

No. 139-00-0199

TAX MAP#: 38(A)105

PERMIT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

THIS PERMIT
EXPIRES ON

N/A

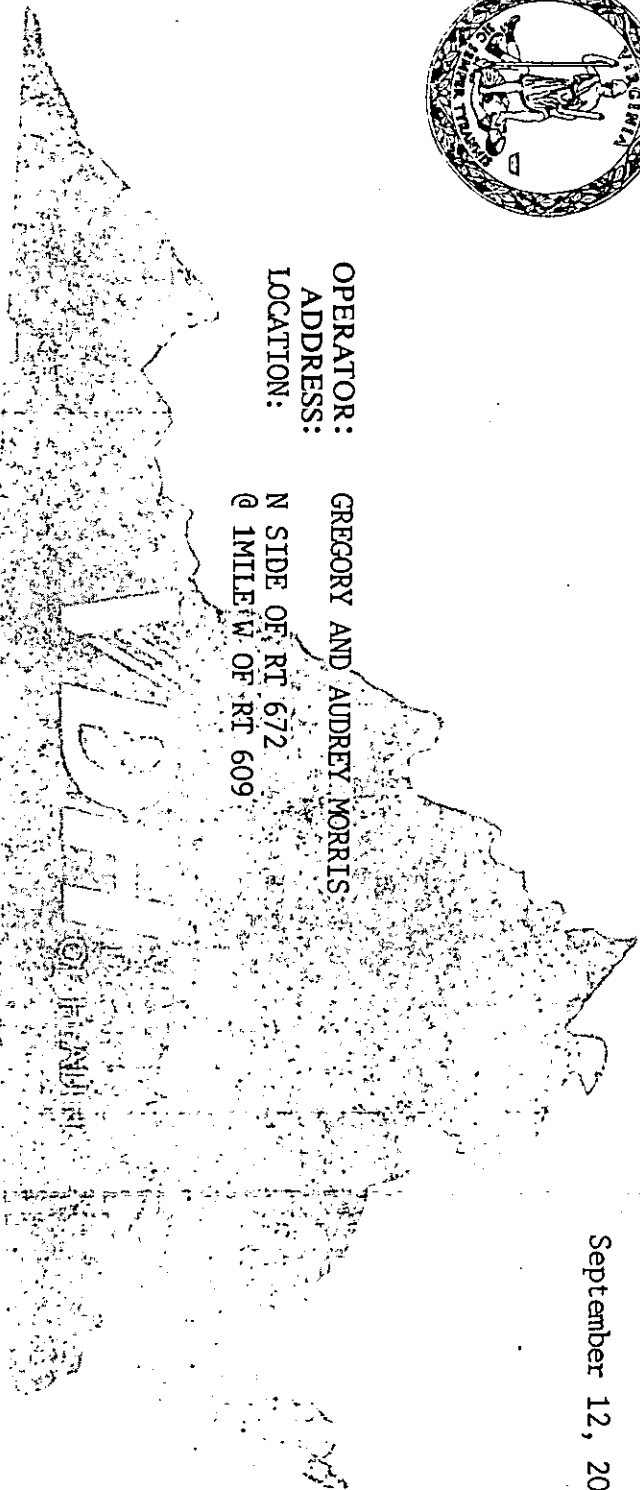
DATE OF ISSUE

September 12, 2000



OPERATOR:
ADDRESS:
LOCATION:

GREGORY AND AUDREY MORRIS
N SIDE OF RT 672
@ 1 MILE W OF RT 609



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 GREENE COUNTY Health Department to operate a 450 GPD-4BEDROOMS-TYPE 1 SEWAGE DISPOSAL SYSTEM CONDITIONAL PERMIT LIMITED OCCUPANCY MAXIMUM 6 PEOPLE AND A CLASS IIIC WATER SUPPLY

HEALTH OFFICIAL

John G. Givens

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department

Identification Number

139-00-0199

Greene

Health Department

Name of Company/Corporation/Individual:

WAYNE BAYLER

Address:

RT 1 BOX 28A DYKEVA 22935

Telephone:

973-4784

Owner's Name

Greg & Audrey Mannis

Owner's Address

Location of Installation: Lot

Rt 672

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 Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

8-7-00

Date

Wayne Bayler

Signature and Title

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Doug + Audrey Morris Tax Map ID 38-(A)-105
Address P.O. Box 1083 VDH Permit 139-00-0152
Stanardsville, VA 22973 VWCB Permit _____
Phone 985-7039 VWCB ID _____
Location Rt 672 County Greene

Well Data

General Information

Drilling Method Rotary Date Completed 8-5-00 Total Depth of Well 180
Depth to Bedrock 105 Yield 30 (GPM) Length of Test _____
Static Water Level 30 Stabilized Water Level _____ Natural Flow (Rate) 30
Well Disinfected (YorN) _____ Disinfectant Used _____ Amount Used _____

Casing

From 0 to 107 From _____ to _____ From _____ to _____
Size 6 1/4 Material PVC Size _____ Material _____ Size _____ Material _____
Weight/Schedule 40 Weight/Schedule _____ Weight/Schedule _____

Gravel Pack

From _____ to _____ From _____ to _____ From _____ to _____

Grout

From 0 to 50 From _____ to _____ From _____ to _____
Bore Hole Size 10 Bore Hole Size _____ Bore Hole Size _____
Type Bentonite Type _____ Type _____
Method pump Method _____ Method _____

Water Zones or Screened Intervals

From 115 to 120 From _____ to _____ From _____ to _____
Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____
From 160 to 165 From _____ to _____ From _____ to _____
Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____

Use Data

Private Well: Domestic ☒ Agricultural _____ Industrial _____ Monitoring _____
Public Well: Community _____ Non Community _____



Drillers Log
(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
0-10	Red Clay	
10-100	Sandy Brown Soil	
100-105	Soft Brown Rock	
105-180	Blue Stone	

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Drilling Contractor Wilson Well Drilling
Address P.O. Box 729
Ruckersville Va 22968
Phone 804-990-2010

Drillers Signature J. Wilson Date 8-5-00
Representing Wilson Well Drilling
Virginia Contractors License Number 2705-028506

**AQUA-AIR
LABORATORIES, INC.**

: Biological, Chemical, and Physical Analysis of Water, Air, and Solids;
: Biological and Chemical Treatability Studies; Flow Measurements
: P.O Box 4006 : Charlottesville, Va. 22903-0841
: Phone (804)295-1716

PA 672

AUDREY MORRIS
PO BOX 1083
STANARDSVILLE, VA.

