

OSE/PE Report For:

☐ Construction Permit☐ Repair Permit☐ Voluntary Upgrade Permit☐ Certification Letter☒ Subdivision Approval

Property Location:

911 Address: _____ City: _____

Lot D Section _____ Subdivision _____GPIN or Tax Map # 9-45 Health Dept ID # _____

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: George PettieStreet: 1010 Massachusetts Ave NECity: Washington State DC Zip Code 20002

Prepared by:

OSE Name Thomas G. Hogge License # 1940-001091Address PO Box 418City Ruckersville State VA Zip Code 22968

PE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report 7/8/16

Date of Revision #1 _____

OSE/PE Job # _____

Date of Revision #2 _____

Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.)

1-Cover

2,3-Site and Soil Evaluation Report

4-Site Sketch

5-Design Calculations

Certification Statement

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the applicable provisions of the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), the Regulations for Alternative Onsite Sewage Systems (12VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

☒ The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

I recommend that a (select one): construction permit ☐ certification letter ☐ subdivision approval ☒ be (select one) Issued ☒
 repair permit ☐ voluntary upgrade ☐ Denied ☐

OSE/PE Signature Thomas G. Hogge Date 7/8/16

Site and Soil Evaluation Report

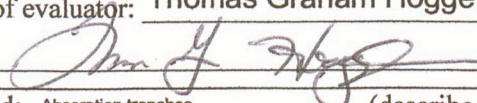
VDH Use Only

HDIN: _____

General Information

Date: 7-8-16 Madison County Health Department
 Owner: George Pettie Phone: (703) 405-0326
 Owner Address: 1010 Massachusetts Ave NE, Washington, DC 20002
 Property Address: _____
 Tax Map/GPIN #: 9-45
 Subdivision: _____ Section: _____ Block: _____ Lot: D

Soil Information Summary

1. Position in landscape satisfactory: ☒ Yes ☐ No Describe landscape position: Sideslope
 2. Slope: 14 %
 3. Depth to rock/impervious strata: Max. 75+ in. Min. 54+ in. ☒ Not observed
 4. Free Water Present: ☐ Yes ☒ No Range in inches: _____
 5. Depth to seasonal water table (gray mottling or gray color): _____ inches ☒ Not observed
 6. Soil percolation rate estimated: ☒ Yes ☐ No Estimated rate: 50 min/in at 36 inches depth
 Texture Group: ☐ I ☒ II ☒ III ☐ IV
 7. Percolation test performed: ☐ Yes ☒ No If yes, provide additional data on percolation test results.
- Name and title of evaluator: Thomas Graham Hogge, OSE
 Signature: 

☒ Site approved: Absorption trenches (describe dispersal area, e.g. absorption trenches) dispersing Septic tank effluent (proposed level of treatment at time of evaluation) to be placed at 36 (inches) depth at site designated on permit. Site provides a total of 3000 square feet of absorption area for primary and reserve (if applicable).

☐ Site disapproved: Reasons for rejection (check all that apply)

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 absorption area, and/or reserve area.
6. ☐ Proposed system too close to well.
7. ☐ Other (specify) _____

