



**COMMONWEALTH OF VIRGINIA  
VIRGINIA DEPARTMENT OF HEALTH**

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

August 30, 2016

Edgar Weaver Jr  
2502 Stanley Avenue  
Roanoke, VA 24014

Subject: Water Well Construction Permit **16-131-4104** Tax Map ID **66-44**  
Subdivision: Section: Lot:

Dear Edgar Weaver Jr:

Please find enclosed a copy of your construction permit and other pertinent data in reference to your application for a water supply construction permit, I.D. No. 16-131-4104. At this time you may begin construction of the well, which must comply with all requirements on the enclosed permit. If you feel any changes are necessary, please contact me prior to construction at the at (540) 745-2142 between 8:00 a.m. and 9:00 a.m.

It is very important that you have your well driller submit to us a GW2, Well Driller's Completion Report in its entirety at 123 Parkview Road NE Floyd Virginia 24091. Once your well has been drilled, you will need to submit the following before a final record of inspection can be issued: **a well completion report and a water sample lab report .**

Please make sure that your name and permit number **16-131-4104** are included on all correspondence submitted to this office in reference to this permit. The enclosed permit should be treated like an important document and should be kept with the deed to the property. This permit is not transferrable.

This authorization to construct a private well expires: **February 28, 2021.**

Sincerely

Doug Brown  
Environmental Health Specialist Senior

*NEED*

*Well Insp*

*Gates was 10/26/16*

*10-18-16*



Floyd County Health Department  
123 Parkview Road NE  
Floyd, Virginia 24091  
(540) 745-2142 Voice  
(540) 745-4929 Fax

## Private Well Construction Permit

August 30, 2016

Tax Map/ GPIN #: 66-44

HDID #: 16-131-4104

Property Address: Woods Gap Road Floyd, VA  
24091

Owner Name: Edgar Weaver Jr

Mailing Address: 2502 Stanley Avenue  
Roanoke, VA 24014

Directions:

Subdivision: Section Block Lot

The attached drawings and below specifications constitute your permit to install a private well on the property referenced above. This permit is null and void if conditions are changed from those shown on your application or if conditions are changed from those shown on the attached construction drawings and specifications. VDH may revoke or modify any permit if, at a later date, it finds that the site conditions, well location, and/or design do not substantially comply with the Private Well Regulations, *12 VAC 5-630-10 et seq*, or if the well would threaten public health or the environment. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this private well. The landowner is responsible at all times for complying with all applicable local, state, and federal laws and regulations, and for ensuring that the water well is properly located on the landowner's property and in the approved area indicated on the attached schematic.

Your private well must be inspected by a representative of the local health department. Your private well may not be placed into operation until you have obtained a Record of this Inspection (ROI) from the Floyd County Health Department.

Before you can obtain your ROI, you must provide the Health Department with a complete Water Well Completion Statement /GW-2 from your well driller and a record of a satisfactory bacteriological sample result.

Well Purpose: Domestic Drinking Water

Well Class: Class IIIC

Distance from Building Sewer: 50 '

Distance from Septic/Pretreatment Tank: 50 '

Distance from Conveyance System: 50 '

Distance from Absorption Area: 100 '

Distance from Property Line: 50 '

Minimum distance from any current or future soil-poisoned termite treated foundation: 50 '

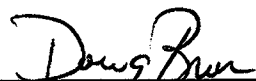
Minimum Casing Depth: 20 '

Minimum Grout Depth: 20 '

Other Comments:

**THIS PERMIT EXPIRES: February 28, 2021 and is not transferable to another owner or location.**

Issued by:

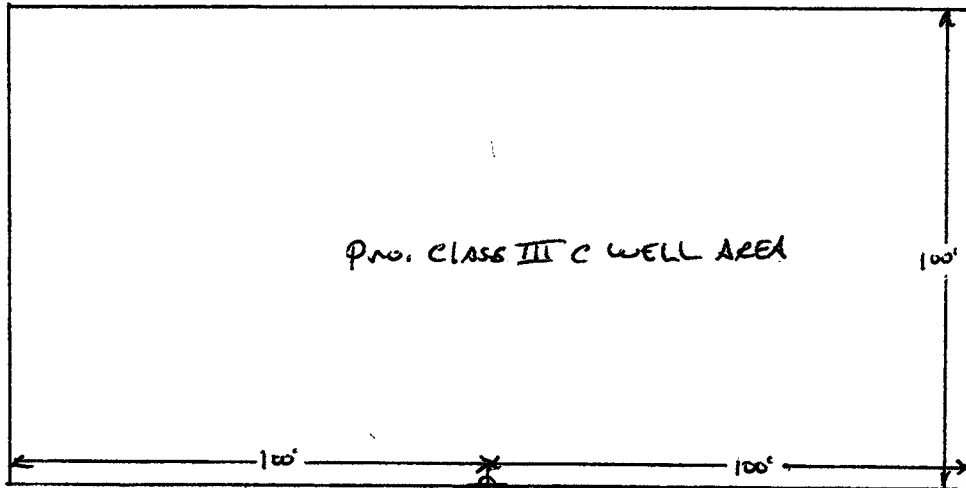


Date:

8-30-16

Doug Brown, Environmental Health Specialist, Sr.

Attachments: Well Permit Drawing



16-131-4104  
8-30-16  
WEAVER  
SCALE: 1"=40'

X  
OAK TREE  
RE

Y  
OAK TREE  
RE

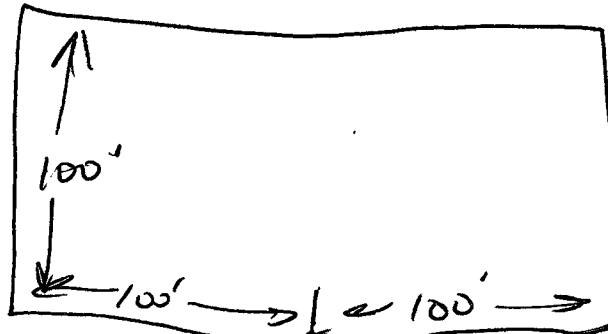
ZX = 35'  
ZY = 20'  
XY = 44'

DRIVEWAY

100'

House under  
CONST.

Exist. DIP



16-131-4104  
8-30-16  
Weaver

Duke R1 ② X-44  
Pilot C well

100'

ZX=35'  
ZY=20'

House

DF

# NEW RIVER HEALTH DISTRICT Bare Application Processing Log

Call Log		
Date	Contact/#	Action/Comments

## Benchmarks [\* OSS fields ]

- \*1. Application received
- \*2. OSS Checklist completed
- \*3. Fees collected: \$ 300.00
- \*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: \_\_\_\_\_

- 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

## Date/Initials

8/24/16 RC

↓ /

↓ /

8/24/16 RC

↓ ↓

8-29-16 DB

8-29-16 DB

8-30-16 DB

8-30-16 DB

8-30-16 DB

8-30-16 DB

8-30-16 DB

8-30-16 DB

8-30-16 DB

8-30-16 DB

8/30/16 RC

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# 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

RECEIVED

AUG 26 2016

# Commonwealth of Virginia

Application for: ☐ Sewage System ☒ Water Supply

VDH Use Only	
Health Department ID#	16-131-4104
Due Date	9/10/16

Owner EDGAR WEAVER  
Mailing Address 2502 STANLEY AVE  
FOANOKE VA 24014  
Agent CHRIS PROKOSCH  
Mailing Address 1235 DOBBINS FARM RD  
FLOYD VA 24091  
Site Address Woods Gap Floyd

Phone \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Phone 392-4087  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Email dworks@swva.net

Directions to Property: TAKE WOODS GAP RD - LAST DRIVEWAY ON RIGHT BEFORE PARKWAY

Subdivision 66-44 Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 66-44 Other Property Identification \_\_\_\_\_ Dimension/Acreage of Property 37.155 AC

## 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? \_\_\_\_\_ If yes, there is a \$50.00 fee for determination of eligibility.

## Sewage System (New or Existing Construction)

☐ Single Family Home (Number of Bedrooms \_\_\_\_\_) ☐ Multi-Family Dwelling (Total Number of Bedrooms \_\_\_\_\_)

☐ Other (describe) \_\_\_\_\_

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?

☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of 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.

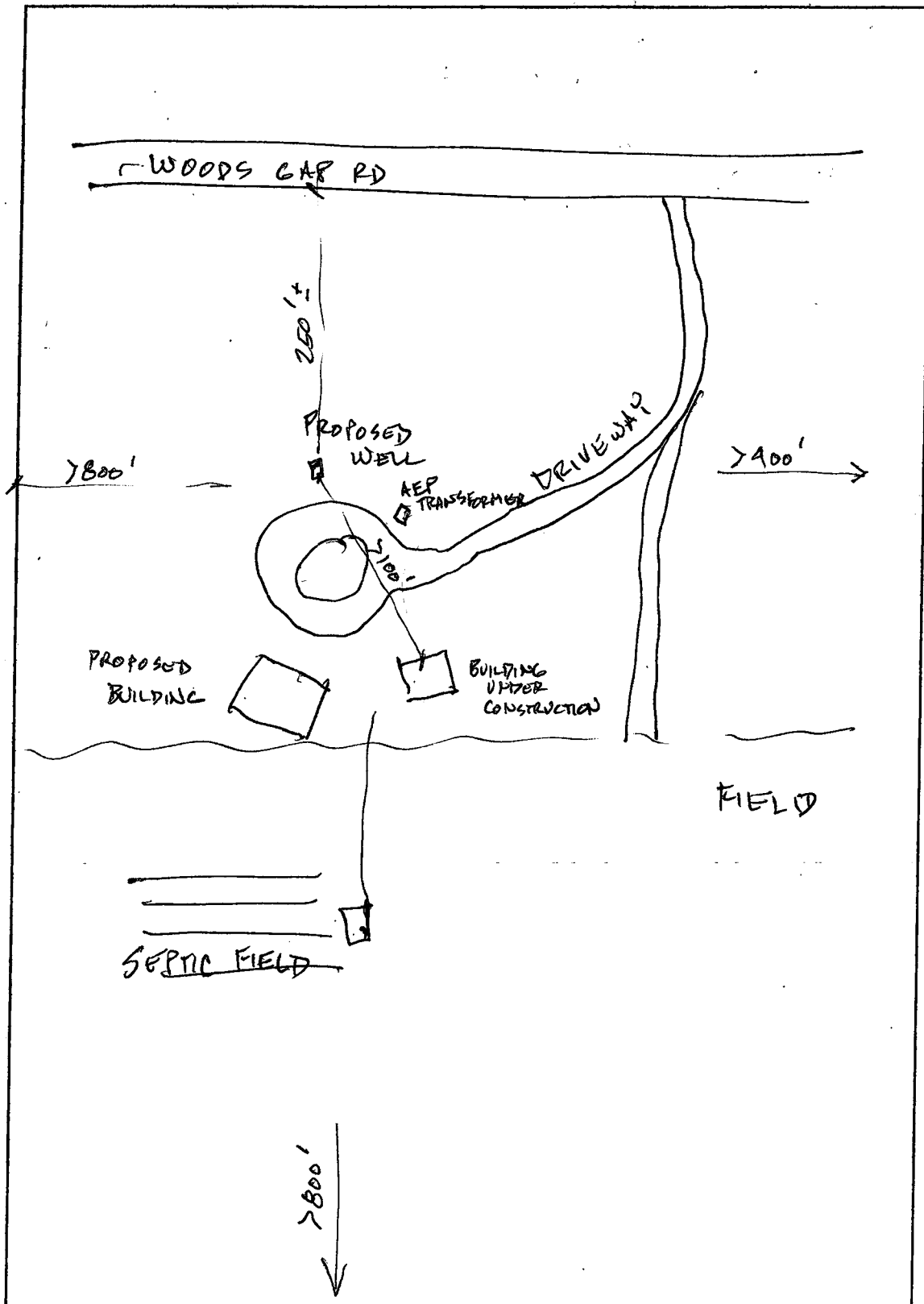
I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

Signature of Owner/Agent

Date

8/26/16

**DRAW SKETCH IN SPACE BELOW.**





Floyd County Health Department  
123 Parkview Road NE  
Floyd, Virginia 24091  
Phone: (540) 745-2142  
Fax: (540) 745-4929

**Receipt**  
LCOX-ADAJJ4

Payment ID <b>LCOX-ADAJHQ</b>	Payment Date <b>26-Aug-2016</b>
----------------------------------	------------------------------------

**Establishment**  
16-131-4104 Edgar Weaver  
Woods Gap Road  
Floyd VA 24091

**Legal Business**  
Edgar Weaver Jr  
2502 Stanley Avenue  
Roanoke VA 24014

<b>Payment Date</b> 26-Aug-2016	<b>Payment Type</b> Check	<b>Payment ID</b> LCOX-ADAJHQ	<b>Payment Details</b> Z2750025/ck 5416	<b>Payment Amount</b> \$300.00	
<b>Fee Date</b> 26-Aug-2016	<b>Fee Type</b> Well Construction Application~02119-0205	<b>Fee ID</b> LCOX-ADAJHM	<b>Fee Amount</b> \$300.00	<b>Amount Paid</b> \$300.00	<b>Balance</b> \$0.00

PROPERTY OWNER: PLEASE GIVE THIS FORM TO YOUR WELL DRILLER. If the well driller changes the area of the well, it is YOUR responsibility to contact the health department for approval of the change.

