No. 03-131-4113 & 03-131-4114
Grid 77-19B

PERMIT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

THIS PERMIT EXPIRES ON

DATE OF ISSUE

12/06/04

OPERATOR: Franklin D. & Evelyn D. Forquer
ADDRESS: 115 Halls Store Road
Willis, VA 24380

VDH VIRGINIA DEPARTMENT OF HEALTH

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the ***Floyd County*** *Health Department to operate a* **Sewage disposal system**

HEALTH OFFICIAL

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

SITE 2

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FLOYD CO Health Department

Health Department Identification Number _____
Map Reference 77-19-B

General Information

Water Supply System: New ✓ Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New ✓ Repair ___ Expanded ___ Conditional ___ Public ___
Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
Owner FRANKLIN D. & EVELYN D. FORQUER Telephone 593-3303
Address 115 HALLS STORE RD, WILLIS, VA 24 For a Type I Sewage Disposal System or Well to be constructed on/at INTERSECTION RTS 799 & 604 ON 604 FOR VISION LIGHT-
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use 150

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) TO BE DRILLED BETWEEN THE TWO CABINS **To be installed:** class III C PRIVATE cased 20' grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 3" / 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☐ no ☐ comments Satisfactory NOT INSTALLED 10-22-03
Septic tank: Capacity 1,000 gals. (minimum). ☑ Other WITH INSPECTION PORT	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☑ Yes ☐ describe and show design. If yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory N/A
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with 6 ports. ☑ Other APPROVED VINYL D-BOX	**Distribution box:** yes ☑ no ☐ comments Satisfactory TESTED OK
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other ___	**Header lines:** yes ☑ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ___	**Percolation lines:** yes ☑ no ☐ comments Satisfactory NO REDUCTION INFILTRATIONS
Absorption trenches: Square ft. required 450 ; depth from ground surface to bottom of trench 30" ; aggregate size 1/2 TO 1 1/2" ; Trench bottom slope 1/4 PER 10' LINEAR FT. ; center to center spacing 9' ; trench width 36" Depth of aggregate 13 ; Trench length 50' ; Number of trenches 3	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory
	Date SEE ATTACHED Inspected and approved by: SHEETS Sanitarian

Health Department
Identification Number 03-131-4113

Schematic drawing of sewage disposal and/or water supply 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 well within 200'. The schematic drawing of the well site or area and/or SDS 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 ADDITONAL SHEETS AS NECESSARY TO ILLUSTRATE THE DESIGN.

SEE PERMIT FOR SPECS

NO SUBSTITUTED SYSTEMS ALLOWED WITHOUT PRIOR APPROVAL AND DESIGN BY THE AOSE

CALL Tom King FOR ANY CHANGES NEEDED AND FOR FINAL INSPECTION 639-6765

THIS SEWAGE DISPOSAL SYSTEM AND/OR WATER SUPPLY IS TO BE CONSTRUCTED AS SPECIFIED BY THE PERMIT ☒ OR ATTACHED PLANS AND SPECIFICATIONS ☐.

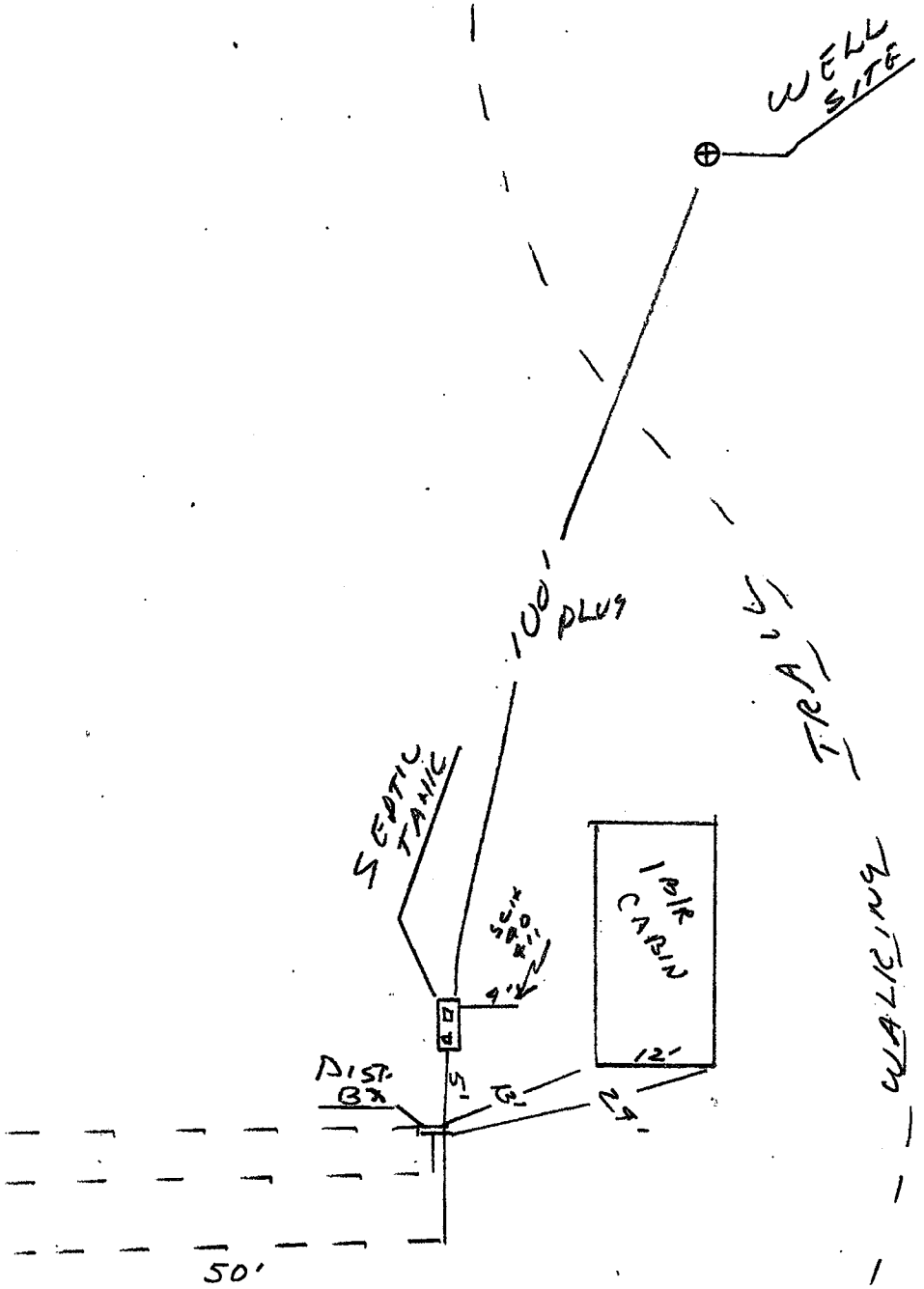
This sewage disposal system and/or well construction permit is **null and void** if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by 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: 5-16-03 **Level I Review by:** Joe Burk
Environmental Health Specialist

