



Mecklenburg County Health Department
969 Madison Street
Boydton, Virginia 23917
(434) 738-9557 Voice
(434) 738-6295 Fax

Sewage Disposal System Operation Permit

Property Owner

Julian & Judy Williams
P.O. Box 8175
Clarksville, VA 23927
Phone: 434-738-5434

Health Dept. ID: 21-158-0178
Tax Map/GPIN: 169B03-05-D-058
Locality: Mecklenburg County

Property Location

Property Address: Julian & Judy Williams
Merifield Acres
Subdivision: N/A

Julian & Judy are hereby granted permission to operate a Residential Conventional Onsite Sewage System at the above referenced location, under the following parameters:

Daily Flow: 450 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.

December 7, 2022
Effective Date

Jessica Pearce - EH Supervisor


Signature

JULIAN + Judy WILLIAMS
Lot 58
21-158-0178
434-738 5434

SCANNED
12-7-22

RECEIVED
DEC -7 2022
BY:

OSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 21-158-0178 Tax Map: 169803-((05))-D-058

Mecklenburg County Health Department

Name of OSE/PE: Jason Morgan License Number: 1940001243

Address: 601 Windsor Street - South Hill, VA 23970 Telephone: 434-917-4119

Contractors Name RBP Construction

Owner's Name: Julian Williams

Owner's Address: P.O. Box 8175 - Clarksville, VA 23927

Location of Installation: Subdivision: Merifield Acres Section: 7 D Block: _____ Lot: 58

Other: _____

Component	Inspection Results	
	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	IIIIC Well Installed - 06/10/2022	06/10/2022
Building Sewer	4" Schedule 40	06/10/2022
Septic Tank	1000 Gallon Concrete Septic Tank - N 36.5942 W - 78.49775	06/10/2022
Inlet-Outlet Structure	4" Schedule 40 T's	06/10/2022
Pump and Pump Station	N/A	
Conveyance Method	4" Schedule 40	06/10/2022
Distribution Box or Pressure Manifold	7 Port Concrete D/box - N 36.59416 W - 78.49763	06/10/2022
Header, Conveyance, Return, etc. Lines	4" SDS Pipe	06/10/2022
Percolation Lines, Drip, Chambers, etc.	7 Sections of EZflow per ditch	06/10/2022
Absorption Trenches and Dispersal Field	5 Lines - 70' Long - 78" Install Depth	06/10/2022
(Other Components: treatment unit, etc.)		

COMMONWEALTH OF VIRGINIA
JASON MORGAN
Lic. No. 1940001243
MASTER ALTERNATIVE

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary.

OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 21-158-0178

Tax Map: 169B03-((05))-D-058

Triangulate critical system components to fixed reference points.

See Attached Drawing



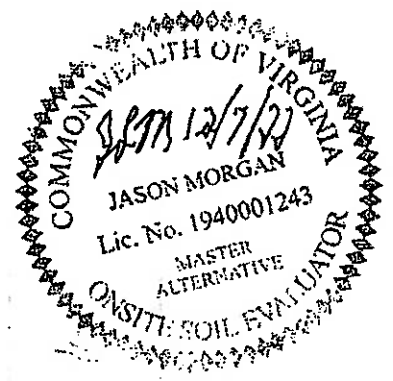
Check here if as-built drawing is on a separate page attached to this form
(Attachment must display Health Dept. Identification Number, tax map number, and must be signed and dated by AOSE/PE).

I hereby certify that on 06/10/2022 (date), I, or an employee under my direct supervision, inspected this sewage system's construction. The onsite sewage system has been installed and completed in accordance with the construction permit issued on 11/05/2021 (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), the *Regulations for Alternative Onsite Sewage Systems* (12VAC5-613 et seq), when applicable, the *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