09/08/00

22973

**BACTERIOLOGICAL ANALYSIS REPORT
TOTAL COLIFORM IN DRINKING WATER**

JOB NUMBER: Y77123
SAMPLE NUMBER: Y77123
DATE RECEIVED: 09/07/00
DATE REPORTED: 09/08/00

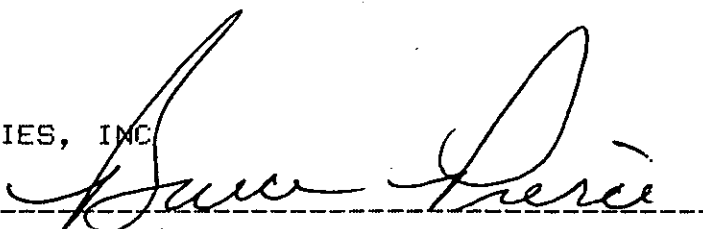
IDENTIFICATION:
MORRIS WELL, 9/7/00

SAMPLE MEETS STATE STANDARD FOR COLIFORM BACTERIA
IN DRINKING WATER. TOTAL COLIFORMS WERE NOT DETECTED.

RUN BY THE COLISURE PROCEDURE.

AQUA-AIR LABORATORIES, INC

REPORTED BY



10:00-10:30

Water Supply and/or Sewage Disposal System Construction PermitPage 1 of 3

Commonwealth of Virginia
Department of Health
GREENE CO. HEALTH DEPARTMENT

Health Department
Identification Number: 139-00-0199
Tax Map Number: 38-(A)-105

General Information

BP#:

Water Supply System: **NEW**Sewage Disposal System: **NEW**

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: **GREGORY AND AUDREY MORRIS**

Telephone: 804-985-7039

Address: **P.O. BOX 1083, STANARDSVILLE, VA 22973**For a Type **I** Sewage Disposal System or Well to be constructed on/at **N SIDE OF RT 672 @ 1 MILE W OF RT 609**

Sec/Bk Lot Actual or estimated water use ~~600 gpd~~ **4 bedrooms 450 gpd** **CONDITIONAL limited occupancy**

DESIGN**NOTES: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS**Water supply, **TO BE INSTALLED**To be installed: **CLASS: IIIC****CASED: 20 feet GROUTED: 20 feet**

Building Sewer: **4" I.D. PVC Schedule 40,**
or equivalent. Slope 1.25" per 10ft(min.)
Other

Septic Tank: Capacity: 1200 Gals.(min.)

Other **2000 Regulations**

Inlet-outlet structure: **PVC Schedule 40,**
4" tees or equivalent.
Other

Pump and pump station:
NO

Gravity mains: **3" or larger I.D., min. 6"**
fall per 100 ft., 1500 lb. crush strength
or equivalent. Other

Distribution Box: **Precast concrete**
with **6 ports.**
Other

Header lines: Material: **4" I.D. 1500 lb.**
crush strength plastic or equivalent from
distribution box to 2 ft into absorption
trench. Slope 2" min. Other

Percolation lines: Gravity **4" plastic**
1000 lb. per foot bearing load or equiv.
slope 2" - 4" (min. max.) per 100ft
Other

Absorption trenches:

Sq ft. required: **1200** depth from
ground surface to bottom of trench **36"**:
aggregate size **.5-1.5"**:

Trench bottom slope **2-4"/100 ft**center to center spacing **9 FT**:Trench width **36"** Depth of aggregate **13"**:Trench length **80 ft**:Number of trenches **5**:Water supply location: Satisfactory yes ☐ no ☐GROUT **WATER** CAP **Complete**EHS **ma** DATE **8/7/00**Building Sewer: Satisfactory yes ☒ no ☐EHS **4" sch 40 PVC** DATE **8/7/00**Pretreatment unit: Satisfactory yes ☒ no ☐EHS **1250 gallon Aired** DATE **8/7/00**Inlet-outlet structure: Satisfactory yes ☒ no ☐EHS **2.91 3.01** DATE **8/7/00**Pump & pump station: Satisfactory yes ☐ no ☒

EHS DATE

Conveyance method: Satisfactory yes ☒ no ☐EHS **4" sch 40 PVC** DATE **8/7/00**Distribution box: Satisfactory yes ☒ no ☐EHS **12 ports spread leveler** DATE **8/7/00**Header lines: Satisfactory yes ☒ no ☐EHS **smooth bore** DATE **8/7/00**Percolation lines: Satisfactory yes ☒ no ☐

4.85	5.67	6.92	8.64	9.65
5.26	5.82	7.14	8.93	9.84

EHS **ma** DATE **8/7/00**

Absorption trenches: Satisfactory yes ☒ no ☐

filter cloth
EHS **ma** DATE **8/7/00**

Date **8/7/00** Approved by:

Environmental Health Specialists

Page Number 2 of 4

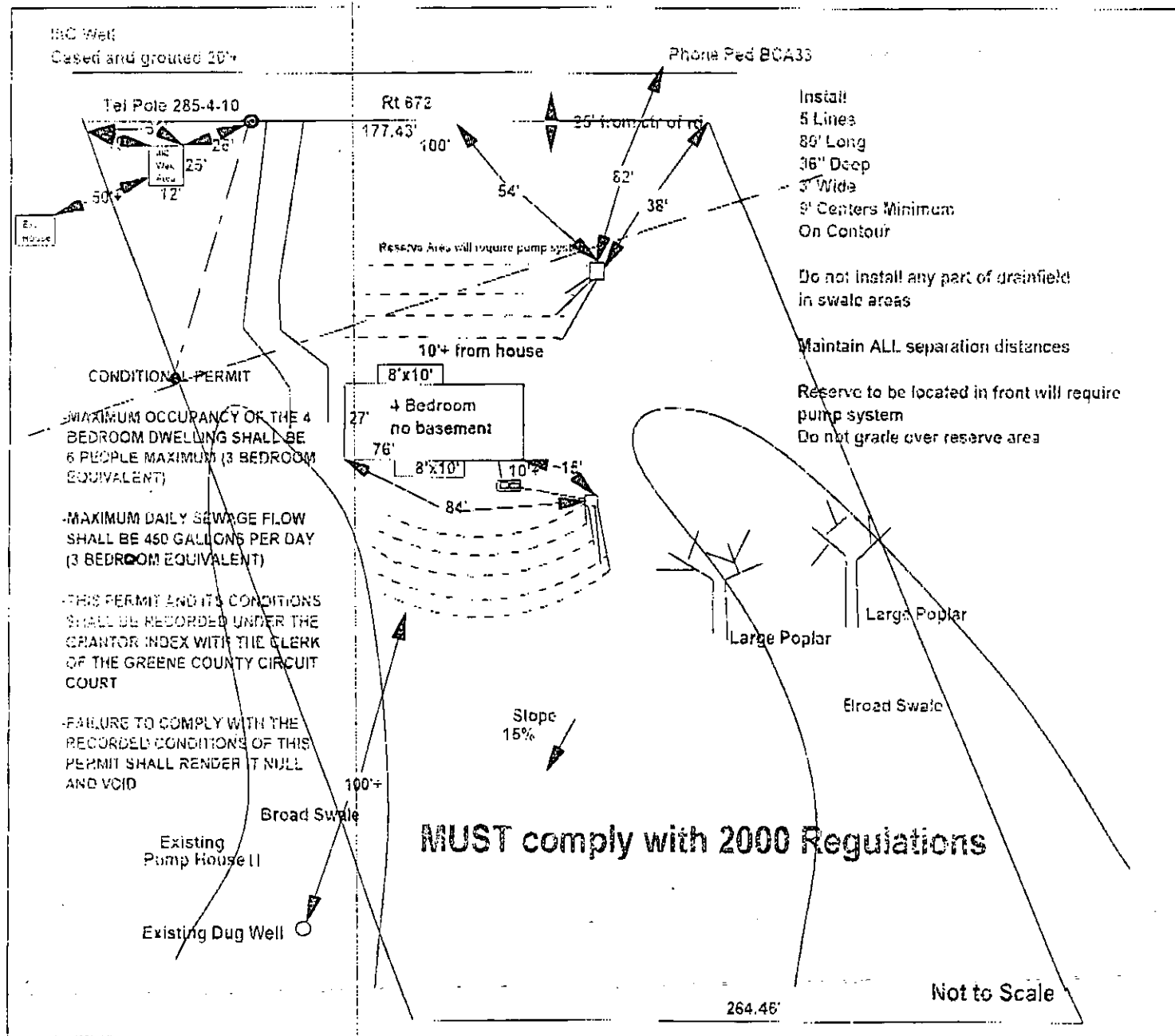
Health Department
Identification Number

139-05-0199

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

[illegible]

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application.



This sewage disposal system and/or water supply is to be constructed as specified by this permit.

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 official 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: 7/31/00

issued by:

Date: 31 Jul 00

Reviewed by:

Environmental Health Specialist

Environmental Health Supervisor

**This Construction
Permit Valid until**

1/31/02

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

Health Department ID _____

2837755
Jack

To Be Completed By The Applicant

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

Owner Gregory + Audrey Morris Address P.O. Box 1083 Phone 985-7039
Shenandoahville VA 22773

Agent _____ Address _____ Phone _____

Directions of Property Turn left onto 1009 G St approx 1/2 - 1 mile
Turn left onto route 672 Traylor 1/2 mile on right.

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property 2.063 acres

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 4) (Number of Units _____)

Basement ☐ Yes ☒ No
Fixtures in Basement ☐ Yes ☐ No

III. Commerical Use ☐ Yes ☒ No Describe: _____

Commerical/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.

Audrey Morris
Signature of Owner/Agent

7-19-00
Date

contractor, a Uniform Water Well Completion Report (GW-2) from your drilling contractor, and an ORIGINAL negative water sample report from a state certified laboratory.

6. The Greene County Health Department requires twenty- four hour notice prior to issuing an Operations Permit.

REFUNDS

Fees for Environmental Health Permits cannot be refunded except for the following reasons:

1. You withdraw your permit application and request a refund before the Environmental Health Specialist performs a site visit to evaluate the proposed site.
2. We are unable to issue a permit, reject the site for the installation of a septic system and/or well, and deny your request for a permit. You may be eligible for a refund ONLY if you own the property and were planning to construct your primary place of residence at the proposed site.

To receive a refund you must submit a written request to the health department. The request must include your social security number and acknowledge the fact that you are foregoing your right to appeal the denial of your request for a permit.

PROPOSED ALTERATIONS

Sites that have been previously approved during a division of property or sites that have already been issued a permit cannot be altered without additional expense on your part. If you wish to alter the site you must obtain the services of a private sector soil consultant to evaluate the site. You must submit the results of the consultant's evaluation along with a new application and the associated fees.

I have read and fully understand the terms of the permit application process described above.

Audrey Manis
Signature of Applicant

7-19-00
Date

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I have read and fully understand the terms of the permit application process described above.

.....*Audrey Morris*.....

Signature of Applicant

.....7-19-00.....

Date

Water Supply and/or Sewage Disposal System Construction Permit

Page 1 of 2

Commonwealth of Virginia
Department of Health
GREENE CO. HEALTH DEPARTMENT

Health Department
Identification Number: 139-00-0152
Tax Map Number: 38-(A)-105

General Information

BP#:

Water Supply System: **NEW**Sewage Disposal System: **CONDITIONAL**

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: **GREGORY AND AUDREY MORRIS** Telephone: **804-985-7039**Address: **P.O. BOX 1083, STANARDSVILLE, VA 22973**For a Type **II** Sewage Disposal System or Well to be constructed on/at **N SIDE OF RT 672 @ 1 MILE W OF RT 609**Sec/Bk Lot Actual or estimated water use **600 gpd - 4 bedrooms****CONDITIONAL****450****DESIGN****NOTES: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS**Water supply, **TO BE INSTALLED**To be installed: **CLASS: IIIC****CASED: 45 feet GROUTED: 45 feet**

Building Sewer: **4" I.D. PVC Schedule 40,**
or equivalent. Slope 1.25" per 10ft(min.)
Other

Septic Tank: Capacity: 1200 Gals.(min.)

