

ENGINEER'S CERTIFICATE OF INSPECITON/APPROVAL

TO: Bedford County Health Department
P.O. Box 148
Bedford, VA 24523

The Sewage Disposal System for "Lakes Edge, Section One," consisting of the master pump station, force mains, drainfields and appurtenances has been inspected and found to be in substantial accordance with the plans and specifications prepared by this firm.

Owner: David Wilson

Signed: Michael S. Webb
Michael S. Webb, P.E.

Date: 11-18-02

FIRM NAME: LUMSDEN ASSOCIATES, P.C.

FIRM ADDRESS: P.O. Box 20669

Roanoke, VA 24018

V. KIRK LUMSDEN, L.S.
B. LEE HENDERSON, JR., P.E., L.S.
TIMOTHY HOELZLE, L.S.
MICHAEL S. WEBB, P.E.
JAMES L. JENKINS, L.S.
THOMAS C. DALE, P.E.
LARRY T. OGLE, JR., L.S.



LUMSDEN ASSOCIATES, P.C.
ENGINEERS-SURVEYORS-PLANNERS

4661 BRAMBLETON AVENUE, SW - P.O. BOX 20669 - ROANOKE, VIRGINIA 24018 - PHONE (540) 774-4411 - FAX (540) 772-9445 - E-MAIL MAIL@LUMSDENPC.COM

109-01-1435

November 15, 2002

Mr. Tim Parker
Bedford County Health Department
P.O. Box 148
Bedford, VA 24523

Re: Lakes Edge, Section One
Comm: 2000-286



Dear Tim:

The Certificate of Inspection for the Sewage Disposal System for Lakes Edge, Section One, is enclosed. The system is operational and ready to accept sewage flow from individual lots within the subdivision.

If you have any questions, please call.

Very truly yours,

LUMSDEN ASSOCIATES, P.C.

Michael S. Webb, P.E.
Director of Engineering

MSW:mgs

Enclosures

Copy to: David Wilson

Health Department
Identification Number 109-01-1435

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.

* See plans and specifications for pump chamber and individual drainfield specifications, and effluent routing specifications

- D.F # 2 8-88' x 3' ditches @ 60"
- DF # 3 14-100' x 3' ditches @ 66"
- DF # 4 15-100' x 3' ditches @ 66"
- DF # 5 8-100' x 3' ditches @ 72"
- DF # 7 5-85' x 3' ditches @ 48"
- DF # 8 5-100' x 3' ditches @ 54"
- DF # 9 6-50' x 3' ditches @ 66"
- DF # 10 6-50' x 3' ditches @ 48"

* REFER TO
UNSDEN PLANS
SECTION # (LOTS 1-13)
TRF-19

Plans & specifications for Lunsden Associates, commission # 00-286

This sewage disposal system and/or water supply is to be constructed as specified by the permit _____ or attached plans and specifications _____.

This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: Dec 21 2001 Issued by: Justy D. Parke
Sanitarian
Date: 3/21/01 Reviewed by: [Signature]
Supervisory Sanitarian

This Construction Permit Valid until
4/21/2003

If FHA or VA financing

Reviewed by Date _____ Date _____
Supervisory Sanitarian Regional Sanitarian

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 109-01-1435
Map Reference _____

BEFORE Health Department

General Information

Water Supply System: New Repair Public FHA VA Case No. _____
 Sewage Disposal System: New Repair Expanded Conditional Public
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
 Owner DAVE WILSON Telephone 297-0900
 Address P.O. Box 777 MONETA, VA. 24121 For a Type II Sewage Disposal System or Well to be constructed on/at 122 south to 24 west to lot 757 in subdivision in light
 Subdivision LAKES EDGE Section/Block _____ Lot _____ Actual or estimated water use 7200 GPD

48F

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>public</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class _____ cased _____ grouted _____	Completion Report G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/>
Building sewer: _____ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: _____ yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>NA</u>
Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: _____ yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>NA</u>
Inlet-outlet structure: _____ PVC Schedule 40, _____ or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: _____ yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>NA</u>
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: <u>see attached plans & specifications</u>	Pump & pump station: _____ yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: _____ yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: _____ Precast concrete with _____ ports. <input type="checkbox"/> Other _____	Distribution box: _____ yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
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 _____	Header lines: _____ yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Percolation lines: _____ Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: _____ yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: * <u>see plans</u> Square ft. required _____; depth from ground surface to bottom of trench _____; aggregate size _____; Trench bottom slope _____; center to center spacing _____; trench width _____; Depth of aggregate _____; Trench length _____; Number of trenches _____	Absorption trenches: _____ yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory

Date Sept 25 2002 Inspected and approved by:
Smith D. Pal
Sanitarian

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 109-01-1435

BEDFORD Health Department

Name of Company/Corporation/Individual: CRAWFORD EXCAVATING

Address: ROCKY MOUNT VA Telephone: _____

Owner's Name DAVID WILSON

Owner's Address MONETA VA

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: LAKES EDGE MASS DRAINFIELDS

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) DEC. 21 2001 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Date

Levin Perkins
Signature and Title

From: Rob Garner To: Dr Lee Helms
7-8-05: 7:46AM
Date: 7/8/2005 Time: 9:19:36 AM
5/7

No.

