

# OSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department Identification Number: 133-18-0039 Tax Map: 0370004302

Franklin Co. Health Department

Name of OSE/PE: Steve Eitner, AOSE

License Number: 1940001276

Address: 42 Crestwood Dr. Boones Mill, VA 24065

Telephone: 540-420-0920

Contractors Name Wingfield Septic Systems

Owner's Name: Trevor Norford

Owner's Address: 241 Homeplace Dr. Salem, VA 24153

Location of Installation: Subdivision: Section: Block: Lot:

Other:

Component	Inspection Results	
	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	Class III Type B Well - Well Moved Location Moved Due to Dry Hole +200' to Sewage Disposal System	Approved 4 June 2018
Building Sewer	4-inch Sch 40 PVC. Gravity Fall. Sewer Line Stubbed out @ Home Site.	Approved 4 June 2018
Septic Tank	1,000 Gallon Concrete w/ Inspection Port	Approved 4 June 2018
Inlet-Outlet Structure	4-inch Sch 40 PVC. 1-2 inch Fall Across Tees.	Approved 4 June 2018
Pump and Pump Station	N/A	
Conveyance Method	3-inch Sch 40 PVC. Gravity Fall.	Approved 4 June 2018
Distribution Box or Pressure Manifold	8-Port Concrete. D-Box Installed 30-inches Below Ground Surface. D-Box Level.	Approved 4 June 2018
Header, Conveyance, Return, etc. Lines	4-inch #1500 Plastic Pipe	Approved 4 June 2018
Percolation Lines, Drip, Chambers, etc.	Gravelless System (GMP# 2016-01)	Approved 4 June 2018
Absorption Trenches and Dispersal Field	3-82ft Trenches Installed @ 42-inches. 3ft Wide. 10ft Centers. Infiltrator Quick-4 (20 Chambers Per Trench - 60 Chambers Total)	Approved 4 June 2018
(Other Components: treatment unit, etc.)		
	**House Not Built @ Time of Inspection**	

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary.

This form contains personal information subject to disclosure under the Freedom of Information Act.

Revised 12/1/2014

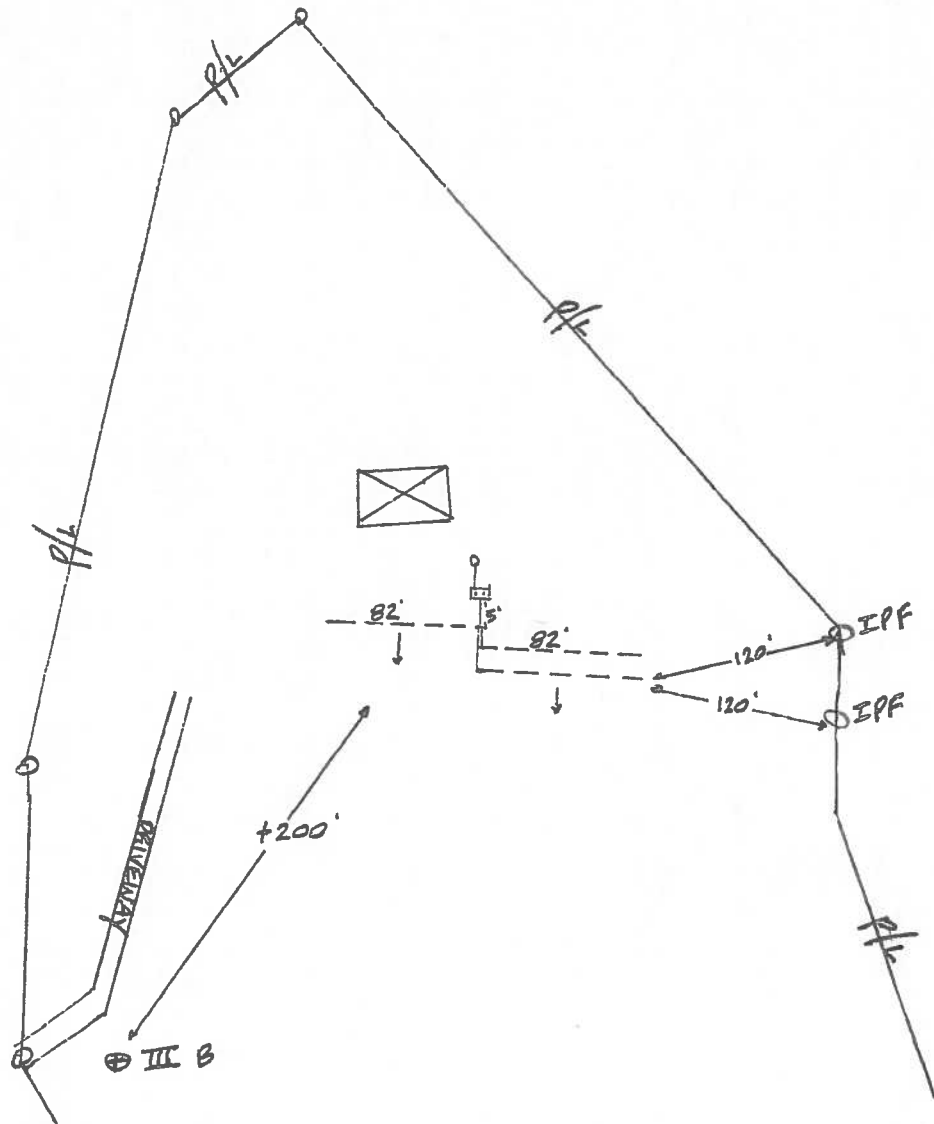
# OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia  
State Department of Health

Health Department Identification Number: 133-18-0038

Tax Map: 0370004302

Triangulate critical system components to fixed reference points.



☐ Check here if as-built drawing is on a separate page attached to this form  
(Attachment must display Health Dept. Identification Number, tax map number, and must be signed and dated by AOSE/PE).

I hereby certify that on 6/4/18 (date), I, or an employee under my direct supervision, inspected this sewage system's construction. The onsite sewage system has been installed and completed in accordance with the construction permit issued on 3/10/18 (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), the *Regulations for Alternative Onsite Sewage Systems* (12VAC5-613 et seq), when applicable, the *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

OSE/PE Signature: Steve Eitner

Date: 6/5/18

Print Name: Steve Eitner

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number:

133-18-0039

FRANKLIN Co.

Health Department

Name of Company/Corporation/Individual: WINGFIELD SEPTIC SYSTEMS

Address: 5095 BARROWS MILL RD. MARTINSVILLE, VA 24112

Telephone: 270-638-7607

Owner's Name: TREVOR NORFORD

Owner's Address: 241 HOMELAND DR. SALEM, VA 24153

Location of Installation: Lot: \_\_\_\_\_

Block: \_\_\_\_\_

Section: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Other: TM# 0370004302

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued  
(Date) 3/6/18 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

6/4/18

Signature and Title

R A Wingfield