Other

Inlet-outlet structure: PVC Schedule 40,
4" tees or equivalent.
Other

Pump and pump station:
YES describe and show design
if yes:

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

Distribution Box: Precast concrete
with **5 ports**.
Other

Header lines: Material: 4" I.D. 1500 lb.
crush strength plastic or equivalent from
distribution box to 2 ft into absorption
trench. Slope 2" min. Other

Percolation lines: Gravity 4" plastic
1000 lb. per foot bearing load or equiv.
slope 2" - 4" (min. max.) per 100ft
Other

Absorption trenches:
Sq ft. required: **1200** depth from
ground surface to bottom of trench **36"**:
aggregate size **.5-1.5"**:
Trench bottom slope **2-4"/100 ft**
center to center spacing **9 FT**:
Trench width **36"** Depth of aggregate **13"**:
Trench length **100 ft**:
Number of trenches **4**:

Water supply location: Satisfactory yes___ no___

GROUT___ CAP___

EHS DATE

Building Sewer: Satisfactory yes___ no___

EHS DATE

Pretreatment unit: Satisfactory yes___ no___

EHS DATE

Inlet-outlet structure: Satisfactory yes___ no___

EHS DATE

Pump & pump station: Satisfactory yes___ no___

EHS DATE

Conveyance method: Satisfactory yes___ no___

EHS DATE

Distribution box: Satisfactory yes___ no___

EHS DATE

Header lines: Satisfactory yes___ no___

EHS DATE

Percolation lines: Satisfactory yes___ no___

EHS DATE

Absorption trenches: Satisfactory yes___ no___

EHS DATE

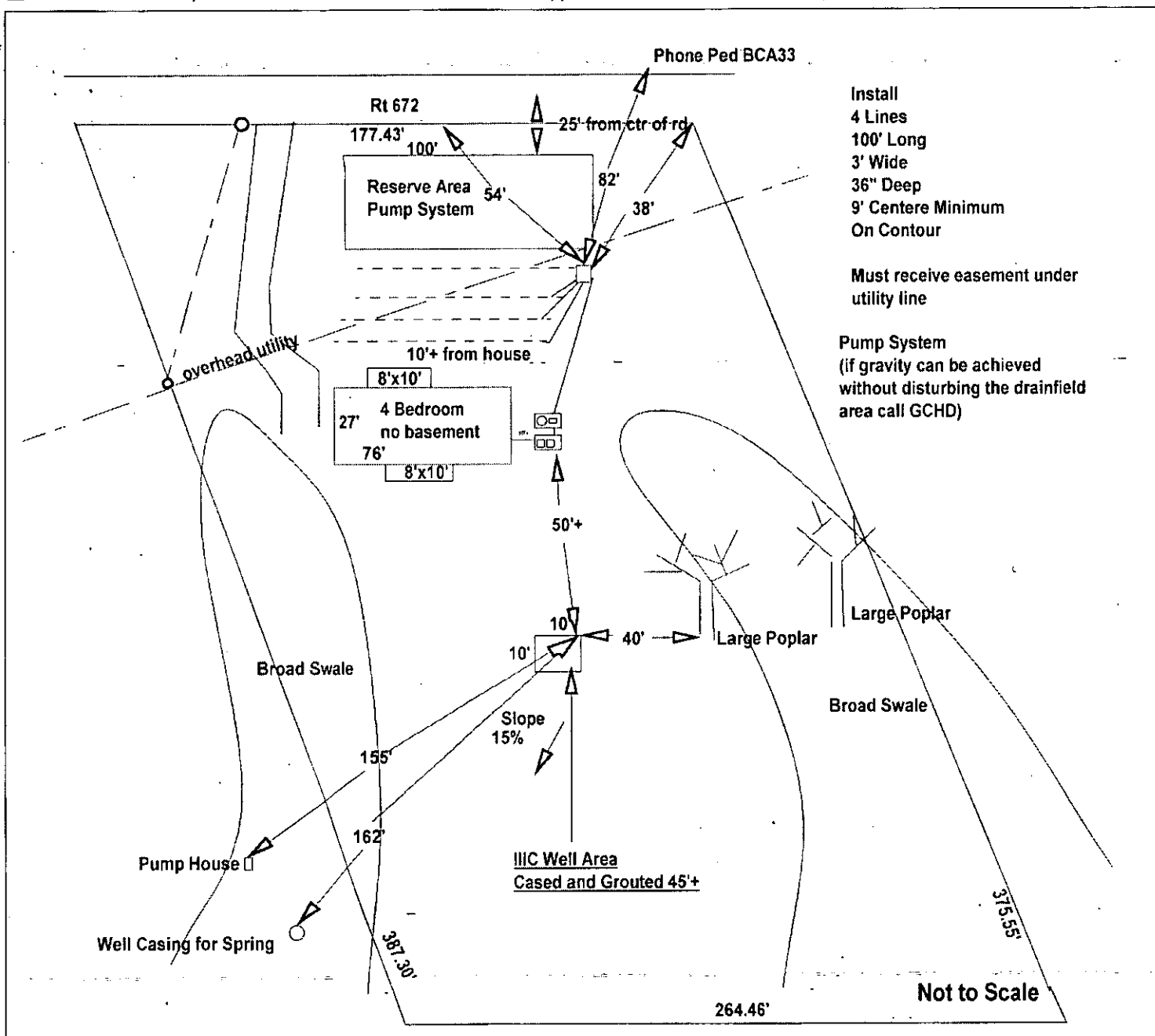
Date _____ Approved by:

Environmental Health Specialists

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.



This sewage disposal system and/or water supply is to be constructed as specified by this permit.

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: 6/15/00

Issued by:

Michael Sullivan
Environmental Health Specialist

Date:

Reviewed by:

Environmental Health Supervisor

This Construction
Permit Valid until

12/15/01

Pump Chamber Size in Gallons: 1000 Gallons

Gallons Per Cycle: 156 Gallons

Drawdown In Inches: 8 Inches

Maximum Pump Cycle Time: 7 Minutes 29 Seconds
(Gallons Per Cycle x's 21 GPM)

Type of Pump Required: Submersible Effluent Pump capable of 36 GPM at 40 Feet of Head.

The Pump Station must be provided with controls for automatically starting and stopping the pump based on water level.

The electrical motor control center and master disconnect switch shall be placed in a secure location above grade and remote from the pump station.

Each motor control center shall be provided with a manual override switch.

