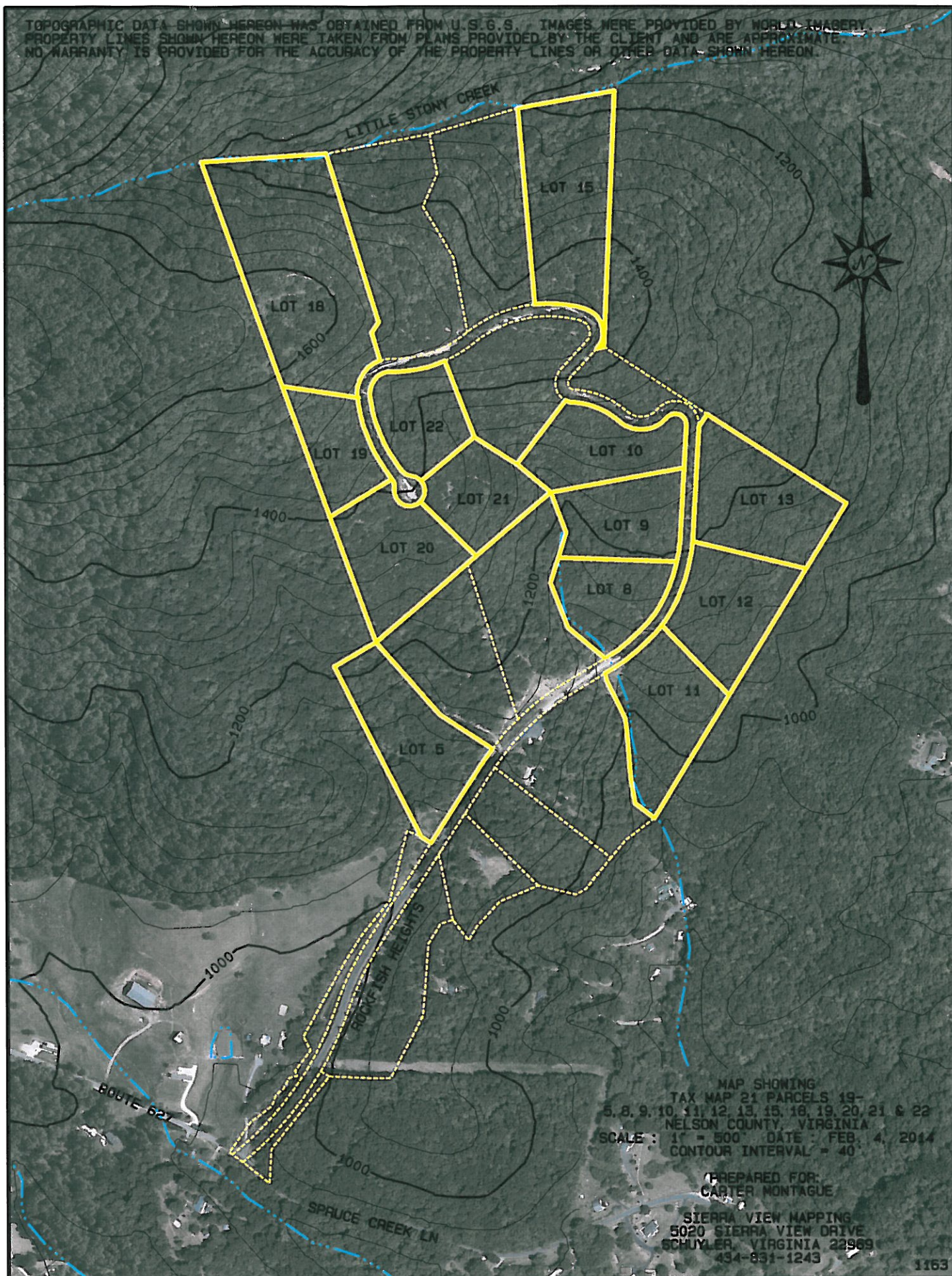


TOPOGRAPHIC DATA SHOWN HEREON WAS OBTAINED FROM U.S.G.S. IMAGES WERE PROVIDED BY WORLD IMAGERY.
PROPERTY LINES SHOWN HEREON WERE TAKEN FROM PLANS PROVIDED BY THE CLIENT AND ARE APPROXIMATE.
NO WARRANTY IS PROVIDED FOR THE ACCURACY OF THE PROPERTY LINES OR OTHER DATA SHOWN HEREON.



