

\$ 475.00, CK# 002541
22980210 (2 lots)

Commonwealth of Virginia

Application for Subdivision Review

(page 1 of 2 to be filled out by the Owner or Agent)

VDH Use Only
Health Department ID# <u>LS-15-06</u>
Due Date _____

Owner M. Coble LLC
Mailing Address 331 Lakeside Dr.
Chesapeake, VA 22701
Developer/Agent Mike Coble
Mailing Address _____
AOSE _____
Mailing Address _____

Phone 718-2663
Phone 825-1663
Fax _____
Phone _____
Phone _____
Fax _____
Phone _____
Phone _____
Fax _____

* Call when plats are ready.

Directions to Property: Rt. 522 North to
intersection of 522 + 633 -
Name of Proposed Subdivision N/A
Tax Map 29-31 Other Property Identification _____ Dimension/Acreage of Property _____
Number of lots proposed 2 Proposed water source (note: new or existing, public or individual) new well
General size of lots 30 acre / 3.9 acre (give range if appropriate)
Additional description of subdivision _____

29-31

Overview of soils and geology (optional but encouraged) _____

In order for VDH to process a subdivision application you must attach a plat of the property showing the location of the proposed onsite sewage disposal systems and the reserve absorption areas (if required) and the location of the water supply system on each lot, if applicable. Each plat or subsection of a subdivision plat shall be accompanied by specific soil information for each lot (absorption area and reserve area). If not provided by the local subdivision ordinance, the district or local health department may require the plat to show streets, utilities, storm drainage, water supplies, easements, lot lines and original topographic contour lines by detail survey or other information as required.

When the OSE site evaluations are reviewed, the property lines, building location and the proposed well and sewage system sites must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by an Onsite Soil Evaluator (OSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

[Signature]
Signature of Owner/Agent

4-10-15
Date

Commonwealth of Virginia

Application for Subdivision Review

(page 2 of 2 to be filled out by the county official requesting a VDH review)

VDH Use Only
Health Department ID# _____
Due Date _____

County Office initiating request _____

Contact Individual _____ Phone _____

Local offices of the Virginia Department of Health may review subdivision applications for compliance with state rules and regulations governing sewage treatment and dispersal and private water supplies, compliance with local ordinance governing sewage treatment and dispersal and private water supplies and potentially for compliance with other local ordinances. Please indicate the nature of review you are asking the health department to conduct.

1. Review for conformance with the Sewage Handling and Disposal Regulations
2. Review for conformance with local onsite wastewater ordinances
3. Other (describe below)

Reviewed on 4-16-15 - Both lots conventional
J. Haldin

Name and title of requestor _____ Date _____

Level I & II Review Form

Tax Map/GPIN #:

HDID: LD-15-06

Reviewer: Suzanne Haldin

Date: April 16, 2015

Level I Review

Item	IN ¹	OUT ²	N. O. ³	N. A. ⁴	Comments
Location					
Site features affecting well & septic system location identified	X				
Landscape position indicated	X				
Absorption Area	X				
House site located	X				
Other:					
Separation distance adequate	X				
Adequate triangulation / scale	X				
Depth					
Limiting factors (or lack of) noted	X				
Depth adequate for slope	X				
Depth adequate for limiting factors	X				
Timed-Dosing specified (if required)				X	
Capacity					
Absorption area adequately evaluated (number and location of borings / pits)	X				
Design flow adequate for intended use	X				
Adequate trench area, based on flow & estimate / measured perc rate	X				
Adequate footprint area (including reserve area, if required)	X				
Treatment					
Treatment level specified	X				
Treatment level adequate for specified absorption area depth	X				
Treatment capacity adequate for design flow	X				

Level II Review

Item	IN	OUT	N. O.	N. A.	Comments
Location					
Site features affecting location adequately identified					
Separation distances adequate					
Landscape position identified & adequate					
Slope adequately identified					
Depth					
Depth to limiting factors adequate (A)					
Capacity					
Estimated per rate adequate (A)					
Treatment					
Correct level of treatment indicated					

1 In substantial agreement; 2 Not in substantial agreement; 3 Not observed; 4 Not applicable

(A) If one boring indicates disagreement, reviewer should complete a second boring before concluding that there is overall disagreement.

Additional comments, if any:

OSE/PE Report For:

Construction
PermitRepair
PermitVoluntary Upgrade
PermitCertification
LetterSubdivision
Approval

Property Location:

911 Address: TO BE ESTABLISHED City: CULPEPERLot # 1 Section _____ Subdivision CORBINGPIN or Tax Map # 29-31

Health Dept ID # _____

Latitude _____

Longitude _____

Applicant or Client Mailing Address:

Name: M. CORBIN LLCStreet: 331 LAKESIDE DR.City: CULPEPERState VAZip Code 22701

Prepared by:

OSE Name T.A. HOUSTON, JR.License # 1116Address P.O. BOX 891City CULPEPERState VAZip Code 22701

PE Name _____

License # _____

Address _____

City _____

State _____

Zip Code _____

Date of Report 4/3/2015

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.)

