

OSE/PE Report For: Site # 3Construction
PermitRepair
PermitVoluntary Upgrade
PermitCertification
LetterSubdivision
Approval

Property Location:

911 Address: Enon School Road City: MarshallLot 6 Section _____ Subdivision Property of Paper St. Soap CompanyGPIN or Tax Map # 6956-46-7547 Health Dept ID # _____

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: Paper Street Soap Company LLCStreet: 31 Garrett St.City: Warrenton State VA Zip Code 20186

Prepared by:

OSE Name George E. Walker Jr. License # 1940001020Address P.O. Box 1064City Warrenton State VA Zip Code 20188

PE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report 12-14-20 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.)

COVER SHEET - PG. 1OVERALL PLAN - PG. 2SITE AND SOIL EVAL. - PG. 3-5SITE SKETCH - PG. 6ABBREV. DESIGNS - PG. 7-8

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 (12 VAC5-613) 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.

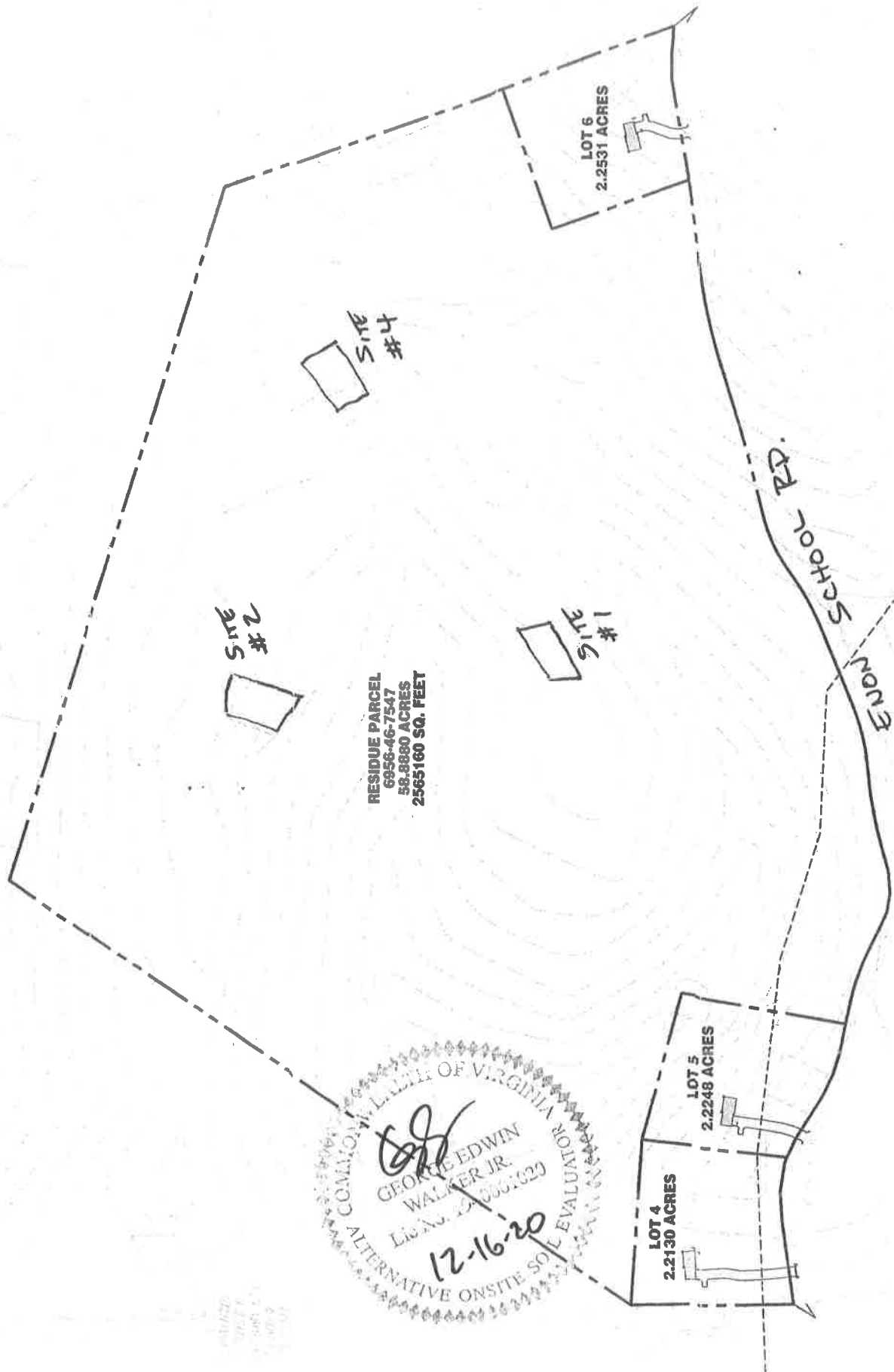
I recommend that a ☒ construction permit ☐ certification letter ☐ subdivision approval ☐ be (select one) Issued ☒

