

FRANKLIN COUNTY
SPECIAL USE PERMIT APPLICATION

(Type or Print)

I/We, DONN & MARJORIE BERGMAN as Owner(s), Contract Purchasers, or Owner's Authorized Agent of the property described below, hereby apply to the Franklin County Board of Supervisors for a special use permit on the property as described below:

Petitioner's Name: DONN & MARJORIE BERGMAN

Petitioner's Address: 236 LONGVIEW Ln. BOONES MILL

Petitioner's Phone Number: 615 972 0041 or 540 682-6607

Petitioner's E-mail: Marjorie.bergman9@gmail.com

Property Owner's Name: SAME AS ABOVE

Property Owner's Address: SAME

Property Owner's Phone Number: _____

Property Owner's E-mail:

GO NORTH ON 220, LEFT AT LIGHT IN BOONES MILL (BETHLEHEM RD)

Directions to Property from Rocky Mount: GO 1 mile, GO LEFT OF LONGVIEW LN.

GO STRAIGHT PAST OLD WAGON, BIG WHITE HOUSE ON LEFT & CABIN IS ON RIGHT.

Tax Map and Parcel Number: TAX MAP 68, PARCEL 61

Magisterial District: BOONE

Property Information:

A. Size 5.3 of _____

Property:

B. Existing Zoning: A1

C. Existing RESIDENTIAL Land Use:

D. Is property located within any of the following overlay zoning districts: NO

Corridor District Westlake Overlay District Smith Mountain Lake Surface District

E. Is any land submerged under water or part of a lake? Yes No If yes, explain.

Proposed Special Use Permit Information:

A. Proposed SHORT TERM RENTAL Land

Use:

CABIN ONLY USES 1 ACRE 5.3 ACRES

B. Size of Proposed Use: _____

C. Other Details of Proposed Use: WILL ONLY BE USING
AIRBNB TO ADVERTISE, HAVING GUESTS(2)
DART OF THE TIME, THE REST OF THE
TIME OUR KIDS & FAMILY WILL STAY IN IT
FROM OUT OF TOWN OCCASIONALLY

WHEN THEY TRAVEL AND WE VET ANY AIRBNB GUEST BEFORE WE ACCEPT THEM.

Checklist for completed items:

- Application Form
- Letter of Application
- Concept Plan
- Application Fee

**I certify that this application for a special use permit and the information submitted herein is correct and accurate.

Petitioner's Name (Print): DONN BERGMAN Marjorie Bergman

Signature of Petitioner: Donn Bergman Marjorie Bergman

Date: 8-31-22

Mailing Address: 236 LONEVIE LN.
BOONES MILL, VA

Telephone: (540) 682-6602

Email Address: marjoriebergman9@gmail.com

Owner's consent, if petitioner is not property owner:

Owner's Name (Print): DONN BERGMAN Marjorie Bergman

Signature of Owner: Donn Bergman Marjorie Bergman

Date: 8-31-22

Date Received by Planning Staff _____

Clerk's Initials: _____

CHECK#: _____

RECEIPT.#: _____

AMOUNT: _____

DONN BERGMAN
540 682 6607

Letter of Application:

- a) Proposed use of property: use Cabin & 1 acre of the 5.3 for and Airbnb when our family is not using it.
- b) Reason for the request : To help pay our bills & to promote all the wonderful things about our county that we love to people passing thru.... now that my wife is finished homeschooling our kids, she is very excited to host this Airbnb. We have had 3 couple , already , that want to stay in it for their honeymoon night!
- c) The effect of the Airbnb on the surrounding area: none... You cannot see the Cabin at all until you are on our property and... and there will only be one car that parks in front of it and WE WILL BE VETTING anyone thru Airbnb that wishes to stay at our cabin. We will NOT be allowing events, weddings, any type of parties or loud music etc. There is a tall hill and lots of land and forest between the cabin and the next neighbor. All the neighbors I have talked with are fine with it as well.

CONCEPT PLAN: Airbnb—"Blueridge Mountain Cabin" 2022... Our property is just one mile from the Boones Mill traffic light on 220 on Bethlehem Rd. (Then Left on Longview Dr) The cabin is tucked away into the side of a hill among trees & you can't see the cabin from Bethlehem or even Longview Ln until you are actually ON our property. Per regulations we had to pay a surveyor to come out and divide our 10.6 acres into 2 parcels to have the Cabin on a separate parcel, The Airbnb guests will only be using about 1 of the 5.3 acres the cabin is on. The cabin is 36 feet long and 15 feet wide at its widest part. The cabin was built to code and has an occupancy permit, Certificate of completion Septic permit etc. Guests will be parking right next to the arch bridge that leads to the cabin (50 feet from parking area)

There will be no signage on the roads near us or on our property for this Airbnb (just good directions given to guests on the Airbnb site..

Airbnb will be the only place we advertise for this cabin

Please see attached pictures and maps that describe the property.

Donn Bergman
DONN BERGMAN

Marjorie Bergman
MARJORIE BERGMAN

To : Franklin County Board of Supervisors

Jan 20th , 2022

From Donn & Marjorie Bergman

236 Longview Ln. Boones Mill, Va 24065

A couple years ago I brought our Boy Scout troop to one of the town meetings at Boones Mill at the town hall and while we attended, one of the subject/presentations brought up was promoting Franklin County and things to do here to folks who travel through our beautiful area. Me and my wife, Marjorie believe in promoting local businesses, mom & pop businesses, (more-so than chains) and local parks and recreation in our community. That is why we heavily promote a long list of businesses, activities and opportunities for our guests at our AirBnb at the base of Cahas Mountain. We will be doing this verbally when they arrive when we can AND in writing in our welcome book which is the first thing they will see when they walk in our cabin, as well as on our AirBnb site. As mentioned, we will heavily promote local places to eat, adventures to do, Here is a list of just SOME of the businesses and parks we promote:

Holly Jo's Creekside Grill	Ippys
Franklin County distillery & Restaurant	The HUB Hemas
Cannadays market, gas & Moonshiners Deli	Booker T Washington Park
Smith Mountain Lake (Plenty to do on Franklin Cnty side ...Bridgewater Marina etc SML Coffee	
Angle Hardware	Wade Park
Westlake shops & Restaurants	Franklin Cnty public Library
Whole Bean Coffee	Healing Strides
Harvester Performance Ctr	Farmers Market (Citizens Square) Rocky Mt
Rocky Mt Burger	A drive thru Ferrum and Calloway
Horseshoe point and Salt Branch north side of Philpot lake & Fairy Stone Lake	

...These are just a few of the places we frequent, enjoy, and will promote to our guests

We will only be having 2 guests at a time we will not have any signage and the only place they will find us is on AirBnb. We have had several Franklin Cnty locals express interest to book it for themselves or extra family members AND have had 3 couple , already , that want to stay in it for their honeymoon night! The cabin was built to code and has an occupancy permit, Certificate of completion Septic permit etc and is very safe. We've really grown to love the people of Franklin County and all the wonderful things it offers. We appreciate your reviewing of our addition to our county affording others to discover this reality as they travel through our unique, special region.

