

MATTHEWS SANITATION SERVICES, LLC

1226 HUDSON RD

VIRGINIA, VA 24598

(434) 572-6098 / (434) 575-1535

[matthews.sanitation03@gmail.com](mailto:matthews.sanitation03@gmail.com)

ON-SITE WASTEWATER INSPECTION

PROPERTY ADDRESS: 7620 Trotteridge Rd. Skipwith, VA

CLIENT NAME: Dianne Johnson

DATE OF INSPECTION: 03/26/2026

SIZE OF TANK: 1,000 gallon

NUMBER OF BEDROOMS BEING SOLD AS: 3      NUMBER OF BEDROOMS PER VDH: 3

LOCATION OF SEPTIC TANK AND SEPTIC DETAILS: The septic tank is located in the rear left portion of the property, near the fenced gravel area, to the right of the access door for that area.

FROM THE HOUSE OR STRUCTURE OR STRUCTURE: 10 Ft. from the deck.

FROM PROPERTY LINE IF SAID PROPERTY LINES ARE KNOWN OR IF MARKED: Unknown

ACCESS RISER(S) \_\_\_ YES  NO

TANK LIDS INTACT YES  NO \_\_\_

TANK HAS BAFFLE WALL  YES \_\_\_ NO / CONDITION OF BAFFLE WALL: Good

INFLOW TO TANK IS NOTED AS: SUFFICIENT  INSUFFICIENT \_\_\_ BLOCKED \_\_\_ NO ACCESS \_\_\_

THE WATER LEVEL IN TANK IS RELATIVE TO TANK OUTLET: The septic tank was at working level.

OUTLET TEE IS PRESENT  YES \_\_\_ NO / CONDITION OF OUTLET TEE: Good (PVC)

OUTLET HAS FILTER \_\_\_ YES  NO / CONDITION OF FILTER:

EFFLUENT LEAVES THE OUTLET  YES \_\_\_ NO

ROOTS PRESENT IN TANK  YES \_\_\_ NO (see next page)

EVIDENCE OF TANK LEAKAGE: No

EVIDENCE OF NON-PERMITTED CONNECTIONS, SUCH AS DOWNSPOUTS OR SUMP PUMPS: No

DOES SYSTEM HAVE PUMP TANK? No

LOCATION OF CONTROL PANEL/ALARM: NA

ELECTRICAL CONNECTIONS ARE IN PLACE AND PROPERLY GROUNDED: NA

AUDIBLE AND VISIBLE ALARMS (AS APPLICABLE) WORK: NA

PUMP TURNS ON AND EFFLUENT IS DELIVERED TO THE NEXT COMPONENT: NA

DISTRIBUTION BOX TYPE: \_\_\_ CONCRETE /  PLASTIC

DISTRIBUTION BOX:  GOOD / \_\_\_ FAIR / \_\_\_ POOR / \_\_\_ REPAIR

DISTRIBUTION BOX SIZE: HOLES: 9-hole

DISTANCE OF DISTRIBUTION BOX FROM SEPTIC TANK: 16 Ft.

NUMBER OF DRAIN FIELD LINES: 4

DISPERSAL FIELD: TYPE OF SYSTEM:  CONVENTIONAL / \_\_\_ ALTERNATIVE

CONDITIONS PRESENT THAT PREVENTED OR HINDERED THE INSPECTION:

ADVERSE CONDITIONS PRESENT THAT REQUIRES REPAIR OR SUBSEQUENT OBSERVATION OR WARRANTS FURTHER EVALUATION BY THE LOCAL HEALTH DEPARTMENT:

OTHER PERTINENT FACTS NOTED DURING INSPECTION: A small amount of root material was observed floating on the surface. The root mat was broken up during the inspection and settled to the bottom. As a precaution, a root control product such as Copper Sulfate should be used periodically to help prevent future root growth. At the time of inspection, no cracks or signs of leakage were observed in the tank, and no issues related to the roots were found.

DATE TANK WAS LAST PUMPED: Unknown

NO REPRESENTATION, WARRANTIES OR OPINIONS ARE HEREBY GIVEN, WRITTEN OR EXPRESSED OTHERWISE, AS TO THE FUTURE PERFORMANCE OF THE ONSITE WASTEWATER SYSTEM DESCRIBED HEREIN. THIS ONSITE WASTEWATER SYSTEM INSPECTION IS A PRESENTATION OF SYSTEM FACTS IN PLACE ON DATE OF INSPECTION.

Matthews Sanitation Services, LLC

DATE: 3-26-24

VA CERTIFICATION -#1942001226 - #1944001056



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133K



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105K



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105K



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Mecklenburg County Health Department  
P.O. Box 560  
Boydton, Virginia 23917  
(434) 738-9557 Voice  
(434) 738-6295 Fax

**Sewage Disposal System Operation Permit**

**Property Owner**

Loren & Dianne Johnson  
13970 W. Hensley Road  
Midlothian, Virginia 23112  
Phone: (804) 639-1344

Health Dept. ID: 10-158-102  
Tax Map: 048000-((01))-005

Locality: Mecklenburg Co.

**Property Location**

Property Address: 7620 Trottnridge Rd.  
Skipwith, Virginia 23968

Lot 5

Directions: 49E, L on 609, .7 mi. past 605 on R

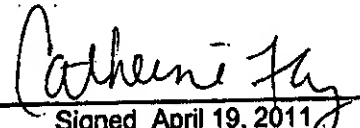
=====

James Jr., Leroy P. c/o Loren & Dianne Johnson is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location, having a design capacity of 450 gallons per day, or 3 bedrooms maximum.

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

April 5, 2011  
Effective Date

Catherine Flynn  
EHS

  
Signed April 19, 2011

## Fax Transmission

To: Virginia Department of Health

ATTN: Ms. Catherine Flynn

Date: April 8, 2011

Ref: Correction of permit 10-158-102

Dear Ms. Flynn,

Pursuant to our conversation this morning, please find attached a copy of our deed to the property we discussed.

As I mentioned Mr. Leroy P. James has no claim of ownership to the property for which our recently issued permit to operate a sewage disposal system was issued. In fact Mr. Leroy James is deceased.

We purchased the property from His Son David who resides in California. I would like to request that you re-issue our permit with the following changes;

- 1: The sole owners of the property be listed as Loren & Dianne Johnson
- 2: The property description is changed to its correct 911 address which is 7620 Trottenridge Road, Skipwith VA 23968.

