinances for repair of existing onsite sewage systems. Site evaluations and design shall be submitted to the applicable local health department for the following properties:

- 149 Pops Lane Dunnsville, VA22454 (2022-ER-60S)

Site evaluations and designs shall include property marking of all utilities, and review of all relevant records for neighboring parcels. Designs shall fully comply with the Regulations and AOSS Regulations; designs cannot rely upon the issuance of treatment or pressure dosing waivers for permitting.

B) Prior to all site and soil evaluations, the contractor shall have the contents of the existing septic tank serving the subject properties pumped by a properly licensed sewer hauler to allow for a complete malfunction assessment.

C) ~~This property has already been surveyed with SWAP funds. Advise MPPDC Staff if the survey provided is not adequate. Provide or subcontract with a licensed surveyor to survey and mark the boundaries for all subject properties. Partial property boundary surveys of only the boundary closest to the proposed repair site are allowable for properties greater than 3 acres in size.~~

D) Obtain an onsite sewage system repair permit for each of the subject properties from the applicable local health department. Please note that all homeowners have already been determined to be fiscally eligible for a permit fee waiver so there will not be a cost associated with acquiring the repair permit.

E) Comply with all requirements of the Department of Professional and Occupational Regulations (DPOR) for contracting and executing the contract with the Virginia Department of Health. Must provide a copy of a Master Alternative Onsite Soil Evaluator license from DPOR.

Optional site visit: Available upon request.

Additional questions:

Contact Taylor Ovide via email: tovide@mppdc.com or phone at 804-758-2311



THREE RIVERS HEALTH DISTRICT
P.O. BOX 415
SALUDA, VIRGINIA 23149

[Redacted]
149 Pops Lane
Dunnsville, VA 22454

June 13, 2022

Certified Mail 7C15-1520-0000-3349-3091

RE: Tax Map/GPIN:47G-1-2, HDID: 128-22-0048
149 Pops Lane
Dunnsville, VA 22454

Dear [Redacted]

This letter is to inform you that the Essex County Health Department has evaluated your application for a sewage disposal system/water supply permit filed on 06/02/2022.

Unfortunately, we are not able to issue a Construction Permit.

The reason for denial is:

- Insufficient Depth to seasonal water table
- Exact property lines are unable to be determined
- Insufficient area of suitable soil for conventional drainfield
- Unable to determine exact location of existing drainfield trenches to ensure proper setbacks

This decision is based on the information filed with your application. Site and soil evaluations were made in accordance with the *Sewage Handling and Disposal Regulations*, the *Private Well Regulations*, the *Alternative Onsite Sewage System Regulations*, as well as current agency policy.

In accordance with 12 VAC 5-610-230 of the *Sewage Handling and Disposal Regulations* you have the right to appeal this decision. Your written request for appeal must be received within **thirty (30) days** from the date you receive this letter. Please include any facts or other data that would support your appeal. You may also request a refund of the state portion of your application fee if all of the following apply:

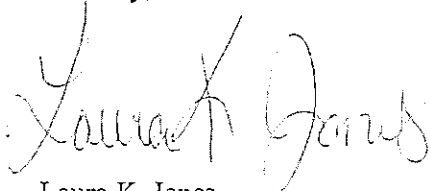
- 1) You are the owner of the property AND
- 2) You intend to use it as your principle place of residence AND
- 3) You do not intend to appeal this denial.

Address your request to Richard Williams, MD, Director of Three Rivers Health District at the above address. Refunds are not available under any other conditions. Please include your social security number with your request.

It is also acceptable to re-apply within 90 days of receipt of this letter without paying a second state fee. After 90 days, a new application fee will be required. When denied for any reason, re-application without a state fee within 90 days may include any change up to and including a new site. Please be certain that the re-application documents are complete and follow all applicable regulations and policies to avoid another denial.

If you have any questions or if this office may be of further service, please let us know.

Sincerely,

A handwritten signature in cursive script that reads "Laura K. Jones". The signature is written in dark ink and is positioned above the typed name.

Laura K. Jones
Environmental Health Specialist
Three Rivers Health District

Site Sketch:

149 Pops Lane
Dummsville, VA 22458

Tax Map: 47G-1-2
HDID: 128-22-0048

Large Pine

SCALE
1"=20'



Rappahannock River

Previous Bulk Head Remnants

Area of Eroded Bulk Head
Area of Soil Erosion

2" IIC Well in Pump House

100' to IIC Well

DIPIF

100' to IIC Well

Approx. Property Line

50' to IIC Well

Existing 2 Bedroom Dwelling

46'

29'

Shed

5'

OHPL

PP: 437-25-100-078

Pops Lane (Gravel Road)

