

**FRANKLIN COUNTY
SPECIAL USE PERMIT APPLICATION**

(Type or Print)

I/We, RACHEL LOVE & KYLE WALTER 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: RACHEL LOVE & KYLE WALTER

Petitioner's Address: 1037 Shadow Peak Rd., Forest, VA 24551

Petitioner's Phone Number: 434-851-0223 (RACHEL), 434-851-1987 (KYLE)

Petitioner's E-mail: RACHELSWALTER@GMAIL.COM

Property Owner's Name: SAME AS ABOVE

Property Owner's Address: "

Property Owner's Phone Number: "

Property Owner's E-mail: "

Directions to Property from Rocky Mount: TAKE 40 to 122 then left on Morewood Rd.

Tax Map and Parcel Number: 0150600300

Magisterial District: _____

Property Information:

A. Size 0.72 Acres of _____ Property:

B. Existing Zoning: A-1

C. Existing Residential Land Use:

D. Is property located within any of the following overlay zoning districts:

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:

- B. Size of Proposed Use: 0.72 Acres /current size
- C. Other Details of Proposed Use: Request is to utilize the current property
as-is as a short-term rental to include use of the
dock.

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): RACHEL LOVE

Signature of Petitioner: 

Date: 12/13/2022

Mailing Address: 1037 Shadow Peak Rd.

Forest, VA 24551

Telephone: 434-851-0223

Email Address: Rachel.s.walter@gmail.com

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

Owner's Name (Print): _____

Signature of Owner: _____

Date: _____

Date Received by Planning Staff _____

Clerk's Initials: _____

CHECK#: _____

RECPT.#: _____

AMOUNT: _____

December 20, 2022

Rachel Love
Special Use Permit Applicant
1037 Shadow Peak Rd.
Forest, VA 24551

Lisa Cooper
Director of Planning
Development Services
1255 Franklin Street, Suite 103
Rocky Mount, VA 24151

Subject: Letter of Application for Special Use Permit for Short Term Rental

Dear Ms. Cooper,

This letter serves as our letter of application for a Special Use Permit in order to utilize our property located at **1970 Morewood Rd., Hardy, VA, 24101** as a short-term rental. We purchased the home in May of this year and the home was in poor condition. We are currently investing in repairs to the home to ensure it will be in great condition in early 2023. We have replaced the roof, installed new gutters, installed new flooring, and replaced a heat pump and will be working from January through March to update all the bathrooms and other areas of the home.

The home is approximately 3900 sqft and has four (4) bedrooms and three and a half (3.5) bathrooms. The home septic tank holds 1000 gallons and is rated for three (3) bedrooms (i.e. six (6) person capacity limit). We have had the septic and pump-back system inspected and pumped in September 2022. We have attached the inspection report with the application. The home is located on approximately three (3) quarters of an acre with a private driveway. The home has private off-street parking for three (3) to four (4) vehicles and is located off of a public road.

My husband and I have owned and operated two short-term rental properties through Airbnb. One home located in Moneta, VA on Smith Mountain Lake and a second in Lynchburg, VA. We recently sold the home in Lynchburg, VA to purchase this home in Hardy, VA. We operated the home in Lynchburg from 2018 till early 2022 and have been operating the home in Moneta, VA since mid-2020. All of our rentals have been registered and followed local ordinances and rules.

We will provide specific guidance to our renters on where parking is allowed and not allowed. We will also mark key areas designating where our well head and drain field is location to ensure the property is protected. We also clearly define local laws, noise ordinances, and particular rules for our neighborhood in our home rules that must be accepted and agreed to before bookings are allowed. We clearly stipulate that any breaking of the rules will result in immediate termination of their stay.

The home is located directly on the lake with a private dock. The dock has a boat lift, upper deck, and a large floating dock. The Renters will have access to the dock, upper deck, and floater for personal use. At this time, we do not intend to allow renters the use of the boat lift but may in the future. We replaced the existing boat lift with a brand new one in June of this year as the old one had significant wear. Our dock is located in a wider cove with large distance between docks, as can be seen on the concept plan.

Renters will have access to the entire home with the exception of the garage, utility areas, and locked owner areas. We use smart locks/keypads for access to these areas if there is any emergent issue that would require them access. We will provide the renters access to the home through a smart lock as we found this to be the most convenient and ensures that we fully control access to the home. Each renter receives a unique access code that is only valid during their rental period.

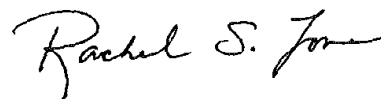
We provide each renter a home user-guide a few days before their check-in day. We have attached examples of our guides for our other homes. We will create a similar guide for this home showing where local sites are such as grocery stores, restaurants, and any other places of interest. The home guide includes instructions on how to operate features of the home, the rules of the home and check-out instructions. We also provide additional guidance to the area if requested by the renter. We provide information based on their interests, such as hiking, shopping, wineries, or art.

We pride ourselves on our rentals being of the highest quality and focus on the homes upkeep and cleanliness. We have always been super-hosts with over 143 reviews with an average of a 4.96 rating out of 5.0. It is important to us that our guests are treated with respect as well as our neighbors. We have included in our application a letter from our next-door neighbor for our Moneta rental home. We have a wonderful relationship with all of our neighbors and ensure that our guests do not have a negative impact on their homes or properties. We provide our contact information to all our neighbors, and they can contact us day or night if there are any issues.

We live in Forest, VA which is about 50 minutes from both homes. When issues arise, we deal with them in person and come to the properties. We also have a neighbor who will assist if an issue is emergent, and needs addressed immediately: Greg Nester – 540-797-6499 (Moneta, VA).

My husband and I love the Smith Mountain Lake area and spending time on the lake. We plan to move there when we retire. We have an invested interest in the area, and it is very important to us to invest in the community and improvements for the residents and businesses.

Sincerely,

A handwritten signature in black ink that reads "Rachel S. Love". The script is cursive and fluid, with the first name "Rachel" being more prominent than the last name "Love".