OSE/PE Signature: Jason Morgan Date: 07/22/2022
Print Name: Jason Morgan

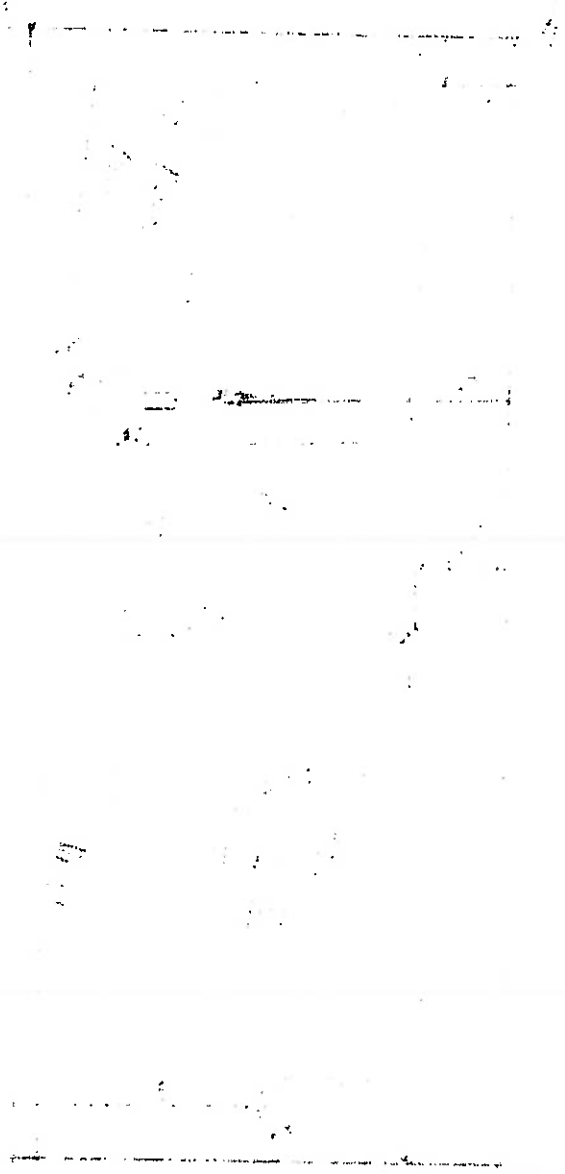
HD ID# 21-158-0178
Tax Map# 169B03-(1051)-D--058

Jason Morgan 12/7/22



see 111
at 11/1/22

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11/1/22

COMMONWEALTH OF VIRGINIA
UNIFORM WATER WELL COMPLETION REPORT

DEQ Well # _____
USGS Local # _____
VDH HDIN # 24-150-0176
VDH PWSID # _____



WW- 9595
STS- 14054

*Indicates required field or section
**Indicates required field or section, if applicable

1. Contact Information*

Contact:	Name	Address	Phone
Owner	Julian & Judy Williams	PO Box 8175 Clarksville, VA 23927	
Driller	Roger D. Bennett	7224 E Hyco Rd South Boston VA 24592	434-454-4321
System Provider	Prime # Well Drilling	Same	

2. Well Location*

Physical Address: Merfield Acres Section 7D Lot 5B County/City: Mecklenburg
 Subdivision Name: Merfield Acres Section: 7D Block: - Lot: 5B
 Tax Map/GPIN #: 169803-(05)-D-05B
 Latitude: _____ N Longitude: _____ W
 Datum Source Horizontal: WGS84 NAD83 NAD27
 Lat/Long Source (Check One): Map GPS PPDGPS Survey Imagery WAAS
 Location Information Collected By : _____
 Physical Location Description: _____

3. Facility & Use*

Type of Facility (Check One):	Type of Use (Check All That Apply):		
<input checked="" type="checkbox"/> Private	<input checked="" type="checkbox"/> Drinking/Domestic Use	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Food Processing
<input type="checkbox"/> Waterworks	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Injection
<input type="checkbox"/> Observation/Monitoring Well	<input type="checkbox"/> Geothermal (Cooling/Heating)	<input type="checkbox"/> Fire Safety	
	<input type="checkbox"/> Closed		
	<input type="checkbox"/> Open: <input type="checkbox"/> Returned to Surface		
	<input type="checkbox"/> Returned to Aquifer		

4. Well Construction*

Well designation, Name or Number: _____
 Date Started: 5-26-22 Date Completed: 5-27-22 Type Rig: Air
 Class Well (Check One): I IIA IIB IIIA IIIB IIIC IIID IIIE IV
 Construction Type (Check One): New Existing-Modified: Well Pump: Date _____
 Well Depth: 385 ft. Total Hole (borehole) Depth: _____ ft. Depth to Bedrock: 130 ft.
 Hole Size (Include reamed zones): 10 inches from 0 to 130 ft. Inches from 130 to 385 ft.
 Height of Casing above Land Surface: 0 ft. 12 inches
 Casing Size (I.D.) and Materials: (below) Total Depth of Casing: _____ ft.

