



**COMMONWEALTH OF VIRGINIA
VIRGINIA DEPARTMENT OF HEALTH**

CERTIFIES THAT

Inn-Vest, LLC.

is hereby granted a permit/license to operate a

TOURIST ESTABLISHMENT

TRADING AS:

**WOODBERRY INN
182 WOODBERRY ROAD SW
MEADOWS OF DAN 24120**

*in accordance with the regulations of the Board of Health of the
Commonwealth of Virginia.*

**Concerns or questions call the:
Floyd County Environmental Health at (540) 745-5577**

Facility Type: Tourist Establishment

Issue Date: 4 September 2020

Expiration Date: 31 August 2021

A handwritten signature in blue ink that appears to read "Gary Coggins".

**GARY COGGINS
ENVIRONMENTAL HEALTH MANAGER
NEW RIVER HEALTH DISTRICT**

Department of Health Permit Application Log

Applicant: Dylan Ellerbee



Permit Year: 2020

Facility Name: Woodberry Inn

Location: 182 Woodberry Rd
Meadows of Dan

Date	Notes / Actions:	Initials
	Continue on the reverse if necessary.	

Benchmarks	* OSS Responsibility	Date	Initials
*1. Application received <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Owner Change		9/10/20	LC
*2. OSS reviewed application for completeness Missing: _____			
*3. Fees collected: \$ <u>40.00</u> (Permit) \$ _____ (Plan Review)			
4a. PIC is the same <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4b. Menu is the same <u>N/A</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			
*5. Application entered into HS		9/11/20	LC
*6. File created or updated			
*7a. Application logged			
7b. Application assigned to EHS; EHS assigned: <u>Thomas</u>			
8a. Plans reviewed by EHS <input type="checkbox"/> NA <input type="checkbox"/> Denied <input type="checkbox"/> Approved			
8b. Letter created <input type="checkbox"/> NA			
*8c. Letter mailed <input type="checkbox"/> NA			
9a. Application reviewed by EHS			
9b. Result: <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved		9/17/20	TAH
10a. Permit or Letter created <input type="checkbox"/> NA			
*10b. Permit or Letter <input type="checkbox"/> NA <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Picked-up		9/18/20	LC
*11. Record filed			
12. Inspection <input type="checkbox"/> Last Insp. Moved in HS <input type="checkbox"/> Schedule Post-open			
13. Risk Assessment Completed			

Comments: 9/10/20 Called to set-up virtual inspection. TAH

9/17/20 Conducted virtual inspection of hotel. TAH

Document Required	Date Received
Demonstration of Knowledge	
Menu	
State of Delivery	
Equipment Specs	
Complete Floor Plans	
Water Test Results	
Cert of Occupancy	
Fire Dept Approval	
Other	

box should be checked when document is required.

Today's Date: 8/28/20



COMMONWEALTH OF VIRGINIA

Application for A Department of Health Establishment Permit

Application for a: New Establishment Renewal Name Change Change of Owner

Establishment type: Restaurant Camp Kitchen Catering Mobile Other Hotel

Name of Establishment: Woodberry Inn

Applicants Name: Dylan Enerlee Phone Number: 540-582-1600

Telephone: 919-957-5412 Fax: Web site: Woodberryinn.com

EMAIL ADDRESS: WoodberryInn@Gmail.com
(Important for Product Recalls & Public Health Emergencies)

Facility physical location: 182 Woodberry Rd SW, Meadows of Dan, VA

Facility mailing address: 11

Establishment Owner is a/an: Association, Corporation, Individual, Partnership, Other

Association, Corporation, Partnership name: Inn-Vest LLC

**NOTICE: IF YOU ARE APPLYING FOR AN ABC LICENSE THIS NAME MUST MATCH THE NAME ON YOUR ABC APPLICATION.

Mailing address: Same as above

(* Attach list of names, titles, and addresses of persons comprising the legal ownership if other than individual.)

Onsite Person in Charge of Facility:

Name: Dylan Enerlee

Title: Owner

Address: Same as above

Telephone: Same as above

Immediate Supervisor of Person in Charge:

Name:

Title: NA

Address:

Telephone:

Water supply: (check appropriate box) Public – name _____ or Private – type well

Sewage: (check appropriate box) Public – name _____ or Private – type Septic

Number of: seats _____ Number of outdoor seating: _____

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

NA

Is the Onsite Person In Charge a Certified Food Manager? yes no

Is the food establishment: (check appropriate box) stationary mobile No Restaurant
at this time

Is the food establishment: (check appropriate box)

seasonal (months of operation _____)

Is the food establishment: (check appropriate box)

open year round

smoking non-smoking

Food Type: Full Service Fast Food Take-Out Caterer Hospital School Concession Other (explain): _____

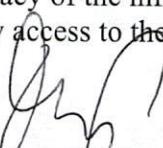
Does the food establishment: (Check Yes or No)

1. Prepare, offer for sale, or serve time and temperature control for safety(TCS) foods: Yes or No
(a) Only to order upon a consumer's request: Yes or No
(b) In advance quantities: Yes or No
(c) Using time as the public health control (i.e., not temperature controlled): Yes or No
2. Prepare TCS food in advance using a food preparation method that involves two or more steps which may include combining TCS food ingredients, cooking, cooling, re-heating, hot or cold holding, freezing, or thawing Yes or No
3. Prepare food as specified under (2.) for delivery to and consumption at a location off premises of the food establishment where it is prepared (catering) Yes or No
If Yes, is catering: Full Service Limited
4. Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared (i.e. catering): Yes or No
5. Does not prepare but offers for sale only prepackaged food that is not potentially hazardous: Yes or No
6. Prepares only food that is not potentially hazardous: Yes or No

ALL APPLICANTS MUST INCLUDE THE FOLLOWING:

1. COPY OF CURRENT MENU (ONLY if application is for a food facility)
2. COMPLETE SET OF PLANS (for new facility or remodeling of an existing facility)
PLANS NOT REQUIRED FOR PERMIT RENEWALS.

I/We attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required:

Signature: 

Title: Owner

Print Name: Dylan Eberle

Date: 8/28/20

FOR OFFICIAL USE							
Date Received: <u>8/28/20</u>	Receipt #: <u>22750841</u>	Paid \$ <u>40.00</u>	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> ACC Ver #: <u>084295</u>	<input type="checkbox"/> Check #:		
For: <input type="checkbox"/> Plan Review Fee <input type="checkbox"/> Renewal		<input checked="" type="checkbox"/> Other: <u>Change of owner</u>	Received by: <u>Thomas</u>				
Approved for Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No		Environmental Health Spec. <u>Thomas</u>					

Sanitary Regulations for Hotels (12VAC5-131) Inspection Report

Local Health Dept Name, Address, Contact Information Montgomery County H.D. 210 South Pepper Street, Suite A Christiansburg, VA 24073 (540) 585-3300			Establishment Name, Address, Contact Information Woodberry Inn 182 Woodberry Road SW Meadows Of Dan VA 24120		
Date: 09/17/2020	Time In: 10:00 AM	Time Out: 11:00 AM	EIIS: Thomas Hill		
# of rooms: 16	Rooms Inspected: 202, 203 and 204.				
Inspection Type: Routine					
Procedural Regulations					
IN/OUT N/A/N		IN/OUT N/A/N			
160	Submission of plans	270		Correction of violations	
180	Permitted and posted	280		Operator available	
Guest Rooms			General Facility Conditions		
290	General conditions	360		Public restrooms	
300	Floors	380		Debris	
310	Walls and ceilings	400		Drinking fountain	
320	Room furnishings	430		Housekeeping carts	
330	Heat, light, & ventilation	430		Stairways	
340	Mattress and box springs	440		Ice Machine	
340	Linens	380		Pesticide application	
340	Sheet length	340		Laundry room	
350	Bed spacing, underside	430		Chemicals labeled and isolated	
360	Plumbing fixtures, VUSBC	440		Glassware sanitized	
360	Bathrooms, condition and cleanability	440		Three compartment sink or commercial dishwasher and proper use	
360	Hot and cold water	440		Single service ware storage	
360	Bathroom floors/mats	440		Bottled water	
360	Shower/bath watertight	400		Water heater pressure relief	
360	Safety glass	430		Boilers/ pressure vessels	
360	Bathroom supplies	370		Dumpster, garbage nuisance	
370	Room trashcans	400		Hotel water supply	
380	Pest infestation	400		Water distribution system, VUSBC	
440	Glassware covers	410		Sewage disposal	
440	Ice bucket	420		Fire Safety, VUSBC	
450	Kitchen; hot & cold water	390		Swimming Pool Regulations	
450	Sanitizing sign and agent	440		Food Regulations	
450	Refrigerator 41 degrees	460		Communicable disease	
450	Utensils if supplied	470		Pets	
480	Rates and Code posted				

IN = in compliance OUT = out of compliance N/A = not applicable N/O = not observed

Establishment Name: Woodberry Inn

Inspection Date:
09/17/2020

Section: Observations/ Time to Correction:

Follow-up Inspection required: Yes No

Follow-up Inspection date & time if scheduled:

Received by: _____ EHS: Thomas Hise

Pursuant to Virginia Code§ 55.1-4 (Applicability of Administrative Process Act), alleged violations and recommended corrective actions documented by the agency in this report do not constitute a case decision, and may be challenged as provided in Virginia Code § 2.2-4000 et seq.



Floyd County Health Department
POB 157
Floyd, Virginia 24091
(540) 745-2141 Voice
(540) 745-4929 Fax

Sewage Disposal System Operation Permit

Property Owner

Nancy and Gregory Hook
PO Box 888
Meadows of Dan, Virginia 24120
Phone: (540) 593-2567

Health Dept. ID: **09-131-4075**

Tax Map: **78-57 #20**

Locality: Floyd

Property Location

Property Address: Woodberry Inn
PO Box 888
Meadows of Dan, Virginia 24120

Directions: Rt. 8 6 miles Blue Ridge Parkway S to Milepost #174, L Woodberry Road

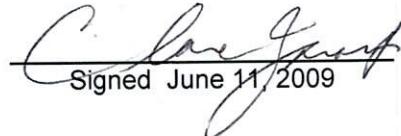
=====

Nancy and Gregory Hook is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location, having a design capacity of **450** gallons per day maximum.

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

June 11, 2009
Effective Date

Clare Zaronsky
EHS


Signed June 11, 2009

To Blue Ridge Parkway

Woodberry Road

Main Building

Motel Units

Motel
Units

Parking area

NOT TO SCALE

09-131-4075
78-57 #20

As installed 6-10-2009

Inspected by Clare Zaronsky

75'

77'

Replaced 1000 gallon septic tank

WOODBERRY INN
REPAIR



Floyd County Health Department
POB 157
Floyd, Virginia 24091
(540) 745-2141 Voice
(540) 745-4929 Fax

Septic Tank - Soil Absorption System Repair Permit

Health Department ID Number: 09-131-4075

Owner / Agent Information	
Owner: Nancy and Gregory Hook PO Box 888 Meadows of Dan, Virginia 24120 Owner Phone: (540) 593-2567	
Location Information	
Property Address: PO Box 888 Locality: Floyd Directions: Rt. 8 6 miles Blue Ridge Parkway S to Milepost #174, L Woodberry Road	Tax Map: 78-57 #20
General Information	
System Type: septic tank effluent and drainfield Type of Property: Non-Residential	Daily Flow: 450 gallons Number of Bedrooms:
Sewer Line Existing	Distribution Box Information :
Conveyance Line / Force Main Information Existing	Header Line Information Existing
Septic Tank - Inlet Outlet Structure Capacity: 1000 gallons The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank	Percolation Lines and Absorption Area Existing
Please Note: This permit is to allow replacement of a septic tank collapsed by an electric company trunk	

Construction Drawing

HD ID #: 09-131-4075

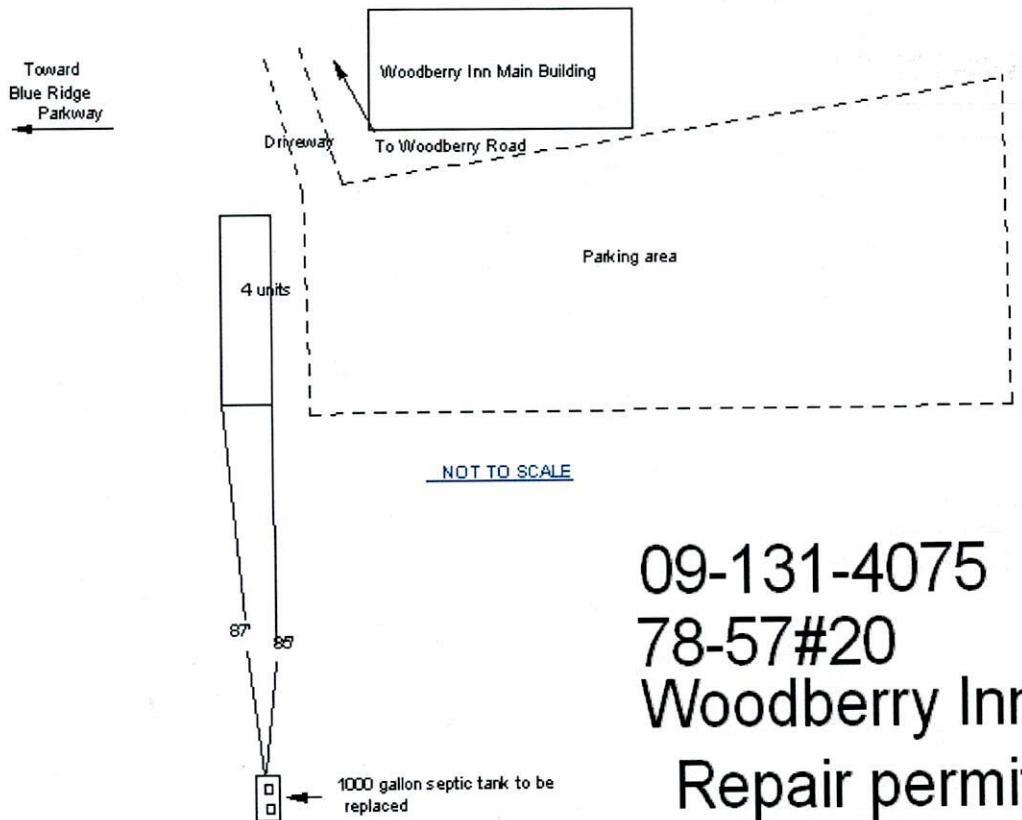
Owner Information

Nancy and Gregory Hook
PO Box 888
Meadows of Dan, Virginia 24120

Phone: (540) 593-2567

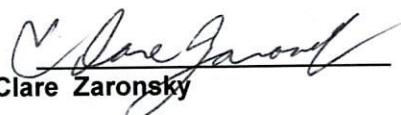
Construction Drawing

Schematic drawing of sewage disposal system and topographic features.



This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: Clare Zaronsky; Site Evaluation By: Clare Zaronsky


Clare Zaronsky

June 5, 2009
Issue Date

December 5, 2010
Expiration Date

Completion Statement

Commonwealth of Virginia
State Department of Health

Repair Tank

Health Department
Identification Number

09131-475

Health Department

Name of Company/Corporation/Individual: Danny Weeks

Address: Ridge Telephone: _____

Owner's Name Wardlow, Tom

Owner's Address _____

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: Wardlow, Tom

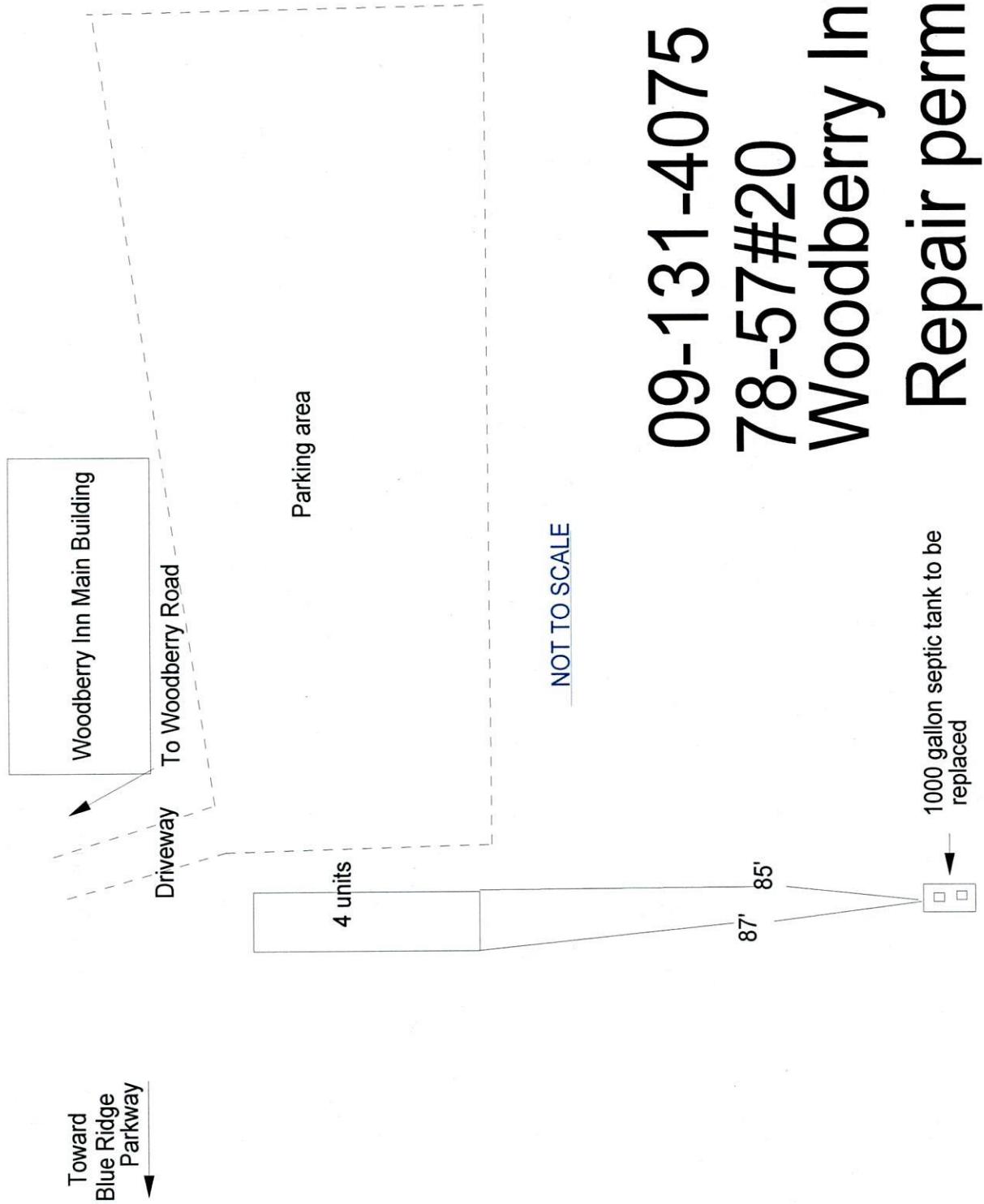
I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 6-5-04 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

6-10-04

Date

D. Wardlow

Signature and Title



09-131-4075
78-57#20
Woodberry Inn
Repair permit

7857#00

NEW RIVER HEALTH DISTRICT
Bare Application Processing Log

HD ID: 09 131 4075

Hook/Woodberry
INN

Call Log

Date	Contact/#	Action/Comments
6-5-09	Danny Wake Call from ^{at Washington}	Re. need to replace last
6-5-09	Dr. Hade or	Submit permit for repair

Benchmarks [* OSS fields]

- *1. Application received
- *2. OSS Checklist completed
- *3. Fees collected: \$ No Fee Repair
- *4. Application entered into HS
- *5. Application assigned to: Clare Zaronsky
- 6. App. received by EHS
- 7. Appointment for site visit; date set: 6/5/09
- 8. Actual date of site visit

Comments: _____

Date/Initials
6/5/09 lsb/ / /
/ / /
/ / /
↓ / ↓6/5/09 CJ
6/5/09 CJ
6/6/09 CJ

- 9. Date of follow-up visit; reason: _____ n/a (no fu)
- 10. Date entered into VENIS
- 11. Result: Admin denial Permit issued Rejection
- *12. Date permit or letter mailed
- *13. Final inspection requested @ _____ (time)
- 14. Final inspection conducted

Describe corrections needed or other issues _____

/ _____
6/5/09 CJ
6/5/09 CJ
6/8/09 CJ
/ _____

- *15. Pending letter mailed n/a
- *16. OP mailed or faxed to owner/building official

/ _____
/ _____

CHECK LIST FOR SEPTIC OR SEPTIC AND WELL APPLICATIONS

used to ensure the application is complete at the time of submission

General Information:

- Applicant name
- Agent's name (if applicable)
- Current mailing address
- Phone number (daytime/cell)
- Site address
- Directions to property are clear
- GPIN or Tax Map #
- Subdivision name
- Signature of Owner/Agent
- Current date of application
- Fees paid and receipt given and recorded
- Application marked date received
- Health Department ID number recorded
- Zoning/Building Dept. verification

No
Fee

System Information:

- Type of approval (Construction, Repair, etc.)
- Proposed usage (single family, multi-family, non-residential/commercial)
- Number of bedrooms
- Basement? (yes or no)
- Water Supply (private or public)

Please Remind Applicant (if Bare application):

- Are the property lines clearly marked?
- Is the house site marked?

