
OSE Certification Letter

March 1, 2023

Josh Pretlow
6045 Everets Road
Suffolk, VA 23434

RE: lot, Padua Lane, Sperryville, VA 22740
Tax Map/GPIN: 26-16D
HDID: 157-23-011

LOWER SITE

This *Certification Letter* is issued in lieu of a sewage disposal system construction permit in accordance with §32.1-163, et seq., of the Code of Virginia. 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 an onsite sewage disposal system. The attached plat shows the approved area for the sewage disposal system. This letter is valid until a permit for construction is issued and the system is installed, inspected and approved. This letter is void if there is any substantial physical change in the soil or site conditions where the sewage disposal system is to be located.

The application for a certification letter 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 Onsite Soil Evaluator (OSE) or a Professional Engineer working in consultation with an OSE for residential development. The site for an individual onsite sewage system was certified as being in compliance with the Board of Health's regulations by: ***Douglas Jenkins, OSE***. This letter is issued in reliance upon that certification.

A permit to construct the sewage disposal system must be issued before construction of the system. If the property owner (current or future) applies for a construction permit within 18 months of the date of this letter, the application fee paid for this letter shall be applied to any state fees for a permit to construct a sewage disposal system. After 18 months, the applicant is responsible for paying all state fees for a permit application.

This letter, and accompanying plat of survey showing the specific location of the sewage disposal system area and well area (if applicable), may be recorded in the land records by the clerk of the circuit court in the jurisdiction where all or part of the site or proposed site of the system is to be located. The site shown on the plat is specific and must not be disturbed or

encroached upon by any construction. To do so voids this letter. Upon the sale or transfer of the land that is the subject of this letter, the letter shall be transferred with the title to the property.

Future owners are advised to review the plat for the location of the onsite sewage disposal area to make sure their building plans do not interfere with the area. If they have any questions regarding the location of the area, they should contact the local health department for assistance.

The area evaluated, and certified by this letter, is suitable to accommodate a **4-bedroom house using a system design of 600 gallons per day**. A reserve area is provided. The property will be served by a private water supply as shown on the attached plat. Owners are further advised that when connection to a public water system is proposed and the public water system has reached its permitted capacity, a permit for construction may not be issued until such time that a connection is approved and available for use.

This letter is an assurance that a sewage disposal system construction permit will be issued (provided there have been no substantial physical changes in the soil or site conditions where the system would be located); however, it is not a guarantee that a permit for a specific type of system will be issued. The design of the sewage system will be determined at the time of application for a building permit and sewage system construction permit. The design will be based on the site and soil conditions certified by this letter, structure size and location, water well location (final determination to be made at time of permit issuance), the regulations in effect at the time, and any off-site impacts that may have occurred since the date of the issuance of this letter. In some cases, engineered plans may be required prior to issuance of the construction permit. In accordance with § 32.1-164.1:1 of the *Code of Virginia* owners are advised to apply for a sewage disposal construction permit only when ready to begin construction.

This certification letter approval has been issued in accordance with applicable regulations based on the information and materials provided at the time of application. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this onsite sewage system. The owner is responsible at all times for complying with all applicable local, state, and federal laws and regulations. If you have any questions, please contact me.

Sincerely,



Medge Carter
Environmental Health Specialist, Sr.

CC: Douglas Jenkins, Private OSE

Level I & II Review Form

LOT CERT

Tax Map/GPIN #: 26-16D
 HDID: 157-23-011
 Reviewer: Medge Carter
 Level I Review

Date: 3/1/23

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

Level II Review

Date of Level II Review:	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:

RAPPAHANNOCK-RAPIDAN
DISTRICT TAG SHEET

Due Date: 3/1/23 Rev05/05/22

Owners Legal Name: Josh Pretlow
HDID: 157-23-011 **Tax Map / GPIN #:** 26-16D
Sewage System: Certification Letter Construction Permit Voluntary Upgrade Repair
 Minor Modification
Well: Construction Repair Replacement Abandonment Geothermal
Other: Subdivision Courtesy Review SAP

