VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Albemarle County Health Department
PO BOX 7546
Charlottesville, VA 22906
(434) 972-6219 Voice
434 Fax

Sewage Disposal System Repair Permit

Stefan Gudnajer
6634 Porters Road
Esmont, VA 22937

April 12, 2016

Subject: Health Department ID #: 101-16-0109
Tax Map #: 12-27
Subdivision: N/A
6634 Porters Road, Esmont, VA 22937

Dear Stefan Gudnajer,

The attached drawings, specifications, and calculations constitute your permit to repair an existing sewage disposal system on the property referenced above. The attached schematic shows the necessary repairs to the sewage disposal system. No part of any installation shall be covered or used until inspected, and the sewage system may not be placed into operation until you have obtained an Operation Permit from the Albemarle County Health Department.

The following documents will be required to obtain the Operation Permit:

- System Inspection by the local Health Department
- Satisfactory Contractor's Completion Statement

This Construction Permit is null and void if conditions are changed from those shown on your application or if conditions are changed from those shown on the Site and Soil Evaluation Report and the attached construction drawings, specifications, and calculations. VDH may revoke or modify any permit if, at a later date, it finds that the site and soil conditions and/or design do not substantially comply with the Sewage Handling and Disposal Regulations, 12 VAC 5-610-20 et seq., or if the system would threaten public health or the environment. This permit approval has been issued in accordance with applicable regulations based on the information and materials provided at the time of application. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this onsite sewage system. The owner is responsible at all times for complying with all applicable local, state, and federal laws and regulations.

If you have any questions, please contact me. This authorization to construct a sewage disposal system **expires: October 12, 2017. This Permit is NOT TRANSFERABLE to any other person or location.**

Issued by:

Travis T. Davis, OSE
Environmental Health Specialist, Sr.

VDH OSE Repair Permit Report

Property Location:

911 Address: 6634 Porters Road City: Esmont

Tax Map #: 12-27

Applicant Mailing Address:

Name: Stefan Gudnajer

Street: 6634 Porters Road

City: Esmont State: VA Zip Code: 22937

Designed by:

VDH OSE: Travis T. Davis License #: 1940001418

Health Department: Albemarle County Health Department

Health Department Address: PO BOX 7546

City: Charlottesville State: VA Zip Code: 22906

Date of Report: April 12, 2016

Contents/Index of this report:

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* (12VAC5-610), the *Private Well Regulations* (12VAC5-630), the *Regulations for Alternative Onsite Sewage Systems* (12VAC5-613), 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 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.