Regards

Loren & Dianne Johnson

13970 W. Hensley Road

Midlothian VA-23112



Mecklenburg County Health Department  
P.O. Box 560  
Boydton, Virginia 23917  
(434) 738-9557 Voice  
(434) 738-6295 Fax

**Record of Inspection - Nonpublic Well Class IIIB**

**Property Owner**

James Jr., Leroy P. c/o Loren & Dianne Johnson  
13970 W. Hensley Road  
Midlothian, Virginia 23112  
Phone: (804) 639-1344

Health Dept. ID: 10-158-102

Tax Map: 048000-((01))-005

Locality: Mecklenburg Co.

**Property Location**

Property Address: Lot 5  
Lot 5  
Directions: 49E, L on 609, .7 mi. past 605 on R

**Well Driller:** Rankin Williamson

**Nonpublic well class:** Class IIIB

**Date construction started:** December 22, 2010

Has water well completion report been filed as required by Sec. 12 VAC 5-630-440.   

**Well Location / Distances from sources of pollution:**

(See Table 3.1 and 12 VAC 5-630-380 of the Private Well Regulations)

Building Sewer 100 feet; Pretreatment Unit 100 feet; Conveyance System 100 feet; Subsurface Soil Absorption System 100 feet (nearest point); Property Line 50 feet; Other:   .

**Construction, General:** (See 12 VAC 5-630-400 and 410 of the Private Well Regulations)

Total depth of well 240 feet; Type of casing PVC Plastic ; Depth of casing 80 feet; Diameter of casing 6.25 inches. Casing extends 12 inches above ground. Annular space was sealed with neat cement to a depth of 20 feet, and was Poured from Surface. Screens (if used) are constructed of   . Well head and opening to the interior protected: Yes. Type of well seal: Well cap. Pitless adapter used: No. If so, was it properly installed:   ; and properly vented:   .

**Quantity:** Yield and drawdown determined by continuous pumping of   hours.

Yield: 12 GPM ; Drawdown:   feet ; Static Water Level:   feet ; Type of storage:   .

**Quality:** Sample tap provided at entry into system:   . Sample(s) collected: Yes. Result of samples:   

Satisfactory. Date of Sample: March 28, 2011

**Satisfactory Construction:** Yes on

**Well Approved for Use:** Yes on April 5, 2011

Signed April 5, 2011

Catherine Flynn, Environmental Health Specialist

**Sewage System Construction Inspection Report**

**Property Owner**

James Jr., Leroy P. c/o Loren & Dianne Johnson  
13970 W. Hensley Road  
Midlothian, Virginia 23112  
Phone: (804) 639-1344

Health Dept. ID: **10-158-102**

Tax Map: **048000-((01))-005**

Locality: Mecklenburg Co.

**Property Location**

Property Address: Lot 5  
, Lot 5  
Directions: 49E, L on 609, .7 mi. past 605 on R

**Sewer Line**

Diameter: 4", Material: Sch 40 Plastic, Grade: 1 1/4" minimum  
Inspected on March 10, 2011 by Johansen, Robert Todd  
Satisfactory: **Yes**

**Septic Tank(s)**

Tank Identifier	Tank Size (gallons)	Tank Material
1	1000	Concrete (pre-cast)

Total # Tanks: 1      1000 Gallons Total Septic Tank Volume  
Inspected on March 10, 2011 by Johansen, Robert Todd  
Satisfactory: **Yes**

**Treatment Device**

Make and Model:  
Capacity:  
Inspected on March 10, 2011 by Johansen, Robert Todd  
Satisfactory:

**Effluent Conveyance System**

Method: Gravity  
Make and Model:  
Dosing Volume:      Drawdown:  
1/4 Day Storage: Yes      Storage Volume:      High Water Alarm: Yes  
Chamber Total Size:  
Inspected on March 10, 2011 by Johansen, Robert Todd  
Satisfactory:

**Conveyance Line**

Diameter: 4" Material: Sch 40 Plastic  
Grade: 6"/100' minimum  
Inspected on March 10, 2011 by Johansen, Robert Todd  
Satisfactory: **Yes**

**Distribution System**

Method: Gravity Distribution Box  
Material: Polyethylene Box  
Inspected on March 10, 2011 by Johansen, Robert Todd  
Satisfactory: Yes

**Header Lines**

Diameter: 4", Material: Smooth-bore plastic  
Inspected on March 10, 2011 by Johansen, Robert Todd  
Satisfactory: Yes

**Dispersal Area**

Dispersal Method: Gravel-less System  
Make and Model: Infiltrator Systems, Inc., Quick 4  
Number of Trenches: 4, Trench Length: 74', Trench Width: 3'  
Number of Units Installed per Trench: 17  
Trench Bottom Depth: 82", Center to Center Spacing: 9'  
Was the installed system a reduction from the original permitted design? Yes  
Inspected on March 10, 2011 by Johansen, Robert Todd  
Satisfactory: Yes

**Constructed by:** Buck & Rogers

**Documentation Received:**

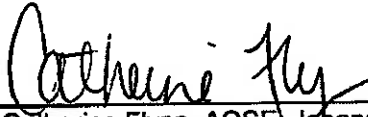
Completion Statement Received By: Cathy Chase on March 31, 2011  
AOSE Record of Inspection Received By: Cathy Chase on March 11, 2011  
AOSE Completion Statement Received By: Cathy Chase on March 11, 2011  
As-Built Sketch Received By: Cathy Chase on March 31, 2011

Notice of Substitution Received By: Cathy Chase on March 31, 2011

**Overall Result**

Satisfactory Construction: Yes  
Approved for Operation Permit: Yes on April 5, 2011

I hereby certify that this system was installed substantially in accordance with the Sewage Handling and Disposal Regulations, relevant VDH policies, and manufacturer recommendations. All deviations from these standards of practice were determined to be minor variations, are noted above, and in my opinion will not materially affect the safe and sanitary operation of the system.

  
\_\_\_\_\_  
Catherine Flynn, AOSE: Johansen, Robert Todd  
Environmental Health Specialist

April 5, 2011

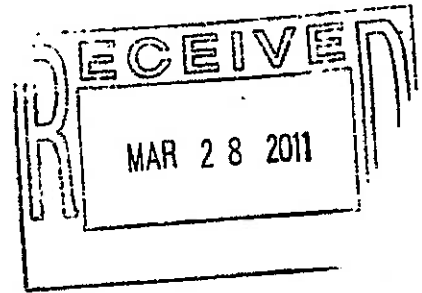
# AMERICAN WATER TESTING CO.