OSS SUPPORT	DATE	OSS INITIALS
Application Received & Date Stamped	1/30/23	KD
Fee Collected: \$320.00 * See note on	1/30/23	KD
Receipt Number: 575671 + 575672 Receipt	1/30/23	KD
Application Reviewed by OSS:	1/30/23	KD
Applicant Signed Disclosure Document: "Important Document" (Bare Applications Only)	1/30/23	KD
Application Entered into EHD:	2/1/23	KD
Researched Existing Files:		
Files Found & attached in EHD: Found parent property	2/1/23	KD
No Files Found:		
Assigned to EHS: <u>Medge</u> (Name)	2/1/23	KD

ENVIRONMENTAL SPECIALIST	DATE	EHS INITIALS
Site Visit Scheduled:	_____	_____
Initial Site Visit Made:	_____	_____
Level 1 / Level 2 Review (Circle one or both)	3/1/23	mc
OSE/PE/WWSP Contacted:	_____	_____
Follow Up Visit:	_____	_____
EHS Data Entry into EHD:	3/1/23	mc
Issue/Deny Drafted:	3/1/23	mc

OSS SUPPORT

Owner:

Applicant Notified Const. Permit Complete: _____

Delivery Method Enter Date:

Mailed _____ Emailed: _____ Faxed: _____ Picked Up: _____

List Other Method and Date: _____

OSE/PE/WWSP:

Delivery Method Enter Date:

Mailed _____ Emailed: _____ Faxed: _____ Picked Up: _____

OP Issued/Record of Inspection (circle one or both; date provided to owner): _____

Notes
 Septic Permit ID:
 Well Permit ID:
 Lot Review ID: 157-LR-3944

Lower Site

SEPTIC AND WELL APPLICATIONS CHECKLIST FOR COMPLETION

Place a check mark next to each complete item – if not applicable enter N/A.

Place ✓	ITEM	Place ✓	ITEM
All applications must include the below			
✓	If BARE application, provide the client a copy of the disclosure document for review and signature prior to accepting the application and remind applicant to mark property lines and mark house site.	✓	Owners Phone numbers (daytime / cell)
✓	Owner Name and mailing address	n/a	Agents Phone numbers (daytime / cell)
n/a	Agent's name & mailing address (if applicable)	✓	Direction to property are clear
✓	Site Address	✓	GPIN Number / Tax Map Number
n/a	Subdivision Name	✓	Application is legible
✓	Dimension/Acreage of Property	✓	Correct date of submission
✓	Fees paid and receipt given	✓	Principal Place of Residence Verified
✓	Signature of Owner or Agent		
Septic application must include the below			
n/a	Application Type	✓	Number of bedrooms listed 4
n/a	Basement (Yes/No) and subsequent answers as applicable	n/a	Conditional Permit (Yes/No) and subsequent answers as applicable
n/a	Betterment Loan (Yes/No)	✓	Survey Plat or Survey Plat waiver request (Bare applications)?
Well applications must include the below			
n/a	Water Supply (Public or Private)	n/a	Water Supply (Existing or Proposed)
n/a	If proposed is it a replacement (Yes/No)	n/a	Will the old well be abandoned (Yes/No)
n/a	Any termite treatment W/I 50' (Yes/No)		
If Private OSE/PE/WWSP Package - Additional Required Item			
✓	Number of complete packages submitted (3 preferred, 1 minimum) <u>3</u>	✓	All pages of the packets should be numbered & included
✓	Each package must contain date stamp with received date	✓	Signed OSE/PE certification statement
Once Application is Complete			
✓	Confirm the # of bedrooms listed on application matches any OP's previously issued on property.	✓	Application date stamped w/received date.
✓	Application entered on log.	✓	Due date recorded in upper right side on application.
✓	Health Department ID # recorded in upper right side on application	✓	File Set-UP
✓	Tag Sheet Completed	✓	Assigned and Given to EHS
✓	Application Package scanned and attached in VENIS (i.e. drawings and plats)		

Date: 2/1/23 OSS Initials: AD

Commonwealth of Virginia

Application for: Sewage System Water Supply

VDH Use only
Health Department ID# 157-23-001
Due Date 3/1/2023

Owner MR. JOSH PRETLOW

Phone 757-621-3078

Mailing Address 6045 EVERETS ROAD

Phone _____

SUFFOLK, VIRGINIA 23484

Fax _____

Agent MR. ADAM BEROZA

Phone _____

Mailing Address _____

Phone _____

Fax _____

Site Address padua Ln.