Date: 5-20-03 **Level I Review by:** Lina L. Thompson
Environmental Health Supervisor

This Construction Permit valid until: 11-16-04



AS INSTALLED
10-22-03

(212)587-0770 Fax(212)587-0807 VG# 72748 6/98 W-696512

SITE #2

Health Department
Identification Number_____

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.

Q DRAINFIELD SITE/AREA

(1) BED ROOM DESIGN: (3) LINES, 30" DEEP, 36" WIDE, 9' CENTERS, 50' LONG.

(2) KEEP DRAINFIELD 5' FROM PROPERTY LINES, 10' FROM HOUSE, 100' FROM WELLS.

(3) INSTALL SEPTIC LINES ON GROUND CONTOUR.

(4) KEEP SEPTIC TANK 50' FROM ALL WELLS, 10' FROM HOUSE, 5' FROM PROPERTY LINES.

(5) GRAVEL SIZE ½" TO 1½" CLEAN CRUSHED STONE.

(6) SEPTIC TANK SIZE 1,000 GALLON WITH INSPECTION PORT.

(7.) Cut down all maple trees within 10' of the drainfield area. Do not disturb tree roots prior to drainfield installation.

SITE #2

Soil Evaluation Form

PAGE _____ OF _____

Commonwealth of Virginia
Department of Health

Health Department
Identification Number _____
Tax Map Number 77-19B

General Information

Date 9-16-03 Floyd CO Health Department

Applicant FRANKLIN D. FORQUER Telephone No. 593-3303

Address 115 HALLS STORE RD, WILLIS, VA. 24380

Owner S Address S

Location INTERSECTION RTS 799 & 604

Subdivision _____ Block/Section TRACT "B" Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes ☑ No ☐ Describe PARTLY WOODED & CLEARED SIDE SLOPE

2. Slope 10 %

3. Depth to rock/impervious strata Max. _____ Min. _____ 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 40' 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: T.N. King, Soil Consultant & Steve Walker AOSE # 169

Signature: T.N. King & Steve Walker

Department Use

☑ Site Approved: Drainfield to be placed at 30" depth at site designated on permit.

☐ Site Disapproved: J.B.

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 _____

SITE #2

Date of Evaluation 9-18-03

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. _____

Page _____ of _____

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.

AUGER

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
1	A	0 - 7	7.5YR 3/3 DARK BROWN LOAM SOME SLATE SURFACE ROCK	II
	B1	7 - 29	7.5YR 4/6 STRONG BROWN SANDY CLAY LOAM	II
	B2	29 - 40	7.5YR 5/6 STRONG BROWN SANDY CLAY LOAM	II
	B3	40 - 50	10 YR 5/8 YELLOWISH-BROWN SANDY CLAY LOAM	II
	B4	50 - 60	10 YR 5/6 YELLOWISH-BROWN SANDY LOAM W/ CRUSHED	II
2			SAME CONSISTENT PROFILE HOLE AS NO. 1 HOLE	
3	A	0 - 6	7.5YR 3/3 DARK BROWN LOAM	II
	B1	6 - 30	7.5YR 4/6 STRONG BROWN SANDY CLAY LOAM W/ CRUSHED MATERIAL	II
	B2	30 - 48	10YR 5/6 YELLOWISH-BROWN SANDY LOAM Manganese Concretions at 48"	II
	B3	48 - 60	10YR 5/6 YELLOWISH-BROWN SANDY LOAM MICACEOUS MATERIAL	II

Remarks RECOMMENDS DRAIN FIELD DITCHES DEPTH 30"

Completion Statement

#2 SITE

Commonwealth of Virginia
State Department of Health

GM 77-149B

Health Department Identification Number 03-131-

FLOYD CO Health Department

Name of Company/Corporation/Individual: ROUND MEADOW ENTERPRISES INC.

Address: 4668 CHERRY CREEK RD. MEADOWS OF DAN, VA. 24120 Telephone: 276-952-2661

Owner's Name FRANKLIN FERGUSON

Owner's Address 115 FALLS STORE RD. WILLIS, VA 24380

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5-21-03 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

10-22-03
Date

Signature and Title

C.H.S. 203 Rev. 4/83

Completion Statement

#2 SITE

Commonwealth of Virginia
State Department of Health

GM77-148 Health Department Identification Number 03-131-

FLOYD CO Health Department

Name of Company/Corporation/Individual: ROUND MEADOW ENTERPRISES INC.