## Certificate of Analysis A VIRGINIA CERTIFIED LABORATORY

March 25, 2011

Virginia Homes  
PO Box 240  
Blairs, VA 24527

Sample Code: 110346  
Date Collected: March 24, 2011  
Collected By: Scott Mitchell  
Date Submitted: March 24, 2011  
Submitted By: Scott Mitchell  
Sample Type: DW  
Project Notes: 7620 Trotter RD Skipwith VA



Parameter	Results	Method	Notes - Analyst
Total Coliform Bacteria	Absent	Colitag	3/25/11 gac
E. Coli Bacteria	Absent	Colitag	3/25/11 gac

Remarks: Meets EPA standards for drinking water.

By:   
Laboratory Director / Technician

122 S. UNION STREET DANVILLE, VIRGINIA 24541 434-793-7969

# BUCK & ROGERS PLUMBERS

## Commonwealth of Virginia Uniform Water Well Completion Report

*Dianne & Loren*

Owner DAN JOHNSON  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Location \_\_\_\_\_

Tax Map ID \_\_\_\_\_  
VDH Permit \_\_\_\_\_  
WVCB Permit \_\_\_\_\_  
WVCB ID \_\_\_\_\_  
County \_\_\_\_\_

### \* Well Data \*

General Information  
Drilling Method ROTARY  
Depth to Bedrock 78  
Static Water Level \_\_\_\_\_  
Well Disinfected (Y or N) \_\_\_\_\_

Date Completed 12-22-10  
Yield 12 (GPM)  
Stabilized Water Level \_\_\_\_\_  
Disinfectant Used \_\_\_\_\_

Total Depth of Well 240  
Length of Test \_\_\_\_\_  
Natural Flow (Rate) \_\_\_\_\_  
Amount Used \_\_\_\_\_

Casing  
From 0 to 80  
Size 6 1/4 Material PVC  
Weight/Schedule 250

From \_\_\_\_\_ to \_\_\_\_\_  
Size \_\_\_\_\_ Material \_\_\_\_\_  
Weight/Schedule \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Size \_\_\_\_\_ Material \_\_\_\_\_  
Weight/Schedule \_\_\_\_\_

Gravel Pack  
From \_\_\_\_\_ to \_\_\_\_\_

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

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

Grout  
From 0 to 20  
Bore Hole Size 12  
Type CEMENT  
Method POUR

From \_\_\_\_\_ to \_\_\_\_\_  
Bore Hole Size \_\_\_\_\_  
Type \_\_\_\_\_  
Method \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Bore Hole Size \_\_\_\_\_  
Type \_\_\_\_\_  
Method \_\_\_\_\_

### Water Zones or Screened Intervals

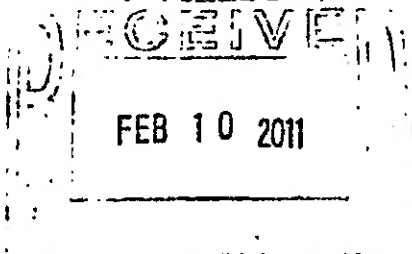
From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_

### \* Use Data \*

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



Drillers Log.  
(Use additional sheets if necessary)

Depth

Description of Formation or Sediment

Remarks

Depth	Description of Formation or Sediment	Remarks
0-78 78-240	RED TO BROWN CLAY 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 RANKIN WILLIAMSON, INC.  
 Address P.O. BOX 647  
BUFFALO JUNCTION, VA. 24529  
 Phone \_\_\_\_\_  
 Drillers Signature RA Williams Date 12-22-10.  
 Representing \_\_\_\_\_  
 Virginia Contractors License Number 2705015251



**COMMONWEALTH OF VIRGINIA  
VIRGINIA DEPARTMENT OF HEALTH**

Mecklenburg County Health Department

P.O. Box 560

Boydton, Virginia 23917

(434) 738-9557

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*AOSE Construction Permit Approval Letter – Level 1 Review*

May 10, 2010

James Jr., Leroy P. c/o Loren & Dianne Johnson  
13970 W. Hensley Road  
Midlothian, Virginia 23112

Subject: Sewage Disposal System Construction Permit  
10-158-102

Property Directions: 58 W towards Clarksville, R on 15 N, R on 49, L on 609, 0.7 miles past 605 on R

Dear James Jr., Leroy P. c/o Loren & Dianne Johnson:

This letter, in conjunction with the approved plans (8 pages) dated April 22, 2010, which are attached, 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 Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer working in consultation with an AOSE 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: (Johansen, Robert Todd, 325, ). This letter is issued in reliance upon that certification.

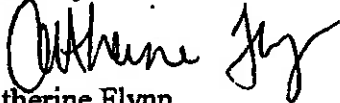
The Board of Health hereby recognizes that the soil and site conditions acknowledged by this correspondence, and documented by additional records on file at the local health department, are suitable for the installation of onsite sewage disposal systems. The attached plat (or plats) shows the approved 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 between now and when you construct your dwelling, please contact the Authorized Onsite Soil Evaluator (AOSE) or Professional Engineer (PE) who performed the evaluation and design on which this permit is based. The name, address, and phone number of the AOSE/PE appears on the certification form attached to this permit. Should revisions be necessary during construction, your contractor should consult with the AOSE/PE that submitted the site evaluation or site evaluation and design. The AOSE 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 Mecklenburg County Health Department .

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 by the AOSE/PE. Any part of any installation which has been covered prior to approval shall be uncovered if necessary, upon the direction of the AOSE/PE.

This authorization to construct a sewage disposal system expires: November 10, 2011.

Sincerely,



Catherine Flynn  
Mecklenburg County Health Department

cc: Johansen, Robert Todd  
Rt. 3 Box 134A  
Cumberland, Virginia 23040

Attachment:

048000-(01)--005  
 Tax Map/GPIN #:

HDID#: 10-158-102

Date: 5-10-10

Reviewer: C. Flynn

**Level I Review**

Item	IN <sup>1</sup>	OUT <sup>2</sup>	N.O. <sup>3</sup>	N.A. <sup>0</sup>	Comments
<b>Location</b>					
Site features affecting well & septic system location identified	✓				
Landscape position indicated	✓				
Absorption area	✓				
House site located	✓				
Other:					
Separation distances adequate	✓				
Adequate triangulation/scale	✓				
<b>Depth</b>					
Limiting factors (or lack of) noted	✓				
Depth adequate for slope	✓				
Depth adequate for limiting factors	✓				
Timed-Dosing specified (if required)				✓	
<b>Capacity</b>					
Absorption area adequately evaluated (number and location of borings/pits)	✓				
Design flow adequate for intended use	✓				
Adequate trench area, based on flow & estimate/measured perc rate	✓				
Adequate footprint area (including reserve area, if required)	✓				
<b>Treatment</b>					
Treatment level specified	✓				
Treatment level adequate for specified absorption area depth	✓				
Treatment capacity adequate for design flow	✓				

**Level II Review**

Item	IN <sup>1</sup>	OUT <sup>2</sup>	N.O. <sup>3</sup>	N.A. <sup>0</sup>	Comments
<b>Location</b>					
Site features affecting location adequately identified					
Separation distances adequate					
Landscape position identified & adequate					
Slope adequately identified					
<b>Depth</b>					
Depth to limiting factors adequate (A)					
<b>Capacity</b>					
Estimated perc rate adequate (A)					
<b>Treatment</b>					

1. In substantial agreement 2. Not in substantial agreement 3. Not observed 0. Not applicable  
 (A) If one boring indicates disagreement, reviewer should complete a second boring before concluding that there is overall disagreement.