Approx. Property Line

Concrete Pad with Retaining Wall

Approx. Existing SDS Area
HDID: 03-29-1969 Permit

Approx 70' to Shellfish Waters

Large Oak

SB2

SB1

SB3

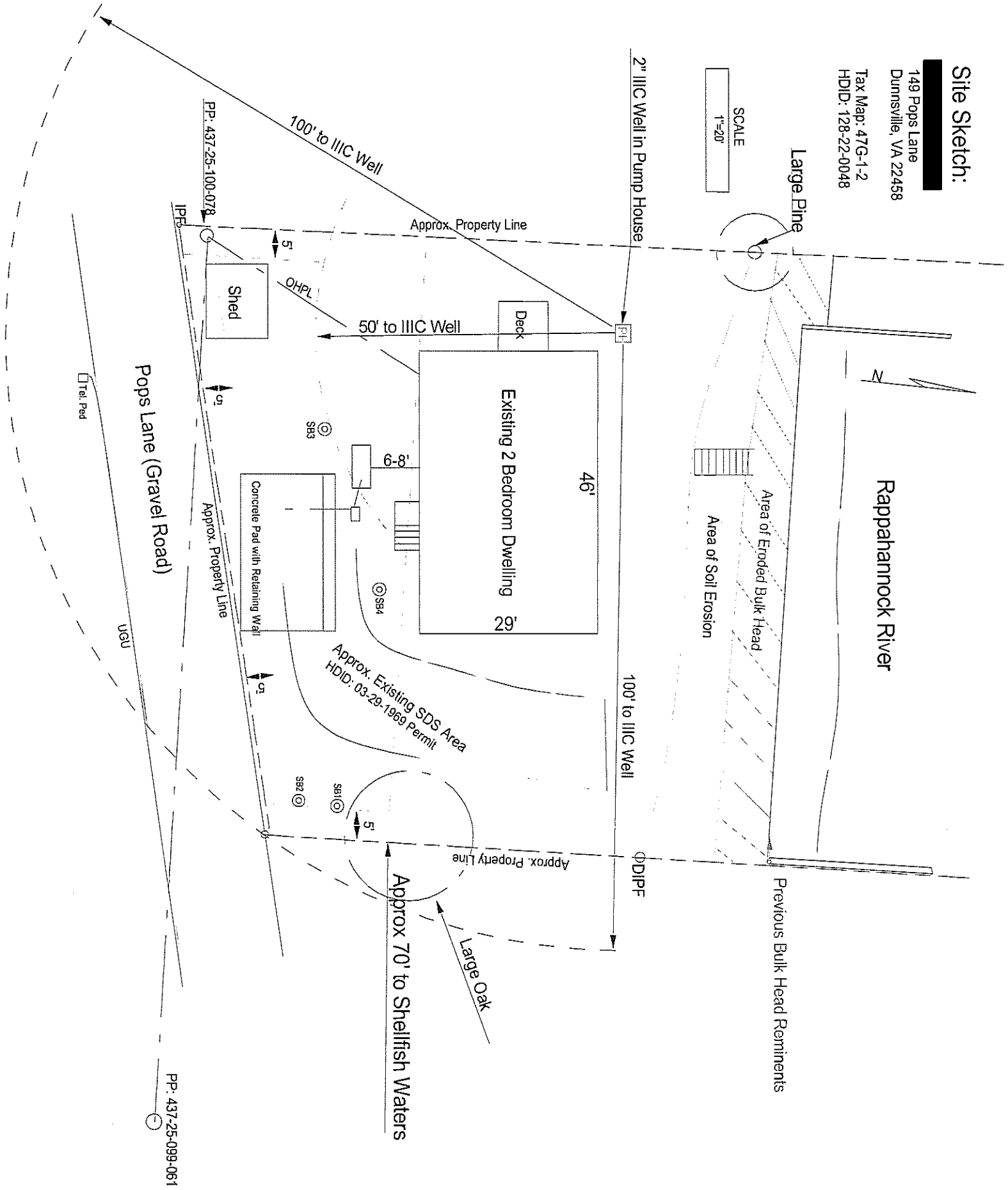
SB4

6-8'

Tel. Pad

UGU

PP: 437-25-099-061



Site and Soil Evaluation Report

VDH Use Only

HDIN: _____

General Information

Date: 06/06/2022 Essex County Health Department
 Owner: _____ Phone: _____
 Owner Address: 149 Pops Lane Dunnsville, VA 22454
 Property Address: 149 Pops Lane Dunnsville, VA 22454
 Tax Map/GPIN #: 47G-1-2
 Subdivision: _____ Section: _____ Block: _____ Lot: _____

Soil Information Summary

1. Position in landscape satisfactory: Yes No Describe landscape position: Sideslope
 2. Slope: 5-7 %
 3. Depth to rock/impervious strata: Max. _____ in. Min. 56 in. Not observed
 4. Free Water Present: Yes No Range in inches: 66" Hole 2 after 15 minutes
 5. Depth to seasonal water table (gray mottling or gray color): 8" inches Not observed
 6. Soil percolation rate estimated: Yes No Estimated rate: 20 min/in at 24 inches depth
 Texture Group: I II III IV
 (Hole #2)
 (120 MPI @ 56" in Hole #3)
 7. Percolation test performed: Yes No If yes, provide additional data on percolation test results.
 Name and title of evaluator: Hank Baker, CHSS
 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: 06/06/2022

Profile Description

SOIL EVALUATION REPORT

Property ID: ESX 47 G-1-2

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 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 200 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	A	0-12	Gravel (Driveway) to 10YR 5/4 Heavy Sandy Loam Compacted from driveway	II
			Auger refusal at 12"- Possible Tree Roots	
2	A	0-10	Gravel (driveway) to 10YR 5/4 Heavy Sandy Loam Compacted from driveway	II
	E	10-16	10YR 5/4 Sandy Loam- Medium	II
	BC1	16-24	10YR 5/6 Loamy Sand- Medium	I
20 MZI	BC2	24-32	10YR 5/4 Loamy Sand- Course	I
	BC3	32-36	7.5YR 5/4 Loamy Sand- Fine	I
	Bt1	36-38	10YR 5/6 Heavy Sandy Loam grading to Sandy Clay Loam starting at 38"	II
	Bt2	38-47	10YR 5/6 w/ few 6/4 mottles Fine Heavy Sandy Clay Loam	II
	Bt3	47-52	10YR 5/6 w/ few 6/3 mottles Fine Heavy Sandy Clay Loam	II
	Bt4	52-56	10YR 5/6 Course Sandy Clay Loam w/ 10YR 6/3 & 5YR 5/6 mottles	II
	Bt5	56-58	10YR Moist Heavy Sandy Loam- Coarse with 10YR 6/2 & 5YR 5/6 mottles	II
	2BC	58-64	Saturated 10YR 6/4 Coarse Sandy Loam w/ 10YR 6/2 & 7.5 YR 6/8 mottles (FE Staining)	II
3	△ A	0-4	Fill Mixture- Top Soil	
	Ab	4-8	10YR 5/4 Sandy Loam- Medium w/ 10YR 6/4 & few 5/6 mottles	II
	Bt1	8-16	10YR 5/4 Heavy, Dense Sandy Clay Loam w/ 10YR 6/4 & few 10YR 5/6 and 6/2 mottles	II
	Bt2	16-26	10YR 5/6 Heavy, Dense Sandy Clay Loam w/ 10YR 6/3, 6/2 & 5YR 4/6 mottles	II
	Bt3	26-40	10YR 5/8 Sandy Clay Loam w/ 10YR 5/3, 5/2, & 5YR 5/8 mottles	II
	Bt4	40-56	10YR 5/6 Heavy Sandy Clay Loam w/ 10YR 6/4, 6/3, and few 6/2 mottles	II
1207 MZI	Bx	56+	10YR 5/6 Clay w/ 10YR 6/1, 6/8 & few 6/2 mottles	IV
4	A	0-4	Fill Mixture- Augar Refusal	

REMARKS: _____

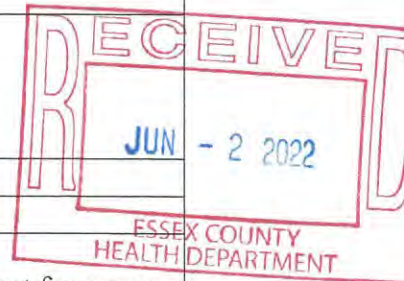
Grant Application
Virginia Department of Health
Septic and Well Assistance Program
A Grant Provided By
American Rescue Plan Act

Agency Use Only	
HDIN: 128-22-0048	
Grant Project #:	
Income Eligibility Confirmed by:	
Name: K. Washington	
Date: 6/2/22	
Grant: Approved	Denied
Name:	
Date:	

In order to be eligible for grant funding, you must i) have a household income of 200% or less of the federal poverty guidelines, ii) propose a project from the eligible list below, and iii) the proposed septic or private well system improvements must comply with current regulatory standards.

