
Wythe County Health Department
290 South 6th St. Suite 300
Wytheville, Virginia 24382
(276) 228-5507 Voice
(276) 228-3392 Fax

OSE Construction Permit

Well and Sewage Contractors: Please notify Health Department and OSE or PE 48 hours prior to installation to arrange for inspection

DATE August 28, 2023

Roseland Farms
13066 West Bluegrass Trail
Bland, VA 24315

RE: **Site location:** 6828 Grapefield Rd. Bastian, VA 24314
Tax Map: 46-A-18,20,21,22,31A
HDID: 23-110-034 **Reserve:**
System Capacity: 125gpd

Dear *Roseland Farms*:

This letter and the attached drawings, specifications, and calculations (8 pages) dated 8-8-2023, constitute your permit to install a sewage disposal system and well if applicable on the property referenced above. Your application for a permit was submitted pursuant to §32.1-163.5 of the Code of Virginia, which requires the Health Department to accept private soil evaluations and designs from an Onsite Soil Evaluator (OSE) or a Professional Engineer working in consultation with an OSE for residential development. VDH is not required to perform a field check to verify the private evaluations of OSEs or PEs and such a field check may not have been conducted for the issuance of this permit.

The soil absorption area ("site"), sewage system design, and the well location and construction if applicable were certified by *OSE Cecil Sink* as substantially complying with the Board of Health's regulations (and local ordinances if the locality has authorized the local health department to accept private evaluations for compliance with local ordinances). This permit is issued in reliance upon that certification. VDH hereby recognizes that the soil and site conditions acknowledged by this permit are suitable for the installation of an onsite sewage system. The attached plat shows the approved area for the sewage disposal system; there are additional records on file with the *local health department* pertaining to this permit, including the Site and Soil Evaluation Report.

This construction permit is null and void if any substantial physical change in the soil or site conditions occurs where a sewage disposal system is to be located.

If modifications or revisions are necessary between now and when you construct your dwelling, please contact the OSE/PE who performed the evaluation and design on which this permit is based. Should revisions be necessary during construction, your contractor should consult with the OSE/PE that submitted the site evaluation or site evaluation and design. The OSE/PE is authorized to make minor adjustments in the location or design of the system at the time of construction provided adequate documentation is provided to the *local health department*.

The OSE/PE that submitted the certified design for this permit is required to conduct a final inspection of this sewage system when it is installed and to submit an inspection report and completion statement. As the owner, you are responsible for giving reasonable notice to the OSE/PE of the need for a final inspection. If the designer is unable to perform the required inspection, you may provide an inspection report and completion statement executed by another OSE/PE. The *local health department* is required to inspect the installation. No part of this installation shall be covered until it has been inspected by the OSE/PE as noted herein. The sewage system may not be placed into operation until you have obtained an Operation Permit from the Bland County Health Department.

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. This construction permit is transferrable until expired or deemed null and void. A permit transfer form may be found on the VDH website at <http://www.vdh.virginia.gov/environmental-health/gmp-2015-01-forms/>.

If you have any questions, please contact me.

This permit expires: *expiration date*. February 28, 2025

Sincerely,



*EHS, Stacy Holliday
Local health department*

CC: OSE and or PE

WHAT YOU WILL NEED TO GET YOUR
SEPTIC SYSTEM OPERATION PERMIT

- Your system must have a satisfactory inspection at the time of installation. This will be done by either a representative of the local Health Department, a private OSE, or a PE, depending on the designer of your permitted system. If your system is designed/inspected by an OSE or PE, they must submit a copy of the inspection results, complete with an as-built diagram, to the Health Department.
- Please ensure that your contractor turns in a Completion Statement to the local Health Department after installation.

IF YOUR PERMIT IS FOR BOTH A SEPTIC SYSTEM
AND WELL YOU WILL ALSO NEED

- Your well must have satisfactory inspection results after installation. Please give the Health Department several days notice to schedule this inspection before your Operation Permit will be requested.
- The Health Department must receive a copy of your water sample test result being negative/satisfactory for coliform bacteria. You are responsible for performing this test and ensuring the results are received at the Health Department
- Please ensure that your Well Driller submits a Uniform Water Well Completion Statement or GW-2 to the Health Department, including documentation of a proper well abandonment if required by permit

Allow 5 business days after the last piece of documentation is received for the Operation Permit to be issued. To avoid delays, clearly label each piece of documentation with the property Tax Map/GPIN number and HDID number shown above and on your construction permit. *Please note that due to the individual circumstances of your permit there may be additional required items not covered by this checklist.*

If you have any questions about any of the items on this list, please do not hesitate to contact the Bland County Health Department at (276) 688-4651.