Rachel S. Love

ATTACHMENTS:

1. 1970_Morewood_Special_Use_Permit_application.pdf - (includes Special Use Application Form, Project Plan, Evacuation Plans, Septic Permit, Septic Inspection Report, Concept Plan, and Land Plat)
2. 131 Charmwood Vacation Home Guide
3. 101 Vermont Vacation Home Guide
4. Character Letter (Kerrie Sarvey)

Project Plan

1970 Morewood Rd.

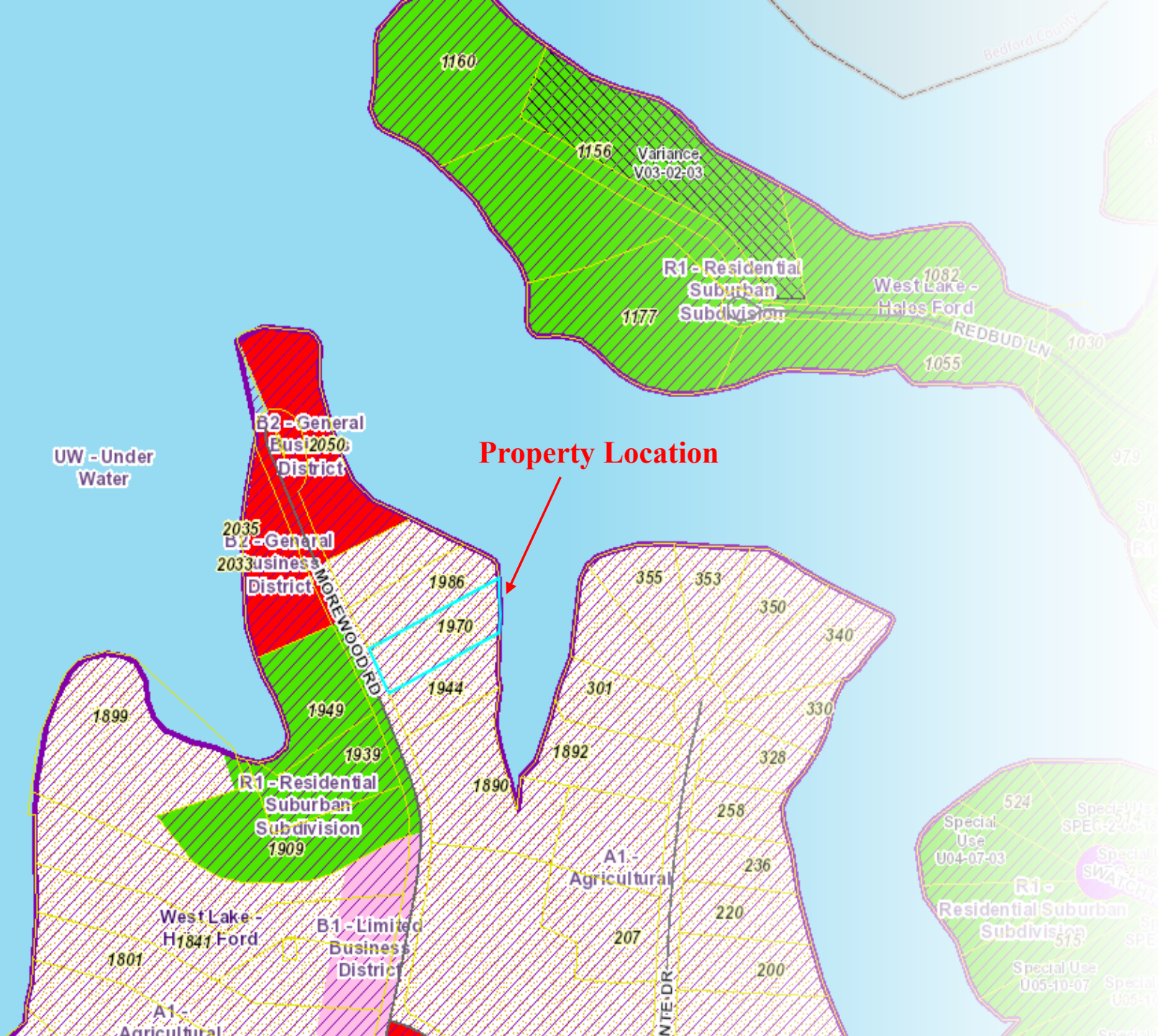
Hardy, VA 24101





Proposed Use of the Property

The home will be used as an investment property for short term vacation rental. We live in Forest, VA within less than an hour drive to the home. We visit our current rental property in Moneta, which is a similar distance, whenever the home needs fixes or other matters need addressed, whether during the week or on the weekend. Our rentals will be week-long rentals in the primary season. We set restrictions on who can book to home to ensure they have good rental history. Rentals are not to extend beyond one week unless requested and may be longer or shorter in the off-season. Maintaining the home in the best condition is our main priority. We will forgo renting at times for this reason.

