# Sewage Disposal System Construction Permit

PAGE L OF 2

Commonwealth of Virginia Department of Health

Health Department Identification Number

Compensation County Health Department	Map Reference			
	nformation 8C1-4			
New Repair Expanded Conditional FHA VA Case No.  Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:  Owner Richard T. Puryear  Address Box 121, Remington, VA 22734  For a Type I Sewage disposal system which is to be constructed on/at				
Subdivision <u>ATNSWORTH SUBDIVISION</u> Section/ Actual or estimated water use <u>450 gpd</u> (3 bedro				
DESIGN	NOTE: INSPECTION RESULTS			
Water supply, existing: (describe)	water supply location: Satisfactory yes 10 no comments (2 rf, fied a 5 Class IIB 10-9-870)			
To be installed: class	G.W. 2 Received: yes ☒ no ☐ not applicable ☐			
Building sewer:I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum).  Other	Building sewer: yes ☐ no ☐ comments Satisfactory			
Septic tank: Capacity // Op o gals. (minimum).	Pretreatment unit: yes ☑ no ☐ comments Satisfactory			
Inlet-outlet structure: PVC 40, 4" tees or equivalent.  ☐ Other	Inlet-outlet structure: yes □ no □ comments Satisfactory 2 " 7 7'3			
Pump and pump station:  No ☑ Yes ☐ describe and show design.  if yes:	Pump & pump station: yes ☐ no ☐ comments Satisfactory			
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.	Conveyance method: yes ☑ no ☐ comments Satisfactory			
Distribution box:  Precast concrete with ≥ 7 ports.	Distribution box: yes ☑ no ☐ 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.  ☐ Other	Header lines: yes ☑ no ☐ comments Satisfactory			
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.  Other	Percolation lines: yes ☐ no ☐ comments Satisfactory			
Absorption trenches:  Square ft. required 1200: depth from ground surface to bottom of trench 30"; aggregate size 15":  Trench bottom slope 2"-4"//00';	Absorption trenches: yes 🗇 no 🖂 comments Satisfactory			
center to center spacing // ; trench width // ; Depth of aggregate // ; Number of trenches	Date 10-8-4-7 Inspected and approved by:			

C.H.S. 202A Revised 6/84

11-2

SD-87-300

Health Doortment Identification Number

SD-87-306

Schematic drawing of sewage disposal system and topographic features.

PAGE  $\frac{2}{}$  OF  $\frac{2}{}$ 

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. 3.1 ACRES NOT DRAWN TO SCALE 6-100' lives, on contour, in 2' wide trenches, on 8' centers 30" deep 1000-gallon septic tank RESERVE (3) AREA HOLD BASEMENT FOUNDATION HIGH ENOUGH TO REACH DESIGNATED DRAINFIELD SITE WITH SEWAGE. PROPOSED HOUSE >100' Case & gront well at least 20' deep; seal with a Vented wellseal cap. 140 water to be proven potable before house occupancy. A

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: 6-29-87 Issued by: Sanitarian

Sanitarian

This Construction
Permit Valid until

Date: 4 - 27 - Rev

Reviewed by

Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date

Sopervisory Sanitarian

Date

Regional Sanitarian

C.H.S. 202B Revised 6/84

# Soil Evaluation Form

Commonwealth of Virginia Department of Health

Health Department Identification Number  $\frac{5D-87-306}{8-11-9}$ 

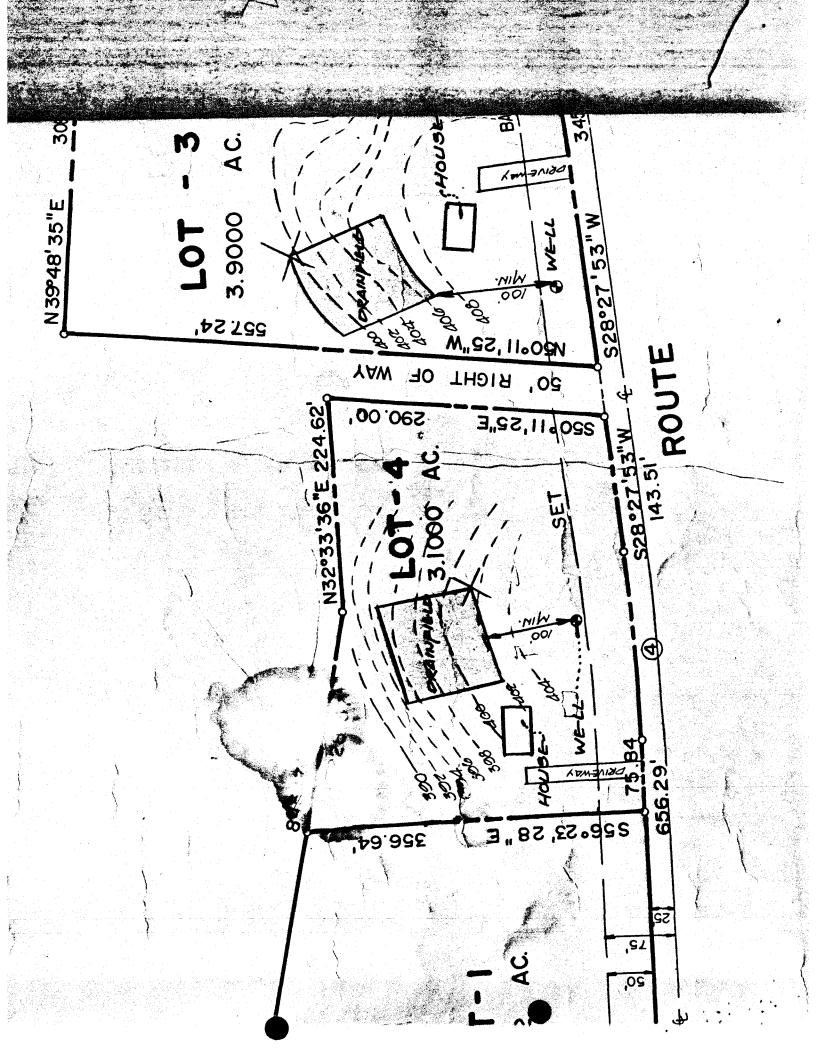
General Information
Date 6-24-87 Health Department
Applicant R. Pury ear Telephone No.
Address
Owner Address
Location
Subdivision Block/Section Lot
Soil Information Summary
1. Position in landscape satisfactory Yes No   Describe
2. Slope
3. Depth to rock/impervious strata Max. LinkMin. 45" None
4. Depth to seasonal water table (gray mottling or gray color) No 💢 Yes 🗆 inches
5. Free water present No Yes range in inches
6. Soil percolation rate estimated Yes Texture group 1 II III IV  No Estimated rate 46-60 min/ inch
7. Percolation test performed  Yes Number of percolation test holes
No Depth of percolation test holes  Average percolation rate
Name and title of evaluator: C.S. Dunford Jacksm, Sanitarian
Signature: Aprenfithihm
Department Use
Site Approved: Drainfield to be placed at 30 " depth at site designated on permit.
Site Disapproved:
Reasons for rejection:  1. Position in landscape subject to flooding or periodic saturation.  2. Insufficient depth of suitable soil over hard rock.
3. Insufficient depth of suitable soil to seasonal water table.  4. Rates of absorption too slow.
<ul> <li>5.  Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.</li> <li>6.  Proposed system too close to well.</li> <li>7.  Other Specify</li></ul>

