Administrative Denial

AUG 11 2006

2215/066

CK# 173

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit 0352

Health Department ID A2-06-0344 52

InActive

To Be Completed By The Applicant

Type of Sewage system: ___ New ___ Repair ___ Expanded ___ Conditional
FHA/VA yes ___ no ___ Case No.________

Owner Howard R Cline (Cline) Address 11904 Broadway Va Valley Pike (Broadway) Phone 901 9482 - 407 898 0644 (Florida)

Agent ________ Address ________ Phone ________

Directions of Property US 11 North - to Tank Liquor right hand side across from church.

Subdivision ________ Section ________ Block ________ Lot ________

Other Property Identification 67A(1)-L4 zoned A2 0.627 acres

Dimension/size of Lot/Property no division proposed 8/9/6 KMS

Other Application Information

I. **Building/facility** ___ New ___ Existing
Intermittent Use ___ Yes ___ No If yes, describe________

II. **Residential Use** X Yes ___ No
Termite Treatment ___ Yes X No
X Single Family ___ Multi-family
(Number of Bedrooms 3) (Number of Units____)

Basement ___ Yes X No
Fixtures in Basement ___ Yes X No

III. **Commercial Use** ___ Yes ___ No Describe: ________

Commercial/Wastewater ___ Yes ___ No Number of Patrons ____
Number of Employees ____

If yes, give volumes and describe ________

IV. **Water Supply:** ___ Public ___ New ___ Existing
X Private X New ___ Existing
Describe: Well

V. **Proposed Sewage Disposal Method:**
Onsite Sewage Disposal System: ___ Septic Tank Drainfield X LPD ___ Mound ___ Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

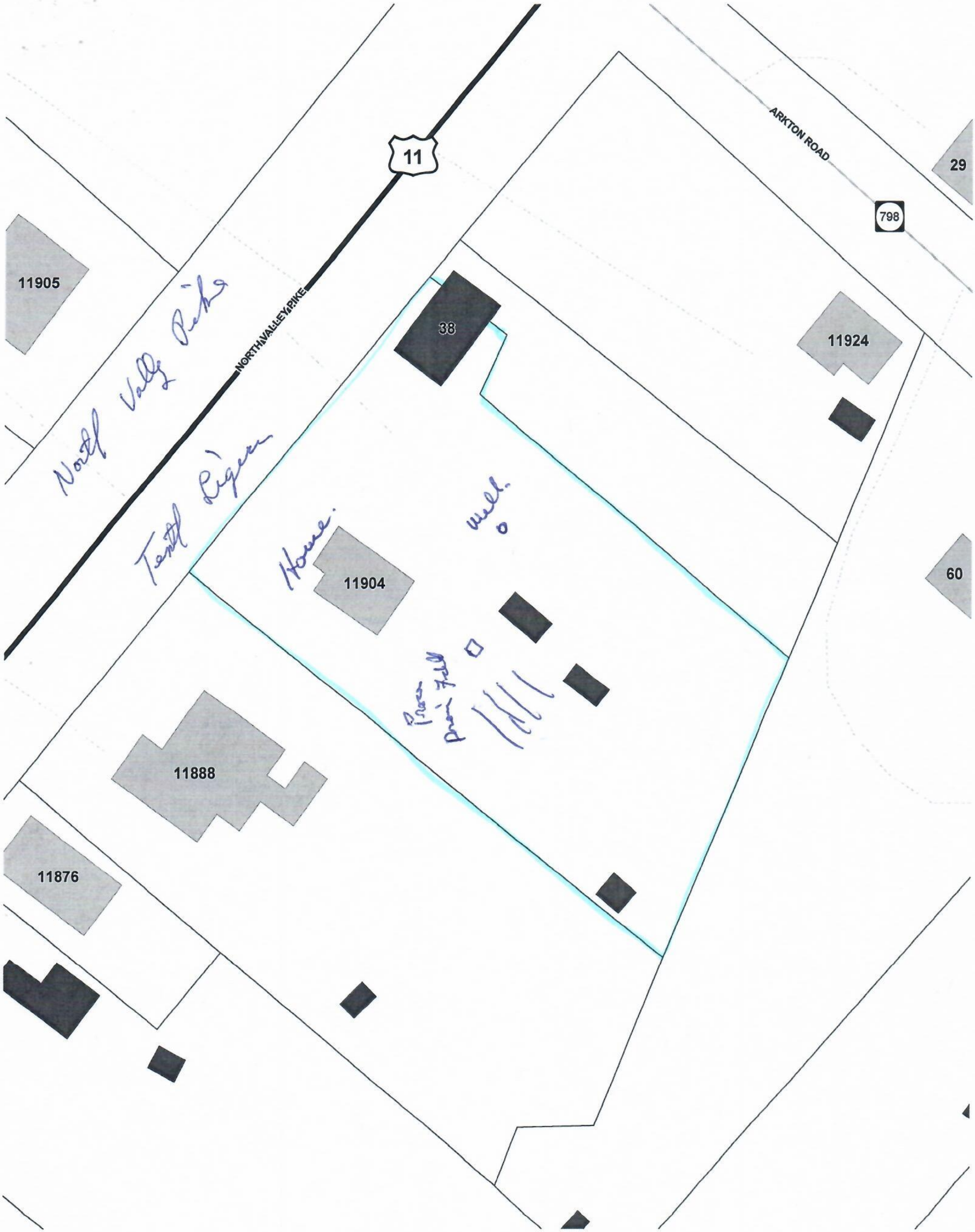
The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Howard R Cline
Signature of Owner/Agent

