7/19/19 PAH

Soil Works, Inc.

Existing Septic Drainfield Evaluation Report

Owner:

Pippa Chapman
200 Douglas Lane
Pearisburg, VA 24134
(540) 922-2178
(540) 921-2311
Tax map ID 40D-7-2A

Walkover of 1965 septic drainfield/bed for
(3) three bedroom house

Outside:	yes	no	no access
Is a drainfield design map available?	X		
Is an "as built" drainfield map available?		X	
Is drainfield visible above ground?		X	
Is drainfield easily located?		X	
Are any components uncovered?		X	
Is grass on drainfield greener than other grass?		X	
Is drainfield/bed soggy?		X	
Is septic gas noticeable?		X	
Are soil cores taken? Or holes dug?	X		
smell of septage?		X	
Is septic tank found?	X		
Does septic tank inlet to house smell of septic gas?		X	
visible water-trap outside house?		X	
Does roof vent smell of septic gas?			X
Inside:			
Does ground floor toilet flush?	X		
any backflush into tub or floor drain?		X	
odor of septic gas?		X	
Is house on Town water?	X		

Other observations? Live Drain Flies in standing riser Sch 40 pipe of septic tank
Septic system may be less than 100 feet away from sinkhole
Dug holes where D-box should be, Could not find Distribution box
Dug holes where drainfield should be, Could not find septic drainfield
As drawn drainlines end <50 feet from sinkhole
As drawn drainlines <10 feet from overhead powerlines
All holes dug to approximately two feet deep or deeper
Two feet of soil/rock fill cover over septic tank

Conclusion:
No obvious evidence/indication that existing septic system is failing

Soil Works, Inc P.O. Box 3 Newport VA 24128 (540) 544-7791 Nan Gray

WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

6-17-65

Date _____ Case No. _____

Owner John P Stone Jr. Address Rt-1-Box _____ Phone _____
(Mailing Address)

Occupant same Address Pearisburg-Va Phone _____
(Mailing Address)

Exact Location of Premises norther part of Pearisburg - Va.
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

- [x] INSTALL
  - [ ] Water Supply System
  - [ ] Sewage Disposal System
  - [ ] Septic Tank
- [ ] REPAIR
  - [ ] Water Supply System
  - [ ] Sewage Disposal System
  - [ ] Septic Tank

Health Department recommends _____

FOR

[x] Dwelling [ ] Other _____

Actual or potential Bedrooms 3 Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine [ ] Yes [ ] No Garbage Disposal unit [ ] Yes No. [ ] Additional wastes _____

DETAILS OF RECOMMENDED SYSTEMS

(1) WATER SUPPLY Location to be approved by Sanitarian. Type
[ ] Drilled Well [ ] Driven Well [ ] Bored Well [ ] Dug Well
[ ] Other _____ Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

(2) SOIL STUDY Naturally drained, suitable by sight [x] Yes [ ] No
Technical Classification _____
Rough Classification [x] Sandy [ ] Medium [ ] Clay [ ] Pipe Clay.
Percolation Test required [ ] Yes [ ] No. Rate _____.
Minutes per inch. Depth of Water Table _____ (Estimated) feet

