

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date _____ Case No. _____

Owner WOODCOCK, JAMES BRIAN Address Unionville, Va. Phone _____
(Mailing Address)

Occupant Same Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Rt. 20 E. to Mine Run Rd. Rt. on St. Just Road - Rt. on 619 1st house on left.
(Subdivision, Street or Road Name, Section or Lot No.)

SEC-49-65

WATER SUPPLY INSPECTION

Installed according to Permit Design Yes No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

- | | |
|--|--|
| <p>(1) LOCATION
 Allotted Area adequate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Distance from nearest lot lines _____ feet. Trees _____ feet.
 Water Supplies <u>700</u> feet. Buildings <u>30</u> feet. <i>W/Back</i></p> <p>(2) INSTALLATION AND DESIGN
 Installed according to Permit Design <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 Have additional Household Appliances been added NOT on Permit: <input type="checkbox"/> Automatic Washer <input checked="" type="checkbox"/> Garbage Disposal
 <input type="checkbox"/> Other _____
 <small>(Describe)</small></p> <p>(3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, show adjustments required under "Remarks" below.</p> <p>(4) HOUSE SEWER LINE
 Installed <input type="checkbox"/> Yes <input type="checkbox"/> No. Type of material <u>CAST IRON</u> Size <u>4</u> Inches.</p> <p>(5) SEPTIC TANK
 Constructed of <u>Concrete</u>
 <small>(Kind of Material)</small>
 Inside Dimensions Length <u>8</u> feet. Width <u>4</u> feet.
 Liquid Depth <u>4</u> feet. Depth of Air Space <u>17</u> inches.
 Inside Fittings comply with requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.</p> | <p>(6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Distribution Box provided with <u>3</u> extra outlets for future use.
 <small>(Number)</small></p> <p>(7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches <u>800</u> square feet.
 Number of ditches <u>4</u> Length of ditches <u>100</u> feet.
 Grade of ditches Minimum <u>3</u> Inches per 100 feet.
 Maximum <u>5</u> inches per 100 feet. Has system been checked by instruments (Level) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
 Type aggregate used <u>Crushed Stone</u>
 Depth of aggregate under Tile <u>6</u> inches
 Total depth of aggregate <u>12 1/2</u> inches
 Depth of backfill over aggregate <u>18 to 24</u> inches</p> <p>(8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Was Surface Drainage required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, has this been provided <input type="checkbox"/> Yes <input type="checkbox"/> No. Has area been drained by lowering Ground Water Table: <input type="checkbox"/> Yes <input type="checkbox"/> No. <input checked="" type="checkbox"/> Not required.</p> <p>(9) Are follow-up inspections necessary <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.</p> |
|--|--|

Septic Tank Contractor: Robt. Rhoades Address Locust Grove Phone _____

This Sewage Disposal System (Is) (Is Not) Approved by ORANGE CO Health Department.

Date 7/15/56 Signed Richard W. Ward Date _____ Approved _____
(Sanitarian) (Health Director)

Date _____ Approved _____ Date _____ Approved _____
(Advisory Sanitarian) (Reviewing Authority - Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

**PERMIT TO INSTALL OR REPAIR
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS
(VOID AFTER TWELVE (12) MONTHS)**

Date 8/1/66 Case No. _____

Owner Mr James Brian Woodcock Address Unionville, Va Phone _____
(Mailing Address)

Occupant Same Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Rt #20-E to Mide Run Rd. Rt on St Just Road - Rt on 619 - 1st House on left
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

<input checked="" type="checkbox"/> INSTALL	<input type="checkbox"/> REPAIR	FOR
<input type="checkbox"/> Water Supply System	<input type="checkbox"/> Water Supply System	<input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Other _____
<input type="checkbox"/> Sewage Disposal System	<input type="checkbox"/> Sewage Disposal System	Actual or potential Bedrooms <u>3</u> Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine _____
<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Septic Tank	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Garbage Disposal unit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Department recommends _____		Additional wastes _____

DETAILS OF RECOMMENDED SYSTEMS

(1) WATER SUPPLY Location to be approved by Sanitarian. Type
 Drilled Well Driven Well Bored Well Dug Well
 Other _____ Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

(2) SOIL STUDY Naturally drained, suitable by sight Yes No
Technical Classification _____
Rough Classification Sandy Medium Clay Pipe Clay. Percolation Test required Yes No. Rate _____ Minutes per inch. Depth of Water Table _____ feet (Estimated)