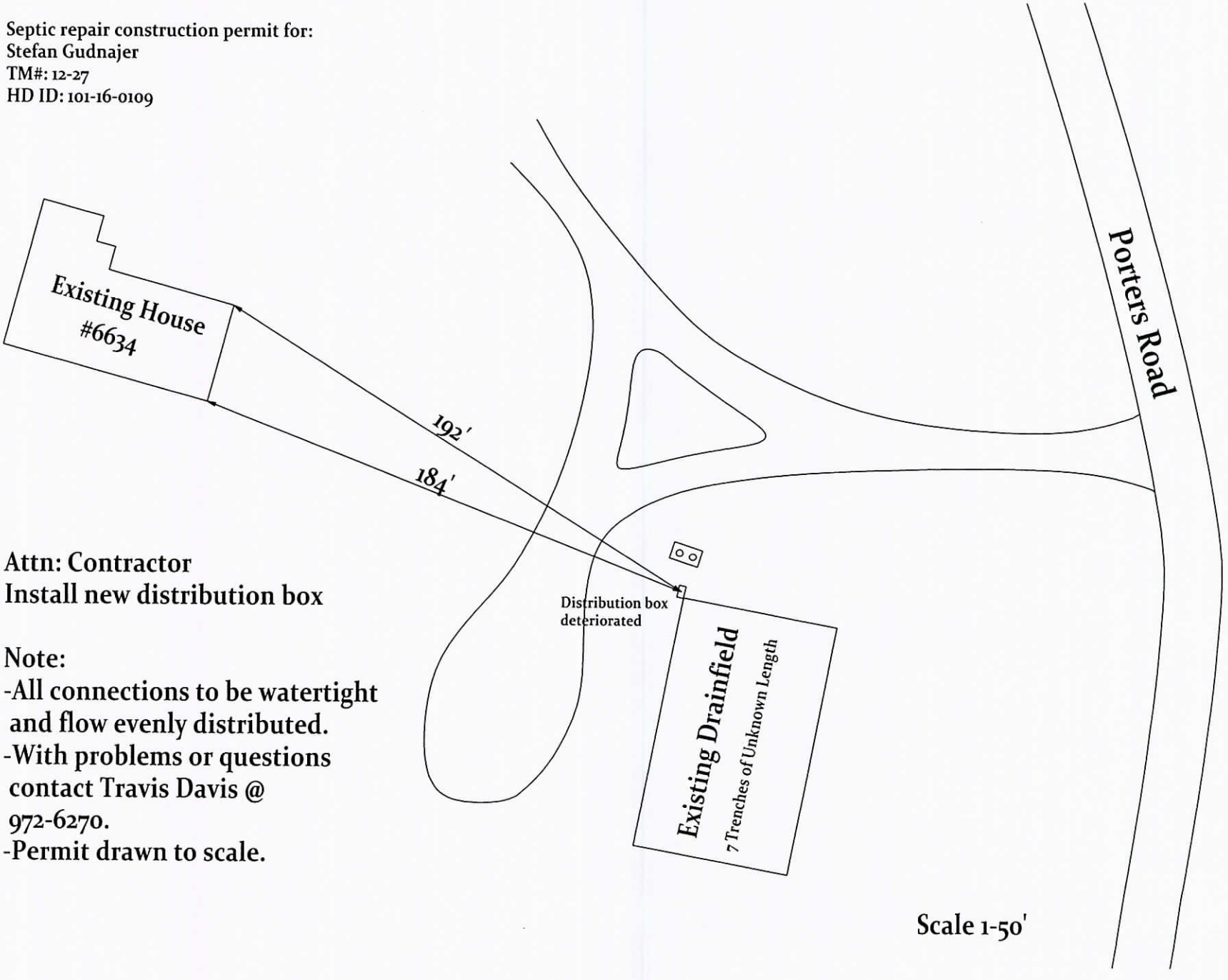
VDH OSE Signature: T. T. D. Date: 4/12/16

System Specifications

101-16-0109

Applicant Information	
Name: Stefan Gudnajer Address: 6634 Porters Road Esmont, VA 22937	Phone: (434) 302-5842
Location Information	
Tax Map #: 12-27 Property Address: 6634 Porters Road, Esmont VA Directions: Rt. 20 S to R on Esmont Rd to L on Porters Rd	
General Information	
Property Type: Residential	Daily Flow: 900 gallons Number of Bedrooms: 6
Sewer Line and Septic Tank	
Existing sewer line and septic tank	
Conveyance Line	**Distribution Box and Header Lines**
Existing conveyance line	No. of Boxes: 1 No. of Outlets: 12 Header Line Material:1500 # crush or equivalent Header Line Minimum Slope: 2" per 100'
Percolation Lines/ Absorption Area	
Existing percolation lines and absorption area	
PLEASE NOTE: Permit to install new distribution box This permit expires: October 12, 2017. This permit is not transferable to another owner or location.	

Septic repair construction permit for:
Stefan Gudnajer
TM#: 12-27
HD ID: 101-16-0109



Attn: Contractor
Install new distribution box

Note:
-All connections to be watertight and flow evenly distributed.
-With problems or questions contact Travis Davis @ 972-6270.
-Permit drawn to scale.