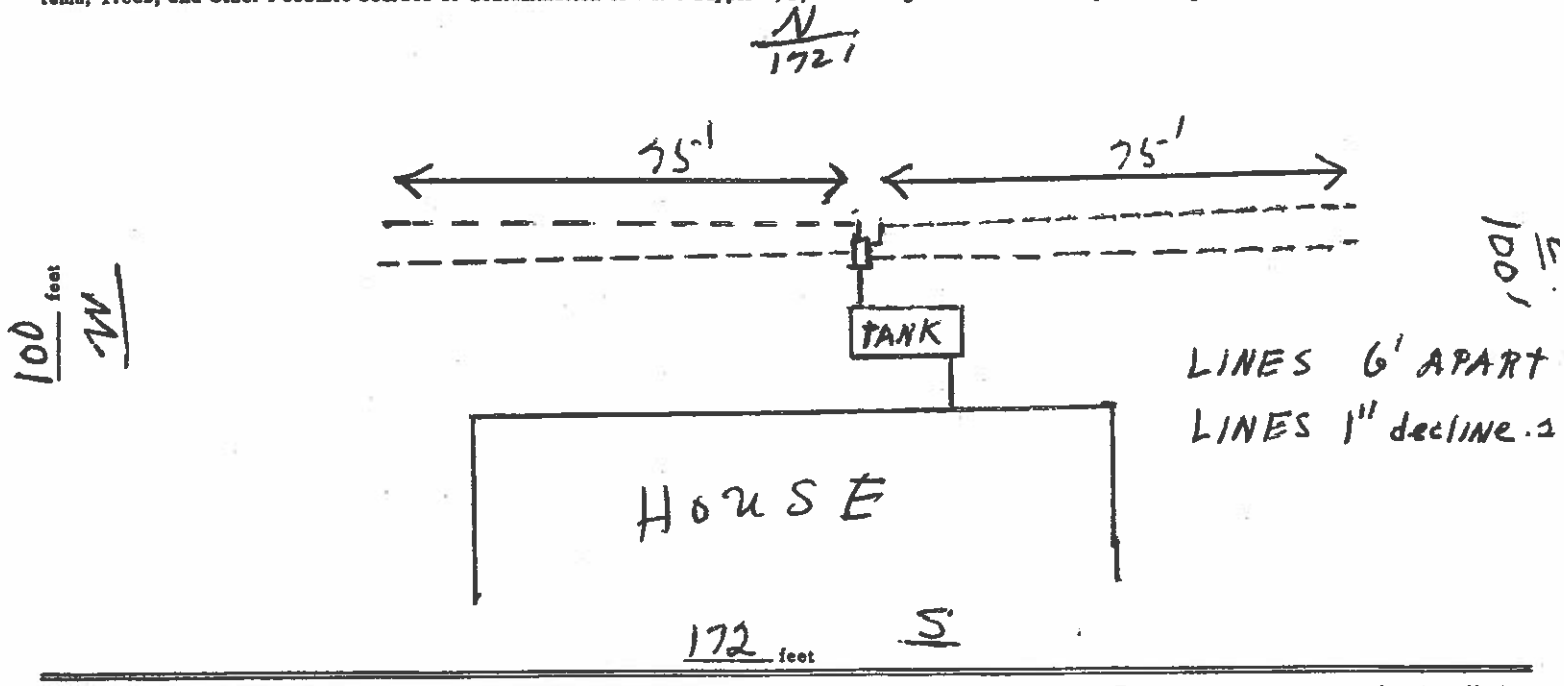
Surface drainage required [ ] Yes [ ] No _____ Area Drainage by Lowering Ground Water Table required [ ] Yes [ ] No

(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of precast (Kind of Material). Inside Dimensions Length 8 feet.
Width 4 feet. Liquid Depth 1 feet. Depth of Air Space 1 feet. Liquid Capacity 1000 gallons.

(4) HOUSE SEWER LINE Size 4 inches. Type of material required Iron Distance from Water Supply 2000 feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required.
Number of square feet required 600 Type aggregate required [ ] Broken Stone [x] Gravel [ ] Slag. Size range from ½ inches to 2½ inches. Depth of aggregate from base of tile to bottom of ditches 8 ± inches.
Total aggregate must equal minimum depth of 13 inches or more.
Soil Cover over tile not to exceed 12 inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be 2000 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.