APPLICATION, EVALUATION SUMMARIES, SOIL PROFILES, SYSTEM SPEC.

ABBREVIATED DESIGN, SITE SKETCH

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 _____

Date 4/3/15

Commonwealth of Virginia

Application for: ☒ Sewage System ☒ Water Supply

Owner M. CORBIN LLC

Mailing Address 331 LIKESIDE DR.
CULPEPER, VA 22701

Agent T.A. HOUSTON, JR.

Mailing Address P.O. BOX 891
CULPEPER

Site Address OLD HOUSE 9518 SPERRYVILLE PIKE

VDH Use only

Health Department ID# _____

Due Date _____

Phone 825-1663

Phone _____

Fax _____

Phone 825-6262

Phone _____

Fax _____

Email TOMAH2@COMCAST.NET

Directions to Property: 522 N TO INT OF 633 PROPERTY ON LT.

Subdivision _____ Section _____ Block _____ Lot #/

Tax Map 29-31 Other Property Identification _____ Dimension/Acreage of Property 7.0 AC.

Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) only when ready to build.

☒ Certification Letter

☐ Construction Permit

☐ Voluntary Upgrade

☐ Repair Permit

Proposed Use:

Single Family Home (Number of Bedrooms 4)

Multi-Family Dwelling (Total Number of Bedrooms _____)

Other (describe) _____

Basement? ☒ Yes ☐ No

Walk-out Basement? ☐ Yes ☐ No

Fixtures in Basement? ☐ Yes ☐ No

Conditional permit desired? ☐ Yes ☐ No

If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited Occupancy ☐ Intermittent or seasonal use ☐ Temporary use not to exceed 1 year

Do you wish to apply for a betterment loan eligibility letter? ☐ Yes ☐ No *There is a \$50 fee for determination of eligibility.

Water Supply

Will the water supply be ☐ Public or ☒ Private?

Is the water supply ☐ Existing or ☒ Proposed?

If proposed, is this a replacement well? ☐ Yes ☒ No

If yes, will the old well be abandoned? ☐ Yes ☐ No

Will any buildings within 50' of the proposed well be termite treated? ☐ Yes ☒ No

All Applicants

Is this a private sector OSE/PE application? ☒ Yes ☐ No

If yes, is the OSE/PE package attached? ☒ Yes ☐ No

Is this property indeed to serve as your (owners) principal place of residence? ☐ Yes ☒ No

In order for VDH to process your application for a sewage system you must attached a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage sites must be clearly marked and the property sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.


Signature of Owner/ Agent

4/3/2015

Date

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 12/1/2014

P20#7

Site and Soil Evaluation Report

VDH Use Only

HDIN: _____

General Information

Date: 4/3/2015 CULPEPER County Health Department
 Owner: M. CORBIN LLC Phone: 825-1663
 Owner Address: 331 LAKESIDE DR
 Property Address: 9518 SPERRYVILLE PIKE
 Tax Map/GPIN #: 29-31
 Subdivision: CORBIN Section: _____ Block: _____ Lot: # 1

Soil Information Summary

1. Position in landscape satisfactory: ☒ Yes ☐ No Describe landscape position: SHOULDER
 2. Slope: 6 %
 3. Depth to rock/impervious strata: Max. _____ in. Min. _____ 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 24" 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: T.A. HOUSTON, JR. AOSE #1116
 Signature: _____

☒ Site approved: ABSORPTION TRENCHES (describe dispersal area, e.g. absorption trenches) dispersing PRIMEARY (proposed level of treatment at time of evaluation) to be placed at 24" (inches) depth at site designated on permit. Site provides a total of 1500 x 2 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)

P30F7

SOIL PROFILE DESCRIPTION REPORT

P. OF

REF HD #

PROJECT NUMBER & CLIENT

29-31 M. CORBIN LLC
TMP 29-31 UPPER LOT #1

DATE OF EVALUATION 5/17/2015

HOLE #	HORIZON	DEPTH	DESCRIPTION OF, COLOR, TEXTURE, ETC.	TEXTURE
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P-1	A	0-10"	10 YR 5/4 SANDY LOAM, BLOCKY, ROOTS,	II
	BT	10-24"	7.5YR 6/4 GRANULAR, BLOCKY SANDY LOAM,	II-III
	BT2	24-30	2.5 YR 5/6, 5/8, SILTY CLAY LOAM MICA, BLOCKY FRIABLE.	III
	B-C	30-52	2.5 YR 5/6 + 10YR 5/6, 6/6 SANDY LOAM, FRIABLE, MICA RESIDUAL	IIB

P-2	A	0-8	10 YR 4/2 SANDY LOAM, BLOCKY, ROOTS.	II
	B	8-24"	10 R 4/5, 6/6 SILT LOAM MICA BLOCKY, MICA, FRIABLE ROOTS.	III
	B2	24-55"	7.5YR 5/8, 6/8, BLOCKY SILT LOAM, MICA, FRIABLE.	III

