| OSE/I | PE Re | port | For: |
|-------|-------|------|------|
|-------|-------|------|------|

| Property Location: 911 Address: 731 Savannah Rd | Construction Repair Permit Permit | Voluntary Upgrade Certification Subdivision Permit Letter Approval | |
|--|--|--|--|
| GPIN or Tax Map # 95-A-67 Latitude Longitude Applicant or Client Mailing Address: Name: Ernesto Ochoa Phone: 276-237-5155 Email: rsi2@rsii.com Street: 203 Robinhood Rd City: Galax State VA Zip Code 24333 Prepared by: OSE Name Stephen D. Dalton License # 1940001068 Address 305 Oak Street City Hillsville State VA Zip Code 24343 PE Name License # License # License # License # Address City State Zip Code 24343 Date of Revision #1 Date of Revision #1 Date of Revision #1 Date of Revision #2 Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.) System Specs Abbreviated Design Site Sketch Site Report Well Specs Map Site Report Pump Specs Reserve Certification Statement License # Abdress Reserve Certification Statement License # Report Pump Specs Reserve Certification Statement License # Reserve Certification Statement License # Reserve Abbreviated Design Site Sketch Department of Health. I further certify that I currently possess any professional license required by the laws and regulations for the Sewage Handling and Disposal Regulations (12 VACS-630), the Replactions for Commonwealth that have been duly issued by the applicable laws, regulations and policions implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations for the Sewage States and all other applicable laws, required by the laws and regulations for Commonwealth that have been duly issued by the applicable laws, required by the laws and regulations for Commonwealth that have been duly issued by the applicable laws and respection seed of Virginia Section S4.1-402.A.11 License # 1940001068 License # 194000106 | | State /City: Galax, VA | |
| Applicant or Client Mailing Address: Name: Ernesto Ochoa | Lot Section | Subdivision | |
| Applicant or Client Mailing Address: Name: Errnesto Ochoa | GPIN or Tax Map # 95-A-67 | Health Dept ID # County Grayson | |
| Name: Ernesto Ochoa | 1 | | |
| Street: 203 Robinhood Rd City: Galax | Applicant or Client Mailing Address: | | |
| Prepared by: OSE Name Stephen D. Dalton License # 1940001068 305 Oak Street City Hillsville State VA Zip Code 24343 PE Name License # | Name: Ernesto Ochoa | Phone: 276-237-5155 Email: rsi2@rsii.com | |
| Prepared by: OSE Name Stephen D. Dalton License # 1940001068 Address 305 Oak Street Hillsville State VA Zip Code 24343 PE Name License # Address City State License # Address City State Date of Revision #1 OSE/PE Job # Date of Revision #1 Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.) Abbreviated Design Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.) Abbreviated Design Site Report Site Report Well Specs Map Soil Report Pump Specs Reserve 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 (12 VAC5-610), the Private Well Regulations (12 VAC5-630), the Regulations for Alternative Onsite Sewage Systems (12 VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that currently posses 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 potential for both conventional and alternative onsite sewage systems has been discussed with the owner/applicant. The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically when the exemption in Code of Virginia Section 54.1-402.A.11 I recommend that a (select one): construction permit certification letter subdivision approval be (select one) Issued Denied Denied | Street: 203 Robinhood Rd | | |
| OSE Name Stephen D. Dalton Address 305 Oak Street City Hillsville State VA zip Code 24343 PE Name License # License # License # License # Address City State Zip Code Date of Report 4/1/25 Date of Revision #1 Date of Revision #2 Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.) OSE/PE Job # Date of Revision #2 Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.) OSE Report System Specs Abbreviated Design, etc.) Oste Report Well Specs Map Visite Report Well Specs Reserve 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 (12 VACS-630), the Regulations for the Sewage Handling and Disposal Regulations (12 VACS-630), the Regulations for 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 aleavs, 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 potential for both conventional and alternative onsite sewage systems has been discussed with the owner/applicant. I recommend that a (select one): construction permit or certification letter subdivision approval be (select one) Issued voluntary upgrade Denied Denied Denied Contents and Contents a | City: Galax | State VA Zip Code 24333 | |
| Address 305 Oak Street City Hillsville State VA Zip Code 24343 PE Name License # License # Address City State Zip Code Date of Report 4/1/25 Date of Revision #1 Date of Revision #2 Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.) OSE Report System Specs Abbreviated Design, etc.) OSE Report Well Specs Abbreviated Design Site Sketch Well Specs Map Soil Report Pump Specs Reserve 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 (12 VACS-610), the Private Well Regulations (12 VACS-630), the Regulations and Jensel Handling and Disposal Regulations (12 VACS-630) 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 potential for both conventional and alternative onsite sewage systems has been discussed with the owner/applicant. 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 I recommend that a (select one): construction permit certification letter subdivision approval be (select one) Issued Denied Voluntary upgrade Virial page of the Virial Select one) Issued Denied Column value of the Construction permit certification letter subdivision approval be (select one) Issued Denied Column value of the Construction permit Column value of Construction letter Subdivision approval Decied Column column value of Construction letter Subdivision approval Decied Column column value of Column column value of Column column value of Column value of Column value of Column value of Co | | License # 1940001068 | |
| City | | License # | |
| Address City | City Hillsville | State _VA Zip Code 24343 | |
| Address | PE Name | License # | |
| Date of Report 4/1/25 OSE/PE Job # | | | |
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| 200 / DE 01 | the exemption in Code of Virginia Section 54.1-402. | A.11 ification letter subdivision approval be (select one) Issued | |
| | OSE/PE Signature | 77 | |

