
Wythe County Health Department
290 South 6th St. Suite 300
Wytheville, Virginia 24382
(276) 228-5507 Voice
(276) 228-3392 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

DATE December 15, 2020

Wythe County
345 S. 4th St.
Wytheville, VA 24382

RE: Site location: 1057 Fort Chiswell Rd.
Tax Map: 44-76C
HDID: 20-198-141 **Reserve:**
System Capacity: 300 gpd

Dear Wythe County:

This letter and the attached drawings, specifications, and calculations (8 pages) dated *11-30-2020*, 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 *OSE Stephen Dalton* 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 *local 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 *local health department*.

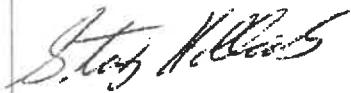
The OSE/PE that submitted the certified design for this permit is required to conduct a final inspection of this sewage system when it is installed and to submit an inspection report and completion statement. As the owner, you are responsible for giving reasonable notice to the OSE/PE of the need for 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 *local health department* is required to inspect the installation. 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 Wythe County Health Department.

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: *expiration date*. June 15, 2022

Sincerely,



EHS, Stacy Holliday
Local health department

CC: OSE and or PE

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 Wythe County Health Department at (276) 228-5507.

20f8

Commonwealth of Virginia

Application for: Sewage System Water Supply

VDH Use only
Health Department ID# 20-198-141
Due Date _____

Owner Wythe County

Phone 276-620-3167

Mailing Address 345 S 4th St.
Wytheville VA 24382

Phone _____

Agent Southwest Soils, Inc.

Fax _____

Mailing Address 305 Oak St.
Hillsville VA 24343

Phone 276-728-3222

Phone _____

Site Address 1057 Fort Chiswell Road
Fort Chiswell

Fax _____

Email _____

Directions to Property: 1057 Fort Chiswell Road

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 44-76C Other Property Identification _____ Dimension/Acreage of Property 2.112 acres

Sewage System

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

Certification Letter Construction Permit Voluntary Upgrade Repair Permit Minor Modification

Proposed Use:

Single Family Home (Number of Bedrooms _____) Multi-Family Dwelling (Total Number of Bedrooms _____)
Other (describe) Lead Mines Rescue Building with Kitchenette and Washer (4 People)

Basement Yes No Walk-out Basement Yes No Fixtures in Basement Yes No

Conditional permit Yes No If yes, which conditions do you want?

Reduced water flow Limited Occupancy Intermittent or 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


Well Type (e.g. domestic use, agricultural, irrigation, etc.) PSA

All Applicants

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

All applications must be accompanied by private sector evaluations and designs, unless a petition for VDH services is approved. Is a Petition for Service form attached? Yes No

In order for VDH to process your application for a sewage system you must attached 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 the Virginia Department of Health to enter onto the property described 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 On-site Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.


Signature of Owner Agent

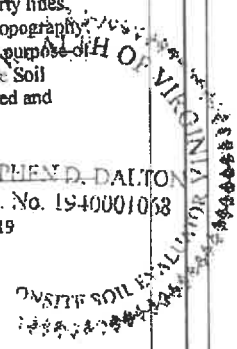
Date 11/30/2020 STEPHEN D. DALTON

ic. No. 1940001068
Revised 2019

This form contains personal information subject to disclosure under the Freedom of Information Act.

ck# 1902

TM# 44-76C
DATE 12-4-2026
Receipt 19730465
Amount \$225.00

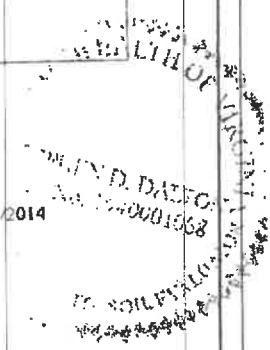


Site and Soil Evaluation Report

VDH Use Only
HDIN: _____

General Information			
Date: <u>11/30/2020</u>	<u>Wythe</u>	County Health Department	
Owner: <u>Wythe County</u>	Phone: <u>276-620-3167</u>		
Owner Address: <u>345 S 4th St.</u>	<u>Wytheville</u>	VA	<u>24382</u>
Property Address: <u>1057 Fort Chiswell Road</u>	Fort Chiswell		
Tax Map/GPIN #: <u>44-76C</u>			
Subdivision: _____	Section: _____	Block: _____	Lot: _____