MAP SHOWING
TAX MAP 21 PARCELS 19-
5, 8, 9, 10, 11, 12, 13, 15, 18, 19, 20, 21 & 22
NELSON COUNTY, VIRGINIA
SCALE: 1" = 500' DATE: FEB. 4, 2014
CONTOUR INTERVAL = 40'

PREPARED FOR:
CARTER MONTAGUE

SIERRA VIEW MAPPING
5020 SIERRA VIEW DRIVE
SCHUYLER, VIRGINIA 22969
434-831-1243

APPROVED

Appendix 1

Page 1 of 6

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit
Health Department
ID# _____ (VDH use)

Owner Winterwren Partnership Address 172 Englande Rock Road Phone 540-456-6271
LLP Afton, VA 22920

Agent Peter K. Kesecker Address 10 Mid Valley Lane Phone 540-248-7645
Soil Services, Inc. Verona, VA 24482

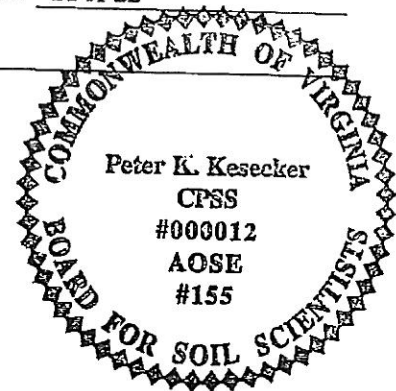
Directions to Property: North east side of route 627, 0.9 miles north of route 151

Subdivision Rockfish Heights Section N/A Block N/A Lot 5
Other Property Identification _____ Map Reference 21-A-22

Dimension/size of Lot/Property 4.671 acres

Residential Use ☒ Yes ☐ No
Termite Treatment ☒ Yes ☐ No
☒ Single Family ☐ Multi-family
Number of bedrooms 3 Number of units 1

Basement ☒ Yes ☐ No
Fixtures in Basement ☒ Yes ☐ No



Proposed Sewage Disposal
Method:

Drip system with secondary treatment

Onsite Sewage Disposal System: ☐ Septic Tank Drainfield ☐ LPD ☐ Mound ☒ Other

Water Supply: ☐ Public ☐ New ☐ Existing
☒ Private ☒ New ☐ Existing

Describe: Class IIIC well to be installed

The property lines, building location and sewage disposal system site 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 and to perform quality assurance checks as necessary until the sewage disposal system has been constructed and approved.

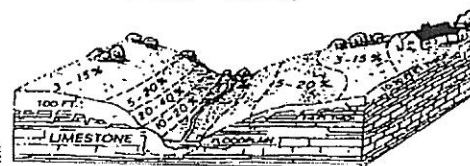
Peter K. Kesecker
Signature of Owner/Agent

1/16/06

Date

DATE OF EVALUATION: 9-29-05PAGE 2 OF 6

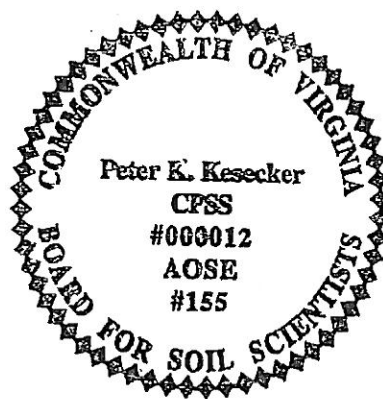
SOIL SERVICES, Inc.
 578 Mt. Pisgah Rd.
 Mt. Sidney, VA 24467



Telephone: (540) 248-SOIL (7645)
 Fax: (540) 248-7646

Lot 5

Hole #	Hrzn.	Depth (inches)	SOIL PROFILE DESCRIPTION	
1	A	0 - 2	Dark brown 10YR 3/3; silt loam; granular structure	
	B	2 - 15	Reddish brown 5YR 4/4; silt loam; granular structure	
	Bt	15 - 35	Yellowish red 5YR 5/8; silt clay loam with schist fragments; sub angular blocky structure	
	Cr	35		
2	A	0 - 2	Dark brown 10YR 3/3; silt loam; granular structure	
	E	2 - 10	Yellowish brown 10YR 5/4; silt loam; granular structure	
	Bt	10 - 20	Yellowish red 5YR 5/8; silt clay loam; sub angular blocky structure	
	Cr	20		
3	A	0 - 2	Dark brown 10YR 3/3; silt loam; granular structure	
	E	2 - 10	Yellowish brown 10YR 5/4; silt loam; granular structure	
	Bt	10 - 20	Yellowish red 5YR 5/8; silt clay loam; sub angular blocky structure	
	Cr	20		



