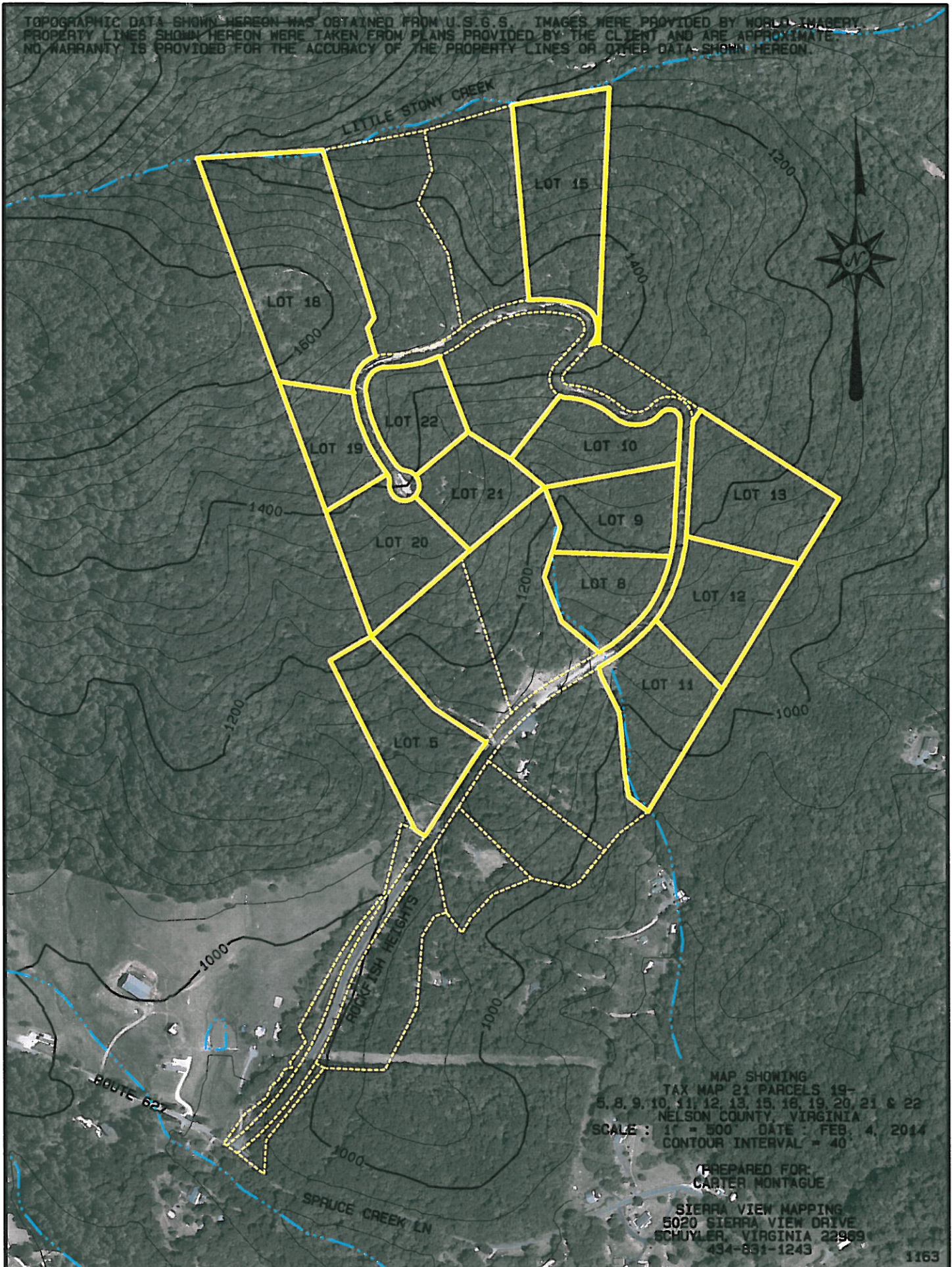


TOPOGRAPHIC DATA SHOWN HEREON WAS OBTAINED FROM U.S.G.S. IMAGES WERE PROVIDED BY WORLD IMAGERY.
PROPERTY LINES SHOWN HEREON WERE TAKEN FROM PLANS PROVIDED BY THE CLIENT AND ARE APPROXIMATE.
NO WARRANTY IS PROVIDED FOR THE ACCURACY OF THE PROPERTY LINES OR OTHER DATA SHOWN HEREON.



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

Commonwealth of Virginia

 Application for: ☒ Sewage System ☒ Water Supply

VDH Use Only

Health Department ID# _____

Due Date: _____

Owner: Winter Wren Partnership LLC

Mailing Address: 1870 Virginia Avenue
McLean, Virginia 22103

Agent: Jace Goodling

Mailing Address: 172 Englands Rock Road
Afton, Virginia 22920

Site Address: _____

 Phone: () -
 Phone: () -
 Fax: () -
 Phone: (434) 531-6166
 Phone: () -
 Fax: () -

Email: _____

Directions to Property: North of Rt. 627, 1.2 miles West of Rt. 151

Subdivision: Rockfish Heights

Section: 2

Block: _____

Lot: 8

Tax Map: 21-24

Other Property
Identification: _____Dimension/Acreage
of Property: 3.044

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.

 For New Construction: ☐ Certification Letter ☐ Construction Permit ☒ Subdivision Review

 For Existing Construction: ☐ Repair ☐ Modification ☐ Expansion ☐ Replacement

Proposed Use:

☒ Single Family Home (Number of Bedrooms 3) ☐ Multi-Family Dwelling (Total Number of Bedrooms)
☐ Other (describe) _____Will there be a basement: ☒ Yes ☐ NoIf yes, will there be fixtures in the Basement? ☒ Yes ☐ NoAre any conditions proposed on this construction permit? ☐ Yes ☒ No If yes, please check or describe all proposed
 Conditions that apply: ☐ Reduced Water Flow ☐ Limited Occupancy ☐ Intermittent or seasonal use
☐ Temporary use not to exceed 1 year ☐ Other (describe) _____

Water Supply

Will the water supply be ☐ Public or ☒ PrivateIs the Water supply ☐ Existing or ☒ ProposedIf proposed, is this a replacement well? ☐ Yes ☒ NoWill the old well be abandoned ☐ Yes ☐ NoHave any buildings within 100' of the proposed well been termite treated? ☐ Yes ☒ No