Eligible Projects: The program will assist property owners to repair failing septic systems, replace straight pipes, and replace privies. Replacement can include connection to public sewer. The program will also assist property owners in replacing inadequate private wells and properly abandoning unused wells. Inadequate private wells will be considered any of the following: 1) replacement of a dry well; 2) replacement of a well that is documented to have an exceedance of a maximum contaminant level or other health standards; 3) replacement of bored wells; and 4) replacement of wells installed prior to any regulatory requirements. Replacement can include connection to public water. Eligible projects exceeding \$40,000 will require additional review prior to a final determination of eligibility. The grant period runs from January 1, 2022 to December 31, 2024.

Name: [REDACTED]	Email (if available): [REDACTED]
Telephone Number:	Cell Phone Number: [REDACTED]
Property Address (include city, state, zip): 149 Pops Ln Duneseville, VA 22454	
Mailing Address (if different from above):	
Agent's Name (if applicable):	Agent's Phone (if applicable):
Demographic information	
Age of applicant (optional): <input type="radio"/> 18-30 <input checked="" type="radio"/> 31-40 <input type="radio"/> 41-50 <input type="radio"/> 51-60 <input type="radio"/> 61-70 <input type="radio"/> 71+ <input type="radio"/> Prefer not to answer	
Race/Ethnicity (optional): <input checked="" type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other: <input type="checkbox"/> Prefer not to answer	
How many people are living in your household? 4	
What services are you seeking? <input checked="" type="radio"/> Septic <input type="radio"/> Well <input type="radio"/> Septic and Well	
Do you have a permitted design for your proposed project? <input type="radio"/> Yes <input checked="" type="radio"/> No If no, you will first need to apply for and receive a permit for your proposed project from your local health department. If you need assistance with cost of private sector evaluation and design services, please see our Design Assistance Form.	



Owner's Signature: [REDACTED] Date: 05-31-22

Petition for VDH Services Form

I, [REDACTED], am petitioning VDH to provide evaluation and design services based on (select one):

- Means test (household income at or below 200% of the federal poverty guidelines)
- VDH Hardship Guidelines

If you selected VDH Hardship Guidelines, please check all of the following guidelines that apply:

- Qualify for fee waiver pursuant to 12VAC5-620-80.A.
- Replacement well
- Well abandonment
- Safe, Adequate, and Proper Evaluation
- Onsite sewage system repair or pit privy fee waiver
- Insufficient number of private sector service providers
- Other: If other, please provide a detailed description of your hardship in obtaining private sector evaluation and design Services along with any relevant documents that you believe supports your request. Please provide the names of the Private sector service providers you contacted, prior to submitting this petition. (Detailed description can be attached)

[REDACTED]
Owners / Agents Signature

06-31-22
Date

(OFFICE USE ONLY) Petition for services: APPROVED DENIED

[REDACTED] PST
Reviewed By

RECEIVED
JUN - 2 2022
6/2/2022
Date

<http://www.vdh.virginia.gov/environmental-health/onsite-sewage-water-services-updated/have-you-considered-using-the-private-sector/>

INSTRUCTIONS FOR WELL AND SEPTIC PERMIT APPLICATIONS

Our goal is to process your application as quickly and accurately as possible. In order for us to achieve our goal, applicants must provide a **complete application (including an accurate site sketch), accurate directions to the property, and property lines and house site clearly and accurately marked on the property.** We cannot accept an incomplete application.

The following *MUST* be attached to your application:

1. Surveyed plat of your property
2. Tax Map Number or GPIN
3. Zoning/Chesapeake Bay approval, if required by your locality.
4. Proper fee: See attached fee chart; for septic repair and well replacement (if old well is abandoned) there is no fee.

The following checklist is provided to assist you with the application process. The items below must be completed by the applicant before the application is submitted to the health department. If you have questions, or need assistance with your application, please ask any of the environmental health staff. We will be happy to assist you. **Please check each item on the checklist when completed and return this form with the application.** Any items that do NOT apply please mark with a N/A.

A. The Application

- Are all items properly filled in?
- Have you included a telephone number where you can be reached during the day?
- Are directions to the property clear?
- Have you included the tax map number (or GPIN)?
- Have you signed and dated the application?
- Do you have the proper fee?

B. Site Sketch (These items may be drawn on a copy of the plat)

- Is the shape of the property correct?
- Is the length of each property line indicated?
- Are the shape and dimensions of house (including any porches & decks) shown?
- Is the house location shown by measurements to at least two property corners or property lines?
- Is the location of the driveway correct?
- Are all proposed or existing location of any utilities shown?
- Does the plat or site sketch show all legal easements located on property?
- Is the location of any septic systems, wells or buried fuel tanks within 200 feet of property shown?
- Have you shown the location and dimensions planned accessory items (sheds, pools, etc.)?
- Have you indicated your preferred location for the well and septic system?

C. The building site for which the application is made

- Are the property lines clearly and accurately marked?
- Has the house site been clearly and accurately marked?
- Is the location of property easily identified from the road?
- Have existing underground utilities been marked?
- Is the site sufficiently cleared of vegetation that surface contours can be clearly seen?

I understand that the health department cannot accept incomplete applications and that if the property is not clearly marked and property lines staked, my application will be DENIED.

I intend to begin construction on this property within 18 months. Yes No

Signature

05.31.22

Date

EHD ID # 057-ST5-99433 APPROVED FOR SS "A" income

Commonwealth of Virginia

Application For: Sewage System Water System

VDH USE ONLY

Receipt No/ App. Code: na

Check /Credit card #: na

Amount Rec'd: na

Health Dept. ID#: 128-22-0048

Due: 6/23/2022

Phone: _____

Cell Phone: _____

Fax: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Owner: _____

Mailing Address: 149 Poplar Ln Dumfries VA 22024

Agent: _____

Mailing Address: _____

Site Address: 149 Poplar Ln Dumfries VA 22024

Directions to Property: _____

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

Tax Map: _____ Other Property Identification: _____ Acreage of Property: _____

Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if the land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) **ONLY when ready to build.**

Check all that apply: Certification Letter Construction Permit Voluntary Upgrade Repair Permit

Single Family Home (number of bedrooms 2) 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 of 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 (If YES, mark on sketch.)

ALL APPLICANTS

Is this a private sector OSE/PE applications? Yes No If yes, is the OSE/PE package attached? YES Proposed?

Is this property indeed to serve as your (owners) principal place of residence? Yes No

In order for VDH to process your application for a sewage system you must attach 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 Virginia Department of Health to enter onto the property 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 _____ d.

Signature of Owner/Agent

Date

08-31-22

SITE PLAN SKETCH
or attached scaled site plan (if available)

When there is a question on the location and/or depth of a neighbor's well it will be necessary for you to get the well owner's verification in writing, with signature and date, as to the depth and/or location as stated on the submitted site plan.