TAGSHEET - Onsite Sewage and Water Program

W:\EH_On-site\Forms\Tagsheet-Onsite

Date of Application:	Fee Collected:	Receipt #:
25 MARCH 2016	Ø	N/A

Application Type: ☒ Bare ☐ AOSE ☐ Engineered

☐ Combination ☒ Septic Only ☒ Repair ☐ Certification Letter

☐ Well Only ☐ Replacement Well ☐ Well Abandonment ☐ Existing Review

Health Dept Permit ID #: 101-16-0109

Owner of Property: Gudnajer, Stefan

Agent for Owner: Cavalier Septic Service

Tax Map & Parcel: 12-27

Subdivision:

Lot: _____ **Section:** _____ **Block:** _____

		DATE	INITIALS
Site Visit: EHS Assigned	T. Davis	25MAR16	TW
Scheduled Date:	MON 5 APRIL 2016 **Time:** 1000		TW
Rescheduled Date:	**Time:**		
Comments:	NO RECORDS IN VENIS/EMI		

		DATE	INITIALS
☑ Level I ☐ Level II	**Review Completed:**	4/12/16	TD
Permit: ☑ Issued	☐ Denied	4/12/16	TD
Approved under HB1166	☐ Yes ☐ No		
Treatment Unit	SEPTIC TANKS (EXISTING) **Dispersal** GRAVITY → TRENCHES (EXISTING)		
Given to Office Support for Data Entry:		4/12/16	TD
Data Entry Completed by ~~Office Support:~~ EHS		4/12/16	TD
Date Permit/Denial Letter:	☑ Mailed ☐ Picked Up	4/12/16	TB
Picked Up By:	to owner / emailed to Cavalier Septic		

	DATE	INITIALS
Installation Inspection Called In:		
Contractor: _____ **Telephone #:** _____	**Time Requested:**	
Follow-Up Inspection Called In:		
Time Requested: _____		

			DATE	INITIALS
All Completion Documents Received:	☐ YES	☐ NO		
Operation Permit Signed & Issued:	☐ YES	☐ NO		
Copy: ☐ Mailed/Faxed to Building Inspections				
☐ Mailed to Owner/Agent				
☐ Picked up by Owner/Agent				

Commonwealth of Virginia

Application for: ☐ **Sewage System** ☐ **Water Supply**

VDH Use Only
Health Department ID#
Due Date

Owner Stefan Gudnajer — Phone 302-5842

Mailing Address 6634 Porters Rd — Phone 996-0144

Esmont, VA — Fax

Agent Cavalier Septic Service LLC — Phone 434-973-8160

Mailing Address 6900 Blackwells Hollow Rd — Phone 434-981-6282

Crozet, VA 22932 — Fax 434-923-0008

Site Address 6634 Porters Rd

Esmont, VA — Email meford464@hughes.net

Directions to Property: _____

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 12- 027 Other Property Identification "Woodville" Dimension/Acreage of Property 21.91

Sewage System (New Construction)

Construction permits are valid for 18-months. Owners are advised to apply for a construction permit if they intend to build within 18 months of completing this application. Certification letters do not expire, may be recorded in the land records, and transfer with a property sale. For which are you applying? ☐ Certification Letter ☐ Construction Permit

Sewage System (Existing Construction) D box

Check all that apply: ☐ Repair ☐ Modification ☐ Expansion ☑ Replacement ☐ Upgrade

Do you wish to apply for a betterment loan eligibility letter? No If yes, there is a $50.00 fee for determination of eligibility.

Sewage System (New or Existing Construction)

☑ Single Family Home (**Number of Bedrooms** 6) ☐ Multi-Family Dwelling (**Total Number of Bedrooms** ___)

☐ Other (describe) _____

Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one) Fixtures in Basement? Yes/No (circle one).

Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of seasonal use ☐ Seasonal or temporary use not to exceed 1 year

Water Supply

Will the water supply be Public or Private (circle one). Is the water supply Existing or Proposed (circle one).

If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).

Will any buildings within 50' of the proposed well be termite treated? Yes /No (circle one).

Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

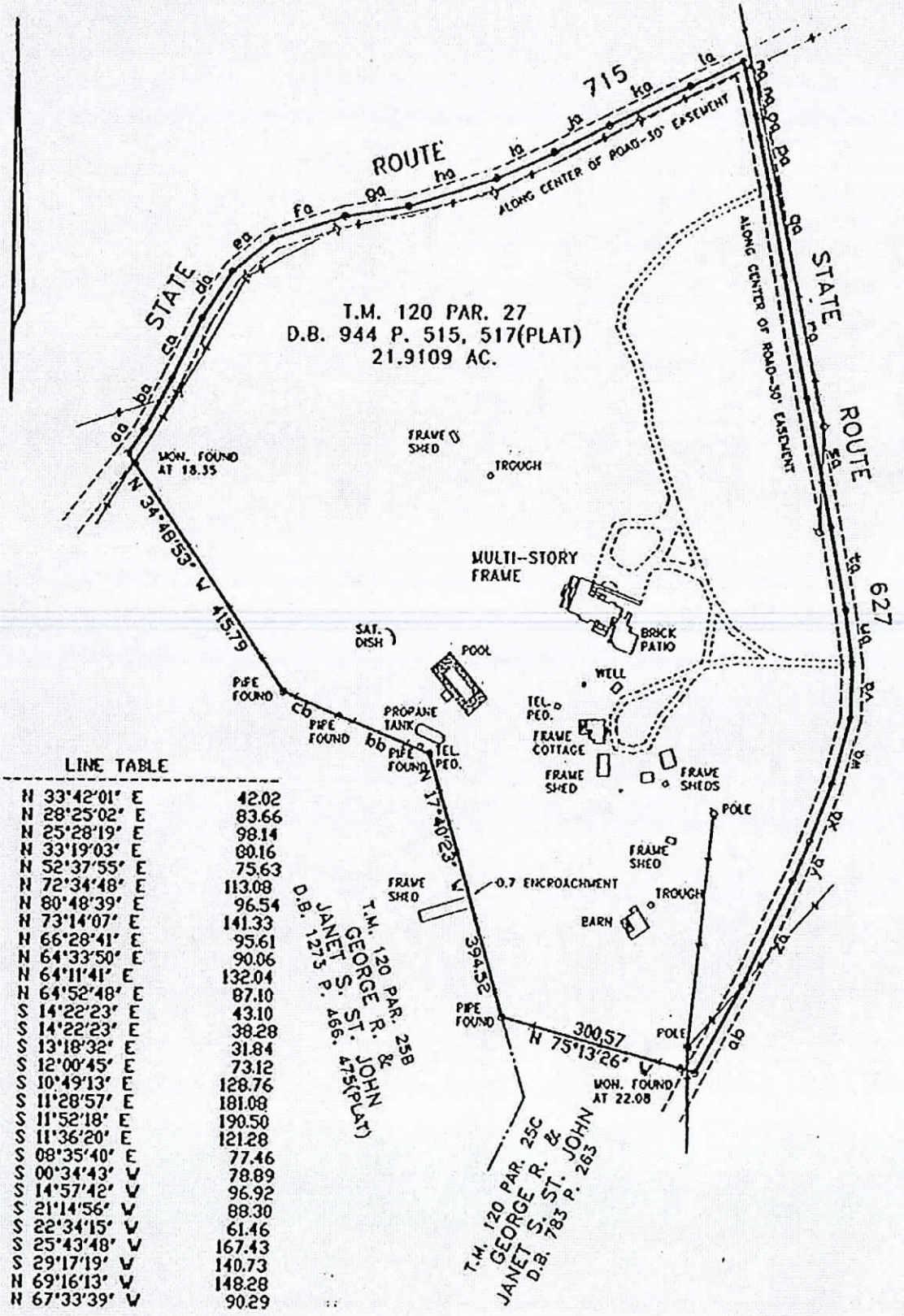
Mary E Ford — 3/16/16

Signature of Owner/Agent — Date

BK 1511 PG 0117

THIS CERTIFIES THAT ON 11/30/95 I SURVEYED THE PROPERTY SHOWN HEREON, AND THE TITLE LINES AND IMPROVEMENTS ARE AS SHOWN ON THIS PLAT. _____ VA. CERT. NO. 1443

SUBJECT PROPERTY LIES WITHIN HUD FLOOD ZONE C.
(NOT A FLOOD HAZARD AREA)