Use back of this page for additional comments, if any.

**R.T.J. Consulting, LLC**

**AOSE/PE Report for**

**Loren Johnson**

Location of property:	Lot <u>5</u> Section _____, Subdivision _____, <u>Mecklenberg County</u> GPIN or Tax Map # <u>27304</u> Latitude/Longitude _____
-----------------------	--


Applicant or Client address: <u>Loren Johnson</u> <u>13970 W. Hensley Rd.</u> <u>Midlothian, Va 23112</u>	Prepared by AOSE/PE (name and address): <u>Robert Johansen R.T.J.Consulting Services, LLC</u> <u>810 High Rock Rd.</u> <u>Cumberland, Va. 23040</u>
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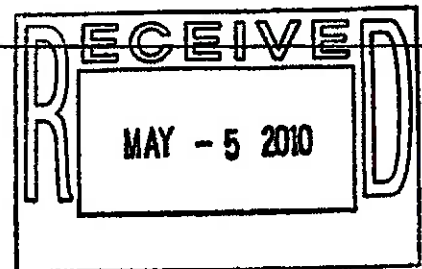
Date of Report: <u>4/22/10</u> Revision Date: _____, _____	AOSE/PE Job Number: _____ (optional) Health Dept. ID. No.: _____
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**Contents/Index of this report:**

<u>ss1, ss2, adf,dc,site sketch, etc.</u> _____	_____
_____	_____
_____	_____

**Certification Statement(s):**

<p>I hereby certify that the evaluations and/or designs contained Herein were conducted in accordance with the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-615), and other applicable policies of the Virginia Department of Health. Furthermore, I certify that my evaluation and/or design contained herein complies with all applicable laws, regulations, and policies implemented by the Virginia Department of Health.</p> <p>I recommend a <u>permit</u>, be <u>approved</u>,</p>	 <p>1940-325</p>
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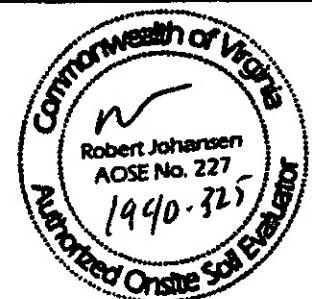


# System Specifications

Property ID: Johnson

<b>Applicant Information</b>	
Name <u>Loren Johnson</u> Address <u>13970 W. Hensley Rd. Midlothian, Va 23112</u>	Phone <u>804-639-1344-</u>
<b>Location Information</b>	
Tax Map No. <u>27304</u> GPIN No. _____ Directions <u>49 E. left on 609 0.7 miles past 605 on right</u>	Property Address _____ Subdivision _____ Section _____ Block _____ Lot <u>5</u>
<b>General Information</b>	
System Type <u>st,df</u> (e.g. septic tank, drainfield) Type of Property <u>res</u> (e.g. commercial, residential, etc.) Conditions _____	Number of bedrooms <u>3</u> Daily flow <u>450</u> (gpd)
<b>Sewer Line</b>	<b>Septic Tank – Inlet/Outlet Structure</b>
Schedule 40 PVC, 4" <u>x</u> or equivalent (add check or describe equivalent below) _____	Capacity: <u>1000</u> gallons 2 <sup>nd</sup> septic tank _____ gallons Per the 2000 Sewage Handling & Disposal Regulations, Check which option chosen: Septic tank with inspection port <input checked="" type="checkbox"/> Septic tank with effluent filter <input type="checkbox"/> Reduced maintenance septic tank <input type="checkbox"/>
<b>Conveyance line/force main Information</b>	<b>Distribution box Information</b>
Method <u>gravity</u> (e.g. gravity, pumping, dosing siphon) If pumping, attach Pump Spec Sheet Material <u>sch. 40</u> Pipe diameter <u>4"</u> Slope of pipe <u>6</u> per 100' (in inches)	No. of boxes <u>1</u> No. of outlets <u>9</u> Surge or splitter box required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Header line Information</b>	<b>Percolation line Information/Absorption Area</b>
1500 pound crush strength Yes <input checked="" type="checkbox"/> Minimum slope is 2"/100 ft. Yes <input checked="" type="checkbox"/>	Center to center spacing <u>9</u> ft. Required spacing <u>9</u> ft. Installation depth <u>82</u> inches Aggregate depth <u>13</u> inches No. of Laterals <u>6</u> Lateral length <u>76</u> ft. Lateral bottom slope <u>2</u> inches Lateral width <u>36</u> inches

AOSE 227 Date \_\_\_\_\_





Date of Evaluation 4-22-10

Profile Description

Property ID: lot 5

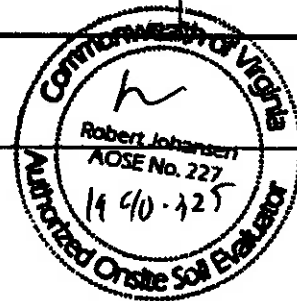
**Soil Evaluation Report**

Where the local health department conducts the soil evaluation, the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features, i.e., sewage disposal system, wells, etc., within 100 feet of site (see section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached on this form.

See application sketch page     See construction permit    see sketch on reverse side or attached to this form

Hole #	Horizon	Depth (inches)	Descriptions of color, textures, etc.	Texture Group
1	A	0-6	10 YR 5/3 loam	2
	B	6-60	5 YR 4/6 clay	4
	C	60-100	5 YR 4/6 fine loam with 10 YR 8/3 loam pockets of saprolite	2
2	A	0-6	10 YR 5/3 loam	2
	B	6-70	5 YR 4/6 clay	4
	C	70-100	2.5 YR 4/6 , 10 YR 8/3 saprolite, silt loam	3
3	A	0-6	10 YR 5/3 loam	2
	B	6-70	5 YR 4/6 clay	4
	C	70-100	2.5 YR 4/6 silt loam	3

Remarks:



50f5

# Abbreviated Design Form

This form is for use with gravity, pump to gravity, enhanced flow, and low pressure distribution (LPD) sewage system designs and when applying for a certification letter or subdivision approval.