AOSE Packet:

- Must submit 3 copies
- All Pages of packet number & included
- Certification Statement included

Plat or Waiver Information: (check one)

- Plat provided showing all existing and purposed improvements
- Waiver approved

Repair

Commonwealth of Virginia

Application for: Sewage System Water Supply

VDH Use Only
Health Department ID# 89-131-4075
Due Date _____

Owner Nancy Hook Woodberry Inn
Mailing Address 182 Woodberry Rd
Meadows of Dan VA 24120

Agent _____
Mailing Address _____

Site Address 182 Woodberry Rd
Meadows of Dan VA 24120

Directions to Property: Route 8 (10 miles) to Blue Ridge Parkway
go South (0.5 miles) to mile post 174 turn left - Woodberry
Subdivision _____ Section _____ Block _____ Lot _____

Tax Map _____ Other Property Identification _____ Dimension/Acreage of Property 1/2

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.**

For New Construction: Certification Letter Construction Permit
For Existing Construction: Repair Modification Expansion Replacement

Proposed Use:

Single Family Home (Number of Bedrooms 3) Multi-Family Dwelling (Total Number of Bedrooms)

Other (describe) Hotel 11 rooms

Will there be a basement: Yes No . If yes, will there be fixtures in Basement? Yes No

Are any conditions proposed on this construction permit? Yes No. If yes, please check or describe all proposed conditions that apply: Reduced water flow Limited occupancy Intermittent or seasonal use
 Temporary use not to exceed 1 year Other (describe) _____

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. Will the old well be abandoned? Yes No.

Will any buildings within 50' of the proposed well be termite treated? Yes No.

All Applicants

Is this an AOSE/PE application? Yes No If yes, is the AOSE package attached? Yes No.

Note: The well location must comply with §32.1-176.5:2

In order for VDH to process your application you must attach a site sketch and plat of the property. 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 system sites must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) 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 an Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

Nancy Hook
Signature of Owner/Agent

June 5-09
Date

**Commonwealth of Virginia
Department of Health**

**Health Department
Identification No. 86-131-0187
Floyd County Health Department**



Brown & Church Ltd.

is hereby granted permission to

operate a Type II Sewage Disposal System

located at

a site about .2 mile SE of Blue Ridge Parkway on Rt. 758

in accordance with the provisions of the regulations of the Board of Health of the Commonwealth of Virginia governing
the disposal of sewage

authorized by Section(s) 3.22

of the Code of Virginia (1950) as amended.

VARIANCES GRANTED

SPECIAL CONDITIONS

June 5, 1987

Effective Date

NONE SEE ATTACHED

NONE SEE ATTACHED

This permit is issued with the understanding that the owner and/or any subsequent owner will operate the sewage disposal system in accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any variances or conditions granted. Issuance of an operating permit does not imply or guarantee that the sewage disposal system will function for any specified period of time.

Expiration Date


William H. Hatfield, M.D.
Health Official
New River Health District

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 86-131-0187

Floyd County Health Department

Name of Company/Corporation/Individual: Community Supplies & Service

Address: Rt. #1 Meadows of Dan, Va. Telephone: 703-952-2328

Owner's Name Brown & Church Ltd.

Owner's Address Route #3 Box #27 Willis, Va. 24380

Location of Installation: Lot #57 Block n/a

Section: #78 Subdivision: n/a

Other: About, 2 miles Southeast of Blue Ridge Parkway on Route #758

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11-9-86 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

3-25-'87

Date

Larry Underwood operator

Signature and Title

Sewage Disposal System Construction Permit

PAGE 5 OF 9

Commonwealth of Virginia

Department of Health

Floyd County

Health Department



Health Department

Identification Number 86-131-0187

Map Reference 778-57-4 P

General Information

New Repair Expanded Conditional FHA VA Case No. 7/0
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
 Owner Brown & Church Ltd. Telephone 789-4614
 Address Route #3 Box #27 Willis, Va. 24520
 For a Type II Sewage disposal system which is to be constructed on/at a site about 2 miles southeast of Blue Ridge Parkway on Route 58
 Subdivision 7/0 Section/Block ✓ Lot ✓
 Actual or estimated water use Maximum of 4060 gallons per day

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe)	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments
To be installed: class <u>II B Stripped Well</u> cased <u>Min. 60'</u> grouted <u>Min. 50'</u>	G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>Min. 4"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input checked="" type="checkbox"/> Other <u>I.D. PVC from 12 unit Motel</u>	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tanks Capacity <u>2000</u> gals. (minimum). <input type="checkbox"/> Other	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other <u>6" inlet T at 1st tank at Motel</u>	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>See "Notes to File" - Date 3-25-87</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other <u>Plastic - Schedule 40</u>	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution boxes: <u>8-11-'87 changed</u> Precast concrete with <u>10</u> ports. <input checked="" type="checkbox"/> Other <u>4 boxes will be doubled</u>	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>See "Notes to File" - Date 8-11-'87</u>
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>Grades ranged from 2 1/4" to 3 1/4" per 100'.</u>
Absorption trenches: Square ft. required <u>7128</u> ; depth from ground surface to bottom of trench <u>25"</u> ; aggregate size <u>2" to 1 1/2"</u> . Trench bottom slope <u>Min. 2" to Max. 4" per 100'</u> . center to center spacing <u>9"</u> ; trench width <u>36"</u> . Depth of aggregate <u>13"</u> . Trench length <u>66'</u> ; Number of trenches <u>36"</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>Ground was covered with hay.</u> <u>Final cover ranged from 11" to 65".</u> Date <u>3-25-'87</u> Inspected and approved by: <u>J. A. Hall</u> <u>J. Hasty</u> Sanitarian

Schematic drawing of sewage disposal system and topographic features.

PAGE 6 OF 9

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.

Component Locations:

1. No part of the system may be closer than 5' to any property lines.
2. No part of the system may be closer than 10' to any building foundation.
3. The drainfield being installed shall be a minimum of 15' from the existing drainfield.
4. See Page 7 of 9.

Septic Tanks:

1. The Motel (12 units) will be connected to 2, 2000 gallon tanks in series.
2. The restaurant kitchen will be connected to 1, 2000 gallon tank.
3. The restaurant rest rooms and the 1 bedroom quarters for employees use will be connected to 1,000 gallon tank.
4. The 2, 2000 gallon tanks to which the restaurant is connected will be connected in series with a 2000 gallon tank as indicated on Page 7 of 9.

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: 11-9-86 Issued by: D. Harroff

Sanitarian

This Construction
Permit Valid until
5-7-91

Date: 11/7/86 Reviewed by: 2/13/M. Macurra

Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____

Date _____

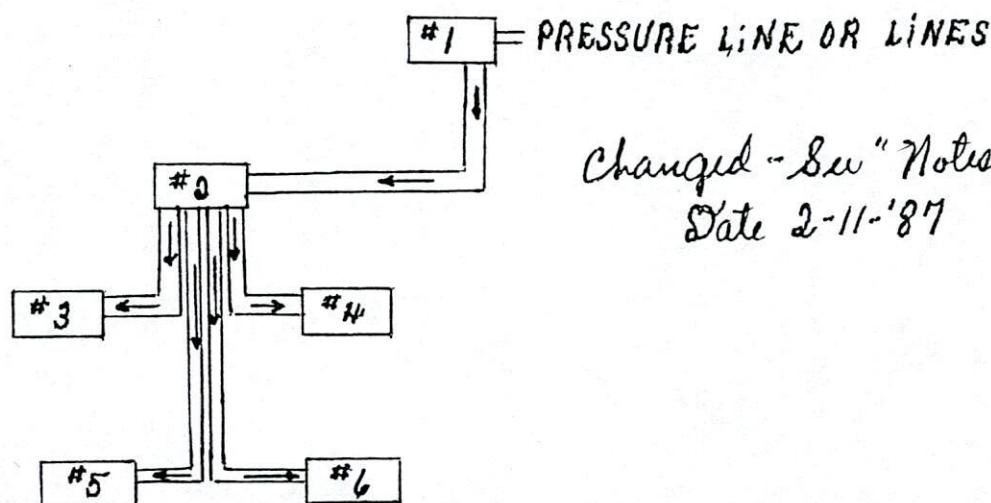
Regional Sanitarian

Supervisory Sanitarian

Pumping (See Attached Information).

1. Recommend use of 2000 gallon septic tank for pumping chamber.
2. Pumps or pumps operating simultaneously must deliver approximately 934 gallons to distribution box #1 per cycle. Secure approval of pumps from Health Department prior to installation. Pumps or pumpsmust have a minimum capacity of 72 gallons per minute.
3. Pressure line or lines must not have a smaller diameter than the pumps discharge.
4. Pressure line and distribution box #1 must have a minimum cover of 36."
5. Gate valves, check valves, and alarm systems are required.

Distribution Boxes:



Changed - See "Notes To File"
Date 2-11-'87

Flow Distribution

- #1 will serve as freeze protection and surge control
- #2 will distribute the effluent to # drainfield areas
- #7, #8, #9, #3, #4, #5, and #6 will distribute the effluent to #4 drainfield ditches each

36 Drainfield Ditches:

36" WIDE

66' LONG

2.5" MINIMUM DEPTH TO AS SHALLOW AS POSSIBLE

2" FALL PER DITCH

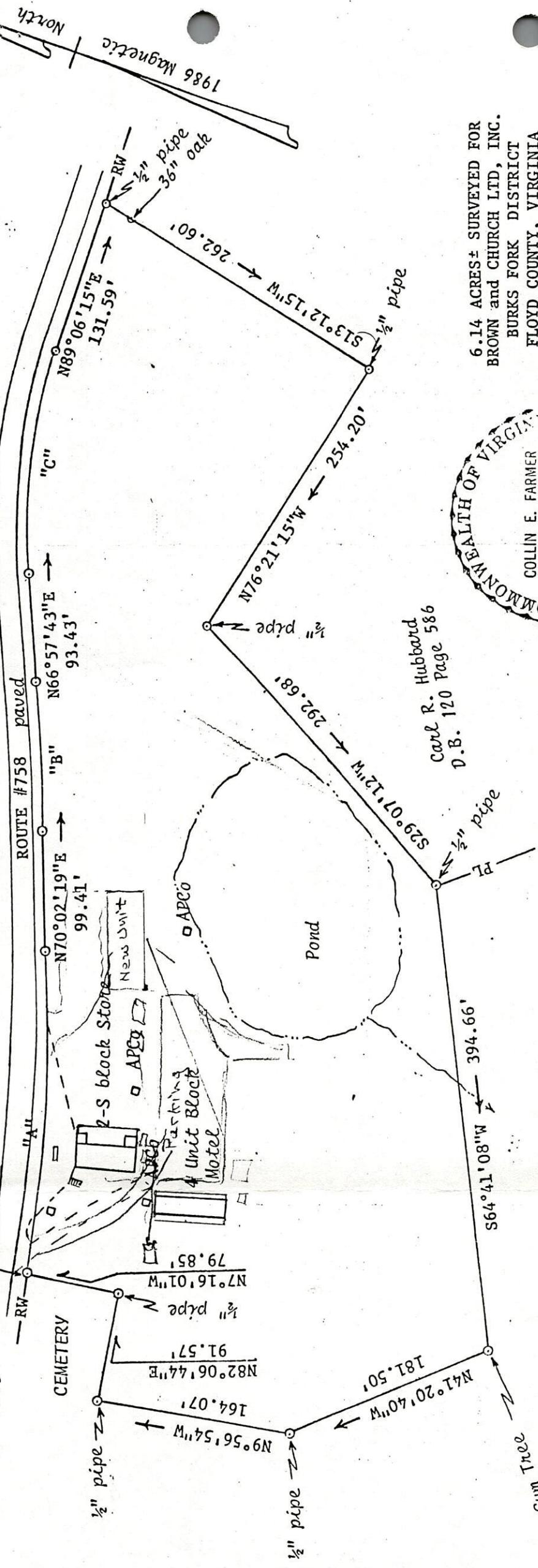
9' MINIMUM SEPARATION ON CENTERS

Changes indicated in red ink - See "Notes to File"

Date 2-11-'87

Curve	Δ	Tan	Radius	Arc	Chord	Chord Bearing
A	$8^{\circ}46'02''$	137.18'	1789.55'	373.83'	273.56'	$N74^{\circ}25'21''E$
B	$3^{\circ}04'38''$	62.10'	2311.83'	124.16'	124.15'	$N68^{\circ}30'01''E$
C	$22^{\circ}08'31''$	95.74'	489.30'	189.09'	187.91'	$N78^{\circ}01'57''E$

→ 0.2 Miles to Parkway
at MP 174.15



6.14 ACRES \pm SURVEYED FOR
BROWN and CHURCH LTD, INC.
BURKS FORK DISTRICT
FLOYD COUNTY, VIRGINIA
SURVEYED OCTOBER 4, 1986
SCALE 1" = 100'

COLLIN E. FARMER
54-17-3(a)996

CERT. NO.
54-17-3(a)996

COLLIN E. FARMER CLS & PE
FLOYD, VIRGINIA 24091

DEED REFERENCE
DEED BOOK 155 PAGE 147



OCT 20 1986

No. 01-131-4008
1063760, TES 29-131-4038

THIS PERMIT
EXPIRES ON

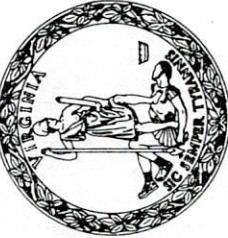
March 26, 1998

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

DATE OF ISSUE

March 26, 1997

PERMIT



Woodberry Inn
41-E Woodberry Road
Meadows of Dan, VA 24120

OPERATOR:
ADDRESS:

Dennis J. Defibaugh
41-E Woodberry Road
Meadows of Dan, VA 241120

VIRGINIA
DEPARTMENT
OF HEALTH

VDH

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the Floyd County Health Department to operate a restaurant, lodge, and waterworks.

J. Henry Hershey, MD
HEALTH OFFICIAL

J. Henry Hershey, MD, MPH
New River Health District

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

No. 01-131 4008
29-131-4057
1063760

PERMIT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

THIS PERMIT
EXPIRES ON
12/31/2002
DATE OF ISSUE
01/01/2002



ESTABLISHMENT:

Woodberry Inn

41 E. Woodberry Road
Meadows of Dan ,VA 24120

OPERATOR:
ADDRESS:

Denny Defibaugh
41 E. Woodberry Rd.
Meadows of Dan VA 24120

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the FLOYD COUNTY Health Department to operate a restaurant, motel & waterworks

J. Henry Hershey MD
HEALTH OFFICIAL

J HENRY HERSHY, MD, MPH - HEALTH DIRECTOR

No. 01-131 4008

29-131-4057

1063760

PERMIT

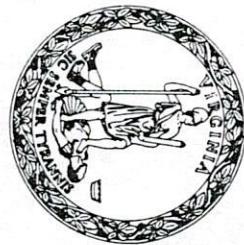
THIS PERMIT
EXPIRES ON

12/31/2000

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

DATE OF ISSUE

01/01/2000



ESTABLISHMENT:

Woodberry Inn

41 E. Woodberry Road
Meadows of Dan, VA 24120

OPERATOR:
ADDRESS:

Denny Defibaugh
41 E. Woodberry Rd.
Meadows of Dan, VA 24120

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the FLOYD COUNTY Health Department to operate a restaurant, motel & waterworks

J. Henry Hershey, MD

HEALTH OFFICIAL

J HENRY HERSHEY, MD, MPH - HEALTH DIRECTOR
NEW RIVER HEALTH DISTRICT

No.
01-131-4008
29-131-4057
1063760

PERMIT

THIS PERMIT
EXPIRES ON

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

12/31/99
DATE OF ISSUE

1/1/99

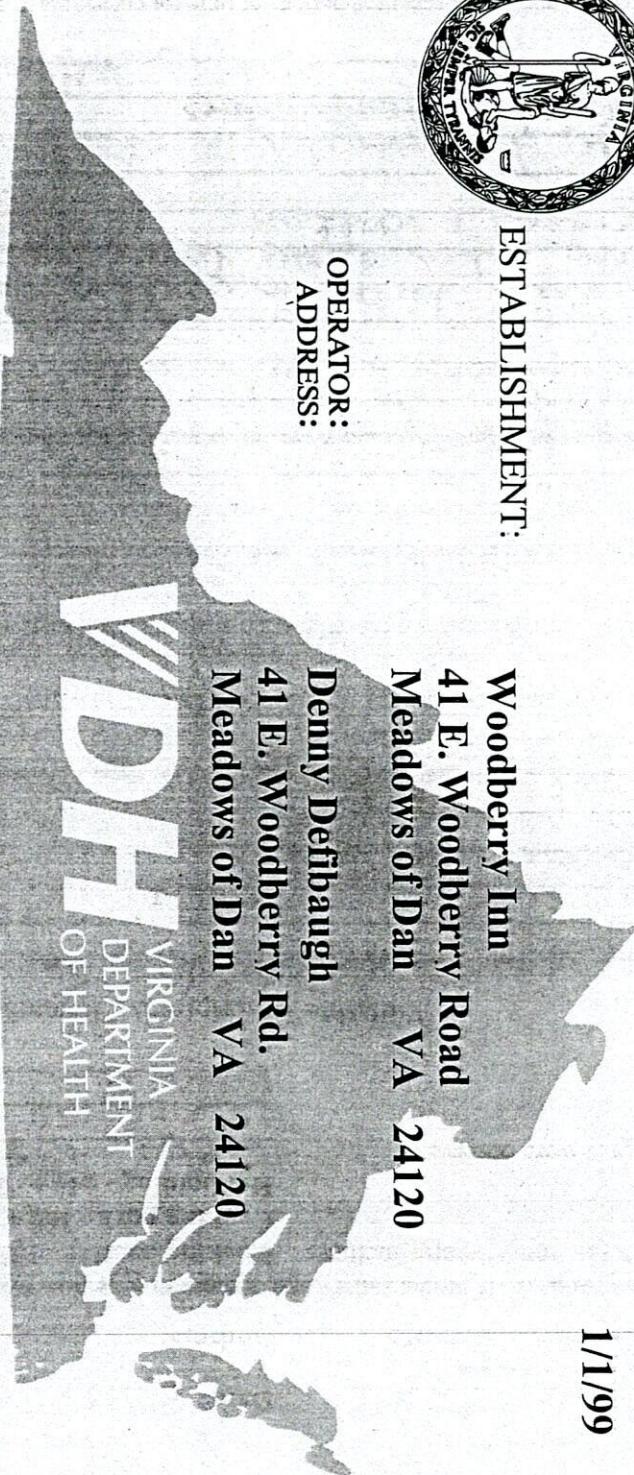


ESTABLISHMENT:

Woodberry Inn
41 E. Woodberry Road
Meadows of Dan VA 24120

OPERATOR:
ADDRESS:

Denny Defibaugh
41 E. Woodberry Rd.
Meadows of Dan VA 24120



The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the Health Department to operate a

FLOYD COUNTY
restaurant, motel & waterworks

Q. Henry Hershey MD, MPH - HEALTH DIRECTOR
HEALTH OFFICIAL

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

No. 01-131-4008

PWSID: 1063760

29-131-4003-
4057

PERMIT

THIS PERMIT
EXPIRES ON
December 31, 1998

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

DATE OF ISSUE
January 1, 1998



RESTAURANT: Woodberry Inn

41 E. Woodberry Road

Meadows of Dan, VA 24120

OPERATOR:
ADDRESS:

Denny Defibaugh
41 E. Woodberry Rd.
Meadows of Dan, VA 24120

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the FLOYD COUNTY Health Department to operate a restaurant, motel, and waterworks

J. Henry Hershey, MD, MPH - Health Director
New River Health District

J. Henry Hershey, MD
HHS/DOH/VA/HRH/DRH
HEALTH OFFICIAL



OCT 29 1997

COMMONWEALTH of VIRGINIA

APPLICATION FOR A DEPARTMENT OF HEALTH PERMIT

I/we hereby make application to the Floyd County Health Department for a permit to operate a: Restaurant Summer Camp _____ Campground _____ Hotel _____

Bed & Breakfast _____ Migrant Labor Camp _____ Other MOTEL _____

New _____ Change of Owner or Location _____

Name of Establishment WOODBERRY INN Telephone No. (540)593-2567

Address 41-E. WOODBERRY RD. MEADOWS OF DAN Zip Code 24120
V.A.