LINE TABLE

aa	N 33°42'01" E	42.02
ba	N 28°25'02" E	83.66
ca	N 25°28'19" E	98.14
da	N 33°19'03" E	80.16
ea	N 52°37'55" E	75.63
fa	N 72°34'48" E	113.08
ga	N 80°48'39" E	96.54
ha	N 73°14'07" E	141.33
ia	N 66°28'41" E	95.61
ja	N 64°33'50" E	90.06
ka	N 64°11'41" E	132.04
la	N 64°52'48" E	87.10
ma	S 14°22'23" E	43.10
na	S 14°22'23" E	38.28
oa	S 13°18'32" E	31.84
pa	S 12°00'45" E	73.12
qa	S 10°49'13" E	128.76
ra	S 11°28'57" E	181.08
sa	S 11°52'18" E	190.50
ta	S 11°36'20" E	121.28
ua	S 08°35'40" E	77.46
va	S 00°34'43" W	78.89
wa	S 14°57'42" W	96.92
xa	S 21°14'56" W	88.30
ya	S 22°34'15" W	61.46
za	S 25°43'48" W	167.43
ab	S 29°17'19" W	140.73
bb	N 69°16'13" W	148.28
cb	N 67°33'39" W	90.29

PLAT SHOWING PHYSICAL SURVEY

COMMONWEALTH OF VIRGIN

VIRGINIA DEPARTMENT OF HEALTH

Thomas Jefferson Health District

Environmental Health Services

PLEASE READ BEFORE FILING YOUR APPLICTION AND PAYING FEE

This is to Inform You of the Following:

1. The fees for Environmental Health permits mandated by the state and county cannot be refunded once an application has been filed and the fee paid except:

   a. If the applicant withdraws their application and makes a request for a refund in writing before the Environmental Health Specialist makes a site visit to evaluate the property.

   b. If the health department is unable to issue a permit and you are seeking to construct your principal place of residence on this lot. You must then provide written notification to the health department that you are foregoing your right to appeal the denial of your request for a permit and include your social security number. In order for you to then appeal at a later date, the above refunded fee would need to be re-instated before a hearing date would be scheduled. Please note that because this is a state agency, if you have a debt with the state, your refund would go towards your account.

2. Bare applications for sewage disposal and/or water supply construction permits will become void if it is inactive for 90 days. After that time, a new application and payment of all applicable fees will be required.

3. Incomplete AOSE application packets for sewage disposal and/or water supply construction permits will be denied. Applicants will have 90 days to resubmit a complete application packet. After 90 days, payments of all applicable fees will be required. This fee waiver applies only one time. If you submit a new application and the defects are not corrected, or new defects appear, then the fee waiver will not apply to future applications.

4. Sewage Disposal Construction Permit with or without a Water Supply Construction Permit is valid for 18 months once it is issued. A Water Supply Construction Permit is valid for 54 Months.

5. No private well shall be constructed within 50 feet of the property line with an adjacent property that is used for an agricultural operation, as defined in s_g 3.1-22.29. The following shall be exempt: (i)the owner of the adjacent property that is used for an agricultural operation may grant written permission for construction within 50 feet of the property line; or (ii) certification that no other site on the property complies with the Board's regulations for the construction of a private well.

It is Your Responsibility to:

1. Have a backhoe and operator on site at the scheduled appointment date and time. If you are unable to secure a backhoe you must contact the health department to cancel the appointment. If the owner meets one of the following, then a backhoe may not be required.

   a. The health department has determined that the applicant's income makes them eligible for a fee waiver;
   b. The site has previous soils work approved by the health department for a design flow greater than or equal to that being applied for;
   c. The application contains an AOSE or AOSE/PE packet; or
   d. The applicant submits a "TJDH Backhoe Policy Exemption Addendum" and meets all requirements.

2. Have the corners of property lines of lot clearly marked and to have the four corners of the proposed house site flagged. If lot is too overgrown, then bush hogging may be required before site visit.

3. Make it clear to the Environmental Health Specialist (EHS) which one or two areas on your lot you want tested. The EHS will advise you which areas appear more suitable for a septic system. No more than two areas will be tested and the permit will be issued showing the location of the system in only one suitable site.

4. Hire a private soil consultant (AOSE) to test another site and submit a report to the Health Department if sites that have been previously approved during division of property or sites that have previously been permitted are changed. New application and fee will be required.

Mary E Ford — 3/16/16

Applicant or Agent Signature — Date