| Application for: Sewage System Water Supply | VDH Use only Health Department ID# | | |
|---|--|--|--|
| | Due Date | | |
| Owner Ernesto Ochoa | Phone 276-237-5155 | | |
| Mailing Address 203 Robinhood Rd | Phone | | |
| Galax VA 24333 | Fax | | |
| Agent Southwest Soils, Inc. | Phone 276-728-3222 | | |
| Mailing Address 305 Oak St. | Phone | | |
| Hillsville VA 24343 | Fax | | |
| Site Address 731 Savannah Rd | | | |
| Galax, VA | Email rsi2@rsii.com | | |
| Directions to Property: 731 Savannah Rd | | | |
| Subdivision Section | Block Lot | | |
| Tax Map 95-A-67 Other Property Identification | Dimension/Acreage of Property 4.817 | | |
| Sewage System | | | |
| Type of Approval: Applicants for new construction are advised to apply for a cert suitable for a sewage system and to apply for a construction permit (valid for 18 m | | | |
| Certification Letter Construction Permit OVoluntary Upgrade ORepai | ir Permit O Minor Modification | | |
| Proposed Use: | | | |
| Single Family Home (Number of Bedrooms3) Multi-Family Dwelli | ng (Total Number of Bedrooms) | | |
| Other (describe) | | | |
| Basement Yes O No O Walk-out Basement Yes O No O Fixtures | s in Basement Yes O No O | | |
| Conditional permit Yes \(\mathbb{O}\)No \(\mathbb{O}\) If yes, which conditions do | | | |
| Reduced water flow Limited Occupancy Intermittent or seasonal use | - | | |
| Do you wish to apply for a betterment loan eligibility letter? Yes No • There is | | | |
| Water Supply | | | |
| Will the water supply be Public or Private? Is the water supply | Existing or OProposed? | | |
| If proposed, is this a replacement well? OYes ONO If yes, will the old w | | | |
| any buildings within 50' of the proposed well be termite treated? Yes O No O | | | |
| Well Type (e.g. domestic use, agricultural, irrigation, etc.) Developed Spring | | | |
| All Applicants | | | |
| Is this property indeed to serve as your (owners) principal place of residence? Ye All applications must be accompanied by private sector evaluations and designs, unapproved. Is a Petition for Service form attached? Yes No | nless a petition for VDH services is | | |
| n order for VDH to process your application for a sewage system you must attached a plat of upplies, a plat of the property is recommended and a site sketch is required. The site sketch is reposed buildings and the desired location of your well and/or sewage system. When the site uilding location and the proposed well and sewage sites must be clearly marked and the prop give permission to the Virginia Department of Health to enter onto the property described du rocessing this application and to perform quality assurance checks of evaluations and designs avaluator or Professional Engineer as necessary until the sewage disposal system and/or prival pproved. | should show your property lines, actual and/or e evaluation is conducted the property lines, perty sufficiently visible to see the topography, uring normal business hours for the purpose of s certified by a private sector Onsite Soil | | |
| Signature of Owner/ Agent 4/1 | 1/25 | | |
| | Date Lic. No. 19400010 | | |
| his form contains personal information subject to disclosure under the Freedom of Info | ormation Act. Revised 7/1/2019 | | |
| | The state of the s | | |