A highwater alarm with remote sensing and electrical circuitry separate from the motor control center shall be provided.

The alarm shall be audiovisual and shall alarm in an area where it may be easily monitored.

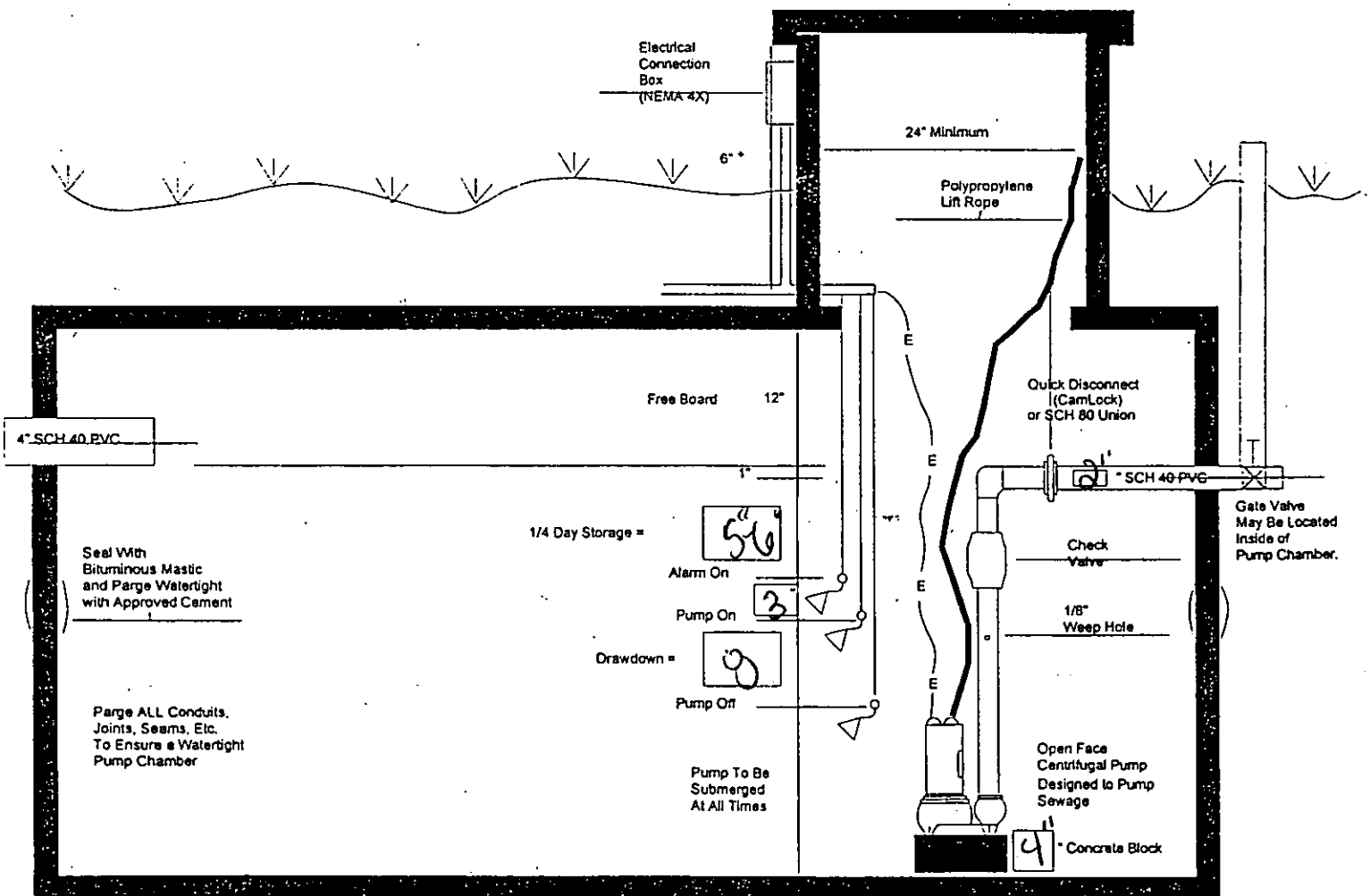
All electrical connections should be hardwired in the electrical connection / junction box.

All piping shall be of the pressure type with pressure type joints that are chemically fused.

Contractor to provide pump statistics and pump curve data to Health Department for approval, prior to installation.

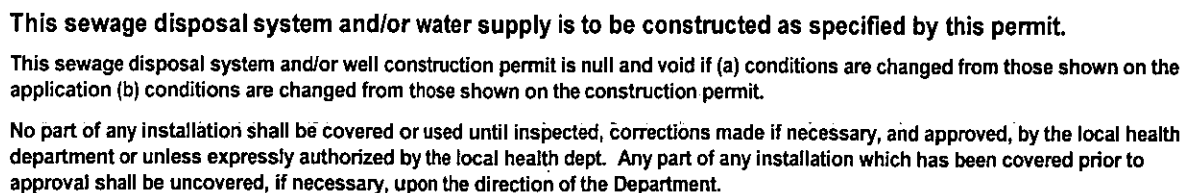
Health Department
Identification Number: B9.00 0152

Page of



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.



**This Construction
Permit Valid until**
1/31/02



COMMONWEALTH of VIRGINIA

Thomas Jefferson Health District

1138 Rose Hill Drive

P. O. Box 7546

Charlottesville, Virginia 22906

In Cooperation with the
State Department of Health

Phone (804) 972-6219
FAX (804) 972-4310

ALBEMARLE — CHARLOTTESVILLE
FLUVANNA COUNTY (PALMYRA)
GREENE COUNTY (STANARDSVILLE)
LOUISA COUNTY (LOUISA)
NELSON COUNTY (LOVINGSTON)

June 12, 2000

Mr. and Mrs. Gregory Morris
P.O. Box 1083
Standardsville, Virginia 22973

RE: Sewage Disposal Construction Permit With Conditions
Location: Rt. 672
Tax Map #: 38-(A)-105

Dear Mr. And Mrs. Morris:

Your application for a Conditional Sewage Disposal System Construction Permit filed on June 6, 2000 with the Greene County Health Department has been evaluated in accordance with the requirements contained in the Code of Virginia, Section 32.1-164.1 and Section 3.13.06 of the Sewage Handling and Disposal Regulations, (1982).