RECEIVED

Commonwealth of Virginia  
Uniform Water Well Completion Report

OCT 13 2016

Owner EDGAR WEAVER  
Address 2502 STANLEY AVENUE  
ROANOKE, VA, 24014  
Phone N/A  
Location WOODS GAP ROAD, FLOYD, VA.

Tax Map ID 86-44  
VDH Permit 16-131-A104  
WVC8 Permit \_\_\_\_\_  
WVC8 ID \_\_\_\_\_  
County FLOYD

\*Well Data\*

General Information

Drilling Method AIR ROTARY Date Completed 9-24-16 Total Depth of Well 240'  
Depth to Bedrock 63' Yield 7 (GPM) Length of Test 1 HOUR  
Static Water Level 25' Stabilized Water Level \_\_\_\_\_ Natural Flow (Rate) \_\_\_\_\_  
Well Disinfected (Y or N) Y Disinfectant Used SODIUM Amount Used 1 GALLON  
HYPOCHLORIDE

Casing

From 0 to 70' From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Size 6/8 Material PVC Size \_\_\_\_\_ Material \_\_\_\_\_ Size \_\_\_\_\_ Material \_\_\_\_\_  
Weight/Schedule SDR21 Weight/Schedule \_\_\_\_\_ Weight/Schedule \_\_\_\_\_

Gravel Pack

From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Grout

From 0' to 35' From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Bore Hole Size 10" Bore Hole Size \_\_\_\_\_ Bore Hole Size \_\_\_\_\_  
Type BENTONITE Type \_\_\_\_\_ Type \_\_\_\_\_  
Method PUMP/TRENT Method \_\_\_\_\_ Method \_\_\_\_\_

Water Zones or Screened Intervals

From 160 to 165 From 190 to 192 From 230 to 231  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_

\*Use Data\*

Private Well: Domestic ☒ Agricultural \_\_\_\_\_ Industrial \_\_\_\_\_ Monitoring \_\_\_\_\_  
Public Well: Community \_\_\_\_\_ Non Community \_\_\_\_\_

**\*Drillers Log\***

(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
0' — 63'	TOPSOIL, CLAY, COBBLES & UNCONSOLIDATED SHALES	
63' — 240'	MEDIUM HARD GRAY ROCK.	

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.

Drilling Contractor ROBERT DICASARE  
Address 100 VISTA DRIVE  
FLOYD, VA. 24001  
Phone 540-745-3007

Drillers Signature Robert Dicasure Date 10-4-16  
Representing AMERICAN WELL DRILLING & SEPTIC INC  
Virginia Contractors License Number 2710 000843

## Sewage Disposal System Operation Permit

**Property Owner**

Edgar Weaver Jr  
2502 Stanley Avenue  
Roanoke, VA 24014  
Phone: (540) 345-2229

Health Dept. ID: 16-131-4007  
Tax Map/GPIN: 66-44  
Locality: Floyd County

**Property Location**

Property Address: Woods Gap Road  
Floyd, VA 24091

Edgar Weaver Jr is hereby granted permission to operate a **Residential Conventional Onsite Sewage System** at the above referenced location, under the following parameters:

**Daily Flow:** 450 gallons

**Daily Flow:** gallons

**Number of Bedrooms:** 3

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.

May 16, 2016  
Effective Date

Doug Brown  
Environmental Health Specialist, Sr.

  
Signature



**COMMONWEALTH OF VIRGINIA  
VIRGINIA DEPARTMENT OF HEALTH**

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

May 16, 2016

Edgar Weaver Jr  
2502 Stanley Avenue  
Roanoke, VA 24014

Subject: Sewage Disposal System Operation Permit **16-131-4007**  
Property Location: **66-44**  
Subdivision:                      Section:  
   Lot:

Dear Edgar Weaver Jr:

Please find enclosed the Operations Permit for your sewage disposal system, I.D. No. **16-131-4007**. We would advise that you keep the permit in a safe place for reference in the event that you have problems. Also, in the enclosed envelope are maintenance suggestions for helping you to take care of the system.

Please call me at (540) 745-2142 between 8:00 a.m. and 9:00 a.m. if I can be of further assistance to you.

Sincerely,

A handwritten signature in black ink, appearing to read "Doug Brown", written over a horizontal line.

Doug Brown  
Environmental Health Specialist Senior

TRANSMISSION VERIFICATION REPORT

TIME : 05/17/2016 14:57  
NAME :  
FAX :  
TEL :  
SER.# : BROCIJ261812

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

05/17 14:57  
7459305  
00:00:24  
02  
OK  
STANDARD  
ECM

**FLOYD COUNTY HEALTH DEPARTMENT  
FAX COVER SHEET**

123 PARKVIEW ROAD NE  
FLOYD, VA 24091  
PHONE: 540-745-2142  
FAX: 540-745-4929

DATE: 5-17-16

TO: Building Dept

FROM: Floyd Co. Health Dept.

COMMENTS:

---

Number of pages including this cover sheet:

2

## Sewage System Construction Inspection Report

Health Department ID Number: **16-131-4007**

Tax Map/GPIN: 66-44

### System Location

Owner: Edgar Weaver Jr  
Property Address: Woods Gap Road  
County: Floyd

Subdivision:  
Section Block Lot

### Sewer Line

Diameter: 4 "  
Material: Sch 40 Plastic

Satisfactory: Yes  
Date Inspected: 4/26/2016  
Comments:

### Septic Tank

Volume: 1000 gallons  
Material: Concrete (pre-cast)  
Grade on Tees:

Satisfactory: Yes  
Date Inspected: 4/26/2016  
Comments:

### Conveyance Line

Method: Gravity  
Pipe Size: 4"  
Material: Sch 40 Plastic

Satisfactory: Yes  
Date Inspected: 4/26/2016  
Comments:

### Distribution System

Method: Distribution Box  
Box Material: Concrete Box  
Number of Ports: 10

Satisfactory: Yes  
Date Inspected: 4/26/2016  
Comments:

### Header Lines and Trench Dispersal Area

Design Type: Standard  
Square Feet: 0 sq feet  
Header Material: Sch 40 plastic  
Trench Number: 4  
Trench Length: 75'  
Trench Depth: 30"

Satisfactory: Yes  
Date Inspected: 4/26/2016  
Comments:  
Trench Width: 3'  
Center Spacing: 9'  
Aggregate Type: Gravel

### Overall Construction

Overall Construction: Yes  
Construction Comments:  
Completion Statement Received Date:  
Inspected by: Hall, David Shane Private OSE

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
Floyd County Health Department (540) 745-2142

Sewage Disposal System Construction Permit 16-131-4007 Tax Map ID 16-131-4007 Edgar Weaver JR  
Subdivision: Section: Lot:

**TIPS FOR GOOD SEPTIC SYSTEM  
MAINTENANCE**

**DO'S**

- **DO** keep a copy of your septic system layout for future references.
- **DO** use water saving fixtures. Use sensible water conservation practices such as washing one or two loads per day rather than saving for a "wash day".
- **DO** have septic tanks, treatment units, distribution boxes and drainfield system evaluated regularly. Pump and clean all tanks and boxes every three to five years. Keep a record of pump-outs and all other maintenance performed. Your system may include an operation and maintenance manual. Follow the manufacturer's recommendations for optimal performance of your septic system.
- **DO** consult your local health department before installing structures, home additions, swimming pools, decks, etc.
- **DO** divert surface water, roof drains, and basement drains away from drainfield area.

**DON'TS**

- **DO NOT** use septic tank additives or cleaners, yeast, bacteria, etc. Septic tanks are designed to work naturally without additives.
- **DO NOT** plant maple, weeping willow, sycamore, cottonwood, locust, box elder, or bamboo trees in or near the drainfield.
- **DO NOT** use the drainfield area for growing a vegetable garden.
- **DO NOT** park, build, cut and fill, drive heavy equipment on, or otherwise abuse the drainfield and reserve area.
- **DO NOT** destroy old drainfields after a repair. They may become serviceable after 5 to 8 years.
- **DO NOT** discharge wastewater from hot tubs, swimming pools, or water softeners into a septic system.

**RECORD OF SERVICE**

*Septic Tank Capacity:*

DATE	WORK DONE	CONTRACTOR

**DO NOT FLUSH**

**COFFEE GROUNDS**  
**CIGARETTE BUTTS**  
**CONDOMS**  
**DENTAL FLOSS**  
**DISPOSABLE DIAPERS or WIPES**  
**FATS, GREASE, OILS**  
**HAZARDOUS CHEMICALS**  
**KITTY LITTER**  
**PAPER TOWELS**  
**PAINTS, VARNISHES**  
**SANITARY NAPKINS or TAMPONS**



# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 16-131-4667

FLOYD CO

Health Department

Name of Company/Corporation/Individual:

Shard's Excavating Inc.

Address:

1972 Franklin Pike Floyd

Telephone:

540-745-2817

Owner's Name

EDGAR WEAVER

Owner's Address

2502 STANLEY AVE ROANOKE VA 24014

Location of Installation: Lot

\_\_\_\_\_

Block

\_\_\_\_\_

Section

\_\_\_\_\_

Subdivision:

\_\_\_\_\_

Other:

TM # 66-44

I Hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 1/26/16 and is compliance with Part D of the Sewage Handling and Disposal Regulation and when appropriate the plans and specifications of the project.

4/26/16  
Date

Michael Shind Contractor

Signature and Title

# **SETEC**

**SOIL AND ENVIRONMENTAL TECHNOLOGY, INC**  
**111 N. Franklin Street, Christiansburg, VA 24073**  
**Phone: (540) 381-0309 Fax: (540) 381-9430**  
**E-mail: setec@soilandenvironmentaltechnology.com**

## **COMPLETION STATEMENT**

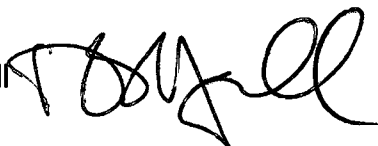
**Health Dept ID #: 16-131-4007**

**Owners: Edgar Weaver Jr.**

**Location of Installation: Tax Map ID: 66-44 (Woods Gap Road SE)**

**This is to certify that the on-site sewage system was inspected and all components installed were found to be in substantial compliance with the permit and PART D of the Sewage Handling and Disposal Regulations.**

**Signed: David Hall**

A handwritten signature in black ink, appearing to read 'David Hall', is written over the printed name.

## SEWAGE DISPOSAL SYSTEM CONSTRUCTION SPECIFICATIONS

### Inspection Report

#### GENERAL INFORMATION

New: **X**      Repair:      Voluntary Upgrade:

Applicant: **Edgar Weaver Jr.**      Telephone: **345-2229; 815-8144**  
 Address: **2502 Stanley Ave., Roanoke, VA 24014**

For a Type I Sewage Disposal System to be constructed on / at: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right

Tax Map ID: 66-44 (portion of)

Actual or estimated water use: 450 gallons/day (3 Bedrooms)

#### DESIGN

#### NOTES

<b>Water Supply</b> , (describe) Developed Spring <b>To be installed:</b> Class: N/A      Cased: N/A      Grouted: N/A	
<b>Building Sewer:</b> 4" ID PVC 40, or equivalent. Slope 1.25" per 10'(minimum) Other: <b>Install cleanouts just outside of each house and every 50'-60' if applicable.</b>	4" SCH 40
<b>Septic Tank:</b> capacity— <b>1000</b> gals. (minimum) w/inspection port or manhole cover and outlet filter Other: <b>Keep the septic tank out of the hay field.</b>	1000 gal CT Jamison
<b>Inlet-Outlet structure:</b> PVC 40, 4" tees, or equivalent. The inlet shall be 1-2 inches higher than the outlet.	OK
<b>Pretreatment Unit:</b> No: <b>X</b> Yes:      If yes, which one and how many units:	N/A
<b>Pump and/or Pump station:</b> No: <b>X</b> Yes:	N/A
<b>Gravity main:</b> 4" sch. 40 pvc, minimum 6" fall per 100'.	4" SCH 40
<b>Distribution Box:</b> Precast concrete with a minimum of <b>8</b> ports.	10 Port Concrete
<b>Header Lines:</b> Material: 4" ID 1500 lb. crush strength plastic, or equivalent, from distribution box into absorption trench. Slope 2" minimum.	4" SCH 40
<b>Percolation Lines:*</b> Gravity: 4" plastic 1000 lb./ft bearing load, or equivalent, slope 2" - 4" (min - max) per 100'.	OK
<b>Absorption Trenches:*</b>	
Square ft. required: <b>900</b> Depth from ground surface to bottom of the ditch: <b>30"</b> Trench width: <b>3'</b> Centers: <b>9'</b> Trench length: <b>75'</b> Depth of 0.5"-1.5" aggregate: <b>13"</b> Number of trenches: <b>4</b>	OK