All Applicants

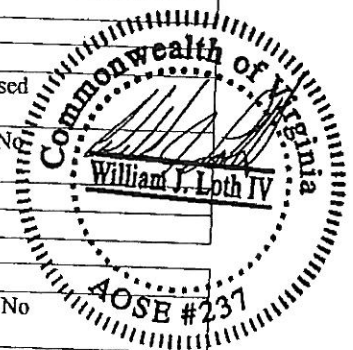
Is this an AOSE/PE application? ☒ Yes ☐ NoIf yes, is the AOSE/PE package attached? ☒ Yes ☐ No

In order for VDH to process your application you must attach a site sketch and plat of the property. 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 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 Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

Signature of Owner/Agent _____

Date _____



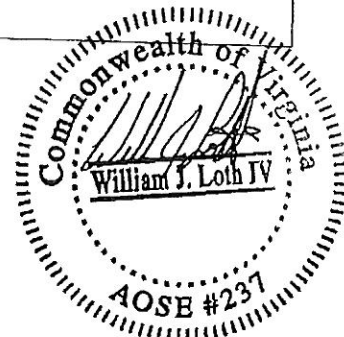
AOSE #237

Soil Summary Report

General Information	
Date: 5/17/07 & 5/23/07	Submitted to Nelson County Health Department
Applicant: Jace Goodling	Telephone: (434) 531-6166
Address: 172 Englands Rock Road, Afion, Virginia 22920	
Owner: Winter Wren Partnership LLC	Address: 1870 Virginia Avenue, McLean, Virginia 22103
Location: North of Rt. 627, 1.2 miles West of Rt. 151	
Tax Map: 21-24	Subdivision: Rockfish Heights
Block/Section: 2	Lot: 8

Soil Information Summary	
1. Position in landscape satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe: backslope	
2. Slope 27 (max) %	
3. Depth to Rock or impervious strata:	Max. 48+ in. Min. 47 in.
4. Depth to seasonal water table (gray mottling or gray color):	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Inches
5. Free water present: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	range in inches -
6. Soil percolation rate estimated?	Yes <input checked="" type="checkbox"/> Texture Group I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/> No <input type="checkbox"/> Estimated rate 59 min/inch
7. Permeability test performed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<input checked="" type="checkbox"/> Site Approved	Drainfield to be placed at 29" depth at site designated on plat
<input type="checkbox"/> Site Disapproved	
Reason for Rejection	
1. <input type="checkbox"/>	Position in landscape subject to flooding or periodic saturation
2. <input type="checkbox"/>	Insufficient depth of suitable soil over hard rock
3. <input type="checkbox"/>	Insufficient depth of suitable soil to seasonal water table
4. <input type="checkbox"/>	Rates of absorption too slow.
5. <input type="checkbox"/>	Insufficient area of acceptable soil for required drainfield, and or reserve area
6. <input type="checkbox"/>	Proposed system too close to well
7. <input type="checkbox"/>	Other Specify
If yes, note type of test performed and attach	



Hole	Horizon	Depth (in)	Soil Profile	
			Material Description	Soil Texture Group
1	Ap	0-1	10yr2/2 very dark brown Loam	2
	E	1-4	10yr4/3 brown Silt Loam	
	EB	4-7	7.5yr4/6 strong brown Silt Loam/Light Silty Clay Loam	3
	BtC	7-29	2.5yr5/8 red Clay Loam, weak medium SAB, with soft greenstone saprolite (10yr5/4 yellowish brown, 10yr2/1 black Silt Loam)	3
	C/B	29-47	Soft saprolite (10yr5/4 yellowish brown, 10yr2/1 black Silt Loam), with few wide 2.5yr5/8 red Clay Loam tongues, firm @ 47"	3
Pits				
2	Ap	0-6	7.5yr3/3 dark brown Silt Loam	3
	BtC	6-48	5yr5/6 yellowish red Clay Loam/Light Silty Clay Loam, medium SAB, and common highly weathered greenstone fragments	
3	Ap	0-1	7.5yr3/2 dark brown Silt Loam	3
	BE	1-9	7.5yr5/4 brown Clay Loam	
	BtC	9-48	5yr5/6 yellowish red Clay Loam, SAB, common soft greenstone saprolite (10yr2/1 black, 7.5yr6/8 reddish yellow Silt Loam)	

Note: Low chroma colors listed above are mineral in nature and not indicative of redoximorphic conditions.

Design Basis

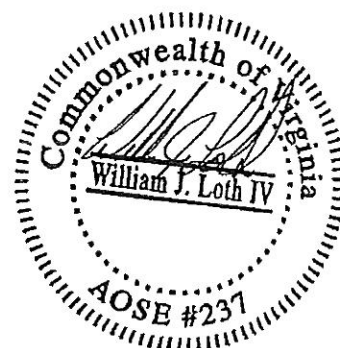
A. Estimated Percolation Rate	59 @ 29 in.
B. Trench bottom square feet Required per bedroom	450 (Standard), 325 (LPD)
C. Number of bedrooms	3

Area Calculations for Primary Drainfield (Standard Septic Tank and Trenches)

A. Length of trench (ft.)	100
B. Length of available area (ft.)	100
C. Width of trench (ft.)	3
D. Number of trenches	5
E. Center-to-center spacing (ft.)	11
F. Width required (ft.)	47
G. Width of available area (ft.)	92 minimum (includes 100% Reserve Area)
H. Total square footage required	1350
I. Square footage in design	1500
J. Is a reserve area required?	Yes, 100% Reserve Area provided

Area Calculations for Reserve Area (Drip Dispersal)

A. Length of run (ft.)	100
B. Length of available area (ft.)	100
C. Width of available area (ft.)	45 (minimum)
D. Total footprint required for drip dispersal	2925
(325ft ² x 3 bedrooms x 3, as per GMP 107)	
E. Square footage provided	4500



Certification Statement

Page 4 of 5

County: Nelson

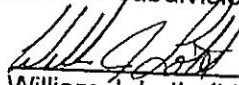
Date: July 19, 2007

Property Identification: Rockfish Heights
Lot 8

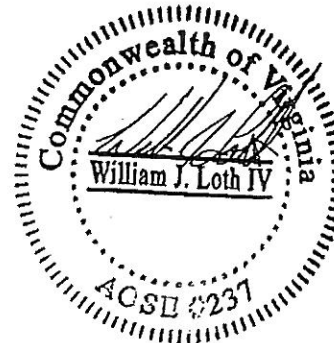
Submitted by: William J. Loth, IV, AOSE #237
Afton Soil Consulting, LLC
222 Sycamore Lane
Afton, Virginia 22920
(540) 456-6087

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 subdivision approval¹ be approved².

AOSE


William J. Loth, IV

Date: July 19, 2007



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

Application for: ☒ Sewage System ☒ Water Supply

VDH Use Only

Health Department ID# _____

Due Date: _____

Owner: Winter Wren Partnership LLC

Mailing Address: 1870 Virginia Avenue
McLean, Virginia 22103

Agent: Jace Goodling

Mailing Address: 172 Englands Rock Road
Afton, Virginia 22920

Site Address: _____

Phone: () -

Phone: () -

Fax: () -

Phone: (434) 531-6166

Phone: () -

Fax: () -

Email: _____

Directions to Property: North of Rt. 627, 1.2 miles West of Rt. 151

Subdivision: Rockfish Heights

Section: 2

Block: _____

Lot: 9

Tax Map: 21-24

Other Property
Identification: _____Dimension/Acreage
of Property: 3.474

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.

For New Construction:

☐ Certification Letter☐ Construction Permit☒ Subdivision Review

For Existing Construction:

☐ Repair☐ Modification☐ Expansion☐ Replacement

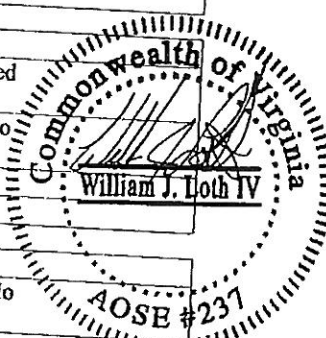
Proposed Use:

☒ Single Family Home (Number of Bedrooms 4)☐ Multi-Family Dwelling (Total Number of Bedrooms _____)☐ Other (describe) _____Will there be a basement: ☒ Yes ☐ NoIf yes, will there be fixtures in the Basement? ☒ Yes ☐ NoAre any conditions proposed on this construction permit? ☐ Yes ☒ NoIf yes, please check or describe all proposed conditions that apply: ☐ Reduced Water Flow ☐ Limited Occupancy ☐ Intermittent or seasonal use☐ Temporary use not to exceed 1 year☐ Other (describe) _____

Water Supply

Will the water supply be ☐ Public or ☒ PrivateIs the Water supply ☐ Existing or ☒ ProposedIf proposed, is this a replacement well? ☐ Yes ☒ NoWill the old well be abandoned ☐ Yes ☐ NoHave any buildings within 100' of the proposed well been termite treated? ☐ Yes ☒ No

All Applicants

Is this an AOSE/PE application? ☒ Yes ☐ NoIf yes, is the AOSE/PE package attached? ☒ Yes ☐ No

In order for VDH to process your application you must attach a site sketch and plat of the property. 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 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 Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

Signature of Owner/Agent _____

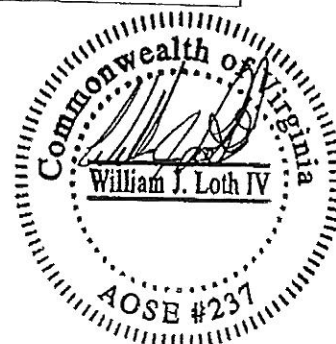
Date _____

Soil Summary Report

General Information	
Date: 5/23/07	Submitted to Nelson County Health Department
Applicant: Jace Goodling	Telephone: (434) 531-6166
Address: 172 Englands Rock Road, Afton, Virginia 22920	
Owner: Winter Wren Partnership LLC	Address: 1870 Virginia Avenue, McLean, Virginia 22103
Location: North of Rt. 627, 1.2 miles West of Rt. 151	
Tax Map: 21-24	Subdivision: Rockfish Heights
Block/Section: 2	Lot: 9

Soil Information Summary	
1. Position in landscape satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe: backslope	
2. Slope 22 (max) %	
3. Depth to Rock or impervious strata:	Max. in. Min. 60+ in.
4. Depth to seasonal water table (gray mottling or gray color):	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Inches
5. Free water present: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> range in inches -	
6. Soil percolation rate estimated?	Yes <input checked="" type="checkbox"/> Texture Group I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/>
	No <input type="checkbox"/> Estimated rate 59 min/inch
7. Permeability test performed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<input checked="" type="checkbox"/> Site Approved	Drainfield to be placed at 36" depth at site designated on plat
<input type="checkbox"/> Site Disapproved	
Reason for Rejection	
1. <input type="checkbox"/>	Position in landscape subject to flooding or periodic saturation
2. <input type="checkbox"/>	Insufficient depth of suitable soil over hard rock
3. <input type="checkbox"/>	Insufficient depth of suitable soil to seasonal water table
4. <input type="checkbox"/>	Rates of absorption too slow.
5. <input type="checkbox"/>	Insufficient area of acceptable soil for required drainfield, and or reserve area
6. <input type="checkbox"/>	Proposed system too close to well
7. <input type="checkbox"/>	Other Specify
If yes, note type of test performed and attach	



Soil Profile				
Pits	Horizon	Depth (in)	Material Description	Soil Texture Group
1	Ap	0-2	7.5yr3/2 dark brown Silt Loam	3
	E	2-8	10yr6/4 light yellowish brown Silt Loam	3
	BtC	8-60	5yr5/6 yellowish red Clay Loam with common highly weathered greenstone fragments and common soft greenstone saprolite (10yr2/1 black, 10yr6/6 brownish yellow Silt Loam)	3
2	Ap	0-2	10yr3/2 very dark grayish brown Silt Loam	3
	EB	2-12	10yr6/4 light yellowish brown Clay Loam / Light Silty Clay Loam	3
	BtC	12-60	5yr5/8 yellowish red Light Silty Clay Loam with common soft greenstone saprolite (2.5y6/6 olive yellow Silt Loam)	3
3	ApE	0-8	7.5yr4/3 brown Silt Loam	3
	BtC	8-60	5yr4/6 yellowish red Clay Loam, very channery, with common soft greenstone saprolite (2.5y6/6 olive yellow Silt Loam)	3

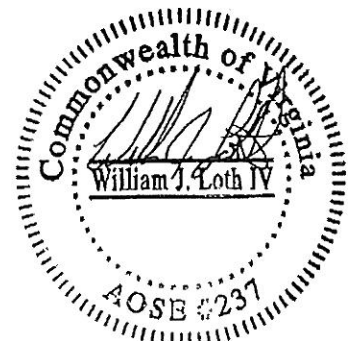
Note: Low chroma colors listed above are mineral in nature and not indicative of redoximorphic conditions.

Design Basis

- A. Estimated Percolation Rate 59 @ 36 in.
- B. Trench bottom square feet 450
Required per bedroom
- C. Number of bedrooms 4

Area Calculations

- A. Length of trench (ft.) 100
- B. Length of available area (ft.) 100
- C. Width of trench (ft.) 3
- D. Number of trenches 6
- E. Center-to-center spacing (ft.) 10
- F. Width required (ft.) 53
- G. Width of available area (ft.) 120 minimum (includes 100% Reserve Area)
- H. Total square footage required 1800
- I. Square footage in design 1800
- J. Is a reserve area required? Yes, 100% Reserve Area provided



Certification Statement

County: Nelson

Date: July 19, 2007

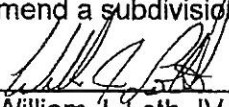
Property Identification: Rockfish Heights
Lot 9

Submitted by: William J. Loth, IV, AOSE #237
Afton Soil Consulting, LLC
222 Sycamore Lane
Afton, Virginia 22920
(540) 456-6087

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 subdivision approval¹ be approved².

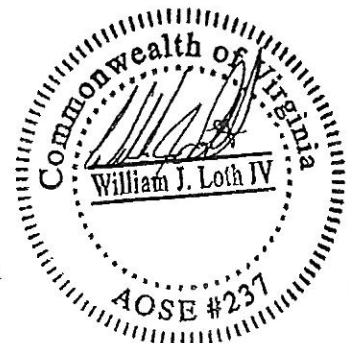
AOSE


William J. Loth, IV

Date: July 19, 2007

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'.

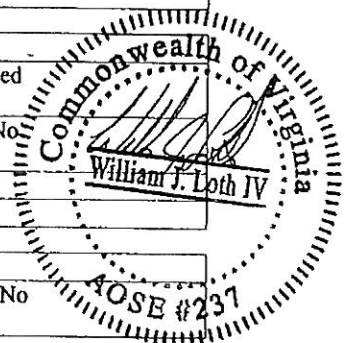


Commonwealth of Virginia		VDH Use Only	
Application for: <input checked="" type="checkbox"/> Sewage System <input checked="" type="checkbox"/> Water Supply		Health Department ID# _____	
		Due Date: _____	
Owner:	Winter Wren Partnership LLC	Phone:	() -
Mailing Address:	1870 Virginia Avenue McLean, Virginia 22103	Phone:	() -
		Fax:	() -
Agent:	Jace Goodling	Phone:	(434) 531-6166
Mailing Address:	172 Englands Rock Road Afton, Virginia 22920	Phone:	() -
		Fax:	() -
Site Address:		Email:	
Directions to Property:		North of Rt. 627, 1.2 miles West of Rt. 151	
Subdivision:	Rockfish Heights	Section:	2
		Block:	
		Lot:	11
Tax Map:	21-24	Other Property Identification:	
		Dimension/Acreage of Property:	4.283

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.			
For New Construction:	<input type="checkbox"/> Certification Letter	<input type="checkbox"/> Construction Permit	<input checked="" type="checkbox"/> Subdivision Review
For Existing Construction:	<input type="checkbox"/> Repair	<input type="checkbox"/> Modification	<input type="checkbox"/> Expansion
			<input type="checkbox"/> Replacement
Proposed Use:			
<input checked="" type="checkbox"/> Single Family Home (Number of Bedrooms 4)		<input type="checkbox"/> Multi-Family Dwelling (Total Number of Bedrooms)	
<input type="checkbox"/> Other (describe)			
Will there be a basement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, will there be fixtures in the Basement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are any conditions proposed on this construction permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please check or describe all proposed			
Conditions that apply: <input type="checkbox"/> Reduced Water Flow <input type="checkbox"/> Limited Occupancy <input type="checkbox"/> Intermittent or seasonal use			
<input type="checkbox"/> Temporary use not to exceed 1 year <input type="checkbox"/> Other (describe)			

Water Supply	
Will the water supply be <input type="checkbox"/> Public or <input checked="" type="checkbox"/> Private	Is the Water supply <input type="checkbox"/> Existing or <input checked="" type="checkbox"/> Proposed
If proposed, is this a replacement well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will the old well be abandoned <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any buildings within 100' of the proposed well been termite treated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

All Applicants	
Is this an AOSE/PE application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the AOSE/PE package attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



In order for VDH to process your application you must attach a site sketch and plat of the property. 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 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 Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

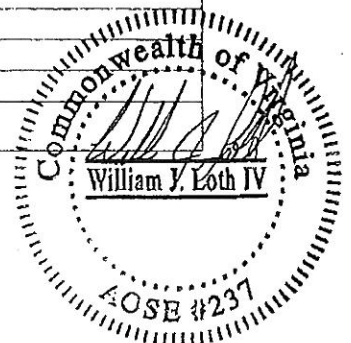
Signature of Owner/Agent _____ Date _____

Soil Summary Report

General Information	
Date: 5/17/07	Submitted to Nelson County Health Department
Applicant: Jace Goodling	Telephone: (434) 531-6166
Address: 172 Englande Rock Road, Afton, Virginia 22920	
Owner: Winter Wren Partnership LLC	Address: 1870 Virginia Avenue, McLean, Virginia 22103
Location: North of Rt. 627, 1.2 miles West of Rt. 151	
Tax Map: 21-24	Subdivision: Rockfish Heights
Block/Section: 2	Lot: 11

Soil Information Summary	
1. Position in landscape satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe: backslope	
2. Slope 26 (max) %	
3. Depth to Rock or impervious strata:	Max. 56 in. Min. 32 in.
4. Depth to seasonal water table (gray mottling or gray color):	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Inches 29
5. Free water present: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> range in inches -	
6. Soil percolation rate estimated?	Yes <input checked="" type="checkbox"/> Texture Group I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/>
	No <input type="checkbox"/> Estimated rate 87 min/inch
7. Permeability test performed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<input checked="" type="checkbox"/> Site Approved	Drainfield to be placed at 17" depth at site designated on plat and utilizing a pretreatment unit with current general approval from VDH capable of providing Secondary Effluent to the drainfield in accordance with 12 VAC 5-610-594 and 12 VAC 5-610-596, and drip dispersal. Drip dispersal design and installation shall adhere to the requirements of GMP #107.
<input type="checkbox"/> Site Disapproved	
Reason for Rejection	
1. <input type="checkbox"/>	Position in landscape subject to flooding or periodic saturation
2. <input type="checkbox"/>	Insufficient depth of suitable soil over hard rock
3. <input type="checkbox"/>	Insufficient depth of suitable soil to seasonal water table
4. <input type="checkbox"/>	Rates of absorption too slow.
5. <input type="checkbox"/>	Insufficient area of acceptable soil for required drainfield, and or reserve area
6. <input type="checkbox"/>	Proposed system too close to well
7. <input type="checkbox"/>	Other Specify
If yes, note type of test performed and attach	



Rockfish Heights, Lot 11
Nelson County

Soil Profile

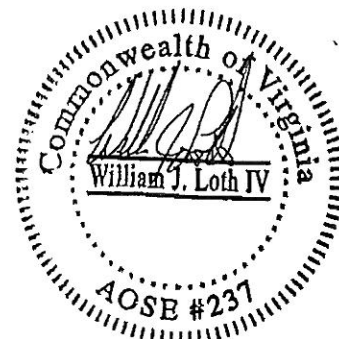
Hole	Horizon	Depth (in)	Material Description	Soil Texture Group
1	Ap	0-1	7.5yr4/2 brown Silt Loam (not redoximorphic)	3
	E	1-5	7.5yr5/4 brown Silt Loam	3
	BtC1	5-29	5yr5/6 yellowish red Silty Clay Loam and soft greenstone saprolite (10yr6/6 brownish yellow, 10yr2/1 black Silt Loam)	3
	BtC2	29-45	5yr5/8 yellowish red Clay / Silty Clay with soft greenstone saprolite (10yr6/6 brownish yellow, 10yr2/1 black Silt Loam) and 7.5yr5/2 light gray mottles	4
	R	45		
2	Ap	0-2	7.5yr3/2 dark brown Silt Loam (not redoximorphic)	3
	BA	2-8	5ry4/4 reddish brown Silt Loam	3
	BtC1	8-30	5yr5/8 yellowish red Silty Clay Loam with few pockets of soft greenstone saprolite (7.5yr6/8 reddish yellow Silt Loam)	3
	BtC2	30-56	7.5yr5/8 strong brown Clay / Silty Clay with few pockets of soft greenstone saprolite (7.5yr6/8 reddish yellow Silt Loam), common greenstone fragments, and 7.5yr7/1 light gray mottles	3
3	Ap	0-1	10yr3/2 very dark grayish brown Silt Loam (not redoximorphic)	3
	BA	1-8	7.5yr4/4 brown Silt Loam	3
	BtC	8-32	5yr5/6 yellowish red Silty Clay Loam with soft greenstone saprolite (10yr7/6 yellow Silt Loam) and common greenstone fragments	3

Design Basis

- A. Estimated Percolation Rate 87 @ 17 in.
- B. Area in square feet 420 (LPD)
Required per bedroom
- C. Number of bedrooms 4

Area Calculations for Drip Dispersal

- A. Length of run (ft.) 200
- B. Length of available area (ft.) 200
- C. Width of available area (ft.) 80 (minimum)
- H. Total footprint required for drip dispersal 5040
(420ft² x 4 bedrooms x 3, as per GMP 107)
- I. Square footage provided 16000+
- J. Is a reserve area required? Yes, 100% reserve provided



Certification Statement

County: Nelson

Date: July 19, 2007

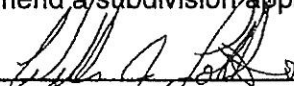
Property Identification: Rockfish Heights
Lot 11

Submitted by: William J. Loth, IV, AOSE #237
Afton Soil Consulting, LLC
222 Sycamore Lane
Afton, Virginia 22920
(540) 456-6087

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 subdivision approval¹ be approved².

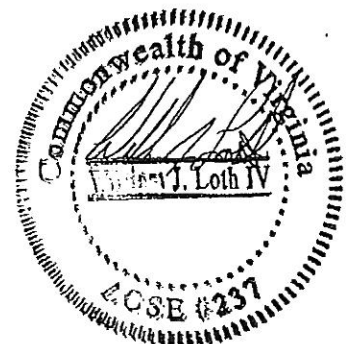
AOSE

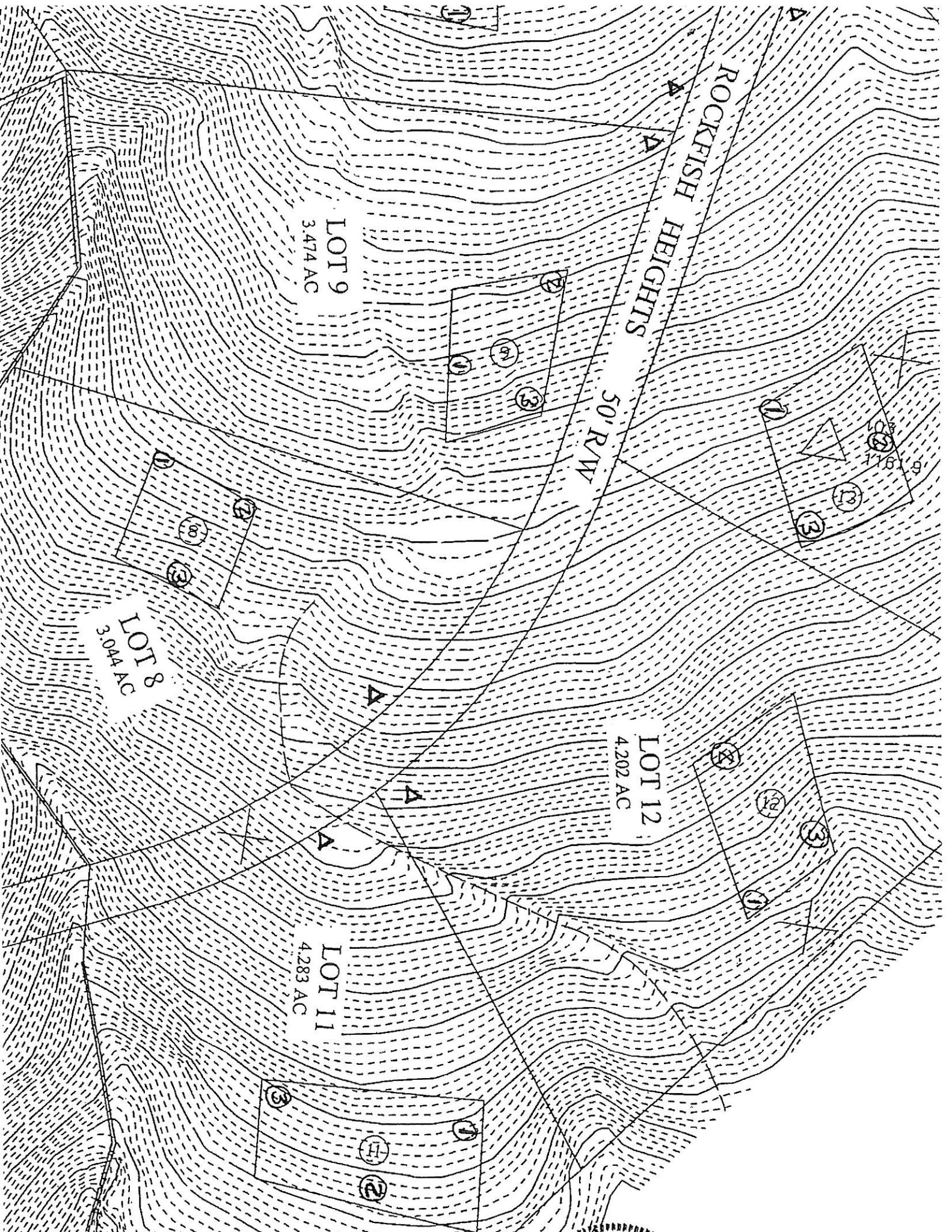

William J. Loth, IV

Date: July 19, 2007

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'.

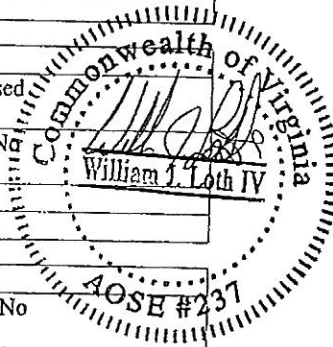




Commonwealth of Virginia				VDH Use Only	
Application for: <input checked="" type="checkbox"/> Sewage System <input checked="" type="checkbox"/> Water Supply				Health Department ID# _____	
				Due Date: _____	
Owner:	Winter Wren Partnership LLC			Phone:	() -
Mailing Address:	1870 Virginia Avenue McLean, Virginia 22103			Phone:	() -
Agent:	Jace Goodling			Fax:	() -
Mailing Address:	172 Englands Rock Road Afton, Virginia 22920			Phone:	(434) 531-6166
Site Address:				Fax:	() -
				Email:	
Directions to Property:		North of Rt. 627, 1.2 miles West of Rt. 151			
Subdivision:	Rockfish Heights	Section:	2	Block:	
Tax Map:	21-24	Other Property Identification:		Dimension/Acreage of Property:	4.202

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.			
For New Construction:	<input type="checkbox"/> Certification Letter	<input type="checkbox"/> Construction Permit	<input checked="" type="checkbox"/> Subdivision Review
For Existing Construction:	<input type="checkbox"/> Repair	<input type="checkbox"/> Modification	<input type="checkbox"/> Expansion <input type="checkbox"/> Replacement
Proposed Use:			
<input checked="" type="checkbox"/> Single Family Home (Number of Bedrooms 4)		<input type="checkbox"/> Multi-Family Dwelling (Total Number of Bedrooms)	
<input type="checkbox"/> Other (describe)			
Will there be a basement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, will there be fixtures in the Basement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are any conditions proposed on this construction permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please check or describe all proposed			
Conditions that apply: <input type="checkbox"/> Reduced Water Flow <input type="checkbox"/> Limited Occupancy <input type="checkbox"/> Intermittent or seasonal use			
<input type="checkbox"/> Temporary use not to exceed 1 year <input type="checkbox"/> Other (describe)			

Water Supply	
Will the water supply be <input type="checkbox"/> Public or <input checked="" type="checkbox"/> Private	Is the Water supply <input type="checkbox"/> Existing or <input checked="" type="checkbox"/> Proposed
If proposed, is this a replacement well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will the old well be abandoned <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any buildings within 100' of the proposed well been termite treated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



All Applicants	
Is this an AOSE/PE application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the AOSE/PE package attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

In order for VDH to process your application you must attach a site sketch and plat of the property. 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 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 Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

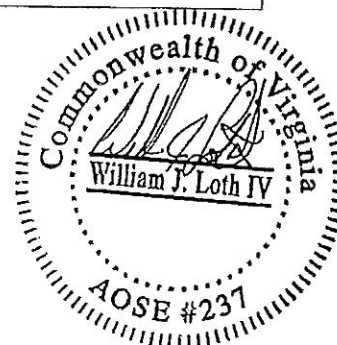
Signature of Owner/Agent _____ Date _____

Soil Summary Report

General Information	
Date: 5/24/07	Submitted to Nelson County Health Department
Applicant: Jace Goodling	Telephone: (434) 531-6166
Address: 172 Engle Rock Road, Afton, Virginia 22920	
Owner: Winter Wren Partnership LLC	Address: 1870 Virginia Avenue, McLean, Virginia 22103
Location: North of Rt. 627, 1.2 miles West of Rt. 151	
Tax Map: 21-24	Subdivision: Rockfish Heights
Block/Section: 2	Lot: 12

Soil Information Summary	
1. Position in landscape satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe: backslope	
2. Slope 29 (max) %	
3. Depth to Rock or impervious strata:	Max. in. Min. 48 in.
4. Depth to seasonal water table (gray mottling or gray color):	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Inches
5. Free water present: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> range in inches	
6. Soil percolation rate estimated?	Yes <input checked="" type="checkbox"/> Texture Group I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/>
	No <input type="checkbox"/> Estimated rate 65 min/inch
7. Permeability test performed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<input checked="" type="checkbox"/> Site Approved	Drainfield to be placed at 30" depth at site designated on plat
<input type="checkbox"/> Site Disapproved	
Reason for Rejection	
1. <input type="checkbox"/>	Position in landscape subject to flooding or periodic saturation
2. <input type="checkbox"/>	Insufficient depth of suitable soil over hard rock
3. <input type="checkbox"/>	Insufficient depth of suitable soil to seasonal water table
4. <input type="checkbox"/>	Rates of absorption too slow.
5. <input type="checkbox"/>	Insufficient area of acceptable soil for required drainfield, and or reserve area
6. <input type="checkbox"/>	Proposed system too close to well
7. <input type="checkbox"/>	Other Specify
If yes, note type of test performed and attach	



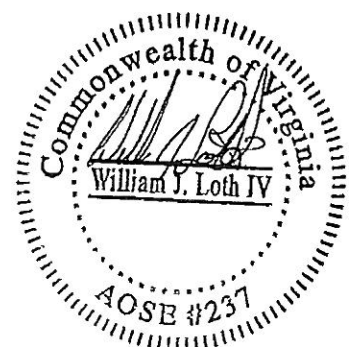
Soil Profile				
Pits	Horizon	Depth (in)	Material Description	Soil Texture Group
1	ABp	0-9	5yr3/3 dark reddish brown Clay Loam	3
	Bt	9-48	2.5yr4/6 red Clay Loam with many colluvial fragments	3
	R	48		
2	Ap	0-2	5yr3/3 dark reddish brown Loam	2
	BE	2-8	5yr5/4 reddish brown Loam	2
	BtC	8-48	2.5yr4/8 red Clay Loam, weak coarse SAB, with common highly weathered colluvial fragments	3
3	Ap	0-1	5yr3/3 dark reddish brown Loam	2
	E	1-3	7.5yr5/4 brown Loam	2
	BE	3-10	5yr4/4 reddish brown Clay Loam	3
	Bt	10-48	2.5yr4/8 red Clay Loam, coarse SAB	3

Design Basis

- A. Estimated Percolation Rate 65 @ 30 in.
- B. Trench bottom square feet Required per bedroom 496
- C. Number of bedrooms 4

Area Calculations

- A. Length of trench (ft.) 100
- B. Length of available area (ft.) 100
- C. Width of trench (ft.) 3
- D. Number of trenches 7
- E. Center-to-center spacing (ft.) 11
- F. Width required (ft.) 69
- G. Width of available area (ft.) 145 minimum (includes 100% Reserve Area)
- H. Total square footage required 1984
- I. Square footage in design 2100
- J. Is a reserve area required? Yes, 100% Reserve Area provided



Certification Statement

County: Nelson

Date: July 19, 2007

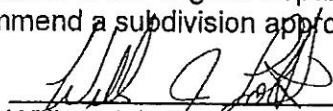
Property Identification: Rockfish Heights
Lot 12

Submitted by: William J. Loth, IV, AOSE #237
Afton Soil Consulting, LLC
222 Sycamore Lane
Afton, Virginia 22920
(540) 456-6087

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 subdivision approval¹ be approved².

AOSE

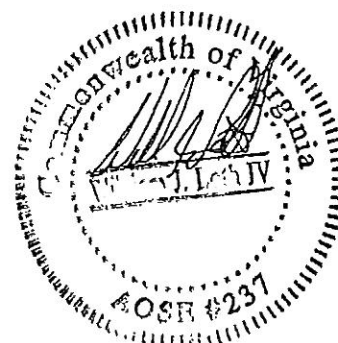


William J. Loth, IV

Date: July 19, 2007

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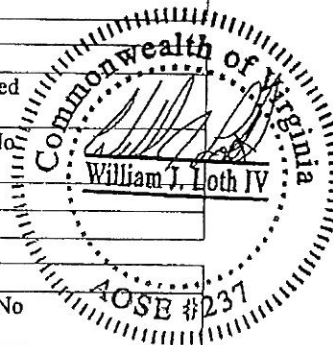
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Commonwealth of Virginia		VDH Use Only	
Application for: <input checked="" type="checkbox"/> Sewage System <input checked="" type="checkbox"/> Water Supply		Health Department ID# _____	
		Due Date: _____	
Owner:	Winter Wren Partnership LLC	Phone:	() -
Mailing Address:	1870 Virginia Avenue McLean, Virginia 22103	Phone:	() -
Agent:	Jace Goodling	Fax:	() -
Mailing Address:	172 Englands Rock Road Afton, Virginia 22920	Phone:	(434) 531-6166
Site Address:		Phone:	() -
		Fax:	() -
		Email:	
Directions to Property:	North of Rt. 627, 1.2 miles West of Rt. 151		
Subdivision:	Rockfish Heights	Section:	2
Tax Map:	21-24	Block:	
Other Property Identification:		Lot:	13
Dimension/Acreage of Property:	5.085		

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.			
For New Construction:	<input type="checkbox"/> Certification Letter	<input type="checkbox"/> Construction Permit	<input checked="" type="checkbox"/> Subdivision Review
For Existing Construction:	<input type="checkbox"/> Repair	<input type="checkbox"/> Modification	<input type="checkbox"/> Expansion
			<input type="checkbox"/> Replacement
Proposed Use:			
<input checked="" type="checkbox"/> Single Family Home (Number of Bedrooms 4)		<input type="checkbox"/> Multi-Family Dwelling (Total Number of Bedrooms)	
<input type="checkbox"/> Other (describe)			
Will there be a basement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, will there be fixtures in the Basement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are any conditions proposed on this construction permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please check or describe all proposed			
Conditions that apply: <input type="checkbox"/> Reduced Water Flow <input type="checkbox"/> Limited Occupancy <input type="checkbox"/> Intermittent or seasonal use			
<input type="checkbox"/> Temporary use not to exceed 1 year <input type="checkbox"/> Other (describe)			

Water Supply	
Will the water supply be <input type="checkbox"/> Public or <input checked="" type="checkbox"/> Private	Is the Water supply <input type="checkbox"/> Existing or <input checked="" type="checkbox"/> Proposed
If proposed, is this a replacement well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will the old well be abandoned <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any buildings within 100' of the proposed well been termite treated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



All Applicants	
Is this an AOSE/PE application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the AOSE/PE package attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

In order for VDH to process your application you must attach a site sketch and plat of the property. 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 system sites must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

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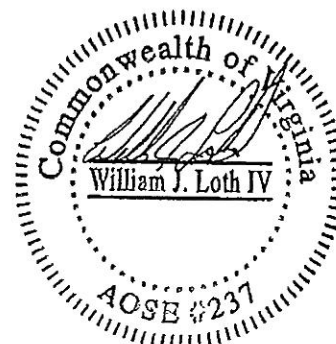
Signature of Owner/Agent _____ Date _____

Soil Summary Report

General Information	
Date: 5/24/07	Submitted to Nelson County Health Department
Applicant: Jace Goodling	Telephone: (434) 531-6166
Address: 172 Engle Rock Road, Afton, Virginia 22920	
Owner: Winter Wren Partnership LLC	Address: 1870 Virginia Avenue, McLean, Virginia 22103
Location: North of Rt. 627, 1.2 miles West of Rt. 151	
Tax Map: 21-24	Subdivision: Rockfish Heights
Block/Section: 2	Lot: 13

Soil Information Summary	
1. Position in landscape satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe: backslope	
2. Slope 27 (max) %	
3. Depth to Rock or impervious strata:	Max. in. Min. 48 in.
4. Depth to seasonal water table (gray mottling or gray color):	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Inches
5. Free water present: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> range in inches -	
6. Soil percolation rate estimated?	Yes <input checked="" type="checkbox"/> Texture Group I <input type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/>
	No <input type="checkbox"/> Estimated rate 65 min/inch
7. Permeability test performed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<input checked="" type="checkbox"/> Site Approved	Drainfield to be placed at 30" depth at site designated on plat
<input type="checkbox"/> Site Disapproved	
Reason for Rejection	
1. <input type="checkbox"/>	Position in landscape subject to flooding or periodic saturation
2. <input type="checkbox"/>	Insufficient depth of suitable soil over hard rock
3. <input type="checkbox"/>	Insufficient depth of suitable soil to seasonal water table
4. <input type="checkbox"/>	Rates of absorption too slow.
5. <input type="checkbox"/>	Insufficient area of acceptable soil for required drainfield, and or reserve area
6. <input type="checkbox"/>	Proposed system too close to well
7. <input type="checkbox"/>	Other Specify
If yes, note type of test performed and attach	



Soil Profile				
Pits	Horizon	Depth (in)	Material Description	Soil Texture Group
1	Ap	0-4	5yr3/3 dark reddish brown Fine Sandy Loam	2
	BtC	4-33	2.5yr4/6 red Clay Loam, weak coarse SAB, with few pockets of soft greenstone saprolite (2.5y6/4 light yellowish brown Silt Loam)	3
	C/B	33-48	Soft greenstone saprolite (2.5y6/4 light yellowish brown Silt Loam) with few thin 2.5yr4/6 red Clay Loam tongues and common highly weathered greenstone fragments	3
	R	48	Saprolite became firm	
2	Ap	0-4	5yr3/3 dark reddish brown Silt Loam	3
	BtC	4-34	2.5yr4/8 red Clay Loam, coarse SAB, with few highly weathered greenstone fragments	3
	C/B	34-48	Soft greenstone saprolite (10yr4/4 dark yellowish brown Silt Loam) with few 2.5yr4/8 red Clay Loam tongues	3
3	Ap	0-4	5yr4/3 reddish brown Silt Loam	3
	BtC1	4-15	5yr5/4 reddish brown Clay Loam, with common 10yr5/6 yellowish brown Silt Loam saprolite	3
	BtC2	15-48	2.5yr4/8 red Clay Loam, SAB, with common 10yr5/6 yellowish brown Silt Loam saprolite	3

Design Basis

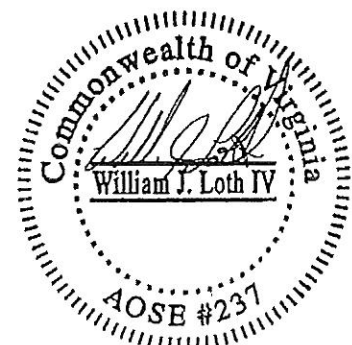
- A. Estimated Percolation Rate 65 @ 30 in.
 B. Trench bottom square feet 496 (Traditional) and 342 (LPD)
 Required per bedroom
 C. Number of bedrooms 4

Area Calculations for Primary Drainfield (Traditional Septic Tank and Trenches)

- A. Length of trench (ft.) 100
 B. Length of available area (ft.) 100
 C. Width of trench (ft.) 3
 D. Number of trenches 7
 E. Center-to-center spacing (ft.) 11
 F. Width required (ft.) 69
 G. Width of available area (ft.) 130 minimum (includes 100% Reserve Area)
 H. Total square footage required 1984
 I. Square footage in design 2100
 J. Is a reserve area required? Yes, 100+% Reserve Area provided

Area Calculations for Reserve Area (Drip Dispersal)

- A. Length of run (ft.) 100
 B. Length of available area (ft.) 100
 C. Width of available area (ft.) 61 (minimum)
 D. Total footprint required for drip dispersal 4104
 (342ft² x 4 bedrooms x 3, as per GMP 107)
 E. Square footage provided 6100



Certification Statement

County: Nelson

Date: July 19, 2007

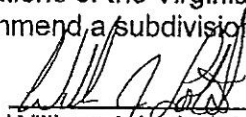
Property Identification: Rockfish Heights
Lot 13

Submitted by: William J. Loth, IV, AOSE #237
Afton Soil Consulting, LLC
222 Sycamore Lane
Afton, Virginia 22920
(540) 456-6087

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 subdivision approval¹ be approved².

AOSE



William J. Loth, IV

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