Name of Owner(s) DENNY DEFIBAUGH

Address(es) 41 E WOODBERRY RD MEADOWS OF DAN, VA 24120

Name of Operator: _____ Telephone No. _____

Address: _____ Zip Code _____

WATER SUPPLY: Private _____ Public N/C SEWAGE: Private Type _____ Public _____

Method of Solid Waste Disposal: DUMPSTERS

Number of Rooms 16 Campsites _____ Seating Capacity 64 Persons Housed _____

I/we understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature of Applicant or Person Authorized by Applicant to Sign this Application

Signature Denny Defibaugh Title PRESIDENT Date 10/27/97

Print Name DENNY DEFIBAUGH

Address 41 E. WOODBERRY RD. City, State, MEADOWS OF DAN Zip 24120

FOR OFFICIAL USE

Type of Permit: Mobile _____ Seasonal _____ Institutional _____ Counter Freezer _____ Other _____ Public _____ Semi-Public _____
Temporary _____

Approved for Permit _____ Date Signed _____ Sanitarian _____

Permit No. 01-131-4008 Date Issued _____ Expiration Date _____
TES 29-131-4003

Remarks: PWSID 1063760

New
Owner

Commonwealth of Virginia



APPLICATION FOR A DEPARTMENT OF HEALTH PERMIT

I/we hereby make application to the Floyd Co. Health Department for a permit to operate a: Restaurant Service Station Summer Camp Campground
Motel Hotel Migrant Labor Camp Other NEW RENEWAL

Name of Establishment: WOODBERRY INN Phone No.: 540-593-2567
Address: 41-E WOODBERRY RD, MEADOWS OF DAN, VA Zip Code 24120
Name of Owner(s) DENNIS J. DEFIRGAUGH
Address(es) SAME AS ABOVE
Name of Operator: SAME AS ABOVE Phone No.: _____
Address: _____ Zip Code _____
WATER SUPPLY: Private Public SEWAGE: Private Type Public
Method of Solid Waste Disposal: DUMPSTER
Number of: Rooms 16 Campsites Seating Capacity 78 Persons Housed
I/we understand that after issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature of Applicant or Person Authorized by Applicant to Sign this Application

Dennis J. Defirbaugh Title OWNER
Address: 41-E WOODBERRY RD City & State MEADOWS OF DAN Zip 24120
VA

FOR OFFICIAL USE

Type of Permit: Food Service Mobile Seasonal Institutional Counter Freezer Other

Approved for Permit 01-131-4008 Date Signed _____ Sanitarian _____

Permit No. _____ Date Issued _____ Expiration Date _____

Remarks: _____



COMMONWEALTH of VIRGINIA

Karen Remley, MD, MBA, FAAP
State Health Commissioner

J.Wesley Kleene, PhD, PE
Director, Office of Drinking Water

DEPARTMENT OF HEALTH OFFICE OF DRINKING WATER

Abingdon Field Office

454 E. Main Street
Abingdon, VA 24210
Phone: 276-676-5650
Fax: 276-676-5659

September 10, 2010

SUBJECT: Floyd County
Water – Woodberry Inn

Mr. and Mrs. Sheppard Nance
Woodberry Inn
182 Woodberry Road, SW
Meadows of Dan, Virginia 24120

Dear Mr. and Mrs. Nance:

The Business Operations Plan and the Cross Connection Control and Backflow Prevention Program (CCCP) for the Woodberry Inn waterworks in Floyd County, as prepared by you, have been reviewed by this Office.

This letter is to advise that the Business Operations Plan and CCCP satisfy the requirements of the *Waterworks Regulations* and are therefore approved. A copy of each stamped approved is enclosed.

We commend you for taking this action to comply with the *Waterworks Regulations*. If we may be of any assistance to you, please contact Wendy Roden, Environmental Health Specialist.

Sincerely,

"ORIGINAL SIGNED BY

Richard M. Puckett, P.E.
Engineering Field Director

WLR/jm

Enclosures

cc: Floyd County Health Department-ATTN: Dr. J. Henry Hershey ✓
VDH - ODW - Richmond



HD

VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF DRINKING WATER
GROUNDWATER SYSTEM SANITARY SURVEY REPORT



To: Mr. and Mrs. Sheppard Nance
Woodberry Inn
182 Woodberry Road, SW
Meadows of Dan, Virginia 24120

SUBJECT: Floyd County
Water -Woodberry Inn
PWSID No. 1063760

Inspection Date: 4/13/10

Inspection Type: Routine

Present at Inspection: Sheppard and Angela Nance

As a result of the sanitary survey noted above, the Department offers the following comments. Should you have questions or desire to discuss our findings, or desire a copy of the inspector's field evaluation notes, please contact us at (276) 676-5650.

1. Collect and submit for analysis by the presence absence method one routine bacteriological sample each calendar quarter. The hand basin located in the kitchen is the approved sample location. Please be sure to remove the faucet screen, flush thoroughly and test the free chlorine residual prior to sample collection. NOTE: Please record the free chlorine residual on the form provided as part of the sample container kit. We will request that the Division of Consolidated Laboratory Services (DCLS) invoice you for the sample container kit each calendar quarter. Upon receipt of payment, DCLS will ship the sample container kit to you.
2. Collect and submit for analysis by the Most Probable Number (MPN) method one source water bacteriological sample each calendar quarter. The sample tap located on the well discharge line prior to chlorine injection is the approved sample location. Please note that the well pump must be running during sample collection and the sample must be free of chlorine. We will request that DCLS invoice you for the sample container kit each calendar quarter. Upon receipt of payment, DCLS will ship the sample container kit to you.
3. Install a check valve between the source water sample tap and the chlorination injection point to prevent chlorinated water from being sampled when collecting a source water sample.
4. Begin submitting a monthly operation report to this office by the 10th day of the month following the reporting period; for example, the May report is due by June 10th. The following information is to be reported monthly:
 - a) Free chlorine residual in the distribution system – 3 to 4 times per week
 - b) Amount of chlorine added to solution crock – when added
 - c) Total amount of chorine added - monthly

6) Replace the inoperative pressure gauge.

5. During the third calendar quarter (July, August, September) 2010 collect and submit for analysis a combined nitrate/nitrite sample. Prior to the third calendar quarter, we will request that DCLS invoice you for the sample container kit. Upon receipt of payment, DCLS will ship the sample container kit to you.

7. It appears that the storage tank may be leaking where the two concrete tanks are sealed together. It is recommended that the area be ressealed. **NOTE:** All products that come in contact with drinking water must meet NSF ANSI Standard 61.

8. At the time of inspection, you submitted a Cross Connection Control Program (CCCP). Please begin to implement the program as discussed. Enclosed is some cross connection educational material for your information.

9. Please visit our web site at www.vdh.virginia.gov/drinkingwater. There you will find helpful information on water sampling and testing, operator licensing and training, consumer education, project funding and many other topics, as well as links to other key websites and Virginia's Waterworks Regulations.

Inspection By:
Wendy L. Roden

Floyd County Health Department - ATTN: Dr. J. Henry Hershey
VDH - Office of Drinking Water
cc:

received
8/29/07
JL

VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF DRINKING WATER
GROUNDWATER SYSTEM SANITARY SURVEY REPORT

TH

To: Mr. & Mrs. Gregory Hook
Woodberry Inn
182 Woodberry Road, SW
Meadows of Dan, Virginia 24120

SUBJECT: Floyd County
Water –Woodberry Inn
PWSID No. 1063760

Inspection Date: 8/20/07

Inspection Type: Routine

Present at Inspection: Gregory Hook

As a result of the sanitary survey noted above, the Department offers the following comments. Should you have questions or desire to discuss our findings, or desire a copy of the inspector's field evaluation notes, please contact us at (276) 676-5650.

1. At the time of collecting the quarterly distribution system bacteriological sample, please record the free chlorine residual on the analysis input form.
2. The 2007 combined nitrate/nitrite sample has been analyzed and results received in this Office. The next combined nitrate/nitrite sample will be due for collection during the second calendar quarter **2008**.
3. As discussed at the time of inspection, attached to this report is a copy of *Waterworks Regulations Sections 5-590-1080.O and 5-590-800.3b* addressing storage tank disinfection and bacteriological sampling after tank disinfection.

Inspection By:



Wendy L. Roden
Environmental Health Specialist Supervisor

cc: Floyd County Health Department - ATTN: Dr. J. Henry Hershey
VDH – Office of Drinking Water



COMMONWEALTH of VIRGINIA

Montgomery County Health Department

CHRISTIANSBURG, VIRGINIA 24073

IN COOPERATION WITH
VIRGINIA STATE DEPARTMENT OF HEALTH

7/2/02

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Woodberry Inn
Denny Defibaugh
41 E. Woodberry Rd.
Meadows of Dan, VA 24120

Waterworks ID: 1063760
Type of violation: Monitoring

Dear Mr. Defibaugh:

In order to maintain primacy and to remove the U. S. Environmental Protection Agency as the sole enforcement agency for the Surface Water Rule (SWTR) and the Total Coliform Rule (TCR), the Virginia Department of Health adopted Surface Water Regulations and Total Coliform Regulations which became effective June 24, 1992. As the owner or owner representative of the referenced waterworks, you are required to comply with both the SWTR and TCR regulations.

This letter is to advise you that, according to our records, the Woodberry Inn Waterworks may be in violation of the Virginia Waterworks Regulations because the results of recent sampling taken at your waterworks:

1. Section 2.5D (VR 355-18-004.05) of the Waterworks Regulations requires that repeat samples be analyzed for bacteriological contamination. During the quarter Of April-June 2002, 4 repeat samples were required and 0 were analyzed.

If you have sample results or other information that a violation has not occurred, please contact Tina L. Thompson at 540-381-7110 ext. 118 immediately.

REQUIRED ACTIONS

1. When a Primary Maximum Contaminant Level (PCML) is exceeded and/or there is a failure to adequately perform the required monitoring, the waterworks owner is required by State and Federal laws to notify the consumers. A draft notice has been attached for your use which contains mandated wording. The notice must be handled in the following manner:

THIS PERMIT
EXPIRES ON

12/31/2001

DATE OF ISSUE

01/01/2001

PERMIT

No. **01-131 4008**
29-131-4057
1063760

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH



ESTABLISHMENT:

Woodberry Inn

41 E. Woodberry Road
Meadows of Dan ,VA 24120

OPERATOR:

ADDRESS:

Denny Desibaugh
41 E. Woodberry Rd.
Meadows of Dan VA 24120

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the FLOYD COUNTY to operate a restaurant, motel & waterworks

J. Henry Hershey MD

HEALTH OFFICIAL

J HENRY HERSHY, MD, MPH - HEALTH DIRECTOR
NEW RIVER HEALTH DISTRICT

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

Application for a Waste Disposal Site Construction Permit

Health Department Use Only	For Department Use Only	Receipt No. D091397	Pd. \$50.00 10-15-86	Map Reference #18-57-4	Identification Number 86-131-0187	Health Department	Date Received 10-15-86 D.O.H.
----------------------------	-------------------------	---------------------	----------------------	------------------------	-----------------------------------	-------------------	-------------------------------

Type sewage system:	<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input checked="" type="checkbox"/> Expanded	<input type="checkbox"/> Conditional	FHA/VA <input type="checkbox"/> yes <input type="checkbox"/> no	Address RT 3 Box 27	Phone 789-4614	Owner Western Creek Rd.	Address 1115 Us. 243&20	Phone 243-24380	Agent William J. Kuhle	Address 54 Rue St. Sauveur	Phone
---------------------	------------------------------	---------------------------------	--	--------------------------------------	---	---------------------	----------------	-------------------------	-------------------------	-----------------	------------------------	----------------------------	-------

Subdivision 57 Section 78 Block 57 Lot 57 Other Property Identification AB 11664d 5784e Dimensions/size of Lot/Property 6 AC.

ATTACH A SITE PLAN (ROUGH SKETCH) SHOWING DIMENSIONS OF PROPERTY, PROPOSED AND/OR EXISTING STRUCTURES AND DRIVEWAYS, UNDERGROUND UTILITIES, ADJACENT SOIL ABSORPTION SYSTEMS, BODIES OF WATER, DRAINAGEWAYS, AND SPRINGS WITHIN 200 FEET RADIUS OF THE CENTER OF THE PROPOSED BUILDING OR DRAINFIELD. DISTANCES MAY BE PACED OR ESTIMATED.

PLAN

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.

The property lines and building location are clearly marked and the property is sufficiently visible to see the to-
pography. I give permission to the Department to enter onto the property described for the purpose of processing
this application.

or estimated.

Signature of owner/agent _____ Date _____

C.H.S. 200 Revised 4/83

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department

Health Department Identification Number

Health Department

2952-395
• కుమార లింగ

16. 24380

stalled and completed in accordance with the con-

and is in compliance with Part D of the Sewage and Specifications for the Project. _____
Signature and Title
Signature _____
Date _____

4-8-87
J.S. 203 Rev 4/83 Date of sale
This Addendum to Pump

Subdivis: Section: Other: Woodlawn Fun hereby certify that the onsite sewage disposal system has been ins-
truction permit issued (date) 10/20/04

Address: 44388 Linn Rd. Suite 100, Clatskanie, OR 97016
Owner's Name: Clatskanie Linn
Owner's Address: 44388 Linn Rd. Suite 100, Clatskanie, OR 97016
Location of Installation: Lot 27, Willamette River, Clatskanie, OR 97016

Image of Company/Corporation/Individual: Blount

Completion Statement

(1) By continuous posting for a minimum of ten (10) days and for as long as violation continues.

If you have any questions, please do not hesitate to contact me at the Floyd County Health Department at 540-381-7110 ext. 118 or email tthompson@vdh.state.va.us.

Sincerely,



Tina L. Thompson
Environmental Health Supervisor

tit

ccy: George Nester, County Administrator
V. B. Marcussen, Environmental Health Manager

PASTOR REPORT

WATERMARKS NAME Woodberry InnPWSID # 1063760COUNTY FloydPOPULATION N/C

PLANNING DISTRICT

PREPARED BY TINA THOMPSON

Violation ID Number	R	Viol Contam.	Violation ID	Date	Dura-tion	M	Samples	Analysis	MCL	P	MCL	P	Follow-up Actions	Follow-up Date	Awareness	F Y	Batch Date
	A	Type	Number	Y Y M M D D	Req	Taken	Meth.	Result	C	C	C	C	Y Y M M D D	Y Y M M D D	Y Y M M D D	Y Y M M D D	
06306	253100	020702	005001	2003									5F5S1E	020701020701			

FLOYD COUNTY HEALTH DEPARTMENT

P.O. BOX 157

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

815 EAST MAIN STREET
FLOYD, VIRGINIA 24091

TELEPHONE 540-745-2141
FAX 540-745-4929

5/30/02

Woodberry Inn Restaurant
Danny Defibaugh
41 E. Woodberry Rd.
Meadows of Dan, VA 24120

Dear Danny Defibaugh:

According to our records, you own or operate a business or activity that has its own separate water supply from which drinking water is made available to 25 individuals or more for at least 60 days out of the year. State and federal law refer to this type of public water supply as a transient noncommunity waterworks.

A change is being made by the Virginia Department of Health to transfer the surveillance (or regulatory responsibility) of your transient noncommunity waterworks from the local health department to the Division of Drinking Water (DDW). DDW operates six field offices across the state staffed by water supply engineers and environmental inspectors. For many years those offices have been dealing with and providing technical assistance to other public water suppliers, such as cities, towns, counties, subdivisions, mobile home parks, nursing homes, public and private schools, factories, office complexes, state and federal parks, and highway rest areas.

We realize you might consider this to be an inconvenience or disruption, but we are working hard to make sure the changes are fully explained to you and that you have a reasonable opportunity to adapt. There probably will be several requirements you have not had to address up to now, but we are certain you will be able to handle them since hundreds of other waterworks owners across the state have been complying with the same requirements for many years.

A meeting will be scheduled to conduct an initial survey. At that time VDH staff will answer your questions and explain the changes. Until you have this initial survey, which will include the DDW engineer or inspector, I will continue to be your contact for drinking water matters.

Thank you for your cooperation.

Sincerely,



Tina L. Thompson
Environmental Health Supervisor

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Whiberry Inn
Denny Defraich
41 E Woodberry Rd
Meadows of Dan VA
24126

**2. Article
(Transit)**

7001 1940 0005 8368 7395

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Dan

Defraich

Agent

Addressee

B. Received by (Printed Name)

Dan Defraich

C. Date of Delivery

7/6/02

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Floyd Health Dept
P.O. Box 157
Floyd VA 24091

JUL 09 2002

EH

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7395
OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

Woodberry Inn
11 E Woodberry Rd
Mead. of Dan
Street, Apt. No.;
or PO Box No.

State, ZIP 4

200, January 2001

See Reverse for Instructions

PS Form 3800 Mail Provides:

City
State
Zip

Receipt

Identifier for your mailpiece

sure upon delivery

- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "*Return Receipt Requested*". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

Commonwealth of Virginia
Department of Health

Health Department
Identification No. 86-131-0187
Floyd County **Health Department**



Brown & Church Ltd.

is hereby granted permission to

operate a Type II Sewage Disposal System

located at

a site about .2 mile SE of Blue Ridge Parkway on Rt. 758

In accordance with the provisions of the regulations of the Board of Health of the Commonwealth of Virginia governing
the disposal of sewage

authorized by Section(s) 3.22 of the Code of Virginia (1950) as amended.

VARIANCES GRANTED

SPECIAL CONDITIONS

June 5, 1987

Effective Date

NONE SEE ATTACHED

NONE SEE ATTACHED

This permit is issued with the understanding that the owner and/or any
subsequent owner will operate the sewage disposal system in accordance with
the Sewage Handling and Disposal Regulations of the Virginia Department of
Health and any variances or conditions granted. Issuance of an operating permit
does not imply or guarantee that the sewage disposal system will function for any
specified period of time.

Expiration Date

Health Official

William H. Hatfield, M.D., Director
New River Health District

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number

86-131-0187

Floyd Co.

Health Department

Name of Company/Corporation/Individual:

Brown + Church Inc.

Address: RT 3 Box 27

Telephone: 545-2567

Willis Rd. 24380

Owner's Name: Brown + Church Inc.

Owner's Address: RT 3 Box 27 Willis Rd. 24380

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: Westberry Inn

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) _____ and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

A.R. - 87

William N. Church

Signature and Title

C.H.S. 203 Rev. 4/83 Date

This annex applies only to pump number Secretary

Part of 151.

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number

86-131-0187

Floyd County

Health Department

Name of Company/Corporation/Individual: Community Supplies & Service

Address: Rt. #1 Meadows of Dan, Va. Telephone: 703-952-2328

Owner's Name Brown & Church Ltd.

Owner's Address Route #3 Box #27 Willis, Va. 24380

Location of Installation: Lot #57 Block n/a

Section: #78 Subdivision: n/a

Other: About .2 mile Southeast of Blue Ridge Parkway on Route #758

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11-9-'86 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

3-25-'87

Date

Larry Underwood operator

Signature and Title

Sewage Disposal System Construction Permit

PAGE 5 OF 9

Commonwealth of Virginia

Department of Health

Floyd County

Health Department

Health Department

Identification Number

Map Reference

86-131-0187

478-577-14

A

General Information

New Repair Expanded Conditional FHA VA Case No. 710
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
 Owner Brown & Church, Ltd. Telephone 789-4614
 Address Route #3 Box #27 Willis, Va. 24580
 For a Type H Sewage disposal system which is to be constructed on/at a site about .3 miles
southeast of Blue Ridge Parkway on Route #758
 Subdivision 710 Section/Block 1 Lot 1
 Actual or estimated water use Maximum of 4060 gallons per day

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe)	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments
To be installed: class <u>H</u> Drilled Well cased <u>Min. 50'</u> grouted <u>Min. 50'</u>	G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>Min. 4"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input checked="" type="checkbox"/> Other <u>6" I.D. PVC from 12 unit Motel</u>	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tanks Capacity <u>2,000</u> gals. (minimum). <input type="checkbox"/> Other	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other <u>6" inlet T at 1st tank at Motel</u>	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. If yes: _____	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>See "Notes to File" - Date 3-25-87</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other <u>Plastic Schedule 40</u>	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution boxes: <u>3-11-87 changed</u> Precast concrete with <u>10</u> ports. <input checked="" type="checkbox"/> Other <u>4 boxes will be doubled</u>	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>See "Notes to File" - Date 3-11-87</u>
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>Grades ranged from 2 1/4" to 3 3/4" per 100'.</u>
Absorption trenches: Square ft. required <u>712.8</u> : depth from ground surface to bottom of trench <u>2.5"</u> ; aggregate size <u>1/2" to 1 1/2"</u> . Trench bottom slope <u>Min. 2 1/2% per 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>36"</u> . Depth of aggregate <u>1 3/4"</u> ; Trench length <u>66'</u> ; Number of trenches <u>36"</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>Gravel was covered with loam. Final cover ranged from 11" to 6.5".</u> Date <u>3-25-87</u> Inspected and approved by: <u>James A. Hall</u> <u>J. Hasty</u> Sanitarian

Schematic drawing of sewage disposal system and topographic features.