☐ repair permit ☐ voluntary upgrade ☐ Denied ☐

OSE/PE Signature _____ Date _____

OVERALL PLAN
NO SCALE
PROPOSED SUBDIVISION

PG. 2 of 8



Site and Soil Evaluation Report

VDH Use Only
HDIN: _____

General Information

Date: 12-14-20 FAUQUIER County Health Department
 Owner: Paper Street Soap Co. LLC Phone: (540) 270-4819
 Owner Address: 31 Garrett Street Warrenton, VA 20186
 Property Address: Enon School Road
 Tax Map/GPIN #: 6956-46-7547
 Subdivision: Prop. of Paper St. Soap Company Section: _____ Block: _____ Lot: 6

Soil Information Summary

1. Position in landscape satisfactory: ☒ Yes ☐ No Describe landscape position Convex side slope wooded site
 2. Slope 10-12 %
 3. Depth to rock/imperious strata: Max. _____ in. Min. 28 in. ☐ Not observed
 4. Free Water Present: ☐ Yes ☒ No Range in inches: _____
 5. Depth to seasonal water table (gray mottling or gray color): 10 inches ☐ Not observed
 6. Soil percolation rate estimated: ☒ Yes ☐ No Estimated rate: 50 min/in at 10 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: George E. Walker Jr. OSE

Signature: Ge. Walker
☒ Site approved: DRIP DISPENSAL (describe dispersal area, e.g. absorption trenches) dispersing TL-3 EFF. (proposed level of treatment at time of evaluation) to be placed at 10 (inches) depth at site designated on permit. Site provides a total of 1875 square feet of absorption area for primary and reserve (if applicable). 3823
F2

☐ 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) _____



Date of Evaluation: 3-18-20 Profile Description
8-21-20 SOIL EVALUATION REPORT
 Property ID: 6956-46-7547

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private Onsite Soil Evaluator or Professional Engineer, location of profile holes and sketch of the area investigated including all structural features (i.e. sewage disposal systems, wells, etc.) within 100 feet of the site and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

☐ See application sketch ☐ See Construction Permit ☒ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of color, texture, etc.	Texture Group
1	A	0-5	BROWN (7.5YR 5/4) SILT LOAM WITH ORGANICS, SOME GRAVEL, FRIABLE	III
	Bt	5-31	YELLOWISH-RED (5YR 5/8) AND REDDISH-YELLOW (7.5YR 7/6) SILT LOAM	III
	C _r	31-36	YELLOWISH-BROWN (10YR 5/6) AND STRONG BROWN (7.5YR 5/6) LOAM/SANDY LOAM, WEATHERED ROCK FRAGMENTS, FIRM IN PLACE PROFILE TERMINATED AT 36 INCHES	II _b
2	A	0-6	YELLOWISH-BROWN (10YR 5/4) FINE SANDY LOAM WITH ORGANICS	II _b
	Bt	6-28	YELLOWISH-BROWN (10YR 5/4) AND STRONG BROWN (7.5YR 4/6) LOAM WITH WEATHERED COBBLES	II _b
	C	28-60	YELLOWISH-RED (5YR 6/8) AND REDDISH-YELLOW (7.5YR 7/6) LOAM/SILT LOAM, FRIABLE PROFILE TERMINATED AT 60 INCHES	III
3	A	0-5	STRONG BROWN (7.5YR 5/6) SILT LOAM WITH ORGANICS	III
	Bt	5-31	DARK RED (2.5YR 4/8) SILT LOAM	III
	C	31-60	DARK RED (2.5YR 4/8) AND REDDISH-YELLOW (5YR 7/6) SILT LOAM, FRIABLE PROFILE TERMINATED AT 60 INCHES	III

REMARKS:



PROPOSED Lot 6

(SITE # 3) Page 5 of 8

Date of Evaluation: 3-18-20
8-21-20
Profile Description
SOIL EVALUATION REPORT
Property ID: 6956-46-7547

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private Onsite Soil Evaluator or Professional Engineer, location of profile holes and sketch of the area investigated including all structural features (i.e. sewage disposal systems, wells, etc.) within 100 feet of the site and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