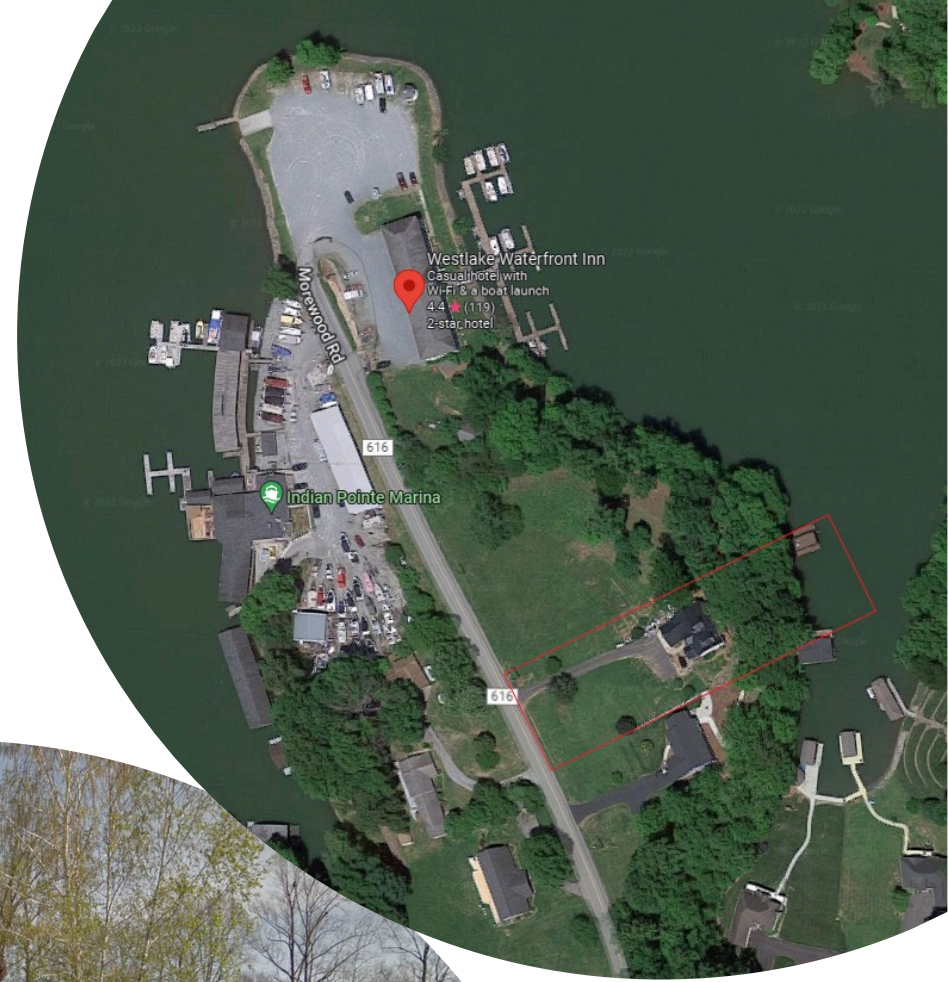


Reason for Request

The home is located in an Agriculture (A1) zone in which use of short-term rental requires a special use permit.

Effect of Change to Surrounding Area

The home is located on the Indian Point peninsula which includes the Indian Point Marina and the Westlake Waterfront Inn. The home can accommodate six (6) people based on septic limitations limiting the impact to the neighborhood traffic. The home is located over the hill away from the public road which allows for privacy for both the renters and the neighbors.





PARKING

- There is adequate off-street parking that is very private to the home.
- Parking is more than adequate for occupancy limits.
- Home rules will specify parking requirement such as “no parking on the street and no parking in grass”





Property Layout



About us...

Kyle and I have lived in the Forest area for almost 18 years. Kyle is a Mechanical Engineer and Rachel is a Nuclear Engineer at Framatome Inc. We have two daughters, Emma (12) and Charlie (8). We purchased a boat back in 2013 and spent every summer since then at Smith Mountain Lake.

We absolutely love the area and love being on the lake as a family. We purchased our first lake house in August of 2019 and began renting in July of 2020. We have had a wonderful experience being able to share our home with other families who also love the lake. We get lake-goers from all over the country.

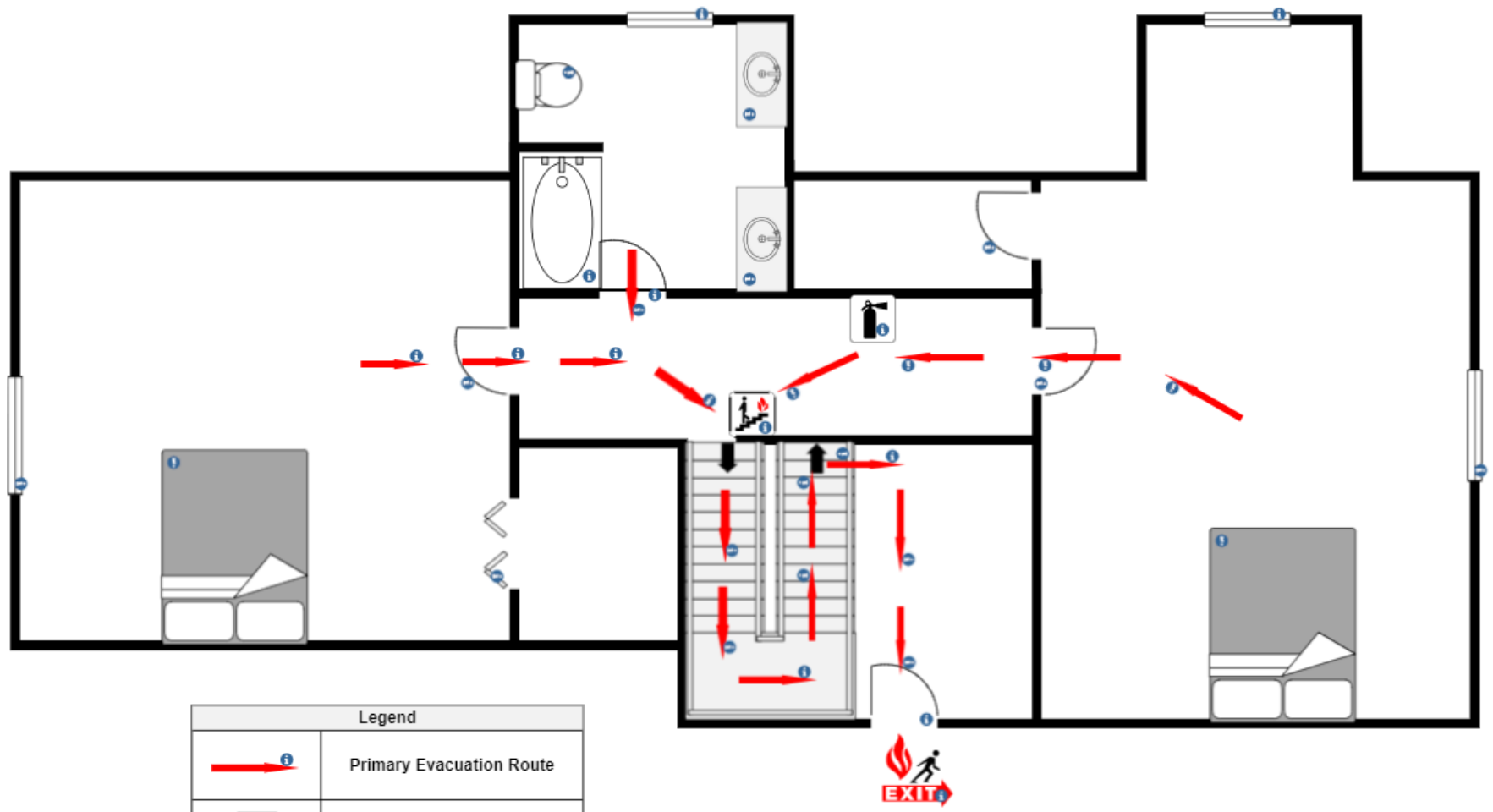
We have built amazing friendships with our community at the lake and have the most wonderful relationships with our neighbors. Many of our neighbors at the lake are permanent residents and it is our top priority to respect them and ensure we are bringing value to our community.