Address: 4668 CHERRYCAFE RD. MEADOWS OF DAN, VA. 24120 Telephone: 276-952-2661

Owner's Name FRANKLIN TORQUA

Owner's Address 115 HALLS STORE RD. WILLIS, VA 24380

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

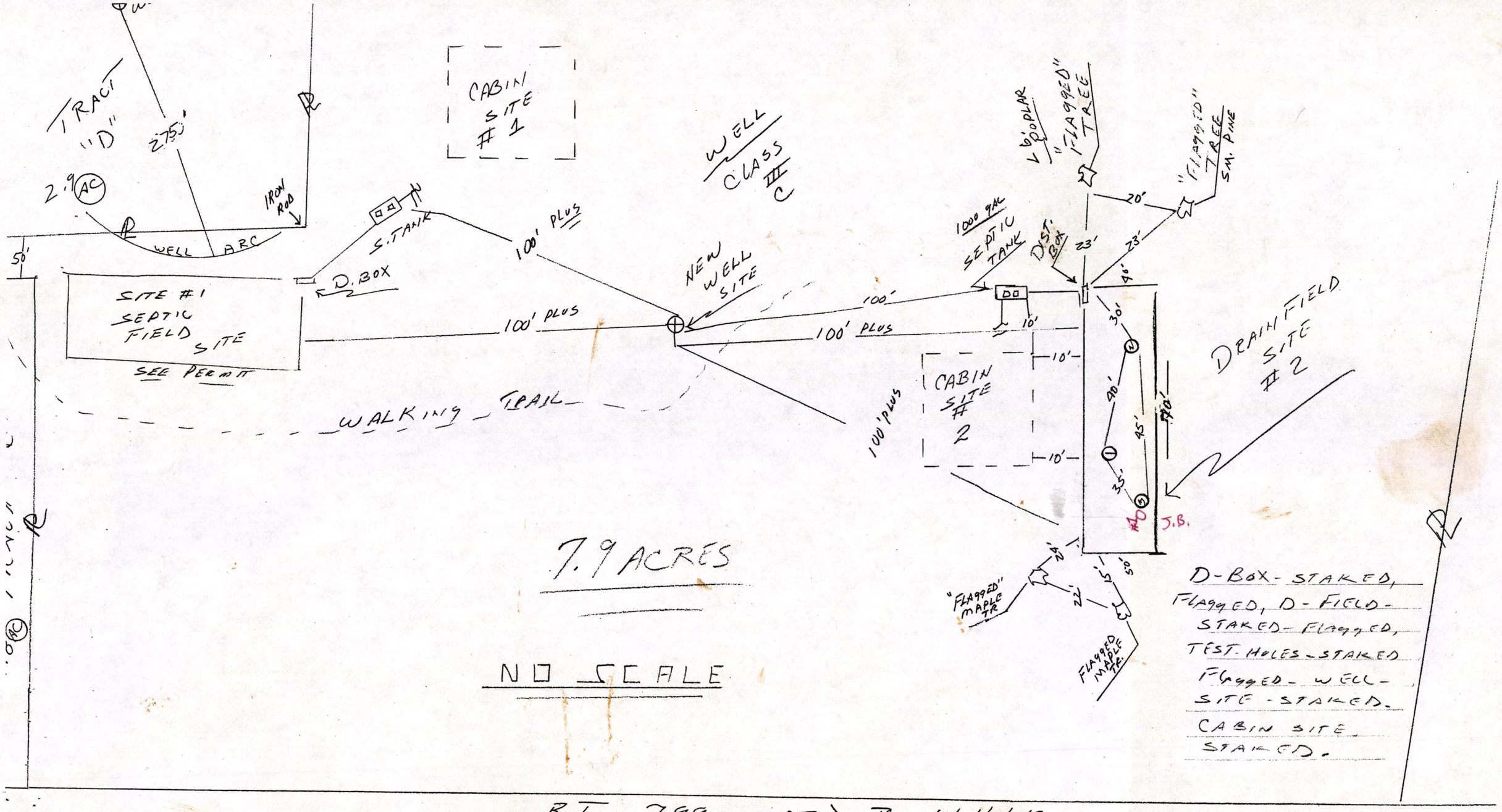
Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5-21-03 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

10-22-03
Date

Signature and Title

C.H.S. 203 Rev. 4/83


TRACT "D"
275'
2.9 AC
IRON ROD
WELL ARC
50'
CABIN SITE #1
WELL CLASS III C
S. TANK
D. BOX
100' PLUS
SITE #1 SEPTIC FIELD SITE
SEE PERMIT
NEW WELL SITE
100' PLUS
100' PLUS
WALKING TRAIL
100' PLUS
1000 GAL SEPTIC TANK
DIST. BOX
10'
CABIN SITE #2
10'
10'
"FLAGGED" TREE
6" POPLAR
"FLAGGED" TREE
SM. PINE
20'
23'
23'
40'
30'
40'
45'
40'
35'
DRAIN FIELD SITE #2
#10
J.B.
24'
22'
5'
5'
50'
"FLAGGED" MAPLE TR
FLAGGED MAPLE TR
7.9 ACRES
NO SCALE
D-BOX - STAKED, FLAGGED, D-FIELD - STAKED - FLAGGED, TEST-HOLES - STAKED FLAGGED - WELL - SITE - STAKED. CABIN SITE STAKED.
RT 799 → TO WILLIS
SOIL TEST LOCATION SHEET SITE #2

G77 (I) 2ND SITE

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

Health Department ID 03-131-4113

LN 4-28-03 390 Z1605603

To Be Completed By The Applicant

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

Owner FRANKLIN D. FORQUER, EVELYN D. FORQUER
Address 115 HALLS STORE RD SW, WILLIS, VA. 24380
Phone 540-593-3303

Agent ___ Address ___ Phone ___

Directions of Property INTERSECTION RTS 799 & 604 ON RT 604 FOR .1 MI ON RIGHT PRIVATE ENTRANCE.

Subdivision ___ Section ___ Block ___ Lot TRACT "B"

Other Property Identification PARTLY CLEARED & WOODED

Dimension/size of Lot/Property 7.9 ACRES

Other Application Information

I. Building/facility ✓ New ___ Existing
Intermittent Use ✓ Yes ___ No If yes, describe ___

II. Residential Use ✓ Yes ___ No
Termite Treatment ✓ Yes ___ No
✓ Single Family ___ Multi-family
(Number of Bedrooms 1) (Number of Units ___)

Basement ___ Yes ✓ No
Fixtures in Basement ___ Yes ✓ 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
✓ Private ___ New ✓ Existing
Describe: WILL DRILL NEW WELL BETWEEN THE TWO CABINS - FOR THIS PERMIT!