Site and Soil Evaluation Report

| 1 | DH Use Only |
|-------|-------------|
| HDIN: | • |

| General Information | | | | |
|---|--|---------------------|---|----------|
| | | ation | | |
| Date: 4/1/25 | | Grayson | County Health De | nartment |
| Owner: Ernesto Ochoa | Phone: | 276-237-5155 | County Floatin Be | partment |
| Owner Address: 203 Robinhood Rd | Galax | VA 243 | 333 | |
| Property Address: 731 Savannah Rd | | | Galax, VA | |
| Tax Map/GPIN #: 95-A-67 | | | | |
| Subdivsion: | Section: | | Block: L | Lot: |
| | | | | |
| S | oil Information S | Summary | | |
| 1. Position in landscape satisfactory: ■ Yes | s □ No Describ | e landscape pos | ition: sideslope | |
| 2. Slope: <u>21</u> % | | | | |
| 3. Depth to rock/impervious strata: Max. 70 | 0 _{in. Min.} 66 | in. | observed | |
| 4. Free Water Present: ☐ Yes ■ No | Range | e in inches: | | |
| 5. Depth to seasonal water table (gray mottli | ng or gray color): | inches | ■ Not observed | |
| 6. Soil percolation rate estimated: ■ Yes □ No Estimated rate: 30 min/in at 46 inches depth | | | | depth |
| Texture Group: ☐ I 📕 II 🔲 III | □IV | | _ | 1 |
| 7. Percolation test performed: ☐ Yes ☐ No | o If yes, provide | additional data | on percolation test results | s. |
| Name and title of evaluator: Stephen Dalto | | | F | |
| Signature: Style & & & | St. Aprillation of the Control of th | | | |
| Site approved: Absorption Trenches | (describe dispe | ersal area, e.g. al | osorption trenches) dispe | rsing |
| Septic Tank Effluent (proposed level of treatment at time of evaluation) to be placed at 46 (inches) depth at | | | | |
| site designated on permit. Site provides a total of 780 square feet of absorption area for primary and | | | | |
| reserve (if applicable). | | | | |
| ☐ Site disapproved: Reasons for rejection (d | check all that appl | y) | | |
| □ Position in landscape subject to to □ Insufficient depth of suitable soi | flooding or period | | | |
| 3. Insufficient depth of suitable soi | 3. Insufficient depth of suitable soil to seasonal water table. | | | |
| 4. □ Rates of absorption too slow. 5. □ Insufficient area of acceptable so | ail for required she | anntian ana an | 1/ | |
| 6. ☐ Proposed system too close to we | II. | sorption area, an | - DO PO | Pasan |
| 7. Other (specify) | | | WEALTH | OFTE |
| | | | See Of | 107 |

