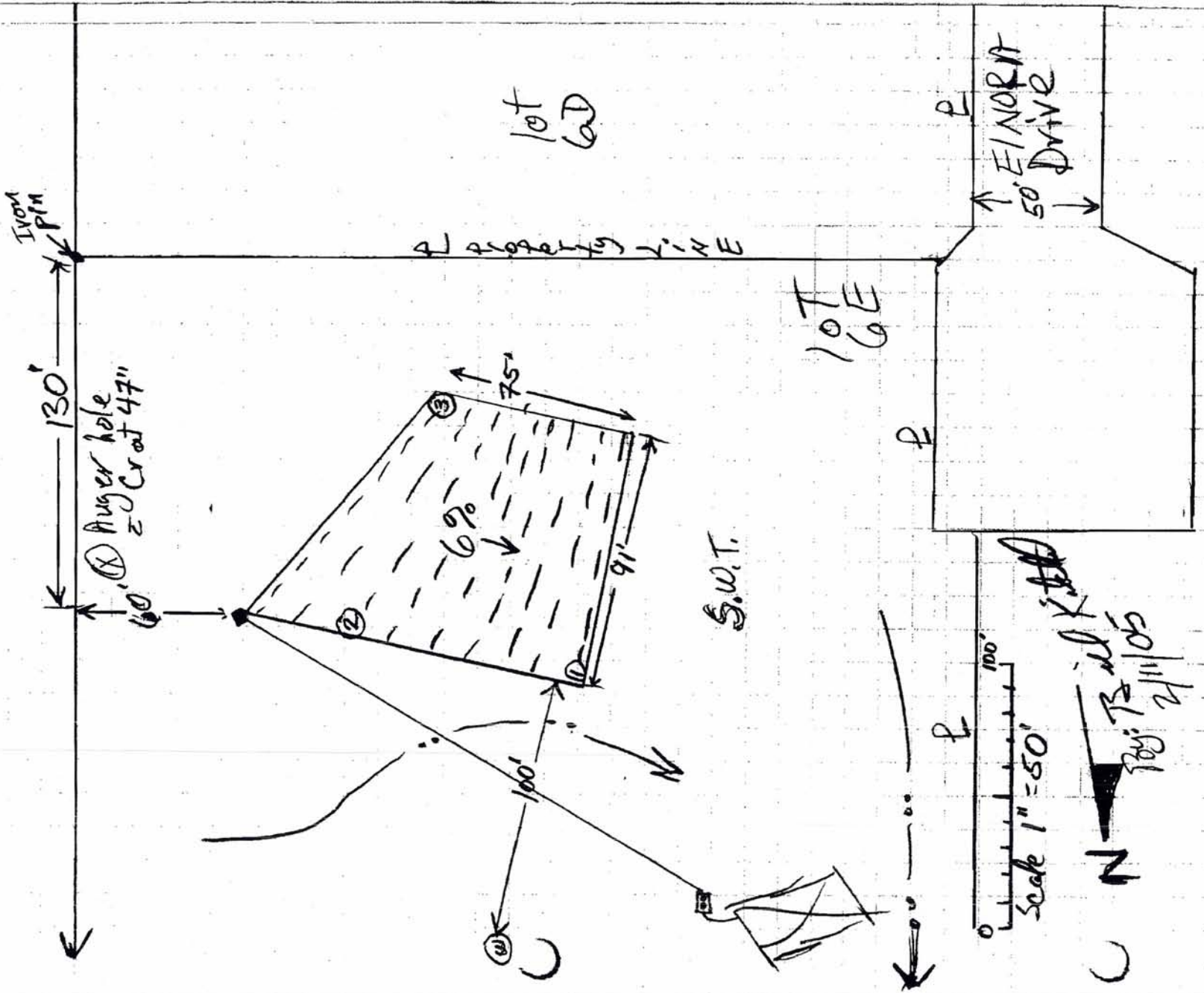