Soil Information Summary	
1. Position in landscape satisfactory: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Describe landscape position: <u>shoulder</u>
2. Slope: <u>0-2</u> %	
3. Depth to rock/impervious strata: Max. <u>48</u> in. Min. <u>48</u> in. <input type="checkbox"/> Not observed	
4. Free Water Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Range in inches: _____
5. Depth to seasonal water table (gray mottling or gray color): <u>42</u> inches <input type="checkbox"/> Not observed	
6. Soil percolation rate estimated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Estimated rate: <u>65</u> min/in at <u>20</u> inches depth
Texture Group: <input type="checkbox"/> I <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV	
7. Percolation test performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, provide additional data on percolation test results.
Name and title of evaluator: <u>Stephen Dalton OSE</u>	
Signature: _____	
<input checked="" type="checkbox"/> Site approved: <u>Absorption Trenches</u> (describe dispersal area, e.g. absorption trenches) dispersing <u>Septic Effluent</u> (proposed level of treatment at time of evaluation) to be placed at <u>20</u> (inches) depth at site designated on permit. Site provides a total of <u>756</u> square feet of absorption area for primary and reserve (if applicable).	
<input type="checkbox"/> Site disapproved: Reasons for rejection (check all that apply)	
1. <input type="checkbox"/> Position in landscape subject to flooding or periodic saturation.	
2. <input type="checkbox"/> Insufficient depth of suitable soil over hard rock.	
3. <input type="checkbox"/> Insufficient depth of suitable soil to seasonal water table.	
4. <input type="checkbox"/> Rates of absorption too slow.	
5. <input type="checkbox"/> Insufficient area of acceptable soil for required absorption area, and/or reserve area.	
6. <input type="checkbox"/> Proposed system too close to well.	
7. <input type="checkbox"/> Other (specify)	



Date of Evaluation: 11/16/20

Profile Description
SOIL EVALUATION REPORT

Property ID: 44-76C

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.

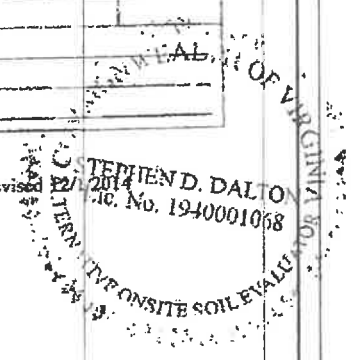
See application sketch See Construction Permit See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of color, texture, etc.	Texture Group
1	A	0-8	Brown (7.5YR 4/4) LOAM, 15% rock fragments, fine roots	IIb
	Bt	8-24	Yellowish Brown (10YR 5/8) light SILTY CLAY LOAM	III
	Bt2	24-48	Strong Brown (7.5YR 5/8) heavy SILTY CLAY LOAM, manganese stainings chroma 2 depletions at 42"	III
2	A	0-5	Brown (7.5YR 4/4) LOAM, many fine roots	III
	E	5-14	Yellowish Brown (10YR 5/8) SILTY CLAY LOAM	III
	Bt	14-24	Brownish Yellow (10YR 6/8) SILTY CLAY LOAM, few shale fragments	III
	Bt2	24-48	Brownish Yellow (10YR 6/8) heavy SILTY CLAY LOAM, shale fragments	III
3	A	0-10	Brown (7.5YR 4/4) LOAM, many fine roots	IIb
	Bt	10-24	Yellow (10YR 7/8) heavy SILT LOAM, 10% rock fragments, fine roots	III
	Bt2	24-48	Brownish Yellow (10YR 6/8) SILTY CLAY LOAM	III

REMARKS:

This form contains personal information subject to disclosure under the Freedom of Information Act.