This abbreviated design covers the  primary and reserve area,  only the primary area,  only the reserve area (check one) for \_\_\_\_\_ property ID).

## Design Basis

Total length of available area: 125 ft.

Total width of available area: 60 ft.

Estimated Perc. Rate: 60 at 82 in. (depth) Number of bedrooms (or GPD): 3

Conveyance Method <sup>1</sup>: Gravity

Distribution method <sup>2</sup> (specify): \_\_\_\_\_

Dispersal system basis <sup>3</sup> Table 5.4 of SHDR

LGMI required? No (Yes/No)

Effluent quality required: Primary (Primary, Secondary, Advanced Secondary)

Square feet per bedroom: 452

Total trench bottom area required: 1356

<sup>1</sup> Gravity, pump, siphon

<sup>2</sup> Enhanced flow, LPD, or Drip Dispersal

<sup>3</sup> Table 5.4 of SHDR or identify the GMP used

## Area Calculations

Number of trenches 6 (Note if a pad is used)

Length of pad or trenches: 76 ft.

Width of pad or trenches: 3 ft.

Center to center spacing: 9 ft.

Reserve required? yes

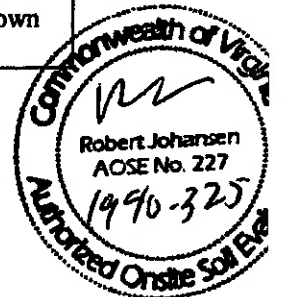
Percent reserve area required: 50 %

Total width of absorption area required 48

Total trench bottom area provided: 1380

The required width is calculated by multiplying the center-to-center spacing by one less than the number of trenches and adding 1 trench width plus any required reserve area. If the topography is not uniform across the length of the site the trenches will need to flare apart on one end to maintain contour. When this occurs it is necessary to use a center-to-center spacing that accounts for the flair or the installer will not be able to fit the system within the approved area. It is perfectly acceptable to have more area available, especially up and down the slope, than is required.

Page 6 of 8

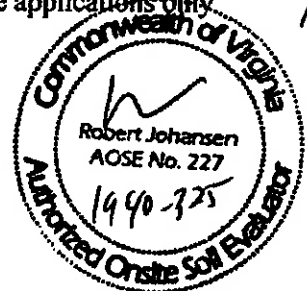


# Design Calculations

Property ID: \_\_\_\_\_

<b>Flow</b>	
Type of use: <u>res.</u> No. of bedrooms: <u>3</u> No. of employees: _____ Square Footage of building space: _____ Daily flow (peak design) in GPD: <u>450</u>	Show Calculations Here*
<b>Treatment</b>	
No. of septic tanks: <u>1</u> Size of septic tank(s): <u>1000</u> Pretreatment required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify type of treatment device: _____	Show Calculations Here*
<b>Absorption area design</b>	
Soil Texture Group: <u>3</u> Reserve area required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> other (check one) Specify other _____	If pump system, enhanced flow, or LPD show calculations here or on a separate sheet. (dosing volume, head, pump design, etc.)
<b>Water Supply</b>	
Class of well: <u>3c</u> Distance between septic tank(s) and well: <u>50</u> Distance between absorption area and well: <u>100</u>	Describe (bored, drilled): <u>drilled</u>

\*Information and calculations required for commercial and/or conditional use applications only



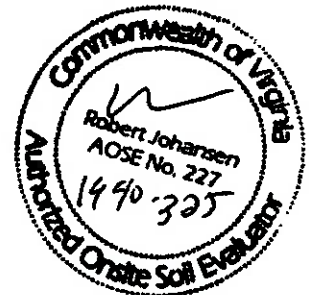
7068

**Addendum to AOSE/PE Certification Statement  
For Private Well Construction Permit**

**Instructions: Please check one box in 1-3 below. Statement templates for item #2 and #3 are on the following pages.**

The proposed well site shown herein,

1. Is located a minimum of 50 feet from all property lines.
2. Is located within 50 feet of the adjacent property line(s) but I have determined that the adjacent property is not used for an agricultural operation.
- i. Written affirmation from the adjacent property owner(s) that their property is not used for an agricultural operation.
- ii. Other confirmation that land use is not an agricultural operation, please describe:
3. Is located within 50 feet of an adjacent property line where the property is used for an agricultural operation. For confirmation, I have attached the appropriate documentation pursuant to § 32.1-176.52 of the *Code of Virginia*. (check one below)
- i. Written permission from the adjacent property owner(s) for the well construction.
- ii. I certify that no other site on the property complies with the Board's Regulations for the construction of a private well.



Johansen

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number

Health Department

Name of Company/Corporation/Individual: Beck + Rogers Plumbing Mecklenburg

Address: P.O. Box 163 Skipwith Va Telephone: (434) 372-3836

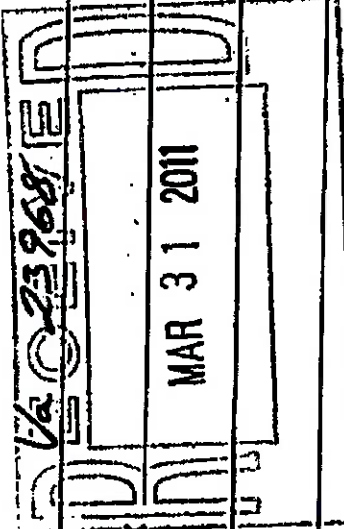
Owner's Name: Calvin W Owen

Owner's Address: P.O. Box 163 Skipwith Va

Location of Installation: Lot \_\_\_\_\_ Block \_\_\_\_\_

Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Other: Loren + Dianne Johnson