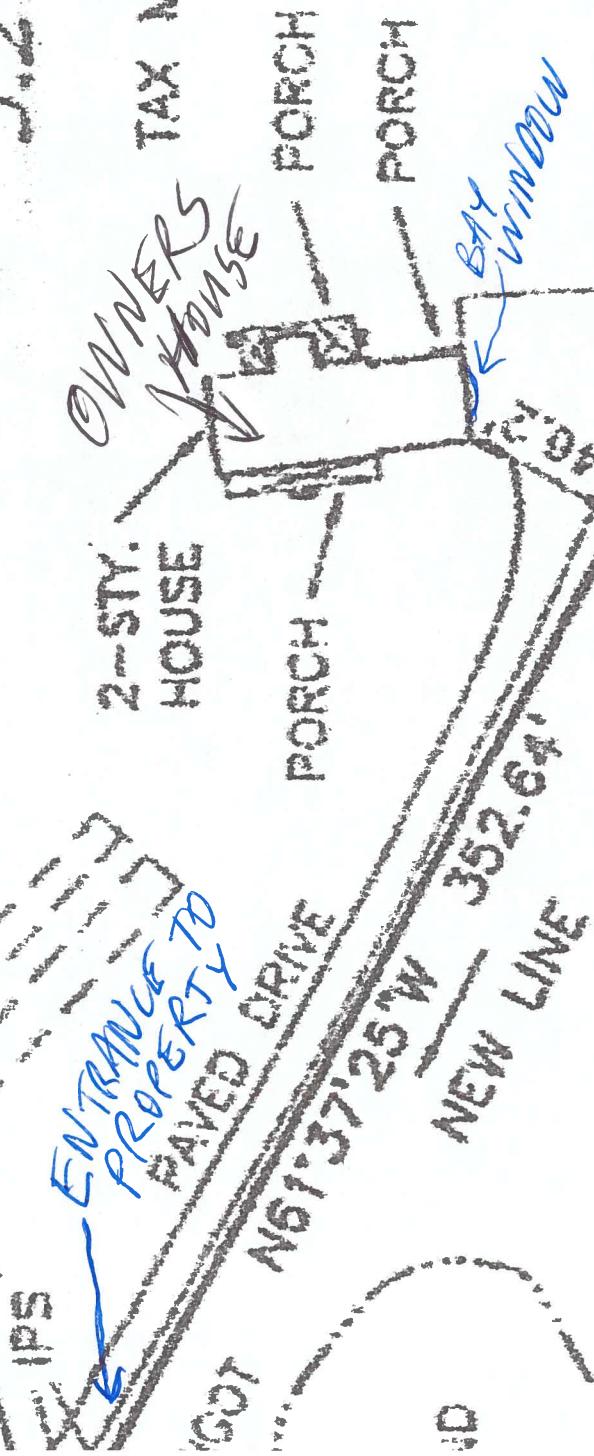
Thank you,


Dr. Donn & Marjorie Bergman

APPROX. DRAINFIELD LOCATION
SEE V.D.H. PERMIT
#133-91-0947

5.275 ACRES

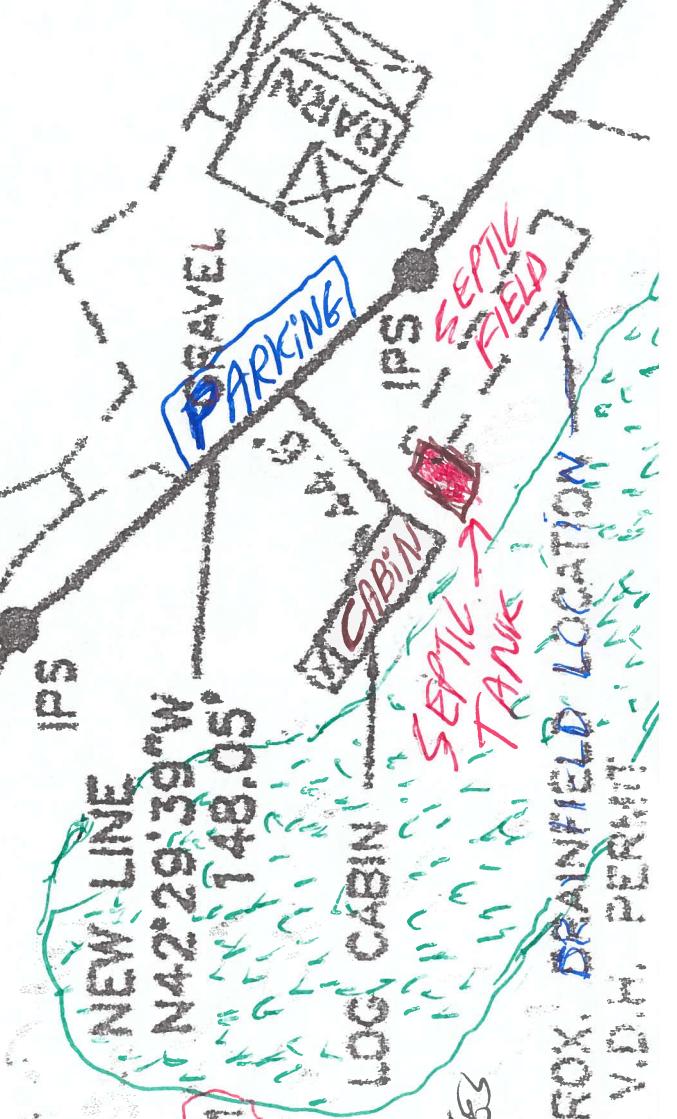
