



Madison County
Health Department
410 North Main Street
PO Box 67
Madison, Virginia
22727
(540) 948-5481 Voice
(540) 948-3841 Fax

33-34B

Private Well Construction Permit
Health Department ID Number: SD-14-43

Owner Information		Phone: (540) 543-2107
Harris, William E. 317 Lone Mt Lane BRIGHTWOOD, VA 22715		

Location Information			
Directions:			
Property Address:	317 Lone Mt Lane	Tax Map:	33-34B
County:	Madison	GPIN:	
Subdivision Name:			
Section - Block - Lot -			

General Information		
Well Class:	Minimum Casing Depth:	Minimum Grout Depth:
Class IIIC	20	20

Comments:

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit 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.

Owner Information

Harris, William E.
317 Lone Mt Lane
BRIGHTWOOD, VA 22715

Phone: (540) 543-2107
HDID #: SD-14-43

Construction Drawing

Scale drawing of the well site and related features.

This Permt iis to install 4 inch PVC liner Casing inside of the existing Steel Casing. the existing steel casing is deteriorating and discoloring the water

Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.

Site Evaluation Conducted By:

Dwayne Dixon



Issued by: Dwayne Dixon
Environmental Health Specialist

May 15, 2014
Issue Date

November 13, 2018
Expiration Date

Tax Map #: 33-34B

HDID#: SD-14-43

**WHAT YOU WILL NEED TO GET YOUR
RECORD OF INSPECTION FOR THE PRIVATE WELL**

- Health Department's Well Construction Inspection and approval (LHD must inspect AOSE permitted wells)
 - Well Driller's Uniform Water Well Completion Statement or GW-2
 - Water Sample test results negative/satisfactory for coliform bacteria
-

It is important that you obtain your Record of Inspection, as it is a requirement of the *Private Well Regulations*. Please allow several business days after the last piece of documentation is received for the Record of Inspection to be issued. To avoid delays, clearly label each piece of documentation with the property reference (Tax Map or GPIN number) and HDID number shown above and on your construction permit. For new construction, your Record of Inspection, once issued, must also be provided to the local Building Official.

If you have any questions about any of the items on this list, please do not hesitate to contact the **Madison County Health Department at (540) 948-5481.**

Commonwealth of Virginia

Application for: ☐ Sewage System ☒ Water Supply

VDH Use Only
Health Department ID# <u>SD-14-43</u>
Due Date _____

Owner WILLIAM E. HARRIS
Mailing Address 317 LONE MTN. LANE
BRIGHTWOOD, VA. 22715
Agent _____
Mailing Address _____
Site Address SAME

Phone 540-543-2107
Phone _____
Fax _____
Phone _____
Phone _____
Fax _____
Email _____

Directions to Property: OFF RT. 710
Subdivision _____ Section _____ Block _____ Lot _____
Tax Map 33-34B Other Property Identification _____ Dimension/Acreage of Property 18

Sewage System (New Construction)

Construction permits are valid for 18-months. Owners are advised to apply for a construction permit if they intend to build within 18 months of completing this application. Certification letters do not expire, may be recorded in the land records, and transfer with a property sale. For which are you applying? ☐ Certification Letter ☐ Construction Permit

Sewage System (Existing Construction)

Check all that apply: ☐ Repair ☐ Modification ☐ Expansion ☐ Replacement ☐ Upgrade

Do you wish to apply for a betterment loan? _____ If yes, there is a \$50.00 fee for a betterment loan determination and you must complete the application addendum for betterment loans..

Sewage System (New or Existing Construction)

☒ Single Family Home (Number of Bedrooms 3) ☐ Multi-Family Dwelling (Total Number of Bedrooms _____)

☐ Other (describe) _____

Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one) Fixtures in Basement? Yes/No (circle one).

Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of seasonal use ☐ Seasonal or temporary use not to exceed 1 year

Water Supply

Will the water supply be Public or Private (circle one). Is the water supply Existing or Proposed (circle one).

If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).

Will any buildings within 50' of the proposed well be termite treated? Yes/No (circle one).

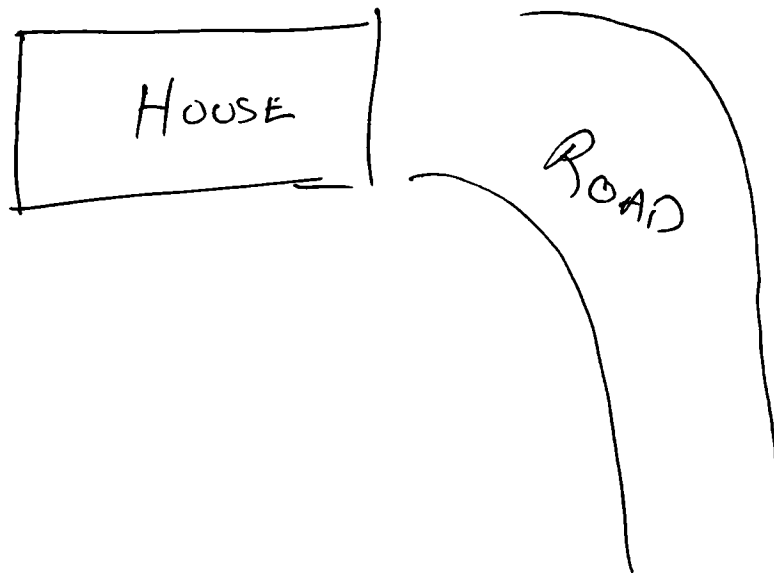
Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

William E. Harris
Signature of Owner/Agent

5-14-14
Date

Q WELL



TAG SHEET

SD- 14-43NAME: William E. Harris TAX MAP ID. 33-34B*well
Modification*Application For: Construction Permit _____
Certification Letter _____OFFICE SUPPORT

Application Received:

DATE
5-14-14

INITIALS

OS

Fee: Amount Collected:

N/AOS

Receipt Number:

N/A

Application Reviewed:

Applicant Given Site

Evaluation Info Sheet:

Application Entered into VENIS:

Assigned To EHS: _____

ENVIRONMENTAL SPECIALIST

Site Visit Scheduled:

5-14-14DD

Applicant Reminded of Site

Preparation Requirements:

Initial Site Visit Made:

Level I AOSE Review

5-15-14DD

Application Deactivated:

Purpose:

Administrative Denial Issued:

Revised AOSE Report Received

Reactivation:

Follow Up Visit:

Follow Up Visit:

Follow Up Visit:

Data Entry into VENIS

5-15-14DD

Issue/Deny Drafted:

5-15-14DD

Issue/Deny Reviewed:

Issue/Deny Countersigned:

Issue/Deny Sent to Applicant:

Mark One: Mailed _____ Faxed _____ Picked Up _____ Other _____

Inspection Requested

Inspection Performed