**Contact SETEC (381-0309) before installing the septic system.**

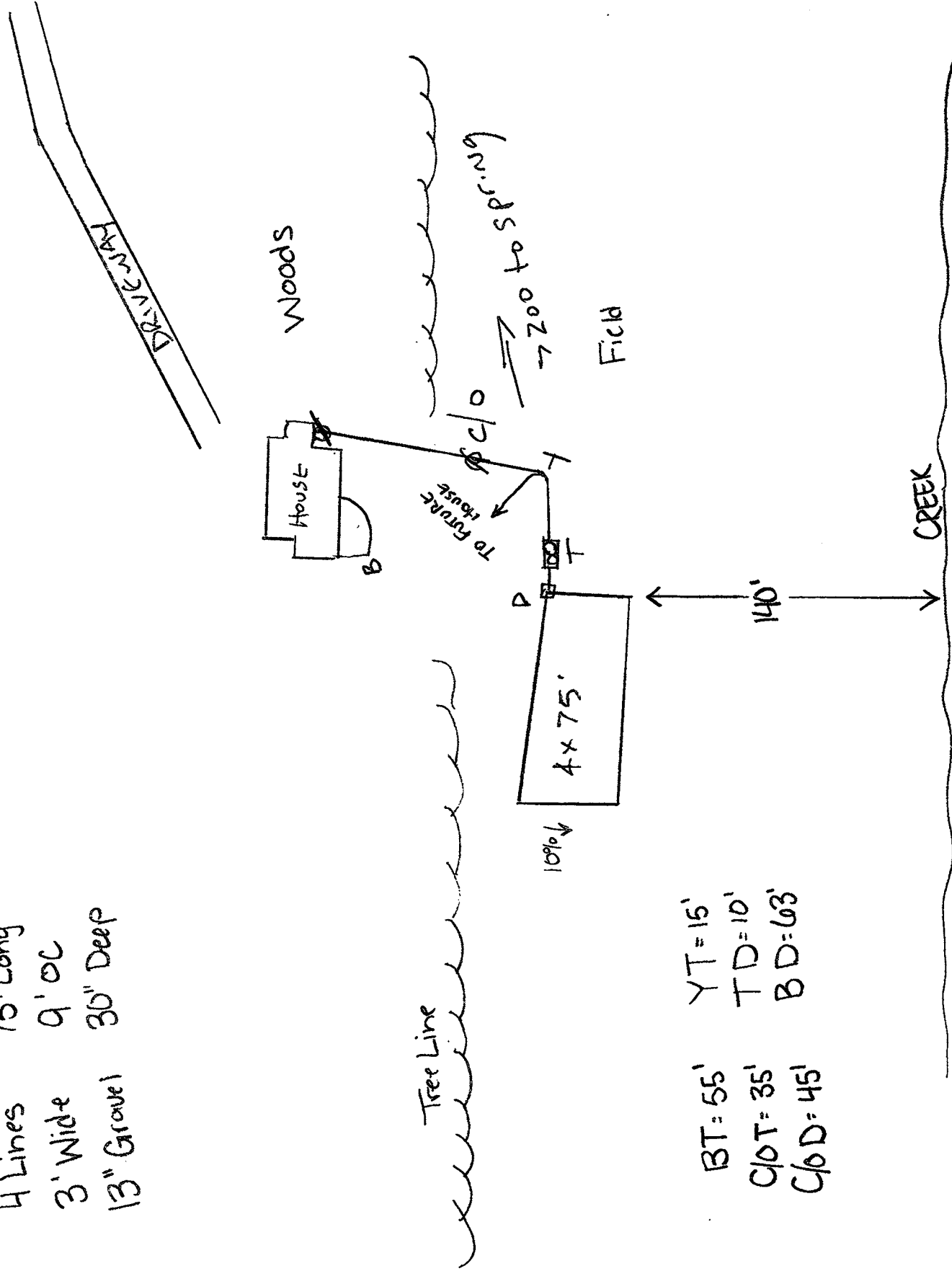
**\*No substitution.**

Inspected by: David Hall

Date: 4/26/16

Installed on Contour  
 4 Lines 75' Long  
 3' Wide 9' OC  
 13" Gravel 30" Deep

BT = 55'  
 C/D T = 35'  
 C/D D = 45'  
 YT = 15'  
 T D = 10'  
 B D = 63'





**COMMONWEALTH OF VIRGINIA  
VIRGINIA DEPARTMENT OF HEALTH**

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

January 26, 2016

Edgar Weaver Jr  
2502 Stanley Avenue  
Roanoke, VA 24014

Subject: OSE/PE Construction Permit **16-131-4007** Tax Map ID **66-44**  
Subdivision:      Section:      Lot:

Dear Edgar Weaver Jr:

This letter, in conjunction with the enclosed approved plans constitutes your permit to install a sewage disposal system [and well]. The application for a permit was submitted pursuant to §32.1-163.5 of the Code of Virginia which requires the Health Department to accept private soil evaluations and designs from an Onsite Soil Evaluator (OSE) or a Professional Engineer working in consultation with an OSE for residential development. The permitted site was certified as being in compliance with the Board of Health's regulations (and local ordinances if the locality has authorized the local health department to accept private evaluations for compliance with local ordinances) by: David Hall , DPOR license **1940001127** . This permit is issued in reliance upon that certification.

The Board of Health hereby recognizes that the soil and site conditions acknowledged by this correspondence, and documented by additional records on file at the local health department, are suitable for the installation of onsite sewage disposal systems. The attached plat (or plats) shows the approved areas for the sewage disposal systems. This letter is void if there is any substantial physical change in the soil or site conditions where a sewage disposal system is to be located.

If modifications or revisions are necessary at any time prior to or during construction of the system , please contact the Onsite Soil Evaluator (OSE) or Professional Engineer (PE) who performed the evaluation and design on which this permit is based. The OSE or PE is authorized to make minor adjustments in the location or design of the system at the time of construction provided adequate documentation is provided to the Floyd County Health Department. Your contractor should notify the OSE or PE listed above for a final inspection of the system once installed.

This authorization is null and void if conditions are changed from those shown on the application or conditions are changed from those shown on the attached construction drawings, plans and specifications. No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved and/or authorized by the Floyd County Health Department .

Once your septic system and well have been installed and inspected, the following information will be required before issuance of your final operation permit:

**WELL DATA :** 1) Well Completion Report (GW2) from driller 2) Laboratory Water Sample Analysis Report (test) for coliform bacteria. Note: The Health Department will inspect the well upon receipt of the driller's report.

**SEPTIC SYSTEM DATA:** 1) *From the OSE/PE:* Completion Statement, inspection report, and an As-Built Drawing of the system. 2) Installer Completion Statement

This authorization to construct a sewage disposal system and well expires: **July 27, 2017.**

If you should have any questions or this office can be of further assistance, please feel free to call the Floyd County Health Department at (540) 745-2142.

Sincerely,

A handwritten signature in cursive script that reads "Doug Brown".

Doug Brown  
Environmental Health Specialist, Sr.

cc: PE/OSE

# LEVEL 1 and 2 REVIEW CHECKLIST FOR OSE/PE and EHS SUBMITTALS

*Date of Level 1 review:* January 26, 2016      *Date of Level 2 review:*

*Application Date:* January 24, 2016

*Owner:* Edgar Weaver Jr

*Sewage Disposal System Construction Permit* 16-131-4007    *Tax Map ID:* 66-44

*Subdivision:*      *Section:*      *Lot:*

*Name of OSE:* David Hall      *OSE # :* 1940001127

*Name of VDH Reviewer* Doug Brown Environmental Health Specialist Senior    *OSE # :* 1940001388

Type of Application:	<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Certification Letter	<input type="checkbox"/> Subdivision Review
<b>LEVEL 1</b>			
Level 1 Review Waived in accordance with § 70.B.1 of the AOSE Regulations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
VDH records review: Has site been denied previously by VDH?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<b>1. Application/package - all submittals</b>			
Application: Proper form, fees paid, Zoning letter, signature by owner of record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Application complete (# bedrooms, water supply, termite treatment, site sketch , historic records, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Certification statement from OSE/PE?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pages properly numbered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>2. Site Documentation and Soil Evaluation Report-all</b>			
Survey plat provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Waived	<input type="checkbox"/> N/A
Profile hole locations and other features drawn to scale or shown on survey plat?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Five soil borings documented (three if conditions are uniform)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are the following existing and/or proposed features shown drawn to scale on a site sketch or on the survey plat?			
Informal construction drawings provided and substantially comply with 12 VAC 5-610-20 et seq.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Water supplies and sewage systems within 200'?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Property lines?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Slope percent and direction (or topographic map)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Structures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Easements, rights of way, driveways, roads, lakes, streams, buried and above-ground utilities, tile drainage, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sinkholes, drainageways, floodplains, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>3. System Design Information (for construction permits) only</b>			
Design calculations provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate absorption area based on flow and estimated/measured perc rate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Treatment level specified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Treatment unit specified adequate for design flow?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Treatment capacity adequate for specified absorption	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

area depth?			
For AOSS, sampling port shown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Engineering (formal) plans required? If yes, refer to VDH policy for reviewing engineering plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If engineering plans provided, do they substantially comply with 12 VAC 5-610-20 et seq.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction specifications substantially comply with the Regulations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are the specifications for depth, # lines, center to center spacing, etc. consistent throughout project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Well shown, with casing and grout depth specified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Well site meets requirements of GMP 141A? §32.1-176.5:2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>4. System Design Information (for certification letters or proposed subdivisions) only</b>			
Request from Locality received (subdivision only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Plat dated and sealed by surveyor (subdivision only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Abbreviated design submitted for each lot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate absorption area based on flow and estimated/measured perc rate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Treatment level specified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Contours shown in proposed drainfield area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Scale correct ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Treatment level specified adequate for proposed design flow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Treatment capacity adequate for specified absorption area depth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>LEVEL 2</b>			
Site features affecting location adequately identified, wells, springs, pollution sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Separation distances and measurements adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Landscape position identified and accurate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Slope accurate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Property lines identified correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Triangulation to fixed points shown and accurate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Soil analysis: soil profiles described accurately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Soil analysis: Depth shown in design adequate for slope ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Soil analysis: Agreement on estimated perc rate assigned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes/Comments:

Corrective action:



HD ID: 16-131-4007

# **NEW RIVER HEALTH DISTRICT** **Bare Application Processing Log**

Call Log		
Date	Contact/#	Action/Comments

**Benchmarks**      [\* OSS fields ]

\*1. Application received

\*2. OSS Checklist completed

\*3. Fees collected: \$ 250.00

\*4. Application entered into HS

\*5. Application assigned to: Doug Brown

6. App. received by EHS

7. Appointment for site visit; date set: LEVEL 1 Review

8. Actual date of site visit

Comments: \_\_\_\_\_

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

**Date/Initials**1/25/16 KA1/25/16 KA1/25/16 KA1/25/16 KA1/25/16 KA1/25/16 KA1-25-16 DB1-25-16 DBN/A IN/A IN/A IN/A IN/A I1-26-16 DB1-26-16 DB1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA1/29/16 KA

# 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 *Woods Gap Road*
- ☒        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  
~~X~~ 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

# SETEC

SOIL AND ENVIRONMENTAL TECHNOLOGY, INC  
111 N. Franklin Street, Christiansburg, VA 24073  
Phone: (540) 381-0309 Fax: (540) 381-9430  
E-mail: setec@soilandenvironmentaltechnology.com

Office  
copy

Rec'd 1/25/16 - Pd #25000  
22749848  
Page 1 of 8

## OSE Report for Construction Permit

### Property Identification:

County: Floyd  
Tax Map ID: 66-44 (portion of)  
Acreage: 37.155 ac.

### Directions to the Property:

South on Rt. 8, Right onto 221 North, Right onto Barberry St.,  
Right onto Woods Gap Road, +4.3 miles to property on the  
Right

### Applicant and Their Address:

Edgar Weaver Jr.  
2502 Stanley Ave.  
Roanoke, VA 24014

### Applicants Phone Number:

345-2229; 815-8144

### Date of this report:

1/18/16

### Contents of this report:

OSE Cover Page & Certification Statement (Page 1)  
Application for a Sewage Disposal and/or Water Supply  
Permit (Page 2)  
Sewage Disposal System Construction Specifications  
(Page 3)

Construction Drawing (Page 4)  
Copy of Plat (Page 5)  
Soil Information Summary (Page 6)  
Soil Profile Descriptions (Page 7)  
Primary/Reserve Design Specifications (Page 8)

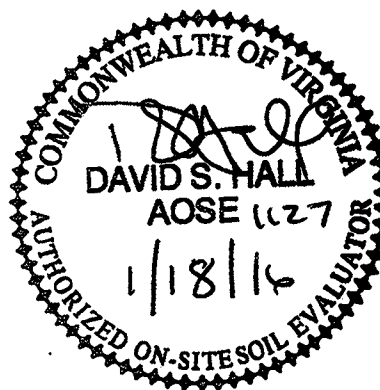
### Certification Statement:

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the applicable provisions of the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), The Regulations for Alternative Onsite Sewage Systems (12VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

I recommend a construction permit be approved.

