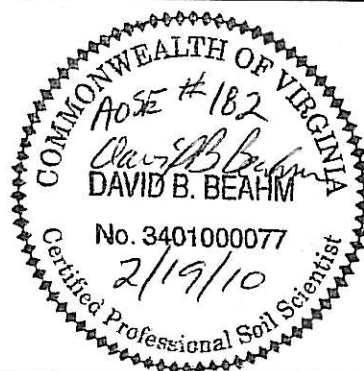


AOSE/PE Report for**Construction Permit****Location of property:**
 Lot Section , Subdivision Lewis Ford Estates, Campbell, County
 GPIN or Tax Map #
 Latitude/Longitude **LOT 2**
Applicant or Client and address:**Prepared by AOSE/PE (name and address):**
 David B. Beahm
 12719-D East Lynchburg-Salem Tnpk
 Forest, VA 24502
Date of Report: 2/19/2010**AOSE/PE Job Number:****Revision Date:** , **Health Dept. ID. No.:**Contents/Index of this report:²

Please refer to Table of Contents on Page 2

Certification Statement(s)³

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.

I recommend a Subdivision Approval

¹ Insert appropriate title: "Construction Permit", "Subdivision Approval", "Certification Letter"

² Examples include: "Soil Information Summary", "Soil Profile Descriptions", "Water Supply Design Specifications", "Primary/Reserve Design Specifications", "Construction Drawings", "Site Sketch", "Product Specification Sheet"

³ PE work is regulated by the Department of Professional and Occupational Regulation. This section is considered optional for PEs. ⁴ Fill in this blank with the appropriate term: "certification letter", "construction permit", or "subdivision approval"

⁵ Fill in this blank with the appropriate term: "approved", or "denied"

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1. AOSE Report Cover Page
2. Table of Contents
3. Site and Soil Evaluation Report
4. Abbreviated Design Form
5. Soil Profile Description
6. Certification Statement

Refer to attached Subdivision Drainfield Map (one map)

Site and Soil Evaluation Report

(For certification letters and subdivisions)

General Information	
Date : <u>2/19/2010</u>	<u>Campbell</u> County Health Department
Applicant: <u>Watt Foster</u>	
Telephone Number:	<u>434-376-2322</u>
Address : <u>P. O. Box 190; Brookneal, Virginia 24528</u>	
Owner : <u>Watt Foster</u>	Address : <u>Same</u>
Location : <u>Campbell County</u>	
Subdivision <u>Lewis Ford Estates</u> Block/Section Lot <u>2</u>	
Soil Information Summary	
1. Position in landscape satisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Describe : <u>Shoulder slope</u>
2. Slope <u>3</u> %	
3. Depth to rock/impervious strata (inches) :Max. Min. None <input checked="" type="checkbox"/>	
4. Free water present	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Range in inches _____
5. Depth to seasonal water table (gray mottling or gray color) <u>none</u>	
6. Soil percolation rate estimated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Texture group <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV Estimated rate <u>45</u> min/in
7. Percolation test performed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (constant head permeameter)
Name and title of evaluator: <u>David B. Beahm, AOSE 000182</u>	
Signature: <u>David B. Beahm</u>	
Department Use	
<input type="checkbox"/> Site approved: Drainfield trench bottoms to be placed at _____ (inches) depth at site designated on permit.	
<input type="checkbox"/> Site disapproved:	
Reasons for rejection: (check all that apply)	
1. <input type="checkbox"/> Position in landscape subject to flooding or periodic saturation.	
2. <input type="checkbox"/> Insufficient depth of suitable soil over hard rock.	
3. <input type="checkbox"/> Insufficient depth of suitable soil to seasonal water table.	
4. <input type="checkbox"/> Rates of absorption too slow.	
5. <input type="checkbox"/> Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.	
6. <input type="checkbox"/> Proposed system too close to well.	
7. <input type="checkbox"/> Other (Specify) _____	

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 Lewis Ford Estates Lot 2 (property ID).