PORTION OF
TAX MAP 26, PARCEL 69

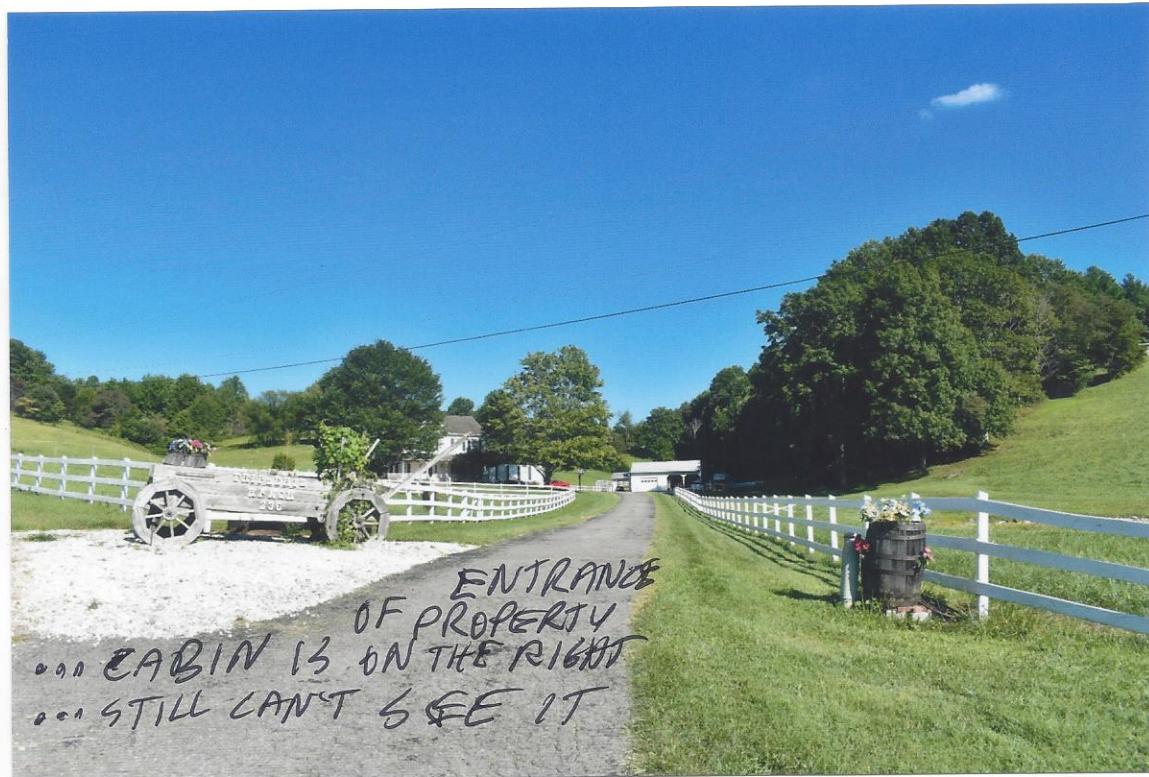
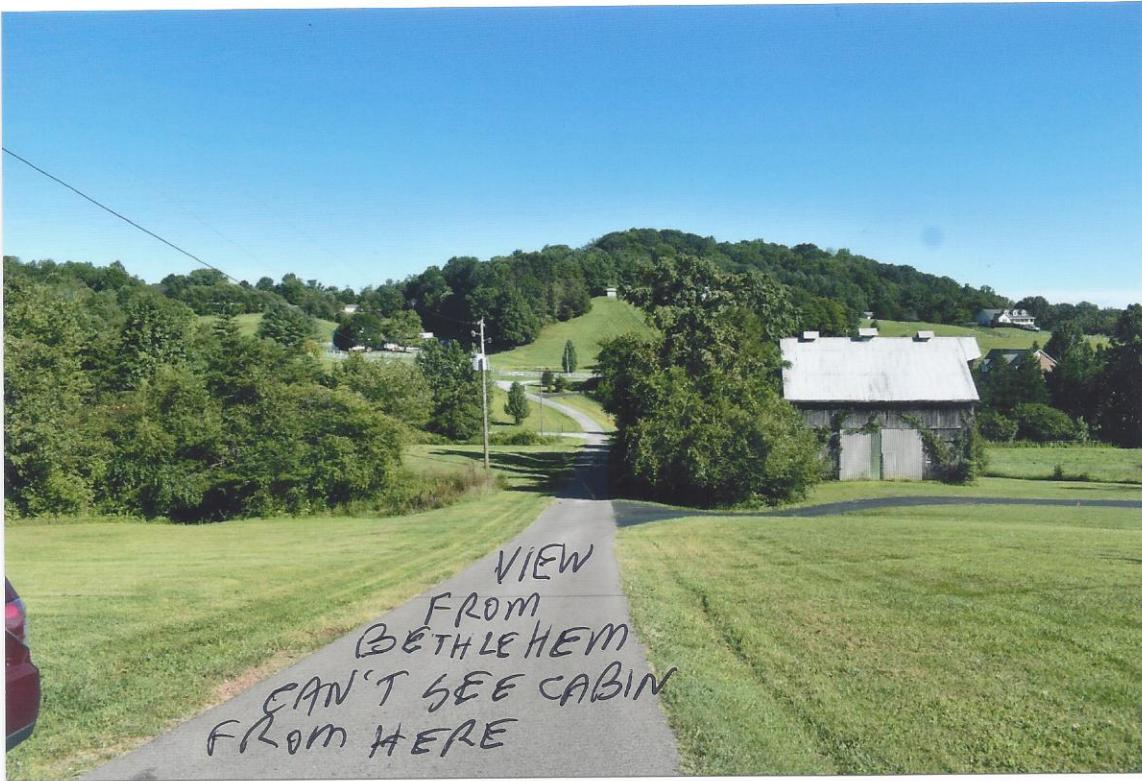


3.33 ACRES

PORTION OF
MAP 68, PARCEL 61

NEW LINE
N42°29'39" W
148.05'