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

Paul A. Owen

3/30/11

Date

Signature and Title

# AOSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia  
State Department of Health

*Levy James*

Health Department Identification Number: 10-158702

Tax Map: \_\_\_\_\_

Name of OSE/PE: Robert Johansen

Mecklenburg Health Department

License Number: 1940 PE325

Address: 810 High Rock Rd. Wakefield

Telephone: 597-3241

Contractors Name: Bochard Pugs Plumbing

Owner's Name: Loren Johnson

Owner's Address: \_\_\_\_\_

MAR 11 2011

Location of Installation: Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_

Block: \_\_\_\_\_

Lot: 5

Other: \_\_\_\_\_

### Inspection Results

Component	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction		
Building Sewer	Sch 40	3-10-11
Septic Tank	Concrete	
Inlet-Outlet Structure		
Pump and Pump Station	N/A	
Conveyance Method	Gravity	
Distribution Box or Pressure Manifold	Plastic	
Header, Conveyance, Return, etc. Lines		
Percolation Lines, Drip Chambers, etc.		
Absorption Trenches and Dispersal Field	Panels Duik 4	
(Other Components: treatment unit, etc.)	with reduction	
	4-76's - 82" deep	

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

Loren + Daine Johnson



### Infiltrator Chamber As-Built Plan

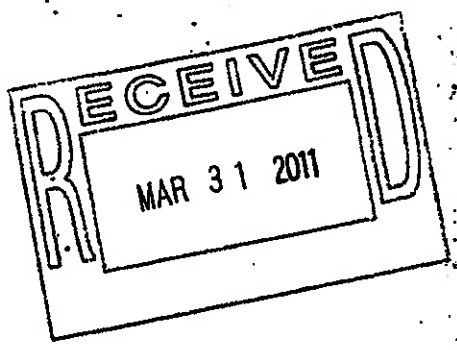
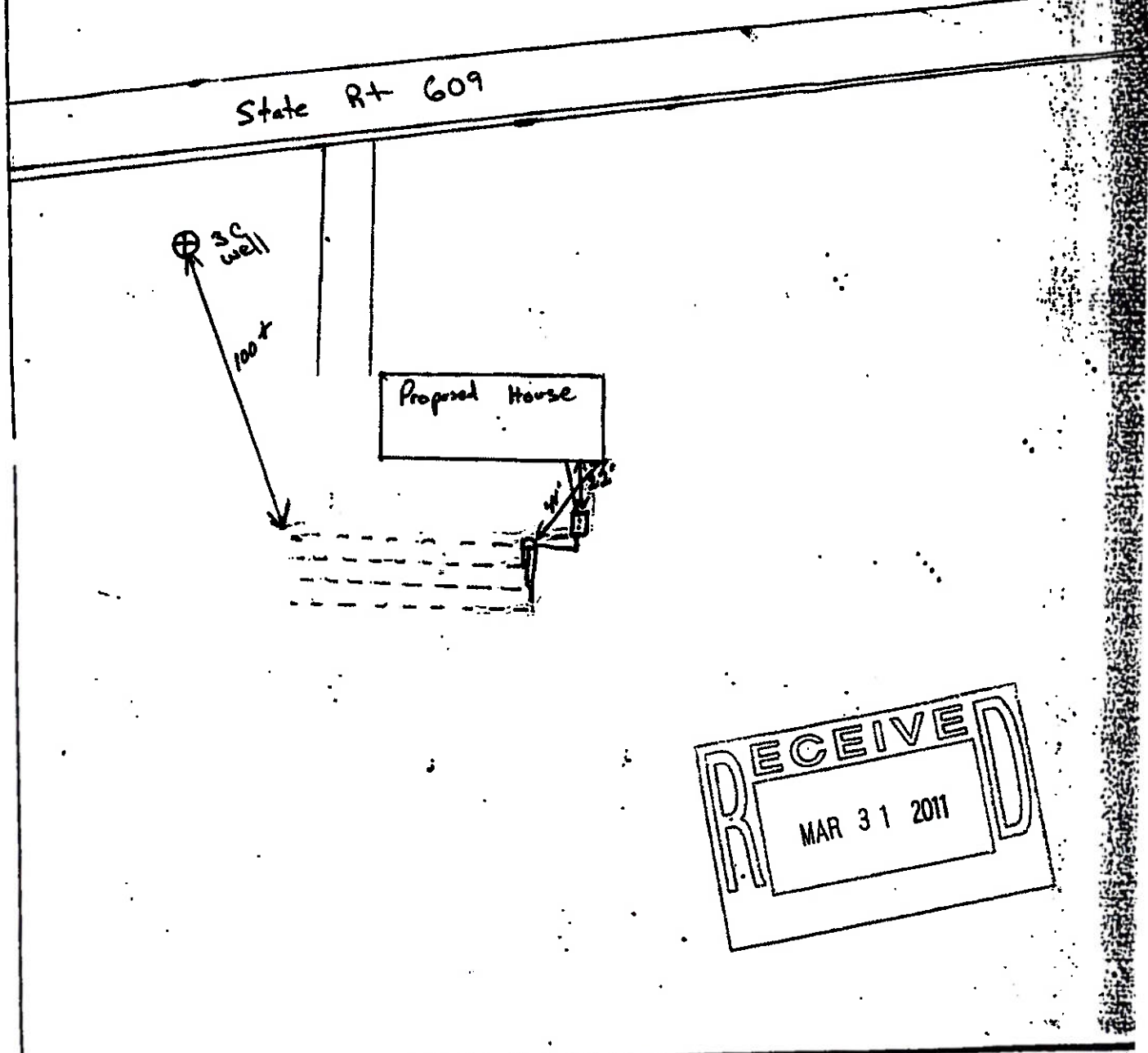
The information required has been drawn on the attached copy of the sketch submitted with the application.