☐ See application sketch ☐ See Construction Permit ☒ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of color, texture, etc.	Texture Group
4	A	0-6	STRONG BROWN (7.5 YR 5/6) SILT LOAM WITH ORGANICS, FRIABLE	III
	Bt	6-20	STRONG BROWN (7.5 YR 5/8) SILT LOAM, WITH WEATHERED ROCK FRAGMENTS	III
	C ₁	20-34	YELLOWISH-RED (5 YR 5/6) AND REDDISH-YELLOW (7.5 YR 7/6) SILT LOAM WITH WEATHERED COBBLES FRIABLE	III
	C _{2r}	34-36	STRONG BROWN (7.5 YR 4/6) CHANNELLY LOAM, FIRM IN PLACE	IIb
			PROFILE TERMINATED AT 36 INCHES	
5	A ₁	0-3	OLIVE BROWN (2.5 Y 4/3) LOAM WITH ORGANICS, FRIABLE	IIb
	AB	3-8	YELLOWISH-BROWN (10 YR 5/6) SANDY CLAY LOAM, FRIABLE	IIb
	Bt	8-26	STRONG BROWN (7.5 YR 5/6) SANDY CLAY LOAM	IIb
	C ₁	26-28	STRONG BROWN (7.5 YR 5/6) AND LIGHT BROWN (7.5 YR 6/3) SANDY LOAM SAPROLITE, FRIABLE	IIb
	C _{2r}	28-30	LIGHT BROWN (7.5 YR 6/3) AND VERY PALE BROWN (10 YR 7/3) SANDY LOAM SAPROLITE, FIRM IN PLACE	IIb
			PROFILE TERMINATED AT 30 INCHES	

REMARKS:



SITE SKETCH

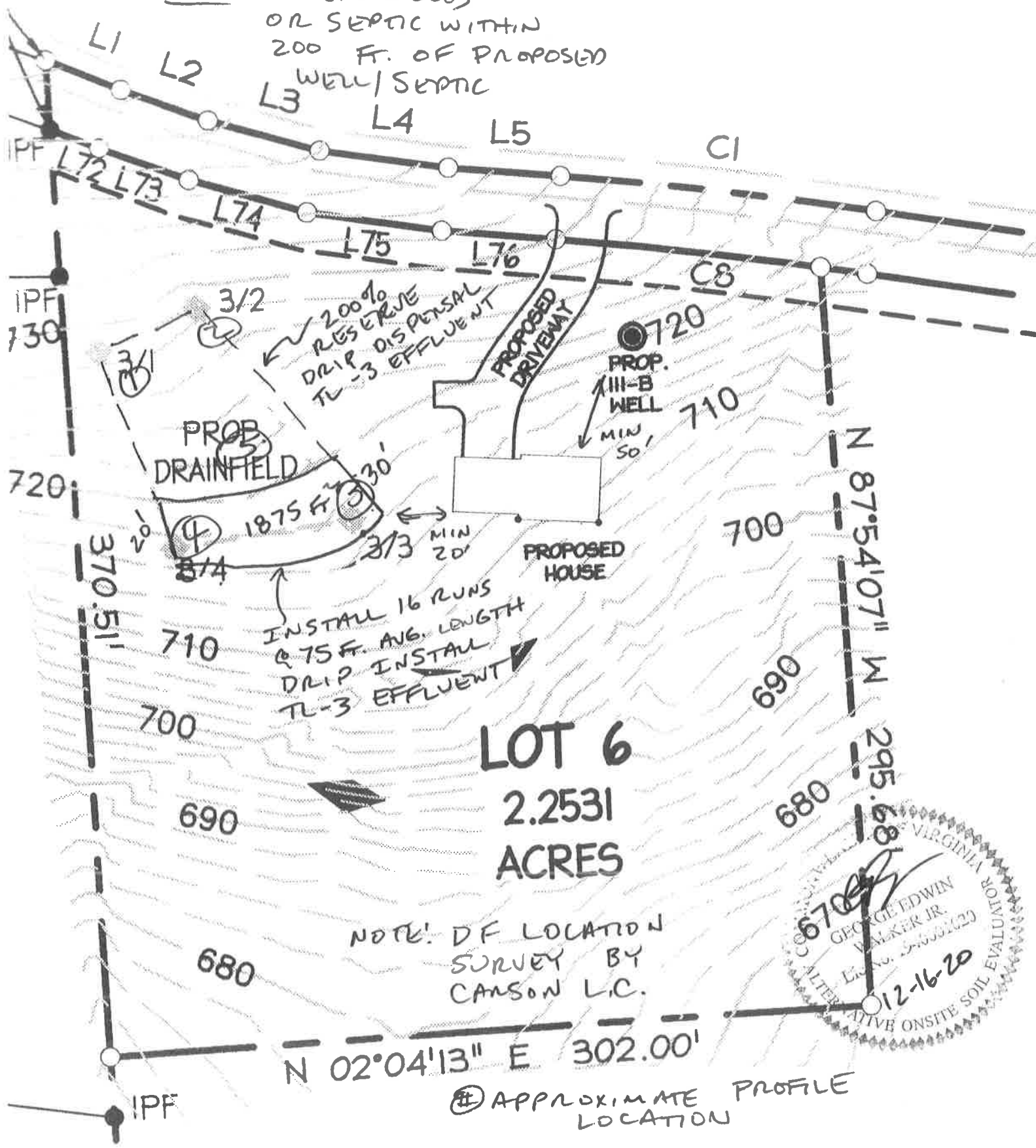
PG. 6 of 8

1" = 50'