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.

Component Locations:

1. No part of the system may be closer than 5' to any property lines.
2. No part of the system may be closer than 10' to any building foundation.
3. The drainfield being installed shall be a minimum of 15' from the existing drainfield.
4. See Page 7 of 9.

Septic Tanks:

1. The Motel (12 units) will be connected to 2, 2000 gallon tanks in series.
2. The restaurant kitchen will be connected to 1, 2000 gallon tank.
3. The restaurant rest rooms and the 1 bedroom quarters for employees use will be connected to 1, 2000 gallon tank.
4. The 2, 2000 gallon tanks to which the restaurant is connected will be connected in series with a 2000 gallon tank as indicated on Page 7 of 9.

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: 11-9-86 Issued by: J. Gest

Sanitarian

Date: 11/7/86 Reviewed by: J. B. W. Adams

Supervisory Sanitarian

This Construction
Permit Valid until
5-7-91

If FHA or VA financing

Reviewed by Date

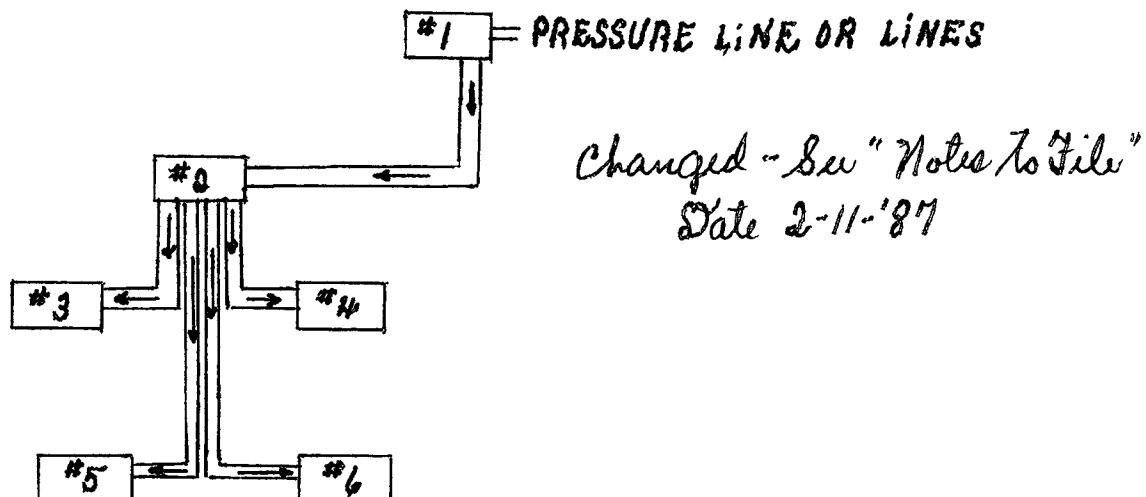
Date

Regional Sanitarian

Pumping (See Attached Information)

1. Recommend use of 2000 gallon septic tank for pumping chamber.
2. Pumps or pump operating simultaneously must deliver approximately 934 gallons to distribution box #1 per cycle. Secure approval of pumps from Health Department prior to installation. Pumps or pump must have a minimum capacity of 72 gallons per minute.
3. Pressure line or lines must not have a smaller diameter than the pump discharge.
4. Pressure line and distribution box #1 must have a minimum cover of 36".
5. Gate valves, check valves, and alarm systems are required.

Distribution Boxes:



Flow Distribution

- #1 will serve as freeze protection and surge control
- #2 will distribute the effluent to # drainfield areas
- #7, #8, #9, #3, #4, #5, and #6 will distribute the effluent to # 4 drainfield ditches each

36 Drainfield Ditches:

36" WIDE

66' LONG

2.5" MINIMUM DEPTH TO AS SHALLOW AS POSSIBLE

2" FALL PER DITCH

9' MINIMUM SEPARATION ON CENTERS

Changes indicated in red ink - See "Notes to File"

Date 2-11-'87

Soil Evaluation Form

PAGE 1 OF 9

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 86-131-0187
Tax Map Number 78-57-4 A

General Information

Date 11-3-86

Floyd County

Health Department

Applicant William S. Church

Telephone No. _____

Address Route #3 Box #27 Willis, Va. 24380

Owner Brown & Church Ltd. Address Route #3 Box #27 Willis, Va. 24380

Location About .2 mile Southeast of Blue Ridge Parkway on Route #758

Subdivision N/A

Block/Section ✓

Lot ✓

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe ✓

2. Slope About 8%

3. Depth to rock/impervious strata Max. ✓ Min. > 5" None ✓

4. Depth to seasonal water table (gray mottling or gray color) No Yes N/A inches

5. Free water present No Yes N/A range in inches

6. Soil percolation rate estimated Yes Texture group I II III IV
No Estimated rate 30 min/inch

7. Percolation test performed Yes Number of percolation test holes N/A
No Depth of percolation test holes N/A
Average percolation rate N/A

Name and title of evaluator: James A. Hall, Sanitarian

Signature: James A. Hall ✓

Department Use

Site Approved: Drainfield to be placed at 2.5" depth at site designated on permit.

Site Disapproved:

Reasons for rejection:

- Position in landscape subject to flooding or periodic saturation.
- Insufficient depth of suitable soil over hard rock.
- Insufficient depth of suitable soil to seasonal water table.
- Rates of absorption too slow.
- Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
- Proposed system too close to well.
- Other Specify N/A

Date of Evaluation 11-3-86Profile Description
SOIL EVALUATION REPORTHealth Department
Identification No. 86-131-0187Page 2 of 9

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 soil scientist, 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 site (See Section 4) 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
Survey Plot See sketch on reverse side or
page attached to this form.

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
1	A	10 to 12	Loam - Color 4/4 Dark yellowish brown	II
		9 to 11	Loamy - Color 4 1/2 Dark yellowish brown	II
B		23 to 26	sandy Loam - Color 5 1/2 yellowish brown	II
		10 to 12	Micaceous Loam - Color 6/8 Brownish yellow	II
2	A	7 to 9	Loam - Color 4/4 Dark yellowish brown	II
		11 to 13	Heavy Loam - Color 4 1/2 Dark yellowish brown	II
B		18 to 21	Micaceous Loam - Color 5 1/2 yellowish brown	II
C		12 to 14	Micaceous Material with intusions of Micaceous Loam - Colors 4 1/2 to 6 1/2 Dark yellowish brown to light yellowish brown	II
3	A	7 to 9	Loam - Color 3 1/2 Dark yellowish brown	II
B		8 to 10	Micaceous Loam - Color 4 1/2 Dark yellowish brown	II
C		18 to 21	Micaceous Material - Color 4 1/2 Dark yellowish brown	II
		6 to 8	Micaceous Material - Color 5 1/2 yellowish brown	II
		9 to 24	Micaceous Material in very soft to soft layers at angles of 70° to 90° - Colors 4 1/2 to 8 1/2 Brown to White	II
4	A	7 to 9	Loamy - Color 3 1/2 Dark yellowish brown	II
		12 to 14	Micaceous Loam - Color 5 1/2 yellowish brown	II
B		9 to 11	Very Micaceous Loam - Color 4 1/2 Dark yellowish brown	II
C		23 to 36	Moist Micaceous Material in very soft to soft layers at varied angles - 7 Variated Colors 3 1/2 to Lavender - White, browns, purple, tints	II
5	A	7 to 9	Loam - Color 4/4 Dark yellowish brown	II
B		11 to 13	Micaceous Loam - Color 5 1/2 yellowish brown	II
C		12 to 14	Micaceous Material - Color 5 1/2 yellowish brown	II
		19 to 22	Micaceous Material - Colors 6 1/2 to 7 1/2 light brownish gray to yellow	II
6	A	7 to 9	Micaceous Loam - Color 4/4 Dark yellowish brown	II
B		19 to 22	Micaceous Loam - Color 5 1/2 yellowish brown	II

Remarks: Some of the colors noted above were compared as to intensity and not as to hue on the 10 YR Color Chart.

Date of Evaluation 11-3-'86

**Profile Description
SOIL EVALUATION REPORT**

Health Department
Identification No. 86-131-0187

Page 3 of 9

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 soil scientist, 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 site (See Section 4) 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
Survey Plat

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

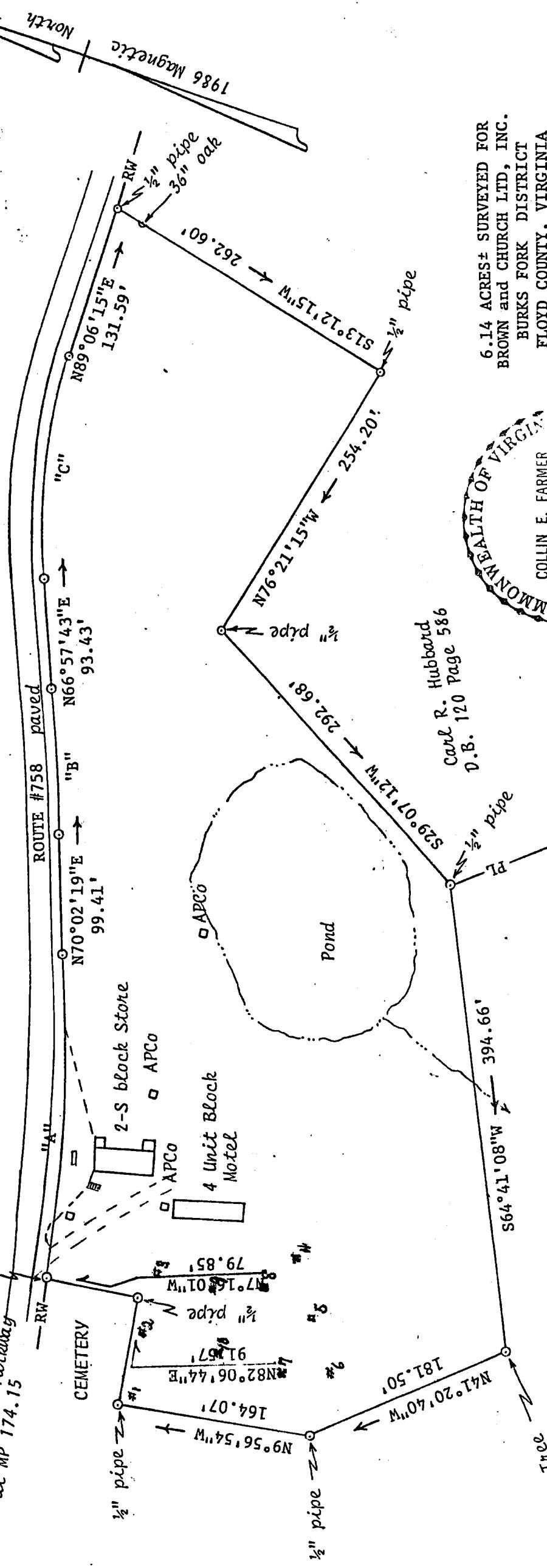
Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
6	C	14 to 16	Micaceous Material with some fine sand - Color 5/8 to 6/8 yellowish brown to brownish yellow	II
		21 to 24	Micaceous Material - Color 6/8 Brownish yellow with some pale reds	II
7	A	12 to 14	Loamy - Color 3/4 to 5/8 dark yellowish brown	II
	B	13 to 15	Micaceous Loam - Color 5/8 yellowish brown	II
	C	12 to 14	Very stony layer with sandy Micaceous Material - Color 5/8 yellowish brown, sandy Micaceous Material - Colors 5/8 to 8/8 yellowish brown to white	II
		19 to 23	Loam - Color 4/4 to dark yellowish brown	II
8	A	11 to 13	Micaceous Material including soft to firm layers at angles of 30° to 90° Colors 6 1/2 to Red - very dark brown to Red	II
	C	16 to 144	Loam; the lowest 6" of this structure is very stony - Color 4 1/2 to dark yellowish brown	II
9	A	18 to 20		II
	B	16 to 18	Micaceous Loamy with cobbles! - Color 5/6 - yellowish brown	II
	C	23 to 25	Micaceous Material - Colors 4/6 to 7/6 dark yellowish brown to yellow	II
10	A	9 to 11	Loam - Color 4 1/4 Dark yellowish brown	II
	B	23 to 25	Micaceous Loam - Color 5/6 yellowish brown	II
	C	29 to 30	Micaceous Material - Colors 4/6 to 6/8 dark yellowish brown to Brownish yellow	II

The backhoe pits ranged in width from 3'8" to 4'4" and in length from 5'0" to 6'5".

Remarks: Some of the colors noted above were compared as to intensity and not as to hue on the 10 YR Color Chart.

Curve	Δ	CURVE DATA				Chord Bearing
		Tan	Radius	Arc	Chord	
A	8°46'02"	137.18'	1789.55'	373.83'	273.56'	N74°25'21"E
B	3°04'38"	62.10'	2311.83'	124.16'	124.15'	N68°30'01"E
C	22°08'31"	95.74'	489.30'	189.09'	187.91'	N78°01'57"E

0.2 Miles to Parking at MP 174.15



Gum Tree

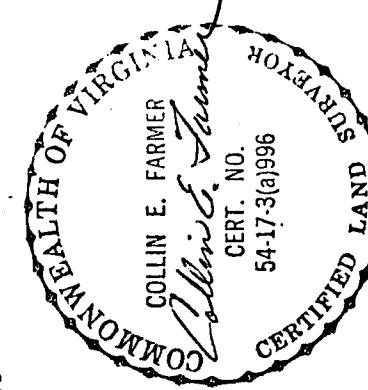
C. D. Belcher, Esq.
D. B. 51 Page 430

卷二十一 120 page 586

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364-44 3 7

6.14 ACRES ± SURVEYED FOR
BROWN and CHURCH LTD., INC.
BURKS FORK DISTRICT
FLOYD COUNTY, VIRGINIA
SURVEYED OCTOBER 4, 1986
SCALE 1" = 100'
COLLIN E. FARMER CLS & PE
FLOYD, VIRGINIA 24091



Denote appropriate locations of backhoe pits.

OCT 29 1986

11.04 Pumping

11.04.01 Force Mains

- a. Velocity—At pumping capacity, a minimum self-scouring velocity of two (2) feet per second shall be maintained. A velocity of eight (8) feet per second should not be exceeded.
- d. Air Relief Valve—Air relief valve shall be placed at high points in the force main, as necessary, to relieve air locking.
- c. Bedding—All force mains shall be bedded to supply uniform support along their length.
- d. Protection Against Freezing—Force mains shall be placed deep enough to prevent freezing.
- e. Location—Force mains shall not pass closer than fifty (50) feet to any drinking water source unless pressure tested in place at pump shut off head. Under no circumstances shall a force main come within ten (10) feet of a nonpublic drinking water source.
- f. Materials of Construction—All pipe used for force mains shall be of the pressure type with pressure type joints.
- g. Anchors—Force mains shall be sufficiently anchored within the pump station and throughout the line length. The number of bends shall be as few as possible. Thrust blocks, restrained joints and/or tie rods shall be provided where restraint is needed.
- h. Backfilling and Tamping—Force main trenches shall be backfilled and tamped as soon as possible after the installation of the force main has been approved. Material for backfilling shall be free of large stones and debris.

11.04.02 Pumping Station and Pumps

- a. Location—Minimum separation distances for pumping stations to various structures and features are the same as those found in Table 12.1 entitled *Minimum Separation Distances* except in the case of Class III wells which is fifty (50) feet.
- b. Sizing—Pumping station wet wells shall provide at least one quarter day storage above the high level alarm set point. Actual volume between high and low level limits is determined on a case by case basis depending on the objective of pumping: (1) when low pressure dosing is utilized see Section 12.05.01 for sizing requirements; (2) when pumping to a gravity distribution box the wet well shall be sized to provide a working volume between one fourth ($\frac{1}{4}$) the daily flow and the daily flow; (3) when pumping for the purpose of enhancing flow distribution (See Section 12.04.01) the working volume of the wet well shall be 0.6 of the volume of the percolation piping.
- c. Materials—Materials for construction of pumping stations are the same as for septic tanks (See Section 10.04.02). All materials and equipment utilized in pumping stations shall be unaffected by the corrosive action of sewage.
- d. Access—An access manhole terminating above the ground surface shall be provided. The manhole shall have a minimum width dimension of twenty-four (24) inches and shall be provided with a shoe box type cover adequately secured.
- e. Construction—Pumping stations constructed of precast or poured in place concrete shall conform with the construction requirements contained in Section 10.04.04 of these Regulations. When precast concrete pipe is utilized for a pumping station the pipe shall be placed on and bonded to a concrete pad at least six (6) inches thick and having a width at least one (1) foot greater than the diameter of the pipe. All pumping stations shall be watertight. All conduits entering the pumping station shall be provided with a water stop. The influent pipe shall enter the pumping station at an elevation at least one (1) inch higher than the maximum water level in the wet well (total usable volume).
- f. Installation—Placement of pumping stations shall conform to the requirements for placement of septic tanks contained in Section 10.04.05 of these Regulations.
- g. Pumps—All pumps utilized shall be of the open face centrifugal type designed to pump sewage. Pumps utilized for the sole purpose of pumping effluent to a higher elevation shall have a capacity approximately 2.5 times the average daily flow in gallons per minute but not less than 5 gallons per minute at the system head. Pumps utilized for the purpose of enhancing flow distribution (See Section 12.04.01) shall have a minimum capacity of 36 gallons per minute at system head per 1200 linear feet of percolation piping. Pumps discharging to a low pressure distribution system shall be sized in accordance with Section 12.05.01. Dual alternating pumps are required on systems 1800 linear feet or greater in accordance with Section 12.04.02. Pumps shall be so placed that under normal start conditions it shall be subjected to a positive suction head. When multiple pumps are used each pump shall have its own separate suction line. Suitable shut-off valves shall be provided on the discharge line and suction line (if provided) for normal pump isolation. A check valve shall be placed in the discharge line between the pump and shutoff valve. When the pump discharge is at a lower elevation than the high liquid level in the pump station an antisiphon device shall be provided on the pump discharge. Pumps shall be so piped that they can be removed for servicing without having to dewater the wet well.

h. Controls—Each pumping station shall be provided with controls for automatically starting and stopping the pumps based on water level. When float type controls are utilized they shall be so placed as to be unaffected by the flow entering the wet well. Provisions shall be made for automatically alternating the pumps. The electrical motor control center and master disconnect switch shall be placed in a secure location above grade and remote from the pump station. Each motor control center shall be provided with a manual override switch.

i. Alarms—A high water alarm with remote sensing and electrical circuitry separate from the motor control center circuitry shall be provided. The alarm shall be audiovisual and shall alarm in an area where it may be easily monitored. When multiple pumps are utilized an additional audiovisual alarm shall be provided to alarm when a pump motor fails to start on demand.

j. Ventilation—Positive ventilation shall be provided at pumping stations when personnel are required to enter the station for routine maintenance.

1. Wet Wells—Ventilation may be either continuous or intermittent. Ventilation, if continuous, shall provide at least 12 complete air changes per hour; if intermittent, at least 30 complete air changes per hour. Such ventilation shall be accomplished by mechanical means.

2. Dry Wells—Ventilation may be either continuous or intermittent. Ventilation, if continuous, shall provide at least six complete air changes per hour; if intermittent, at least 30 complete air changes per hour. Such ventilation shall be accomplished by mechanical means.