OSE David Hall #1127



PERMIT NUMBER  
16-131-4001  
PERMIT EXPIRES  
7-27-17

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

Page 2 of 8

Health Department ID 16-131-4007

Applicant: **Edgar Weaver Jr.** Address: **2502 Stanley Ave.** Phone: **345-2229; 815-8144**  
Roanoke, VA 24014  
Agent: **Designworks Construction** Address: **1235 Dobbins Farm** Phone: **392-4087**  
(Chris Prokosch) Road, Floyd, VA 24091

Directions to the Property: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right

Acreage of Property: 37.155 ac.

Tax Map ID: 66-44 (portion of)

**Sewage System**

**Type of Approval:**

Certification Letter Construction Permit ☒ Voluntary Upgrade Repair Permit

**Proposed Use:**

Single Family Home ☒ Number of Bedrooms **3\*** Multi-Family Dwelling Total Number of Bedrooms  
Other (describe) \*2 bedroom main house and 1 bedroom guest house

Will there be a basement?: Yes No ☒ Walk-out Basement? Yes No

If yes, will there be fixtures in the basement? Yes No

Conditional permit desired? Yes No ☒

If yes, 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 Private ☒

Is the water supply Existing ☒ (Spring) Proposed

If proposed, is this a replacement well? Yes No N/A ☒

Will the old well be abandoned: Yes No N/A ☒

Will any buildings within 50' of the proposed well be termite treated? Yes No N/A ☒

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

**All Applicants**

Is this an OSE/PE application? Yes ☒ No

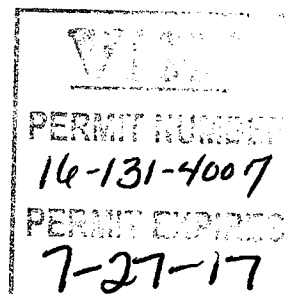
If yes, is the OSE package attached? Yes ☒ No

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

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 Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

Signature of Owner/Agent

Date



# SETEC

**SOIL AND ENVIRONMENTAL TECHNOLOGY, INC**  
 111 N. Franklin Street, Christiansburg, VA 24073  
 Phone: (540) 381-0309 Fax: (540) 381-9430  
 E-mail: setec@soilandenvironmentaltechnology.com

## OSE Report for Construction Permit

### Property Identification:

### Directions to the Property:

County: Floyd  
 Tax Map ID: 66-44 (portion of)  
 Acreage: 37.155 ac.

South on Rt. 8, Right onto 221 North, Right onto Barberry St.,  
 Right onto Woods Gap Road, +4.3 miles to property on the  
 Right

### Applicant and Their Address:

### Applicants Phone Number:

Edgar Weaver Jr.  
 2502 Stanley Ave.  
 Roanoke, VA 24014

345-2229; 815-8144

### Date of this report:

1/18/16

### Contents of this report:

OSE Cover Page & Certification Statement (Page\_1\_)  
 Application for a Sewage Disposal and/or Water Supply  
 Permit (Page\_2\_)  
 Sewage Disposal System Construction Specifications  
 (Page\_3\_)

Construction Drawing (Page\_4\_)  
 Copy of Plat (Page\_5\_)  
 Soil Information Summary (Page\_6\_)  
 Soil Profile Descriptions (Page\_7\_)  
 Primary/Reserve Design Specifications (Page\_8\_)

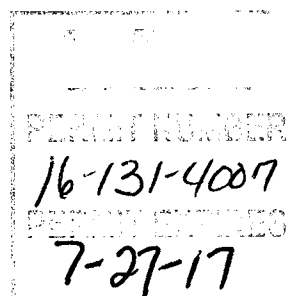
### Certification Statement:

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the *applicable provisions of the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), The Regulations for Alternative Onsite Sewage Systems (12VAC5-613)* and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

I recommend a **construction permit** be approved.

OSE **David Hall #1127**



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

Health Department ID 16-131-4007

Applicant: **Edgar Weaver Jr.** Address: **2502 Stanley Ave.** Phone: **345-2229; 815-8144**  
**Roanoke, VA 24014**  
 Agent: **Designworks Construction** Address: **1235 Dobbins Farm** Phone: **392-4087**  
**(Chris Prokosch)** **Road, Floyd, VA 24091**

Directions to the Property: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right

Acreage of Property: 37.155 ac.

Tax Map ID: 66-44 (portion of)

**Sewage System**

**Type of Approval:**  
 Certification Letter      Construction Permit    ☒    Voluntary Upgrade      Repair Permit

**Proposed Use:**  
 Single Family Home    ☒    Number of Bedrooms    **3\***    Multi-Family Dwelling      Total Number of Bedrooms  
 Other (describe)      \*2 bedroom main house and 1 bedroom guest house

Will there be a basement?:    Yes      No    ☒    Walk-out Basement?    Yes      No

If yes, will there be fixtures in the basement?    Yes      No

Conditional permit desired?    Yes      No    ☒

If yes, 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      Private    ☒

Is the water supply    Existing    ☒ (Spring)      Proposed

If proposed, is this a replacement well?    Yes      No      N/A    ☒

Will the old well be abandoned:    Yes      No      N/A    ☒

Will any buildings within 50' of the proposed well be termite treated?    Yes      No      N/A    ☒

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

**All Applicants**

Is this an OSE/PE application?    Yes    ☒    No

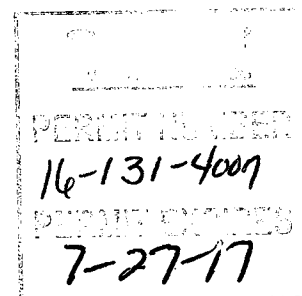
If yes, is the OSE package attached?    Yes    ☒    No

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

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 Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

Signature of Owner/Agent

Date



## SEWAGE DISPOSAL SYSTEM CONSTRUCTION SPECIFICATIONS

## GENERAL INFORMATION

New: **X** Repair: Voluntary Upgrade:Applicant: **Edgar Weaver Jr.** Telephone: **345-2229; 815-8144**  
Address: **2502 Stanley Ave., Roanoke, VA 24014**

For a Type I Sewage Disposal System to be constructed on / at: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right

Tax Map ID: 66-44 (portion of)

Actual or estimated water use: 450 gallons/day (3 Bedrooms)

## DESIGN

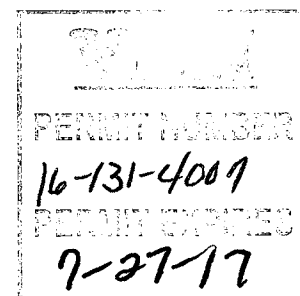
## NOTES

<b>Water Supply</b> , (describe) Developed Spring <b>To be installed:</b> Class: N/A Cased: N/A Grouted: N/A	
<b>Building Sewer:</b> 4" ID PVC 40, or equivalent. Slope 1.25" per 10'(minimum) Other: <b>Install cleanouts just outside of each house and every 50'-60' if applicable.</b>	
<b>Septic Tank:</b> capacity—1000 gals. (minimum) w/inspection port or manhole cover and outlet filter Other: <b>Keep the septic tank out of the hay field.</b>	
<b>Inlet-Outlet structure:</b> PVC 40, 4" tees, or equivalent. The inlet shall be 1-2 inches higher than the outlet.	
<b>Pretreatment Unit:</b> No: <b>X</b> Yes: If yes, which one and how many units:	
<b>Pump and/or Pump station:</b> No: <b>X</b> Yes:	
<b>Gravity main:</b> 4" sch. 40 pvc, minimum 6" fall per 100'.	
<b>Distribution Box:</b> Precast concrete with a minimum of 8 ports.	
<b>Header Lines:</b> Material: 4" ID 1500 lb. crush strength plastic, or equivalent, from distribution box into absorption trench. Slope 2" minimum.	
<b>Percolation Lines:*</b> Gravity: 4" plastic 1000 lb./ft bearing load, or equivalent, slope 2" - 4" (min - max) per 100'.	
<b>Absorption Trenches:*</b>	
Square ft. required: <b>900</b> Depth from ground surface to bottom of the ditch: <b>30"</b> Trench width: <b>3'</b> Centers: <b>9'</b> Trench length: <b>75'</b> Depth of 0.5"-1.5" aggregate: <b>13"</b> Number of trenches: <b>4</b>	

**Contact SETEC (381-0309) before installing the septic system.****\*No substitution.**

Inspected by:

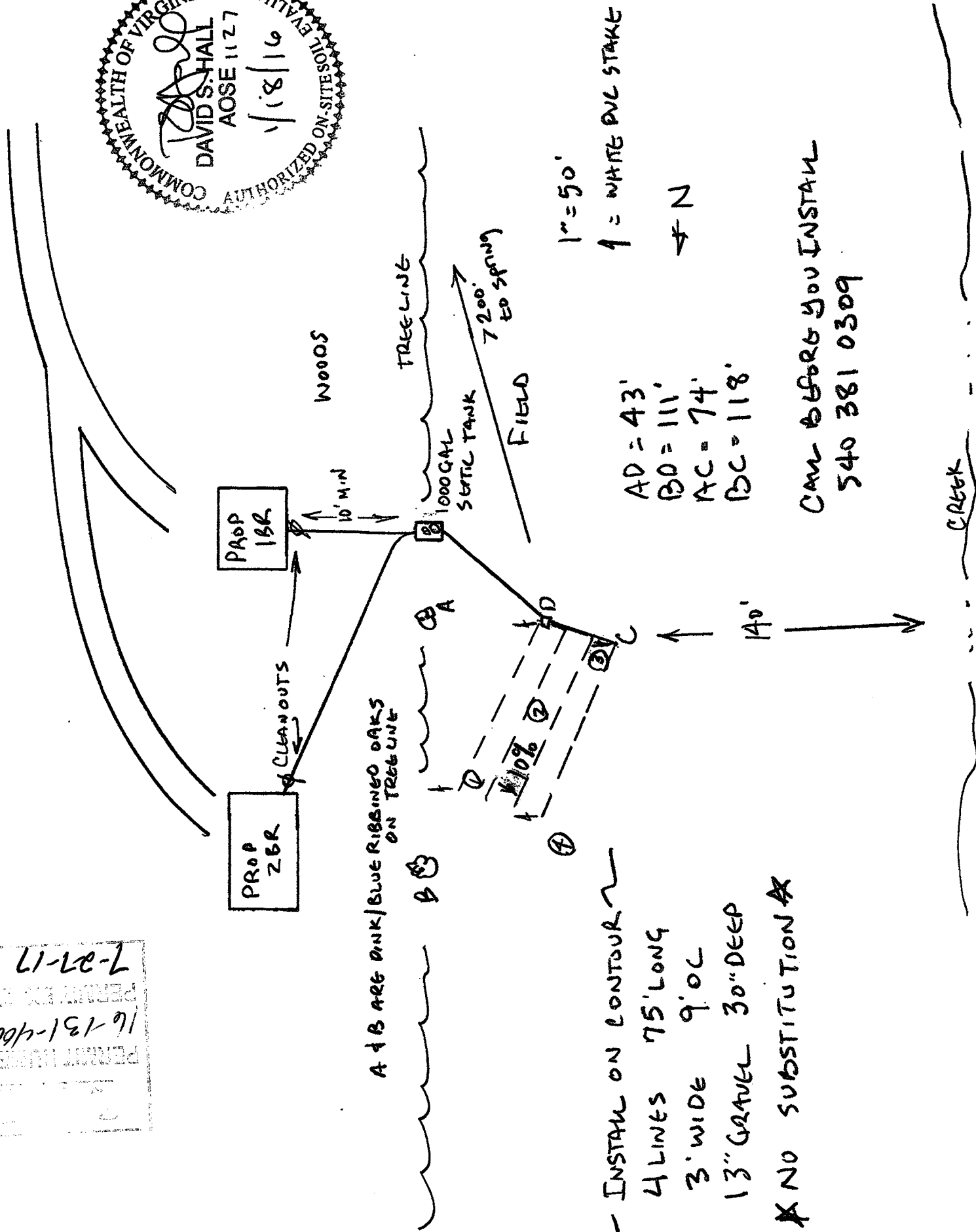
Date:



Tax Map ID: 66-44 (portion)

Wheeler Jr., Edgar

PERMIT NUMBER  
16-131-4607  
PERMIT EX. INFO  
7-27-17



INSTALL ON CONTOUR  
4 LINES 75' LONG  
3' WIDE 9' OC  
13" GRAVEL 30" DEEP  
NO SUBSTITUTION

AD = 43'  
BD = 111'  
AC = 74'  
BC = 118'