P-3	A	0-8"	2.5YR 3/3 SILT LOAM, BLOCKY, ROOTS.	II
	B	8"-20	2.5YR 6/6, 6/8, SILTY CLAY LOAM, BLOCKY, MICA, ROOTS.	III
	B2	20-32"	7.5YR 4/8, SILT LOAM, MICA, BLOCKY FRIABLE.	III
	B-C	32-52"	7.5 YR 7/8, 6/8 SANDY LOAM FRIABLE, COMMON MICA, BLOCKY	IIB

P-4	A	0-8"	7.5YR 5/4, 5/6, SANDY LOAM, BLOCKY, ROOTS.	II
	B	8"-20"	5YR 5/8, SILT LOAM, BLOCKY, MICA, ROOTS.	III
	B	38-52"	5YR 5/6, 5/8 SILT LOAM, BLOCKY, FRIABLE.	III
			2.5YR 5/8, SILT LOAM SOFT SAPROLITE SCHIST.	

RECOMMENDED BED DEPTH 24" IN.

RATE 50 MPI

P40-7

System Specifications

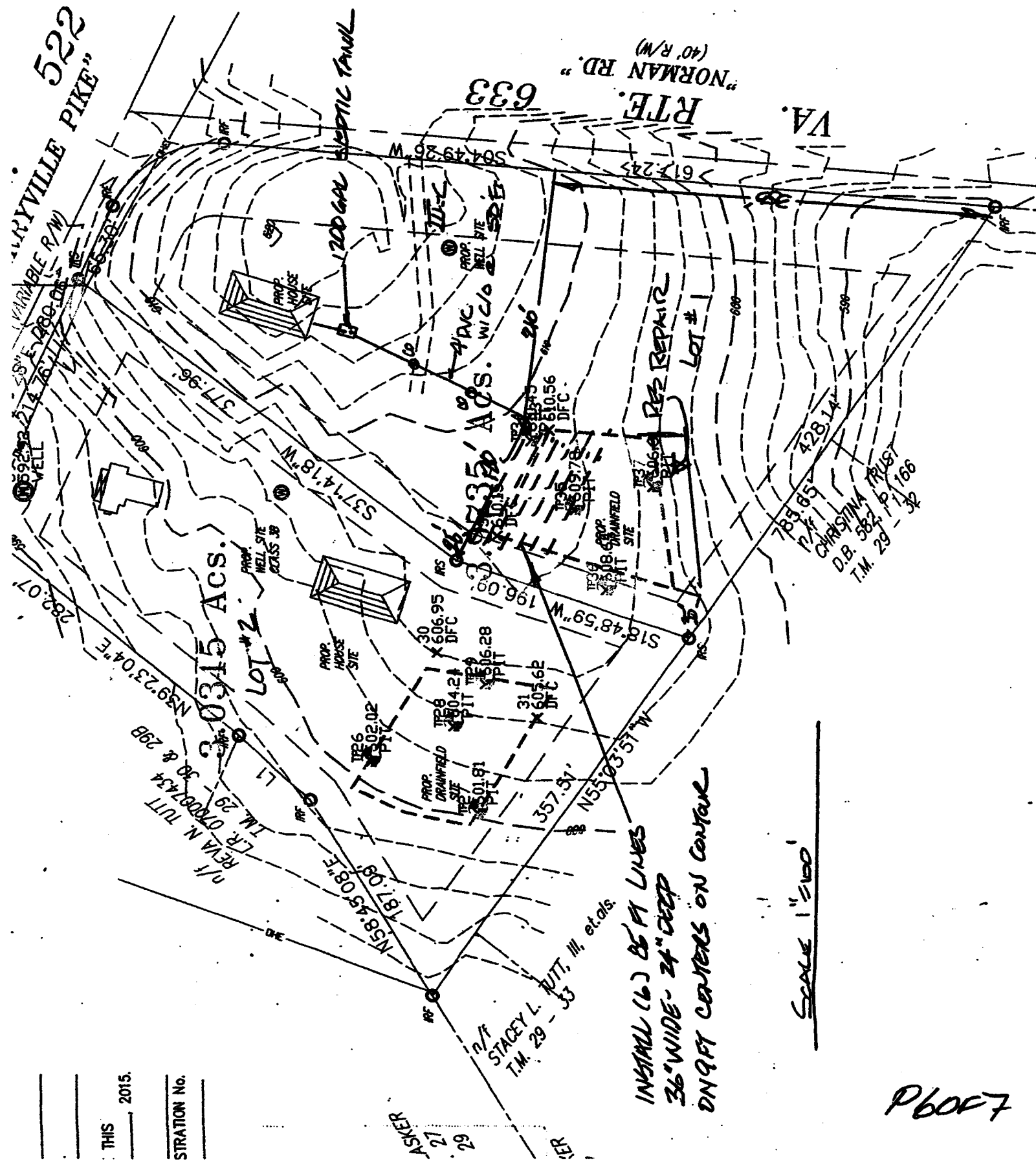
VDH Use Only
HDIN: _____

Application Information	
Name: <u>M. CORBIN LLC</u>	Address: <u>331 LAKESIDE DR.</u>
Phone: <u>825-1663</u>	
Location Information	
Tax Map/GPIN #: <u>28-31</u>	Property Address: <u>9518 SPERRYVILLE PIKE</u>
Subdivision: <u>CORBIN LLC</u>	Section: _____ Block: _____ Lot: # <u>1</u>
Directions: <u>522 N. TO INT OF 633 PROP ON LT.</u>	
General Information	
Property Type (e.g. residential): <u>RESIDENTIAL</u>	Number of Bedrooms: <u>4</u>
Daily Flow: <u>600</u> gpd	Conditions: <u>NONE</u>
Notes: _____	
Sewer Line	
Diameter: <u>4"</u> in. Material: <u>P.V.C.</u>	(or equivalent) Notes: _____
Pretreatment Unit(s)	
Treatment Level: <u>PRIMARY</u>	Septic Tank Capacity: <u>1200</u> gallons
Number of Septic Tanks <u>ONE</u>	Size of Septic Tank(s) <u>1200</u> gallons