PROPOSED LOT 6

GPIN # 6956-46-7547

NOTE: NO EX. WELLS
OR SEPTIC WITHIN
200 FT. OF PROPOSED
WELL/SEPTIC



LOT 6
2.2531
ACRES

NOTE: DF LOCATION
SURVEY BY
CANSON L.C.

N 02°04'13" E 302.00'

Ⓢ APPROXIMATE PROFILE
LOCATION



(INSTALL)
PROPOSED LOT 6
(SITE #3)

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Abbreviated Design Form

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

This abbreviated design covers the ☐ primary and reserve area, ☒ only the primary area, ☐ only the reserve area (check one) for 6956-46-7547 (property ID).

Design Basis

Total length of available area: 70-80 FT. Total width of available area: 20-30 FT
Estimated Perc. Rate 50 GPD at 10 in. (depth) Number of bedrooms (or GPD): 4 (600)
Conveyance Method: PUMP Distribution method (specify): DRIP DISPENSAL
Dispensal system basis: AOSS REGS. LGMI required? NO (Yes/No)
Effluent quality required: TL-3 (Primary, Secondary, Advanced Secondary)
Square feet per bedroom: $\frac{150 \text{ GPD}}{33 \text{ GPD/ft}^2} = 455$ Total trench bottom area required: 1820 FT²
910 M.I.F. TUBING REQ'D
FOOTPRINT AREA

¹ Gravity, pump, siphon
² Enhanced flow, LPD, or Drip Dispensal
³ Table 5.4 of SHDR or identify the GMP used

Area Calculations

Number of trenches 16 RUNS (Note if a pad is used) Length of pad or trenches: AVG. 75 FT.
Width of pad or trenches: 1-2" Center to center spacing: 1.25-1.875 FT.
Reserve required? YES Percent reserve area required: 200% (15-22.5")
Total width of absorption area required 20-30 FT. Total trench bottom area provided: 1875 FT²
1200 L.F. TUBING PROVIDED

The required width is calculated 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 topography is not uniform across the length of the site the trenches will need to flare apart on one end to maintain contour. When this occurs it is necessary to use a center-to-center spacing that accounts for the flair or the installer 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.



(RESERVE)
PROPOSED LOT 6
(SITE #3)

Page 8 of 8

Abbreviated Design Form

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

This abbreviated design covers the ☐ primary and reserve area, ☒ only the primary area, ☒ only the reserve area (check one) for 6956-46-7547 (property ID).

Design Basis

Total length of available area: 40-70 FT Total width of available area: 64-76 FT

Estimated Perc. Rate 50 gpd at 10 in. (depth) Number of bedrooms (or GPD): 4 (600)

Conveyance Method: PUMP Distribution method (specify): Drip Dispensal

Dispersal system basis: AOSS REGS. LGMI required? No (Yes/No)

Effluent quality required: TL-3 (Primary, Secondary, Advanced Secondary)

Square feet per bedroom: $\frac{150 \text{ GPD}}{.33 \text{ GPD/ft}^2} = 455$ Total trench bottom area required: 1820 ft²

X 2 (For 200% RESERVE)
= 3640 ft²
FOOTPRINT AREA
1820 L.F. TUBING REQ'D

¹ Gravity, pump, siphon

² Enhanced flow, LPD, or Drip Dispensal

³ Table 5.4 of SHDR or identify the GMP used

Area Calculations

Number of trenches 36 (Note if a pad is used)

Length of pad or trenches: AVG = 55 FT

Width of pad or trenches: 1-2"

Center to center spacing: 1.75 - 2.1 FT.

Reserve required? YES

Percent reserve area required: 200%

Total width of absorption area required 63-76 FT Total trench bottom area provided: 3823 ft²
 $\frac{40+70}{2} \times \frac{63+76}{2} = \text{FOOTPRINT AREA}$

The required width is calculated 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 topography is not uniform across the length of the site the trenches will need to flare apart on one end to maintain contour. When this occurs it is necessary to use a center-to-center spacing that accounts for the flair or the installer 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.

1980 L.F. TUBING PROVIDED
200% RESERVE PROVIDED