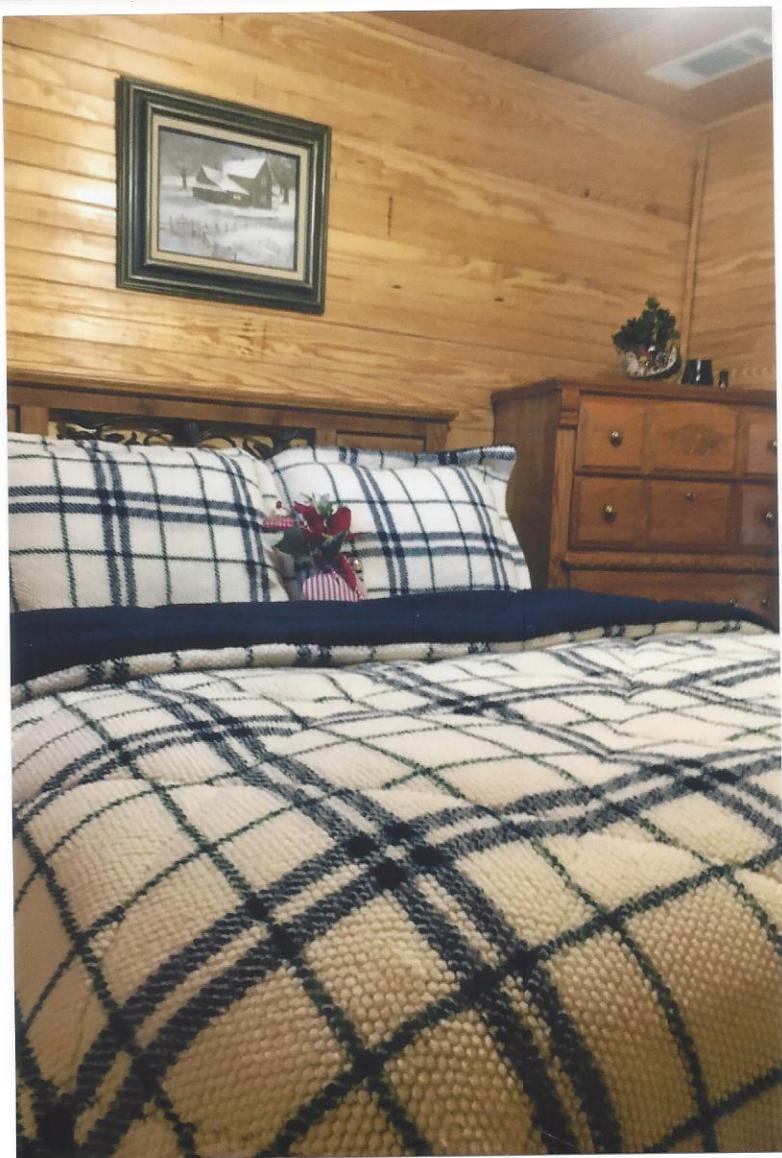




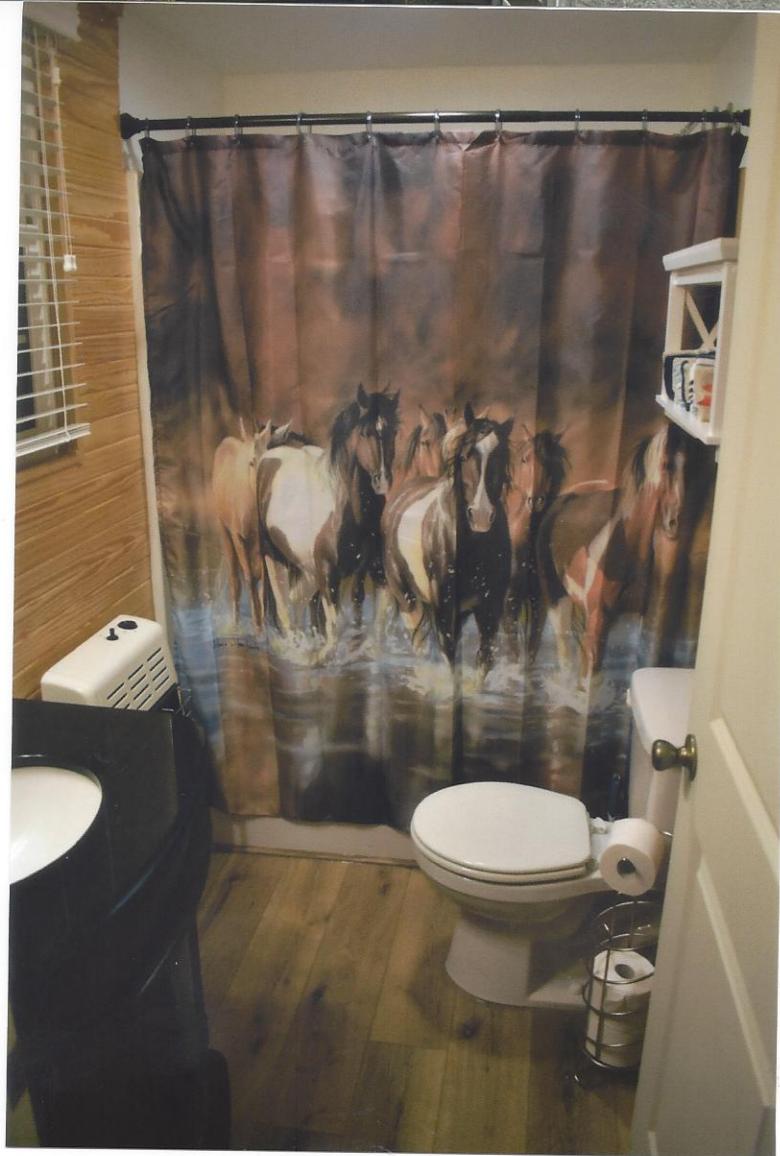


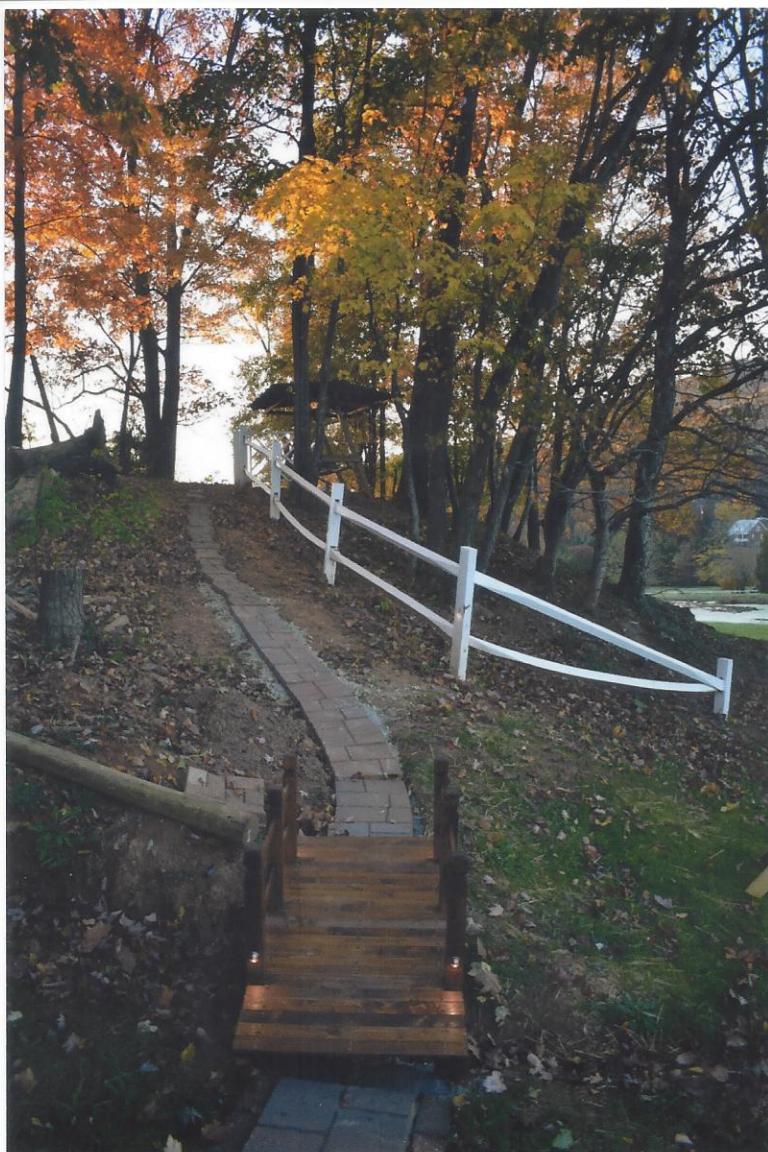






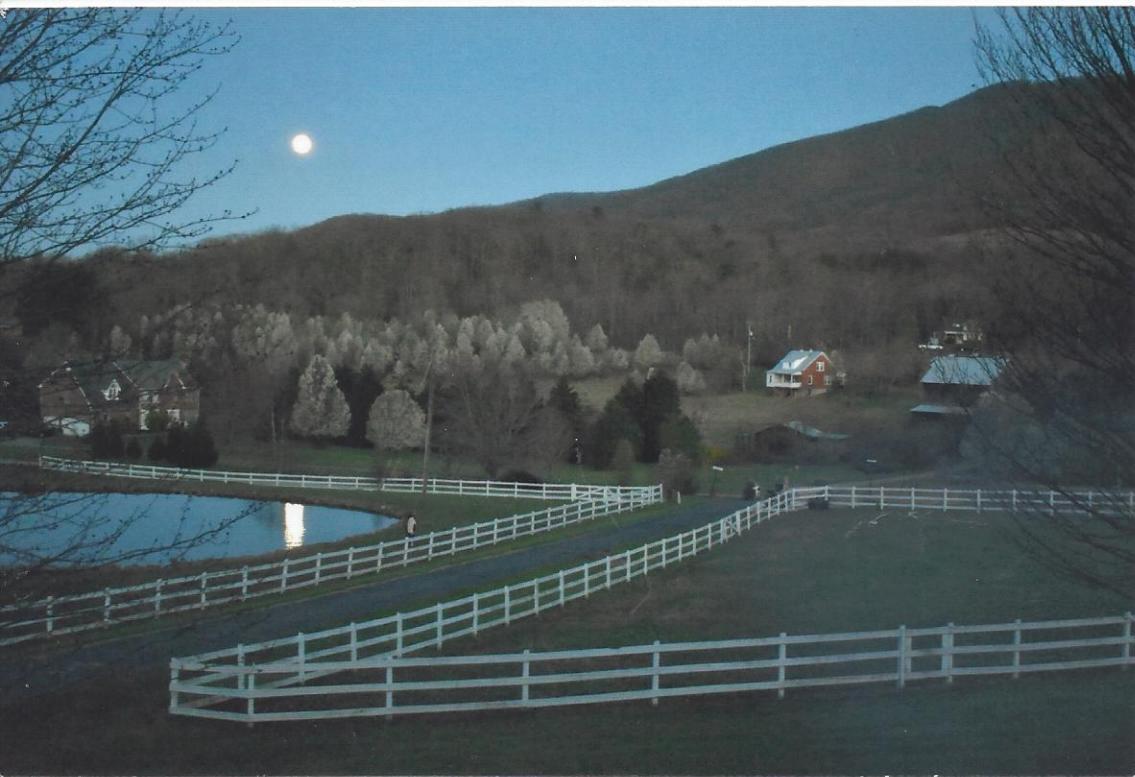


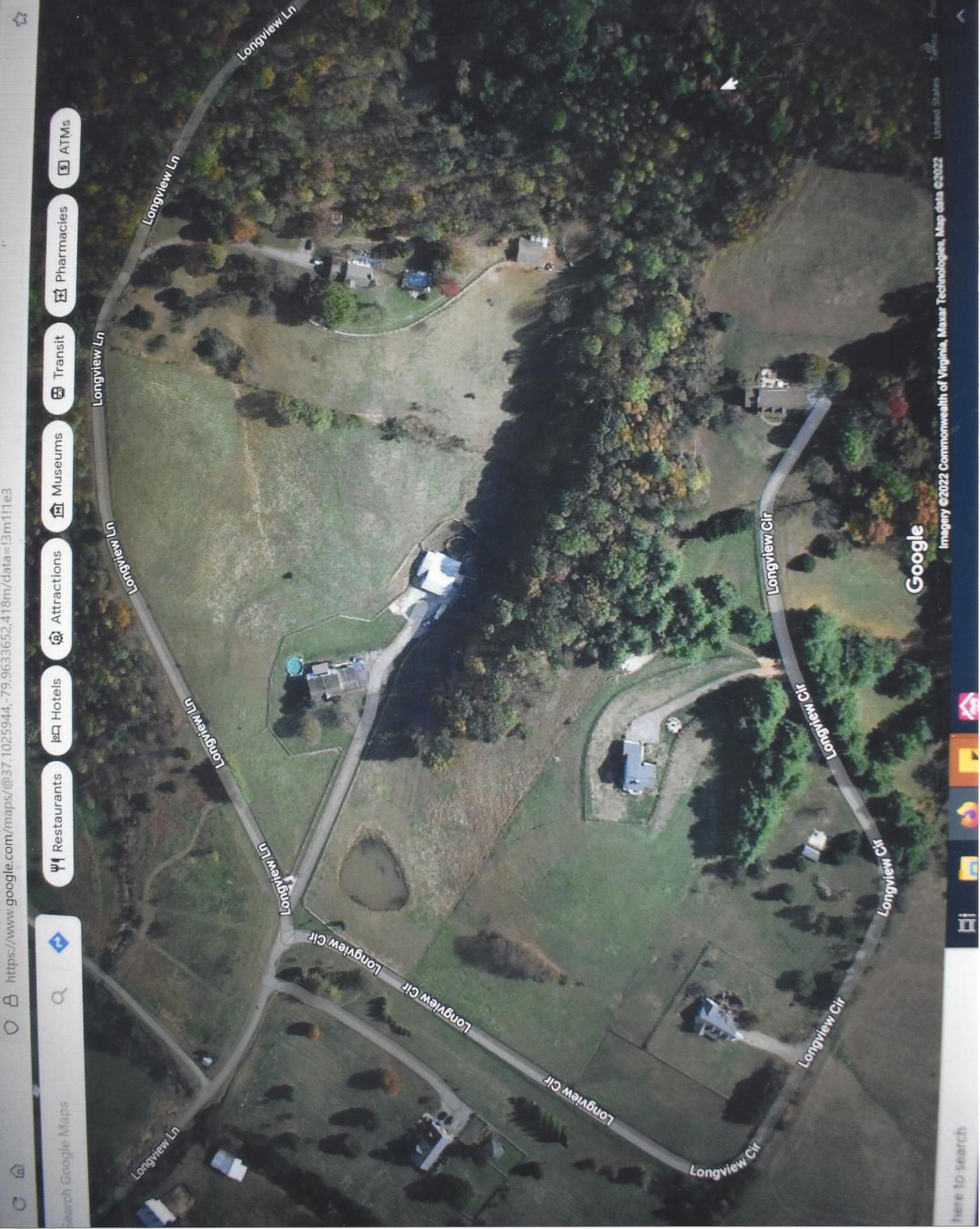


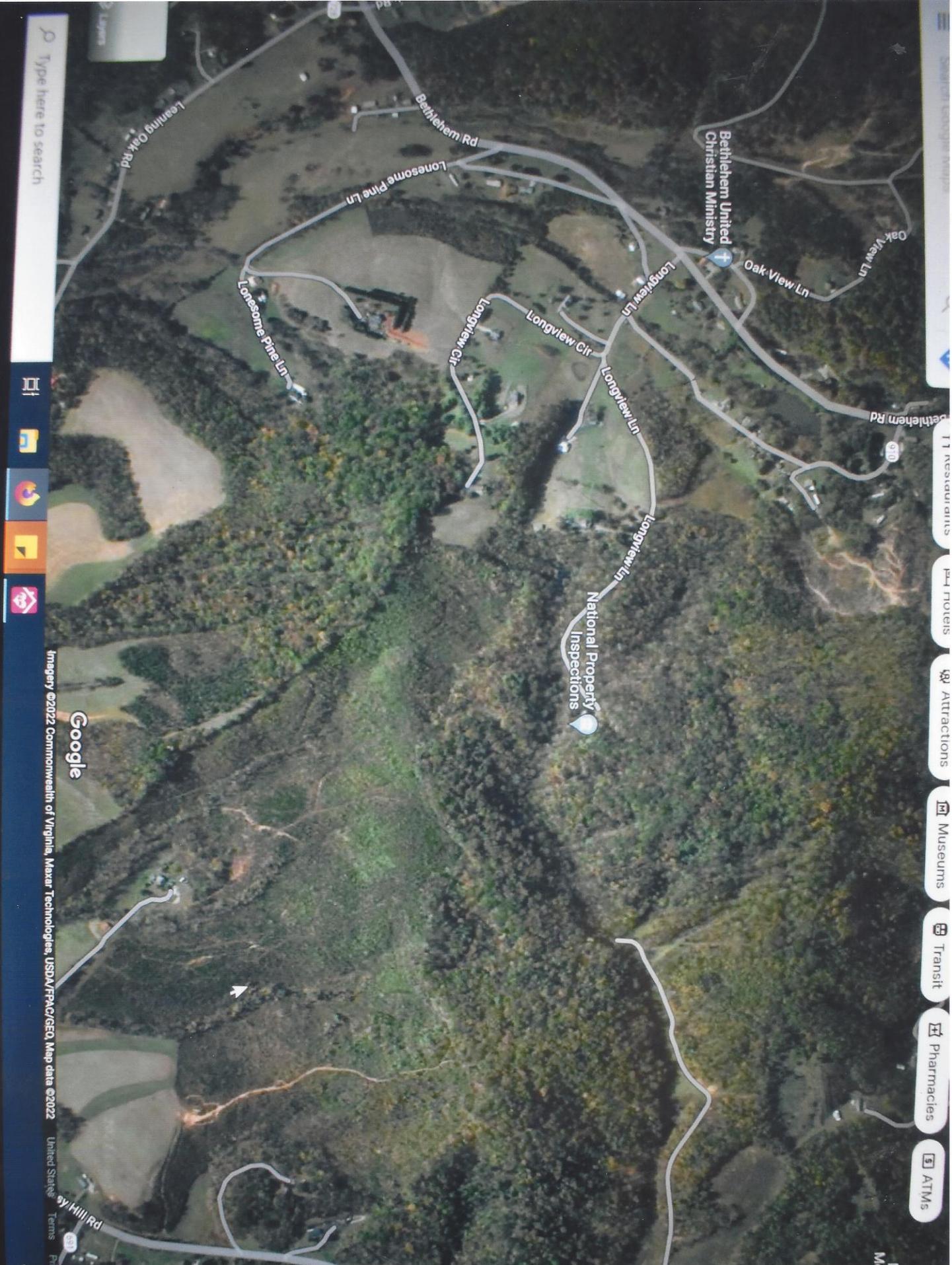














Restaurants

Hotels

Attractions

Museums

Transit

Pharmacies

ATMs



SEP 08
FOR CABIN 2020

Franklin County Health Department
365 Pell Avenue, 249
Rocky Mount, Virginia 24151
(540) 484-0292 Voice
(540) 483-1485 Fax

Sewage Disposal System Operation Permit

Property Owner

Donn Bergman
236 Longview Lane
Boones Mill, Virginia 24065

Health Dept. ID: 133 20 0260
Tax Map/Parcel #: 0260006800
Locality: Franklin County

Property Location

Property Address: 236 Longview Lane, Boones Mill, Virginia
Subdivision: N/A Section: N/A