March 30, 1987

TO: File
BY: James A. Hall, Sanitarian

Re: Brown & Church Ltd.
Septic Tank Data
ID 86-131-0187

1-21-87: On the cemetery side of the drainfield.
Drainfield ditches #6, 7, 8, 9, 10 were accepted.
Grades: 3" to 3-3/4" per 100'
Cover: 15" to 22" over gravel

2-11-87 On the cemetery side of drainfield.
Drainfield ditches #11, 12, 13, 14 were accepted
Grades: 2-3/4" to 3" per 100'
Cover: 18" to 24" over gravel

Note: At the request of the contractor and the owner
9 distribution boxes serving 4 drainfield ditches
each may be installed. These changes were requested
because of severe space limitations.

2-12-87 On the cemetery side of the drainfield.
Drainfield ditches #15, 16, 17 were accepted
Grades: 3" to 3-1/4" per 100'
Cover: 15" to 24" over gravel

2-13-87 On the cemetery side of drainfield.
Drainfield ditch #18 was accepted
Grade: 3" per 100'
Cover: 16" to 35" over gravel

On the building side of drainfield.
Drainfield ditches #16, 17, 18 were accepted
Grades: 2-3/4" to 3-1/4" per 100'
Cover: 16" to 49" over gravel

3-6-87 On the building side of drainfield.
Drainfield ditches #14, 15 were accepted
Grade: 3" to 3-1/2" per 100'
Cover: 11" to 50" over gravel

3-11-87 On the building side of drainfield.
Drainfield ditches #11, 12, 13 were accepted
Grades: 3" to 3-1/2" per 100'
Cover: 11" to 45" over gravel

The first two septic tanks serving the restaurant were inspected
and accepted.

March 30, 1987 Notes to File - cont'd
Brown & Church, Ltd.

3-12-87 On the building side of drainfield.
Drainfield ditches #7, 8, 9, 10 were accepted
Grades: 3" to 3-1/2" per 100'
Cover: 16" to 65" over gravel

3-13-87 On the building side of drainfield.
Drainfield ditches #2, 3, 4, 5, 6 were accepted
Grades: 2-3/4" to 3-1/4" per 100'
Cover: 12" to 45" over gravel

3-17-87 On the cemetery side of drainfield.
Drainfield ditches #2, 3, 4 were accepted
Grades: 3" to 3-1/2" per 100'
Cover: 12" to 22" over gravel

3-20-87 On the cemetery side of drainfield.
Drainfield ditches #1, 5 were accepted

On the building side of drainfield.
Drainfield ditch #1 was accepted

Grades: 2-1/4" to 3" per 100'
Cover: 12" to 30" over gravel

Distribution boxes #4, 5, 6, 7, 8, 9 were leveled.
Both gravity lines to the pump chamber were accepted
Sewer line from motel to septic tanks was accepted

3-25-87 Mr. Church will adjust the drawdown level in the pumping chamber to from 32-1/2" to 34".
The remainder of the system was approved with these reservations: Pump operation has not been observed.
The waste line from the laundry has not been installed.

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

n

For Department Use Only
Receipt No. D091397
Pd. \$50.00 10-15-86

Health Department

Identification Number

86-131-0187

Map Reference

#78-57-4

A

Floyd County

Health Department

Date Received 10-15-86 J.A.H.

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional

FHA/VA yes

no

Owner Brown & Church Ltd. Address R43 Box 27 Phone 789-4614
Willis Va. 24380

Agent William D. Church Address Same Phone

Directions to Property 1/4 east of The Ridge Parkway on 758, Floyd Co.

Subdivision _____ Section #78 Block _____ Lot #57

Other Property Identification Old Neighborhood Street

Dimensions/size of Lot/Property 6 AC.

Other Application Information

I. Building/facility
Intermittent Use New Yes Existing
 No If yes, describe: April to End Oct.

II. Residential Use
Termite Treatment Yes, 1 Bed room No
 Yes, 1 Night clerk No
 Single Family Multifamily Number of Units _____ Number of Bedrooms _____
 Yes No
 Yes No

III. Commercial Use Yes No Describe: _____
Commercial/Wastewater Yes No Number of Patrons 50 Number of Employees 5 Not Applicable
If yes, give volumes and describe _____

IV. Water Supply: Public Private New Describe: _____
 Existing _____

V. Proposed Installation:
If other, describe Estimated 2500 Septic tank and drainfield Other

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

William D. Church

Signature of owner/agent

10-15-86

Date

Georgetown

Streets

Motel

175

MOTEL (EX)

5' ditch
on 10' grs

9'6" x 6'6" x 6"

1400 gal

32 x 60

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

78-A

• BWCM No. _____

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

(Certification of Completion/County Permit)

County/City _____

Floyd County

County/City Stamp

• Virginia Plane Coordinates

N

E

Latitude & Longitude

N

W

• Topo. Map No. _____

• Elevation _____ ft.

• Formation _____

• Lithology _____

• River Basin _____

• Province _____

• Type Logs _____

• Cuttings _____

• Water Analysis _____

• Aquifer Test _____

• Owner CHURCH AND BROWN

• Well Designation or Number

Address _____

Phone _____

• Drilling Contractor Kenneth Pauley

Address P.O. Box 321

Floyd, Va. 24091

Phone _____

WELL LOCATION: _____ feet/miles _____ direction of _____

and _____ feet/miles _____ (direction) of _____
(If possible please include map showing location marked)

Date started _____

• Date completed 11/24/86

For Office Use

Tax Map I.D. No. _____

Subdivision _____

Section _____

Block _____

Lot _____

Class Well: I _____, II A _____,

II B _____, III A _____, III B _____

III C _____, III D _____, III E _____

1. WELL DATA: New Reworked _____ Deepened _____

• Total depth 500 ft. _____ ft.

• Depth to bedrock 154 ft. _____ ft.

• Hole size (Also include reamed zones)

• 9 inches from 0 to 154 ft.

• 16 inches from 154 to 500 ft.

• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• 6 5/8" inches from 0 to 154 ft.

Material gal.

Wt. per foot _____ or wall thickness 270 in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• Screen size and mesh for each zone (where applicable)

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• Gravel pack

• From _____ to _____ ft.

• From _____ to _____ ft.

• Grout

• From 0 to 100 ft. Type cement

• From _____ to _____ ft. Type _____

2. WATER DATA • Water temperature _____

• Static water level (unpumped level-measured) 15 ft. _____ ft.

• Stabilized measured pumping water level _____ ft.

• Stabilized yield _____ gpm after _____ hours

Natural Flow: Yes No _____, flow rate 4 gpm

Comment on quality good

3. WATER ZONES: From 255 To 256

From 375 To 376 From _____ To _____

From _____ To _____ From _____ To _____

4. USE DATA:

Type of use: Drinking _____, Livestock Watering _____

Irrigation _____ Food processing , Household _____

Manufacturing _____ Fire safety _____ Cleaning _____

Recreation _____ Aesthetic _____ Cooling or heating _____

Injection _____ Other Restaurant

• Type of facility: Domestic _____, Public water supply _____

Public institution _____ Farm _____, Industry _____

Commercial _____, Other Restaurant

5. PUMP DATA: Type _____ Rated H.P. _____

• Intake depth _____ Capacity _____ at _____ head

6. WELLHEAD: Type well seal _____

Pressure tank _____ gal., Loc. _____

Sample tap _____, Measurement port _____

Well vent _____, Pressure relief valve _____

Gate valve _____, Check valve (when required) _____

Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfected _____ yes no

Date _____, Disinfectant used _____

Amount _____, Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ material _____

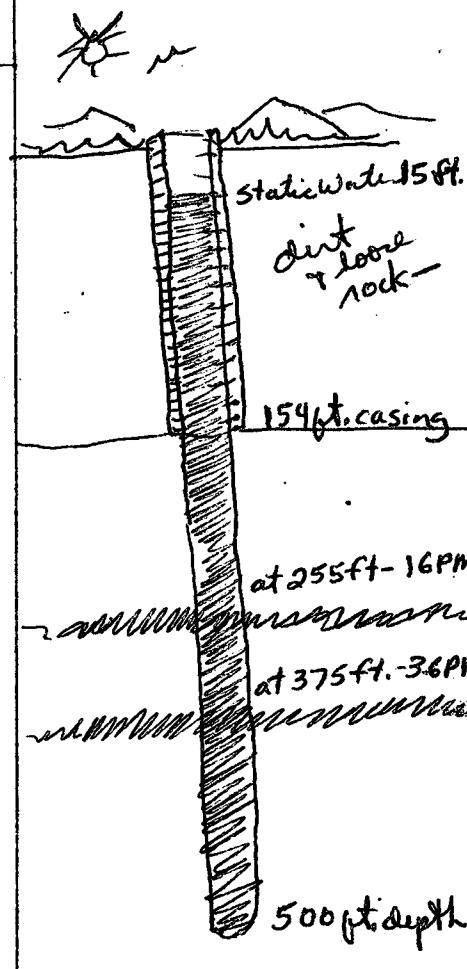
9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)

DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, etc.)
From	To		
0	154	overburden - dirt - loose rock -	
154	500	Gray rock -	

11. _____

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)



13. Well lot dedicated? _____ ; Size _____ ft. X _____ ft.; Well house? _____
 Distance to nearest pollutant source _____ ft., Type _____
 Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches, Material _____
 Installer _____ Date _____

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

State Water Control Board Regional Offices

Valley Reg. Off.
116 North Main Street
P. O. Box 268
Bridgewater, Va. 22812
703-828-2595

Southwest Reg. Off.
408 East Main Street
P. O. Box 476
Abingdon, Va. 24210
703-628-5183

West Central Reg. Off.
Executive Park
3312 Peters Creek Road
Roanoke, Va. 24019
703 - 982 - 7432

Piedmont Reg. Off.
4010 West Broad Street
P. O. Box 6616
Richmond, Va. 23230
804-257-1006

Tidewater Reg. Off.
287 Pembroke Office Park
Suite 310 Pembroke No. 2
Va. Beach, Va. 23462
804-499-8742

Northern Virginia Reg. Off.
5515 Cherokee Avenue
Suite 404
Alexandria, Va. 22312
703-750-9111

Signature KR Gauley (Seal), Date 11/24/86
 (Well driller or authorized person)
 License No. _____

WELL DEDICATION

Brown & Church Ltd., Inc., a Texas Corporation licensed to do business in Virginia, does dedicate that tract or parcel of real estate situated, lying and being in the Pucks Fork section of Floyd County, Virginia, more particularly described by deed and plat of survey of record in Deed Book 155, Pages 147, and of the Clerk's Office of the Circuit Court of Floyd County, Virginia, and Being the identical real estate which said corporation acquired by grant with General Warranty of Title and Modern English covenants from Glenn and Shirley Hubbard. Said dedication being to establish the aforesaid area for water supply use only, and the said Brown & Church, Ltd., Corporation agrees that only appurtenances pertinent to the water supply system will be constructed in said area dedicated and that said lot for the well, 100 X 100 feet, will not be used for human habitation or other sources of contamination.

The full interest and control of the aforesaid area dedicated shall remain with the Woodberry Inn and this instrument is solely for the purpose of assuring the Department of Health of the Commonwealth of Virginia as to the matters hereinabove set forth so long as said parcel is used for a water supply system; and this dedication shall be null and void and of no further effect should the well on the said premises be abandoned and the use thereof for a water supply system cease.

WITNESS the following signatures and seal this 28 day of April, 1987

By: James Brown President
Attest: Rhonda J. Vaughn D.C. Howell, Secretary

I, Noel Robert Woon A Notary Public for the County aforesaid in the State of Virginia do certify that Sam Brown William Church, whose names are signed to the writing above, bearing date on the 28th day of April, 1987, have acknowledged the same before me in my County aforesaid. Given under my hand this 28th day of April, 1987.

Noel Robert Woon
Notary Public

My Commission expires 12/26/88.

For use of the Clerk of Court

This Well Dedication Document, as described above, was recorded in Deed Book 155, Page 147 on the 28th day of April, 1987.

SIGNED:

of the Floyd County Clerk's Office

VIRGINIA: In the Clerk's Office of the Circuit Court of Floyd County

April 28, 1987, at 10:29, A.M.
This Instrument received in office, and, with certificate thereto attached, admitted to record. The tax imposed by Section 58.1-802 of the code in the amount of \$_____ has been paid.

Teste: MARGARET H. HARMAN, Clerk

Rhonda J. Vaughn

D.C.

IN TESTIMONY, that the foregoing is a true copy taken from the records of said Court
Margaret H. Harman, Clerk thereof, set
my hand and affix the Seal of said Court
his the 28 day of April, 1987
Circuit Court, County of Floyd, Virginia
Rhonda J. Vaughn
D.C.

FLOYD COUNTY HEALTH DEPARTMENT
P.O. BOX 157
815 EAST MAIN STREET
FLOYD, VIRGINIA 24091

February 8, 2002

Denny Defibaugh
RR 1 Box 41
Meadows of Dan, VA 24120

Dear Mr. Defibaugh:

According to our records, all of the work has been done at your work site except for the following items. In order to complete your file and issue an operation permit for your well and/or sewage disposal system, we need the following:

6/13/02
i

Well Water Statement (GW-2)

- Water sample taken (Contact a Virginia State Certified private lab for testing. Make sure the well has been chlorinated at least 1-2 weeks prior to testing.)
- Well inspection, once well is drilled
- Completion statement from installer of septic system
- Approved well cap
- Other:

Please send us the information requested at your earliest convenience. If you have any questions regarding this matter, you may contact me at the Floyd County Health Department at 540-745-2141.

Sincerely,


Tina L. Thompson,
Environmental Health Specialist Senior

FLOYD COUNTY HEALTH DEPARTMENT
P.O. BOX 157
815 EAST MAIN STREET
FLOYD, VIRGINIA 24091

February 8, 2002

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RR 1 Box 41
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- Approved well cap
- Other:

Please send us the information requested at your earliest convenience. If you have any questions regarding this matter, you may contact me at the Floyd County Health Department at 540-745-2141.

Sincerely,


Tina L. Thompson,
Environmental Health Specialist Senior

Completion Statement

Commonwealth of Virginia
State Department of Health

1) cement header pipes in dirt box
2) lower outlet tee in septic tank

Health Department
Identification Number 01-131-4695

Floyd Co
Health Department

Name of Company/Corporation/Individual: Buford Wood

Address: 149 Bellard Rd Telephone: _____

Owner's Name Denny Defibaugh

Owner's Address RR 1, Box 41, Meadow of Dan, VA 24120

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: SR 758, 1/2 mi on right

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) _____ and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1/24/02
Date

X Buford Wood
Signature and Title

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department

Identification Number

01-131-4095

1) connect header pipes in dist. box

2) lower outlet tee in septic tank

Health Department

Name of Company/Corporation/Individual: Gufoord Wood

Address: 149 Bellard Rd Telephone: _____

Owner's Name Denny Delibaugh

Owner's Address RR 1, Box 41, Meadow of Dan, VA 24120

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: SR 758, 1/2 mi on right

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) _____ and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1/24/02

Date

X Gufoord Wood

Signature and Title

**Commonwealth of Virginia
Uniform Water Well Completion Report**

Owner Denny Defibrough
Address Woodberry Run
182 Woodberry Rd, Meadowlark, Va.
Phone _____
Location _____

Tax Map ID _____
VDH Permit # 01-131-4695
WNCB Permit _____
WNCB ID _____
County Floyd Co.

*** Well Data ***

General Information

Drilling Method Polaris
Depth to Bedrock 60'
Static Water Level 740'
Well Disinfected (Y or N) _____

Date Completed 10-27-2001
Yield 8 (GPM)
Stabilized Water Level 740'
Disinfectant Used _____

Total Depth of Well 700'
Length of Test 100'
Natural Flow (Rate) S.R.P.M.
Amount Used _____

Casing

From 0 To 60'
Size 6 1/4 Material PVC
Weight/Schedule SDR 20-6

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack

From _____ To _____

From _____ To _____

From _____ To _____

Grout

From 0 To 70'
Bore Hole Size 70'
Type Cement + water
Method Grout Pump

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

Water Zones or Screened Intervals

From _____ To _____
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

From _____ To _____
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

*** Use Data ***

Private Well: Domestic Agricultural _____ Industrial _____ Monitoring _____
Public Well: Community Non Community _____

*** Abandonment Information ***

Bored or Dug Wells

Casing Removed, Y or N? _____

If Y, Depth to which casing was removed: _____

Depth and Type of Fill: _____

Source of Fill: _____

Bentonite Plugs: From _____ to _____ From _____ to _____

Method of permanently marking location: _____

Wells other than Bored Wells

Casing removed, Y or N? _____

Depth to which casing was removed: _____

Applicable, depth(s), and type of gravel/sand fill: _____

Source of gravel or sand: _____

Cement: From _____ to _____ From _____ to _____

* Drillers Log *

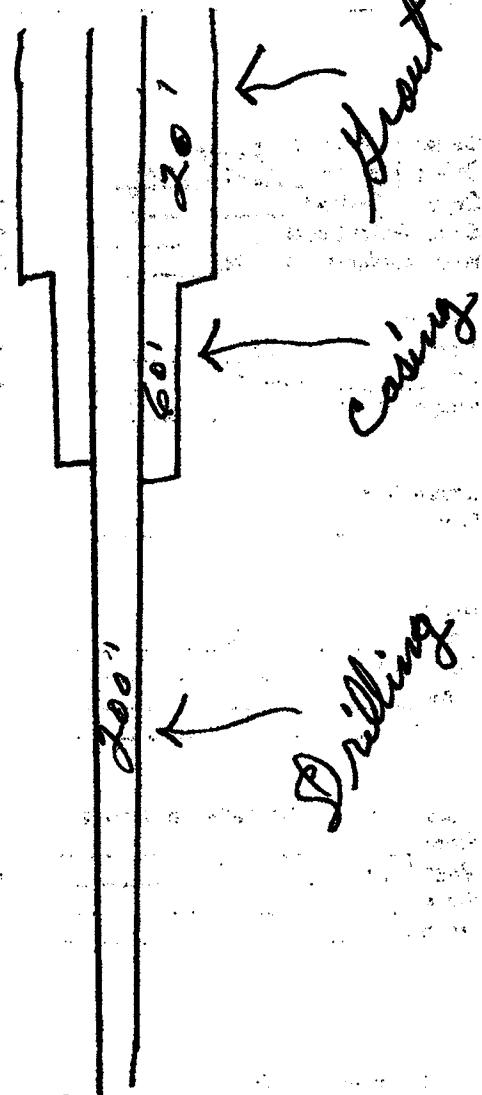
Depth

Description of Formation or Sediment

Remarks

0 - 10 ft. - Red Dirt
10 - 20 ft. - Grayish Dirt
20 - 55 ft. - Sandy
55 - 60 ft. - Sandstone
60 - 200 ft. - Granite

≡



(Use additional Sheets if necessary)

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Name Otis C. Joyce SKYVIEW TRAIL
Address 2521 MARTINSVILLE, VA. 24112
Phone 540-623-6690

Drillers Signature Terry Thompson
Date Representing Joyce Well Drilling
Virginia Contractors License Number 003886

SEWAGE DISPOSAL SYSTEM CONSTRUCTION SPECIFICATIONS

01-121-4095

G 78-57-4A

GENERAL INFORMATION

New: Repair: Expanded:
 Owner: Denny Defibaugh Telephone: 593-2567
 Address: R.R. 1, Box 41, Meadows of Dan, VA 24120

For a Type 1 Sewage Disposal System to be constructed on / at: Parkway S, L onto SR 758, +- 0.5 mi. to prop. on the R

Subdivision: Section: Block: Lot:

Actual or estimated water use: 450 (3BR) GPD

DESIGN

NOTES

Water Supply, existing(describe) Well	
To be installed: class 3C	cased 20 ft. grouted 20 ft.
Building Sewer: 4" ID PVC 40, or equivalent. Slope 1.25" per 10' (minimum) Other:	✓
Septic Tank: capacity 900 gals. (minimum)	✓
Inlet-Outlet structure: PVC 40, 4" tees, or equivalent. Other:	Contractor advised to lower outlet tee in tank to 1-2"
Pump and Pump station: no: X yes: describe and show design. If yes:	
Gravity mains: 3"(min.), 1500 lb. crush strength or equivalent, minimum 6" fall per 100'. Other:	
Distribution Box: Precast concrete with 8 ports. Other:	Contractor instructed to place cement around corrugated header pipe in distribution box, so as to be watertight
Header Lines: Material: 4" ID 1500 lb. crush strength plastic, or equivalent, from distribution box into absorption trench. Slope 2" minimum. Other:	
Percolation Lines: Gravity 4" plastic 1000 lb./ft bearing load, or equivalent, slope 2" - 4" (min - max) per 100'. Other:	✓
Absorption Trenches: Square ft. required: 780 Trench width: 3' Trench length: 65' Centers: 9'	Depth from ground surface to bottom of the ditch: 36" Depth of aggregate: 13" Number of trenches: 4 # BR: 3
Inspected by:	Date:

✓ 4 @ 65' length
1/24/02
SP Inter

Well drilled
has cement
grout -
Needs approved
cap, pitless
adapter, etc.