Revised 12/1/2014



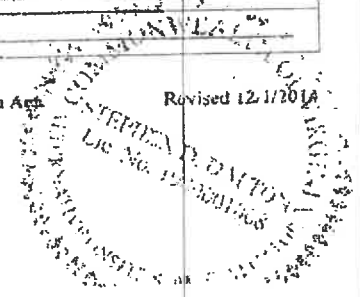
System Specifications

VDH Use Only
HDIN: _____

Application Information	
Name: <u>Wythe County</u>	Address: <u>345 S 4th St.</u>
Phone: <u>278-620-3187</u>	<u>Wytheville VA 24382</u>
Location Information	
Tax Map/GPIN #: <u>44-76C</u>	Property Address: <u>1057 Fort Chiswell Road Fort Chiswell</u>
Subdivision: _____	Section: _____ Block: _____ Lot: _____
Directions: <u>1057 Fort Chiswell Road</u>	
General Information	
Property Type (e.g. residential): <u>Lead Mines Rescue</u>	Number of Bedrooms: _____
Daily Flow: <u>300</u> gpd	Conditions: _____
Notes: <u>4 People with Kitchenette and Washer</u>	
Sewer Line	
Diameter: <u>4</u> in. Material: <u>SCH 40 PVC</u>	(or equivalent) Notes: <u>cleanouts every 50'</u>
Pretreatment Unit(s)	
Treatment Level: _____	Septic Tank Capacity: <u>1,000</u> gallons
Number of Septic Tanks: <u>1</u>	Size of Septic Tank(s): <u>1,000</u> gallons
Per the Sewage Handling and Disposal Regulations, check which option(s) chosen:	
<input checked="" 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: <u>PVC 40 4" Tees</u>	
Conveyance Line	Distribution Method and Header Lines
Conveyance Method: <u>Gravity</u>	Distribution Method: <u>4" SCH 40 PVC</u>
If pumping, include pump specifications sheet.	No. of boxes: <u>1</u> No. of outlets: <u>8</u>
Material: <u>SCH 40 PVC</u> Diameter: <u>4"</u>	Surge or splitter box required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Notes: <u>6" fall per 100'</u>	Header Line Material: <u>SCH 40 PVC</u>
Percolation Lines/Absorption Area	
Dispersal Method (e.g. laterals, pad, mound): <u>laterals</u>	
If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet.	
No. of laterals/pads: <u>9</u> Length of lateral(s)/pad(s): <u>42</u> ft. Width of lateral(s)/pad(s): <u>36</u> in.	
Center to center spacing: <u>9</u> ft. Installation depth: <u>20</u> in. Aggregate depth: <u>n/a</u> in.	
Size/Type of Aggregate: <u>Infiltrator Chambers</u> Lateral/pad slope: <u>2"-4"</u> in. per <u>100</u> ft.	
Reserve Area Provided: <u>N/A</u> % Notes: _____	
Please Note: <u>12" of suitable cover required over trenches</u>	

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Revised 12/1/2014



Fort Chiswell Road

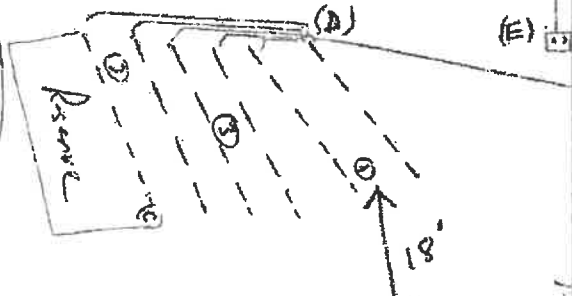
6048

Approx. 1" = 40'

