



HDID# 108-07-002

Tm# 66-12F

COMMONWEALTH OF VIRGINIA
Central Shenandoah Health District
Bath County Health Department

P.O. Box 120

Warm Springs, VA 24484

IN COOPERATION WITH THE STATE
DEPARTMENT OF HEALTH

TELEPHONE NO
540-839-7248
FAX 540-839-2964

November 7, 2007

Earl Cauley
5405 Cove Road
Roanoke VA 24019

Ref: Private water supply well, Permit ID# 108-07-0024

Dear Mr. Cauley:

Enclosed you will find your Sewage Disposal System Operation Permit for your property located along Indian Draft Road near Millboro. During today's inspection of your sewage system I did not see where the well had been installed. Therefore, information needed to complete your file and issue your well inspection report/approval for use has not been received. To complete your file for the private water supply well we need a copy of a good bacteriological water test report and a well completion report from your well driller.

Your well will be considered incomplete until the needed information is received. If you have any questions I may be reached through the Bath County Health Department at 540-839-7246.

Sincerely

John Burch

Environmental Health Specialist

Bath and Highland County Health Departments

Encl
D.P.
list of blocks



Bath County Health Department
P. O. Box 120
Warm Springs, Virginia 24484
(540) 839-7246 Voice
(540) 839-2964 Fax

Sewage Disposal System Operation Permit

Property Owner

Earl Cauley
5405 Cove Road
Roanoke, Virginia 24019
Phone: (540) 562-3165

Health Dept. ID: **145-07-0024**
Tax Map: **66-12 part**

Locality: Bath

Property Location

Property Address: Indian Draft Road
Millboro, Virginia 24460

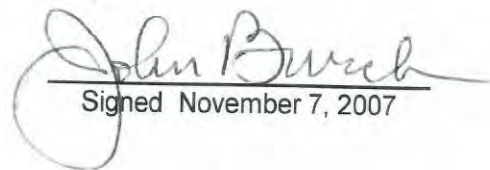
Directions:

Earl Cauley is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location, having a design capacity of **300** gallons per day, or **2** bedrooms 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.

November 7, 2007
Effective Date

John Burch
EHS


Signed November 7, 2007

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 108-07-0024

Health Department

Name of Company/Corporation/Individual: B+H Excavating

Address: P.O. Box 1004, Hot Springs, Va Telephone: 540-839-2107

Owner's Name Earl W. Cowley

Owner's Address 5405 Cove Road, Roanoke, Va 24019

Location of Installation: Lot Indian Rope Rd Block _____

Section: _____ Subdivision: _____

Other: _____

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

11-7-07
Date

B+H Excavating
Josee [Signature] - Owner
Signature and Title



VIRGINIA WARRANTY, NOTICE OF SUBSTITUTION AND WAIVER OF LIABILITY

To be used when VDH has issued a permit for a gravel-type drainfield system and the Owner elects to install a Substituted System.

County/City of: Bath Sewage Disposal System Construction Permit ID # 108-07-0024
Tax Map # 66-12 F or property description: Indian Drift Rd
Owner: EARL W. Cowley Date: 11-07-07

LIMITED FIVE YEAR WARRANTY

- (a) Infiltrator Systems Inc. (the "Company") warrants that the Infiltrator chambers, end plates and turn units manufactured by the Company (collectively, the "Units"), when installed and operated in accordance with the manufacturer's instructions and the current Virginia Department of Health GMP 116, Use of Gravelless Systems at Manufacturer's Specifications, and pursuant to all necessary building permits, are warranted for a period of five (5) years from the date of installation (i) to be free from defective materials and workmanship; and (ii) to perform in accordance with the state performance requirements in effect on the date of installation. This warranty extends only to the property owner. For purposes of this warranty, the Infiltrator Units must be installed in accordance with all site conditions specified in the Local Health Department Construction Permit and sized according to the Company's specifications.
- (b) System failures determined to be due to improper siting, excessive water usage, improper grease disposal, improper installation, improper operation, or improper maintenance are not part of this warranty.

Upon notification of a system failure, the Company may, at its option, perform or have performed certain tests to determine the cause of failure. A registered soil scientist or professional engineer may be used to evaluate the soil conditions and compare those conditions with any original evaluation, which may appear on the permit.

In order to exercise these warranty rights, the property owner must notify the Company in writing at its corporate headquarters within 15 days of discovery of the alleged defect. The notice shall be accompanied by (i) a copy of the warranty which is signed and dated by the installer and the property owner as set forth below; (ii) a copy of the appropriate permit for the septic system; and (iii) proof to the Company's satisfaction that the septic tank has been maintained in accordance with the Company's operating instructions. In the event of a breach of warranty due to a failure of the trench, the Company will provide and install Infiltrator Units as necessary to extend the size of the trench to provide a fully functional wastewater system. The Company will not be responsible for pumps and any other necessary mechanical devices needed to extend the trench.