V. Proposed Sewage Disposal Method:
Onsite Sewage Disposal System: ✓ Septic Tank Drainfield ✓ 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.

Frank Forquer
Signature of Owner/Agent

4-28-03
Date

CHS 200

SITE #2

INSTRUCTIONS FOR WELL & SEPTIC APPLICANTS

Our goal at the Health Department is to process your application as quickly as possible. Sometimes we take longer to process applications because of our workload, the weather, or need for a backhoe to evaluate the soil. These delays are unavoidable. At other times we are delayed because applicants have not provided us with the information we need to process applications quickly. **We cannot accept incomplete applications.** In order for us to do our job properly, applicants need to provide us with the following:

A) A complete application, including an accurate site sketch
B) Clear directions to the property
C) The property corners and house site must be staked on the property
D) A copy of a zoning verification letter if required by the county or city.

This checklist is provided to assist you with our application process. All items listed *must be completed by the applicant* before the application will be accepted by the Health Department. If you have questions or need assistance with the application, one of our Environmental Health Staff will be happy to help you.

A) The application:
- ✓ has all items properly filled out
- ✓ has a telephone number or email address where I can be reached during the day
- ✓ has clear written directions to the property
- ✓ is signed and dated
- ✓ is accompanied by the proper fee

B) The site sketch clearly and accurately shows:
- ✓ the shape of the property
- ✓ the length of each property line
- ✓ the shape and location of the house (including decks and porches)
- ✓ the proposed location of the driveway
- ✓ the proposed or existing location of any utilities
- ✓ any legal easements located on the property
- ✓ the location of wells, springs, and buried fuel tanks within 200 feet of the property
- ✓ the location of any other structures I plan to build in the future (e.g. barn, garage, swimming pool)
- ✓ where I would like my septic system and/or well to be located (if there is a preference)

C) The building site for which the application is made:
- ✓ has the property lines clearly and accurately marked
- ✓ has the house site clearly and accurately marked
- ✓ has the brush removed from the potential drainfield site
- ✓ is easily identified from the road
- ✓ has any underground utilities marked

NOTE: the attached pages have a sample site sketch that may be useful in marking your property and completing your site sketch.

I understand that the Health Department cannot accept incomplete applications and that if the property corners are not clearly marked, the house site properly staked, and the brush cleared from the proposed drainfield site my application will be denied until I have taken corrective actions. I understand that I have ninety days to correct any deficiencies and submit a new application. Failure to do so within the prescribed time frame will require that I submit a new application *with the associated fees.*

I am the current owner (name is on the deed) of the property and intend to begin construction within 18 months- (apply for a permit to install)

Applicant's Signature Franklin D. Forbush By T. N. Hall Date 4-28-03

I, the undersigned, am interested in purchasing /selling the property provided there is a suitable drainfield site- (apply for certification letter)

Applicant's Signature _____ Date _____

SITE #2

Soil Evaluation Form

PAGE _____ OF _____

Commonwealth of Virginia
Department of Health

Health Department
Identification Number _____
Tax Map Number 77- 19B

General Information

Date 9-16-03 Floyd CO Health Department

Applicant FRANKLIN D. FORQUER Telephone No. 593-3303

Address 115 HALLS STORE RD, WILLIS, VA. 24380

Owner S Address S

Location INTERSECTION RTS 799 & 604

Subdivision _____ Block/Section TRACT "B" Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes ☑ No ☐ Describe PARTLY WOODED & CLEARED SIDE SLOPE

2. Slope 10 %

3. Depth to rock/impervious strata Max. _____ Min. _____ 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 90' 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: J.A. King, Soil Consultant & Steve Walker AOSE # 169

Signature: J.A King & Steve Walker

Department Use

☐ Site Approved: Drainfield to be placed at ____ depth at site designated on permit.

☐ Site Disapproved:

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 _____

SITE #2

Date of Evaluation 9-18-03

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. _____

Page _____ of _____

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.

AUGER

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
1	A	0 - 7	7.5YR 3/3 DARK BROWN LOAM	II
			SOME SLATE SURFACE ROCK	
	B1	7 - 29	7.5YR 4/6 STRONG BROWN SANDY CLAY LOAM	II
	B2	29 - 40	7.5YR 5/8 STRONG BROWN SANDY CLAY LOAM	II
	B3	40 - 50	10 YR 5/8 YELLOWISH-BROWN SANDY CLAY LOAM	II
	B4	50 - 60	10 YR 5/6 YELLOWISH-BROWN SANDY LOAM W/ CLAY	II
2			SAME CONSISTENT PROFILE HOLE AS NO. 1 HOLE	
3	A	0 - 6	7.5 YR 3/3 DARK BROWN LOAM	II
	B1	6 - 30	7.5YR 4/6 STRONG BROWN SANDY CLAY LOAM W/ CLAY FRAG MATERIAL	II
	B2	30 - 48	10 YR 5/6 YELLOWISH-BROWN SANDY LOAM	II
	B3	48 - 60	10 YR 5/6 YELLOWISH-BROWN SANDY LOAM MICACEOUS MATERIAL	II

Remarks RECOMMEND DRAIN FIELD DITCHES DEPTH 30"

SOIL TEST LOCATION SHEET SITE #2

SITE 2

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FLOYD CO Health Department

Health Department Identification Number _____
Map Reference 77-19-B

General Information

Water Supply System: New ✓ Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New ✓ Repair ___ Expanded ___ Conditional ___ Public ___
Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
Owner FRANKLIN D. & EVELYN D. FORQUER Telephone 593-3303
Address 115 HALLS STORE RD, WILLIS, VA 24380 For a Type I Sewage Disposal System or Well to be constructed on/at INTERSECTION RTS 799 & 604 ON 604 FOR 1/10 MILE ON RIGHT
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use 150