SOIL SUMMARY REPORT **GENERAL INFORMATION**

Date 12-9-05 Submitted to Nelson County Health Dept.
Applicant: See page 1

Address: _____

Owner: same Address: _____

Location: See page 1

Subdivision Name N/A Tax Map # 21-A-22

Lot #: 5 Block/Section: N/A

SOIL INFORMATION SUMMARY

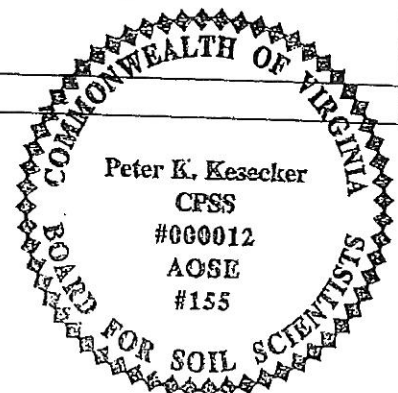
1. Position on landscape satisfactory: Yes X No _____
2. Slope: 28 %
3. Depth to rock or impervious strata: Max. 35 Min. 20 None _____
4. Depth to seasonal water table (gray mottling): No X Yes _____ Depth in inches _____
5. Free water present: No X Yes _____ Range in inches _____
6. Soil percolation rate estimated Yes X Estimated Rate 60 Min./inch _____
Texture Group I _____ II _____ III X IV _____
7. Perc./permeability test performed: Yes _____ Established rate _____ Min./inch _____
No X

If yes, note type of test performed and attach results:

- X Site Approved: drip line to be placed at 2" depth, onsite designated by location.
____ Site Disapproved:

Reasons for Rejection

1. _____ Position on 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: _____