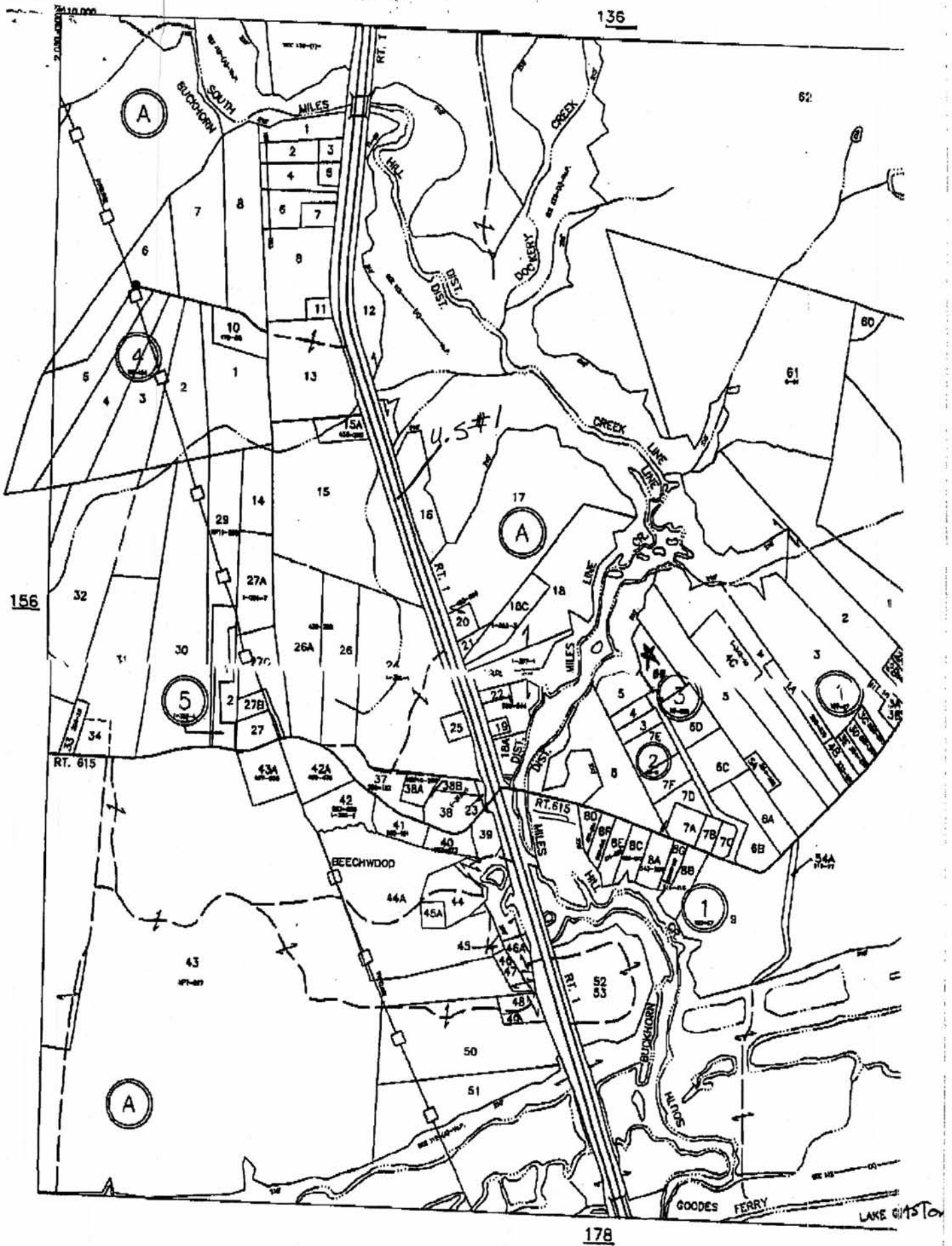