- (c) THE WARRANTY IN SUBPARAGRAPH (a) AND THE REMEDIES IN SUBPARAGRAPH (b) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES. ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE SHALL NOT EXTEND BEYOND THE PERIOD IN SUBPARAGRAPH (a). THE WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL, OR INDIRECT DAMAGES. THE COMPANY SHALL NOT BE LIABLE FOR PENALTIES OR LIQUIDATED DAMAGES, LOSS OF PRODUCTION AND PROFITS, LABOR AND MATERIALS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE. SPECIFICALLY EXCLUDED ARE DAMAGE DUE TO ORDINARY WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE, OR NEGLIGENCE; THE UNITS BEING SUBJECTED TO STRESSES OR VEHICLE TRAFFIC GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS OR OPERATION INSTRUCTIONS; FAILURE TO MAINTAIN THE MINIMUM GROUND COVERS SET FORTH IN THE OPERATION INSTRUCTIONS; THE PLACEMENT OF IMPROPER MATERIALS INTO THE SYSTEM; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY. THIS WARRANTY SHALL BE VOID IF THE PROPERTY OWNER FAILS TO COMPLY WITH ALL OF THE TERMS SET FORTH IN SUBPARAGRAPH (b).

FURTHERMORE, IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE PROPERTY OWNER, THE UNITS, OR ANY THIRD PARTY RESULTING FROM THE INSTALLATION OR SHIPMENT OF THE UNITS, OR FROM ANY PRODUCT LIABILITY CLAIMS OF THE ORIGINAL PROPERTY OWNER OR ANY THIRD PARTY. THE COMPANY SHALL NOT BE RESPONSIBLE FOR ENSURING THAT INSTALLATION OF THE SYSTEM IS COMPLETED IN ACCORDANCE WITH ALL APPLICABLE LAWS, CODES, RULES, AND REGULATIONS.

- (d) No representative of the Company has the authority to change this warranty in any manner whatsoever, or to extend this warranty. No warranty applies to any party other than

This is to notify the Virginia Department of Health ("VDH") that an Infiltrator Cruck 4 ("Substituted System") will be substituted for the gravel-type drainfield system specified on the above-referenced sewage disposal system construction permit.

I understand that the Substituted System is not the system designed by the Beth County/City Health Department. The Substituted System, however, is authorized for use in the Commonwealth of Virginia pursuant to VDH's Guidance Memoranda and Policy (GMP) #116. I further understand that the Substituted System is covered by a manufacturer's warranty and that such a warranty is not available for the system prescribed by the County/City Health Department in the above referenced permit.

I understand that, regardless of whether the Substituted System or the gravel-type drainfield system is installed, the Commonwealth of Virginia requires that the owner maintain and preserve the entire approved absorption area (including reserve area where applicable) that was required by the permit. This condition is intended to assure that any absorption area that is not used will be available in the future should it become necessary to repair or replace the System. I hereby agree that I will maintain and preserve the entire absorption area as required.

WAIVER

As OWNER of the property described above and subject to the exception described below, I hereby release and agree to hold harmless the Virginia Department of Health and the Commonwealth of Virginia, including, without limitation, any and all of its agencies, boards, and commissions, their insurer(s), officers, directors, employees, representatives, and agents [hereafter referred to as the "COMMONWEALTH OF VIRGINIA"], from any and all claims, complaints, demands, actions, causes of action, liabilities and obligations, of whatever source or nature, whether administrative, legal or equitable, whether known or unknown, which the OWNER now has or has in the future relating to or arising out of the installation of the Substituted System including, without limitation, any and all claims due to the failure of any person to comply with federal, state, or local laws or regulations, claims under the Virginia Tort Claims Act, the Virginia Constitution, the United States Constitution and amendments thereto, or under common law.

I understand that the COMMONWEALTH OF VIRGINIA does not warrant in any way the performance of any System and that the manufacturer's warranty is the sole remedy available to me with respect to any performance deficiency associated with a Substituted System. Furthermore, I agree to first seek and exhaust any and all remedies under the manufacturer's warranty before applying for indemnification under the Onsite Sewage Indemnification Fund.

EXCEPTION- Onsite Sewage Indemnification Fund: I do not release the COMMONWEALTH OF VIRGINIA from any liabilities, claims, or causes of action provided under § 32.1-164.1:01 of the Code of Virginia (Onsite Sewage Indemnification Fund). I acknowledge and affirm that the Onsite Sewage Indemnification Fund shall be the sole remedy for failure of the Substituted System where such failure results from negligence on the part of VDH. I also acknowledge and affirm that the Virginia Department of Health's authorization of the Substituted System pursuant to GMP #116 shall not constitute an act of negligence pursuant to § 32.1-164.1:01 of the Code of Virginia.