Per the Sewage Handling and Disposal Regulations, check which option(s) chosen:	
<input checked="" type="checkbox"/> Septic tank with inspection port <input type="checkbox"/> Septic tank with effluent filter <input type="checkbox"/> Reduced maintenance septic tank	
Secondary treatment device(s), if applicable: <u>N/A</u>	
Notes: _____	
Conveyance Line	Distribution Method and Header Lines
Conveyance Method: <u>GRAVITY</u>	Distribution Method: <u>GRAVITY</u>
If pumping, include pump specifications sheet.	No. of boxes: <u>ONE</u> No. of outlets: <u>12</u>
Material: _____ Diameter: _____	Surge or splitter box required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Notes: _____	Header Line Material: <u>PVC</u>
Percolation Lines/Absorption Area	
Dispersal Method (e.g. laterals, pad, mound): <u>LATERALS (S)</u>	
If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet.	
No. of laterals/pads: <u>SIX (6)</u> Length of lateral(s)/pad(s): <u>85'</u> ft. Width of lateral(s)/pad(s): <u>36"</u> in.	
Center to center spacing: <u>9.0'</u> ft. Installation depth: <u>24"</u> in. Aggregate depth: <u>13"</u> in.	
Size/Type of Aggregate: <u>CLEAN WASHED 5/8" #5's</u> Lateral/pad slope: <u>2-4"</u> in. per <u>100'</u> ft.	
Reserve Area Provided: <u>100</u> % Notes: _____	
Please Note: _____	

153012 ✓
P50x7

THIS 2015.

STRATION No.



INSTALL (6) 25' LINES
36" WIDE - 24" DEEP
ON 9 FT CENTERS ON CENTER

SCALE 1"=100'