08-11-06
Date

A

CHS 200


11
ARKTON ROAD
29
798
11905
NORTH VALLEY PIKE
38
11924
House
well
11904
60
11888
11876

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 182-06-0344
Tax Map Number 67A-1-4

General Information

Date 09/13/06 Rockingham Health Department

Applicant Howard Cline Telephone No. 540-701-9482

Address 11904 N Valley Pike Broadway, VA 22815

Owner Same Address

Location

Subdivision Block/Section Lot

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe limited area above low area

2. Slope < 10 %

3. Depth to rock/impervious strata Max. ____ Min. 22" None ____

4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☐ ____ inches

5. Free water present No ☒ Yes ☐ ____ range in inches

6. Soil percolation rate estimated Yes ☒ Texture group I II III (IV)
No ☐ Estimated rate >100 min/inch

7. Percolation test performed Yes ☐ Number of percolation test holes ____
No ☒ Depth of percolation test holes ____
Average percolation rate ____

Name and title of evaluator: Jason Weakley, EHS

Signature: [signature]

Department Use

☒ Site Approved: Drainfield to be placed at 41" depth at site designated on permit.

☐ Site Disapproved: Possible Area for Ex. House as a 1 Bedroom Advanced Secondary?

Reasons for rejection:

1. ☐ Position in landscape subject to flooding or periodic saturation.
2. ☐ Insufficient depth of suitable soil over hard rock.
3. ☐ Insufficient depth of suitable soil 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

Date of Evaluation 8/13/06

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 182-06-0344

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

☐ See application sketch ☐ See construction permit ☒ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
1	A	0-11	10YR 4/3 Silty clay loam	~~III~~
	Bt	11-22	10YR 5/6 silty clay; plastic/heavy	~~IV~~
	R	22"	Limestone	
2	A	0-9	10YR 4/4 Silt loam	~~III~~
	Bt	9-24	7.5YR 5/6 heavily iron stained silty clay loam	~~III~~
	BC	24-39	2.5Y 5/6 silty clay; plastic iron stained	~~IV~~
	R	39"	Limestone	
3	A	0-10	10YR 4/3 silty clay loam	~~III~~
	Bt	10-24	2.5YR 5/6 / 10YR 5/6 silty clay	~~IV~~
	BC	24-29	2.5Y 5/6 silty clay heavily iron stained	~~IV~~
	R	29"	Limestone pit bottom (W. Side)	
4	A	0-9	10YR 4/3 Silty clay loam	~~III~~
	Bt	9-32	2.5Y 5/6 silty clay heavily iron stained	~~IV~~

Remarks

Heavy clay, limited area, Rock. Ex. house.