* Working Copy *

page 1 of 8
Job 23 BL 41

Commonwealth of Virginia

Application for: Sewage System Water Supply

VDH Use only
Health Department ID# 23-110-034
Due Date 3/8/23

Owner Roselands Farms

Phone (540) 235-2293

Mailing Address 13066 West Bluegrass Trail
Bland VA 24315

Phone _____

Fax _____

Agent Cecil W. Sink - REHS

Phone (276) 245-2253

Mailing Address 586 Bushy Mt Dr.
Bland VA 24315

Phone _____

Fax _____

Site Address 6828 Grapefield Rd
Bastian VA 24314

Email Cecil_Sink@yahoo.com

Directions to Property: Hwy 52 N to Bastian left on Grapefield Rd 7.5 miles N left

Subdivision Wolf Creek Golf Course Section _____ Block _____ Lot _____

Tax Map 46-A-21, 20, 22 Other Property Identification Wolf Creek Golf Course Dimension/Acreage of Property 118.111 Acres

Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) only when ready to build.

Certification Letter Construction Permit Voluntary Upgrade Repair Permit Minor Modification

Proposed Use:

Single Family Home (Number of Bedrooms _____) Multi-Family Dwelling (Total Number of Bedrooms _____)

Other (describe) 1 yurt luxury camping unit @ 125 GPD

Basement? Yes No Walk-out Basement? Yes No Fixtures in Basement? Yes No

Conditional permit desired? Yes No If yes, which conditions do you want?

Reduced water flow Limited Occupancy Intermittent or seasonal use Temporary use not to exceed 1 year

Do you wish to apply for a betterment loan eligibility letter? Yes No *There is a \$50 fee for determination of eligibility.

Water Supply

Will the water supply be Public or Private? Is the water supply Existing or Proposed?

If proposed, is this a replacement well? Yes No If yes, will the old well be abandoned? Yes No

Will any buildings within 50' of the proposed well be termite treated? Yes No

Well Type (e.g. domestic use, agricultural, irrigation, etc.) Recreational (see separate well only perm.)

All Applicants

Is this property intended to serve as your (owners) principal place of residence? Yes No

All applications must be accompanied by private sector evaluations and designs, unless a petition for VDH services is approved. Is a Petition for Service form attached? Yes No

In order for VDH to process your application for a sewage system you must attached a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage sites must be clearly marked and the property sufficiently visible to see the topography. I give permission to the Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

Signature of Owner/ Agent [Signature]

Date 3/8/2023

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 7/1/2019

Receipt # 0219014

App Date 08/15/2023

Amount Pd 225.00

CHK # 1202

Site and Soil Evaluation Report

VDH Use Only
HDIN: _____

General Information

Date: 6/18/23 Bland County Health Department
 Owner: Roselands Farms Phone: (540) 235-2293
 Owner Address: 13866 West Bluegrass Trl Bland VA
 Property Address: 6828 Grapefield Rd Bland Bastian VA 24314
 Tax Map/GPIN #: 46-A-18, 20, 21, 22 and 31A
 Subdivision: Wolf Creek Golf Course Section: _____ Block: _____ Lot: _____

Soil Information Summary

1. Position in landscape satisfactory: Yes No Describe landscape position: Broad Flat / Terrace *Colluvial*

2. Slope: < 3 %

3. Depth to rock/impervious strata: Max. _____ in. Min. _____ in. Not observed

4. Free Water Present: Yes No Range in inches: _____

5. Depth to seasonal water table (gra / mottling or gray color): _____ inches Not observed

6. Soil percolation rate estimated: Yes No Estimated rate: 20 min/in at 28 inches depth
 Texture Group: I II III IV

7. Percolation test performed: Yes No If yes, provide additional data on percolation test results.

Name and title of evaluator: Cecil W. Sink REHS Master A05E 194600/297
 Signature: [Signature]

Site approved: trenches (describe dispersal area, e.g. absorption trenches) dispersing TL-1 (proposed level of treatment at time of evaluation) to be placed at 28 (inches) depth at site designated on permit. Site provides a total of 300 square feet of absorption area for primary and reserve (if applicable).