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) TO BE DRILLED BETWEEN THE TWO CABINS **To be installed:** class III C PRIVATE cased 20' grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 3" / 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity 1,000 gals. (minimum). ☑ Other WITH INSPECTION PORT	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory
Pump and pump station: No ☑ Yes ☐ describe and show design. if yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with 6 ports. ☑ Other APPROVED VINYL D-BOX	**Distribution box:** yes ☐ no ☐ comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other ___	**Header lines:** yes ☐ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ___	**Percolation lines:** yes ☐ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 450; depth from ground surface to bottom of trench 30"; aggregate size ½ TO 1½"; Trench bottom slope ¼ PER 10' LINEAR FT.; center to center spacing 9'; trench width 36" Depth of aggregate 13"; Trench length 50'; Number of trenches 3	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date ___ Inspected and approved by: ___ Sanitarian

C.H.S 202A

SITE 2

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FLOYD CO Health Department

Health Department Identification Number _____
Map Reference 77-19-B

General Information

Water Supply System: New ✓ Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New ✓ Repair ___ Expanded ___ Conditional ___ Public ___
Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
Owner FRANKLIN D. & EVELYN D. FORQUER Telephone 593-3303
Address 115 HALLS STORE RD, WILLIS, VA 24380 For a Type I Sewage Disposal System or Well to be constructed on/at INTERSECTION RTS 799 & 604 ON 604 FOR HOME LIGHT-
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use 150

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) TO BE DRILLED BETWEEN THE TWO CABINS **To be installed:** class III C PRIVATE cased 20' grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 3" / 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity 1,000 gals. (minimum). ☒ Other WITH INSPECTION PORT	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory
Pump and pump station: No ☒ Yes ☐ describe and show design. if yes:	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with 6 ports. ☒ Other APPROVED VINYL D-BOX	**Distribution box:** yes ☐ no ☐ comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other	**Header lines:** yes ☐ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other	**Percolation lines:** yes ☐ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 450 : depth from ground surface to bottom of trench 30" ; aggregate size 1/2 TO 1 1/2" : Trench bottom slope 1/4 PER 10' LINEAR FT. ; center to center spacing 9' ; trench width 36" Depth of aggregate 13 ; Trench length 50' ; Number of trenches 3	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date ___ Inspected and approved by: ___ Sanitarian

C.H.S 202A

SITE 2

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FLOYD CO Health Department

Health Department Identification Number _____
Map Reference 77-19-B

General Information

Water Supply System: New ✓ Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New ✓ Repair ___ Expanded ___ Conditional ___ Public ___
Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
Owner FRANKLIN D. & EVELYN D. FORQUER Telephone 593-3303
Address 115 HALLS STORE RD, WILLIS, VA 24380 For a Type I Sewage Disposal System or Well to be constructed on/at INTERSECTION RTS 799 & 609 ON 609 FOR 1/4 MILE RIGHT
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use 150

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) TO BE DRILLED BETWEEN THE TWO CABINS **To be installed:** class III C PRIVATE cased 20' grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 3" / 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity 1000 gals. (minimum). ☑ Other WITH INSPECTION PORT	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory
Pump and pump station: No ☑ Yes ☐ describe and show design. if yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with 6 ports. ☑ Other APPROVED VINYL D-BOX	**Distribution box:** yes ☐ no ☐ comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other ___	**Header lines:** yes ☐ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ___	**Percolation lines:** yes ☐ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 450 : depth from ground surface to bottom of trench 30" ; aggregate size 1/2" TO 1 1/2" ; Trench bottom slope 1/4 PER 10' LINEAR FT. ; center to center spacing 9' ; trench width 36" Depth of aggregate 13 ; Trench length 50' ; Number of trenches 3	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date ___ Inspected and approved by: ___ Sanitarian

C.H.S 202A

 VG# 72748 6/98 W-696512

SITE #2

Health Department
Identification Number_____

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.

(1) DRAINFIELD SITE/AREA

(1) BED ROOM DESIGN: (3) LINES, 30" DEEP, 36" WIDE, 9' CENTERS, 50' LONG.