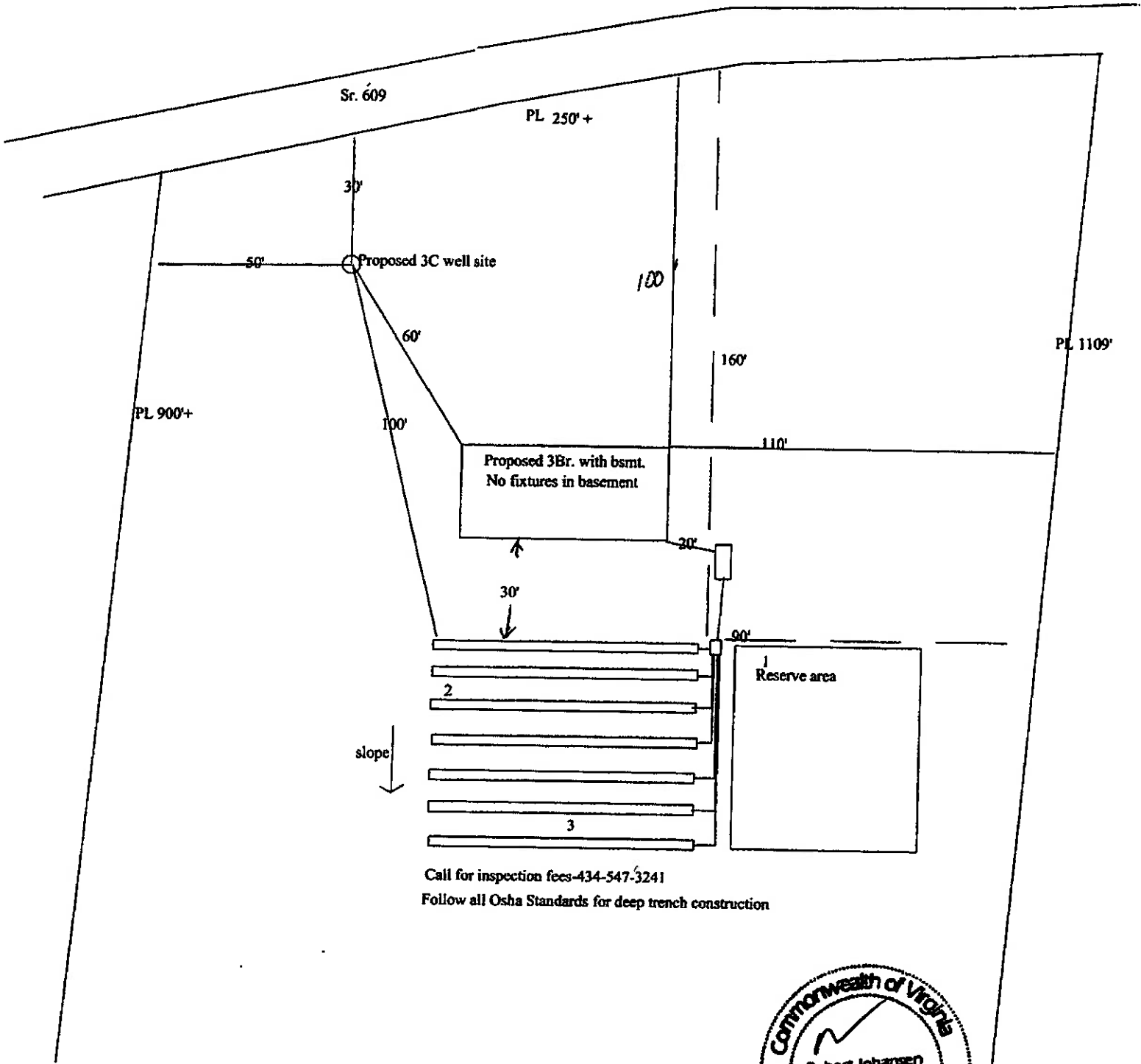
Health Department  
Identification Number \_\_\_\_\_

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, and existing and proposed structures including sewage disposal systems and wells within 200 feet of sewage disposal system and reserve area. The scale of the drawing of the sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a separate drinking water supply is to be located on the same lot show all sources of pollution within 200 feet.

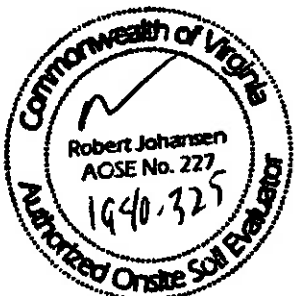
Schematic Drawing of sewage disposal system and topographic features



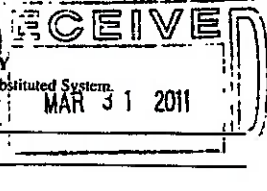
Chamber Design Layout Information				System Notes:	
ISI Chamber Type	Rating per Chamber	Length (ft)	Spacing (on center)	Type of Chamber:	
Standard Sidewinder	29.8 ft <sup>2</sup>	6.25	8.5 ft	Quick 4	
High Cap. Sidewinder	34.8 ft <sup>2</sup>	6.25	8.5 ft	Total Number of Chambers:	68
Equalizer 36	31.6 ft <sup>2</sup>	8.33	5.5 ft	Trench Length:	75'
	17.6 ft <sup>2</sup>	8.33	3.8 ft	Number of Trenches:	2



Call for inspection fees-434-547-3241  
 Follow all Osha Standards for deep trench construction



30 FS



VIRGINIA WARRANTY, NOTICE OF SUBSTITUTION AND WAIVER OF LIABILITY
To be used when VDH has issued a permit for a gravel-type drainfield system and the Owner elects to install a Substituted System.

County/City of: Mecklenburg Sewage Disposal System Construction Permit ID #
Tax Map # or property description:
Owner: Loren + Pinnac Johnson Date: 3-30-11

LIMITED FIVE YEAR WARRANTY

(a) Infiltrator Systems Inc. (the "Company") warrants that the Infiltrator chambers, end plates and turn units manufactured by the Company (collectively, the "Units"), when installed and operated in accordance with the manufacturer's instructions and the current Virginia Department of Health GMP 116, Use of Gravelless Systems at Manufacturer's Specifications, and pursuant to all necessary building permits, are warranted for a period of five (5) years from the date of installation (i) to be free from defective materials and workmanship; and (ii) to perform in accordance with the state performance requirements in effect on the date of installation. This warranty extends only to the property owner. For purposes of this warranty, the Infiltrator Units must be installed in accordance with all site conditions specified in the Local Health Department Construction Permit and sized according to the Company's specifications.

(b) System failures determined to be due to improper siting, excessive water usage, improper grease disposal, improper installation, improper operation, or improper maintenance are not part of this warranty.

Upon notification of a system failure, the Company may, at its option, perform or have performed certain tests to determine the cause of failure. A registered soil scientist or professional engineer may be used to evaluate the soil conditions and compare those conditions with any original evaluation, which may appear on the permit.

In order to exercise these warranty rights, the property owner must notify the Company in writing at its corporate headquarters within 15 days of discovery of the alleged defect. The notice shall be accompanied by (i) a copy of the warranty which is signed and dated by the installer and the property owner as set forth below; (ii) a copy of the appropriate permit for the septic system; and (iii) proof to the Company's satisfaction that the septic tank has been maintained in accordance with the Company's operating instructions. In the event of a breach of warranty due to a failure of the trench, the Company will provide and install infiltrator Units as necessary to extend the size of the trench to provide a fully functional wastewater system. The Company will not be responsible for pumps and any other necessary mechanical devices needed to extend the trench.