We would like to eventually be permanent residents on Smith Mountain Lake and for that reason we try to emulate the qualities we would desire from our neighbors.

Emergency Evacuation Plans

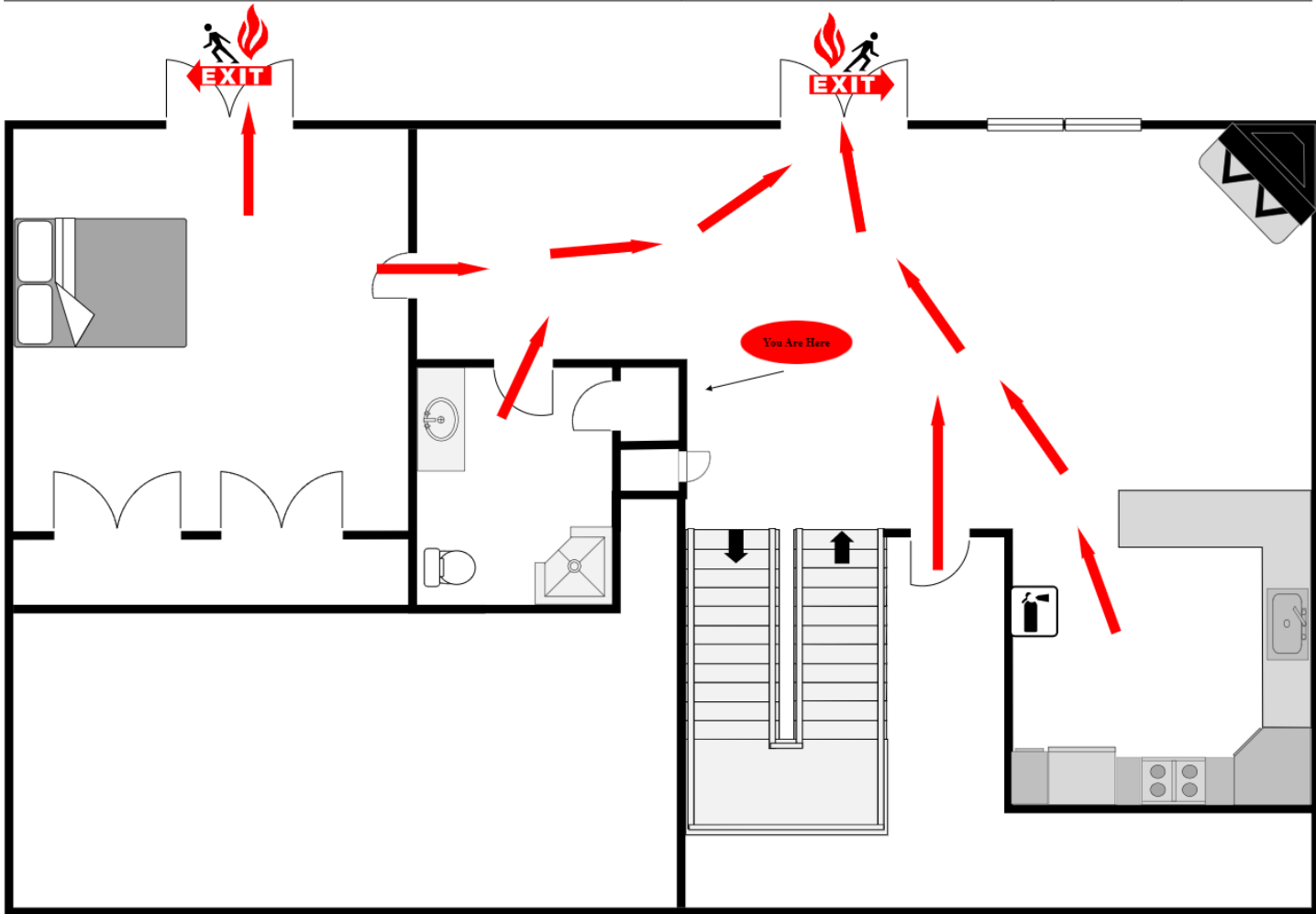




| | | | | | |
|-------------------------------|----------|---------|------------|-------|-----------|
| Top Floor - 1970 Morewood Rd. | DRAWN BY | CHECKED | DATE | SCALE | SHEET NO. |
| | R. Love | N/A | 11/11/2022 | 1 | N/A |



| Legend | |
|---|--------------------------|
|  | Primary Evacuation Route |
|  | Fire Extinguisher |

| | | | |
|-------------------------------|---------------------|------------|------------------|
| 1970 Morewood Road - Basement | DRAWN BY R. Love | | DATE 11/18/22 |
| | CHECKED N/A | SCALE - | SHEET NO. N/A |



| Legend | |
|---|--------------------------|
|  | Primary Evacuation Route |
|  | Fire Extinguisher |

No. 133-97-1044
Tax Map No. 15.6, par 3

PERMIT

THIS PERMIT
EXPIRES ON
N/A

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

DATE OF ISSUE
MARCH 1, 1999

SEWAGE DISPOSAL SYSTEM OPERATION PERMIT



This Permit is Issued in Accordance with the Provisions of
32.1, Chapter 6 of the Code of Virginia. Issuance of an
Operating permit does not imply or Guarantee that the Sewage
Disposal System will Function for any Specified Period of Time.

OPERATOR: SUNSHINE PARTNERSHIP
ADDRESS: 750 NOVEMBER LN
WIRTZ, VA. 24184

Property location: CHESTNUT POINT SUB
LOT 4

*The above operator has made application and in accordance with the
regulations of the Board of Health of the Commonwealth of Virginia is
authorized by the* FRANKLIN COUNTY *Health Department
to operate a* Type II *Sewage Disposal System*

Having a Design Capacity of 450 Gallons per Day, 3 Bedrooms Maximum.


HEALTH OFFICIAL

Variances Granted

XXX None

 See Attached

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number

1100
133971044

FR 60

Health Department

Name of Company/Corporation/Individual:

M Prillman

Address:

RMT VA

Telephone:

Owner's Name

Funshine Poromaship

Owner's Address

Wick VA

Location of Installation: Lot

4

Block

Section:

Subdivision:

Chestnut Pt

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11/20/97 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

7/8/98

Date

Marty Peller

Signature and Title

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia

Department of Health

FRANKLIN CO.