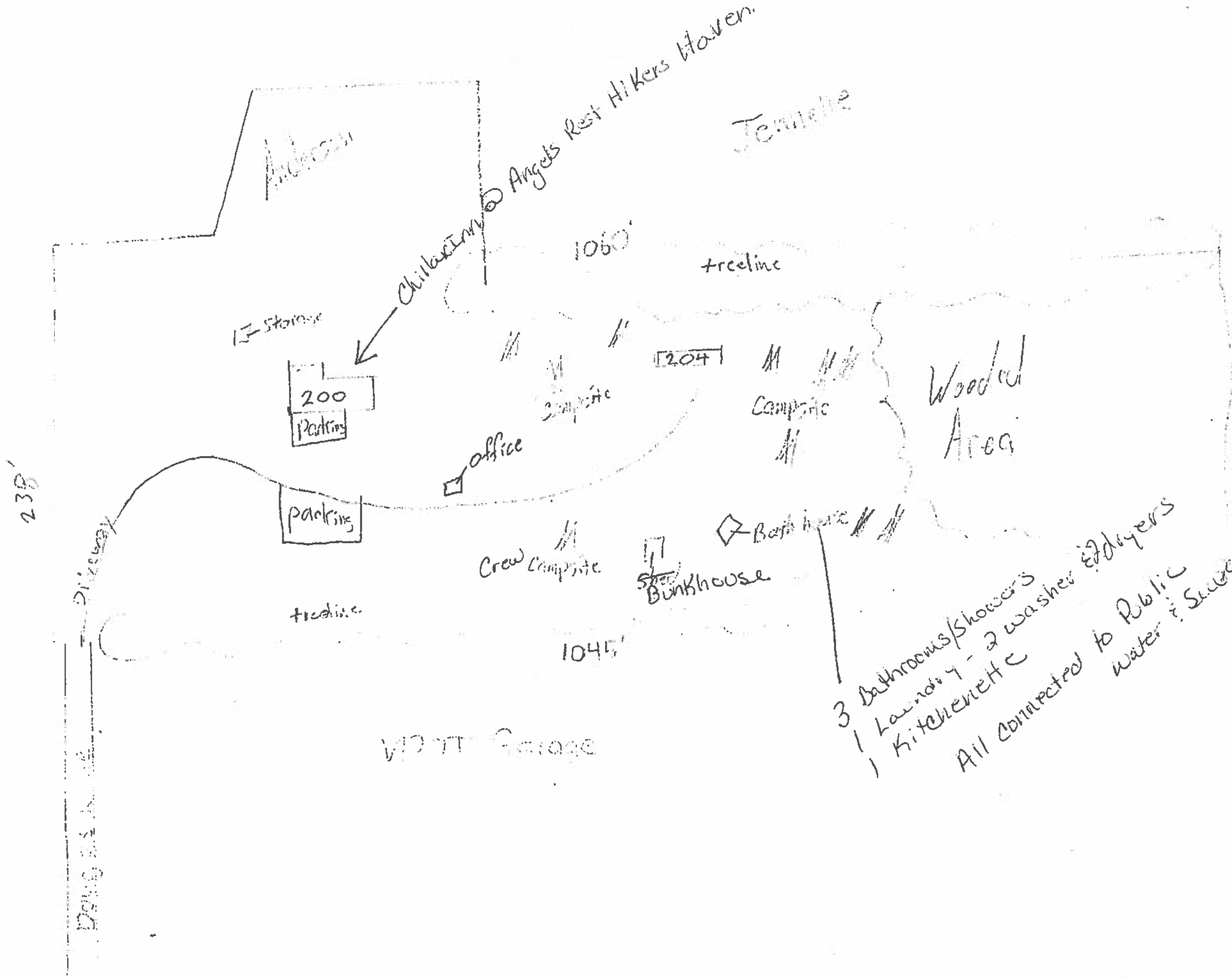


Note: Owner or his agent must notify _____ Health Department, Phone _____ when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