(c) THE WARRANTY IN SUBPARAGRAPH (a) AND THE REMEDIES IN SUBPARAGRAPH (b) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES. ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE SHALL NOT EXTEND BEYOND THE PERIOD IN SUBPARAGRAPH (a). THE WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL, OR INDIRECT DAMAGES. THE COMPANY SHALL NOT BE LIABLE FOR PENALTIES OR LIQUIDATED DAMAGES, LOSS OF PRODUCTION AND PROFITS, LABOR AND MATERIALS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE, SPECIFICALLY EXCLUDED ARE DAMAGE DUE TO ORDINARY WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE, OR NEGLIGENCE; THE UNITS BEING SUBJECT TO STRESSES OR VEHICLE TRAFFIC GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS OR OPERATION INSTRUCTIONS; FAILURE TO MAINTAIN THE MINIMUM GROUND COVERS SET FORTH IN THE OPERATION INSTRUCTIONS; THE PLACEMENT OF IMPROPER MATERIALS INTO THE SYSTEM; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY. THIS WARRANTY SHALL BE VOID IF THE PROPERTY OWNER FAILS TO COMPLY WITH ALL OF THE TERMS SET FORTH IN SUBPARAGRAPH (b).

FURTHERMORE, IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE PROPERTY OWNER, THE UNITS, OR ANY THIRD PARTY RESULTING FROM THE INSTALLATION OR SHIPMENT OF THE UNITS, OR FROM ANY PRODUCT LIABILITY CLAIMS OF THE ORIGINAL PROPERTY OWNER OR ANY THIRD PARTY. THE COMPANY SHALL NOT BE RESPONSIBLE FOR ENSURING THAT INSTALLATION OF THE SYSTEM IS COMPLETED IN ACCORDANCE WITH ALL APPLICABLE LAWS, CODES, RULES, AND REGULATIONS.

(d) No representative of the Company has the authority to change this warranty in any manner whatsoever, or to extend this warranty. No warranty applies to any party other than to the property owner.

NOTICE OF SUBSTITUTION

This is to notify the Virginia Department of Health ("VDH") that an Infiltrator Quick 4 ("Substituted System") will be substituted for the gravel-type drainfield system specified on the above-referenced sewage disposal system construction permit.

I understand that the Substituted System is not the system designed by the Mecklenburg County/City Health Department. The Substituted System, however, is authorized for use in the Commonwealth of Virginia pursuant to VDH's Guidance Memorandum and Policy (GMP) #116. I further understand that the Substituted System is covered by a manufacturer's warranty and that such a warranty is not available for the system prescribed by the County/City Health Department in the above-referenced permit.

I understand that, regardless of whether the Substituted System or the gravel-type drainfield system is installed, the Commonwealth of Virginia requires that the owner maintain and preserve the entire approved absorption area (including reserve area where applicable) that was required by the permit. This condition is intended to assure that any absorption area that is not used will be available in the future should it become necessary to repair or replace the System. I hereby agree that I will maintain and preserve the entire absorption area as required.

WAIVER

As OWNER of the property described above and subject to the exception described below, I hereby release and agree to hold harmless the Virginia Department of Health and the Commonwealth of Virginia, including, without limitation, any and all of its agencies, boards, and commissions, their insurer(s), officers, directors, employees, representatives, and agents (hereafter referred to as the "COMMONWEALTH OF VIRGINIA"), from any and all claims, complaints, demands, actions, causes of action, liabilities and obligations, of whatever source or nature, whether administrative, legal or equitable, whether known or unknown, which the OWNER now has or has in the future relating to or arising out of the installation of the Substituted System including, without limitation, any and all claims due to the failure of any person to comply with federal, state, or local laws or regulations, claims under the Virginia Tort Claims Act, the Virginia Constitution, the United States Constitution and amendments thereto, or under common law.

I understand that the COMMONWEALTH OF VIRGINIA does not warrant in any way the performance of any System and that the manufacturer's warranty is the sole remedy available to me with respect to any performance deficiency associated with a Substituted System. Furthermore, I agree to first seek and exhaust any and all remedies under the manufacturer's warranty before applying for indemnification under the Onsite Sewage Indemnification Fund.

EXCEPTION- Onsite Sewage Indemnification Fund: I do not release the COMMONWEALTH OF VIRGINIA from any liabilities, claims, or causes of action provided under § 32.1-164.1:01 of the Code of Virginia (Onsite Sewage Indemnification Fund). I acknowledge and affirm that the Onsite Sewage Indemnification Fund shall be the sole remedy for failure of the Substituted System where such failure results from negligence on the part of VDH. I also acknowledge and affirm that the Virginia Department of Health's authorization of the Substituted System pursuant to GMP #116 shall not constitute an act of negligence pursuant to § 32.1-164.1:01 of the Code of Virginia.

This agreement shall be binding upon all subsequent owners of this property including any and all HEIRS, SUCCESSORS, and ASSIGNS.

ACKNOWLEDGEMENT

I acknowledge that I have read this WARRANTY, NOTICE OF SUBSTITUTION, and WAIVER and that I understand their terms. I also understand that there is no warranty if I do not comply with all of the above steps or if the system is not installed or maintained properly. I acknowledge to the Company that this warranty is part of my original agreement to purchase the septic system and that the warranty and its limitations were provided to me at the time of purchase.

Loren Johnson
Address of Installation
B Trotteridge Rd

Loren Johnson
Name (print) and Address of Property Owner
13970 W Hensley Road Midlothian Virginia 23112
3-30-11
Signature Date

I acknowledge to the Company and the homeowner that the septic system and the Infiltrator Units have been installed in accordance with GMP 116, the installation instructions of the Company and in accordance with all state trench requirements and other applicable laws.

Beck + Rogers
Business Name of Installer

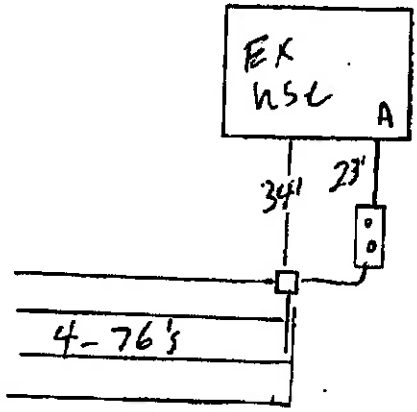
Alvin W Owen
Name (print)
3-30-11
Signature Date

# OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia  
State Department of Health

Health Department Identification Number: \_\_\_\_\_ Tax Map: \_\_\_\_\_

Triangulate critical system components to fixed reference points.  
road



A-ST = 24'  
A-O.BOX = 40'

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 3-9-11 (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 \_\_\_\_\_ (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

OSE/PE Signature: [Signature] Date: 3-9-11  
Print Name: Robert Johnson