Health Department

Health Department

Identification Number

Map Reference

133-97-1044

M15.6 P3

General Information

Water Supply System: New ☒ Repair ☐ Public ☐ FHA ☐ VA ☐ Case No.

Sewage Disposal System: New ☒ Repair ☐ Expanded ☐ Conditional ☐ Public ☐

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner SUNSHINE PARTNERSHIP

Telephone 721-8362

Address: 750 NOUMBER LN WIRIZ For a Type II Sewage Disposal System or Well to

be constructed on/at 122N L616 TO END ON 12T

Subdivision CMS PT Section/Block - Lot 4 Actual or estimated water use 450 gpd

DESIGN

Water supply, existing: (describe) -

To be installed: class 3B WELL
cased 150 TO ROCK grouted 55' (PRESSURE)

Building sewer: 3-4" I.D. PVC Schedule 40, or equivalent.

Slope 1.25" per 10' (minimum).

☐ Other -

Septic tank: Capacity 1000 gals. (minimum).

☐ Other -

Inlet-outlet structure:

PVC Schedule 40, 4" tees or equivalent.

☐ Other -

Pump and pump station:

No ☐ Yes ☒ describe and show design.

if yes: SEE ENGINE PLANS

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.

☐ Other -

Distribution box:

Precast concrete with 10 ports.

☐ Other -

Header lines:

Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum.

☐ Other -

Percolation lines:

Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.

☐ Other -

Absorption trenches:

Square ft. required 1050; depth from ground surface to bottom of trench 48"; aggregate size 5-1.5";

Trench bottom slope 2-4" PER 100';

center to center spacing 9'; trench width 3';

Depth of aggregate 13";

Trench length 50'; Number of trenches 7

NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS

Water supply location: Satisfactory yes ☐ no ☐ comments

Completion Report

G. W. 2 Received: yes ☐ no ☐ not applicable ☐

Building sewer: yes ☒ no ☐ comments

Satisfactory

Pretreatment unit: yes ☒ no ☐ comments

Satisfactory

Inlet-outlet structure: yes ☒ no ☐ comments

Satisfactory

Pump & pump station: yes ☐ no ☐ comments

Satisfactory

see eng letter

Conveyance method: yes ☐ no ☐ comments

Satisfactory

see eng letter

Distribution box: yes ☒ no ☐ comments

Satisfactory

Header lines: yes ☒ no ☐ comments

Satisfactory

Percolation lines: yes ☒ no ☐ comments

Satisfactory

Absorption trenches: yes ☒ no ☐ comments

Satisfactory

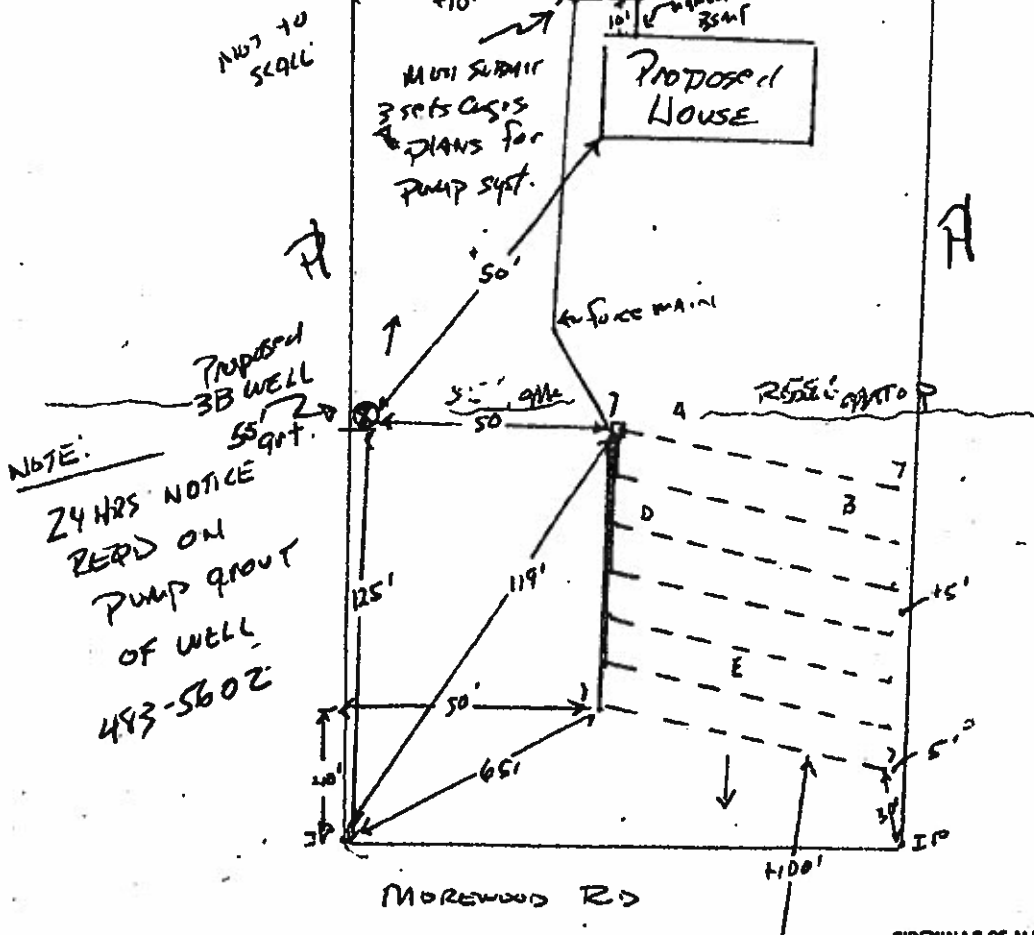
Date 7/20/98 Inspected and approved by:

[Signature]
Sanitarian

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 100 feet of sewage disposal system and reserve area. The schematic 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 100 feet.

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



SIDEWALLS OF ALL DITCHES AND EXCAVATIONS EXCEEDING 5 FEET IN DEPTH MUST BE SHORED OR SLOPED TO PREVENT CAVING.

The sewage disposal system is to be constructed as specified by the permit ☒ or attached plans and specifications ☐.