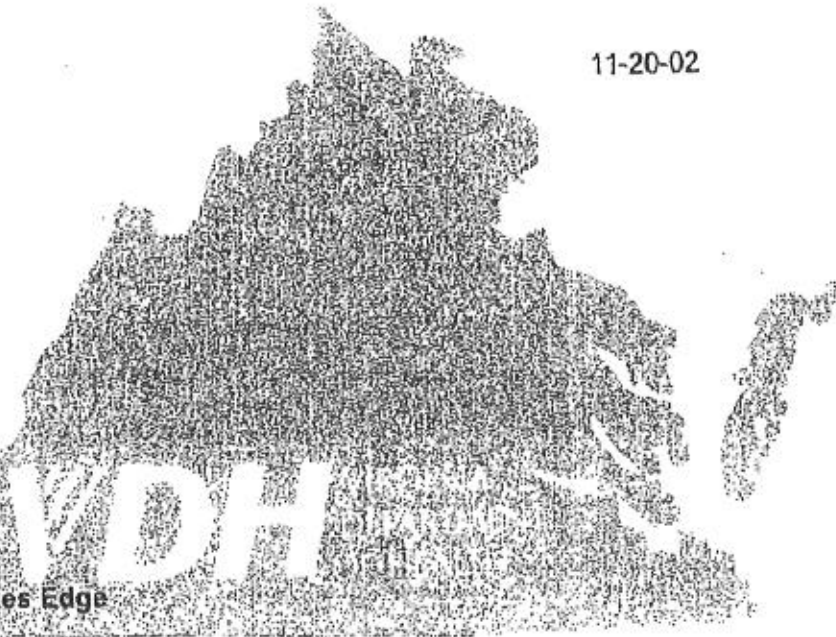
109-01-1435

PERMIT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

DATE OF ISSUE

11-20-02



OPERATOR: Dave Wilson
ADDRESS: P.O. Box 777
Moneta, Virginia 24121

Subdivision or Tax Map: Lakes Edge

The above operator has made application and in accordance with the regulations of the board of Health of the Commonwealth of Virginia is authorized by the Bedford County Health Department to operate a Type I Sewage Disposal System having a Design Capacity 7200 GPD, 48 bedrooms.

Imothy D. Paul
Environmental Health Specialist

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

Date: 11/16/2002 Time: 3:15:30 AM

From: Rob Gerner To: Dr Lee Helms
7-6-05 7:45AM

2/05/01

GTV III

BEDFORD COUNTY HEALTH DEPARTMENT OFFICE OF ENVIRONMENTAL HEALTH

P.O. Box 148
Bedford, Virginia 24523

Phone: 586-7952
Fax: 586-7991

If you do not receive all the pages, please call back as soon as possible. Otherwise, it will be considered as received.

DATE: 07/05/2005

TO: GEORGE VOGEL III Rob Gerner

FROM: TODD FOWLER

TOTAL PAGES (including cover) 7

COMMENTS:

PERMIT 129-01-1435 COVERS INSTALLATION
OF DRAINFIELDS FOR LOTS 1-13 IN ACCORDANCE
WITH LUNSDEN & ASSOCIATES PLANS (COMMISSION # 00-286)
THE DRAINFIELDS HAVE BEEN INSTALLED. THE OWNERS
OF EACH LOT MUST APPLY FOR PERMIT FOR INSTALLATION
OF SEPTIC TANK PUMP CHAMBER AND FORCE MAIN
TO MAIN SEWAGE FORCE MAIN AT ROAD

THANKS
TRF

FACSIMILE COVER PAGE

To : Dr Lee Helms

From : Rob Gerner

Sent : 7/6/2005 at 9:19:34 AM

Pages : 8 (including Cover)

Subject : Septic Lakes Edge

Lee

Here is fax from Todd Fowler, the mass drainfield guy I spoke with originally at the Health Dept.

The permit #109-01-1435 covers installatin of lots 1-13 in accordance with Lumsdens plans (commission #00-286)

Drainfiellds are and lines from you lot are already installed by Crawford. All you have to do is hook up at your lots.

Rob