Submitted By (please sign)

Date

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

47G-1-2

Owner: [Redacted] Address: Rt. 3, Box 581, Mechanicsville, VA Phone: [Redacted]
 (Mailing Address)
 Occupant: _____ Address: _____ Phone: _____
 (Mailing Address)

Exact Location of Premises _____
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design Yes No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION
 Allotted Area adequate Yes No. Distance from nearest lot lines 10 feet. Trees 25 feet. Water Supplies 50 feet. Buildings 10 feet.
- (2) INSTALLATION AND DESIGN
 Installed according to Permit Design Yes No
 Have additional Household Appliances been added NOT on Permit: Automatic Washer Garbage Disposal Other _____
 (Describe)
- (3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: Yes No. If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE
 Installed Yes No. Type of material C.I.
 Size 4 Inches.
- (5) SEPTIC TANK
 Constructed of Concrete
 (Kind of Material)
 Inside Dimensions Length 7 feet. Width 36 feet. Liquid Depth 4 feet. Depth of Air Space 12 inches. Inside Fittings comply with requirements Yes No.
- (6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test Yes No. Distribution Box provided with 2
 (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 400 square feet. Number of ditches 3 Length of ditches 60 feet. Grade of ditches Minimum 2 Inches per 100 feet. Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) Yes No. Type aggregate used CRIPK
 Depth of aggregate under Tile 6 inches. Total depth of aggregate 13 inches. Depth of backfill over aggregate 13 inches.
- (8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: Yes No. Was Surface Drainage required Yes No. If Yes, has this been provided Yes No. Has area been drained by lowering Ground Water Table: Yes No. Not required.
- (9) Are follow-up inspections necessary Yes No.

Septic Tank Contractor: A. Rollins Address: Brays Phone: _____
 This Sewage Disposal System (Is) (Is Not) Approved by Essex County Health Department.
 Date 5-17-66 Signed W. M. Probst Date _____ Approved _____
 (Sanitarian) (Health Director)
 Date _____ Approved _____ Date _____ Approved _____
 (Advisory Sanitarian) (Reviewing Authority - Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

**PERMIT TO INSTALL OR REPAIR
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS
(VOID AFTER TWELVE (12) MONTHS)**

Owner: [REDACTED] Address: Rt. # 3 Box 581 Date: 3-29-69 Case No. _____
 (Mailing Address) Phone: _____
 Occupant: Same Address: _____ Phone: _____
 (Mailing Address)

Exact Location of Premises: Rt. 117 to Oceana - Self - Self 1/4 mile below River on Right on River
 (Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

<input checked="" type="checkbox"/> INSTALL	<input type="checkbox"/> REPAIR	FOR
<input type="checkbox"/> Water Supply System	<input type="checkbox"/> Water Supply System	<input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Other _____
<input type="checkbox"/> Sewage Disposal System	<input type="checkbox"/> Sewage Disposal System	Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine _____
<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Garbage Disposal unit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Department recommends _____		Additional wastes _____

DETAILS OF RECOMMENDED SYSTEMS

(1) WATER SUPPLY Location to be approved by Sanitarian. Type
 Drilled Well Driven Well Bored Well Dug Well
 Other _____ Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

(2) SOIL STUDY Naturally drained, suitable by sight Yes No
 Technical Classification _____
 Rough Classification Sandy Medium Clay Pipe Clay. Percolation Test required Yes No. Rate _____ Minutes per inch. Depth of Water Table _____ feet (Estimated)
 Surface drainage required Yes No Area Drainage by Lowering Ground Water Table required Yes No

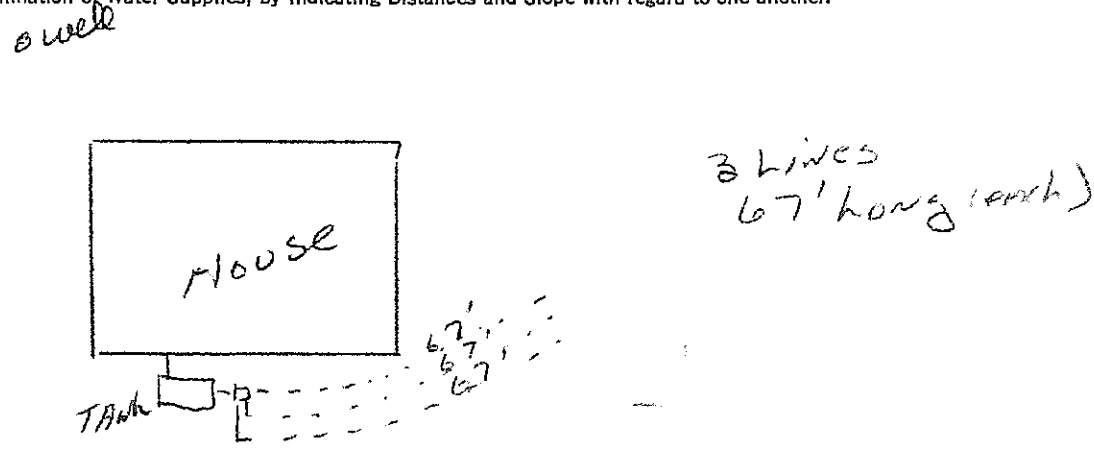
(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of
Concrete or Block Inside Dimensions Length 7 feet.
 (Kind of Material)

Width 36 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 750 gallons.

(4) HOUSE SEWER LINE Size 4 inches. Type of material required C.I. Distance from Water Supply _____ feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. 4/10 Type aggregate required Broken Stone Gravel Slag. Size range from 1/2 inches to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 2 inches.
 Total aggregate must equal minimum depth of 13 inches or more.
 Soil Cover over tile not to exceed 15 inches. Distance from well to septic tank 20 feet; distance from well to drain tile field 100 feet.

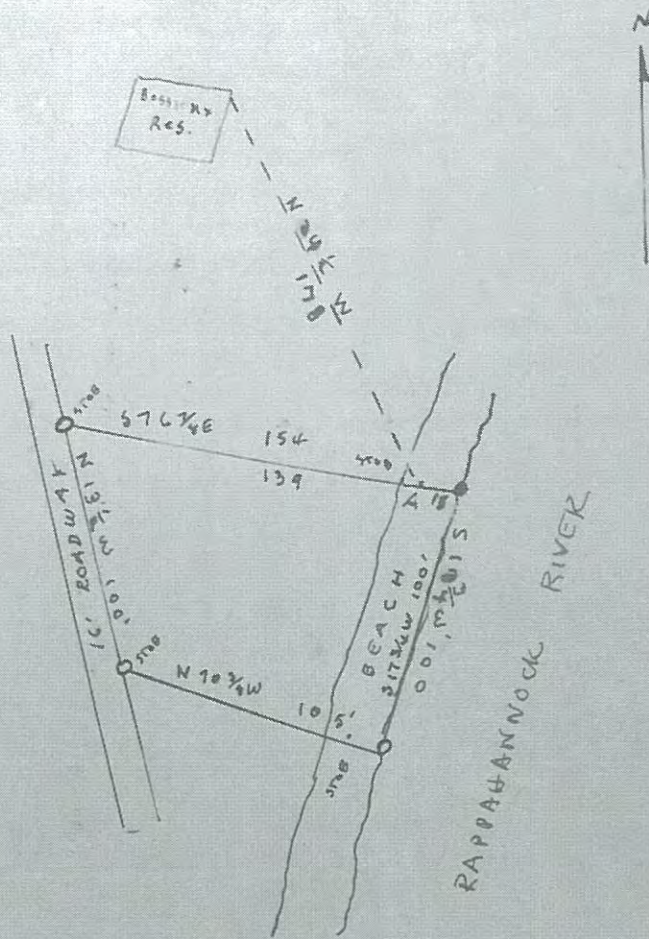
Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



Note: Owner or his agent must notify SSSX Health Department, Phone MC 35230 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.
 Date _____ Approved _____ Date _____ Signed W. M. Probert
 (Reviewing Authority) (Sanitarian or Health Director)

Existing Plat



Survey of .28 of an acre of land located near the residence of E.V. Bossieux as shown on plat. It being cut out of a part of the farm known as Fairfield in Rappahannock District, Essex Co. Va.