Based on the information filed with your application, soil and site evaluations conducted by the department's representative, and review and study of all data presented and available, this is to inform you that your application for a Conditional Sewage Disposal Construction Permit is hereby approved. All items listed below are a part of the permit and the conditions that are and have been applied to the approval, installation and use of the sewage disposal system.

- a. This letter is a part of the Conditional Sewage Disposal Construction Permit issued for the above referenced location.
- b. The permit shall be recorded and indexed in the grantee index under your name in the land records of the Clerk of the Circuit Court of Greene.
- c. You must furnish to the Greene County Health Department certification, by the Clerk of the Circuit Court, indicating the deed book number and page number upon which the permit and all conditions have been recorded. A copy of the certification shall be attached to all copies of the permit prior to giving validation to the building official for issuance of a building

permit.

- d. The occupancy of the house shall be limited to six people. Total number of bedrooms shall be limited to four.
- e. The system is designed for a peak daily flow of 450 gallons per day and an average daily flow of 280 gallons per day. Any use beyond this limitation may result in early failure of the system.
- f. Should the occupancy of the dwelling exceed six persons, then the house shall be vacated or occupancy reduced to a maximum of six people.
- g. Any violations of these conditions shall render this permit null and void.

In accordance with the Virginia Administrative Process Act, the Health Laws of Virginia Section 32.1-164.1 of the Code of Virginia and Section 3.08 and 3.10 of the Sewage Handling and Disposal Regulations, this letter is to further inform you of your right to appeal to obtain a modification or elimination of the conditions established in and for the issuance of this permit.

If you desire to pursue this appeal, you should submit a written request within 30 days to Dr. Susan McLeod, P. O. Box 7546, Charlottesville, Virginia 22906, a written request detailing and outlining all of the facts, and such other data or information which forms the basis of your appeal for a review of the decision establishing the conditions outlined above.

If this office may be of further service to you, please let us know.

Sincerely,

A handwritten signature in cursive script, appearing to read "S. Nicole Falwell".

S. Nicole Falwell
Environmental Health Specialist, Sr.

I certify the information provided herein is true and accurate to the best of my knowledge and belief.

S. Nicole Falwell
S. Nicole Falwell
Environmental Health Specialist, Sr.

State of Virginia, County of Greene, to-wit:

Subscribed, acknowledged, and sworn to before me this 16th
day of JUNE, 2000 by S. Nicole Falwell.

Mary T. Marshall
Notary Public

My commission expires Dec. 31st, 2003.

I authorize that this permit and letter be recorded in the grantee index of the Clerk of the Circuit Court of Greene under my name.

OWNER

State of Virginia, County of Greene, to-wit:

Subscribed, acknowledged, and sworn to before me this _____
day of _____, 2000 by _____.

Notary Public

My commission expires _____, _____.

permit.

- d. The occupancy of the house shall be limited to six people. Total number of bedrooms shall be limited to four.
- e. The system is designed for a peak daily flow of 450 gallons per day and an average daily flow of 280 gallons per day. Any use beyond this limitation may result in early failure of the system.
- f. Should the occupancy of the dwelling exceed six persons, then the house shall be vacated or occupancy reduced to a maximum of six people.
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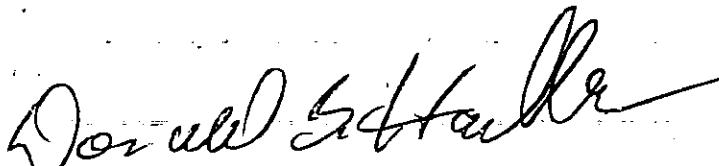
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If this office may be of further service to you, please let us know.

Sincerely,



S. Nicole Falwell
Environmental Health Specialist, Sr.



6-16-00

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

Health Department ID _____

To Be Completed By The Applicant

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

Owner: Gregory + Audrey Morris Address: P.O. Box 1083 Phone: 985-7039
Stromville, VA

Agent: _____ Address: _____ Phone: _____

Directions of Property: Go approx. 4 miles turn left onto 609. Go approx
1 mile, turn left onto 672. Go approx 1/2 mile on right

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property 2.063 ACRES

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 4) (Number of Units _____)

Basement ☐ Yes ☒ No
Fixtures in Basement ☐ Yes ☒ No

III. Commerical Use ☐ Yes ☒ No Describe: _____

Commerical/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.

Gregory H Morris Audrey Morris
Signature of Owner/Agent

6-5-00
Date

contractor, a Uniform Water Well Completion Report (GW-2) from your drilling contractor, and an ORIGINAL negative water sample report from a state certified laboratory.

6. The Greene County Health Department requires twenty- four hour notice prior to issuing an Operations Permit.

REFUNDS

Fees for Environmental Health Permits cannot be refunded except for the following reasons:

1. You withdraw your permit application and request a refund before the Environmental Health Specialist performs a site visit to evaluate the proposed site.
2. We are unable to issue a permit, reject the site for the installation of a septic system and/or well, and deny your request for a permit. You may be eligible for a refund ONLY if you own the property and were planning to construct your primary place of residence at the proposed site.

To receive a refund you must submit a written request to the health department. The request must include your social security number and acknowledge the fact that you are foregoing your right to appeal the denial of your request for a permit.

PROPOSED ALTERATIONS

Sites that have been previously approved during a division of property or sites that have already been issued a permit cannot be altered without additional expense on your part. If you wish to alter the site you must obtain the services of a private sector soil consultant to evaluate the site. You must submit the results of the consultant's evaluation along with a new application and the associated fees.

I have read and fully understand the terms of the permit application process described above.

Bryce H. Marks
Signature of Applicant

6-5-00
Date

DWELLING, WELL AND SEPTIC DRAIN FIELD REFER TO PROPOSED IMPROVEMENTS AND THEIR APPEARANCE HEREON IS FOR HEALTH DEPARTMENT REVIEW PROCEDURES.