Denny Defibaugh

Health Department
Identification Number 01-131-4095

Schematic drawing of sewage disposal and/or water supply and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and /or proposed structures and sewage disposal systems and well within 200'. The schematic drawing of the well site or area and/or SDS 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 permitted, show all sources of pollution within 200 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.

This permit is for installation of an onsite sewage disposal system designed for a 3 bedroom home---6 occupants **no basement**

Install: 4-65' lines
 36" deep
 9' centers

System may not be shown exactly on contour; install on contour of slope to maintain correct depth

If actual house site interferes with designated drainfield area, this permit is null & void

► **DO NOT COVER ANY PART OF SEPTIC SYSTEM PRIOR TO INSPECTION**

Install Class IIIC well

- 20' MINIMUM CASING AND GROUT
- KEEP WELL MINIMUM 100' UPSLOPE OF DRAINFIELD
- KEEP WELL MINIMUM 50' FROM TERMITE TREATED HOUSE
- CHLORINATE WELL PRIOR TO USE
- SUBMIT WELL COMPLETION FORM AND WATER SAMPLE

THIS SEWAGE DISPOSAL SYSTEM AND/OR WATER SUPPLY IS TO BE CONSTRUCTED AS SPECIFIED BY THE PERMIT OR ATTACHED PLANS AND SPECIFICATIONS .

This sewage disposal system and/or well 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 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: 3/30/01

Level I Review by:


Anna E. Thompson

Environmental Health Specialist

Date: _____

Reviewed by:

Environmental Health Supervisor

This Construction Permit

valid until:

9/30/02

SETEC

SOIL AND ENVIRONMENTAL TECHNOLOGY, INC
111 N. Franklin Street Christiansburg, Va. 24073
Phone-540-381-0309

Save

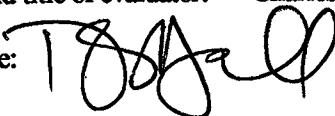
General Information

Date: 3/16/01 Health Department
Applicant: Denny Defibaugh Telephone No: 593-2567
Address: R.R. 1, Box 41, Meadows of Dan, VA 24120
Owner: Address:
Location: Parkway S, L onto SR 758, +- 0.5 mi. to prop. on the R
Subdivision: Lot:

Soil Information Summary

1. Position in landscape satisfactory	Yes <input checked="" type="checkbox"/>	No	Describe: Sideslope
2. Slope 10 %			
3. Depth to rock\impervious strata:	Max.	Min.	None <input checked="" type="checkbox"/>
4. Depth to seasonal water table (gray mottling or gray color)	No <input checked="" type="checkbox"/>	Yes	inches
5. Free water present	No <input checked="" type="checkbox"/>	Yes	range in inches
6. Soil percolation rate estimated	Yes <input checked="" type="checkbox"/>	Texture group 2	
	No	Estimated rate 30	Min/inch
7. Percolation test performed	Yes	Number of percolation test holes	
	No <input checked="" type="checkbox"/>	Depth of percolation test holes	
		Average percolation rate	

Name and title of evaluator: Charles Nelson\David Hall\Bill Evans Soil Scientist

Signature: 

Site Approved:

Department Use

SG 1"

depth at site designated on permit.

TLT 3/21/01

Site Disapproved:

Reason for rejection:

- 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 over water table.
- 4 Rates of absorption too slow.
- 5 Insufficient area of acceptable soil for required drainfield, and/or reserve area
- 6 Proposed system too close to well
- 7 Other Specify:

Profile Description
SOIL EVALUATION REPORT

Date of Evaluation: 3/16/01

Health Department
Identification No.

01-131-4095

See application sketch See construction permit

Subdivision: Defibaugh Lot #:

Hole #	Horizon	Depth	Description	Texture Group
1	Ap	0-6	Brown (10YR 4/3) loam	2
	Bw	6-22	Yellowish Brown (10YR 5/6) loam	2
	C1	22-30	Brownish Yellow (10YR 6/6) loam w/ many mica flakes	2
	C2	30-52	Yellowish Brown (10YR 5/6) loam w/ many mica flakes	2
	C3	52-60	Light Yellowish Brown (2.5Y 6/4) loam w/ many mica flakes	2
2	Ap	0-6	Brown (10YR 4/3) loam	2
	Bw	6-24	Yellowish Brown (10YR 5/6) loam	2
	C1	24-48	Light Yellowish Brown (2.5Y 6/4) loam w/ many mica flakes	2
	C2	48-60	Dark Yellowish Brown (10YR 4/6) loam w/ many mica flakes	2
3	Ap	0-6	Brown (10YR 4/3) loam	2
	Bw	6-30	Yellowish Brown (10YR 5/6) loam	2
	C1	30-40	Yellow (2.5Y 7/6) loam w/ many mica flakes	2
	C2	40-60	Pale Yellow (2.5Y 7/4) loam w/ many mica flakes	2

DRAINFIELD RECOMMENDATIONS

Type of system:	Gravity		
# Lines installed:	4	# Lines reserve:	NA
Line Length:	65'	Length reserve:	NA
Trench width	3'	Installation depth:	36"
Centers:	9'	# BR:	3

Subdivision: Defibaugh

Lot #:

DESIGN BASIS & AREA CALCULATIONS

EPR	30	Number of trenches:	4
Type of system:	Gravity	Centers:	9'
Trench bottom square ft required per bedroom:	260	Width required:	30'
#BR	3	Width of available area:	30'
Length of trench:	65'	Total square ft. required:	780
Length of available area:	65'	Square footage in design:	780
Width of trench:	3'	Reserve area required:	No

CERTIFICATION STATEMENT

Page of

COUNTY: **Floyd**

DATE:

PROPERTY IDENTIFICATION:

SUBMITTED BY:

SOIL AND ENVIRONMENTAL TECHNOLOGY, INC.

This is to certify according to section 32.1-163.5 of the *Code of Virginia* that the work submitted for the referred property is in accordance with the *Sewage Handling and Disposal Regulations* of the Virginia Department of Health. I recommend that a permit be approved.

AOSE: Charles Nelson



Date:

Soil Consultant: David Hall

Date:

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

UN 21098319 \$140 3-22-01

Health Department ID 01-131-4095

Owner: Denny Defibaugh Address: R.R. 1, Box 41 Phone: (540)593-2567
Meadows of Dan, VA
24120
Agent: SETEC Address: 142 Hillcrest Dr. Phone: (540)745-3222
Floyd, VA 24091

Directions to Property: Parkway S, L onto SR 758, +- 0.5 mi. to prop. on the R

Subdivision: Section: Block: Lot:

Dimension/size of Lot/Property:

Tax Map No.:

II. Residential Use	Yes	x	No
Termite Treatment	Yes	x	No
	Single Family	x	Multi-family
Basement	# Bedrooms	3	# Bedrooms
Fixtures in Basement	Yes	No	x
	Yes	No	x

V. Proposed Sewage Disposal Method:

Onsite Sewage Septic Tank LPD: Mound: Other:
Disposal System: Drainfield: x

IV. Water Supply Public: New: Existing:
Private: x New: x Existing:

Describe: Well

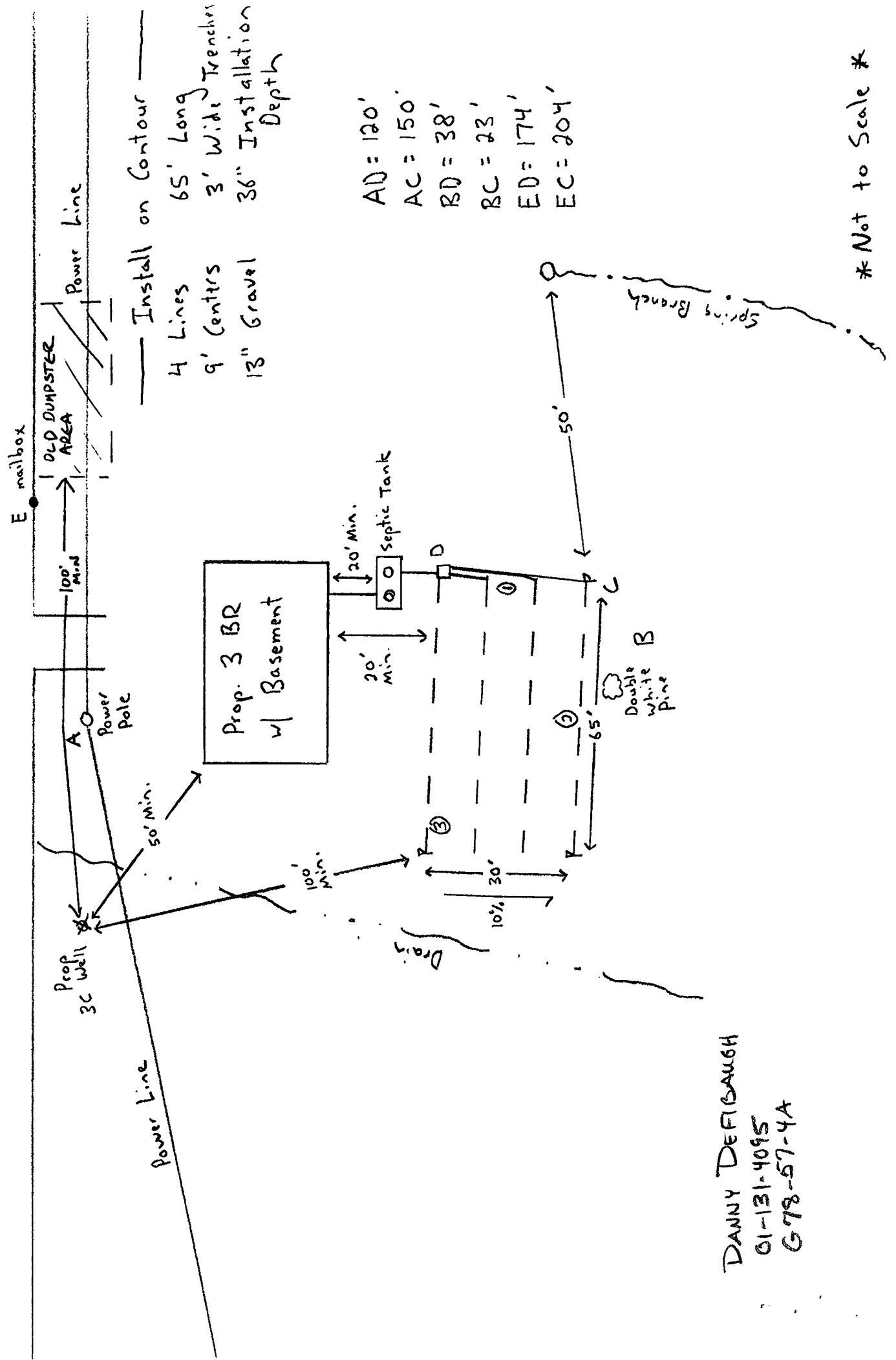
The property lines and building location and proposed sewage disposal area are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application and to perform quality assurance checks as necessary until the sewage disposal system has been constructed and approved>

Signature of Owner/Agent

3/20/01

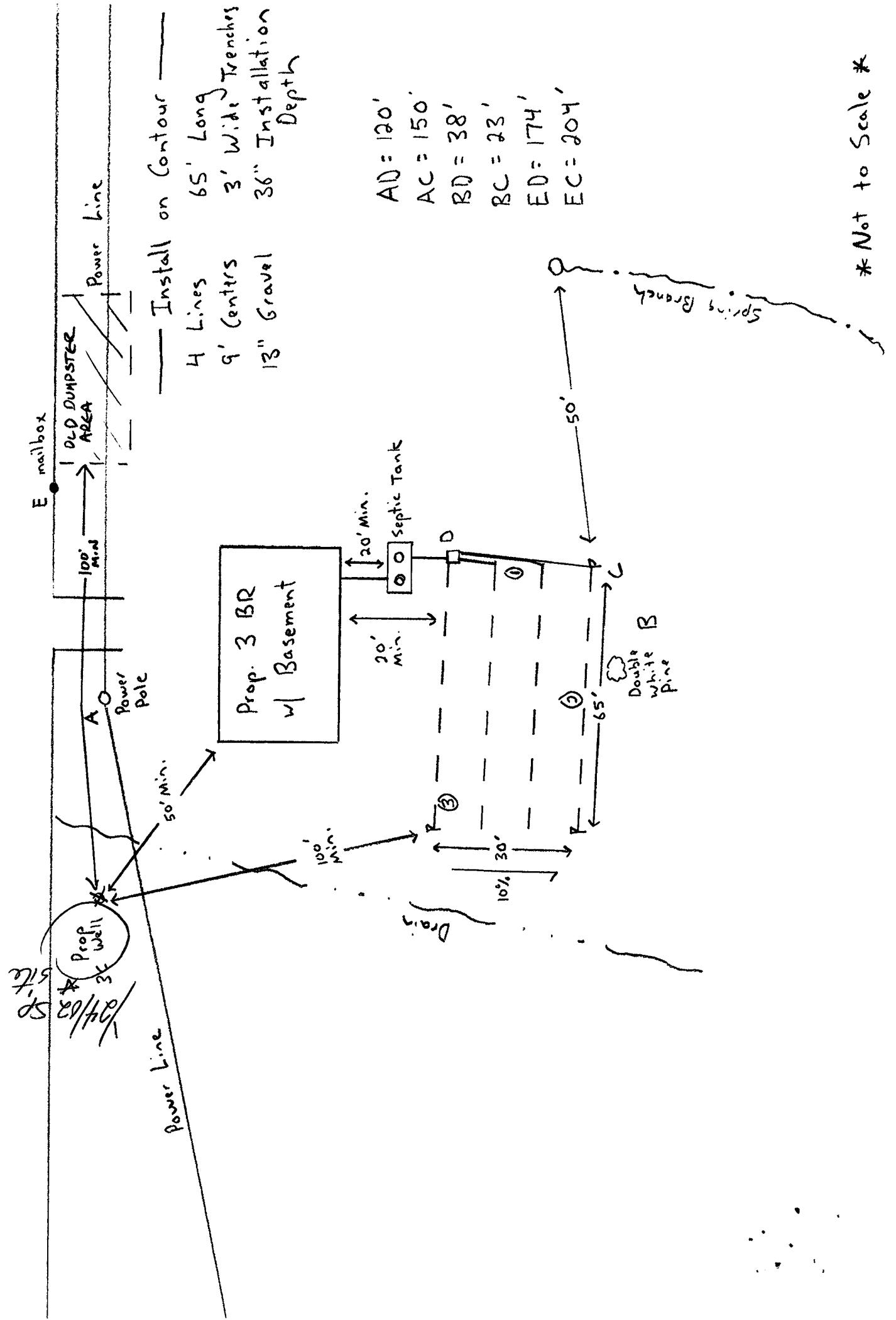
Date

Woodberry Rd.



Denny Detibaugh Prop.

Woodberry Rd.



* Not to Scale *

11-5-'86

Identification #86-131-0186

As requested by William S. Church,
this area is being held for use as a
future drainfield site for repair or
expansion.

James A. Hall

2. - Gr. 278 A Incomplete

Soil Evaluation Form

PAGE 1 OF 3

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 86-131-0186
Tax Map Number 78-57-5 A

General Information

Date 11-5-86

Floyd County Health Department

Applicant William S. Church

Telephone No. _____

Address Route #3 Box #27 Willis, Va. 24380

Owner Brown Church Ltd. Address Route #3 Box #27 Willis, Va. 24380

Location About .2 mile Southeast of Blue Ridge Parkway on Route #758

Subdivision N/A

Block/Section ~

Lot ~

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe _____

2. Slope About 12%

3. Depth to rock/impervious strata Max. ~ Min. 2 5/4" None ~

4. Depth to seasonal water table (gray mottling or gray color) No Yes N/A inches

5. Free water present No Yes N/A range in inches

6. Soil percolation rate estimated Yes Texture group I II III IV
No Estimated rate 3.5 min/ inch

7. Percolation test performed Yes Number of percolation test holes N/A
No Depth of percolation test holes N/A
Average percolation rate N/A

Name and title of evaluator: James A. Hall, Sanitarian

Signature: James A. Hall

Department Use

Site Approved: Drainfield to be placed at 2.5" depth at site designated on permit.

Site Disapproved:

Reasons for rejection:

- Position in landscape subject to flooding or periodic saturation.
- Insufficient depth of suitable soil over hard rock.
- Insufficient depth of suitable soil to seasonal water table.
- Rates of absorption too slow.
- Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
- Proposed system too close to well.
- Other Specify N/A

Date of Evaluation 11-5-'86Profile Description
SOIL EVALUATION REPORTHealth Department
Identification No. 86-181-0186Page 2 of 3

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 soil scientist, 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 site (See Section 4) 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

Survey Plat

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

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
1	A	9 to 11	Micaceous loam - Color 4/6 Stark yellowish brown	II
	C	7 to 9	Micaceous Material - Color 5/6 yellowish brown	II
		3 to 40	Since Micaceous Material is firm to very firm layers at angles of 70° to 90°. Various colors ranging from 3/2 to 3/2 - 7 very dark grayish brown to white	II
2	A	8 to 10	Heavy loam - Color 4/6 Stark yellowish brown	II
	B	13 to 15	Clay loam with some Micaceous Material - Color 5/6 yellowish brown	III to II
	C	50 to 54	Micaceous Material - Segregated colors ranging from 7/8 to 2/3 - 7 yellow to very pale brown	II
3	A	7 to 9	Loam - Color 3/6 Stark yellowish brown	II
	B	11 to 13	Heavy Micaceous loam - Color 5/6 yellowish brown	II
	C	29 to 33	Micaceous Material - Color 5/8 yellowish brown	II

The borehole pits ranged in width from 38" to 44" and in length from 50" to 65".

Remarks: Some grading had previously been done in this area. Some of the colors noted above were compared as to intensity and not as to hue on the 10 YR Color Chart.

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Receipt No. D091897
Pd. \$50.00 10-15-86

Health Department

Identification Number

Map Reference

86-131-0186

78-57-5 A

Floyd County

Health Department

Date Received 10-15-86 J.O.H.

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional

FHA/VA yes no

Owner Brown & Church Address RT 3 Box 27 Phone 789-4614
Willis Va. 24380

Agent William D. Church Address Same Phone _____

Directions to Property 1/4 East of Blue Ridge Parkway on T58,
Floyd Co.

Subdivision _____ Section #78 Block _____ Lot #57

Other Property Identification Old Hubbard Store Location

Dimensions/size of Lot/Property 6 Acres

Other Application Information

I. Building/facility

Intermittent Use

New

Yes

Existing

No If yes, describe: April - End Oct.

II. Residential Use

Termite Treatment

Yes

Yes

No

No

Basement
Fixtures in Basement

Single Family

Yes

Yes

Multifamily Number of Units _____ Number of Bedrooms _____

No

No

III. Commercial Use

Yes

No Describe: _____

Commercial/Wastewater

Yes

No Number of Patrons 12 Number of Employees 3

If yes, give volumes and describe

Estimated 3000 gal.

IV. Water Supply:

Public

Private

New Describe: _____

Existing

Septic tank and drainfield

Other

V. Proposed Installation:

If other, describe

SITE Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

William D. Church

Signature of owner/agent

10-15-86

Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Receipt No. D091897
Pd. \$50.00 10-15-86

Health Department

Identification Number
Map Reference

86-131-0186
78-57-5 A

Floyd County

Health Department

Date Received 10-15-86 J.O.H.

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional

FHA/VA yes

no

Owner Brown & Church Address Rt 3 Box 27 Phone 789-4614
Willis Va. 24380

Agent William D. Church Address Same Phone _____

Directions to Property 1/4 East of Blue Ridge Parkway on T58
Floyd Co.

Subdivision _____ Section #78 Block _____ Lot #57

Other Property Identification Old Hubbard Store Location

Dimensions/size of Lot/Property 6 Acres

Other Application Information

I. Building/facility
Intermittent Use New Existing
 Yes No If yes, describe: April - End Oct.

II. Residential Use
Termite Treatment Yes Yes No
 Single Family Multifamily Number of Units _____ Number of Bedrooms _____

Basement
Fixtures in Basement Yes No

No No
 Multifamily Number of Units _____ Number of Bedrooms _____

No No

III. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No Number of Patrons 12 Number of Employees 3
If yes, give volumes and describe Estimated 3000 gal.