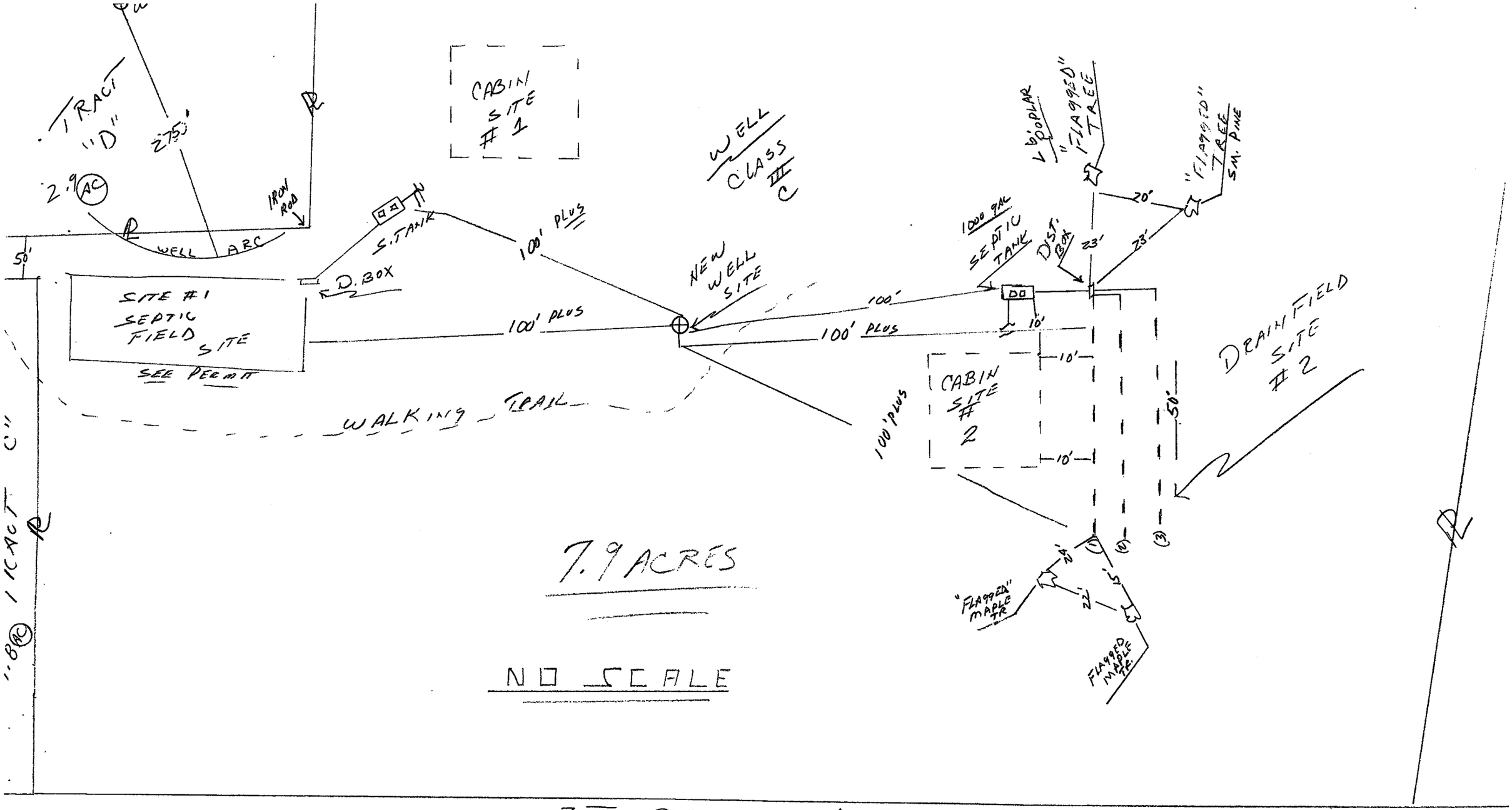
(2) KEEP DRAIN FIELD 5' FROM PROPERTY LINES, 10' FROM HOUSE, 100' FROM WELLS.

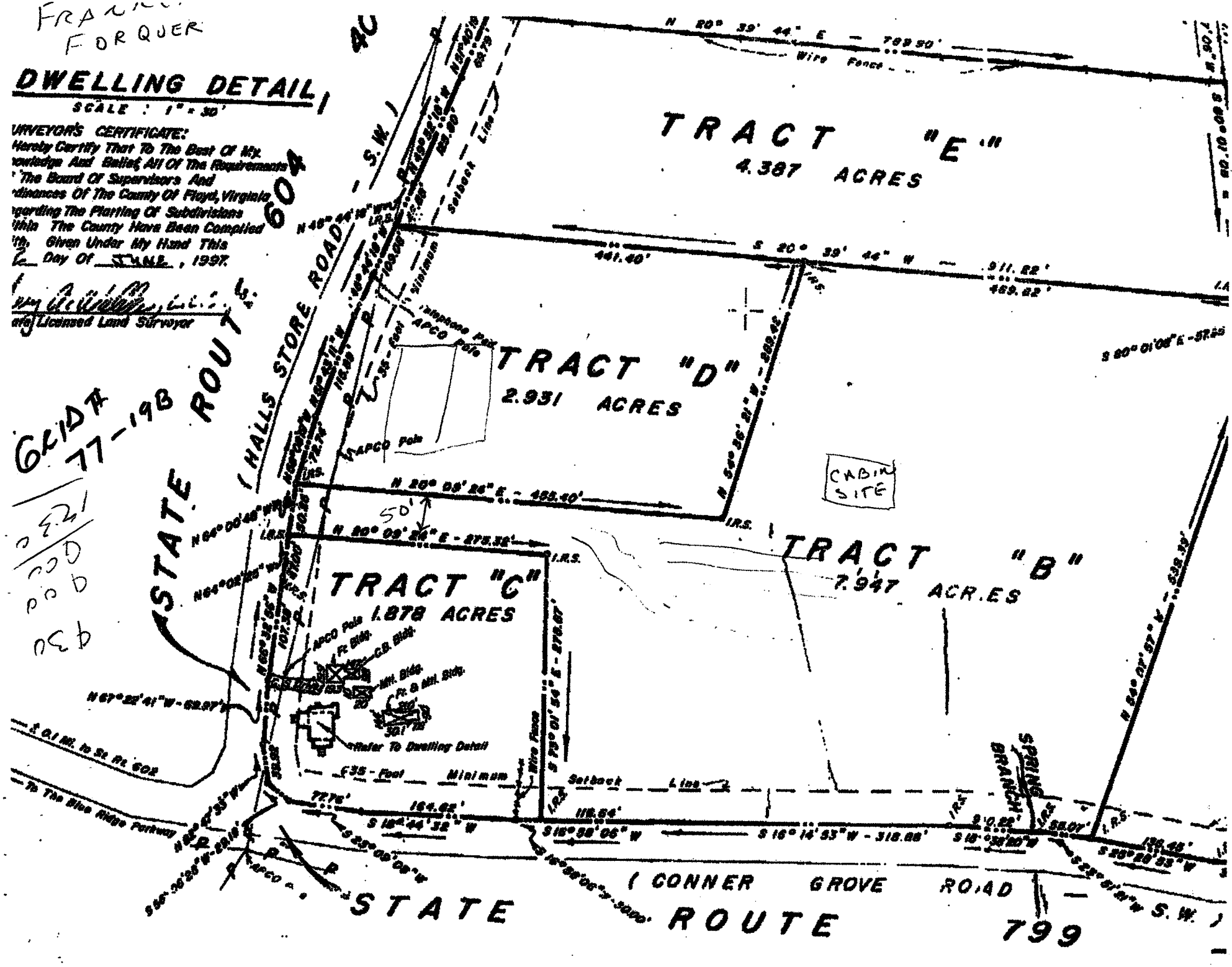
(3) INSTALL SEPTIC LINES ON GROUND CONTOUR.