1" = 50'  
1 = WHITE PVC STAKE  
N

CAN BEFORE YOU INSTALL  
540 381 0309





# SETEC

**SOIL AND ENVIRONMENTAL TECHNOLOGY, INC**  
**111 N. Franklin Street, Christiansburg, VA 24073**  
**Phone: (540) 381-0309 Fax: (540) 381-9430**  
**E-mail: setec@soilandenvironmentaltechnology.com**

Health Department ID 16-131-4007

### General Information

Date: 1/18/16  
 Applicant: Edgar Weaver Jr.  
 Address: 2502 Stanley Ave., Roanoke, VA 24014  
 Directions to the Property: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right  
 Tax Map ID: 66-44 (portion of)

Floyd County Health Department  
 Telephone #: 345-2229; 815-8144

### Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No Describe: Sideslope
2. Slope 10 %
3. Depth to rock\impervious strata\auger refusal (AR): Max. Min. AR @ 48" None
4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes
5. Free water present No ☒ Yes range in inches
6. Soil percolation rate estimated Yes ☒ No Texture group 2 Estimated rate 35 Min/inch
7. Percolation test performed Yes ☒ No Number of percolation test holes Depth of percolation test holes Average percolation rate

Name and title of evaluator: Bill Evans Soil Scientist

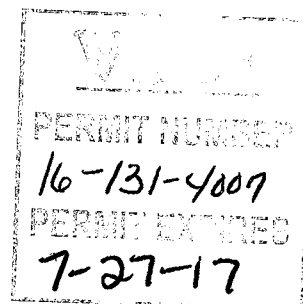
Signature: 

- X Site Approved:** Absorption trenches (describe dispersal area, e.g. absorption trenches) dispersing septic tank effluent (proposed level of treatment at time of evaluation) to be placed at 30 (inches) depth at site designated on permit. Site provides a total of 900 square feet of absorption area for the main drainfield. A reserve drainfield is not required.

Site Disapproved:

Reason for rejection: (check all that apply)

- 1 Position in landscape subject to flooding or periodic saturation.
- 2 Insufficient depth of suitable soil over hard rock.
- 3 Insufficient depth of suitable soil to seasonal water table.
- 4 Rates of absorption too slow.
- 5 Insufficient area of acceptable soil for required drainfield, and/or reserve area
- 6 Proposed system too close to well
- 7 Other (Specify)



# **PROFILE DESCRIPTION SOIL EVALUATION REPORT**

Dates of Evaluation: 5/29/15 &amp; 1/15/16

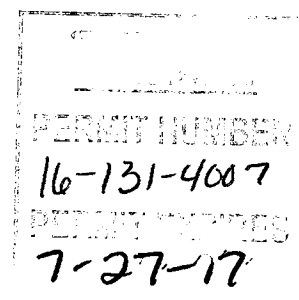
Floyd County Health Department  
Identification No.

x See application sketch

See construction permit

**Applicant:** Edgar Weaver Jr. **Tax Map ID:** 66-44 (portion of)-37.155 ac. on Woods Gap Road

Hole #	Horizon	Depth	Description	Texture Group
1 Auger	Ap	0-12	Brown (7.5YR 4/4) loam	2
	BA	12-20	Brown (7.5YR 5/4) gravelly loam	2
	Bt	20-36	Strong Brown (7.5YR 5/6) loam	2
	BC	36-48	Yellowish Brown (10YR 5/4) gravelly loam 15% coarse fragments; few Black (10YR 2/1) manganese stains	2
	C	48-60	Dark Yellowish Brown (10YR 4/6) gravelly sandy loam; 25% coarse fragments; few Black (10YR 2/1) manganese stains	2
2 Auger	Ap	0-12	Brown (7.5YR 4/4) loam	2
	Bt	12-30	Brown (7.5YR 5/4) loam	2
	BC	30-48	Strong Brown (7.5YR 4/6) loam	2
	C	48-60	Reddish Yellow (7.5YR 6/8) loam w/ many mica flakes	2
3 Auger	Ap	0-10	Brown (7.5YR 4/4) loam	2
	Bt	10-27	Brown (7.5YR 5/4) loam	2
	BC	27-42	Brown (7.5YR 5/4) loam w/ many mica flakes	2
	C1	42-52	Strong Brown (7.5YR 5/6) gravelly loam; 15% basic rock fragments; few Black (10YR 2/1) manganese stains	2
	C2	52-60	Strong Brown (7.5YR 5/6) silt loam	3
4 Auger	Ap	0-12	Brown (7.5YR 4/4) loam	2
	BA	12-20	Brown (7.5YR 5/4) loam	2
	Bt	20-36	Strong Brown (7.5YR 5/6) loam	2
	BC	36-48	Yellowish Brown (10YR 5/4) gravelly loam; 20% coarse fragments	2
	AR	48		

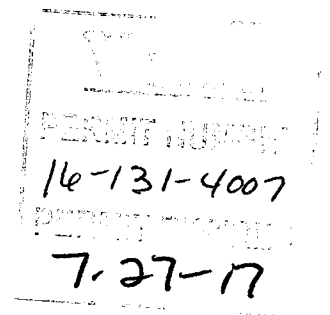


**Applicant:** Edgar Weaver Jr.      **Tax Map ID:** 66-44 (portion of)- 37.155 ac. on Woods Gap Road

**DRAINFIELD RECOMMENDATIONS, DESIGN BASIS, & AREA CALCULATIONS**

<b>Main DF</b>		<b>Reserve DF</b>	
Type of system	Gravity	Reserve Area Required	No
EPR	35	Type of Reserve	N/A
Slope %	10	EPR	N/A
# Bedrooms	3	Slope %	N/A
Gallons/Day	450	Gallons/Day	N/A
Width of Trench (ft.)	3	Width of Trench (ft.)	N/A
Total Square Ft. of Trench Bottom Required per BR	286	Total Square Ft. of Trench Bottom Required	N/A
Total Square Ft. of Trench Bottom per BR in Design	300	Total Square Ft. of Trench Bottom in Design	N/A
Total Square Ft. of Trench Bottom Required	858	# Lines of Reserve	N/A
Total Square Ft. of Trench Bottom in Design	900	Line Length (ft.)	N/A
# Lines Installed	4	Installed <24" from Rock or Other Impervious Strata	N/A
Length of Line Installed (ft.)	75	Centers (ft.)	N/A
Installed <24" from Rock or Other Impervious Strata	No	Width Required (ft.)	N/A
Centers (ft.)	9	Width in Design (ft.)	N/A
Width Required (ft.)	30	Installation Depth (inches into natural soil)	N/A
Installation Depth (inches into natural soil)	30	Amount of Backfill Required (inches)	N/A
Amount of Backfill Required (inches)	N/A		

**Contact SETEC (381-0309) before installing the drainfield.**



## OSE Report for Construction Permit

### Property Identification:

County: Floyd  
Tax Map ID: 66-44 (portion of)  
Acreage: 37.155 ac.

### Directions to the Property:

South on Rt. 8, Right onto 221 North, Right onto Barberry St.,  
Right onto Woods Gap Road, +4.3 miles to property on the  
Right

### Applicant and Their Address:

Edgar Weaver Jr.  
2502 Stanley Ave.  
Roanoke, VA 24014

### Applicants Phone Number:

345-2229; 815-8144

### Date of this report:

1/18/16

### Contents of this report:

OSE Cover Page & Certification Statement (Page \_1\_)  
Application for a Sewage Disposal and/or Water Supply  
Permit (Page \_2\_)  
Sewage Disposal System Construction Specifications  
(Page \_3\_)

Construction Drawing (Page \_4\_)  
Copy of Plat (Page \_5\_)  
Soil Information Summary (Page \_6\_)  
Soil Profile Descriptions (Page \_7\_)  
Primary/Reserve Design Specifications (Page \_8\_)

### Certification Statement:

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the *applicable provisions of the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), The Regulations for Alternative Onsite Sewage Systems (12VAC5-613)* and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

I recommend a construction permit be approved.

OSE David Hall #1127



PERMIT NUMBER  
16-131-4009  
PERMIT DATES  
7-27-17

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

Health Department ID 16-131-4007

Applicant: **Edgar Weaver Jr.** Address: **2502 Stanley Ave.** Phone: **345-2229; 815-8144**  
**Roanoke, VA 24014**  
 Agent: **Designworks** Address: **1235 Dobbins Farm** Phone: **392-4087**  
**Construction** Road, Floyd, VA 24091  
**(Chris Prokosch)**

Directions to the Property: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right

Acreage of Property: 37.155 ac.

Tax Map ID: 66-44 (portion of)

**Sewage System**

**Type of Approval:**

Certification Letter      Construction Permit    ☒    Voluntary Upgrade      Repair Permit

**Proposed Use:**

Single Family Home    ☒    Number of Bedrooms    3\*    Multi-Family Dwelling      Total Number of Bedrooms

Other (describe)    \*2 bedroom main house and 1 bedroom guest house

Will there be a basement?:    Yes      No    ☒    Walk-out Basement?    Yes      No

If yes, will there be fixtures in the basement?    Yes      No

Conditional permit desired?    Yes      No    ☒

If yes, check or describe all    Reduced water flow      Limited occupancy      Intermittent or seasonal use  
 proposed conditions that apply:

Temporary use not      Other (describe)  
 to exceed 1 year

**Water Supply**

Will the water supply be    Public      Private    ☒

Is the water supply    Existing    ☒ (Spring)      Proposed

If proposed, is this a replacement well?    Yes      No      N/A    ☒

Will the old well be abandoned:    Yes      No      N/A    ☒

Will any buildings within 50' of the proposed well be termite treated?    Yes      No      N/A    ☒

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

**All Applicants**

Is this an OSE/PE application?    Yes    ☒    No

If yes, is the OSE package attached?    Yes    ☒    No

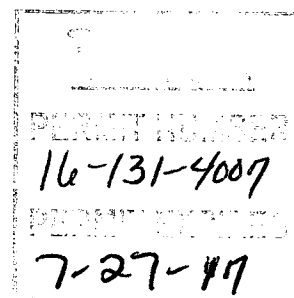
Is this property intended to serve as your (owners) principal place of residence?      Yes    ☒    No

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 Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

Signature of Owner/Agent

Date

1/24/16



# SEWAGE DISPOSAL SYSTEM CONSTRUCTION SPECIFICATIONS

Page 3 of 8

## GENERAL INFORMATION

New: ☒ Repair: ☐ Voluntary Upgrade: ☐

Applicant: **Edgar Weaver Jr.** Telephone: **345-2229; 815-8144**  
Address: **2502 Stanley Ave., Roanoke, VA 24014**

For a Type I Sewage Disposal System to be constructed on / at: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right

Tax Map ID: 66-44 (portion of)

Actual or estimated water use: 450 gallons/day (3 Bedrooms)

## DESIGN

## NOTES

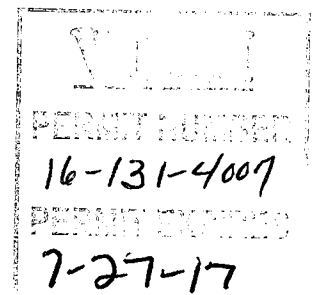
<b>Water Supply, (describe)</b> Developed Spring	
<b>To be installed:</b> Class: N/A Cased: N/A Grouted: N/A	
<b>Building Sewer:</b> 4" ID PVC 40, or equivalent. Slope 1.25" per 10'(minimum) Other: <b>Install cleanouts just outside of each house and every 50'-60' if applicable.</b>	
<b>Septic Tank:</b> capacity—1000 gals. (minimum) w/inspection port or manhole cover and outlet filter Other: <b>Keep the septic tank out of the hay field.</b>	
<b>Inlet-Outlet structure:</b> PVC 40, 4" tees, or equivalent. The inlet shall be 1-2 inches higher than the outlet.	
<b>Pretreatment Unit:</b> No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> If yes, which one and how many units:	
<b>Pump and/or Pump station:</b> No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/>	
<b>Gravity main:</b> 4" sch. 40 pvc, minimum 6" fall per 100'.	
<b>Distribution Box:</b> Precast concrete with a minimum of 8 ports.	
<b>Header Lines:</b> Material: 4" ID 1500 lb. crush strength plastic, or equivalent, from distribution box into absorption trench. Slope 2" minimum.	
<b>Percolation Lines:*</b> Gravity: 4" plastic 1000 lb./ft bearing load, or equivalent, slope 2" - 4" (min - max) per 100'.	
<b>Absorption Trenches:*</b> Square ft. required: 900      Depth from ground surface to bottom of the ditch: 30" Trench width: 3'      Centers: 9" Trench length: 75'      Depth of 0.5"-1.5" aggregate: 13" Number of trenches: 4	

**Contact SETEC (381-0309) before installing the septic system.**

**\*No substitution.**

Inspected by:

Date:

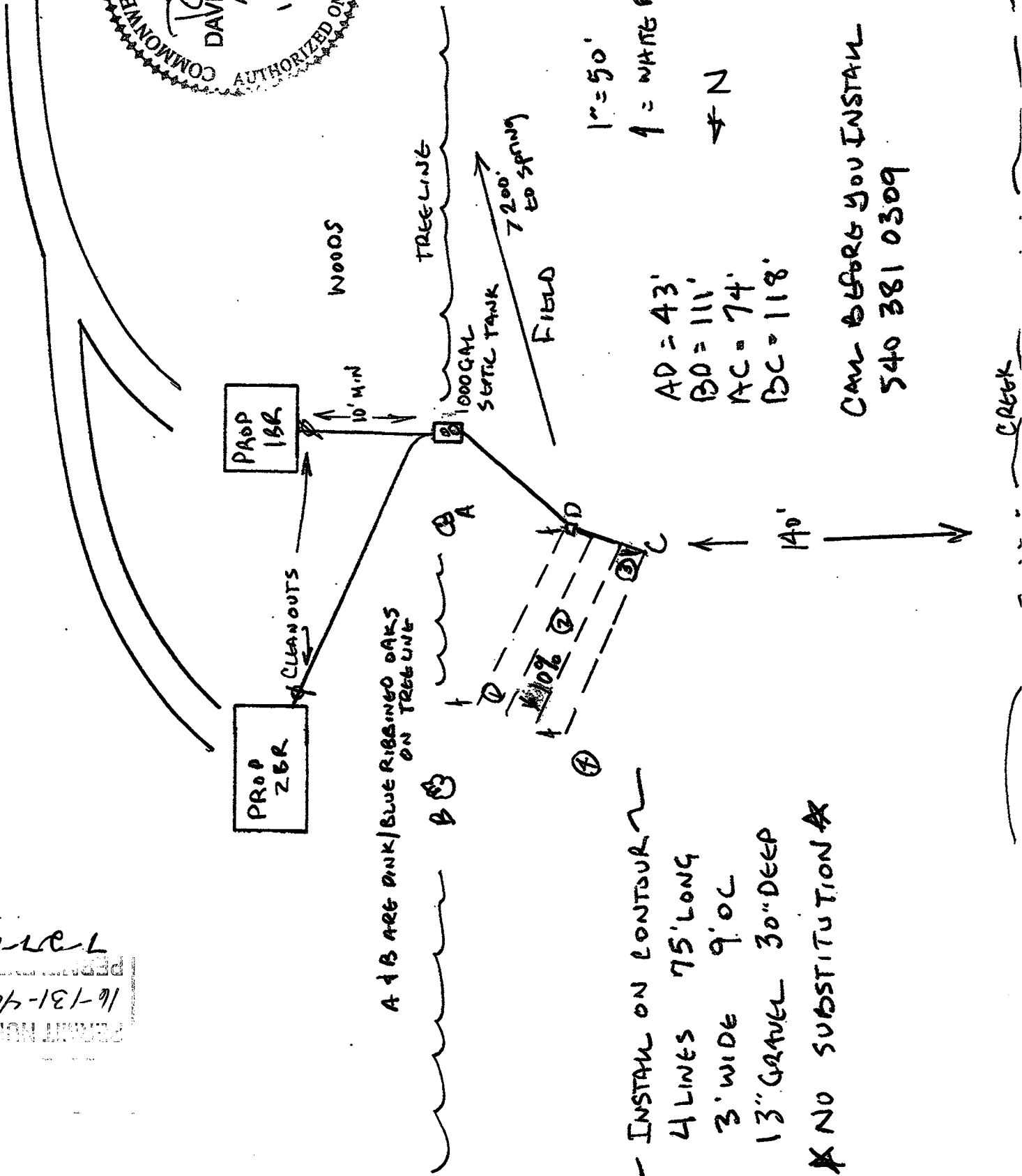


PERMIT NUMBER  
16-131-4007  
7-27-17

Top Map ID: 66-44 (portion)

Weaver Jr., Edgar

INSTALL ON CONTOUR  
4 LINES 75' LONG  
3' WIDE 9' OC  
13" GRAVEL 30" DEEP  
NO SUBSTITUTION



AD = 43'  
BD = 111'  
AC = 74'  
BC = 118'

1" = 50'

1 = WHITE PVC STAKE

N

CAN BE FOR YOU INSTAL  
540 381 0309

CRACK



[illegible]

NOTARY PUBLIC

**QUESTIONS**

[illegible][illegible]

ROBERT H. SPANOW	DATE
SIRLEY L. SPANOW	DATE

DATE RECEIVED BY: MR. J. H. BROWN

I HEREBY CERTIFY THAT THIS SUBJECT, TO THE BEST OF MY KNOWLEDGE, HAS BEEN IN CONTACT AND COMES IN CONTACT WITH THE PERSONS OF THE ABOVE LISTED NAMES AND ADDRESSES, AND THAT THE PERSONS OF THE ABOVE LISTED NAMES AND ADDRESSES ARE CURRENTLY IN CONTACT WITH THE PERSONS OF THE ABOVE LISTED NAMES AND ADDRESSES, WITHIN THE COUNTY OF FLORIDA, VIRGINIA.

OFFICIAL NUMBER BY / NAME / TITLE DATE OF \_\_\_\_\_ 2014

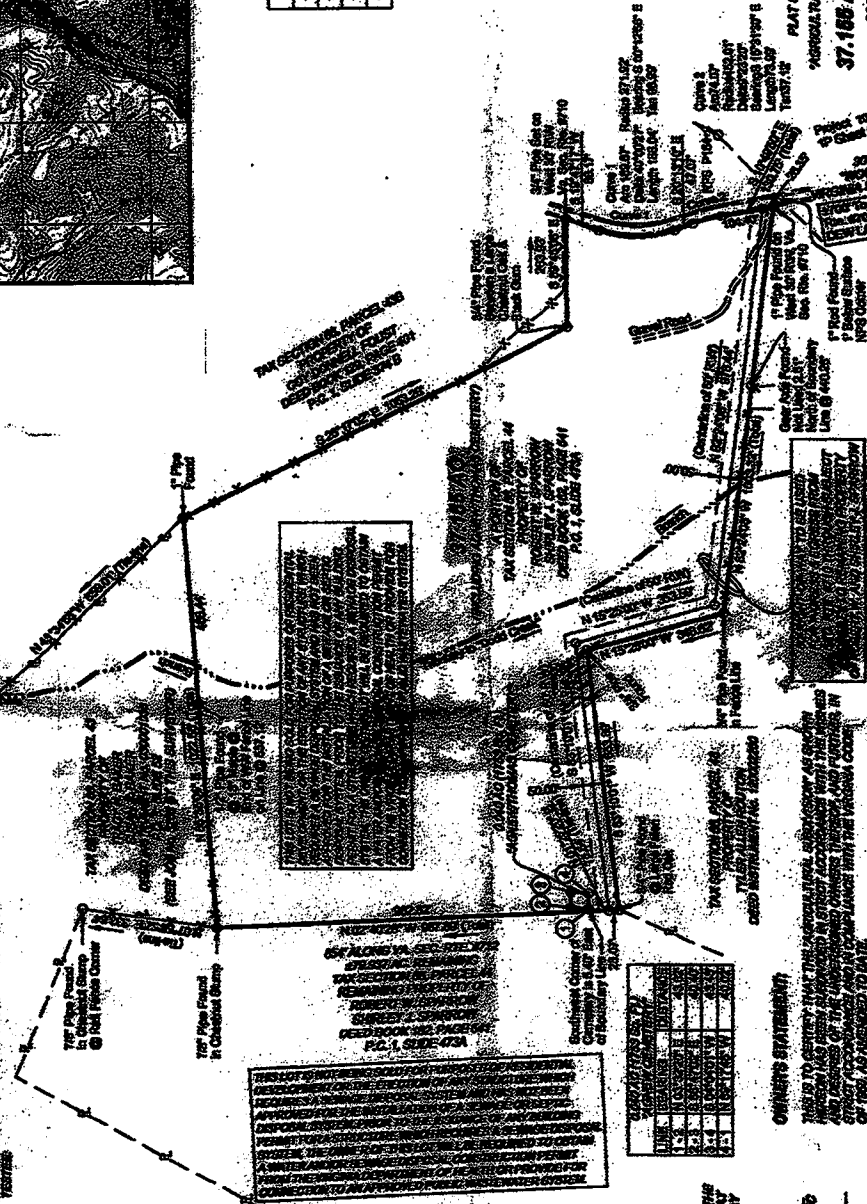
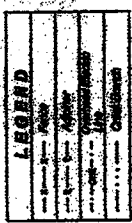
**CHISEL UNDER MY HAND YES DAY OF 2014**

CONFIDENTIAL

FOR INFORMATION IS THAT ON 202-4-4 07059  
POLYMER/NOVI OXIDANT POLYMERIZATION T  
L. Q. CHEN, 10000 LINDEN LANE, SUITE 200  
NORTH BAY, FLORIDA 33157, TEL. 305-441-0705

[illegible]

100-44388



**SETEC**

**SOIL AND ENVIRONMENTAL TECHNOLOGY, INC**  
**111 N. Franklin Street, Christiansburg, VA 24073**  
**Phone: (540) 381-0309 Fax: (540) 381-9430**  
**E-mail: setec@soilandenvironmentaltechnology.com**

Health Department ID 16-131-4007**General Information**

Date: 1/18/16  
 Applicant: Edgar Weaver Jr.  
 Address: 2502 Stanley Ave., Roanoke, VA 24014  
 Directions to the Property: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right  
 Tax Map ID: 66-44 (portion of)

Floyd County Health Department  
 Telephone #: 345-2229; 815-8144

**Soil Information Summary**

1. Position in landscape satisfactory Yes ☒ No Describe: Sideslope
2. Slope 10 %
3. Depth to rock/impervious strata/auger refusal (AR): Max. Min. AR @ 48" None
4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes
5. Free water present No ☒ Yes range in inches
6. Soil percolation rate estimated Yes ☒ No Texture group 2 Estimated rate 35 Min/inch
7. Percolation test performed Yes ☒ No Number of percolation test holes Depth of percolation test holes Average percolation rate

Name and title of evaluator: Bill Evans Soil Scientist

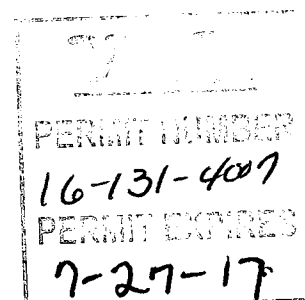
Signature: 

- ☒ **Site Approved:** Absorption trenches (describe dispersal area, e.g. absorption trenches) dispersing septic tank effluent (proposed level of treatment at time of evaluation) to be placed at 30 (inches) depth at site designated on permit. Site provides a total of 900 square feet of absorption area for the main drainfield. A reserve drainfield is not required.

☐ **Site Disapproved:**

**Reason for rejection: (check all that apply)**

- 1 Position in landscape subject to flooding or periodic saturation.
- 2 Insufficient depth of suitable soil over hard rock.
- 3 Insufficient depth of suitable soil to seasonal water table.
- 4 Rates of absorption too slow.
- 5 Insufficient area of acceptable soil for required drainfield, and/or reserve area
- 6 Proposed system too close to well
- 7 Other (Specify)



# **PROFILE DESCRIPTION SOIL EVALUATION REPORT**

Dates of Evaluation: 5/29/15 & 1/15/16

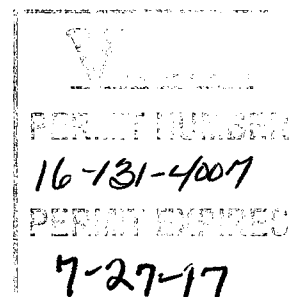
Floyd County Health Department  
Identification No.

x See application sketch

See construction permit

**Applicant:** Edgar Weaver Jr. **Tax Map ID:** 66-44 (portion of)-37.155 ac. on Woods Gap Road

Hole #	Horizon	Depth	Description	Texture Group
1 Auger	Ap	0-12	Brown (7.5YR 4/4) loam	2
	BA	12-20	Brown (7.5YR 5/4) gravelly loam	2
	Bt	20-36	Strong Brown (7.5YR 5/6) loam	2
	BC	36-48	Yellowish Brown (10YR 5/4) gravelly loam 15% coarse fragments; few Black (10YR 2/1) manganese stains	2
	C	48-60	Dark Yellowish Brown (10YR 4/6) gravelly sandy loam; 25% coarse fragments; few Black (10YR 2/1) manganese stains	2
2 Auger	Ap	0-12	Brown (7.5YR 4/4) loam	2
	Bt	12-30	Brown (7.5YR 5/4) loam	2
	BC	30-48	Strong Brown (7.5YR 4/6) loam	2
	C	48-60	Reddish Yellow (7.5YR 6/8) loam w/ many mica flakes	2
3 Auger	Ap	0-10	Brown (7.5YR 4/4) loam	2
	Bt	10-27	Brown (7.5YR 5/4) loam	2
	BC	27-42	Brown (7.5YR 5/4) loam w/ many mica flakes	2
	C1	42-52	Strong Brown (7.5YR 5/6) gravelly loam; 15% basic rock fragments; few Black (10YR 2/1) manganese stains	2
	C2	52-60	Strong Brown (7.5YR 5/6) silt loam	3
4 Auger	Ap	0-12	Brown (7.5YR 4/4) loam	2
	BA	12-20	Brown (7.5YR 5/4) loam	2
	Bt	20-36	Strong Brown (7.5YR 5/6) loam	2
	BC	36-48	Yellowish Brown (10YR 5/4) gravelly loam; 20% coarse fragments	2
	AR	48		