Email jpretlow@pretlowlaw.com

Directions to Property: _____

Subdivision _____ Section 26 Block _____ Lot 16D "LOWER"

Tax Map 26-16D Other Property Identification _____ Dimension/Acreage of Property 14

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.

LOWER SITE

Certification Letter Construction Permit Voluntary Upgrade Repair Permit Minor Modification

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

Well Type (e.g. domestic use, agricultural, irrigation, etc.) DOMESTIC USE

All Applicants

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

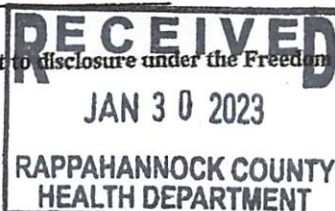
All applications must be accompanied by private sector evaluations and designs, unless a petition for VDH services is approved. Is a Petition for Service form attached? Yes No

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

Date

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 7/1/2019



L.R. 3944

1-10-23

OSE/PE Report For:

- Construction Permit
- Repair Permit
- Voluntary Upgrade Permit
- Certification Letter
- Subdivision Approval

Property Location:
 911 Address: PADUA LANE City: SASSEMILLS, VA
 Lot 16D Section 26 Subdivision _____
 GPIN or Tax Map # 26-16D Health Dept ID # 157-23-011
 Latitude _____ Longitude _____

Applicant or Client Mailing Address:
 Name: MR. JOSH FRETLow
 Street: 6045 EVERETS ROAD
 City: SUPPOCK, State VA Zip Code 23434

Prepared by:
 OSE Name DOUGLAS L. JENKINS License # 1940001230
 Address 499 WRIGHTS LANE
 City RAIFORD State VA Zip Code 22732
 PE Name N/A License # _____
 Address _____
 City _____ State _____ Zip Code _____

Date of Report 24 APR 2022 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.)

<u>1. APPLICATION</u>	<u>5. SITE SKETCH</u>
<u>2. OSE REPORT</u>	<u>6. ABBREVIATED DESIGN</u>
<u>3. SITE/SOIL EVALUATION SUMMARY</u>	<u>7. 3 COPIES OF SURVEYED PLAN</u>
<u>4. SOIL PROFILE DESCRIPTION</u>	

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 VACS-610), the Private Well Regulations (12 VACS-630), the Regulations for Alternative Onsite Sewage Systems (12VACS-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 potential for both conventional and alternative onsite sewage systems has been discussed with the owner/applicant.

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 Douglas L. Jenkins Date 24 APR 2022

Site and Soil Evaluation Report

"LOWER" SITE

VDH Use Only
HDIN: 157-23-011

General Information

Date: 29 NOVEMBER 2022 RAPPAHANNOCK County Health Department
 Owner: MR. JOSH PRETLOW Phone: _____
 Owner Address: 6045 EVERETS ROAD SUFFOLK, VA 23434
 Property Address: _____ PADAV LANE
 Tax Map/GPIN #: 26-16D "LOWER SITE"
 Subdivision: _____ Section: 26 Block: — Lot: 16D

Soil Information Summary

1. Position in landscape satisfactory: Yes No Describe landscape position: HILLSIDE
 2. Slope: 11 %
 3. Depth to rock/impervious strata: Max. _____ in. Min. 60 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 40 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: DOUGLAS L. JENKINS, A056
 Signature: Douglas L. Jenkins