STEPHEN D. DALTON Lic. No. 1940001068

| Date of Evaluation: 3/25/25 Profile Description | | | | |
|---|--|---|--|-------------------------------|
| SOIL EVALUATION REPORT | | | | |
| Propert | ty ID: <u>95</u> - | -A-67 | | |
| private C all struct the rever | on the cons Onsite Soil E ural feature | truction peri Evaluator or s (i.e. sewag nis page or p | ent conducts the soil evaluation the location of profile holes may be shown on the semit or the sketch submitted with the application. If soil evaluations are conducted leading to the semit or the sketch submitted with the application. If soil evaluations are conducted leading to the seminary seminary to the seminary | by a including shown on |
| Hole # | Horizon | Depth | See Construction Permit | 1 |
| | 110112011 | (Inches) | Description of color, texture, etc. | Texture Group |
| 1 | Α | 0-9 | Dark Yellowish Brown (10YR 4/4) LOAM | Ilb |
| | Bt | 9-29 | Yellowish Red (5YR 4/6) LOAM | IIb |
| | С | 29-44 | Dark Yellowish Brown (10YR 3/6) SANDY LOAM | lla |
| | C2 | 44-70 | Brown (10YR 5/3) SANDY LOAM | lla |
| | | | | |
| 2 | Α | 0-10 | Brown (7.5YR 4/3) LOAM | Ilb |
| | Bt | 10-22 | Yellowish Brown (10YR 5/8) LOAM | IIb |
| | СВ | 22-43 | Yellowish Brown (10YR 5/8) LIGHT LOAM | IIb |
| | С | 43-66 | Yellowish Brown (10YR 5/4) SANDY LOAM | lla |
| 3 | Α | 0-9 | Yellowish Brown (10YR 5/4) LOAM | llb |
| | Bt | 9-32 | Strong Brown (7.5YR 5/6) LOAM | IIb |
| | С | 32-42 | Strong Brown (7.5YR 4/6) SANDY LOAM | lla |
| | C2 | 42-65 | Dark Yellowish Brown (10YR 4/6) SANDY LOAM | lla |
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System Specifications

| | VDH Use Only |
|---------|--------------|
| HDIN: _ | v |

| Application Information | | | | |
|--|---|--|--|--|
| Name: Ernesto Ochoa | Address: 203 Robinhood Rd | | | |
| Phone: <u>276-237-5155</u> | Galax VA 24333 | | | |
| Location Information | | | | |
| Tax Map/GPIN #: _95-A-67 | Property Address: 731 Savannah Rd Galax, VA | | | |
| Subdivision: Section: | Block: Lot: | | | |
| Directions: 731 Savannah Rd | | | | |
| General Information | | | | |
| Property Type (e.g. residential): Residential | Number of Bedrooms: 3 | | | |
| Daily Flow: 450 gpd | Conditions: | | | |
| Notes: | | | | |
| Sewer Line | | | | |
| Diameter: 4 in. Material: SCH 40 PVC | (or equivalent) Notes:cleanouts every 50' | | | |
| Pretreatment Unit(s) | | | | |
| Treatment Level: | Septic Tank Capacity: 1,000 gallons | | | |
| Number of Septic Tanks 1 | Size of Septic Tank(s) 1,000 gallons | | | |
| Per the Sewage Handling and Disposal Regulations, ch | neck which option(s) chosen: | | | |
| \blacksquare Septic tank with inspection port \square Septic tank with | effluent filter □ Reduced maintenance septic tank | | | |
| Secondary treatment device(s), if applicable: | | | | |
| Notes: PVC 40 4" Tees | | | | |
| Conveyance Line | Distribution Method and Header Lines | | | |
| Conveyance Method: Gravity | Distribution Method: 4" SCH 40 PVC | | | |
| If pumping, include pump specifications sheet. | No. of boxes: 1 No. of outlets: 8+ | | | |
| Material: SCH 40 PVC Diameter: 4" Diameter: | Surge or splitter box required: ☐ Yes ■ No | | | |
| Notes: 6" fall per 100' | Header Line Material: SCH 40 PVC | | | |
| Percolation Lines/Absorption Area | | | | |
| Dispersal Method (e.g. laterals, pad, mound):laterals | | | | |
| If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet. | | | | |
| No. of laterals/pads: 4 Length of lateral(s)/pad(s): 65 ft. Width of lateral(s)/pad(s): 36 in. | | | | |
| Center to center spacing: 11 ft. Installation depth: 46 in. Aggregate depth: 13 in. | | | | |
| Size/Type of Aggregate: 1/2 to 1 1/2" free of fines | Lateral/pad slope: $2^{"-4"}$ in. per 100 ft. | | | |
| Reserve Area Provided: Notes: % Notes: | | | | |
| | A CHAIN | | | |
| Please Note: | | | | |
| | TON TON | | | |

Lic. No. 1940001068