IV. Water Supply: Public New Describe: _____
 Private Existing _____

V. Proposed Installation:
If other, describe Septic tank and drainfield Other

SITE Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and
PLAN driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells
and springs within 200 feet radius of the center of the proposed building 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.

William D. Church

10-15-86

Signature of owner/agent

Date

Cemetery

Store Rd

Motel 1

175

Motel (Ex)

5' ditch
✓ on 10' grs

9'6" x 6' x 6"

32 x 60

1400 gal

Withdrawn

Commonwealth of Virginia

Application for: Sewage System Water Supply

Owner Albert + Patricia Renaud

Mailing Address 6242 Buffalo Mtn Rd. SW
meadows of Dan Va. 24120

Agent _____

Mailing Address Same

Site Address Same

Directions to Property: State Rd 758

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 18-09 Other Property Identification _____ Dimension/Acreage of Property _____

Sewage System (New Construction)

Construction permits are valid for 18-months. Owners are advised to apply for a construction permit if they intend to build within 18 months of completing this application. Certification letters do not expire, may be recorded in the land records, and transfer with a property sale. For which are you applying? Certification Letter Construction Permit

Sewage System (Existing Construction)

Check all that apply: Repair Modification Expansion Replacement Upgrade

Do you wish to apply for a betterment loan eligibility letter? No If yes, there is a \$50.00 fee for determination of eligibility.

Sewage System (New or Existing Construction)

Single Family Home (Number of Bedrooms 3) Multi-Family Dwelling (Total Number of Bedrooms)

Other (describe) Partial

Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one) Fixtures in Basement? Yes/No (circle one).

Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want? Limit 4

Reduced water flow Limited occupancy Intermittent or seasonal use Seasonal or temporary use not to exceed 1 year

Water Supply

Will the water supply be Public or Private (circle one). Is the water supply Existing or Proposed (circle one).

If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).

Will any buildings within 50' of the proposed well be termite treated? Yes/No (circle one).

Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the 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 until an operation permit is approved.

Albert + Patricia Renaud
Signature of Owner/Agent

VDH Use Only	Health Department ID# <u>PP131-4107</u>
Due Date _____	

Phone 540-593-2247

Phone _____

Fax _____

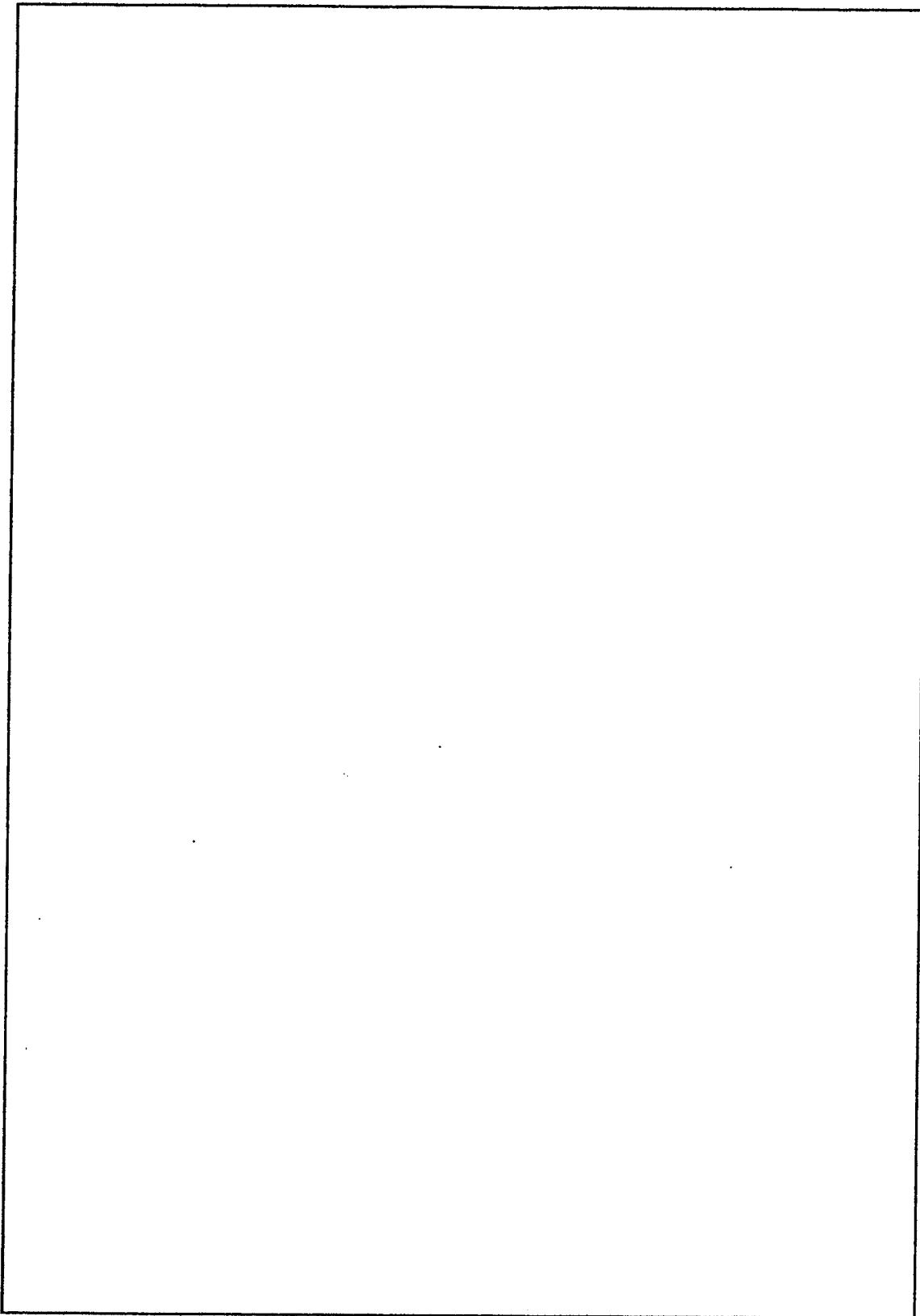
Phone _____

Phone _____

Fax _____

Email _____

DRAW SKETCH IN SPACE BELOW.



RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

1964-58

Date 12-10-64 Case No.

Owner Harry Cockman Address Pt #1 - Meadoway Dr., Inc. Phone None
 Occupant Same Address Same Phone Same

Exact Location 1/4 mile South of intersection of Parkway and Rt. # 758 on latter
 (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 1-2 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION

Allotted Area adequate Yes No. Distance from nearest lot lines 75 feet. Trees 20 feet. Water Supplies 50 feet. Buildings 55 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 None (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 Cast iron Size 4 Inches.

(5) SEPTIC TANK

Constructed of Cement (Kind of Material)
 Inside Dimensions Length 8 feet. Width 4 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 5 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 40 square feet. Number of ditches 2 Length of ditches 70 feet. Grade of ditches Minimum 4 Inches per 100 feet. Maximum 1 1/2 inches per 100 feet. Has system been checked by instruments (Level) Yes No. Type aggregate used Gravel stones. Depth of aggregate under Tile 5 inches. Total depth of aggregate 12 inches. Depth of backfill over aggregate 15 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:

Phillipe Boos Address _____

This Sewage Disposal System (Is) Is (Is-Not) Approved by _____

Date 12-10-64 Signed James A. Hall (Sanitarian)

Date Approved _____ (Advisory Sanitarian)

Willie, Jr. Phone _____

Health Department _____

Floyd

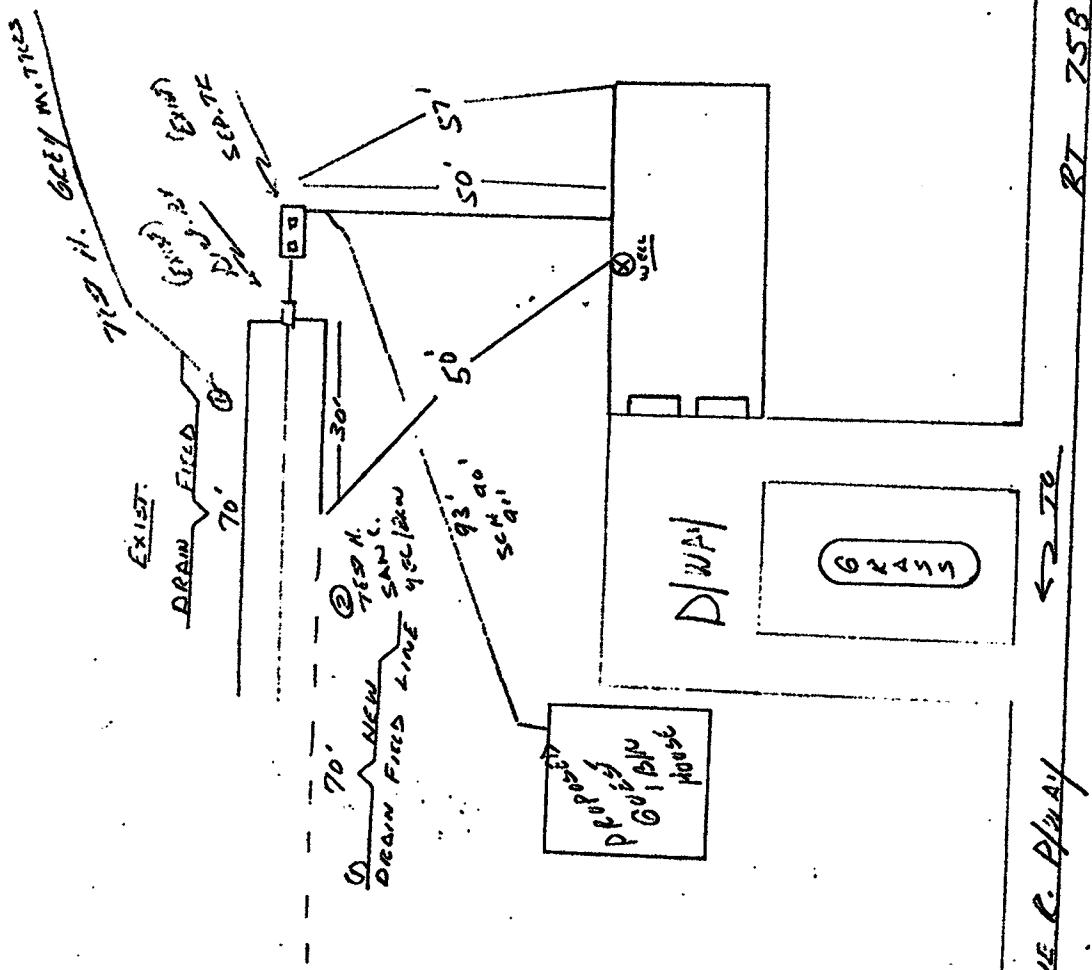
(Health Director)

Date Approved _____

(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: _____

تاریخ ایران - آثار باستانی



0.3 mi. B/ue C. Bluff

→ 270

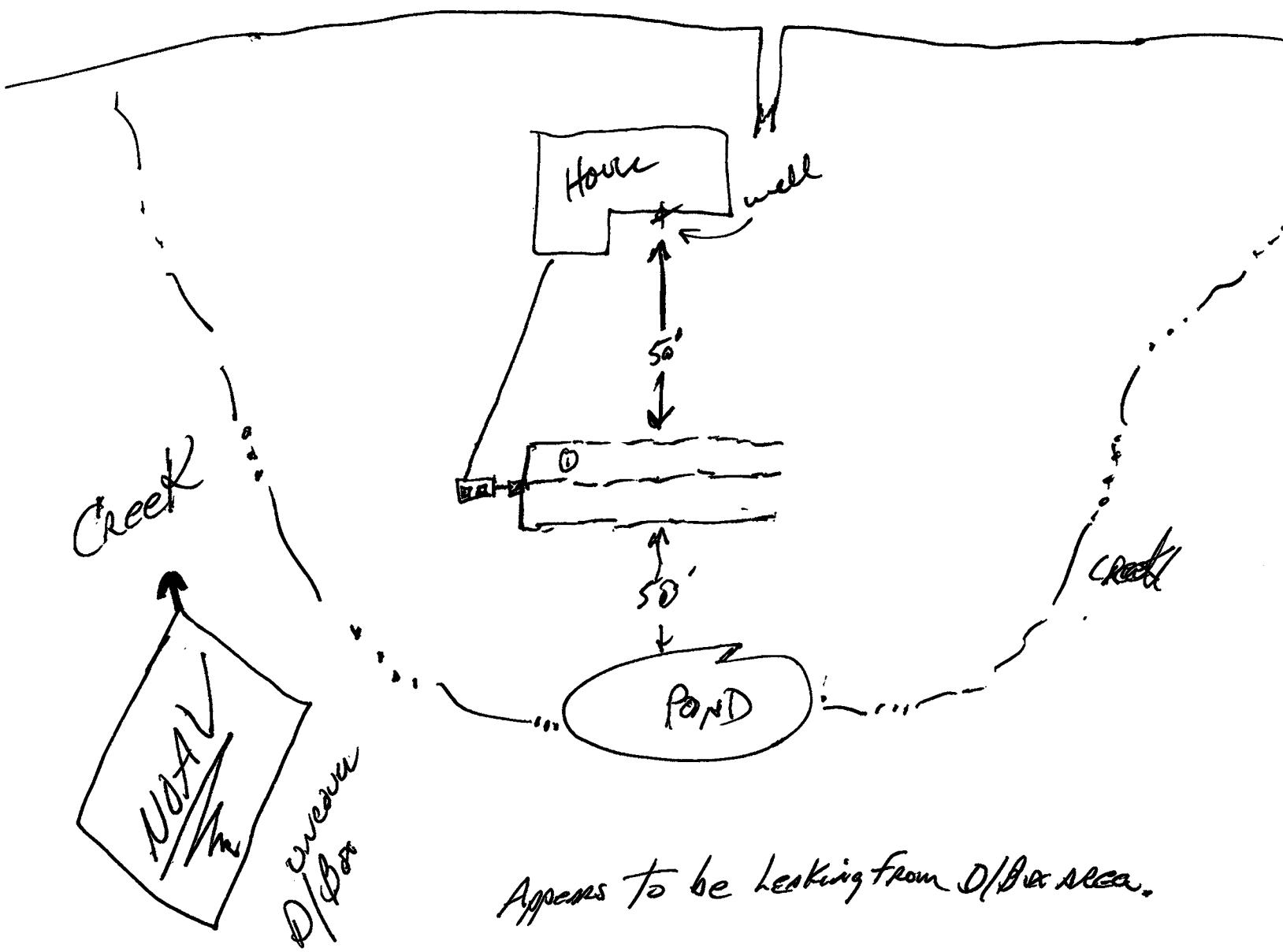
RT 753

74. 90-131-018:

1974

1) ^{AD}
St. 6-6 2.5 y < 3/4 Dark brown & tan
St. 6-18 2.5 y < 1/2 strong tan
St. 18-30 10 y < 1/2 yellowish back, 10 y < 1/2 grayish belly & 25+

17-131-4107
9-29-77



RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

1964 - 5

Owner Harry Cockman

Address 214-1 Meadoway Court, phone None
(Mailing Address)

Occupant Same

Address Same phone Same
(Mailing Address)Exact Location
of Premises1/4 mile South of intersection of ~~Providence Rd.~~ # 758 on latter
(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 feet. (Use Form LIS-104 for Detailed inspection of Water Supply Reference Materials)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION

Allotted Area adequate Yes No. Distance from nearest lot lines 75 feet. Trees 20 feet. Water Supplies 52 feet. Buildings 55 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 None
(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 Cast iron Size 4 inches.

(5) SEPTIC TANK

Constructed of Concrete
(Kind of Material)Inside Dimensions Length 8 feet. Width 4 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 5 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 420 square feet. Number of ditches 2 Length of ditches 70 feet Grade of ditches Minimum 4 Inches per 100 feet Maximum 12 inches per 100 feet. Has system been checked by instruments (Level) Yes No. Type aggregate used Gravel stones Depth of aggregate under Tile 6 inches Total depth of aggregate 12 inches Depth of backfill over aggregate 15 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:

Phillipe Rose

Address

Willie, Fla.

Phone

This Sewage Disposal System (Is) Not Approved bySigned James A. Hall

(Sanitarian)

Date

Approved

Health Department

Date 7-10-64 Signed

Floyd

Date Approved

Date

Approved

(Health Director)

(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)~~

Date 11-23-64 Case No. 11-23-64

Owner Henry Cochran
Occupant Same

Address Rt. #1 - Meadoway Station, Va. 11000
(Mailing Address) Same Phone None

Exact Location of Premises ± 1/4 mile south of intersection of Parkway & Rt. #758 on left
(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 potential Bedrooms <u>2</u> Actual or estimated Water
<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Septic Tank	Consumption <u>220</u> gal. per day Automatic Washing Machine
Health Department recommends		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Garbage Disposal unit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Additional wastes

DETAILS OF RECOMMENDED SYSTEMS

(1) **WATER SUPPLY** Location to be approved by Sanitarian. Type
 Drilled Well Dryden Well Bored Well Dug Well
 Other Cased 5 feet.

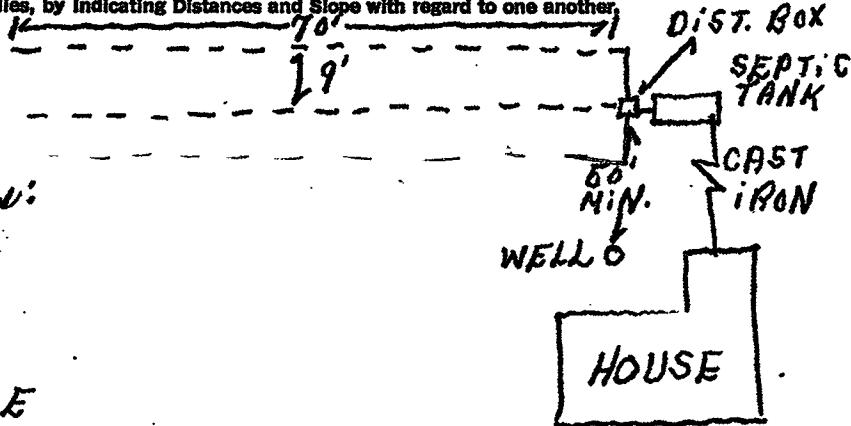
Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted 1 feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 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 10 feet per inch. Depth of Water Table 10 feet (Estimated)

Surface drainage required Yes No Area Drainage
by Lowering Ground Water Table required Yes No

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.)