Gravel Area

Existing Building
1057

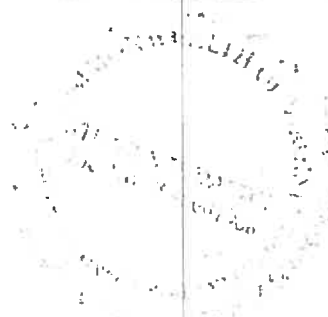
(6) - 42' Trenches
3' Wide
20" Deep
9' Centers
* Chambers Required



Drainage Ditch

A-C 96'
A-D 48'
B-C 150'
B-D 94'

Final Survey # 12-198-030



7.08

Appendix 6
Abbreviated Design Form
(TL-3 Drip Irrigation RESERVE)

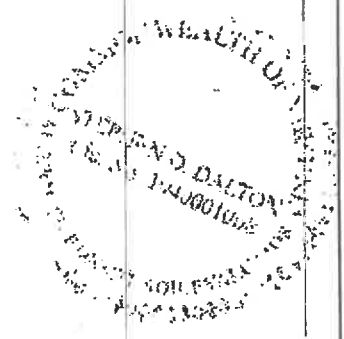
For use with gravity and pump drainfields, enhanced flow systems and low pressure distribution systems when applying for a certification letter or subdivision approval.