Date of Evaluation: 4-21-16

Profile Description

SOIL EVALUATION REPORT

Property ID: TM 9-45: Lot D

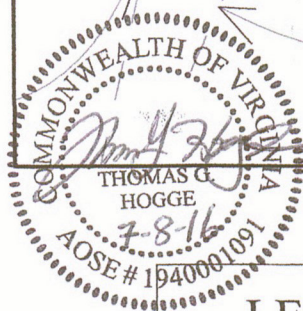
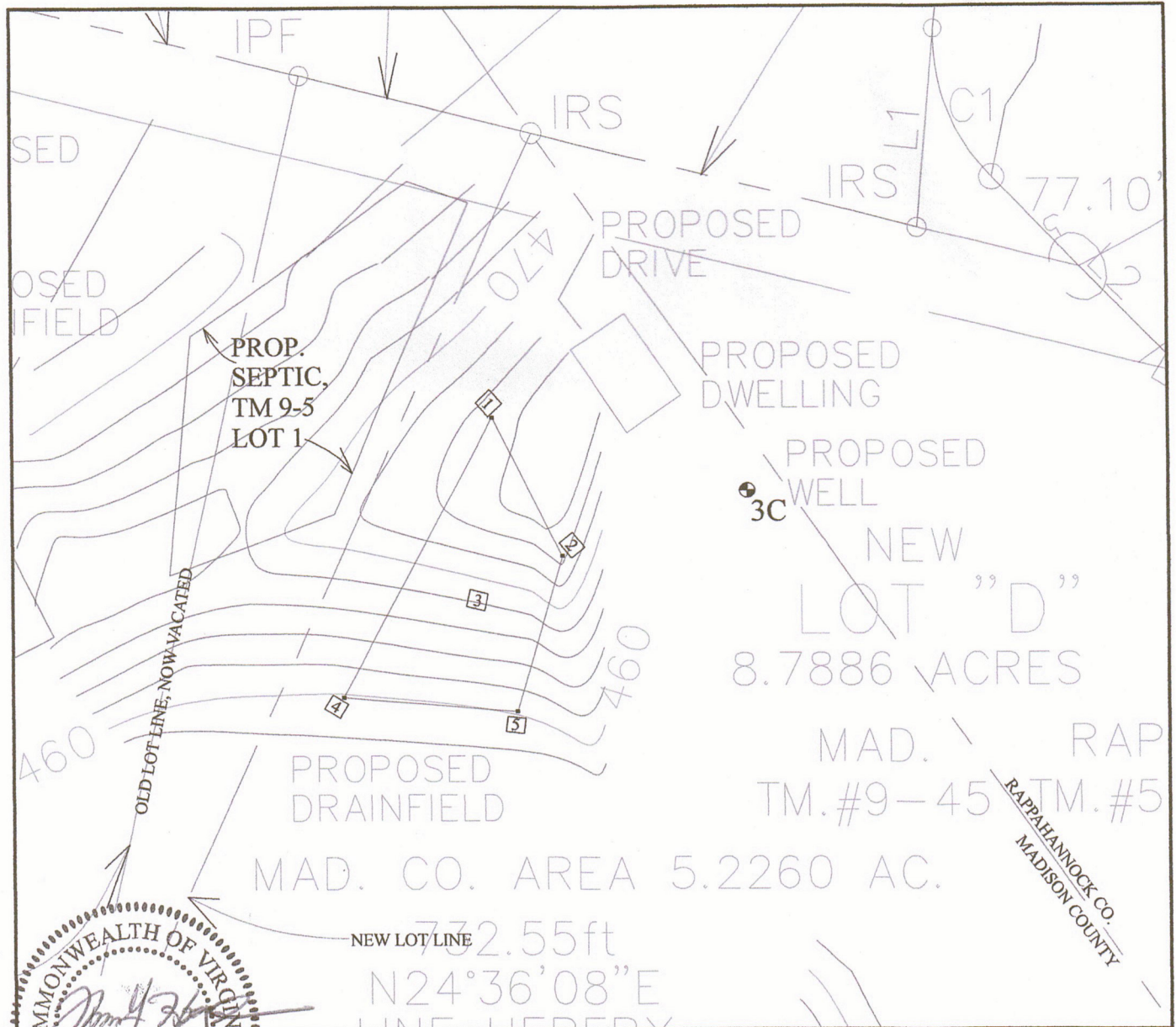
Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private Onsite Soil Evaluator or Professional Engineer, location of profile holes and sketch of the area investigated including all structural features (i.e. sewage disposal systems, wells, etc.) within 100 feet of the site 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.

[illegible]

REMARKS:

**SITE SKETCH SHOWING PROPOSED PRIMARY
AND RESERVE SEPTIC AND PRIVATE WELL,
PROPOSED DIVISION OF TAX MAP # 9-45
MADISON COUNTY, VA, SCALE: 1" = 100'**



LEGEND

- 3 Backhoe Pit
- 3C Proposed Well Spot
- Drainfield/Reserve Corner Stake



AUTHORIZED ONSITE SOIL EVALUATORS (AOSEs)

P.O. Box 418 Ruckersville, VA 22968 (434) 985-2780

Design Calculations
Proposed Division of Tax Map 9-45
"Lot D"
Madison County, VA

Design Basis

A. Estimated Percolation Rate 50 @ 36"
(Minutes per inch)

B. Trench bottom square feet 376
Required per Bedroom
(from Table 5.4) based on
☒ Gravity ☐ LPD ☐ other:

C. Number of Bedrooms 4

Area Calculations:

D. Length of Trench (ft.) 100

E. Length of Available Area (ft.) 100

F. Width of Trench (ft.) 3

G. Number of Trenches 6

H. Center-to-center spacing (ft.) 10

I. Width required (ft.) 93 (Including reserve)

J. Width of available area (ft.) 100

K. Total square footage required 1504

L. Square footage in design 1800

M. Is a reserve area required? yes

Using GMP 135.A and an approved gravelless system, only 282 square feet per bedroom is required, or 1128 total. There is room for an additional 4-100' lines (3' wide) within the designated footprint, so 100% reserve is provided.