This sewage disposal system construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 11/20/97 Issued by: Golzchinder

Date: 11/19/97 Reviewed by: Lisa Baker

Supervisory Sanitarian

This Construction
Permit Valid until
5/20/99

If FHA or VA financing

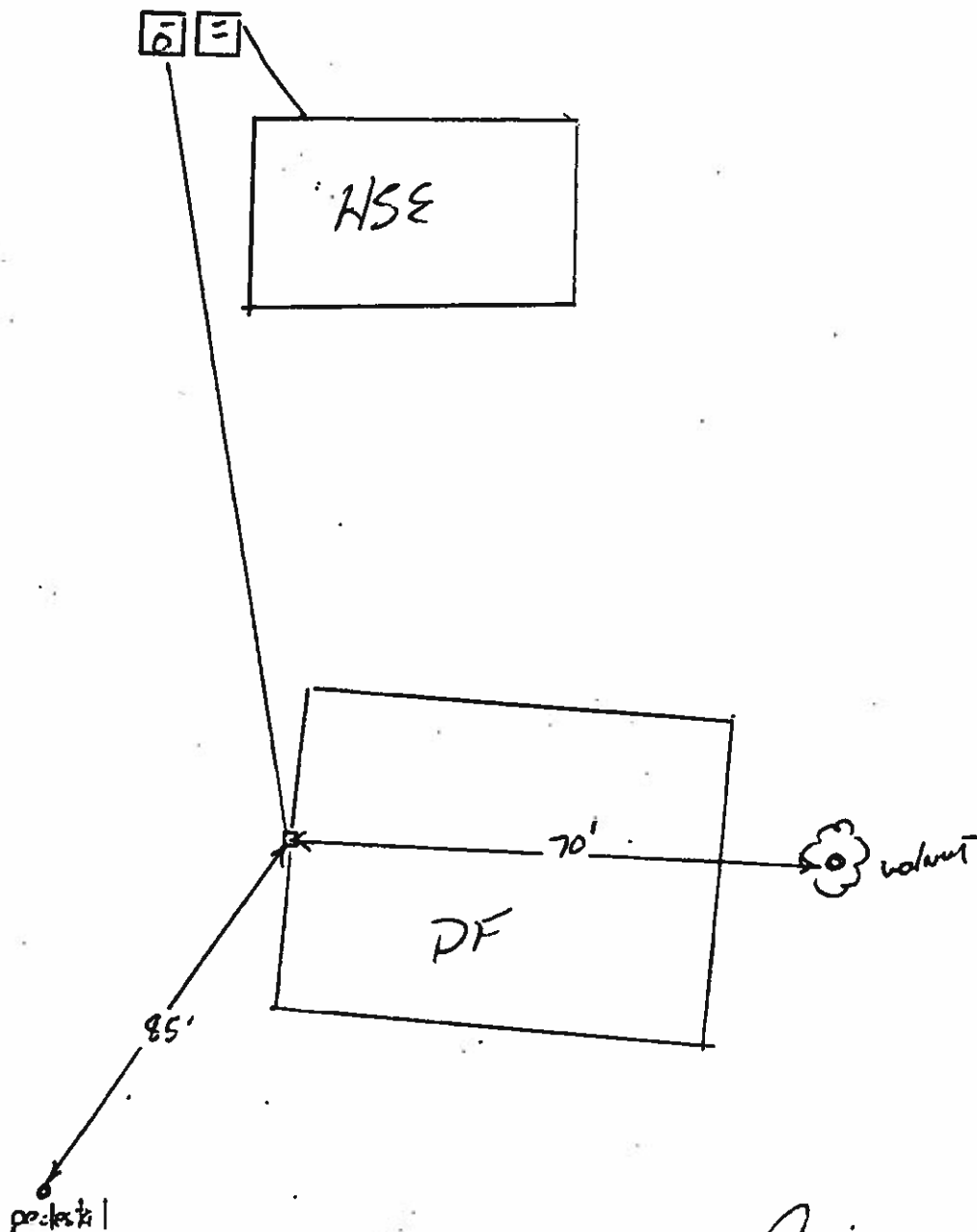
Reviewed by Date

Date

Supervisory Sanitarian

Regional Sanitarian

Schematic drawing of Sewage Disposal System to reflect actual installation. This does not change conditions as noted on original permit. The purpose is to provide a more factual representation of the system, as installed, for future reference.



~ NOT TO SCALE ~

7/20/98
DATE

John C. Myder
ENVIRONMENTAL HEALTH SPECIALIST

Soil Evaluation Form

Date February 26, 1996

FRANKLIN CO

133971044

Page 1 of 1

Health Department

Applicant SUNSHINE PARTNERSHIP

Telephone No. 721-8362

Address 750 NOVEMBER LN NW12, VA 24154

Location 122N L61K TO END ON RT

Subdivision Chestnut Pointe

Section _____

Lot 4

Slope 15% Depth to rock/impervious strata Max. _____ Min. 66" None _____

Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☐ _____ inches

Free water present No ☒ Yes ☐ _____ range in inches

Soil percolation rate estimated Yes ☒ No ☐ Texture group I 1D III IV
Estimated rate 45 min/inch

Name and title of evaluator: C. M. Allison, Jr.

VA Certified Professional Soil Scientist

C.M. Allison

| Hole # | Horizon | Depth (Inches) | Description of color, texture, etc. | Texture Group |
|--------|---------|----------------|--|---------------|
| A | A | 0-4 | Brown Loam | II |
| | B | 4-12 | Yellow Red Clay | IV |
| | B/C | 12-36 | Yellow Red Clay Loam - Light | III |
| | C1 | 36-66 | Yellow Red Loam | II |
| | C2 | 66-72 | Strong Brown Loam | II |
| B | A | 0-4 | Brown Loam | II |
| | B | 4-24 | Yellow Red Clay Loam | III |
| | C | 24-66 | Strong Brown to Olive Brown Loam | II |
| | | 66 | Rock | |
| C | A | 0-4 | Brown Loam | II |
| | B | 4-10 | Yellow Red Clay | IV |
| | B/C | 10-24 | Yellow Red Sandy Clay Loam | II |
| | C1 | 24-54 | Yellow Red & Strong Brown Loam Mottled Black* | II |
| | C2 | 54-66 | Strong Brown to Dark Olive & Black* Loam w/Few | II & III |
| | | | Yellow Red Clay Loam | |
| D | A | 0-4 | Brown Loam | II |
| | B | 4-24 | Yellow Red Clay Loam w/Basic Parent Rock Fragments | III |
| | B/C | 24-36 | Yellow Red Clay Loam - Light | III |
| | C | 36-72 | Brown Loam | II |
| | | | | |
| E | A | 0-4 | Brown Loam | II |
| | B | 4-36 | Red Clay Loam | III |
| | C | 36-72 | Brown to Dark Brown Loam | II |