Design Basis

Total length of available area (feet): 100 Total width of available area (feet): 50

Estimated Perc. Rate (min./inch): 45 at 58 in. (depth) Number of bedrooms (or GPD): 4

Conveyance Method¹: gravity Distribution method² (specify): gravity (conventional)

Dispersal system basis³ Table 5.4 LGMI required? No (Yes/No)

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

Square feet per bedroom: 344 Total trench bottom area required (sq.ft.): 4,376

¹Gravity, pump, siphon

²Enhanced flow, LPD, or Drip Dispersal

³Table 5.4 of SHDR or identify the GMP used

Area Calculations

Number of trenches 5 (Note if a pad is used)

Length of pad or trenches (ft.): 100

Width of pad or trenches (ft.): 3

Center to center spacing (ft): 9

Reserve required? no

Percent reserve area required: na

Total width of absorption area required (ft.) 39 Total trench bottom area provided (sq.ft.): 4,500

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.

Lot 2 Soil Profile Descriptions

(Refer to Drainfield Map for locations)

SB-2

Horizon	Depth (inches)	Description	Texture Group
A	0-6	yellowish-brown 10YR5/4; heavy loam	II
Bt	6-32	Red 2.5YR4/6; heavy clay loam	III
C	32-90+	Yellowish-red 5YR5/8 and reddish-yellow 5YR6/6; loam to light loam	II

SB-15

Horizon	Depth (inches)	Description	Texture Group
A	0-5	Yellowish-brown 10YR5/4; heavy loam	II
Bt	5-34	Red 2.5YR4/8; clay loam; few sericite schist coarse fragments	III
BC	34-42	Yellowish-red 5YR5/8; light clay loam; common weathered sericite schist coarse fragments	III
C	42-84+	Light yellowish-brown 10YR6/4; light loam to fine sandy loam; very soft; noticeable silt	II

SB-16

Horizon	Depth (inches)	Description	Texture Group
A	0-5	Yellowish-brown 10YR5/4; heavy loam	II
Bt1	5-32	Red 2.5YR4/8; heavy clay loam	III
Bt2	32-46	Yellowish-red 5YR5/8; clay loam that grades to light clay loam	III
C	46-84+	Yellowish-red 5YR5/6, reddish-brown 5YR5/4 and light yellowish-brown 10YR6/4; schist saprolite that crushes easily to light loam; channery; noticeable silt content	II

CERTIFICATION STATEMENT

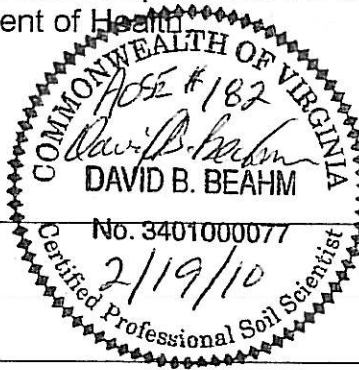
Property Identification: Lewis Ford Estates

Lot 2

This is to certify according to § 32.1 – 163.5 of the Code of Virginia that work submitted for the referred property is in accordance to and complies with the Sewage Handling and Disposal Regulations of the Virginia Department of Health.

I recommend subdivision approval

AOSE: _____



Date: _____

Soil Consultant: _____

Date: _____

- ¹ This blank must be filled in with one of the following terms: 'permit', 'certification letter', or 'subdivision approval'.
² This blank must be filled in with the term 'approved' or 'denied'.

If the submission contains a certification by a professional engineer in consultation with an AOSE, the following statement shall be signed and sealed:

I hereby certify that the evaluations and designs contained herein (refer to subdivision, lot, etc.) were conducted in accordance with the Sewage Handling and Disposal Regulations (12 VAC 5-610-10 et seq., the "Regulations") and the policies of the Virginia Department of Health for implementation of those Regulations. Furthermore, I certify that the evaluations and designs comply with the minimum requirements of the Regulations.

I recommend a _____ ¹ be ² _____

Licensed PE: _____ Date: _____

- ¹ This blank must be filled in with one of the following terms: 'permit', 'certification letter', or 'subdivision approval'.
² This blank must be filled in with the term 'approved' or 'denied'.