<u>6 1/4</u> inches from <u>0</u> to <u>130</u> ft. <input type="checkbox"/> infilled	Material <u>pvc</u>	Weight per ft.	or wall thickness	in.
_____ inches from _____ to _____ ft. <input type="checkbox"/> infilled	Material _____	Weight per ft.	or wall thickness	in.
_____ inches from _____ to _____ ft. <input type="checkbox"/> infilled	Material _____	Weight per ft.	or wall thickness	in.

 Screen Size & Mesh:

_____ inches from _____ to _____ ft. <input type="checkbox"/> infilled	Mesh Size _____	Type _____
_____ inches from _____ to _____ ft. <input type="checkbox"/> infilled	Mesh Size _____	Type _____
_____ inches from _____ to _____ ft. <input type="checkbox"/> infilled	Mesh Size _____	Type _____

 Water Zones: from _____ to _____ ft. from _____ to _____ ft. from _____ to _____ ft.
 Gravel Pack:
 Size: _____ Type: _____ from _____ to _____ ft. Size: _____ Type: _____ from _____ to _____ ft.
 Grout Type:
 Bentonite Slurry Neat Cement
 Bentonite pellets/chips Concrete
 Neat Cement (6% bentonite)
 from _____ to _____ ft. Grouting Method:
 Poured from surface
 Poured through tremie pipe
 Pumped from bottom upward
 Type of Seal:
 pitless adapter
 sanitary seal
 Camera Survey: Yes No Date Conducted: _____
 Additional Well Construction Form Information Attached: Yes No

COMMONWEALTH OF VIRGINIA
 UNIFORM WATER WELL COMPLETION REPORT

DEQ Well # _____
 USGS Local # _____
 VDH HDIN # _____
 VDH PWSID # _____

Well designation, Name or Number*: _____

5. Disinfection

Well Disinfected: Yes No Date: 5-27-22

6. Abandonment (*When abandoning the well, Sections 1 thru 4 must be completed and/or attach original GW-2)

Date Started:	Date Completed:
Static Water Level (unpumped level measured):	ft.
Casing Size (I.D.) and Materials:	Casing Pulled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncased Well
Depth of Fill:	Type and Source of Fill:
Grout: From to Type:	From to Type:
Method of permanently marking location:	

7. Pump Test**

Static Water Level (unpumped level measured):	ft.
Date:	Method (Check One): <input type="checkbox"/> Water Tape <input type="checkbox"/> Airline <input type="checkbox"/> Transducer <input type="checkbox"/> Other
Stabilized measured pumping water level:	ft.
Date:	Method (Check One): <input type="checkbox"/> Top of Well <input type="checkbox"/> Top of Casing <input type="checkbox"/> Surface Level
Test Pump Intake Depth:	ft Stabilized Yield: gpm after hours
Natural Flow: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flow Rate gpm
Estimated Well Yield: 1 1/2 gpm	

8. Pump Data**

Type: <input type="checkbox"/> submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Shallow Jet <input type="checkbox"/> Deep Jet <input type="checkbox"/> Other: _____	Motor HP:
Production Pump Intake Depth: ft	Rated Capacity: gpm at ft TDH

9. Geologic Information

Type Logs:	Aquifer Test Performed:
Water Quality Results Attached: Yes No	

Comments:

Formation _____	Lithology _____	Province _____	Geologic Map Used _____
Elevation _____	For Office Use		

Scanned 7/18/22



Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number: _____
Health Department

Name of Company/Corporation/Individual: RBP Construction Inc
Address: PO Box 629 Buffalo Junction VA 24529 Telephone: 434-738-8044
Property Owner's Name: Judy Williams
Property Owner's Address: 262 Oak Run Clarksville Va
Site Address: Lakepoint Drive Clarksville Va,
Parcel ID # (TMP): 69B03-05-058
Location of Installation: Subdivision: Perry Field Section: _____ Block: _____ Lot: 57

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 10/05/21 and is in compliance with Part V (12VAC5-610-660 et seq.) of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

7/8/22
[Signature]
Signature and License Number #3705062849

Date

OSE Construction Permit

Well and Sewage Contractors: Please notify Health Department and OSE or PE 48 hours prior to installation to arrange for inspection