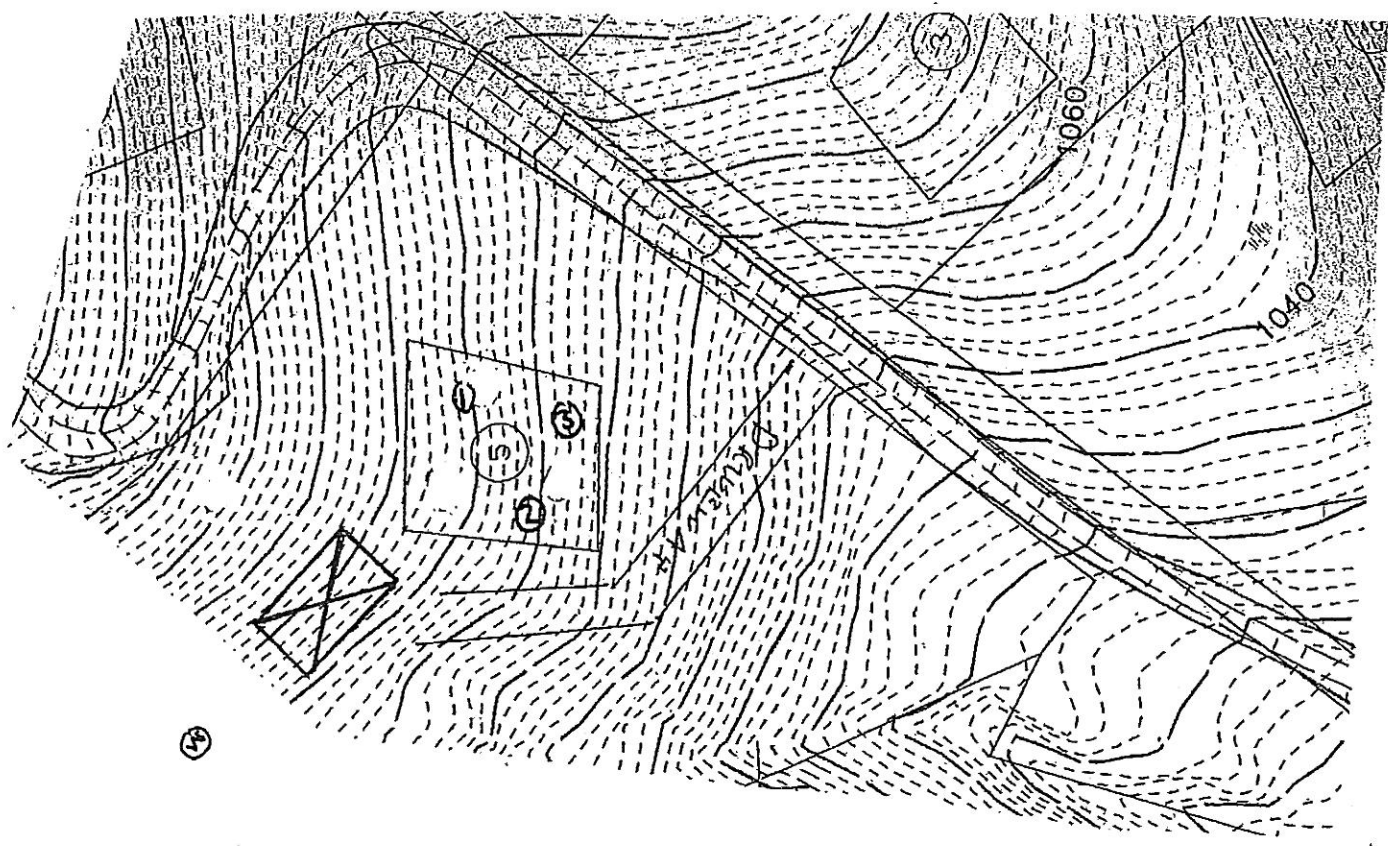
HOLE LOCATION/SITE SKETCH




LOT/SITE # _____
SCALE - 1" = 100'

APPROVED

(SEE ENCLOSED PLAT FOR DRAINFIELD SITE, SOIL TEST PIT, & WELL LOCATIONS)

(SANITARY SURVEY SHOWED NO SET-BACK RESTRICTIONS WITHIN 200' - PER OWNER INFORMATION)
(ATTACHED COPY OF SURVEY PLATTED BY: Jim Brenneman)




 PROPOSED DWELLING  TEST HOLES  PROPOSED WELL(S)

PROFESSIONAL ACKNOWLEDGEMENT

"I hereby declare as the Consulting Soil Scientist that to the best of my knowledge and belief, all of the soil and site data submitted meets the criteria of the 2000 Sewage Handling and Disposal Regulations, Virginia State Board of Health."

Peter K. Kesecker AOSE
Consulting Soil Scientist
SOIL SERVICES, INC.




Bradley Morrison
Consulting Soil Scientist
SOIL SERVICES, INC.

**ABBREVIATED DESIGN FORM
'DRIP' DISPOSAL SYSTEM**

A. Estimated Percolation Rate - 60 min./inch Measured Rate - No

B. Slope - 28 %

C. Recommended Installation Depth - 2 inches

D. Number of Bedrooms - 3 (450gal/day)

Area Calculations:

E. Square Footage Required = 3891 sq. ft.
 $325 \times 3(\text{bedrooms}) \times 3(\text{drip conversion}) = 2925 + 33 \% \text{ increase for slope} = 3890.25 \text{ sq. ft.}$

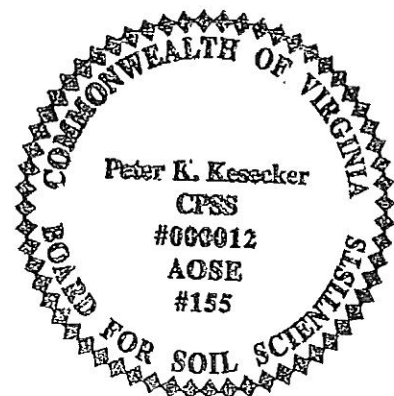
F. $E \times 100 \% = 7782 \text{ sq. ft.}$ = Total Footprint of Reserve Area

G. Total square feet required including reserve area = 7806 sq. ft.

H. Length of Area Available = 85 ft. Width of Area Available = 100 ft.

I. Percent Reserve Area Required - 100 % Reserve Area Available- 100 %

J. Total Square Footage Available Including Reserve Area = 8500 sq. ft.



Appendix 7

APPROVED

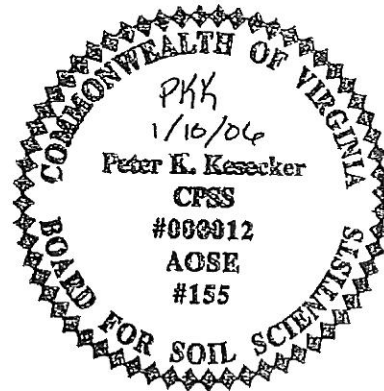
Certification StatementCounty: Nelson Date: 12-22-05 Property ID 21-A-22Certified/Submitted by: Peter K. Kesecker / Soil Services, Inc.

This is to certify according to Sec. 32.1-163.5 of the *Code of Virginia* that work submitted for the referred property is in accordance of and complies with the *Sewage Handling and Disposal Regulations* of the Virginia Department of Health.

I recommend a 'sub division approval' (1) be 'approved' (2)

Peter K. Kesecker
 AOSE # 155 CPSS # 000012
Peter K. Kesecker

Seal

Date: 12-22-05

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* (12VAC 5-610-10 et seq., the "*Regulations*") and the policies of the Virginia Department of Health for implementation of the *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: _____

SEAL

Date: _____

(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 with either the term: 'approved', or 'denied'.