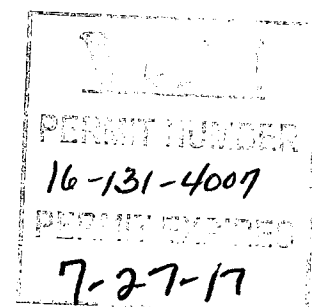


**Applicant:** Edgar Weaver Jr.      **Tax Map ID:** 66-44 (portion of)- 37.155 ac. on Woods Gap Road

### DRAINFIELD RECOMMENDATIONS, DESIGN BASIS, & AREA CALCULATIONS

Main DF		Reserve DF	
Type of system	Gravity	Reserve Area Required	No
EPR	35	Type of Reserve	N/A
Slope %	10	EPR	N/A
# Bedrooms	3	Slope %	N/A
Gallons/Day	450	Gallons/Day	N/A
Width of Trench (ft.)	3	Width of Trench (ft.)	N/A
Total Square Ft. of Trench Bottom Required per BR	286	Total Square Ft. of Trench Bottom Required	N/A
Total Square Ft. of Trench Bottom per BR in Design	300	Total Square Ft. of Trench Bottom in Design	N/A
Total Square Ft. of Trench Bottom Required	858	# Lines of Reserve	N/A
Total Square Ft. of Trench Bottom in Design	900	Line Length (ft.)	N/A
# Lines Installed	4	Installed <24" from Rock or Other Impervious Strata	N/A
Length of Line Installed (ft.)	75	Centers (ft.)	N/A
Installed <24" from Rock or Other Impervious Strata	No	Width Required (ft.)	N/A
Centers (ft.)	9	Width in Design (ft.)	N/A
Width Required (ft.)	30	Installation Depth (inches into natural soil)	N/A
Installation Depth (inches into natural soil)	30	Amount of Backfill Required (inches)	N/A
Amount of Backfill Required (inches)	N/A		

**Contact SETEC (381-0309) before installing the drainfield.**



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

**INVOICE**  
**MC201700072**

January 25, 2016

Edgar Weaver Jr  
2502 Stanley Avenue  
Roanoke VA 24014

Owner Name: Edgar Weaver Jr  
Facility Name: 16-131-4007 Edgar Weaver JR  
Facility Type: Sewage  
License Number:

Description	Amount
Building site at: Woods Gap Road, Floyd	
Floyd County Local Fee Onsite w/OSE~02345 0217, KADN-A6HRNT, 25-Jan-2016	\$25.00
Sewage Construction Permit ≤1,000 gpd (with OSE/PE documentation), no well~02239-0205, KADN-A6HRNZ, 25-Jan-2016	\$215.00
Indem Fund Sewage Const. Permit ≤1,000 gpd (OSE/PE documentation), no well~02239-0217, KADN-A6HRPA, 25-Jan-2016	\$10.00

**Total Due → \$250.00**

Make Check or Money Order payable to:  
"Floyd County Health Department"  
Please mark checks with your owner number  
Send to:

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

**Notice:**

- Payment is due upon receipt of this invoice
- Do not mail cash

Please fill in the stub below, detach and return with your payment. Keep this portion for your records.

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

**INVOICE**  
**MC201700072**

January 25, 2016

Owner Name: Edgar Weaver Jr  
Facility Name: 16-131-4007 Edgar Weaver JR  
Facility Type: Sewage  
License Number:

Edgar Weaver Jr  
2502 Stanley Avenue  
Roanoke VA 24014

**Check #:**

*Credit Card*

**Amount:**

*\$250.00*

Please write your License #  
on the check or money order

Floyd County Health Department  
123 Parkview Road NE  
Floyd, Virginia 24091  
Phone: (540) 745-2142  
Fax: (540) 745-4929

## Receipt

202757

Payment ID  
**KADN-A6HRPM**

Payment Date  
**25-Jan-2016**

**Establishment**  
16-131-4007 Edgar Weaver JR  
Woods Gap Road  
Floyd VA 24091

**Legal Business**  
Edgar Weaver Jr  
2502 Stanley Avenue  
Roanoke VA 24014

Payment Date	Payment Type	Payment ID	Payment Details	Payment Amount
25-Jan-2016	Credit Card	KADN-A6HRPM	[none]	\$250.00

Fee Date	Fee Type	Fee ID	Fee Amount	Amount Paid	Balance
25-Jan-2016	Floyd County Local Fee Onsite w/OSE~02345 0217	KADN-A6HRNT	\$25.00	\$25.00	\$0.00
25-Jan-2016	Sewage Construction Permit ≤1,000 gpd (with OSE/PE documentation), no well~02239-0205	KADN-A6HRNZ	\$215.00	\$215.00	\$0.00
25-Jan-2016	Indem Fund Sewage Const. Permit ≤1,000 gpd (OSE/PE documentation), no well~02239-0217	KADN-A6HRPA	\$10.00	\$10.00	\$0.00

Office  
Copy

Rec'd 1/25/16 - Pct. \$250.00  
22749848  
Page 1 of 8

# SETEC

SOIL AND ENVIRONMENTAL TECHNOLOGY, INC  
111 N. Franklin Street, Christiansburg, VA 24073  
Phone: (540) 381-0309 Fax: (540) 381-9430  
E-mail: setec@soilandenvironmentaltechnology.com

## OSE Report for Construction Permit

### Property Identification:

County: Floyd  
Tax Map ID: 66-44 (portion of)  
Acreage: 37.155 ac.

### Directions to the Property:

South on Rt. 8, Right onto 221 North, Right onto Barberry St.,  
Right onto Woods Gap Road, +4.3 miles to property on the  
Right

### Applicant and Their Address:

Edgar Weaver Jr.  
2502 Stanley Ave.  
Roanoke, VA 24014

### Applicants Phone Number:

345-2229; 815-8144

### Date of this report:

1/18/16

### Contents of this report:

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Application for a Sewage Disposal and/or Water Supply  
Permit (Page 2)  
Sewage Disposal System Construction Specifications  
(Page 3)

Construction Drawing (Page 4)  
Copy of Plat (Page 5)  
Soil Information Summary (Page 6)  
Soil Profile Descriptions (Page 7)  
Primary/Reserve Design Specifications (Page 8)

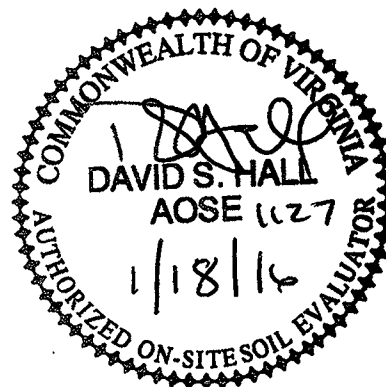
### Certification Statement:

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the applicable provisions of the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), The Regulations for Alternative Onsite Sewage Systems (12VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

I recommend a construction permit be approved.

OSE David Hall #1127



PERMIT NUMBER  
16-131-4009  
PERMIT EXPIRES  
27 Jul 2017

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

Health Department ID 16-131-4007

**Applicant:** **Edgar Weaver Jr.** **Address:** **2502 Stanley Ave.** **Phone:** **345-2229; 815-8144**  
**Roanoke, VA 24014**  
**Agent:** **Designworks** **Address:** **1235 Dobbins Farm** **Phone:** **392-4087**  
**Construction** **Road, Floyd, VA 24091**  
**(Chris Prokosch)**

**Directions to the Property:** South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right

**Acreage of Property:** 37.155 ac.

**Tax Map ID:** 66-44 (portion of)

**Sewage System**

**Type of Approval:**

Certification Letter      Construction Permit    ☒    Voluntary Upgrade      Repair Permit

**Proposed Use:**

Single Family Home    ☒    Number of Bedrooms    3\*    Multi-Family Dwelling      Total Number of Bedrooms  
 Other (describe)    \*2 bedroom main house and 1 bedroom guest house

Will there be a basement?:    Yes      No    ☒    Walk-out Basement?    Yes      No

If yes, will there be fixtures in the basement?    Yes      No

Conditional permit desired?    Yes      No    ☒

If yes, check or describe all    Reduced water flow      Limited occupancy      Intermittent or seasonal use  
 proposed conditions that apply:

Temporary use not      Other (describe)  
 to exceed 1 year

**Water Supply**

Will the water supply be    Public      Private    ☒

Is the water supply    Existing    ☒ (Spring)      Proposed

If proposed, is this a replacement well?    Yes      No      N/A    ☒

Will the old well be abandoned:    Yes      No      N/A    ☒

Will any buildings within 50' of the proposed well be termite treated?    Yes      No      N/A    ☒

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

**All Applicants**

Is this an OSE/PE application?    Yes    ☒    No

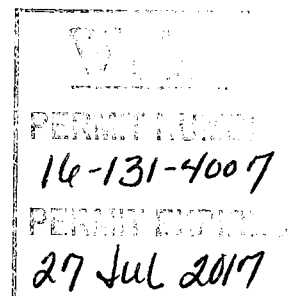
If yes, is the OSE package attached?    Yes    ☒    No

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

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 Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

Signature of Owner/Agent

Date





## SEWAGE DISPOSAL SYSTEM CONSTRUCTION SPECIFICATIONS

## GENERAL INFORMATION

New: ☒ Repair: ☐ Voluntary Upgrade: ☐Applicant: **Edgar Weaver Jr.** Telephone: **345-2229; 815-8144**  
Address: **2502 Stanley Ave., Roanoke, VA 24014**

For a Type I Sewage Disposal System to be constructed on / at: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right

Tax Map ID: 66-44 (portion of)

Actual or estimated water use: 450 gallons/day (3 Bedrooms)