This agreement shall be binding upon all subsequent owners of this property including any and all HEIRS, SUCCESSORS, and ASSIGNS.

ACKNOWLEDGEMENT

I acknowledge that I have read this **WARRANTY, NOTICE OF SUBSTITUTION, and WAIVER** and that I understand their terms. I also understand that there is no warranty if I do not comply with all of the above steps or if the system is not installed or maintained properly. I acknowledge to the Company that this warranty is part of my original agreement to purchase the septic system and that the warranty and its limitations were provided to me at the time of purchase."

P.O. Box 1004 Wet Spring Ln EARL W CAULEY
Address of Installation 24445 Name (print) and Address of Property Owner
5405 Cove Road
ROANOK, VA 24019 11-07-07
Signature Earl Cauley Date 11-7-07

I acknowledge to the Company and the homeowner that the septic system and the Infiltrator Units have been installed in accordance with GMP 116; the installation instructions of the Company and in accordance with all state trench requirements and other applicable laws.

B+N Excavating B+N EXCAVATING
Business Name of Installer Name (print)
Jose Ferrer 11-07-07
Signature Date

Infiltrator Systems Inc. • 6 Business Park Road • Old Saybrook, CT 06475 • 800-221-4436 • 860-577-7000 • Fax 860-577-7001 • www.infiltratorsystems.com

White Copy: Department of Health

Yellow Copy: System Owner

Pink Copy: Installer

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification Number
Map Reference

Bath County Health Department

108-07-0024
66-12F

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 Earl W. Cauley Telephone _____
 Address 5405 Cove Road, Roanoke VA 24019 For a Type I Sewage Disposal System or Well to be constructed on/at Indian Draft Road Rt 678, About 3.2 miles off Rt 39, West Side
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use 300 GPD

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III-B</u> cased <u>50 min.</u> grouted <u>50 min.</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>3" or 4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>Stubbed out from septic tank</u>
Septic tank: Capacity <u>750</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC Schedule 40, <u>4"</u> tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>N/A</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>12</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>Substituted Sys.</u>
Absorption trenches: Square ft. required <u>900</u> ; depth from ground surface to bottom of trench <u>18"</u> ; aggregate size <u>1/2"-1 1/2"</u> ; Trench bottom slope <u>2-3" in 50'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>50'</u> ; Number of trenches <u>6</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>Substituted Sys.</u> Date <u>11-7-07</u> Inspected and approved by: <u>John [Signature]</u> Sanitarian

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification Number
Map Reference

Bath County Health Department

108-07-0024
66-12F

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 Earl W. Cautley Telephone _____
 Address 5405 Cove Road, Roanoke VA 24019 For a Type I Sewage Disposal System or Well to be constructed on/at Indian Draft Road Rt 678, About 3.2 miles off Rt 39, West Side
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use 300 GPD

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III-B</u> cased <u>50 min.</u> grouted <u>50 min.</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>3" or 4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>Stubbed out from septic tank</u>
Septic tank: Capacity <u>750</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC Schedule 40, <u>4"</u> tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>N/A</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>12</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	Header lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>Substituted Sys.</u>
Absorption trenches: Square ft. required <u>900</u> ; depth from ground surface to bottom of trench <u>18"</u> ; aggregate size <u>1.5"-1.5"</u> ; Trench bottom slope <u>2-3" in 50'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>50'</u> ; Number of trenches <u>6</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>Substituted Sys.</u>
	Date <u>11-7-07</u> Inspected and approved by: <u>John B. [Signature]</u> Sanitarian

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.

Water Well

Install:

CLASS III-B WELL

50' of casing Minimum

50' of Grout Minimum

Sewage Disposal System

Install:

SCH 40 PVC Cleanout at or near house foundation

(1) 750 Gallon precast concrete septic tank (750 Gallon Minimum size)

(1) 12-port precast concrete Distribution box

(4) 3'x50' Drains on 9' centers - minimum and on contour with slope

Drainline trench bottom depth 18"

This sewage disposal system and/or water supply is to be constructed as specified by the permit or attached plans and specifications _____.