November 5, 2021

Julian & Judy Williams

P.O. Box 8175

Clarksville, VA 23927

RE: Merfield Acres, Section 7D, Lot 58 Level 1 Review

Tax Map/GPIN: 169B03-((05))-D--058

HDID: 21-158-0178 Reserve: 0 % reserve area provided

System Capacity: 450 Gallons Per Day (3 BR)

Dear Applicant :

This letter and the attached drawings, specifications, and calculations (12 pages) dated 10/05/2021, constitute your permit to install a sewage disposal system and well if applicable on the property referenced above. Your application for a permit was submitted pursuant to §32.1-163.5 of the Code of Virginia, which requires the Health Department to accept private soil evaluations and designs from an Onsite Soil Evaluator (OSE) or a Professional Engineer working in consultation with an OSE for residential development. VDH is not required to perform a field check to verify the private evaluations of OSEs or PEs and such a field check may not have been conducted for the issuance of this permit.

The soil absorption area ("site"), sewage system design, and the well location and construction if applicable were certified by Jason Morgan Private OSE as substantially complying with the Board of Health's regulations (and local ordinances if the locality has authorized the local health department to accept private evaluations for compliance with local ordinances). This permit is issued in reliance upon that certification. VDH hereby recognizes that the soil and site conditions acknowledged by this permit are suitable for the installation of an onsite sewage system. The attached plat shows the approved area for the sewage disposal system; there are additional records on file with the Mecklenburg County Health Department pertaining to this permit, including the Site and Soil Evaluation Report. This construction permit is null and void if any substantial physical change in the soil or site conditions occurs where a sewage disposal system is to be located.

If modifications or revisions are necessary between now and when you construct your dwelling, please contact the OSE/PE who performed the evaluation and design on which this permit is based. Should revisions be necessary during construction, your contractor should consult with the OSE/PE that submitted the site evaluation or site evaluation and design. The OSE/PE is authorized to make minor adjustments in the location or design of the system at the time of construction provided adequate documentation is provided to the Mecklenburg County Health Department.

The OSE/PE that submitted the certified design for this permit is required to conduct a final inspection of this sewage system when it is installed and to submit an inspection report and completion statement. As the owner, you are responsible for giving reasonable notice to the OSE/PE of the need for a final inspection. If the designer is unable to perform the required inspection, you may provide an inspection report and

HDID: 21-158-0178

completion statement executed by another OSE/PE. The Mecklenburg County Health Department is not required to inspect the installation but may perform an inspection at its sole discretion. No part of this installation shall be covered until it has been inspected by the OSE/PE as noted herein. The sewage system may not be placed into operation until you have obtained an Operation Permit from the Mecklenburg County Health Department.

This Construction Permit is null and void if conditions are changed from those shown on your application or if conditions are changed from those shown on the Site and Soil Evaluation Report and the attached construction drawings, specifications, and calculations. VDH may revoke or modify any permit if, at a later date, it finds that the site and soil conditions and/or design do not substantially comply with the Sewage Handling and Disposal Regulations, 12 VAC 5-610-20 et seq., or if the system would threaten public health or the environment.

This permit approval has been issued in accordance with applicable regulations based on the information and materials provided at the time of application. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this onsite sewage system. The owner is responsible at all times for complying with all applicable local, state, and federal laws and regulations. This construction permit is transferrable until expired or deemed null and void. A permit transfer form may be found on the VDH website at

<http://www.vdh.virginia.gov/environmental-health/gmp-2015-01-forms/> .

If you have any questions, please contact me.

This permit expires: May 5, 2023

Sincerely,



Jessica Pearce
Environmental Health Onsite Supervisor
Mecklenburg County Health Department