Scale 50 ft to 1 inch.

29 Mar

July 31, 1951

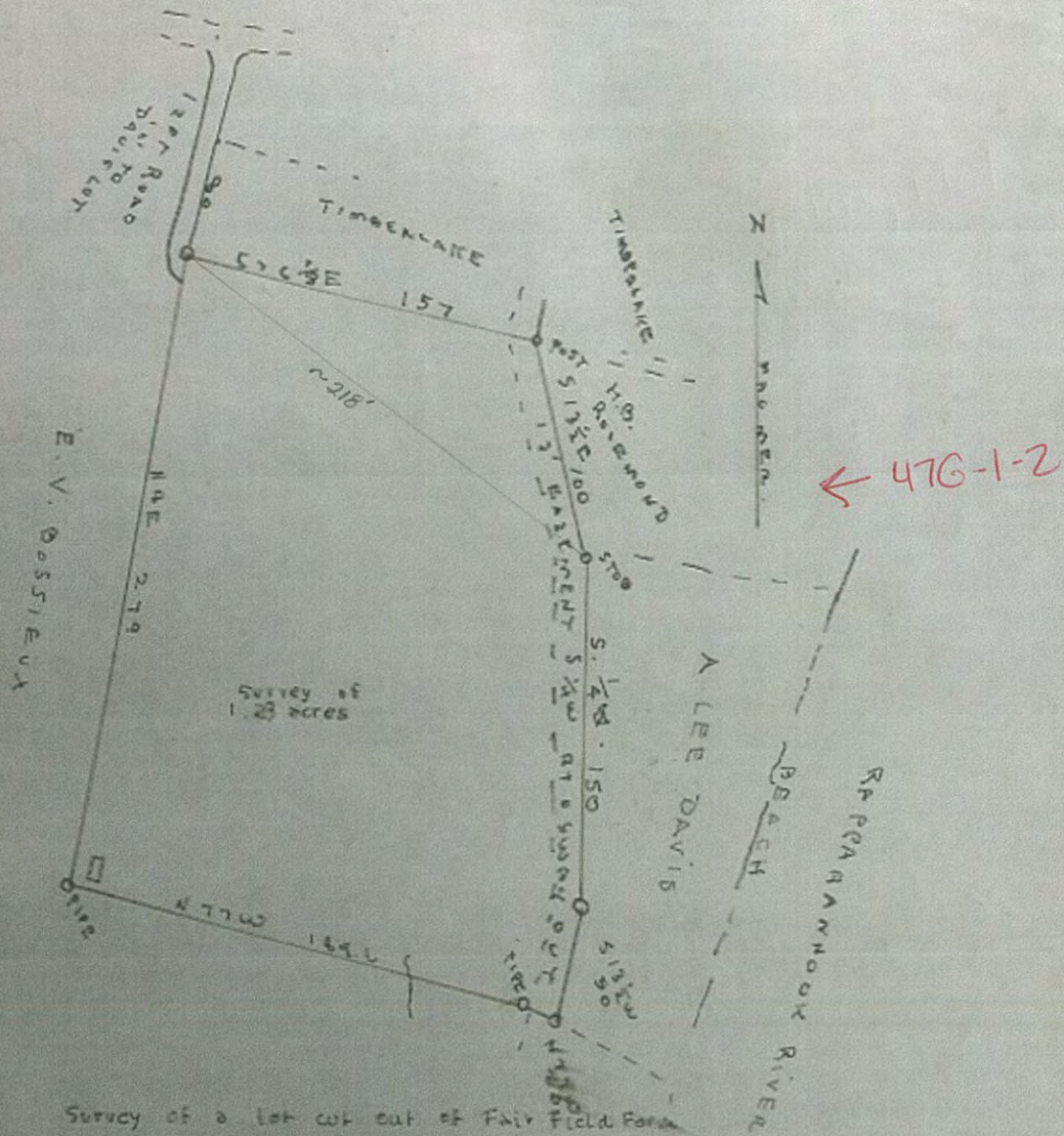
T. H. Warner

T. H. Warner
State Certified Surveyor
Rappahannock Va.

11:00 August 51

Warner, Chester

Part of 200' Sanitary Survey



Survey of a lot cut out of Fair Field Farm
 owned by E.V. Bossieaux and bargained to be
 sold to A. Lee Davis. The said lot is
 joining to another lot of said Davis
 and is subject to a 12 foot Easement out-
 from Brooks and Rossant Lots.
 Scale 50 Ft = 1 inch.

Mag. Met.

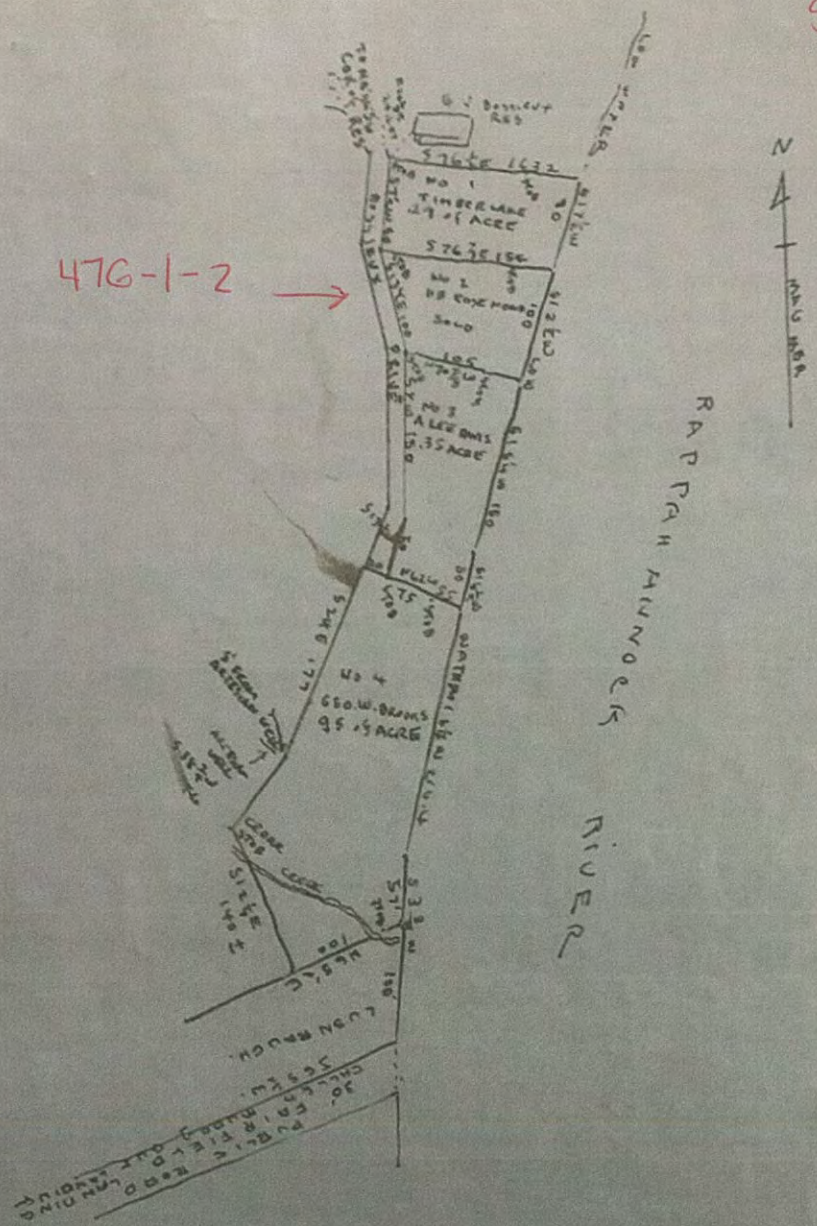
Aug 19 1953

P.H. Warner
 State Certified Surveyor
 Tappahannock, Va.

Accepted for record in the Clerk's Office of
 Essex County, Va. Circuit Court
 This 17th Day of August 1953
 At 11:30 o'clock
 A. H.

Accepted for record

Part of 200' Sanitary Survey



SURVEY OF SEVERAL LOTS FOR
 E.V. BOSSIEUX ON FAIRFIELD FARM
 LOWER PART OF ESSEX CO VA.
 ROSEMOR & LUSH BOUGH ALREADY SOLD.
 BEYOND DAVIS & TIMBERLAKE LOTS. SPOKEN FOR.

SCALE 80 FT TO 1 INCH
 MILLER 658W AT TAPPANNOCK
 SEPT. 8 1951

T. H. Warner
 S C S
 TAPPANNOCK
 VA.

272 Supr. 51
 Conrad Muller Clerk

Part of 200'
Sanitary Survey



Essex County Health Department
P.O. Box 206
Tappahannock, Virginia 22560
(804) 443-4076 Voice
(804) 443-2377 Fax

Private Well Construction Permit
Health Department ID Number: **128-06-207**

Owner / Agent Information
Owner: [REDACTED] 5401 Chamberlain Rd. Richmond, Virginia 23227 Owner Phone: [REDACTED]

Location Information
Property Address: Pops Lane Locality: Essex Directions: 17 S., lft. on Muddy Gut Rd., lft. on Norton Pt., rt. on Pops Lane 2nd house on left.
Tax Map: 47G-1-1

General Information
Well Class: Class IIIA Minimum Casing Depth: 100 feet Minimum Grout Depth: 20 feet

Comments:
Construction documentation and a water sample negative for coliform bacteria is required for approval of all potable water wells (Classes IIIA, B or C).
Class IIIA or IIIB wells must be 50'+ from all actual and potential sources of contamination including all parts of all sewage disposal systems, soil-poisoned foundations, underground petroleum tanks, cemeteries, feedlots, etc.
Please contact the Health Dept. between 8 and 9 a.m. on the day of drilling.

This permit is issued based upon a site evaluation conducted by Don Thomas, EHS on August 1, 2006. 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 #: 128-06-207

Owner Information	
[REDACTED]	Phone: [REDACTED]
5401 Chamberlain Rd. Richmond, Virginia 23227	

Construction Drawing
Scale drawing of the well site and related features. SEE PAGE 3 OF 3

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: Don Thomas

August 3, 2006
Issue Date

February 3, 2011
Expiration Date

Construction Drawing

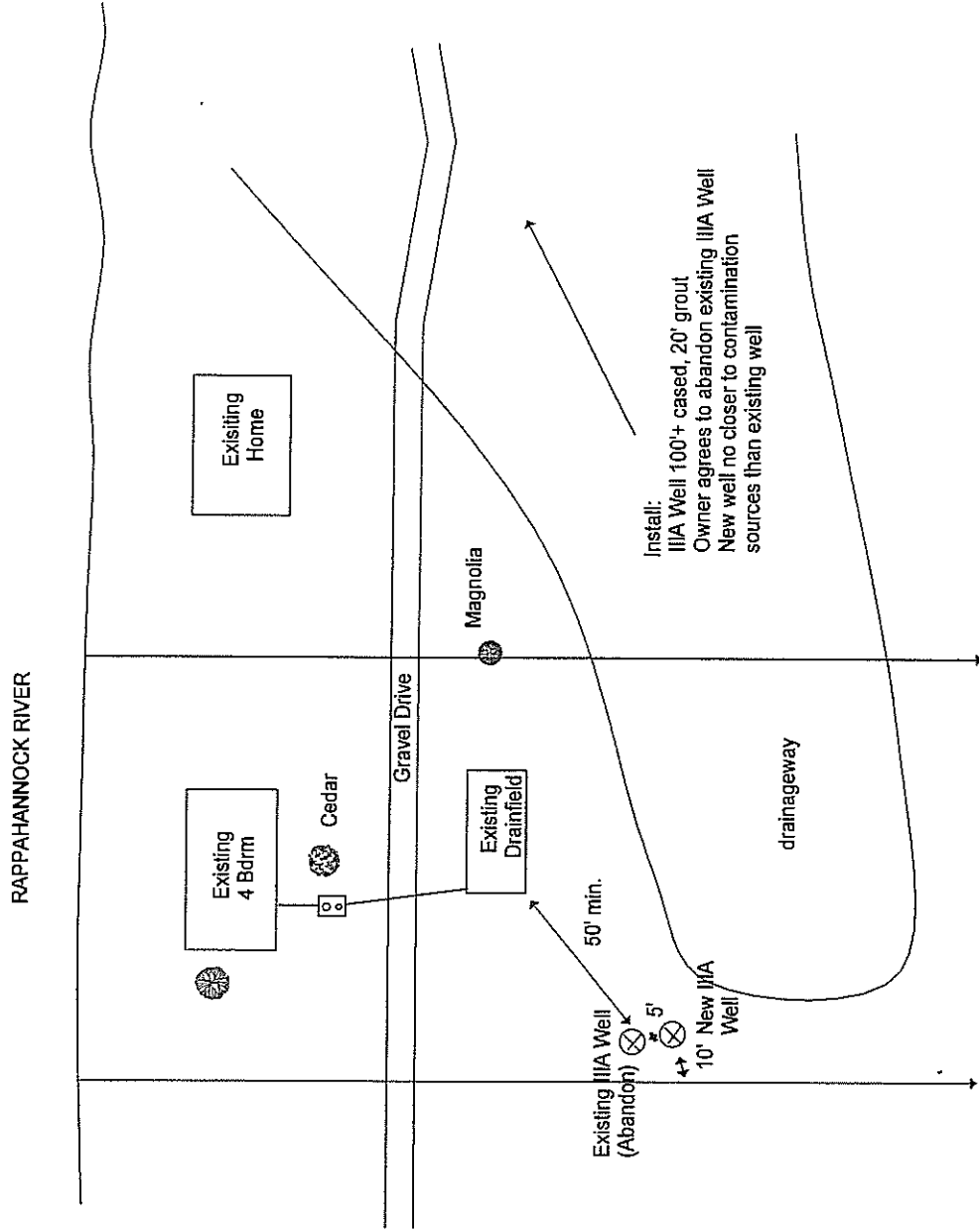
HDID 128.06.207

Well Setbacks:

- 50' from chemically soil poisoned foundations
 - 50' from wastewater disposal system
 - 50' from UG fuel storage tanks
 - 10' from building with other termite treatment
- The Homeowner/welldriller is to contact the health department with the expected well construction date (804-443-4076).

The Homeowner must provide the following to the health department for issuance of a Record of Inspection:

1. Proper Well construction documentation; and
 2. Water sample negative for the coliform bacteria.
- Note that the well driller will not perform the water sample unless specifically contracted to do so.



Site Evaluation Conducted by: Don Thomas, EHSS
 System Design by: Don Thomas, EHSS

Don Thomas
 Don Thomas, EHSS

August 3, 2006
 Issue Date

February 3, 2008
 Expiration Date

ents permit.

- A. This permit has a 100% reserve area identified and is greater than 100 feet from tidal/wetlands areas.
- B. This site may not meet the county's criteria of the Chesapeake Bay Preservation Act.
 - 1. 100% reserve area was not located contiguous to primary drainfield site.
 - 2. Required separation distance from water and/or wetlands was not available.

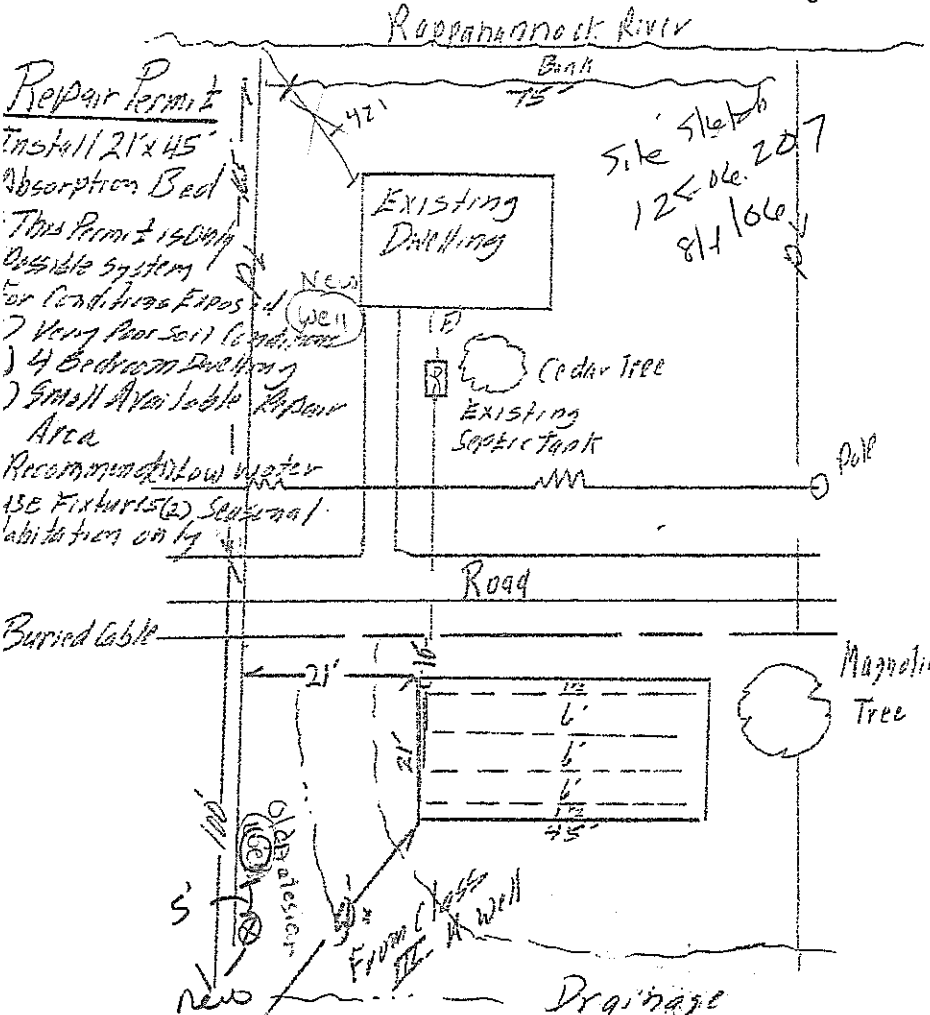
Health Department Identification Number 128-92-193

Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the 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 located on the same lot show all sources of pollution within 100 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.



- *Drawing not to scale.
- *Permit void if house location interferes with proposed drainfield location.
- *Drainfield to be 100'+ from all Class III wells and 50'+ from all Class II wells.
- *Remove all trees within 10' of drainfield.
- *Install ~~45'~~ 45' lines in 21' wide ditches on 6' centers following land contours with lines.
- *Install septic tank and distribution box with to maximum cover. *Existing Tank*
- *Install ditches 18' x 24' deep.
- *Follow OSHA Codes.
- *Header lines to extend 24" into ditches.
- *Place untreated building paper over gravel in ditches.
- *Designed for basement plumbing? Yes No X
- *Pump septic tank every 3 to 5 years.
- *Keep driveway off drainfield system.
- *Divert roof drains away from drainfield.
- *Install Class well from all sources of contamination.
- *Well shall not be located in a low area.
- *** PUMP SYSTEM REQUIREMENTS ***
- *Install check valve at pump and elbow in basin.
- *Pump to deliver gallons per cycle (" drawdown for a gallon tank).
- *Install alarm panel with audio and visual signals in dwelling.
- *Contractor to supply pump specifications.
- *Building inspector to check all wiring.
- *Sanitarian to observe pump operation.
- *Well curbing to be used for catch basin.

The sewage disposal system is to be constructed as specified by the permit or attached plans and specifications .