Remarks:

- NO CHEMICAL TERMITE TREATMENT.
- (E) DUG W/ BACKHOE. *OK witness Backhoe*

Proposed Drainfield: 7.50' x 3' Lines 48" Deep

N/A Lines for Reserve

*Colors derived from parent material.

concrete

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number 133-97-1044

F.H.A. or V.A. Case Number
If Applicable

Date 3-1-99 Local Health Department Franklin Co

Owner SUNSHINE Partnership Address 750 NOVEMBER LN Phone 721-8362
WIRIE, VA 24184

Exact Location of Premises 122N 16th St and Rt

Subdivision Chest Pt Section/Block _____ Lot 4

Class of nonpublic drinking water well. 1) Class III A ☐
2) Class III B ☒
3) Class III C ☐
4) Other _____

Date of installation 7/30/98

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e. well log, etc.), so note.

1. Water well completion report filed as required by Sec. 2.18 Yes ☒ No ☐
2. Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations.

Building Sewer +50' Pretreatment Unit +50'
Conveyance System +50' Subsurface Soil Absorption System +50'
(nearest point). Property Line N/A Other _____

Site graded where necessary to divert water away from well? Yes ☐ No ☐ N/A ☒

3. Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).

Total depth of well 160 feet. Type of casing PVC
Depth of casing 60 feet. Diameter of casing 6" inches.
Casing extends inches above ground 12". Exterior space sealed with neat cement grout to a depth of 60 feet. Screens constructed of _____

free of rough edges and irregularities, with positive watertight seal between screen and casing?

Yes ☐ No ☐ N/A ☒ Well head and opening to the interior protected? Yes ☒ No ☐

Type of well seal LP6 Pitless adapter used? Yes ☐ No ☐ N/A ☐

Properly installed? Yes ☐ No ☐ N/A ☒ Proper venting? Yes ☐ No ☐ N/A ☒

4. Quantity: Yield and drawdown determined by continuous pumping of 12 hours. Drawdown 10 feet. Yield 50 GPM. Type of storage Pressure

5. Quality: Sample tap provided at entry into system? Yes ☒ No ☐ Samples(s) collected? Yes ☒
No ☐ Results of samples. Satisfactory ☒ Unsatisfactory ☐ (attach copy of results of this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply meets ☒ does not meet ☐ the requirements of the Private Well Regulations.

Remarks: _____

Date 3-1-99

Signed [Signature] Sanitarian

Date _____

Signed _____ Supervisory Sanitarian

Date _____

Signed _____ Regional Sanitarian (If V.A. or F.H.A.)

THIS FORM MUST BE RETURNED IN ORDER TO RECEIVE OPERATIONS PERMIT

(THE CORRECT I.D. NUMBER CORRESPONDS WITH PERMIT!)

Commonwealth of Virginia
Uniform Water Well Completion Report

133-97-1044

Owner Sunshine Partnership
Address _____
Phone _____
Location _____

Tax Map ID 15.6
VDH Permit _____
VWC Permit _____
VWC ID _____
County _____

• Well Data •

General Information
Drilling Method Air
Depth to Bedrock 60 ft.
Static Water Level 20 ft. from top
Well Disinfected (Y or N) _____

Date Completed 7/30/98
Yield 50 (GPM)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well 160 ft.
Length of Test 30 minutes
Natural Flow (Rate) _____
Amount Used _____

Casing
From top to 60 ft.
Size 6 in. Material plastic
Weight/Schedule 1 lb

From _____ to _____
Size _____ Material _____
Weight/Schedule _____

From _____ to _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack
From No to _____

From _____ to _____

From _____ to _____

Grout
From top to 60 ft.
Screen Size 10"
Type Benscal
Method pumped

From _____ to _____
Screen Size _____
Type _____
Method _____

From _____ to _____
Screen Size _____
Type _____
Method _____

Water Zones or Screened Intervals
From 130 ft. to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

• Use Data •

Private Well: _____
Public Well: _____

Domestic _____
Community _____

Agricultural _____
Non Community _____

Industrial _____

Monitoring _____

Remarks

Death

2

GARY L. ROBERTSON P. E.
721 STRAWBERRY BANKS DR.
MONETA, VA. 24121
540-721-3853

Mr. John Hyder
Franklin County Health Department
P. O. Box 249
Rocky Mount , Va. 24151

February 27, 1999

Dear Mr. Hyder:

I have inspected the sewer pump system for Lot 4, Chestnut
Pointe Subdivision (permit # 133-97-1044) and found it to be
in substantial compliance with the approved plans.

If you have any questions, please call.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Robertson", written over the word "Sincerely,".

Gary L. Robertson P. E.

FRANKLIN CO HD-ROCKY MOUNT
PO BOX 249
ROCKY MOUNT VA 24151
OFFICE PHONE: (540)484-0292
FIN: 546001775
FOR: FRANKLIN COUNTY EH NEW ONE HEALTH
DEPARTMENT
CLIENT'S ACCOUNT #: 136703734

CLIENT STATEMENT/RECEIPT

STATEMENT DATE: 04/13/2022
SHOW AMOUNT
PAID HERE \$ _____
BALANCE DUE \$0.00

FRANKLIN COUNTY EH NEW ONE HEALTH
DEPARTMENT
365 PELL AVE
ROCKY MOUNT VA 24151

RETURN THIS PORTION WITH PAYMENT

| | | District | | | Prev.Balance |
|------------|------|-------------------------|--|--------------|--------------|
| | | | | | \$0.00 |
| | | | TOTAL PREVIOUS BALANCE | | \$0.00 |
| DATE | SITE | EXPLANATION OF ACTIVITY | CHARGE | PAY/ADJ AMT. | |
| 04/13/2022 | 067A | PAYMENT | | -\$5.00 | |
| | | TRNX TYPE: CHARGE | REC No: 06745651 | | |
| 04/13/2022 | 067A | PAGE | COPYING CHARGE - PER PAGE - UP TO 50 PAGES | \$5.00 | |
| | | NEW BALANCE | | \$0.00 | |

CHARGES AND PAYMENTS ARE INCLUDED THROUGH 04/13/2022. IF YOU HAVE SUBMITTED A PAYMENT AFTER 04/13/2022, IT IS NOT REFLECTED ON THIS BILL.