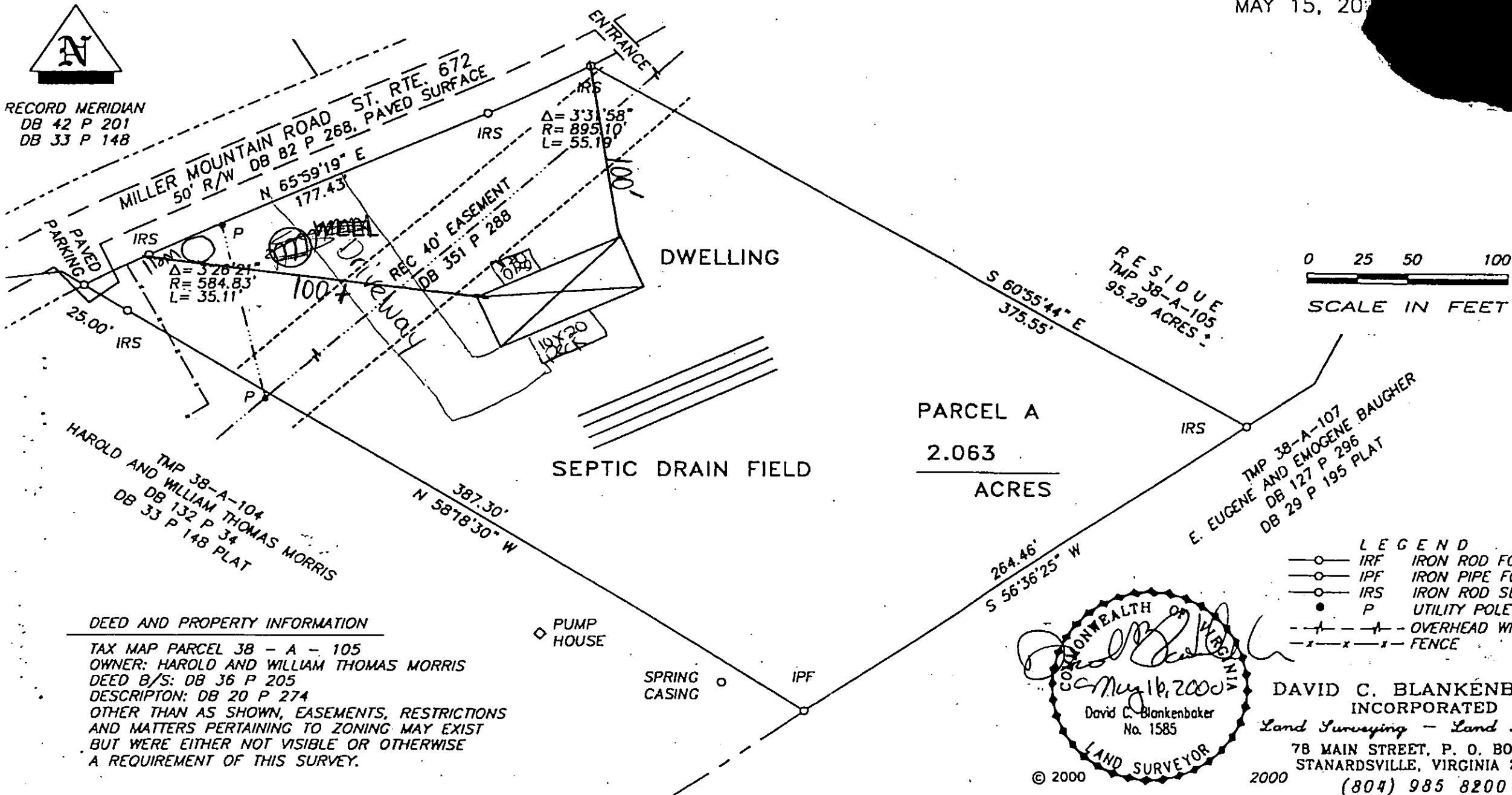
RESIDENTIAL SITE DEVELOPMENT
A FAMILY PARTITION OF PROPOSED
HAROLD AND WILLIAM J.
MILLER MOUNTAIN
RUCKERSVILLE MAGISTRATE
GREENE COUNTY

MAY 15, 2000

APPROVED, VIRGINIA DEPARTMENT OF HEALTH, DATE



RECORD MERIDIAN
DB 42 P 201
DB 33 P 148



HAROLD AND WILLIAM THOMAS MORRIS
TAX MAP PARCEL 38 - A - 104
DB 132 P 34
DB 33 P 148 PLAT

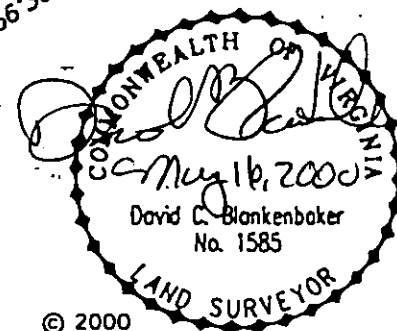
DEED AND PROPERTY INFORMATION

TAX MAP PARCEL 38 - A - 105
OWNER: HAROLD AND WILLIAM THOMAS MORRIS
DEED B/S: DB 36 P 205
DESCRIPTION: DB 20 P 274
OTHER THAN AS SHOWN, EASEMENTS, RESTRICTIONS
AND MATTERS PERTAINING TO ZONING MAY EXIST
BUT WERE EITHER NOT VISIBLE OR OTHERWISE
A REQUIREMENT OF THIS SURVEY.

PARCEL A
2.063
ACRES

0 25 50 100
SCALE IN FEET

LEGEND
—○— IRF IRON ROD FOUND
—○— IPF IRON PIPE FOUND
—○— IRS IRON ROD SET
● P UTILITY POLE
- - - OVERHEAD WIRES
- x - FENCE



DAVID C. BLANKENBAKER
INCORPORATED
Land Surveying - Land Planning
78 MAIN STREET, P. O. BOX 874
STANARDSVILLE, VIRGINIA 22973
(804) 985 8200

© 2000

2000

021

ID #: 139-00-0152

ASSIGNED TO: Nicole Falwell

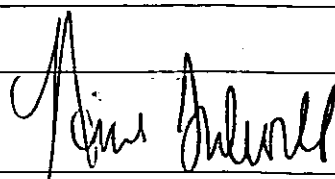
OWNER'S NAME: GREGORY AND AUDREY MORRIS

SYSTEM TYPE: IIDIRECTIONS: N 81° E Rt. 672 (2)WELL TYPE: III - 45' casing1 mile W. of Rt. 609TRENCH DEPTH: 36"# OF TRENCHES: 4DEPTH TO ROCK: 600"LENGTH: 100'DEPTH TO WATER TABLE: 600"CENTERS: 9'DEPTH TO FREE WATER: 600"SLOPE: 990 /LANDSCAPE: ridge topTEXTURE GROUP: IIIPERK RATE: 45-50

MAIL TO: _____

H#	H _z	DEPTH	DESCRIPTION	TEX. GRP
1)	Ap	0-4	104R5/B yellowish brown clay loam	III
	B	4-20	2.54R4/B red clay loam	III
	C	20-60	2.54R4/B red w/ chert fragments (104R6/B brownish yellow) - dense @ 46" sand clay loam	
2)			similar to hole #1	
(3)			similar to hole #1 + #2	

SIGNATURE OF EVALUATOR: _____



Greene County Health Department
P. O. Box 38
Stanardsville, VA 22973
(804) 985-2262

June 16, 2000

Mr. and Mrs. Gregory Morris
P. O. Box 1083
Stanardsville, VA 22973

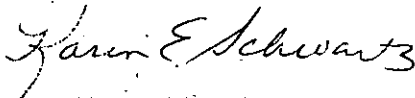
RE: Sewage Disposal Construction Permit with Conditions
Location: RT 672
Tax Map#: 38-(A)-105

Dear Mr. and Mrs. Morris

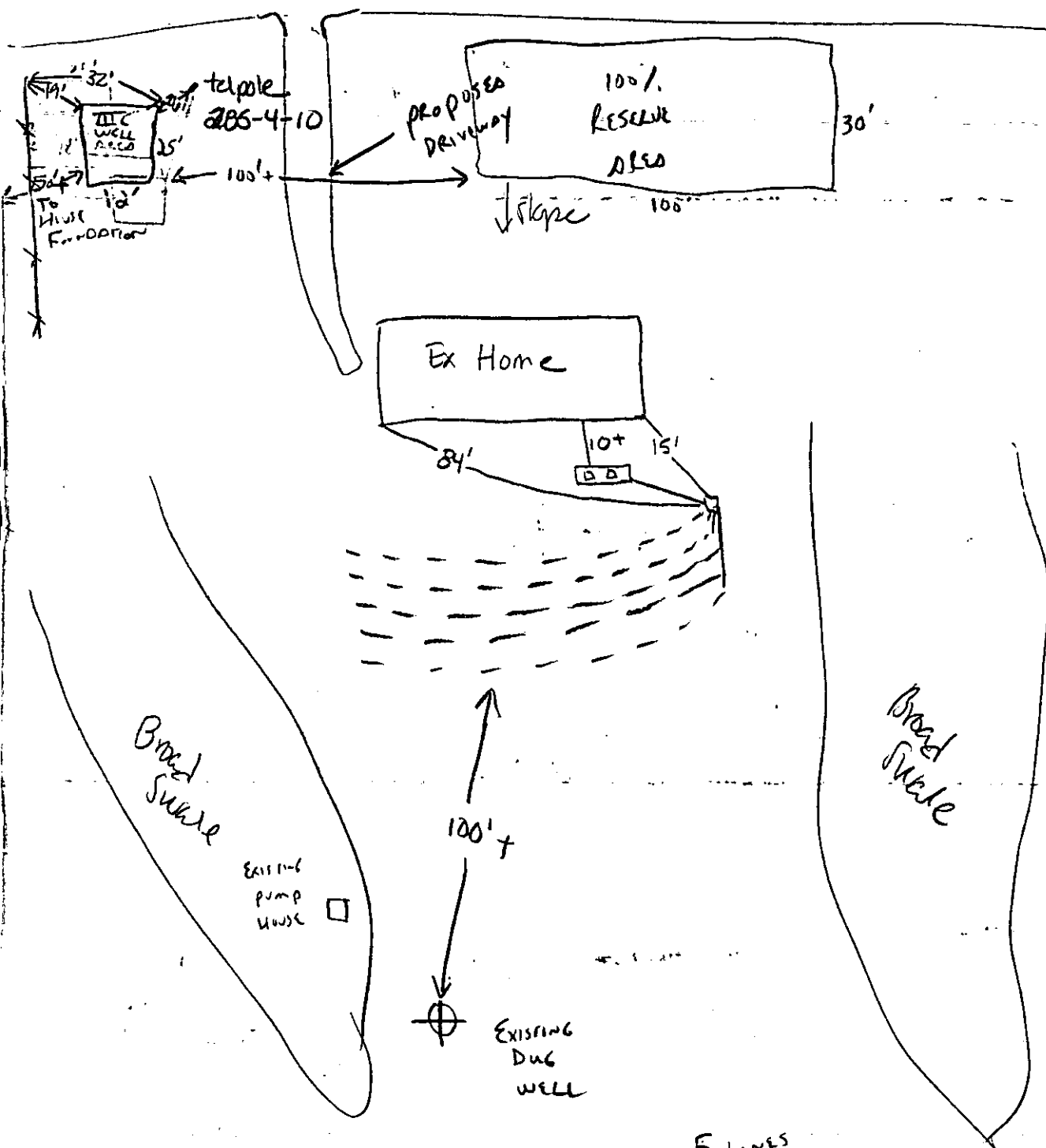
The Greene County Health Department made a site visit to your lot on June 8, 2000. We have completed our paperwork and your Conditional Permit is ready to be recorded. We will release this to you once you have provided us with a Utility Easement from the Power Company granting you access under the right of way.

You have 30 days to respond to our request. Failure to do so will void your application.

Sincerely,



Karin E. Schwartz
Public Health Associate



5 LINES
80' LONG
36" DEEP
3' WIDE
9' CENTERS
ON CENTER



Rappahannock Electric Cooperative

P.O. Box 392 • Culpeper, Virginia 22701 • 540/825-8373
<http://www.rappelec.com>

June 19, 2000

Greene County Health Department
Stanardsville, VA 22973

Attn: Nicole

Dear Nicole:

Gregory H and Audrey M. Morris have applied for a building permit on their property on Rt 672 in Greene County. There is a single-phase overhead line running across the front of their property over the site for the proposed drainfield.. We have no restrictions in our existing overhead easement on their property that would prevent them from installing the proposed drainfield under our line.

If we can be of any further assistance in this matter please contact me at 540-727-2149.

Sincerely,

Randy Ross
Supervisor of Field Engineering

RECEIVED
JUN 22 2000
JUN 22 2000
JUN 22 2000