P6007

Culpeper County, Virginia Parcel Detail Report



Parcel Number 29 31

Owner M CORBIN LLC

Address 331 LAKESIDE DR
CULPEPER, VA 22701-1945

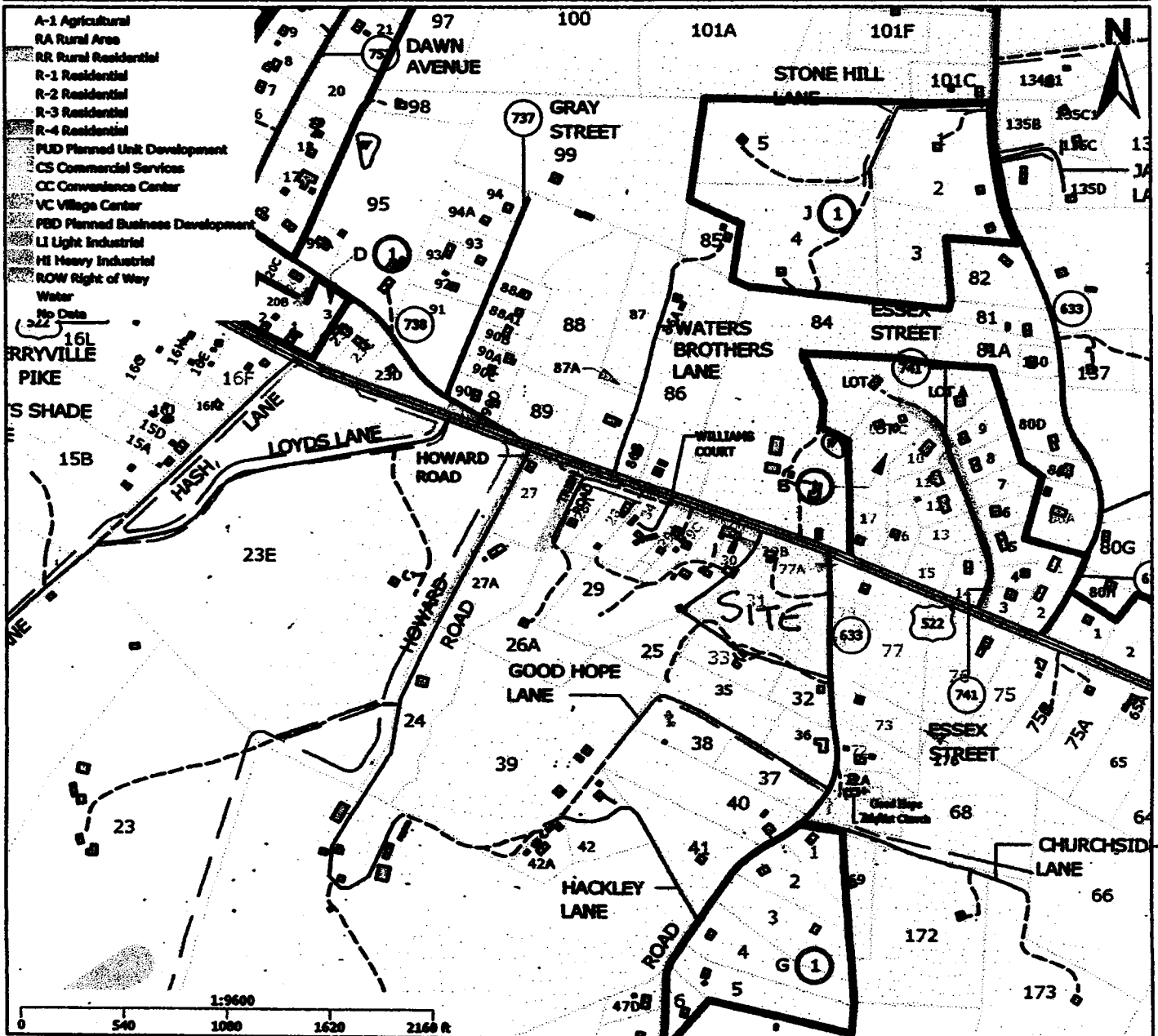
Description NORMAN

Zoning RA
Acreage 7.0

Deed Book 12201
Page 0

Year Built 1898
Year Sold 2004

Improved Value 1,000
Land Value 90,100
Other Improvements 0
Total Property Value 91,100



April 3, 2015

Page 1 of 1

P1067

OSE/PE Report For:

Construction
PermitRepair
PermitVoluntary Upgrade
PermitCertification
LetterSubdivision
Approval

Property Location:

911 Address: TO BE ESTABLISHED City: CULPEPERLot # 2 Section _____ Subdivision CORBINGPIN or Tax Map # 29-31 Health Dept ID # _____

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: M. CORBIN LLCStreet: 331 LAKESIDE DR.City: CULPEPER State VA Zip Code 22701

Prepared by:

OSE Name T.A. HOUSTON, JR. License # 1116Address P.O. BOX 891City CULPEPER State VA Zip Code 22701

PE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report 4/3/2015

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.)

APPLICATION, EVALUATION SUMMARIES, SOIL PROFILES, SYSTEM SPEC.

ABBRECIATED DESIGN, SITE SKETCH

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 [Signature] Date 4/3/15

Commonwealth of Virginia

Application for: ☒ Sewage System ☒ Water Supply

Owner M. CORBIN LLC

Mailing Address 331 LIKESIDE DR.
CULPEPER, VA 22701

Agent T.A. HOUSTON, JR.

Mailing Address P.O. BOX 891
CULPEPER

Site Address OLD HOUSE 9518 SPERRYVILLE PIKE

VDH Use only

Health Department ID# _____

Due Date _____

Phone 825-1663

Phone _____

Fax _____

Phone 825-6262

Phone _____

Fax _____

Email TOMAH2@COMCAST.NET

Directions to Property: 522 N TO INT OF 633 PROPERTY ON LT.

Subdivision _____ Section _____ Block _____ Lot # 2

Tax Map 29-31 Other Property Identification _____ Dimension/Acreage of Property 7.0 AC.

Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) **only when ready to build.**

☒ Certification Letter

☐ Construction Permit

☐ Voluntary Upgrade

☐ Repair Permit

Proposed Use:

Single Family Home (Number of Bedrooms 4)

Multi-Family Dwelling (Total Number of Bedrooms _____)

Other (describe) _____

Basement? ☒ Yes ☐ No

Walk-out Basement? ☐ Yes ☐ No

Fixtures in Basement ☐ Yes ☐ No

Conditional permit desired? ☐ Yes ☐ No

If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited Occupancy ☐ Intermittent or seasonal use ☐ Temporary use not to exceed 1 year

Do you wish to apply for a betterment loan eligibility letter? ☐ Yes ☐ No *There is a \$50 fee for determination of eligibility.

Water Supply

Will the water supply be ☐ Public or ☐ Private?

Is the water supply ☐ Existing or ☐ Proposed?

If proposed, is this a replacement well? ☐ Yes ☒ No

If yes, will the old well be abandoned? ☒ Yes ☐ No

Will any buildings within 50' of the proposed well be termite treated? ☐ Yes ☒ No

All Applicants

Is this a private sector OSE/PE application? ☒ Yes ☐ No

If yes, is the OSE/PE package attached? ☐ Yes ☐ No

Is this property indeed to serve as your (owners) principal place of residence? ☐ Yes ☒ No

In order for VDH to process your application for a sewage system you must attached a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage sites must be clearly marked and the property sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.


Signature of Owner/ Agent

4/3/2015

Date

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 12/1/2014

P20F7

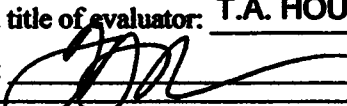
Site and Soil Evaluation Report

VDH Use Only
HDIN: _____

General Information

Date: 4/3/2015 CULPEPER County Health Department
 Owner: M. CORBIN LLC Phone: 825-1663
 Owner Address: 331 LAKESIDE DR
 Property Address: 9518 SPERRYVILLE PIKE
 Tax Map/GPIN #: 29-31
 Subdivision: CORBIN Section: _____ Block: _____ Lot: #2

Soil Information Summary

1. Position in landscape satisfactory: ☒ Yes ☐ No Describe landscape position: SHOULDER
 2. Slope: 6 %
 3. Depth to rock/impervious strata: Max. _____ in. Min. 36" in. ☐ Not observed PIT#4
 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 18" 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: T.A. HOUSTON, JR.AOSE #1116
 Signature: 

☒ Site approved: ABSORPTION TRENCHES (describe dispersal area, e.g. absorption trenches) dispersing PRIMEARY (proposed level of treatment at time of evaluation) to be placed at 18" (inches) depth at site designated on permit. Site provides a total of 1500 x 2 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) _____

P30F7

SOIL PROFILE DESCRIPTION REPORT

P. ____ OF ____

REF HD #

PROJECT NUMBER & CLIENT

29-31 M. CORBIN LLC
TMP 29-31 LOWER LOT #2

DATE OF EVALUATION

5/17/2015

HOLE #	HORIZON	DEPTH	DESCRIPTION OF, COLOR, TEXTURE, ETC.	TEXTURE
P-1	A	0-8"	10 YR 5/4 SANDY LOAM, BLOCKY, ROOTS,	II
	BT	8-20"	2.5YR 5/6, 5/8, SILTY CLAY LOAM, GRANULAR, BLOCKY.	III
	BT2	20-36"	2.5 YR 5/6, 5/8, + 5YR 5/8 SILT LOAM MICA, BLOCKY FRIABLE. FIRM @ 36"	III
	B-C	36-52	2.5 YR 5/6 + 10YR 5/6, 6/6 SANDY LOAM, FRIABLE, MICA RESIDUAL WEATHERED SAPROLITE, SANDSTONE, FRIABLE, BLOCKY	IIIB
P-2	A	0-10	10 YR 4/2 SANDY LOAM, BLOCKY, ROOTS.	II
	B	10-30"	10 R5/6, 6/6 SILT LOAM MICA BLOCKY, MICA, FRIABLE ROOTS.	III
	B2	30-50"	7.5YR 5/8, 6/8, BLOCKY MULTI COLORED SANDY CLAY LOAM, MICA, FRIABLE.	III
P-3	A	0-8"	2.5YR 3/3 SILT LOAM, BLOCKY, ROOTS.	II
	B	8"-20	2.5YR 6/6, 6/8, SILTY CLAY LOAM, BLOCKY, MICA, ROOTS.	III
	B2	20-36"	5YR 5/6, 7.5YR 5/6, SILT LOAM, MICA, BLOCKY FRIABLE. 20% ROCK FRAGMENTS.	III
	B-C	32-52"	7.5 YR 7/8, 6/8 SANDY LOAM FRIABLE, COMMON MICA, BLOCKY	III
P-4	A	0-8"	10 YR 5/4, 5/6, SANDY LOAM, BLOCKY, ROOTS.	II
	B	8"-20"	10YR 5/8, 5/6, SILT LOAM, BLOCKY, MICA, ROOTS.	III
	B	20-36"	10YR 5/6, 5/8 SANDY LOAM, SILT LOAM, BLOCKY, FRIABLE. WEATHERED SAPROLITE, SANDSTONE, FRIABLE, BLOCKY	III

RECOMMENDED BED DEPTH 18" IN.
RATE 50 MPI

P40F7

System Specifications

VDH Use Only

HDIN: _____

Application Information	
Name: <u>M. CORBIN LLC</u>	Address: <u>331 LAKESIDE DR.</u>
Phone: <u>825-1063</u>	
Location Information	
Tax Map/GPIN #: <u>29-31</u>	Property Address: <u>9518 SPERRYVILLE PIKE</u>
Subdivision: <u>CORBIN LLC</u>	Section: _____ Block: _____ Lot: # <u>2</u>
Directions: <u>522 N. TO INT OF 633 PROP ON LT.</u>	
General Information	
Property Type (e.g. residential): <u>RESIDENTIAL</u>	Number of Bedrooms: <u>4</u>
Daily Flow: <u>600</u> gpd	Conditions: <u>NONE</u>
Notes: _____	
Sewer Line	
Diameter: <u>4"</u> in. Material: <u>P.V.C.</u>	(or equivalent) Notes: _____
Pretreatment Unit(s)	
Treatment Level: <u>PRIMARY</u>	Septic Tank Capacity: <u>1200</u> gallons
Number of Septic Tanks <u>ONE</u>	Size of Septic Tank(s) <u>1200</u> gallons
Per the Sewage Handling and Disposal Regulations, check which option(s) chosen:	
<input checked="" type="checkbox"/> Septic tank with inspection port <input type="checkbox"/> Septic tank with effluent filter <input type="checkbox"/> Reduced maintenance septic tank	
Secondary treatment device(s), if applicable: <u>NA</u>	
Notes: _____	
Conveyance Line	Distribution Method and Header Lines
Conveyance Method: <u>GRAVITY</u>	Distribution Method: <u>GRAVITY</u>
If pumping, include pump specifications sheet.	No. of boxes: <u>ONE</u> No. of outlets: <u>12</u>
Material: _____ Diameter: _____	Surge or splitter box required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Notes: _____	Header Line Material: <u>PVC</u>
Percolation Lines/Absorption Area	
Dispersal Method (e.g. laterals, pad, mound): <u>LATERALS (S)</u>	
If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet.	
No. of laterals/pads: <u>SIX (6)</u>	Length of lateral(s)/pad(s): <u>35'</u> ft. Width of lateral(s)/pad(s): <u>35"</u> in.
Center to center spacing: <u>9.0'</u> ft.	Installation depth: <u>18"</u> in. Aggregate depth: <u>13"</u> in.
Size/Type of Aggregate: <u>CLEAN WASHED 57S</u>	Lateral/pad slope: <u>2-4"</u> in. per <u>100</u> ft.
Reserve Area Provided: <u>100</u> %	Notes: _____
Please Note: _____	

P50F7

ATION No.

LOT #2 INTALL (L) 85' FT. LINES
3FT WIDE - 18" DEEP
9' FT CENTERED ON CENTER

RTE.
"SPERRYVILLE PIKE"
522

U.S.

10/11 STACEY L. TUTT, III, et al.s
J.M. 29 - 33

AC 5.

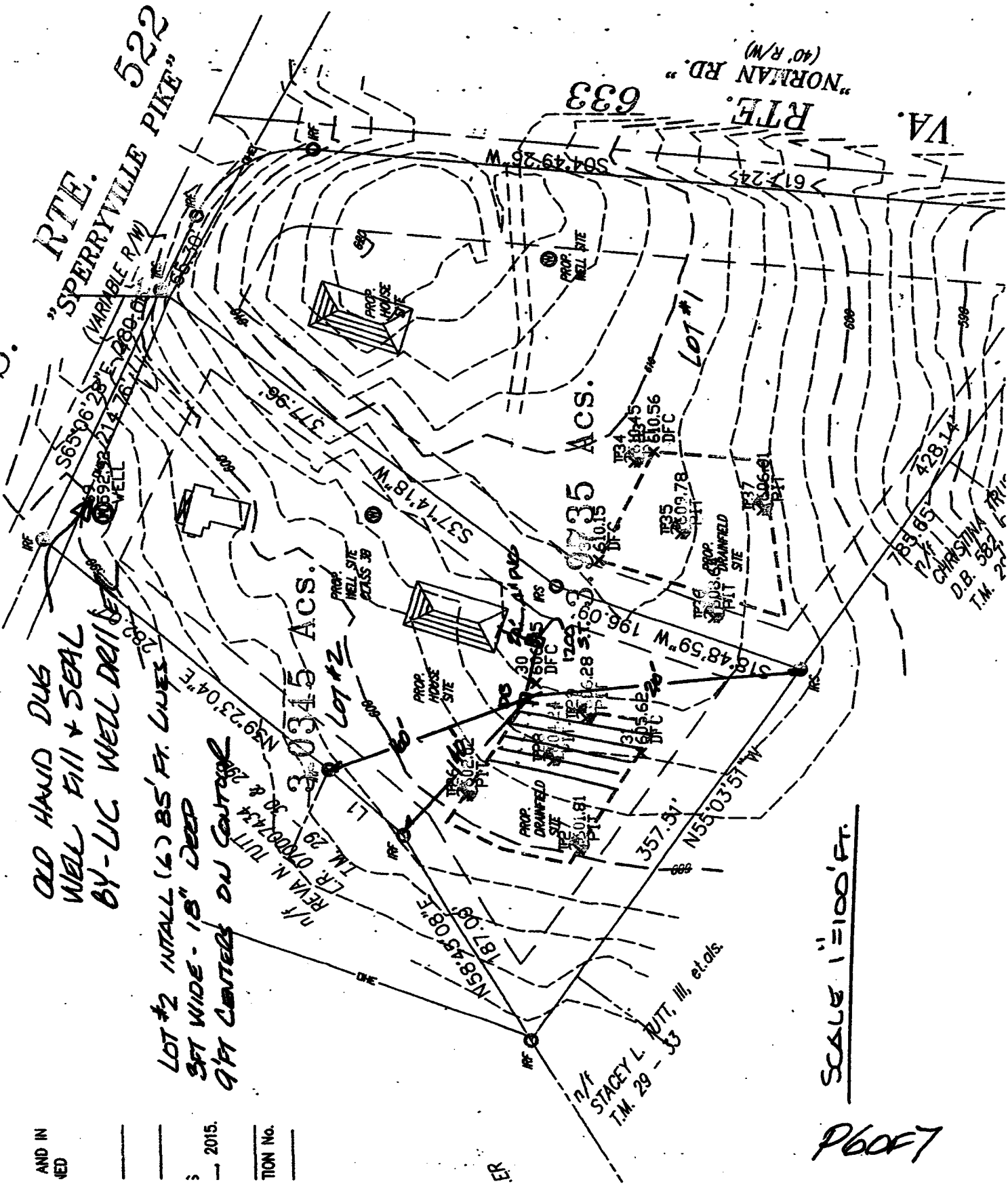
633

RTE.
"NORMAN RD."
(40' R/W)

VA.

Scale 1 = 100 ft.

P60F7



Culpeper County, Virginia Parcel Detail Report



Parcel Number 29 31

Owner M CORBIN LLC

Address 331 LAKESIDE DR
CULPEPER, VA 22701-1945

Description NORMAN

Zoning RA

Acreage 7.0

Deed Book 12201

Page 0

Year Built 1898

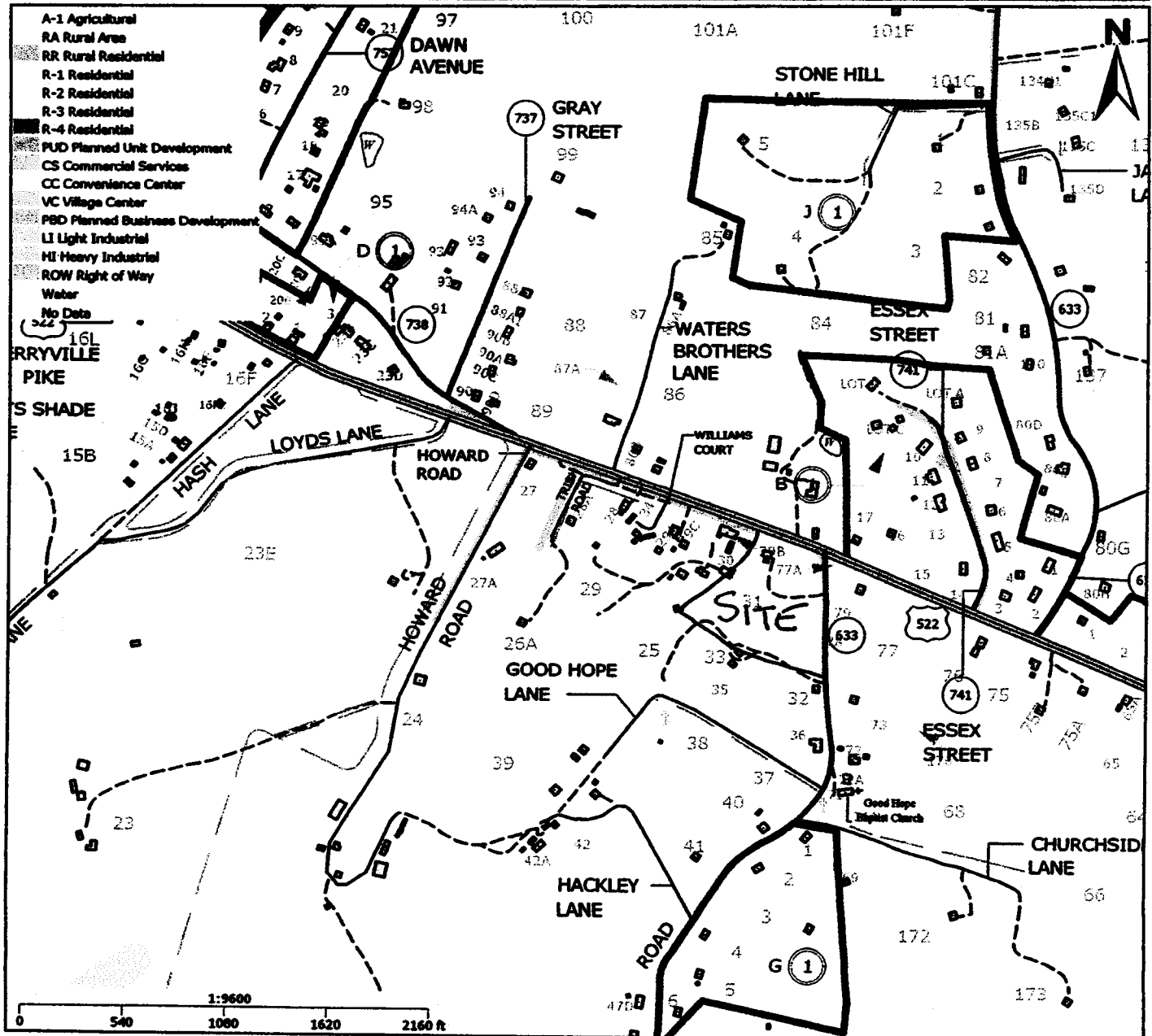
Year Sold 2004

Improved Value 1,000

Land Value 90,100

Other Improvements 0

Total Property Value 91,100



April 3, 2015

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