FRANKLIN COUNTY HEALTH D
365 PELL AVE
ROCKY MOUNT, VA. 24151
276-638-2311

SALE

Batch #: 07
04/13/22
REF#: 00000003
APPR CODE: 091831
Trace: 3
VISA
*****3040
Manual CNP
/

AMOUNT \$5.00

APPROVED

THANK YOU

CUSTOMER COPY

SHOULD YOUR ACCOUNTS BECOME OVERDUE THE HEALTH DEPARTMENT MAY ASSESS INTEREST, A LATE PENALTY, ADMINISTRATIVE COSTS AND COLLECTION FEES, WHERE APPLICABLE, FOR WHICH THE CLIENT OR THE RESPONSIBLE PARTY WILL BE HELD LIABLE. COLLECTION EFFORTS MAY INCLUDE, BUT ARE NOT LIMITED TO REPORTING THE ACCOUNT TO THE CREDIT BUREAU, SUBMISSION TO A PRIVATE COLLECTION AGENCY, THE DEPARTMENT OF TAXATION'S SET-OFF-DEBT PROGRAM AND/OR SUBMISSION TO THE ATTORNEY GENERAL'S OFFICE. RETURN CHECK CHARGES MAY BE ADDED. PAYMENTS MAY BE MADE AT ANY LOCAL HEALTH DEPARTMENT IN THE STATE.



(540) 483-1457 aaasepticva.com

LIFT STATION INSPECTION REPORT*

Inspection Completed by: _____

Inspection Date: _____

Report Prepared for: _____

Location: _____

Reason Requested: _____

System Type: ☐ Pump Back System ☐ Other: _____

(This report contains information specific to the pump tank only. Additional inspections are available, if requested.)

Conditions at the Tank: Presence of odor within 10ft perimeter of system: ☐ None ☐ Mild ☐ Strong

Source of odor, if present: _____

Tank Description: Material: ☐ Concrete ☐ Fiberglass ☐ Plastic Capacity: _____ gal

Surface area: _____ sq. ft. Operational depth: _____ inches Gallons per inch: _____ GPI

Tank Information: Tank Located: ☐ Yes ☐ No Location Description: _____

Access Type and Point of Entry:

☐ Riser at tank ☐ Inlet ☐ Outlet ☐ Center

☐ Concrete lid at tank ☐ Inlet ☐ Outlet ☐ Center

☐ Inspection Port at tank ☐ Inlet ☐ Outlet ☐ Center

Lid securely fastened? ☐ Yes ☐ No

Evidence of infiltration in access? ☐ Yes ☐ No ☐ N/A

Located at grade: ☐ Yes ☐ No If no, how deep? _____

Located at grade: ☐ Yes ☐ No If no, how deep? _____

Lid in operable condition? ☐ Yes ☐ No

Notes: _____

Alarm (s): Alarms activated? Yes No Audio alarm operational? Yes No N/A

Visual alarm operational? Yes No N/A Remote telemetry operational? Yes No N/A

Electronic monitoring operational? Yes No N/A

Current Tank Operating Conditions: Liquid level relative to bottom of tank: _____ inches

Maximum liquid level of tank: _____ inches Height at which alarm is activated: _____ inches

Evidence that liquid level has been higher than alarm activation level? ☐ Yes ☐ No

Evidence liquid has leaked from tank? ☐ Yes ☐ No Evidence of continuous flow? ☐ Yes ☐ No

Pump: Pump under access? ☐ Yes ☐ No Pull chain or rope present? ☐ Yes ☐ No ☐ N/A

Conveyance Assembly: Filters present? ☐ Yes ☐ No Location: _____

Backflow prevention (check valve) present? ☐ Yes ☐ No Location: _____

Air release located below check valve? ☐ Yes ☐ No Location: _____

Quick disconnect present? ☐ Yes ☐ No Location: _____

Shut-off valve present? ☐ Yes ☐ No Location: _____

Notes: _____

*This report is being submitted based on a visual inspection of the septic system for informational purposes only. This report does not warranty or guarantee that the septic system is in operating condition. In accepting this report the above named party and all parties involved specifically agree to exonerate AAA Septic from all claims, demands, damages, actions, and causes of action in law or in equity, of whatsoever kind or nature.



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LIFT STATION INSPECTION REPORT*

Location:

(continued)

Electrical Components: Located in tank? ☐ Yes ☐ No Located in watertight junction box? ☐ Yes ☐ No
Watertight splice? ☐ Yes ☐ No Rust/Corrosion on wiring? ☐ Yes ☐ No
Direct bury wire? ☐ Yes ☐ No Appear to be in conduit? ☐ Yes ☐ No

Notes: _____

Solids Accumulation: Present in Tank? ☐ Yes ☐ No Tank Pumping Recommended? ☐ Yes ☐ No

Tank Structural condition: Root Intrusion? ☐ Yes ☐ No
Appears to be watertight (no visual leaks)? ☐ Yes ☐ No Cracks present? ☐ Yes ☐ No
Corrosion present? ☐ Yes ☐ No Spauling present?: ☐ Yes ☐ No Rebar exposed? ☐ Yes ☐ No

Screen (s): N/A Type of screen: ☐ Vault with basket ☐ Vault with filter ☐ In-line screen

PUMP OPERATIONAL CHECKLIST:

Controls: Type: ☐ Piggy back ☐ Control panel Controls operating properly? ☐ Yes ☐ No
Is enclosure watertight? ☐ Yes ☐ No Alarm test switch working properly? ☐ Yes ☐ No
At time of inspection, control switch (HAND-OFF-AUTO) was set at: ☐ Hand/Manual ☐ Auto ☐ Off

Pump: Pump Operating Properly? ☐ Yes ☐ No Type of Pump: ☐ Multi-stage ☐ Single-stage
Amp measured: _____ amps Volts measured: _____ volts Pump turns on/turns off? ☐ Yes ☐ No
Pump HP: _____ Pump head: PSI _____ ☐ High head ☐ Head

Water Level Sensors: Type of sensor: ☐ Floats ☐ Other _____ Number of floats/sensors: _____
Pump ON float switch functioning properly? ☐ Yes ☐ No
Pump OFF float switch functioning properly? ☐ Yes ☐ No ☐ N/A
Alarm float switch operating both audible and visible? ☐ Yes ☐ No
Additional floats/sensors: _____

Inspection Comments/Recommendations:

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Concept Plan



Concept Plan