## DESIGN

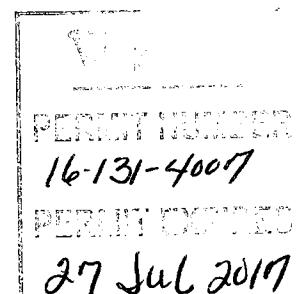
## NOTES

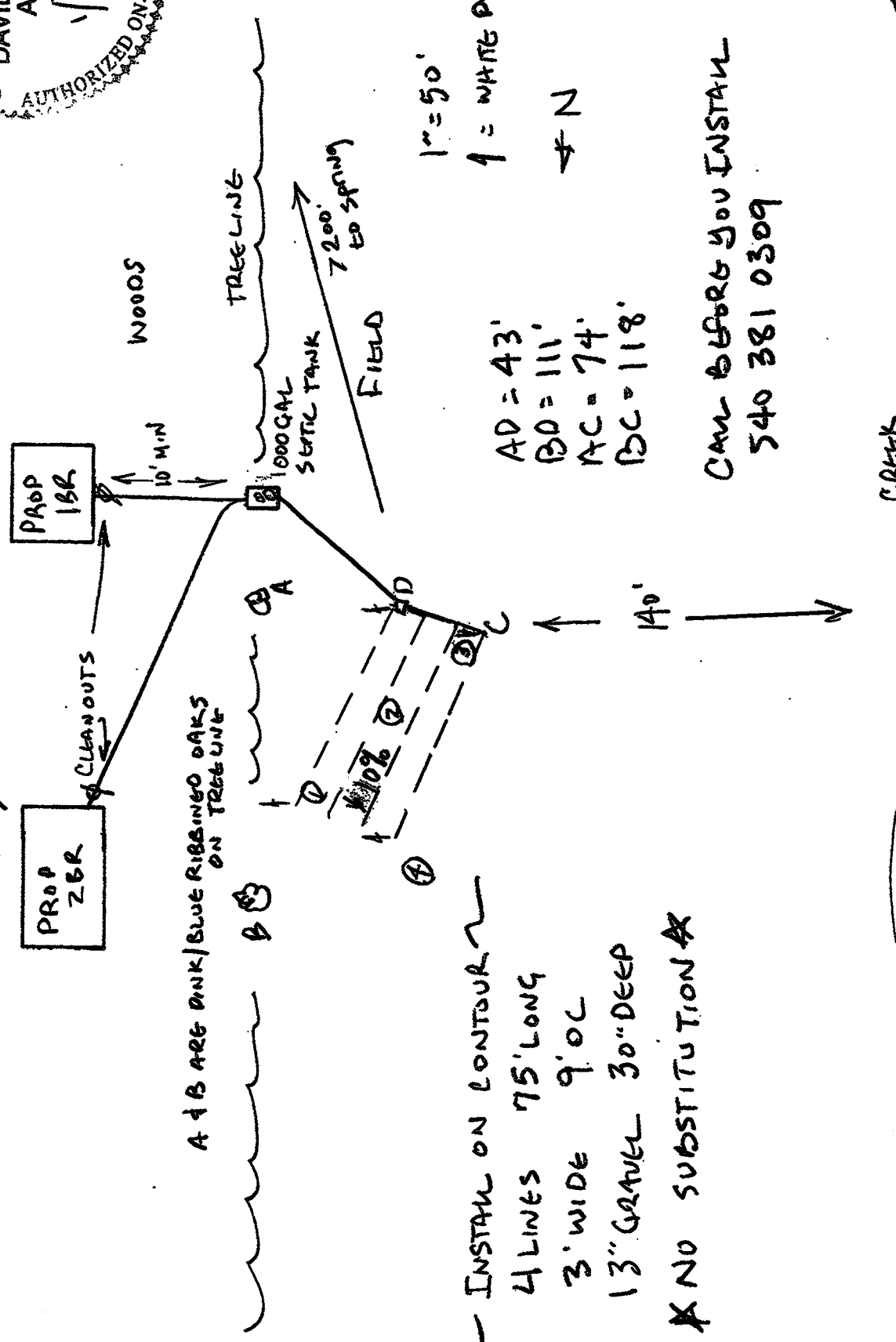
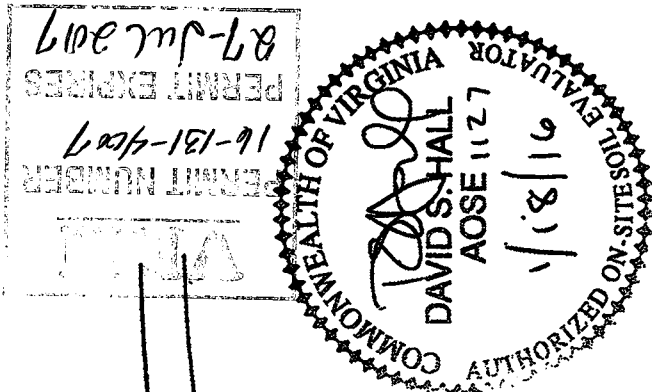
<b>Water Supply, (describe)</b> Developed Spring	
<b>To be installed:</b> Class: N/A Cased: N/A Grouted: N/A	
<b>Building Sewer:</b> 4" ID PVC 40, or equivalent. Slope 1.25" per 10'(minimum) Other: <b>Install cleanouts just outside of each house and every 50'-60' if applicable.</b>	
<b>Septic Tank:</b> capacity—1000 gals. (minimum) w/inspection port or manhole cover and outlet filter Other: <b>Keep the septic tank out of the hay field.</b>	
<b>Inlet-Outlet structure:</b> PVC 40, 4" tees, or equivalent. The inlet shall be 1-2 inches higher than the outlet.	
<b>Pretreatment Unit:</b> No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/> If yes, which one and how many units:	
<b>Pump and/or Pump station:</b> No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/>	
<b>Gravity main:</b> 4" sch. 40 pvc, minimum 6" fall per 100'.	
<b>Distribution Box:</b> Precast concrete with a minimum of 8 ports.	
<b>Header Lines:</b> Material: 4" ID 1500 lb. crush strength plastic, or equivalent, from distribution box into absorption trench. Slope 2" minimum.	
<b>Percolation Lines:*</b> Gravity: 4" plastic 1000 lb./ft bearing load, or equivalent, slope 2" - 4" (min - max) per 100'.	
<b>Absorption Trenches:*</b>	
Square ft. required: 900 Trench width: 3' Trench length: 75' Number of trenches: 4	Depth from ground surface to bottom of the ditch: 30" Centers: 9" Depth of 0.5"-1.5" aggregate: 13"

**Contact SETEC (381-0309) before installing the septic system.****\*No substitution.**

Inspected by:

Date:





A & B ARE PINK/BLUE RIBBING OAKS ON TREE LINE

INSTALL ON CONTOUR  
 4 LINES 75' LONG  
 3' WIDE 9' OC  
 13" GRAVEL 30" DEEP  
 NO SUBSTITUTION

AD = 43'  
 BD = 111'  
 AC = 74'  
 BC = 118'

1" = 50'  
 1 = WHITE PVC STAKE  
 N

CALL BEFORE YOU INSTALL  
 540 381 0309



Health Department ID 16-131-4007

### General Information

Date: 1/18/16  
Applicant: Edgar Weaver Jr.  
Address: 2502 Stanley Ave., Roanoke, VA 24014  
Directions to the Property: South on Rt. 8, Right onto 221 North, Right onto Barberry St., Right onto Woods Gap Road, +4.3 miles to property on the Right  
Tax Map ID: 66-44 (portion of)

Floyd County Health Department  
Telephone #: 345-2229; 815-8144

### Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No Describe: Sideslope
2. Slope 10 %
3. Depth to rock/impervious strata/lauger refusal (AR): Max. Min. AR @ 48" None
4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes
5. Free water present No ☒ Yes range in inches
6. Soil percolation rate estimated Yes ☒ No Texture group 2  
Estimated rate 35 Min/inch
7. Percolation test performed Yes No ☒ Number of percolation test holes  
Depth of percolation test holes  
Average percolation rate

Name and title of evaluator: Bill Evans Soil Scientist

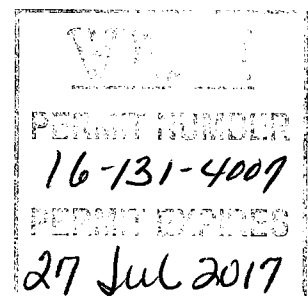
Signature: 

- ☒ Site Approved: Absorption trenches (describe dispersal area, e.g. absorption trenches) dispersing septic tank effluent (proposed level of treatment at time of evaluation) to be placed at 30 (inches) depth at site designated on permit. Site provides a total of 900 square feet of absorption area for the main drainfield. A reserve drainfield is not required.

Site Disapproved:

Reason for rejection: (check all that apply)

- 1 Position in landscape subject to flooding or periodic saturation.
- 2 Insufficient depth of suitable soil over hard rock.
- 3 Insufficient depth of suitable soil to seasonal water table.
- 4 Rates of absorption too slow.
- 5 Insufficient area of acceptable soil for required drainfield, and/or reserve area
- 6 Proposed system too close to well
- 7 Other (Specify)



# **PROFILE DESCRIPTION SOIL EVALUATION REPORT**

Dates of Evaluation: 5/29/15 & 1/15/16

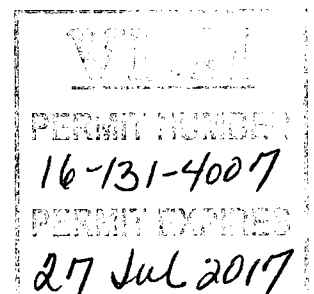
Floyd County Health Department  
Identification No.

x See application sketch

See construction permit

**Applicant:** Edgar Weaver Jr. **Tax Map ID:** 66-44 (portion of)-37.155 ac. on Woods Gap Road

Hole #	Horizon	Depth	Description	Texture Group
1 Auger	Ap	0-12	Brown (7.5YR 4/4) loam	2
	BA	12-20	Brown (7.5YR 5/4) gravelly loam	2
	Bt	20-36	Strong Brown (7.5YR 5/6) loam	2
	BC	36-48	Yellowish Brown (10YR 5/4) gravelly loam 15% coarse fragments; few Black (10YR 2/1) manganese stains	2
	C	48-60	Dark Yellowish Brown (10YR 4/6) gravelly sandy loam; 25% coarse fragments; few Black (10YR 2/1) manganese stains	2
2 Auger	Ap	0-12	Brown (7.5YR 4/4) loam	2
	Bt	12-30	Brown (7.5YR 5/4) loam	2
	BC	30-48	Strong Brown (7.5YR 4/6) loam	2
	C	48-60	Reddish Yellow (7.5YR 6/8) loam w/ many mica flakes	2
3 Auger	Ap	0-10	Brown (7.5YR 4/4) loam	2
	Bt	10-27	Brown (7.5YR 5/4) loam	2
	BC	27-42	Brown (7.5YR 5/4) loam w/ many mica flakes	2
	C1	42-52	Strong Brown (7.5YR 5/6) gravelly loam; 15% basic rock fragments; few Black (10YR 2/1) manganese stains	2
	C2	52-60	Strong Brown (7.5YR 5/6) silt loam	3
4 Auger	Ap	0-12	Brown (7.5YR 4/4) loam	2
	BA	12-20	Brown (7.5YR 5/4) loam	2
	Bt	20-36	Strong Brown (7.5YR 5/6) loam	2
	BC	36-48	Yellowish Brown (10YR 5/4) gravelly loam; 20% coarse fragments	2
	AR	48		

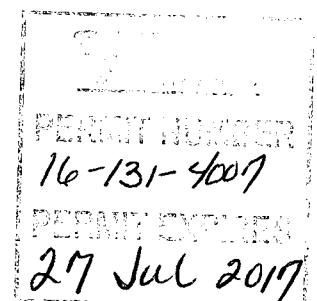


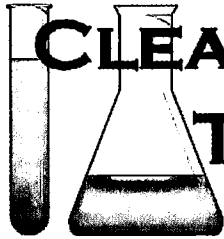
**Applicant:** Edgar Weaver Jr.      **Tax Map ID:** 66-44 (portion of)- 37.155 ac. on Woods Gap Road

### DRAINFIELD RECOMMENDATIONS, DESIGN BASIS, & AREA CALCULATIONS

Main DF		Reserve DF	
Type of system	Gravity	Reserve Area Required	No
EPR	35	Type of Reserve	N/A
Slope %	10	EPR	N/A
# Bedrooms	3	Slope %	N/A
Gallons/Day	450	Gallons/Day	N/A
Width of Trench (ft.)	3	Width of Trench (ft.)	N/A
Total Square Ft. of Trench Bottom Required per BR	286	Total Square Ft. of Trench Bottom Required	N/A
Total Square Ft. of Trench Bottom per BR in Design	300	Total Square Ft. of Trench Bottom in Design	N/A
Total Square Ft. of Trench Bottom Required	858	# Lines of Reserve	N/A
Total Square Ft. of Trench Bottom in Design	900	Line Length (ft.)	N/A
# Lines Installed	4	Installed <24" from Rock or Other Impervious Strata	N/A
Length of Line Installed (ft.)	75	Centers (ft.)	N/A
Installed <24" from Rock or Other Impervious Strata	No	Width Required (ft.)	N/A
Centers (ft.)	9	Width in Design (ft.)	N/A
Width Required (ft.)	30	Installation Depth (inches into natural soil)	N/A
Installation Depth (inches into natural soil)	30	Amount of Backfill Required (inches)	N/A
Amount of Backfill Required (inches)	N/A		

**Contact SETEC (381-0309) before installing the drainfield.**





# CLEAR WATER TESTING, LLC

1075 West Main St.,  
P.O. Box 6122  
Christiansburg, VA 24068

(540) 381-5700  
[www.clearcreekwaterworks.com](http://www.clearcreekwaterworks.com)

## CERTIFICATE OF ANALYSIS

SAMPLE ID: 9596-17

**SAMPLE CUSTOMER:**

Chris Prokosch  
1235 Dobbins Farm Road  
Floyd, VA 24091

**SAMPLE LOCATION:**

Woods Gap Road  
Floyd, VA 24091

WELL PERMIT NO: 16-131-4007 \_\_\_\_\_ TAX MAP ID NO: 66-44 \_\_\_\_\_ PWSID:  
\_\_\_\_\_

**SAMPLE RESULTS:**

Mailed results to SAMPLE CUSTOMER indicated above.  
Emailed results to: [dworks@swva.net](mailto:dworks@swva.net)  
Sent results to \_Floyd County Health Dept.  
Sent results to ODW, \_\_\_\_\_, VA, Attn: \_\_\_\_\_

### CUSTODY INFORMATION

DATE COLLECTED:	1/5/17	DATE RECEIVED:	1/5/17
TIME COLLECTED:	10:43 am	TIME RECEIVED:	11:20 am
COLLECTED BY:	Chris Prokosch	SAMPLE TYPE:	WELL

### ANALYSIS OF SAMPLE

TEST	METHOD	DATE COMPLETED	TECHNICIAN	RESULT
Total Coliform	ONPG-MUG	1/6/17	JG	ABSENT
<i>E.coli</i>	ONPG-MUG	1/6/17	JG	ABSENT

**NOTES:**

Analysis indicates this sample DOES MEET the standards established by the USEPA for drinking water.

LABORATORY CERTIFICATION NO: #00085

RECEIVED

JAN 12 2017

By:



