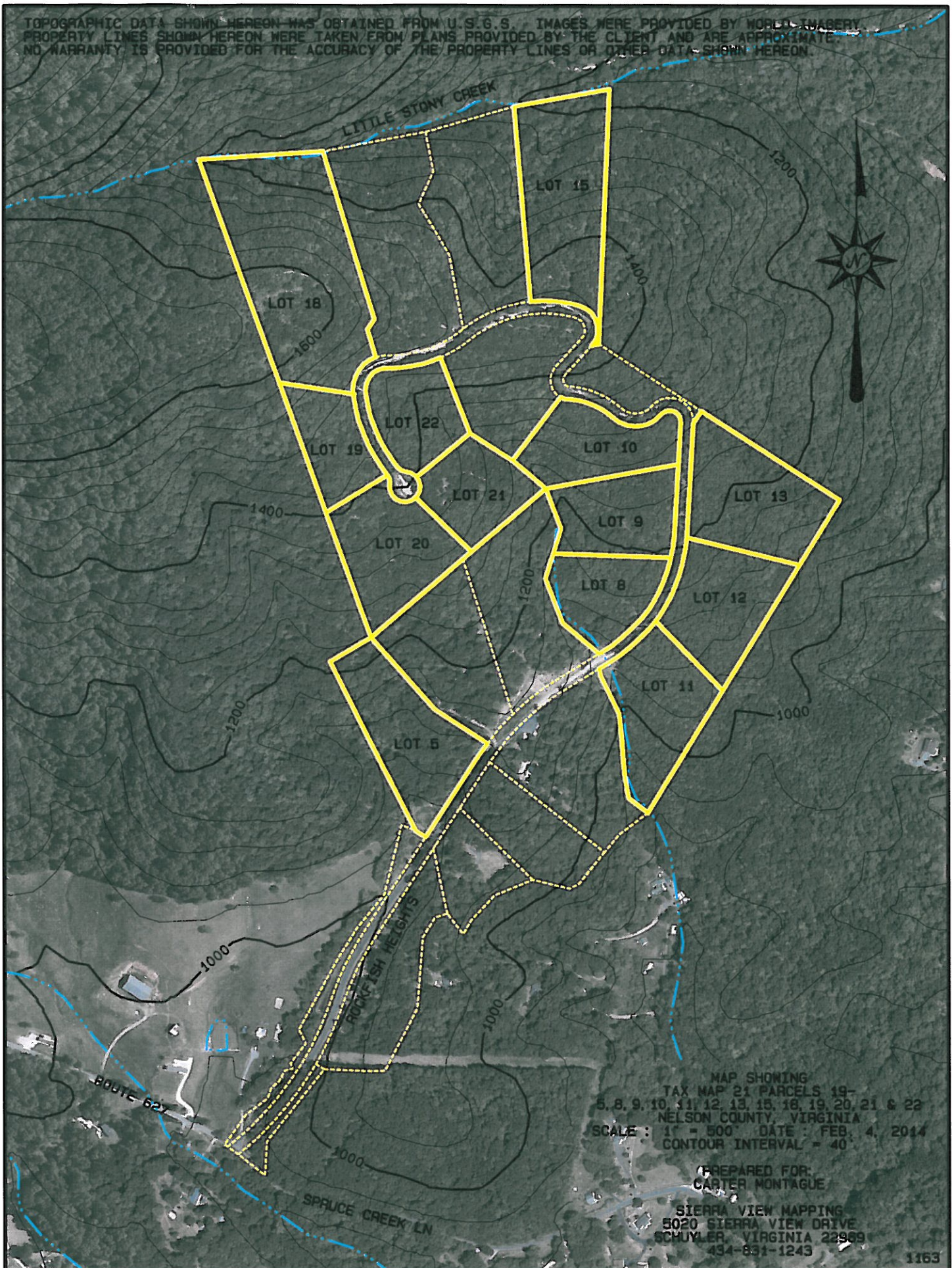


TOPOGRAPHIC DATA SHOWN HEREON WAS OBTAINED FROM U.S.G.S. IMAGES WERE PROVIDED BY WORLD IMAGERY.
PROPERTY LINES SHOWN HEREON WERE TAKEN FROM PLANS PROVIDED BY THE CLIENT AND ARE APPROXIMATE.
NO WARRANTY IS PROVIDED FOR THE ACCURACY OF THE PROPERTY LINES OR OTHER DATA SHOWN HEREON.



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 Englande 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:	15
		Dimension/Acreage of Property:	6.343

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)			

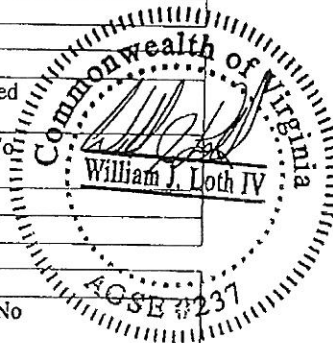
Water Supply	
Will the water supply be <input type="checkbox"/> Public or <input checked="" type="checkbox"/> Private	Is the Water supply <input type="checkbox"/> Existing or <input checked="" type="checkbox"/> Proposed
If proposed, is this a replacement well? <input type="checkbox"/> Yes <input checked="" 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 _____

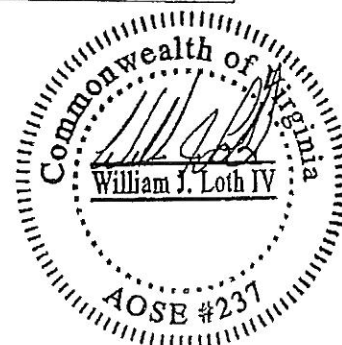


Soil Summary Report

General Information	
Date: 5/24/07	Submitted to Nelson County Health Department
Applicant: Jace Goodling	Telephone: (434) 531-6166
Address: 172 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: 15

Soil Information Summary	
1. Position in landscape satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe: shoulder	
2. Slope 17 (max) %	
3. Depth to Rock or impervious strata:	Max. 60+ in. Min. 50 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 26" 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	0-1	10yr3/2 very dark grayish brown Loam	2
	E	1-6	10yr5/4 yellowish brown Loam	2
	Bt	6-23	5yr5/6 yellowish red Clay Loam, fine SAB	3
	BtC	23-60	5yr4/6 yellowish red Clay Loam/Light Silty Clay Loam, with common very soft saprolite (7.5yr5/8 strong brown Silt Loam)	3
2	Ap	0-2	10yr3/2 very dark grayish brown Loam	2
	E	2-5	10yr6/4 light yellowish brown Loam	2
	BE	5-10	7.5yr5/4 brown Clay Loam	3
	Bt	10-30	5yr4/4 reddish brown Clay Loam, SAB	3
	BtC	30-50	5yr4/6 yellowish red Clay Loam and soft granodiorite saprolite (10yr6/8 brownish yellow Silt Loam)	3
	R	50	Became firm	
3	Ap	0-1	10yr3/2 very dark grayish brown Loam	2
	E	1-3	7.5yr5/4 brown Loam	2
	BtC	3-60	2.5yr4/6 red Clay Loam, SAB, common soft granodiorite saprolite (7.5yr6/8 reddish yellow Silt Loam/Fine Sandy Loam)	3

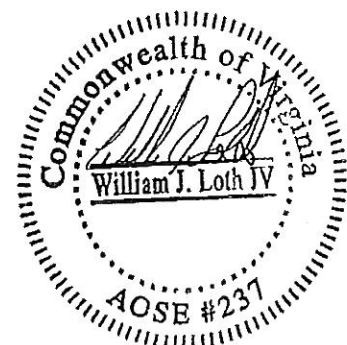
Note: Low chroma colors listed above are mineral in nature and not indicative of redoximorphic conditions.

Design Basis

A. Estimated Percolation Rate	59 @ 26 in.
B. Trench bottom square feet Required per bedroom	450
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.)	9
F. Width required (ft.)	48
G. Width of available area (ft.)	125 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

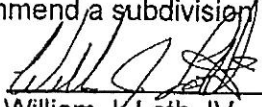
Date: July 19, 2007

Property Identification: Rockfish Heights
Lot 15

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.

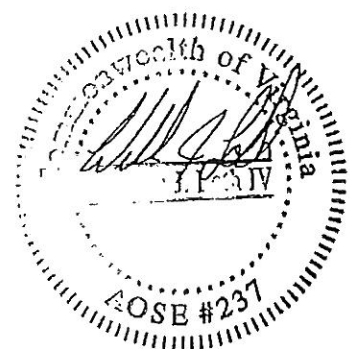
AOSE

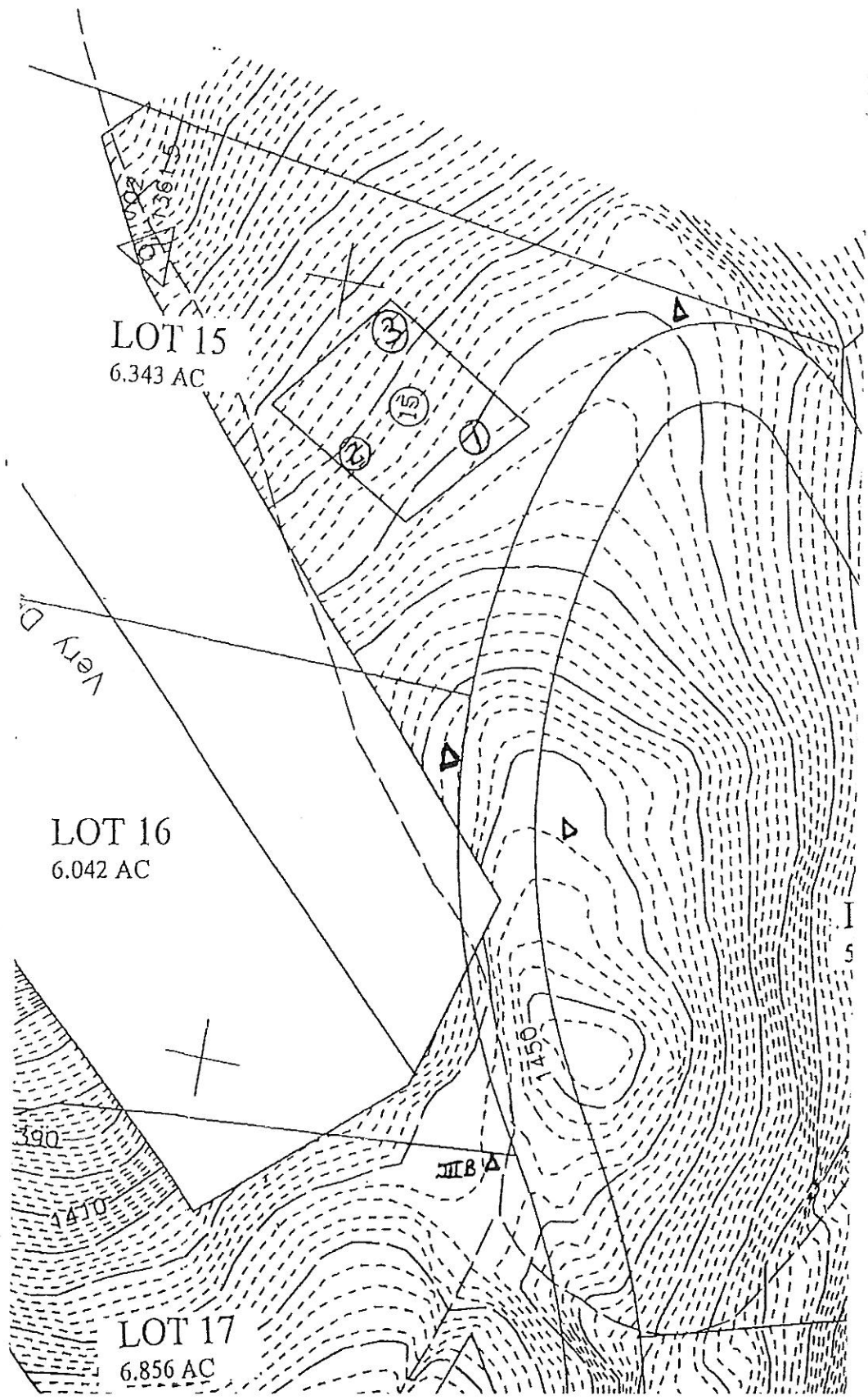

William J. Loth, IV

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'.





LOT 15
6.343 AC

LOT 16
6.042 AC

LOT 17
6.856 AC

Very D.