This sewage disposal system and/or well 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: 7-18-07 Issued by: John Bursel
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction Permit Valid until
1-18-2009

If FHA or VA financing

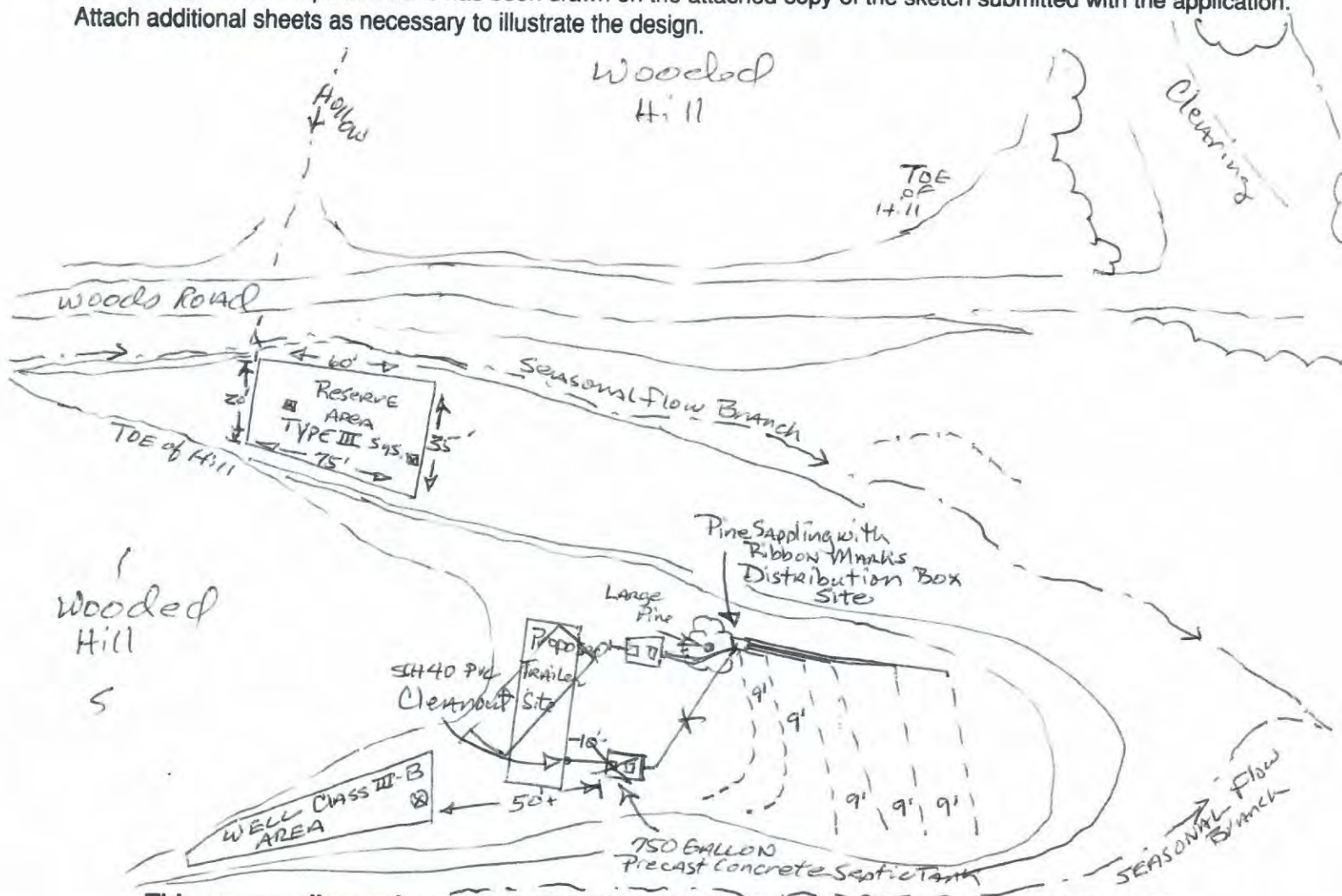
Reviewed by Date _____ Date _____

NOTE: Drawing is not to scale

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.



This sewage disposal system and/or water supply is to be constructed as specified by the permit ~~X~~ or attached plans and specifications.

This sewage disposal system and/or well 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: 7-18-07 Issued by: John Burch Sanitarian
 Date: _____ Reviewed by: _____ Supervisory Sanitarian

This Construction Permit Valid until
1-18-2009

If FHA or VA financing

Reviewed by Date _____ Date _____

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

22332082 Health Department ID 108-07-0024
 \$190.00
 6-28-07

To Be Completed By The Applicant

Type of Sewage system: New Repair Expanded Conditional
 FHA/VA yes no Case No. _____

Owner Earl W. Cauley Jr. Address 5405 COVERD Phone 540-562 3165
Roanoke VA 24019

Agent _____ Address _____ Phone _____

Directions of Property _____

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property _____

Other Application Information

I. Building/facility New Existing
 Intermittent Use Yes No If yes, describe _____

II. Residential Use Yes No
 Termite Treatment Yes No
 Single Family Multi-family
 (Number of Bedrooms 3) (Number of Units _____)

Basement Yes No
 Fixtures in Basement Yes No
Can only approve ZBR.

III. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No
 Number of Patrons _____
 Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: Public New Existing
 Private New Existing

Describe: _____

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Earl W. Cauley Jr.
 Signature of Owner/Agent

6-10-07
 Date