This sewage disposal system 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: May 14, 1992 Issued by: [Signature] Sanitarian

Date: 5-21-92 Reviewed by: [Signature] Supervisory Sanitarian

This Construction Permit Valid until 11-14-96

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

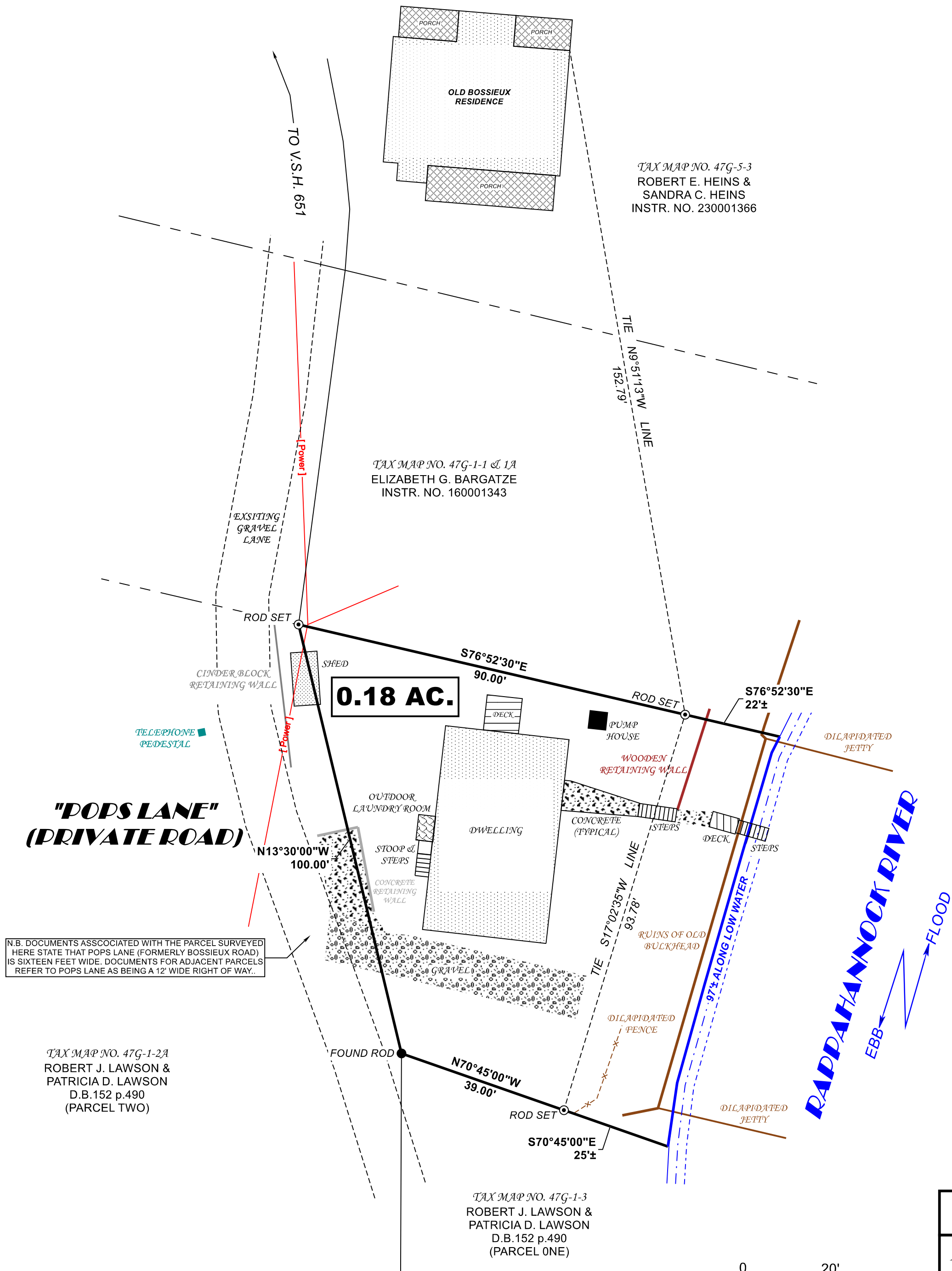
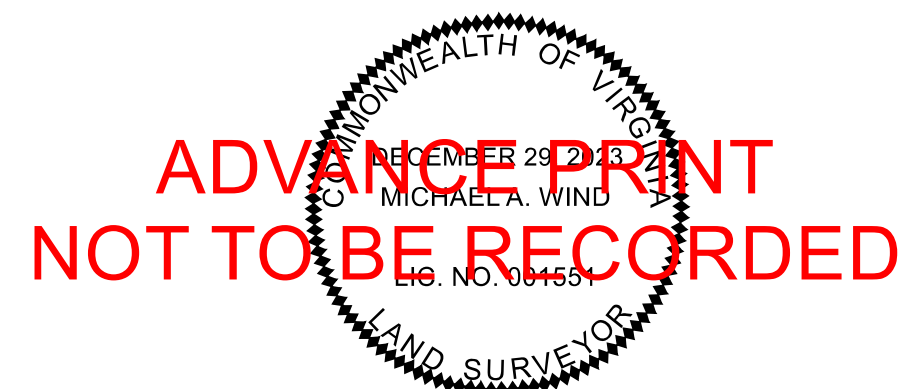
SURVEY FOR

RAPPAHANNOCK MAGISTERIAL DISTRICT
ESSEX COUNTY, VIRGINIA



NOTES:

- 1) THIS PLAT IS BASED ON A CURRENT FIELD SURVEY.
- 2) CURRENT OWNERS: BRANDY LYNN BRANCH & MICHAEL THOMAS ROSEMOND
INSTR. NO. 08000073 (WF)
INSTR. NO. 060000126 (WF)
D.B.233 p.113
- 3) PROPERTY ADDRESS IS 149 POPS LANE.



N.B. DOCUMENTS ASSOCIATED WITH THE PARCEL SURVEYED
HERE STATE THAT POPS LANE (FORMERLY BOSSIEUX ROAD)
IS SIXTEEN FEET WIDE. DOCUMENTS FOR ADJACENT PARCELS
REFER TO POPS LANE AS BEING A 12' WIDE RIGHT OF WAY.

TAX MAP NO. 47G-1-2A
ROBERT J. LAWSON &
PATRICIA D. LAWSON
D.B.152 p.490
(PARCEL TWO)

TAX MAP NO. 47G-1-3
ROBERT J. LAWSON &
PATRICIA D. LAWSON
D.B.152 p.490
(PARCEL ONE)

TAX MAP NO. 47G-5-3
ROBERT E. HEINS &
SANDRA C. HEINS
INSTR. NO. 230001366

TAX MAP NO. 47G-1-1 & 1A
ELIZABETH G. BARGATZE
INSTR. NO. 160001343

0.18 AC.



MICHAEL A. WIND, CERTIFIED LAND SURVEYOR	
P.O. BOX 1597 TAPPAHANNOCK, VA. 22560 PHONE 804-443-6426	DATE: NOVEMBER 27, 2023 JOB NO: 13-215 TAX MAP NO: 47G-1-2
	SCALE: 20 Ft/In DISK NO: 155-7 TPC NO: 23-118