Lot: N/A Acres: 10+ Acres

Donn Bergman is hereby granted permission to operate a Residential Onsite Sewage System at the above referenced location, under the following parameters:

Daily Flow: 150 Gallons/Day
Number of Bedrooms: 1 Bedroom
Occupancy Limit: 2 Persons Maximum

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

04-30-2021
Effective Date

Lurena Huffman
Environmental Health Specialist



Signature

OSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 133-20-0260 Tax Map: 0260006800

Franklin Health Department

Name of OSE/PE: Jeff Turner License Number: 1840001340

Address: 4714 Tudor Orchard Rd, Stuart Telephone: _____

Contractors Name Crowe - TL Sewer and Water

Owner's Name: Don Bergman

Owner's Address: 236 Longview Ln., Beavers Pl. 11

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

Other: 220N, Lt Bethlehem, Lt Longview, to 236, located next door

Inspection Results

Component	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	<u>existing</u>	
Building Sewer	<u>4" pvc</u>	<u>10-26-20</u>
Septic Tank	<u>1000 - C.T. Jamie tank</u>	<u>10-26-20</u>
Inlet-Outlet Structure	<u>4" pvc Ts</u>	<u>10-26-20</u>
Pump and Pump Station	<u>NA</u>	<u>-</u>
Conveyance Method	<u>Gravity</u>	<u>10-26-20</u>
Distribution Box or Pressure Manifold	<u>Concrete</u>	<u>10-26-20</u>
Header, Conveyance, Return, etc. Lines	<u>GDR</u>	<u>10-26-20</u>
Percolation Lines, Drip, Chambers, etc.	<u>chambers(5') 15/etach</u>	<u>10-26-20</u>
Absorption Trenches and Dispersal Field	<u>Trenches 2x75</u>	<u>10-26-20</u>
(Other Components: treatment unit, etc.)		

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.