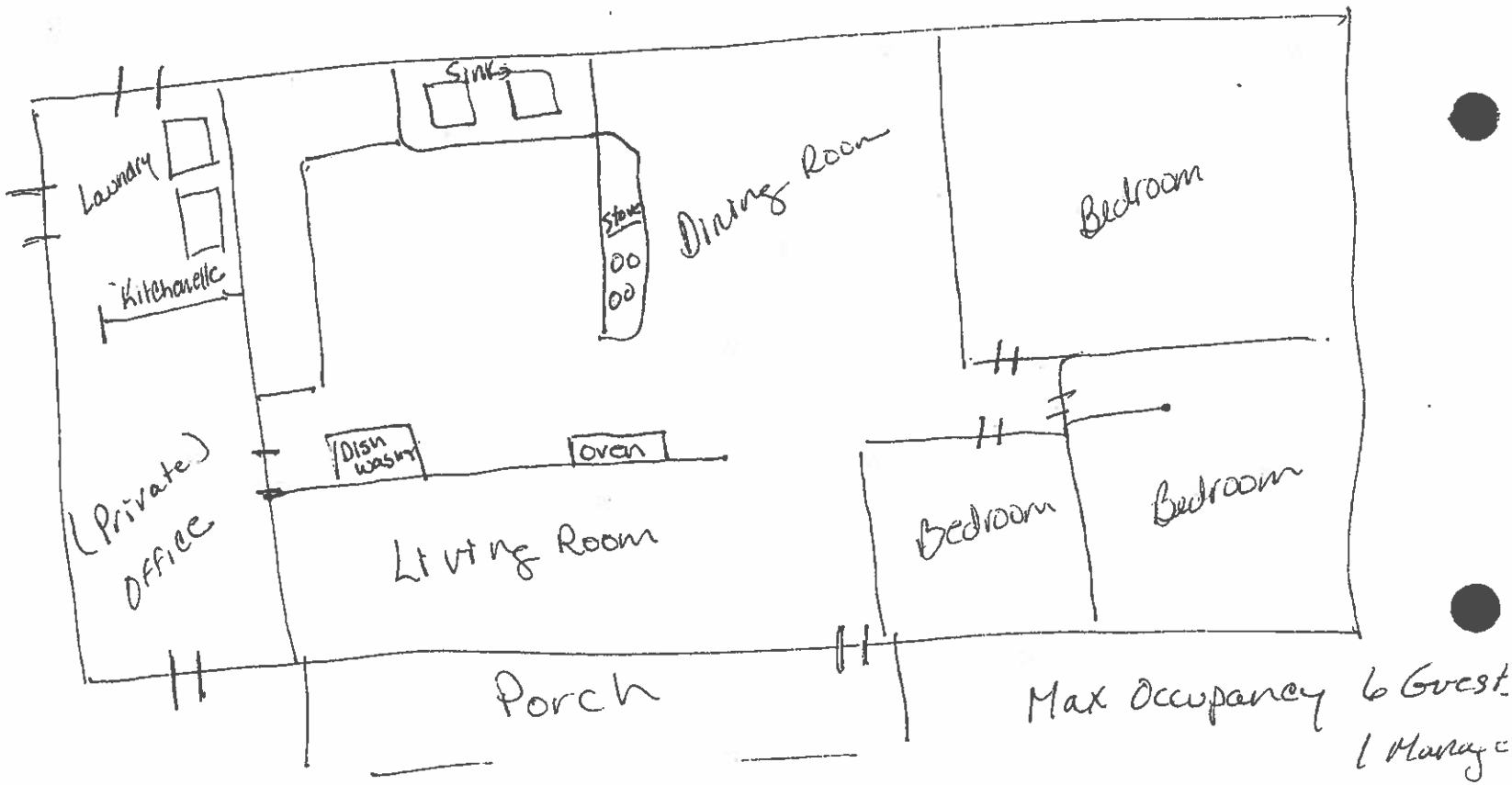
Based on the above information, the undersigned recommends that this permit be issued.

Date _____ Approved _____ (Reviewing Authority) Date 6-17-65 Signed A S Outlaw (Sanitarian or Health Director)

LHS - 121 Rev. 11-57
Virginia State Department of Health



238'
Driveway
Chilacinn @ Angels Rest Hikers Haven.
Storage
200
Parking
Parking
office
Campsite
204
Campsite
1060'
treeline
Wooded Area
Crew Campsite
Shed
Bunkhouse
Bath house
treeline
1045'
3 Bathrooms/Showers
1 Laundry - 2 washer & dryers
1 Kitchenette
All connected to Public water & Sewer



Guest Also have access to Laundry & Bathhouse
As well as three shower / Bathrooms one of which is ADA Compliant