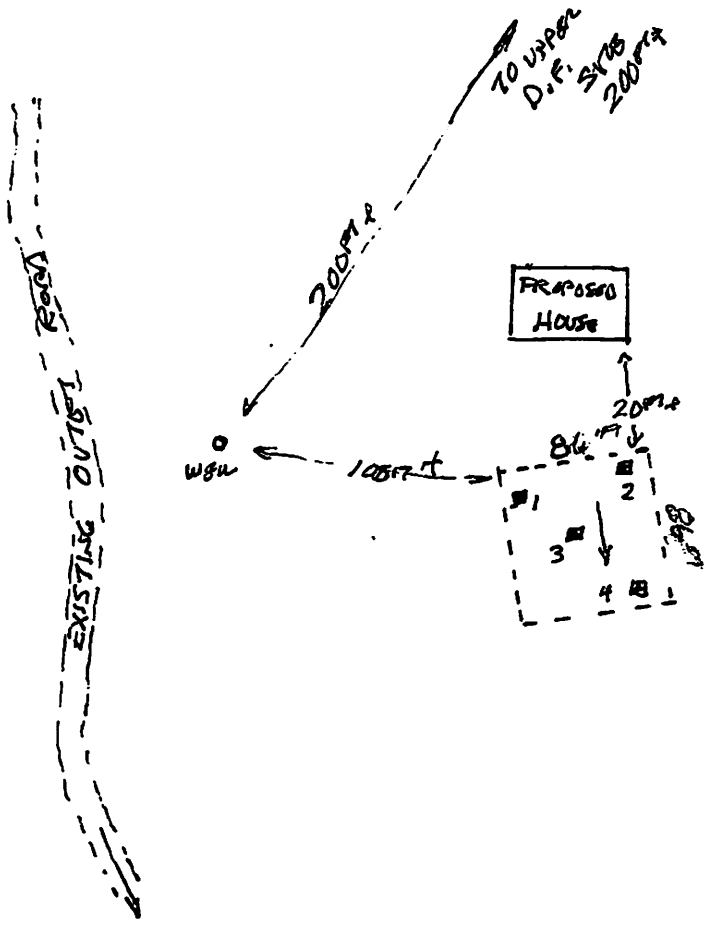
Site approved: absorption trenches (describe dispersal area, e.g. absorption trenches) dispersing
primary (proposed level of treatment at time of evaluation) to be placed at 40 (inches) depth at
 site designated on permit. Site provides a total of 7396 square feet of absorption area for primary and
 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) _____

SITE SKETCH
(NOT DRAWN TO SCALE)

TM: 26-16D
14.34 ACRES



"LOWER SITE"

BACKHOE PITS: 1, 2, 3, & 4
11% SLOPE

Abbreviated Design Form

This form is for use with gravity, pump to gravity, elevated flow, and low pressure distribution (LPD) sewage system designs and when applying for a certification letter or subdivision approval.

This abbreviated design covers the following and requires area. It only the primary area, it only the service area (check one) for 711, 26-16D "LOWER SITES" (property ID).

Design Details

Total length of available sewer 86 FT. Total width of available sewer 86 FT.
 Estimated Flow Rate 50 or 40 m. (gallons) Number of bedrooms (or GEDs) 4 (600GPD)
 Conveyance Method: GRAVITY Distribution method (gravity): DISTRIBUTION (one
 Disposed system hauls? TABLES 5.4 OR SHDR LCRH required? NO (Yes/No)
 Effluent quality required: PRIMARY (Primary, Secondary, Advanced Secondary)
 Requires flow per bedroom: 282 Total trench bottom area required: 1128 SQ. FT.
 * GRAVELLESS
1. Domestic pump, requires
 2. Inflow from, LPD, or Day Disposal
 3. Table 5.4 of GEDR or directly to GED and

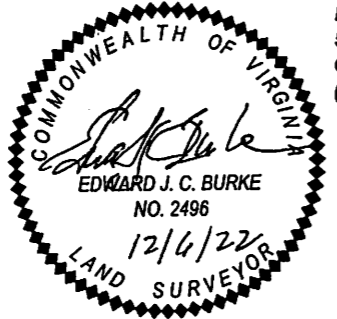
Area Calculations

Number of trenches 5 (None if a pad is used) Length of pad or trench: 86 FT.
 Width of pad or trench: 36 Center to center spacing: 10 FT +
 Reserve required? 465 Percent reserve area required: 100%
 Total width of absorption area required 86 FT. Total trench bottom area provided: 1290 SQ. FT.