(4) KEEP SEPTIC TANK 50' FROM ALL WELLS, 10' FROM HOUSE, 5' FROM PROPERTY LINES.

(5) GRAVEL SIZE ½" TO 1½" CLEAN & CRUSHED STONE.

(6) SEPTIC TANK SIZE 1,000 GALLON WITH INSPECTION PORT.


TRACT "D"
2.9 AC
275'
IRON ROD
WELL ARC
50'
CABIN SITE #1
WELL CLASS III C
S. TANK
D. BOX
100' PLUS
SITE #1 SEPTIC FIELD SITE
SEE PERMIT
NEW WELL SITE
100' PLUS
100'
100' PLUS
1000 GAL SEPTIC TANK
DIST. BOX
DD
10'
CABIN SITE #2
100' PLUS
10'
10'
50'
DRAINFIELD SITE #2
V POPLAR
"FLAGGED" TREE
"FLAGGED" TREE
SM. PINE
20'
23'
23'
"FLAGGED" MAPLE TR
24'
22'
FLAGGED MAPLE TR
(6)
(3)
1 TRACT "C"
1.8 AC
7.9 ACRES
NO SCALE
RT 799 → TO WILLIS


FRANCIS FORQUER
DWELLING DETAIL
SCALE : 1" = 30'
SURVEYOR'S CERTIFICATE:
I Hereby Certify That To The Best Of My Knowledge And Belief, All Of The Requirements Of The Board Of Supervisors And Ordinances Of The County Of Floyd, Virginia Regarding The Platting Of Subdivisions Within The County Have Been Complied With. Given Under My Hand This 2 Day Of JUNE, 1997.
Licensed Land Surveyor
604
STATE ROUTE (HALLS STORE ROAD) - S.W.
TRACT "E"
4.387 ACRES
TRACT "D"
2.931 ACRES
TRACT "C"
1.878 ACRES
TRACT "B"
7.947 ACRES
CABIN SITE
APCO Pole
Telephone Pole
Refer To Dwelling Detail
35 - Foot Minimum Setback Line
Wire Fence
Spring Branch
To The Blue Ridge Parkway
STATE ROUTE 799 (CONNER GROVE ROAD) S.W.
GRID A
77-19B

SITE 2

Page ____ of ____

Appendix 7

Certification Statement

County: FLOYD Date: 4-28-03

Property Identification: 7.9 ACRES

Submitted by: T. N. King

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 a PERMIT [1] be APPROVED [2].

AOSE Steve Walton #169 Date: 4-28-03

Soil Consultant J. N. King Date: 4-28-03

[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 either 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: _____

Seal

[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 either the term 'approved' or 'denied'.

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Franklin Forquer
Address 115 Halls Stone Rd.
Willis, Va. 24380
Phone 593-3303
Location at intersection of Rts #799 & 604 1/10 mile on Right

Tax Map ID 77-19B
VDH Permit 03-131-9114
VWCB Permit
VWCB ID
County Floyd

"Well Data"

General Information
Drilling Method Air/Rotary
Depth to Bedrock 18'
Static Water Level 20'
Well Disinfected (Y or N) Yes
Date Completed 7/24/03
Yield 25 (GPM)
Stabilized Water Level Unk
Disinfectant Used Chlorine Tabs
Total Depth of Well 240'
Length of Test 1 HR
Natural Flow (Rate) Yes
Amount Used 22 oz

Casing
From 0' to 28'
Size 6" ID Material PVC
Weight/Schedule SCH 80

From ____ to ____
Size ____ Material ____
Weight/Schedule ____

From ____ to ____
Size ____ Material ____
Weight/Schedule ____

Gravel Pack
From 21' to 28'

From ____ to ____

From ____ to ____

Grout
From 0' to 21'
Bore Hole Size 10 5/8"
Type Bentonite Granules
Method Freefall Pumped

From ____ to ____
Bore Hole Size ____
Type ____
Method ____

From ____ to ____
Bore Hole Size ____
Type ____
Method ____

Water Zones or Screened Intervals
From 198' to 199'
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"

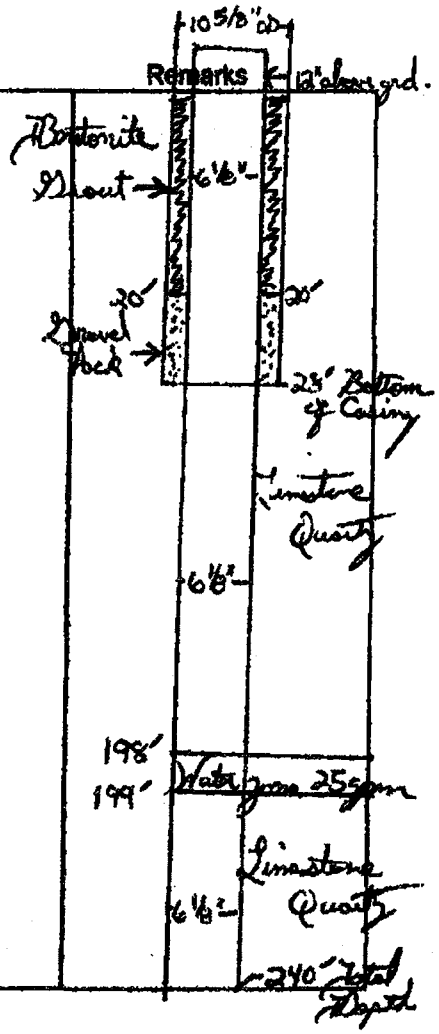
Private Well: Domestic ✓ Agricultural ____ Industrial ____ Monitoring ____
Public Well: Community ____ Non Community ____

NOV 17 2004

"Drillers Log"

(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
0' - 18'	Dirt, Shale, Gravel, Limestone 10 5/8" hole	
18' - 28'	Limestone, Quarty 10 5/8" hole	
28' - 198'	Limestone, Quarty 6 1/8" hole	
198' - 199'	Lost (Water zone 25gpm) " "	
199' - 240'	Limestone, Quarty " "	



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 U.S. DRILL CO.