Surface drainage required Yes No. Area Drainage by Lowering Ground Water Table required Yes No

(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of
Concrete Inside Dimensions Length 8 feet.
(Kind of Material)

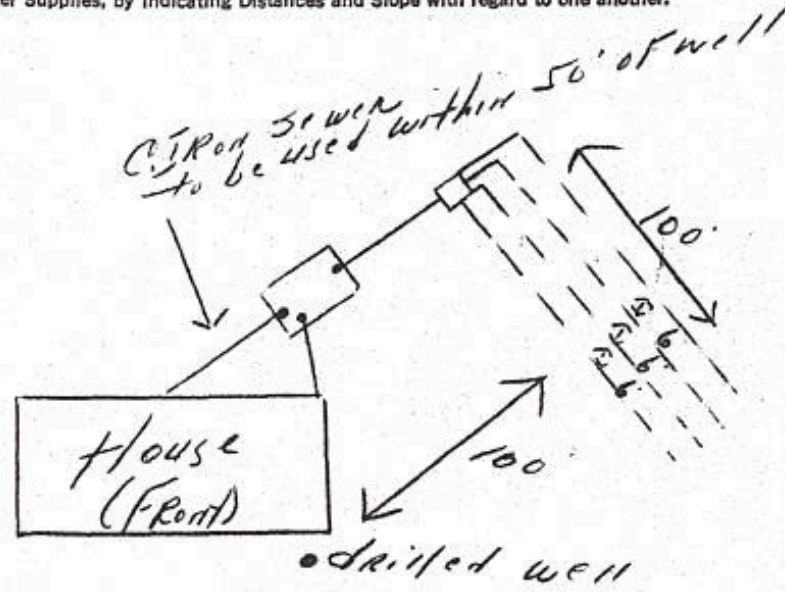
Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 1000 gallons.

(4) HOUSE SEWER LINE Size 4 inches. Type of material required cased Distance from Water Supply 40 feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. Number of square feet required 800 Type aggregate required Broken Stone Gravel Slag. Size range from 1/2 inches to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 13 inches or more. Soil Cover over tile not to exceed 24 inches. Distance from well to septic tank 60 feet; distance from well to drain tile field 100 feet.

Rough Sketch of Premises (Including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



Note: Owner or his agent must notify Orange Co Health Department, Phone 7582 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued 8/1/66 Richard D. [Signature]

Sec 49-65



Orange County Health Department
128 W Main Street, Suite A
Orange, Virginia 22960
(540) 672-0223 Voice
(540) 672-1093 Fax

Private Well Construction Permit

January 05, 2017

Tax Map/ GPIN #: 49-52B

HDID #: 137-16-178

Property Address: 27600 Sunnyside Rd
Unionville, VA
22567

Owner Name: James Woodcock

Mailing Address: 28183 Sunnyside Rd
Unionville, VA 22567

Directions: Rt 20 E to Mine Run Rd, right on St Just Rd, Right on Rt 619, 1st house on left
Subdivision: Section 49, Lot 52B

The attached drawings and below specifications constitute your permit to install a private well on the property referenced above. This 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 attached construction drawings and specifications. VDH may revoke or modify any permit if, at a later date, it finds that the site conditions, well location, and/or design do not substantially comply with the Private Well Regulations, *12 VAC 5-630-10 et seq.*, or if the well would threaten public health or the environment. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this private well. The landowner is responsible at all times for complying with all applicable local, state, and federal laws and regulations, and for ensuring that the water well is properly located on the landowner's property and in the approved area indicated on the attached schematic.

Your private well must be inspected by a representative of the local health department. Your private well may not be placed into operation until you have obtained a Record of this Inspection (ROI) from the Orange County Health Department.

Before you can obtain your ROI, you must provide the Health Department with a complete Water Well Completion Statement /GW-2 from your well driller.

Well Purpose: Agricultural

Well Class: Class IV

Distance from Building Sewer: >50'

Distance from Septic/Pretreatment Tank: >50'

Distance from Conveyance System: >50'

Distance from Absorption Area: >100'

Other Comments:

Minimum Casing Depth: 20'

Minimum Grout Depth: 20'

THIS PERMIT EXPIRES: July 06, 2021 and is not transferable to another owner or location.

Issued by: Julie F. Kerrigan
Julie Kerrigan, Environmental Health Specialist, Sr.

Date: 1-5-17

Attachments: Well Permit Drawing

137-16-178

Construction Drawing

Tax Map # 49-52B