Drainfield Ditches:
 36" wide
 30" deep
 70' long
 2" fall per line

RT. #758

feet

Note: Owner or his agent must notify Floyd Health Department, Phone 745-2141 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 in the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM SIGN. 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 11-23-64 Approved

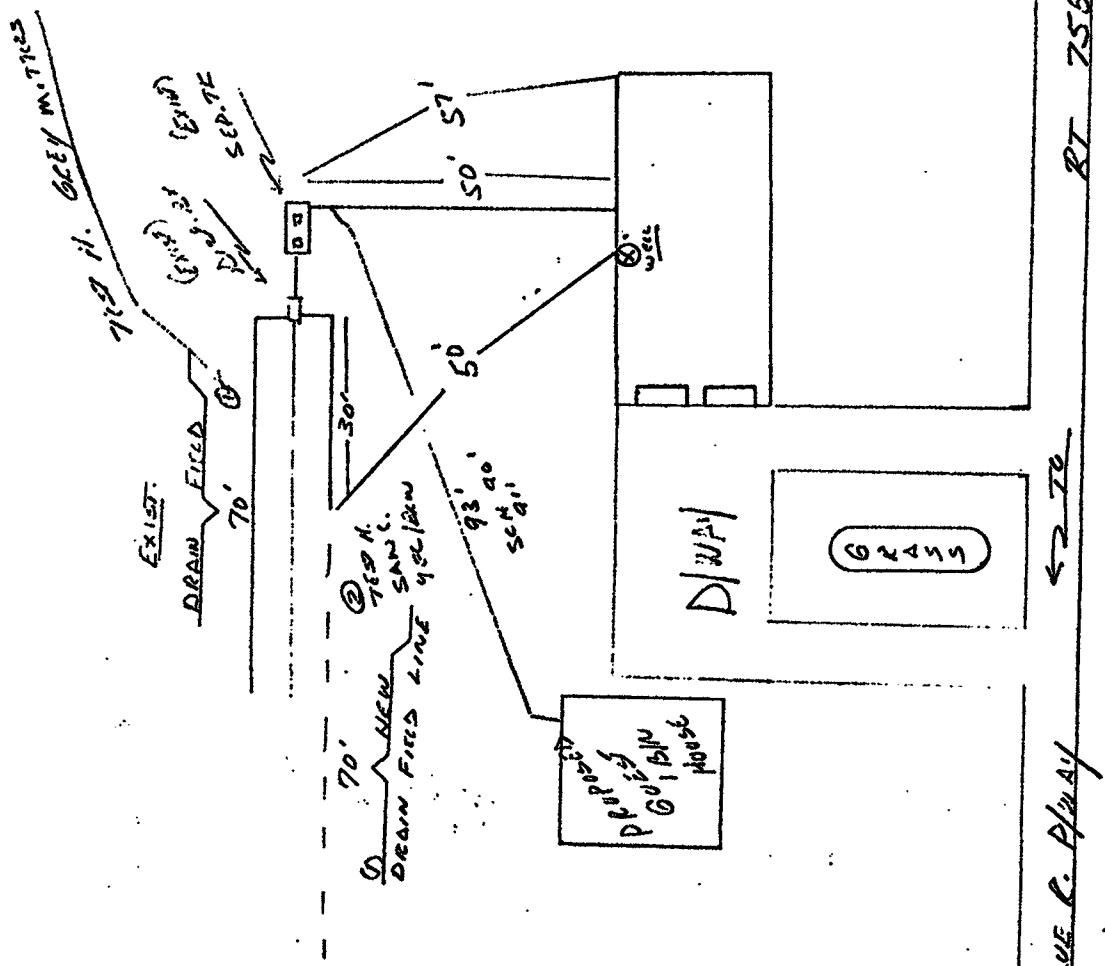
LHS - 121 Rev. 1-64
Virginia State Department of Health

(Reviewing Authority)

Date 11-23-64 Signed

James A. Hall
(Sanitarian or Health Director)

تذکرہ کتابہ ایجاد و تحریر



O. 3 mi. Bluff C. Flats

27 758

74. 96-131-0183

• 887 1978

Withdrawn
NEW RIVER HEALTH DISTRICT
Bare Application Processing Log

HD ID: 57-131-4101

Call Log		
Date	Contact#	Action/Comments
9-29-17		Looked@ system, species identified incoming from Dabbs, Mont. Soot is going to dig it up & look @ it.
11-30-17		Potter's Reward requested to withdraw their application. (6)

Benchmarks [* OSS fields]

- *1. Application received
- *2. OSS Checklist completed
- *3. Fees collected: \$ 0.00 *Repair*
- *4. Application entered into HS
- *5. Application assigned to: Doug Brown
- 6. App. received by EHS
- 7. Appointment for site visit; date set: _____
- 8. Actual date of site visit

Comments: _____

Date/Initials

9-29-17/DH

10-21-17/JRC

/

/

11

10-21-17/JB

9-29-17/JB

9-29-17/JB

- 9. Date of follow-up visit ; reason: _____ n/a (no fu) /
- 10. Date entered into VENIS /
- 11. Result: Admin denial Permit issued Rejection /
- *12. Date permit or letter mailed /
- *13. Final inspection requested @ _____ (time) /
- 14. Final inspection conducted /

Describe corrections needed or other issues _____

- *15. Pending letter mailed n/a /
- *16. OP mailed or faxed to owner/building official /

CHECK LIST FOR SEPTIC OR SEPTIC AND WELL APPLICATIONS

USED TO ENSURE THE APPLICATION IS COMPLETE AT THE TIME OF SUBMISSION

GENERAL INFORMATION

- APPLICANT NAME
- AGENT'S NAME (IF APPLICABLE)
- CURRENT MAILING ADDRESS
- PHONE NUMBERS (DAY/CELL)
- SITE ADDRESS
- CLEAR PROPERTY DIRECTIONS
- TAX MAP # / PARCEL ID #
- SUBDIVISION NAME
- SIGNATURE OF OWNER / AGENT
- APPLICATION W/ CURRENT DATE
- APPLICATION - RECEIVED DATE
- FEES PAID
- RECEIPT GIVEN TO CUSTOMER
- FEE RECORDED ON APPLICATION
- HD # ON APPLICATION
- ZONING LETTER

SYSTEM INFORMATION

- TYPE OF APPROVAL
(CONSTRUCTION - REPAIR - D/R - ETC)
- PROPOSED USAGE
(SINGLE - MULTI FAMILY)
(NON-RESIDENTIAL / COMMERCIAL)
- NUMBER OF BEDROOMS - 3
- BASEMENT - YES NO
- WATER SUPPLY
NEW
PUBLIC EXISTING
PRIVATE

OSE PACKET

R = Required E = Expected
1 COPY (R) 3 COPIES (E)

- ALL PAGES NUMBERED (R)
- CERTIFICATION STATEMENT (R) *or*
- P E SEAL (R)
- MALFUNCTION REPORT (E)

PLAT / WAIVER INFO

PLAT PROVIDED
(SHOWING ALL EXISTING & PROPOSED IMPROVEMENTS)

WAIVER REQUESTED

PLEASE REMIND APPLICANT

PROPERTY LINES MARKED

HOUSE SITE MARKED



IMPORTANT NOTICE: PLEASE READ THE FOLLOWING CAREFULLY BEFORE FILING YOUR APPLICATION AND PAYING YOUR FEE FOR A SEPTIC SYSTEM AND/OR PRIVATE WELL PERMIT.

Your local Environmental Health Specialists (EHS) play several critical role(s) in protecting public health. One of those roles is the permitting of **Onsite Sewage Disposal Systems (SDS)** and **Private Wells (PW)**. Many more however, are focused on immediate public health risks, such as failing SDS, dry wells, outbreak and rabies investigations, and possible groundwater contamination investigations. VDH and the New River Health District (NRHD) have established guidance policies to prioritize those services which directly respond to immediate public health risks. This prioritization of services directly impacts how quickly we will be able to process applications for SDS and PW.

We offer the following information to assist you with the SDS and PW application process. Our goal is to provide you with fair and reasonable expectations regarding the process and to ensure you are aware of all the options that are available to you. The Bare VDH timeframes below are typical, but will often vary throughout the year as they are impacted by other public health priorities, weather and staffing.

Typical Processing Timeframes

Type of Application	Private Sector OSE/PE* Application Packet**	Bare® VDH Application
Conventional SDS Construction Permit Application	(≤) 15 Business Days	3 – 8 weeks
Alternative* SDS Construction Permit Application	(≤) 15 Business Days	NA (EHD prohibited from designing)
Conventional SDS Const. Permit – Previously Certified*	(≤) 15 Business Days	Several months
Certification Letter Application	(≤) 15 Business Days	Several months
Existing System Evaluation or "Dwelling Replacement"	(≤) 15 Business Days	3 – 6 weeks

*OSE/PE – Onsite Soil Evaluator / Professional Engineer

** Bare - VDH only application, does not include a complete OSE/PE application Packet.

† Alternative SDS typically utilize pre-treatment, pressure dosing or another form of proprietary technology

**OSE/PE Application Packet – includes SDS design and all supporting documentation.

*Previously Certified – property has site and soil work form OSE/PE on file

Other Considerations for Utilizing Private Sector Evaluations and Designs

Private Sector OSE/PE	VDH
Not limited by state agency business hours.	Operate 8am to 4:30pm; Monday thru Friday. Closed on state holidays.
Can design commercial and multi-family SDS.	Can only design single-family, residential SDS.
Can design alternative SDS.	Cannot design alternative SDS.
Designs can exceed minimum regulatory standards in order to enhance project value, meet site specific needs, and/or extend the life of the system.	Designs are based on minimum regulatory requirements.
Can recommend, and coordinate with installers that are well versed in specific types of SDS.	Cannot recommend installers.
Can evaluate existing systems for any reason/need.	Cannot evaluate existing systems except as specifically required to obtain a building permit.
Can serve as an overall consultant regardless of need or plans.	Cannot provide consulting services.

VDH and NRHD encourage the use of private sector onsite soil evaluators (OSE) and professional engineers (PE). These professionals can provide a wide array of services and have greater flexibility to suit your individual needs. As regulators of the onsite sewage industry we cannot recommend one product over another, nor can we consider costs in our design. The OSE/PE professional community can tailor their designs to best suit your needs.

For more information on VDH regulations and policies please visit: www.vdh.virginia.gov/EnvironmentalHealth/Onsite/



FLOYD COUNTY HEALTH DEPARTMENT
123 Parkview Drive
Floyd, VA 24091
PHONE: (540)745-2142; FAX: (540)745-4929

Environmental Health Fee Schedule

- New Permit (not transferable)
- Certification Letters (transfer with title to property)

	FEE
Onsite Sewage Construction Permit (<1000gpd) and Well – w/o OSE/OE documentation	\$ 825.00
Onsite Sewage Construction Permit (<1000gpd) and Well – with OSE/OE documentation	\$ 550.00
Onsite Sewage Construction Permit (>1000gpd) and Well – with OSE/OE documentation	\$1,725.00
Private Well Construction Permit Only	\$ 300.00
Onsite Sewage Construction Permit (<1000gpd) – w/o OSE/OE documentation	\$ 525.00
Onsite Sewage Construction Permit (<1000gpd) – with OSE/OE documentation	\$ 250.00
Onsite Sewage Construction Permit (>1000gpd) – with OSE/OE documentation	\$1,425.00
Certification Letter (Sewage System Only <1000gpd) – w/o OSE/PE documentation	\$ 450.00
Certification Letter (Sewage System Only <1000gpd) – with OSE/PE documentation	\$ 345.00
Certification Letter (Sewage System Only >1000gpd) – with OSE/PE documentation	\$1,425.00

If paying by check, make check payable to: Floyd County Health Department

- Septic permits are issued to the owner of the property and cannot be transferred to another person if the property is sold. A certification letter will be issued in lieu of a permit to persons who are interested in purchasing property contingent on an approved drainfield site or to persons who are not planning to build within 18 months. A certification letter may be redeemed for a permit, at no cost to the applicant, for 18 months from the date of issue. After 18 months, the full fee will be charged.

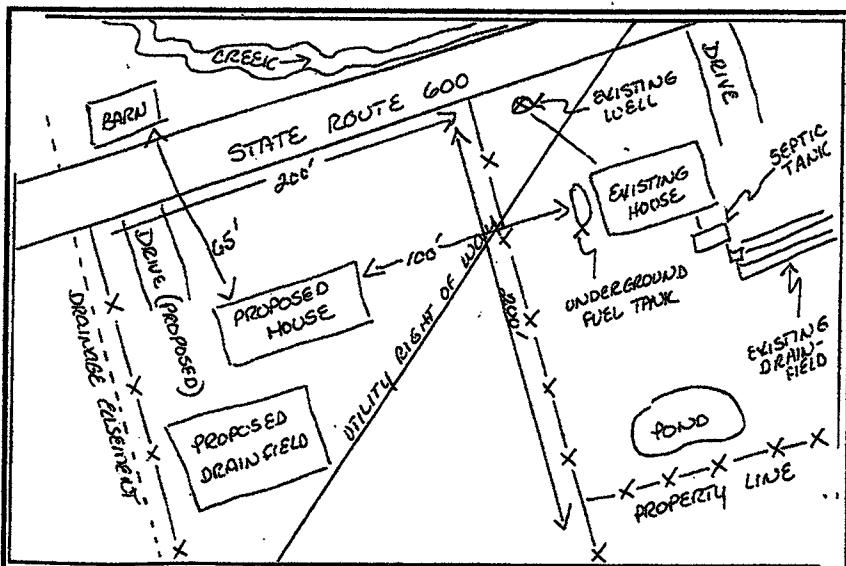
Renewals

Permits are valid for 18 months from the date of issue and cannot be renewed unless there is a current building permit. If a permit expires, you will need to apply for another permit and pay the fee again.

Please fill out your application completely, leaving no blank spaces. Attach a plat of property (does not apply to well only permits) and a sketch. An incomplete application will be returned to you. Fees must be paid before the Environmental Health Specialist Senior will make a site visit. If application is for a trailer replacement or to add a structure to an existing system, please provide information about the existing septic permit for reference.

If you have questions, an Environmental Health Specialist Senior is available to take your calls from 8 - 9 a.m. at (540) 745-5588.

SAMPLE DRAWING



Utility lines—water, gas, telephone, cable TV, power and sewer lines, both above and below ground, should be noted on all sewage applications. Special caution should be taken in allowing wheeled and tracked vehicles to traverse the area selected for placement of the absorption system, before, during and after construction of the trenches, especially during wet weather. Alteration of soil structure (compaction) by movement of vehicles may be grounds for rejection of the site and / or system. Failure to provide all of the above information will result in your application being denied and returned to you by the Health Department.

INSTRUCTIONS FOR WELL & SEPTIC APPLICANTS

Our goal at the Health Department is to process your application as quickly as possible. Sometimes we take longer to process applications because of our workload, the weather, or need for a backhoe to evaluate the soil. These delays are unavoidable. At other times we are delayed because applicants have not provided us with the information we need to process applications quickly. **We cannot accept incomplete applications.** In order for us to do our job properly, applicants need to provide us with the following:

- A) A complete application, including an accurate site sketch and survey of property
- B) Clear directions to the property
- C) The property corners and house site must be staked on the property
- D) A copy of a zoning verification letter if required by the county or city. *(Not applicable in Floyd County)*

This checklist is provided to assist you with our application process. All items listed *must be completed by the applicant* before the application will be accepted by the Health Department. If you have questions or need assistance with the application, one of our Environmental Health Staff will be happy to help you.

A) The application:

- has all items properly filled out
- has a telephone number where I can be reached during the day
- has clear written directions to the property
- is signed and dated
- is accompanied by the proper fee
- has a copy of a survey of the property (signed/certified by surveyor) attached

B) The site sketch clearly and accurately shows:

- the shape of the property
- the length of each property line
- the shape and location of the house (including decks and porches)
- the proposed location of the driveway
- the proposed or existing location of any utilities
- any legal easements located on the property
- the location of wells, springs, and buried fuel tanks within 200 feet of the property
- the location of any other structures I plan to build in the future (e.g. barn, garage, swimming pool)
- where I would like my septic system and/or well to be located (if there is a preference) *Repairing*

C) The building site for which the application is made:

- has the property lines clearly and accurately marked *on existing sheet*
- has the house site clearly and accurately marked
- has the brush removed from the potential drainfield site
- is easily identified from the road
- has any underground utilities marked

NOTE: the attached pages have a sample site sketch and some hints that may be useful in marking your property and completing your site sketch.

All water well drillers practicing in the Commonwealth of Virginia are required to be licensed by the Board for Contractors under § 54.1-1100 of the Code of Virginia. Be sure to ask your water well driller to show you that license **BEFORE** you sign a contract for the drilling of your well. If you are dealing with a contractor who has no license, tell him to contact:

The Board for Contractors
Virginia Department of Commerce
3600 West Broad Street
Richmond, VA 23230-4917; (804) 367-8511

DO NOT CONTRACT WITH AN UNLICENSED WELL DRILLER

I understand that the Health Department cannot accept incomplete applications and that if the property corners are not clearly marked, the house site properly staked, and the brush cleared from the proposed drainfield site my application will be denied until I have taken corrective actions. I understand that I have ninety days to correct any deficiencies and submit a new application. Failure to do so within the prescribed time frame will require that I submit a new application *with the associated fees*.

I am the current owner (name is on the deed) of the property and intend to begin construction within 18 months.

Applicants Signature Albert & Patricia Renau Date 9/29/17

I, the undersigned, am interested in purchasing the property provided there is a suitable drainfield site.

Applicants Signature _____ Date _____



**COMMONWEALTH OF VIRGINIA
VIRGINIA DEPARTMENT OF HEALTH**

Floyd County Health Department
123 Parkview Road NE
Floyd, Virginia 24091
(540) 745-2142

NOTICE OF ALLEGED VIOLATION

October 2, 2017

Albert and Patricia Renaud
6242 Buffalo Mountain Road
Meadows Of Dan, VA 24120

CERTIFIED MAIL # 7103302000018300541

Re: Buffalo Mountain, Meadows Of Dan Tax Map ID: F 78-99

Thru: Gary Coggins, Environmental Health Manager

Dear Mr. and Ms. Renaud:

This notice is to inform you that the Floyd County Health Department ("local health department") has observed certain conditions on your property that may constitute threats to public health and the environment. The following observations form the basis for the issuance of this notice:

- 1) On 9/28/2017, property owner, Patricia Renaud, called in concerns about the discharge of raw or partially treated sewage on the ground surface of her property to the Floyd County Health Department.
- 2) On 9/29/2017, Doug Brown, Environmental Health Specialist with the local health department visited the affected property to investigate. During his visits, Doug Brown observed that the onsite sewage system serving the properties appeared to have discharged raw or partially treated effluent onto the ground surface. The effluent appeared to be in the area of the distribution box.

This (these) observations, if verified, constitute real or potential threats to public health and to the ground and surface waters of the Commonwealth.

This notice is to remind you that it is your responsibility, as owner of your property, to operate the facilities in accordance with the applicable laws and regulations of the State Board of Health ("Board"). The *Sewage Handling and Disposal Regulations* (12 VAC 5-610-20 et seq., the "Regulations") contain the following provisions:

12 VAC 5-610-80. Sewerage systems and/or treatment works required.

A. The discharge of untreated sewage onto the land or into the waters of the Commonwealth is prohibited.

B. No owner, person, or occupant shall discharge treated or untreated sewage onto the land, into the soil or into the waters of the Commonwealth without a valid permit from the commissioner or, as

appropriate, a certificate issued by the Department of Environmental Quality in accordance with Title 62.1 of the Code of Virginia.

C. All buildings, residences, and structures designed for human occupancy, employment or habitation and other places where humans congregate shall be served by an approved sewerage system and/or treatment works. An approved sewerage system or treatment works is a system for which a certificate to operate has been issued jointly by the department and the Department of Environmental Quality or a system which has been issued a separate permit by the commissioner.

12 VAC 5-610-350. Failure of a sewage disposal system.

*For the purpose of requiring correction of a malfunctioning sewage disposal system the presence of raw or partially treated sewage on the ground's surface or in adjacent ditches or waterways or exposure to insects, animals or humans is *prima facie* evidence of such system failure and is deemed a violation of these regulations. Pollution of the groundwater or backup of sewage into plumbing fixtures may also indicate system failure.*

Violations of the *Regulations* may result in enforcement actions provided under Title 32.1 of the *Code of Virginia*.

The local health department recommends that you take the following steps within the timeframes described to mitigate the effects of potential sewage discharge:

1. Immediately cease discharging untreated or partially treated sewage onto the ground or into the waters of the Commonwealth.
2. Immediately contract with an individual who holds a valid Sewage Handling Permit from the Virginia Department of Health to pump and haul out the sewage system and dispose of the contents on an emergency basis in accordance with section 12 VAC 5-610-599.1 of the *Regulations*.
3. Immediately treat the ground surface that has been exposed to raw or partially treated sewage with a layer of lime in order to destroy any remaining pathogenic microorganisms and to reduce odors.
4. Thank you for completing an application for repair of the system on September 29, 2017. Once a repair septic system permit has been issued, install system within 30 days of receipt of permit. In the meantime, continue to have septic tank pumped as needed to prevent discharge of effluent onto the ground surface.

I should advise you that, while the Virginia Department of Health (VDH) and the State Health Commissioner ("Commissioner") have not made a decision on whether to initiate enforcement action against you at this time, your failure to institute the recommendations above may affect further investigation and potential enforcement by the Commissioner and VDH.

This notice sets forth the local health department's observations and recommendations, but it is not a case decision as defined in §2.2-4001 of the *Code of Virginia*. If you have additional facts that you believe bear on this situation and you would like to schedule an informal fact-finding conference pursuant to §2.2-4019 of the *Code of Virginia*, please contact the Floyd County Health Department at (540) 745-2142 within fifteen (15) days of the receipt of this notice.

Please feel free to call me at 540-585-3290 if you have any questions or if you wish to discuss this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Tina L. Thompson".

Tina L. Thompson
Environmental Health Supervisor

U.S. Postal Service™

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Albert and Patricia Renaud

Street, Apt. No.:

or PO Box No.

6242 Buffalo Mt. Rd.

City, State, ZIP+4

Meadows of Dan, VA 24120

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IMPORTANT: Save this receipt and present it when making an inquiry.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Albert & Patricia Renaud
1212 Buffalo Ms. Rd.
Meadows of Dan, VA 24110



9590 9403 0453 5169 0994 33

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Al Renaud Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/10/11

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

3. Service Type

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Floyd County Health Department

123 Parkview Road NE

Floyd, VA 24091

(540) 745-2142

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