CC: Jason Morgan OSE

Morgan
10/5/21

Level I & II Review Form

Tax Map/GPIN #: 169B03-(05)-D--058 // PRN: 9651

HDID: 21-158-0178

Reviewer: Emily Childrey

Date: 11/5/2021

Level I Review

Date of Level I Review:	IN ¹	OUT ²	N. O. ³	N. A. ⁴	Comments
Location					
Site features affecting well & septic system location identified	X				III C well; 20', 20'
Landscape position indicated	X				Sideslope, 6%
Absorption Area	X				
House site located	X				
Other:					3 BR, no basement
Separation distance adequate	X			X	
Adequate triangulation / scale	X				
Depth					
Limiting factors (or lack of) noted			X		
Depth adequate for slope	X				
Depth adequate for limiting factors	X				
Timed-Dosing specified (if required)				X	
Capacity					
Absorption area adequately evaluated (number and location of borings / pits)	X				3 borings *gravelless only
Design flow adequate for intended use	X				450 gpd
Adequate trench area, based on flow & estimate / measured perc rate	X				5-70's @ 7.8 → 45 mgd Need: 774', Design: 1050'
Adequate footprint area (including reserve area, if required)	X				0% reserve
Treatment					
Treatment level specified					
Treatment level adequate for specified absorption area depth				X	
Treatment capacity adequate for design flow				X	

(5-1)(9)+3
= 39' x 70'
= 2730 f + 2

Level II Review

Date of Level II Review:	IN	OUT	N. O.	N. A.	Comments
Location					
Site features affecting location adequately identified					
Separation distances adequate					
Landscape position identified & adequate					
Slope adequately identified					
Depth					
Depth to limiting factors adequate (A)					
Capacity					
Estimated per rate adequate (A)					
Treatment					
Correct level of treatment indicated					

¹ In substantial agreement; ² Not in substantial agreement; ³ Not observed; ⁴ Not applicable
(A) If one boring indicates disagreement, reviewer should complete a second boring before concluding that there is overall disagreement.

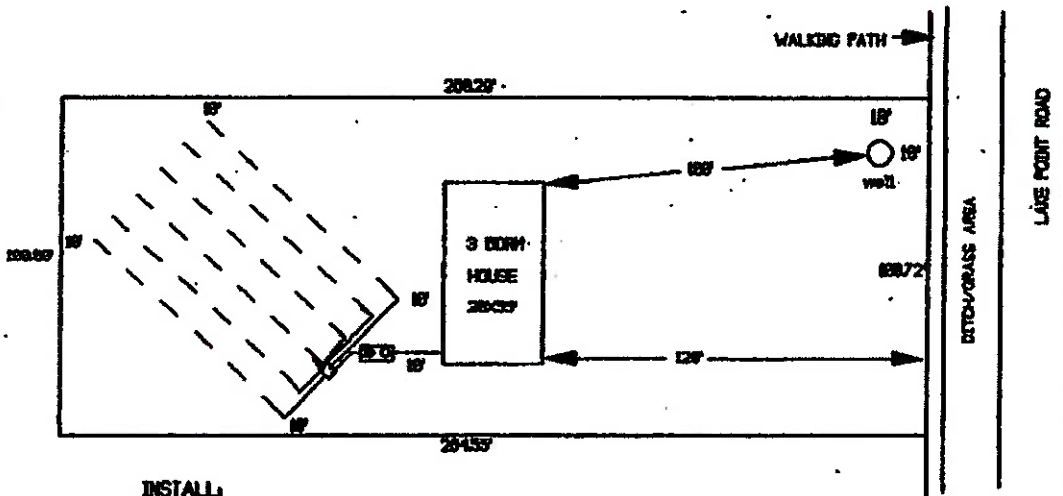
Additional comments, if any:

~~2D/57~~
~~11/11/21~~
7D/57

Schematic drawing of sewage disposal and/or water supply system 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 wells within 200 feet. The schematic drawing of the well site or area and/or 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 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.



INSTALL:
 1-CLASS IIC WELL
 1-1000 GAL SEPTIC TANK
 1-6 PORT 12" BOX
 6-3" X 75" DRADLINES
 ON 8' CENTERS
 AT 84" DEPTH

CONTRACTOR TO COMPLY WITH OSHA RECS
 FOR DEEP TRENCH INSTALLATIONS
 INSTALL TRENCHES ON CONTOUR WITH SLOPE

This sewage disposal system and/or water supply is to be constructed as specified by the permit α 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 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: 3-14-97 Issued by: Henry L Bailey
 Sanitarian
 Date: 3/17/97 Reviewed by: [Signature]
 Supervisory Sanitarian

This Construction
 Permit Valid until
9-14-98

If FHA or VA financing

* 200' boundary survey → 1108 Lake Point Dr.

Reviewed by Date _____ Date _____