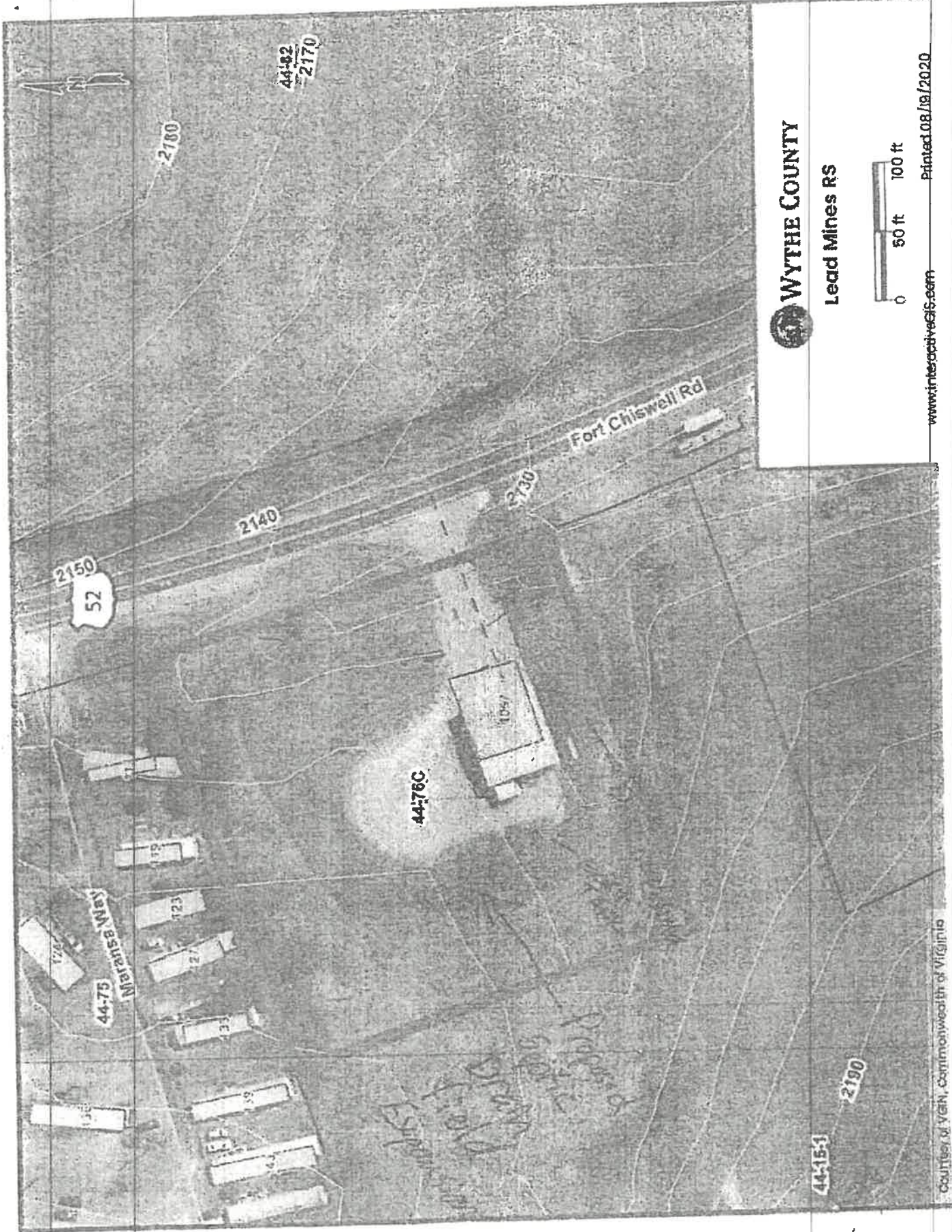
Design Basis

- A. Estimated Percolation Rate 60 mpi
- B. TL-3 Coefficient .74
- C. Number of Bedrooms
- D. Gallons Per Day (GPD) 150
- E. Slope Factor
- F. Recommended Installation Depth 4 in.

Area calculations

- G. Lengths of Trench 42 ft H. Length of available area 42 ft.
- I. Width of trench n/a
- J. Center-to-center spacing 2 ft.
- K. Width required 16 ft. L. Width of available area 16 ft.
- M. Total square footage required 608
- N. Square footage in design 672
 42'x16'





WYTHE COUNTY

Lead Mines RS



Printed 08/18/2020

www.interactivegis.com

Courtesy of VGIN, Commonwealth of Virginia

Commonwealth of Virginia

Application for: Sewage System Water Supply

VDH Use only	
Health Department ID#	_____
Due Date	_____

Owner Wythe County Virginia

Mailing Address 340 South 6th Street

Wytheville, VA 24382

Agent _____

Mailing Address _____

Phone 276-223-4500

Phone _____

Fax _____

Phone _____

Phone _____

Fax _____

Site Address 1057 Fort Chiswell Road

Max Meadows, VA

Email jdkincer@wytheco.org

Directions to Property: I-81 Exit 80. South on hwy 52 about 3 miles on right.

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 44-76 C Other Property Identification _____ Dimension/Acreage of Property _____

Sewage System

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

Certification Letter Construction Permit Voluntary Upgrade Repair Permit Minor Modification

Proposed Use:

Single Family Home (Number of Bedrooms _____) Multi-Family Dwelling (Total Number of Bedrooms _____)

Other (describe) Rescue Squad Building

Basement? Yes No Walk-out Basement? Yes No

Conditional permit desired? Yes No If yes, which code _____

Reduced water flow Limited Occupancy Intermittent or _____

Do you wish to apply for a betterment loan eligibility letter? Yes No _____ ity.

Water Supply

Will the water supply be Public or Private? Is the well _____

If proposed, is this a replacement well? Yes No If yes, _____

Will any buildings within 50' of the proposed well be termite treated? _____

Well Type (e.g. domestic use, agricultural, irrigation, etc.) _____

All Applications

Is this property intended to serve as your (owners) principal place of residence? _____

All applications must be accompanied by private sector evaluation. Is a Petition for Service form attached? Yes No

In order for VDH to process your application for a sewage system you must attached 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 the Virginia Department of Health to enter onto the property described 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/or private water supply has been constructed and approved.

[Signature]
Signature of Owner/ Agent

11/5/2020
Date