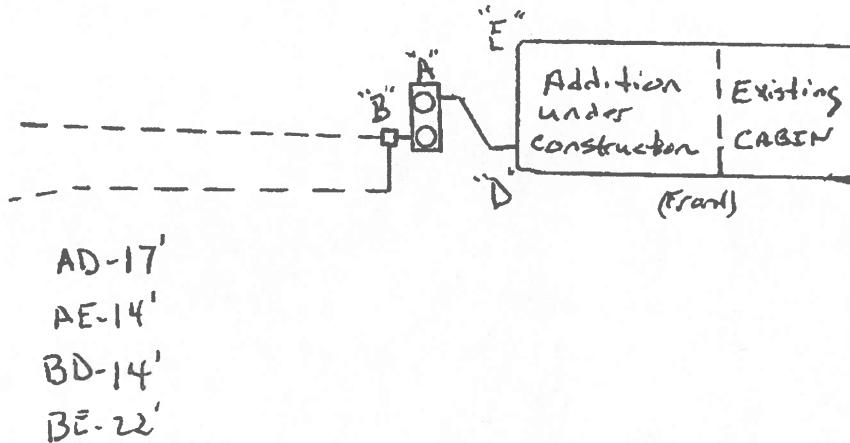
Revised 12/1/2014

OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 133 20 0206 Tax Map: 026 000 6 800

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 10-26-20 (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 9-22-20 (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: Jeff Turner Date: 10-26-20
Print Name: Jeff Turner

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number: 1320 0260
Patrick Health Department

Name of Company/Corporation/Individual: T C Sewer & Water
Address: 4041 Kentucky Ave Roanoke Telephone: _____
Property Owner's Name: Dan Bergman
Property Owner's Address: 236 Lexington Buena Mill Va
Location of Installation: Subdivision: _____ Section: _____ Block: _____ Lot: _____
Property Address: 236 Lexington Ln Buena Mill

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) Sept 22, 20 and is in compliance with Part V (12VAC5-610-660 et seq.) of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

H. W. Couse
Signature and License Number
1944001211
Date
10-26-20

This form contains personal information subject to disclosure under the Freedom of Information Act. [Type here]

Revised: September 19, 2019

Franklin County Health Department
365 Pell Ave., 249
Rocky Mount, Virginia 24151
(540) 484-0292 Voice

OSE Construction Permit

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

September 22, 2020

Donn Bergman
236 Longview Lane
Boones Mill, Virginia 24065

RE: Longview Lane, Boones Mill, Virginia
Subdivision: N/A Sec: N/A Block: N/A Lot: N/A Acres: 10+
Tax Map/Parcel #: 0260006800
HDID: 133 20 0260
System Capacity: Residential, 1 Bedroom, 150 gallons per day

Dear Donn Bergman:

This letter and the attached drawings, specifications, and calculations (5 pages) dated 9-17-2020 constitute your permit to install a sewage disposal system 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") and sewage system design were certified by Jeff Turner, Private OSE, 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 Franklin County 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 Franklin County 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 Franklin County Health Department is not required to inspect the installation but may perform an inspection at its sole discretion. 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 Franklin County Health Department.

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 permit expires: 03-22-2022. This permit is not transferable to another owner or location.

Sincerely,



Brent Williams
Environmental Health Supervisor
Franklin County Health Department

CC: Jeff Turner, Private OSE

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 day's 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 Franklin County Health Department at (540) 484-0292.

Commonwealth of Virginia

Application for: Sewage System Water Supply

Owner Donn Bergman

Mailing Address 236 Longview Ln.
Boones Mill, Va. 24065

Agent _____

Mailing Address _____

Site Address beside 236 Longview Ln

Directions to Property: 220N., Lt. Bethlehem, Lt Longview, straight at fork in the rd.

Subdivision _____ Section _____ Block _____ Lot _____
Tax Map 0260006800 Other Property Identification _____ Dimension/Acreage of Property 10+

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 1) Multi-Family Dwelling (Total Number of Bedrooms _____)

Other (describe) _____

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

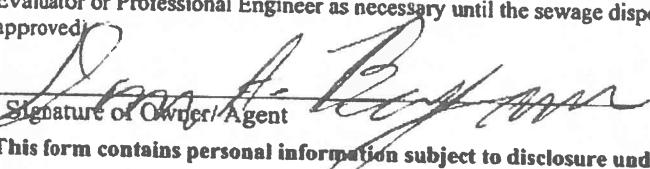
Well Type (e.g. domestic use, agricultural, irrigation, etc.) domestic

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 attach 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 

9/17/20

Date

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

VDH Use only
Health Department ID# 133-20-1261
Due Date _____

Phone 615-972-0041

Phone _____

Fax _____

Phone _____

Phone _____

Fax _____

Email _____

OSE/PE Report For:

Construction Permit Repair Permit Voluntary Upgrade Permit Certification Letter Subdivision Approval

Property Location:

911 Address: 236 Longview LaneCity: Boone's Mill

Lot _____ Section _____ Subdivision _____

GPIN or Tax Map # 0260006800

Health Dept ID # _____

Latitude _____ Longitude _____

Applicant or Client Mailing Address:

Name: Donn BergmanStreet: 236 Longview LaneCity: Boones MillState VaZip Code 24065

Prepared by:

OSE Name Jeff Turner License # 1940001340Address 4714 Tudor Orchard RdCity Stuart State Va Zip Code 24171

PE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report 9-16-20 Date of Revision #1 _____

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.)

1) cover
 2) soil description
 3) profile holes

4) system specs
 5) system sketch

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 (12VAC5-613) 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 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
 repair permit voluntary upgrade Denied

OSE/PE Signature Jeff TurnerDate 9-18-20

Site and Soil Evaluation Report

VDH Use Only

HDIN: _____

General Information

Date: 9-16-20 Franklin County Health Department
 Owner: Donn Bergman Phone: 615-972-0041
 Owner Address: 236 Longview Lane, Boone's Mill
 Property Address: beside 236 Longview Lane Boone's Mill
 Tax Map/GPIN #: 0260006800

Subdivision: _____ Section: _____ Block: _____ Lot: _____

Soil Information Summary

1. Position in landscape satisfactory: Yes No Describe landscape position: hillside
2. Slope: 29 %
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 (gray mottling or gray color): _____ inches Not observed
6. Soil percolation rate estimated: Yes No Estimated rate: 6.5 min/in at 36 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: Jeff Turner OSE

Signature: Jeff Turner

Site approved: Trenches (describe dispersal area, e.g. absorption trenches) dispersing primary (proposed level of treatment at time of evaluation) to be placed at 36 (inches) depth at site designated on permit. Site provides a total of 675 square feet of absorption area for primary and reserve (if applicable).

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

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

Date of Evaluation: 9-18-20

Profile Description
SOIL EVALUATION REPORT

Property ID: 0260006800

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.