This required width is established 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 tapering is not uniform across the length of the site the trenches will need to span apart on one end to maintain center. When this occurs it is necessary to use a center-to-center spacing that accounts for the fall or the hushbar 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.

- NOTES:**
- 1) TITLE REPORT FURNISHED
 - 2) UNDERGROUND UTILITIES NOT LOCATED
 - 3) PROPERTY SUBJECT TO ROAD MAINTENANCE AGREEMENT AS SET FORTH IN IN#21-1540
 - 4) PROPERTY SUBJECT TO EASEMENTS AS SET FORTH IN D.B. 109-632 AND D.B. 106-1.
 - 5) PROPERTY SUBJECT TO 20' RIGHT OF WAY AS SHOWN HEREON; REFERENCE: IN#02-1497
 - 6) PROPERTY SUBJECT TO 30' WIDE RIGHT OF WAY FOR UTILITIES; *DISTANCES SHOWN MAY NOT BE ACCURATE AND ARE SUBJECT TO CONSTRUCTION CHANGES* AS STATED ON UTILITY EASEMENT PLAT IN#07-1119. NO EVIDENCE OF EXISTING UTILITIES FOUND ON PROPERTY BY THIS SURVEY.

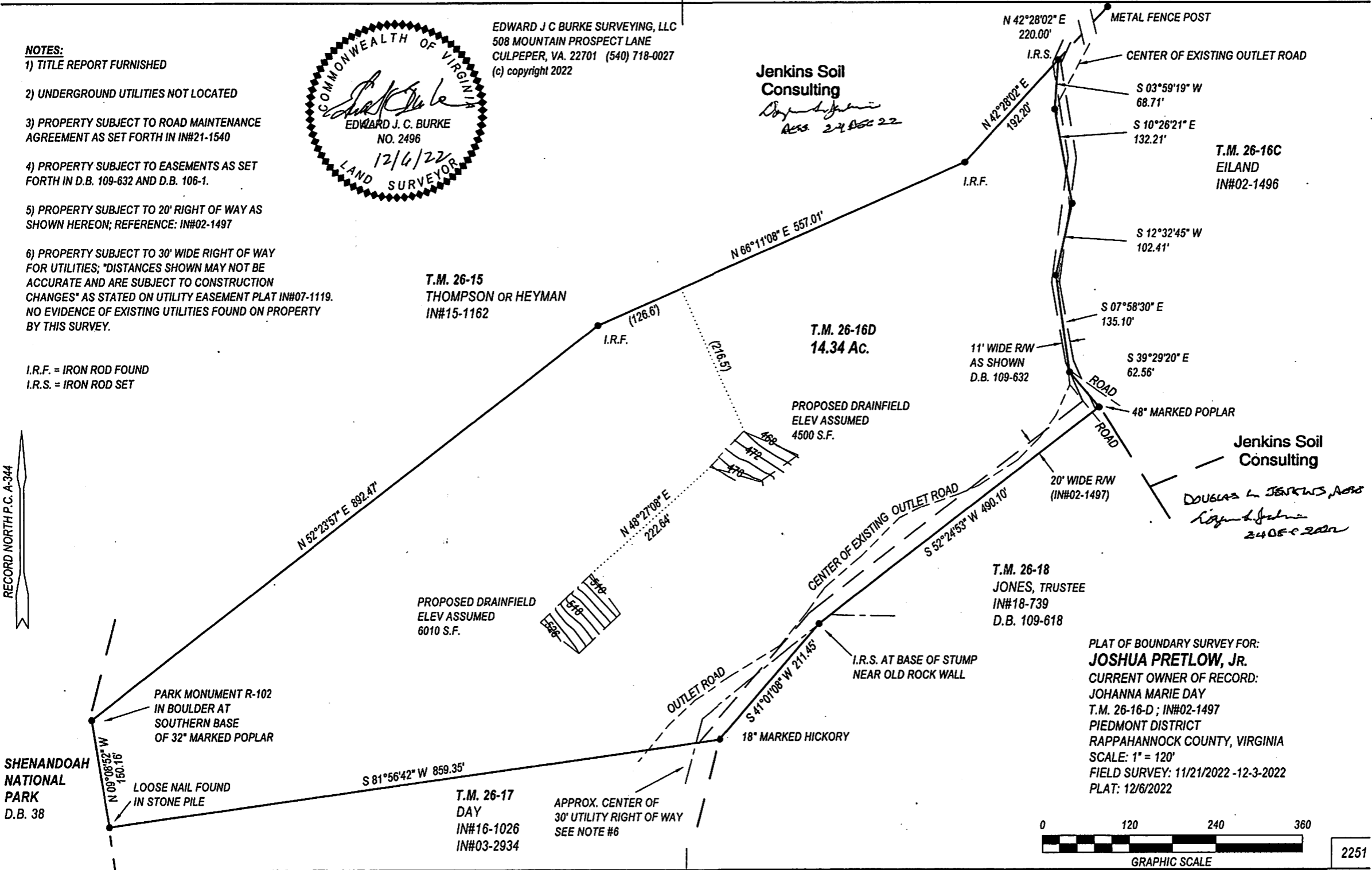
I.R.F. = IRON ROD FOUND
I.R.S. = IRON ROD SET



EDWARD J C BURKE SURVEYING, LLC
508 MOUNTAIN PROSPECT LANE
CULPEPER, VA. 22701 (540) 718-0027
(c) copyright 2022

Jenkins Soil Consulting
Douglas L. Jenkins
Asst. 24 Dec 22

RECORD NORTH P.C. A-344



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NOTES
 pd. for
 2 lot
 cert.
 w/ check
 +
 credit
 card
 Kim
 Dwyer

RECEIPT

DATE 1/30/2023 NO. **575671**

RECEIVED FROM Joshua Pretlow

ADDRESS Suffolk, VA 23434.

FOR two hundred + ⁰⁰ \$ 200.00

2 lot certs TM 26-16 D

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID	<u>200 00</u>	<input checked="" type="checkbox"/> CHECK	<u>#5007</u>
BALANCE DUE		MONEY ORDER	

02050-02240 - \$200.00
D 20

BY Kim Dwyer

©2001 RECEIPTFORM • BLB08

I received two sets of applications by mail with a check for \$200.00. Called client to tell him that he sent the incorrect amount. He stated he was applying for 2 lot certifications. I told him they were \$320.00 each. He wanted me to keep the check and then take the rest of the payment over the phone with a credit card. The payment with the check is on receipt #575671 and the payment with the credit card is on #575672. I divided the code 02050-02240 between the two receipts.

NOTES

*pd. for
2 lot
certs w/
check +
credit
card
Ker
Dwyer*

RECEIPT

DATE 1/30/2023 NO. 575672

RECEIVED FROM Joshua Phetlow

ADDRESS Suffolk VA 23434

four hundred + forty \$ 440.00

FOR 2 lot certs. TM 26!

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID	<u>44 00</u>	CHECK	<u>Charge</u>
BALANCE DUE		MONEY ORDER	

02050-02240 - \$20.00

0217-02240 - \$20.00

BY Kim Dwyer

©2001 REDIRECT • 8L808

RAIFORD COUNTY
491 A MAIN ST
WASHINGTON, VA, 22747
540-675-3516

Phone Order

XXXXXXXXXXXX3168

VISA

Entry Method: Manual

Total: \$ 440.00

01/30/23

11:40:09

Inv #: 000000001

Appr Code: 005650

Approved: Online

AVS Code: ZIP MATCH Z

CW2 Code: MATCH M

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

by phone

Merchant Copy

THANK YOU!

I received two sets of applications by mail with a check for \$200.00. Called client to tell him that he sent the incorrect amount. He stated he was applying for 2 lot certifications. I told him they were \$320.00 each. He wanted me to keep the check and then take the rest of the payment over the phone with a credit card. The payment with the check is on receipt #575671 and the payment with the credit card is on #575672. I divided the code 02050-02240 between the two receipts.