Site disapproved: Reasons for rejection (check all that apply)

- Position in landscape subject to flooding or periodic saturation.
- Insufficient depth of suitable soil over hard rock.
- Insufficient depth of suitable soil to seasonal water table.
- Rates of absorption too slow.
- Insufficient area of acceptable soil for required absorption area, and/or reserve area.
- Proposed system too close to well.
- Other (specify) _____

Handwritten calculations:
 $146 \text{ per } 100 \text{ gal}$
 $146.00 \times 1.25 = 182.5 \text{ ft}^2$
 (system is now rock signed by 750'') CNS

Date of Evaluation: 6/18/2023

Profile Description
SOIL EVALUATION REPORT

Property ID: _____

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private Onsite Soil Evaluator or Professional Engineer, location of profile holes and sketch of the area investigated including all structural features (i.e. sewage disposal systems, wells, etc.) within 200 feet of the site and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

Backhoe pits

See application sketch See Construction Permit See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of color, texture, etc.	Texture Group
#1	A	0-4	dark brown sandy loam 10YR 3/3	IIA
	E	4-10	brown sandy loam 10YR 4/3	IIA
	C	10-56	yellow brown sandy loam 10YR 4/4	IIA
			soils are cobbly, boulders w/ sandstone fragments < 2" to 7 1/2" diameter at ~ 30% (mountain colluvial terrace)	
#2	A	0-4	dark brown loam 10YR 3/3	IIA
	E	4-10	brown sandy loam 10YR 4/3	IIA
	C	10-56	yellow brown sandy loam 10YR 4/4	IIA
			cobbly as described #1	
#3	A	0-4	dark brown sandy loam 10YR 3/3	IIA
	E	4-10	brown sandy loam 10YR 4/3	IIA
	C	10-56	yellow brown sandy loam 10YR 4/4	IIA
			cobbly as described #1	

REMARKS: _____

System Specifications

VDH Use Only
HDIN: _____

Application Information	
Name: <u>Roselands Farms</u>	Address: <u>13066 West Bluegrass Trail</u>
Phone: <u>(540) 235-2293</u>	<u>Bland VA 24315</u>
Location Information	
Tax Map/GPIN #: <u>46-A-20, 21, 22, 18 & 31A</u>	Property Address: <u>6828 Empo field Rd Bastian</u>
Subdivision: <u>Wolf Creek Golf Course</u>	Section: _____ Block: _____ Lot: _____
Directions: <u>Highway 52 North to Empo field Rd, left on Empo field 6 miles on left</u>	
General Information	
Property Type (e.g. residential): <u>Commercial / Recreational</u>	Number of Bedrooms: <u>1</u>
Daily Flow: <u>125</u> gpd	Conditions: _____
Notes: <u>THIS is a non-residential "yurt" unit.</u>	
Sewer Line	
Diameter: <u>4"</u> in. Material: <u>PVC/DWV sch 40</u> (or equivalent) Notes: _____	
Pretreatment Unit(s)	
Treatment Level: <u>TL-1</u>	Septic Tank Capacity: <u>1,000</u> gallons
Number of Septic Tanks: <u>1</u>	Size of Septic Tank(s): _____ gallons
Per the Sewage Handling and Disposal Regulations, check which option(s) chosen:	
<input checked="" type="checkbox"/> Septic tank with inspection port <input type="checkbox"/> Septic tank with effluent filter <input type="checkbox"/> Reduced maintenance septic tank	
Secondary treatment device(s), if applicable: <u>N/A</u>	
Notes: _____	
Conveyance Line	Distribution Method and Header Lines
Conveyance Method: <u>Gravity 76"/100'</u>	Distribution Method: <u>Distribution Box</u>
If pumping, include pump specifications sheet.	No. of boxes: <u>1</u> No. of outlets: <u>8</u>
Material: <u>PVC/DWV sch 40</u> Diameter: <u>4"</u>	Surge or splitter box required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Notes: _____	Header Line Material: <u>4" PVC/DWV sch 40</u>
Percolation Lines/Absorption Area	
Dispersal Method (e.g. laterals, pad, mound): <u>Trench laterals</u>	
If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet.	
No. of laterals/pads: <u>2</u>	Length of lateral(s)/pad(s): <u>50</u> ft. Width of lateral(s)/pad(s): <u>36</u> in.
Center to center spacing: <u>9</u> ft.	Installation depth: <u>28</u> in. Aggregate depth: <u>13</u> in.
Size/Type of Aggregate: <u>1/2" - 1 1/2" clean stone</u>	Lateral/pad slope: <u>< 2</u> in. per <u>trench</u> ft.
Reserve Area Provided: <u>N/A</u> %	Notes: <u>Class II soil, no reserve required.</u>
<u>If panel systems are used, no area reduction is allowed</u>	
Please Note: <u>And extreme care must be used in back fill to prevent crushing panels w/boulders & cobbles.</u>	

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 12/1/2014
 3" diameter stacks are to be installed in french end-caps if panels are used.



PROCESS
RESOURCE
ENGINEERING

600 E Marshall St – Wytheville, VA 24382

434-547-9818

Sushil Mrad
13066 W Bluegrass Trail
Bland, VA 24318

Re: Wolf Creek Golf Course Waste Characterization

August 15, 2023

Mr. Mrad,

In consultation with Cecil Sink, REHS Master AOSE I have reviewed the proposals for the improvements on the above referenced property as they pertain waste generation and the treatment thereof. Specifically, 6 lodging units and a 40 seat cafeteria is planned in the main building to replace the previous clubhouse. Also cabins and yurts are planned in 1, 2, and 4 bedroom units at the locations shown in the design documentation provided by Mr. Sink.

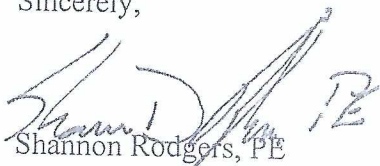
I recommend preparing to treat 50 gallons of restaurant strength waste per seat for the cafeteria for a peak day. This produces a design peak day of 2,000 gallons with 8 pounds of Total Suspended Solids and BOD₅.

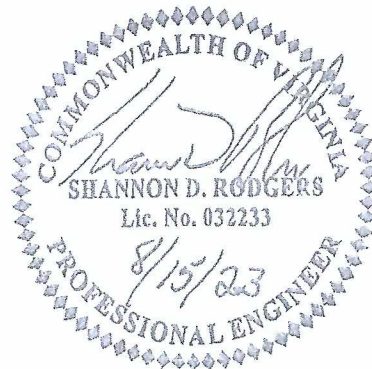
The lodging units are similar to residential units in most ways. They will not produce the same laundering and food preparation and considerable reduction in total flow at their peak output is warranted. To be conservative, I recommend that the strength of the waste not be reduced. I recommend that treatment be designed for 125 gallons of residential waste per cabin bedroom with 0.33 pounds of TSS and BOD₅. Similarly, I recommend 100 gallons per yurt bedroom with 0.27 pounds of TSS and BOD₅.

It is my professional opinion and belief that design for treatment of the above described waste will provide safe, adequate and proper disposal.

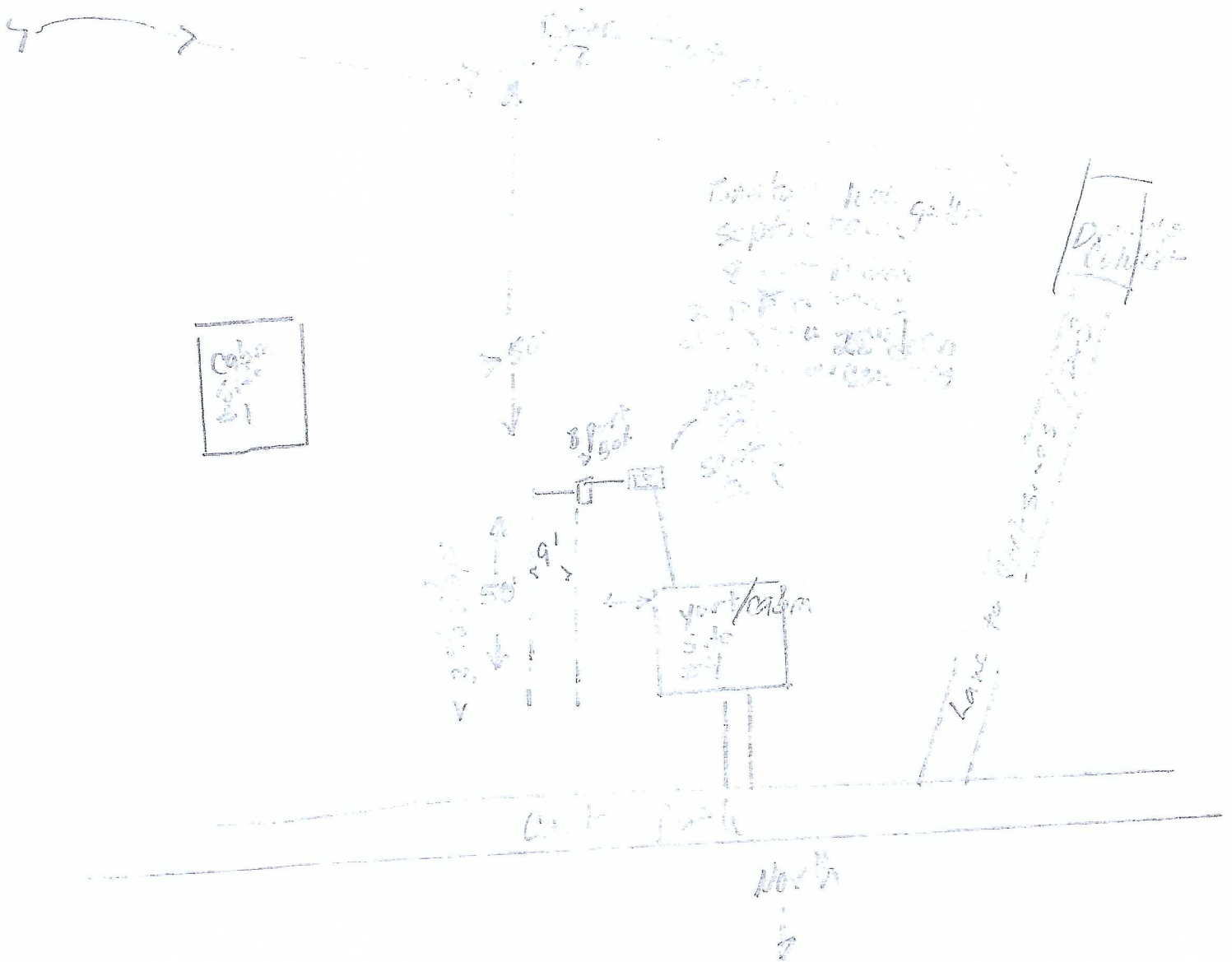
Please contact me if you have any questions or I can be of further assistance.

Sincerely,


Shannon Rodgers, PE



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page # ~~18~~ 7 of 8
scale 1" = 30'



OSE/PE Report For:

- Construction Permit
- Repair Permit
- Voluntary Upgrade Permit
- Certification Letter
- Subdivision Approval

Property Location:
 911 Address: 6828 Grapefield Rd City: Bastian VA
 Lot _____ Section _____ Subdivision 24314
 GPIN or Tax Map # 46-A, 18, 20, 21, 22 & 31A Health Dept ID # _____
 Latitude _____ Longitude _____

Applicant or Client Mailing Address:
 Name: Roselands Farms
 Street: 13066 West Bluegrass Trail
 City: Bland State VA Zip Code 24315

Prepared by:
 OSE Name Debi W. Smith REHS License # 1940001297
 Address 586 Bushy Mt Dr
 City Bland State VA Zip Code 24315

PE Name Shannon Rodgers License # 0402032233
 Address _____
 City Wytheville State VA Zip Code 24382

Date of Report 8/8/2023 Date of Revision #1 _____
 OSE/PE Job # 23 BL 41 Date of Revision #2 _____

- Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.)
- 1 Application
 - 2 Soil Evaluation
 - 3 Soil Profile Desor.
 - 4 System Design
 - 5 Survey Plat
 - 6 Waste Water Characteristics Report
 - 7 Design Sketch
 - 8 OSE State report (this page)

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 (12VAC5-513) 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 (except item in page 6)

I recommend that a (select one): construction permit repair permit certification letter voluntary upgrade subdivision approval be (select one) Issued Denied

OSE/PE Signature [Signature] Date 8/8/2023