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

REMARKS: hole 5 is in reserve area

System Specifications

VDH Use Only

HDIN: _____

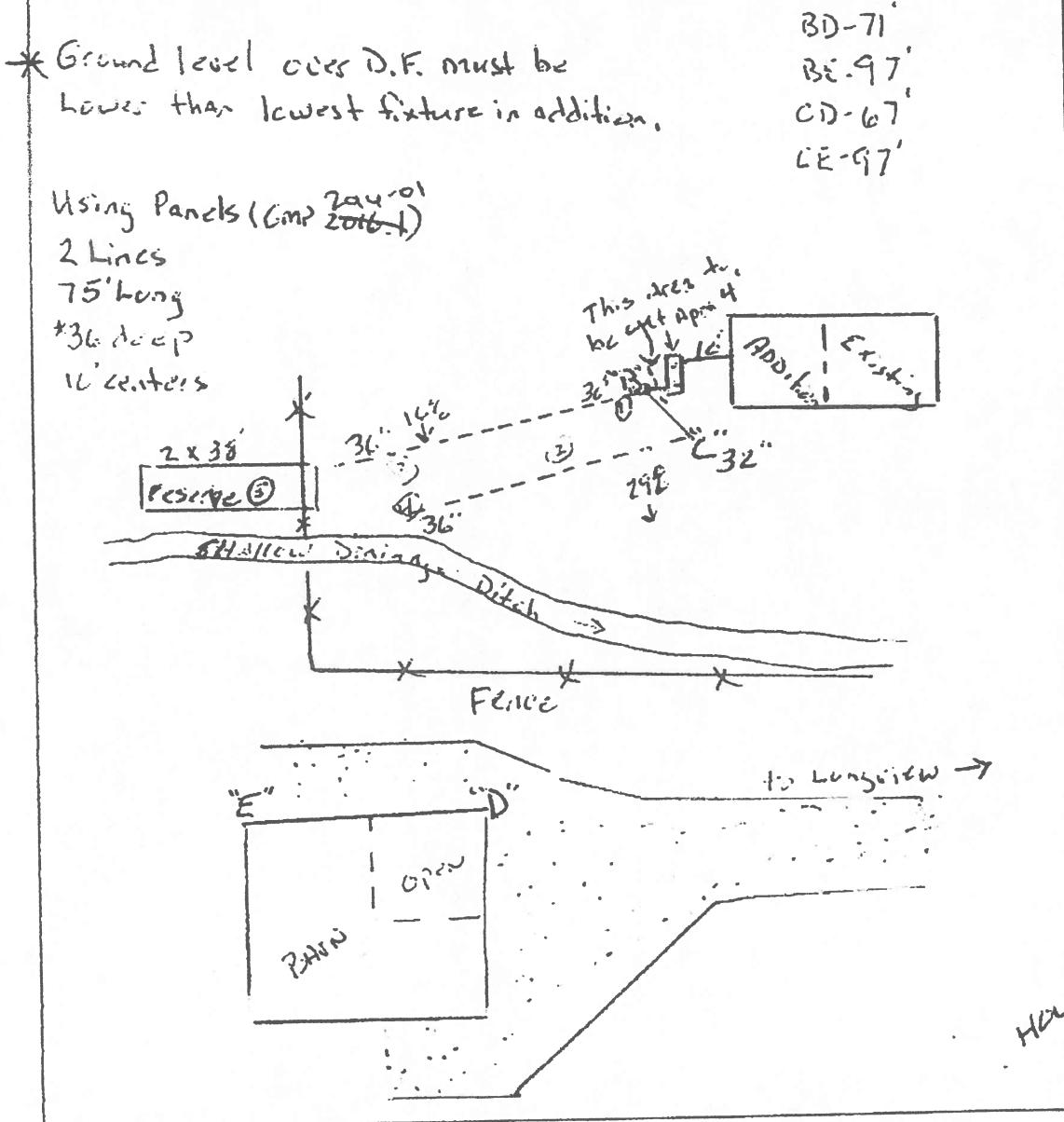
Application Information	
Name: <u>Donn Bergman</u>	Address: <u>238 Longview Lane</u>
Phone: <u>615-972-0041</u>	Boone's Mill
Location Information	
Tax Map/GPIN #: <u>0250006800</u>	Property Address: <u>beside 236 Longview Lane, Boone's Mill</u>
Subdivision: _____	Section: _____
Block: _____	Lot: _____
Directions: <u>220 N. Lt Bethlehem Rd., Lt Longview Lane, toe 236 at fork in road</u>	
General Information	
Property Type (e.g. residential): <u>residential</u>	Number of Bedrooms: <u>1</u>
Daily Flow: <u>150</u> gpd	Conditions: _____
Notes: _____	
Sewer Line	
Diameter: <u>3</u> in. Material: <u>pvc sch. 40</u>	(or equivalent) Notes: _____
Pretreatment Unit(s)	
Treatment Level: <u>primary</u>	Septic Tank Capacity: <u>750 or 1000</u> gallons
Number of Septic Tanks <u>1</u>	Size of Septic Tank(s) <u>750 or 1000</u> 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: _____	
Notes: _____	
Conveyance Line	Distribution Method and Header Lines
Conveyance Method: <u>gravity</u>	Distribution Method: <u>dist box</u>
If pumping, include pump specifications sheet.	No. of boxes: <u>1</u> No. of outlets: <u>4</u>
Material: _____ Diameter: _____	Surge or splitter box required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Notes: _____	Header Line Material: <u>corrugated 4"</u>
Percolation Lines/Absorption Area	
Dispersal Method (e.g. laterals, pad, mound): <u>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>75</u> ft. Width of lateral(s)/pad(s): <u>36</u> in.	
Center to center spacing: <u>10</u> ft. Installation depth: <u>36</u> in. Aggregate depth: <u>na</u> in.	
Size/Type of Aggregate: <u>gravelless - panels</u>	Lateral/pad slope: <u>2-4</u> in. per <u>100</u> ft.
Reserve Area Provided: <u>50</u> % Notes: <u>panels per GMP 2040-1</u>	<u>2414 - 0 - 1</u>
Please Note: _____	

Construction Drawings

Property ID: D 260006800

- Call OSE 276-229-9561

48 hrs Prior to final insp



Schematic drawing of sewage disposal system and topographic features. Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 200 feet of sewage disposal system and reserve area. The scale drawing of the sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be located on the same lot, show all sources of pollution within 200 feet.

Certificate of Completion

Franklin County

Department of Code Enforcement
Building Inspection

This certificate issued pursuant to the requirements of the Virginia Statewide Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the jurisdiction regulating building construction or use. For the following:

Description	ADDITION TO EXISTING CABIN-KITCHEN, BREAKFAST ROOM, BEDROOM, BATHROOM, FRONT PORCH		
Owner	DONN A and MARJORIE G BERGMAN		<i>COPY</i>
Contractor	OWNER - GENERAL		
Permit No.	RES-09-2020-58879	Map/Tax #	0260006800
Permit Type	Residential Building	Work Class	Addition
		Subdivision	RD 739
	236 LONGVIEW LN	Lot:	06800
	BOONES MILL, VA 24065		
	911 Address		

Franklin County
Virginia's Oldest, Open Space



Issue Date: 05/12/2021