Address ~~1055 Daniels Run Road NW~~

CHECK, VA 24072

Phone 540 651-4552

Drillers Signature Michael W. Wagner **Date** 8/29/03

Representing U.S. Drill Co.

Virginia Contractors License Number 2705-063731

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number 03-131-4113 & 4114

F.H.A. or V.A. Case Number
If Applicable

Date 12-03-2004 Local Health Department FLOYD CO.

Owner Franklin D Fauquier Address 115 Halls Store Rd. Willis VA 24380 Phone 593-3303

Exact Location of Premises Adjacent TO 115 Halls Store Rd. Willis VA 24380

Subdivision 07-24-2003 Section/Block _____ Lot _____

Class of nonpublic drinking water well. 1) Class III A ____
2) Class III B ____
3) Class III C ✓
4) Other ____

Date of installation 07-24-2003

XI-36-47-24
W 80-25-51

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e. well log, etc.), so note.

1. Water well completion report filed as required by Sec. 2.18 Yes ☐ No ☐
2. Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations.
   Building Sewer 100+1 Pretreatment Unit 100+1
   Conveyance System 100+1 Subsurface Soil Absorption System 100+1
   (nearest point). Property Line _____ Other _____
   Site graded where necessary to divert water away from well? Yes ☑ No ☐ N/A ☐
3. Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).
   Total depth of well 240' feet. Type of casing PVC
   Depth of casing 28' feet. Diameter of casing 6" inches. Bentonite
   Casing extends inches above ground 22. Exterior space sealed with ~~neat cement~~ grout to a depth of 21' feet. Screens constructed of _____
   free of rough edges and irregularities, with positive watertight seal between screen and casing?
   Yes ☐ No ☐ N/A ☐ Well head and opening to the interior protected? Yes ☐ No ☐
   Type of well seal approved Cap Pitless adapter used? Yes ☐ No ☐ N/A ☐
   Properly installed? Yes ☐ No ☐ N/A ☐ Proper venting? Yes ☐ No ☐ N/A ☐
4. Quantity: Yield and drawdown determined by continuous pumping of _____ hours. Drawdown _____ feet. Yield _____ GPM. Type of storage _____.
5. Quality: Sample tap provided at entry into system? Yes ☑ No ☐ Samples(s) collected? Yes ☑ No ☐ Results of samples. Satisfactory ☑ Unsatisfactory ☐ (attach copy of results of this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply meets ☑ does not meet ☐ the requirements of the Private Well Regulations.

Remarks: _____

Date 12-03-2004 Signed _____ Sanitarian

Date _____ Signed _____ Supervisory Sanitarian

Date _____ Signed _____ Regional Sanitarian (If V.A. or F.H.A.)

C.H.S. 204 Revised 9/90

FLOYD COUNTY HEALTH DEPARTMENT

P.O. BOX 157
815 EAST MAIN STREET
FLOYD, VIRGINIA 24091

October 29, 2004

Mr. & Mrs. Franklin D. Forquer
115 Halls Store Road
Willis, VA 24380

Reference: well and septic permits # 03-131-4113 & 03-131-4114

Dear Mr. & Mrs. Forquer:

According to our records, all of the work has been done at your work site except for the following items. In order to complete your file and issue an operation permit for your well and/or sewage disposal system, we need the following:

☒	Well Water Statement (GW-2)
☒	Water sample taken (Contact a Virginia State Certified private lab for testing. Make sure the well has been chlorinated at least 1-2 weeks prior to testing.)
☒	Well inspection, once well is drilled
☐	Completion statement from installer of septic system
☐	Approved well cap
☐	Other:

Please send us the information requested at your earliest convenience. If you have any questions regarding this matter, you may contact me at the Floyd County Health Department at 540-745-2141.

Sincerely,

Joe Brunk

Joseph Brunk
Environmental Health Specialist Sr.

SOUTHWEST SOILS LLC
P.O. BOX 90
WOODLAWN, VA 24381

#2 SITE

FLOYD CO Health Department

To Whom It May Concern:

On 10-22-03, we inspected the septic system for FRANKLIN & EVELYN FARQUER which is located on tax map parcel/ 77-19B. The system appeared to be in substantial compliance with the permit issued. We recommend an Operation Permit be issued.

Sincerely,

Greg Dulin AOSE #169
By T. Williams SOIL CONSULTANT

Southwest Soils

Attachment:
As: Installed Sketch
Permit Checklist

03-131-4113
G-77-19B

FLOYD COUNTY HEALTH DEPARTMENT

P.O. BOX 157
815 EAST MAIN STREET
FLOYD, VIRGINIA 24091

May 21, 2003

Franklin D. and Evelyn D. Forquer
115 Halls Store Road
Willis, VA 24030

Subject: Sewage Disposal System Construction Permit

Dear Mr. and Mrs. Forquer:

This letter, in conjunction with the approved plans (2 pages) dated 05/16/2003, 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: (Southwest Soils, Inc, LLC; 540-637-4396 or 639-6765). 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, you contractor should consult with the AOSE/PPE 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 Floyd 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 Floyd County Health Department or unless expressly authorized by the Floyd County Health Department. Any part of any installation which has been covered prior to approval shall be uncovered if necessary, upon the direction of the Department.

This authorization to construct a sewage disposal system expires: 11/16/2004.

Sincerely,

Joe Brunk | VK

Joseph Brunk
Environmental Health Specialist Senior
Floyd County Health Department

vk