A.D.



Proj: B id K 11/05
2/11/05



136

156

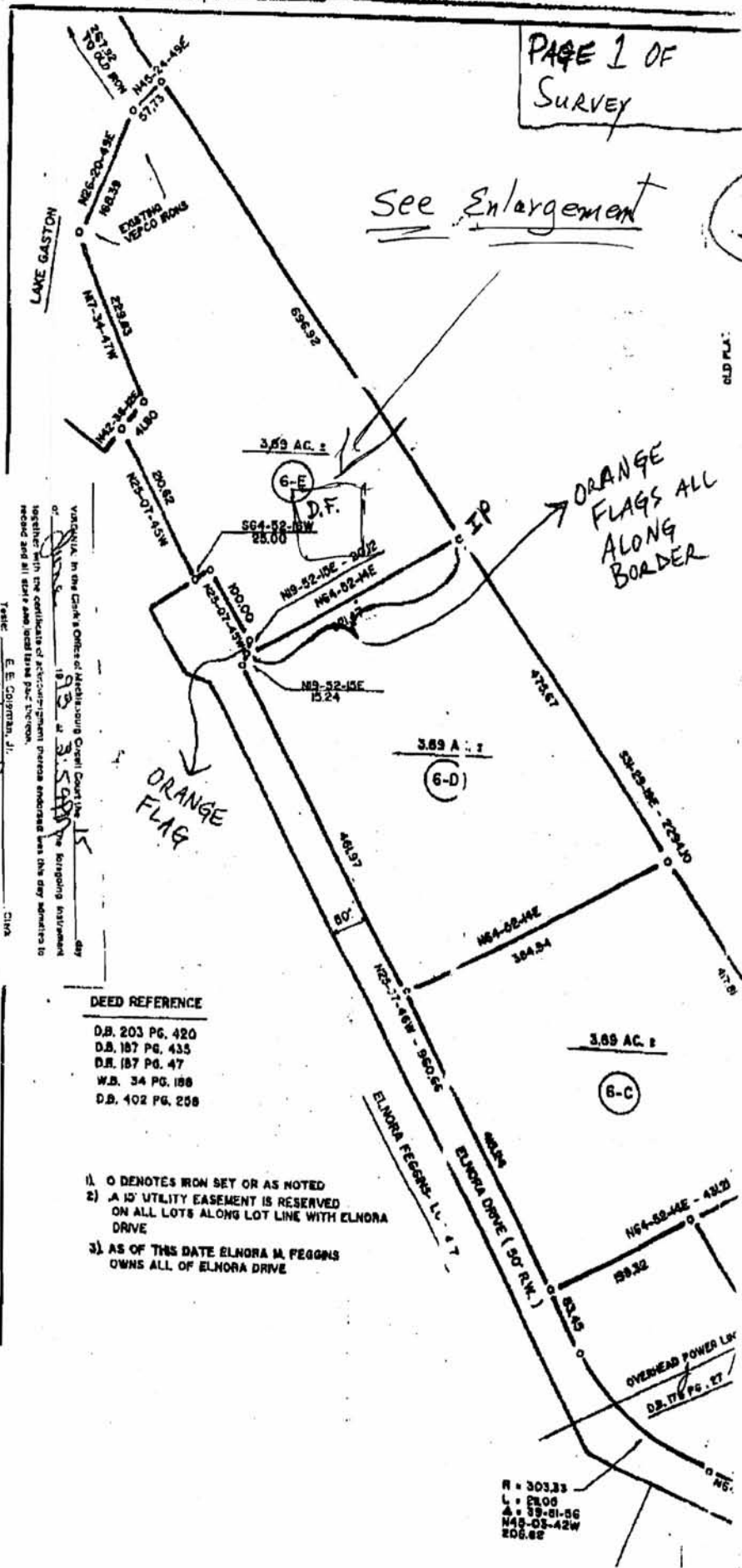
178

LAKE GUNSTON

PAGE 1 OF SURVEY

See Enlargement

3 B.R.



VERIFICATION in the Clerk's Office of Middleburg Civil Court, this 15 day of February 2005 at MIDDLEBURG the foregoing instrument together with the exhibits of attachment hereon endorsed was this day admitted to record and all copy and seal same for record.

Teste: E. E. COOPER, JR. Clerk

Deputy Clerk: [Signature] CINA

DEED REFERENCE

D.B. 203 PG. 420
 D.B. 187 PG. 433
 D.B. 187 PG. 47
 W.B. 34 PG. 188
 D.B. 102 PG. 258

- 1) O DENOTES IRON SET OR AS NOTED
- 2) A 10' UTILITY EASEMENT IS RESERVED ON ALL LOTS ALONG LOT LINE WITH ELMORA DRIVE
- 3) AS OF THIS DATE ELMORA M. FEGANS OWNS ALL OF ELMORA DRIVE

Appendix 5
 Sewage Disposal System Construction Specifications
 General Information

New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Expanded <input type="checkbox"/> Owner <u>Jack Craddock</u> Telephone _____ Address <u>7 North Robinson St. Richmond, Va. 23220</u> For a Type <u>II</u> Sewage disposal system which is to be constructed on/at <u>N. side Hwy 615; 0.4 mi. E. jct. hwy 615 & U.S. 1</u> Subdivision _____ Section _____ Block <u>on Dockery Creek</u> Lot <u>6E</u> Actual or estimated water use <u>450 G.P.D.</u>	
DESIGN	NOTES
Water supply, existing: (describe) _____ To be installed: class <u>III C</u> _____ cased _____ grouted _____	
Building sewer: <u>3" to 4"</u> I.D. PVC 40, or equivalent. Slope 1.25' per 10' (minimum). <input type="checkbox"/> Other _____	
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. If yes: _____	
<input checked="" type="checkbox"/> Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. Crush strength or equivalent. <input type="checkbox"/> Other _____	
Distribution box: Precast concrete with <u>12</u> ports. <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Header lines: Material: 4" I.D. 1500 lb. Crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Percolation lines: Gravity 4" plastic 1000 lb. Per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	
Absorption trenches: Square ft. required <u>1632</u> ; depth from ground surface to bottom of trench <u>24"</u> ; trench width <u>3'</u> Depth of aggregate <u>13"</u> ; Trench length <u>91'</u> ; Number of trenches <u>6</u>	

Appendix 6
Abbreviated Design Form

For use with gravity and pump drainfields, enhanced flow systems and low pressure distribution systems when applying for a certification letter or subdivision approval.

Design Basis

A. Estimated Percolation Rate

70

B. Trench bottom square feet required per bedroom (from Table 4.6 based on Gravity LPD)

544

$$\begin{array}{r} 544 \\ 3116 \overline{) 32} \\ \underline{15} \\ 12 \end{array}$$

C. Number of bedrooms

3

Area calculations

D. Length of trench

91'

Length of available area

>91'

E. Width of trench

3'

F. Number of trenches

6

G. Center-to-center spacing

9'

H. Width required

48

Width of available area

>48'

G(F-1) + E

I. Total square footage required (line B times line C)

1632

J. Square footage in design (D * E * F)

1638

K. Is a reserve area required?

yes No

816 sq.ft.
reserve shown

Certification Statement

County: Mecklenburg Date: 2/11/05
Property Identification: N. side Hwy 615; 0.4 mi E. of Hwy 615 & U.S. 9 on Dockery Creek
Submitted by: Jack Craddock

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 permit be approved².

AOSE _____ Date: _____

Soil Consultant Bill Kitchel Date: 2/11/05

¹ This blank must be filled in with one of the following terms: 'permit', 'certification letter', or 'subdivision approval'.