Date of E	valuation	and the second s	Profile Description OIL EVALUATION REPORT	Health Department Identification No.	5D-87-30C
					2 of 2
file holes a (See Section	n permit or the s nd sketch of the	ketch submitted with the area investigated includi site shall be shown on t	i evaluation the location of profile hole application. If soil evaluations are cling all structural features i.e., sewage the reverse side of this page or preparent struction permit	es may be shown on the sc conducted by a private soil a disposal systems, wells, etc red on a separate page and	thematic drawing on the clentist, location of pro-
	application and	V) 388 C(	page	sketch on reverse side or attached to this form.	
Hole #	Horizon	Depth (inches)	Description of, color	, texture, etc.	Texture Group
7	Ao	06	DOBCL		
	Ap B2+	6-13	DRBCL BRC BRS,CL		並
	B3	13-40	BRSICL		1 111
	Ç	40-60+	B-RB SIL		JII
_2_	Ap	0-7	DRBCL		,TIT
		7-13	BRCL		<u> </u>
	CR	46-50+	BRSICL	0( - 1 )	
		7.0-3.01	DRBCL BRCL BRSICL RBSIL (about 50	10 TOUS)	## - IV
3	A	0-6	DRBCL		717
. •	β C	6-13	BRCL		7/1
	Ř	13-45	RSICL		
		45+	ROCK		
	ļ				
		2			
	1		<del> </del>		
	1				<u> </u>
		5.48			
	<b></b>				
	<u> </u>		<u> </u>		
Remark					

#### Application for a Sewage Disposal System Construction Permit Commonwealth of Virginia Health Department For Department Use Only Identification Number 5D-87-306 Map Reference 8 - 1/-4 **Department of Health** Culperer Co Health Department Date Received 6-23-87 To Be Completed By The Applicant 14 New ☐ Conditional Type sewage system: ☐ Expanded ☐ Repair FHA/VA yes no 🗇 Owner Bichmad TOURYEAR Address BOXIDI Reining Town Phone 4392490 \_\_\_\_\_\_ Address \_\_\_\_\_\_ Phone \_\_\_\_\_ Agent \_\_ Directions to Property ABRTH RT 229 LEFT RT L21 TURKS INTO ROL IN TEFFERSOTIC 1/4 mile OUTEF JEFFE. SCATE LOTTHY ON LEFT NEAR POWER LINE Subdivision Pins warth Section Block Lot #4 Other Property Identification \_\_\_\_\_ Dimensions/size of Lot/Property 3,1 Beers Other Application Information New New **Building/facility** ☐ Existing If yes, describe: Intermittent Use ☐ Yes □ No Residential Use F Yes ☐ No **Termite Treatment** TYes □ No ☐ Multifamily Number of Units \_\_\_ Number of Bedrooms 3 Single Family **Basement** T-Yes □ No Fixtures in Basement √Yes □ No III. Commercial Use ☐ Yes MO Number of Patrons \_\_\_\_ Number of Employees \_\_\_ Commercial/Wastewater ☐ Yes T-MO If yes, give volumes and describe \_\_\_\_ Describe: well IV. Water Supply: ☐ Public ☐ New 171-Private ☐ Existing V. Proposed Installation: ☐ Other Septic tank and drainfield If other, describe \_\_\_ SITE Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and **PLAN** driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

Signature of owner/agent



# Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia Department of Health	Use of form required of water supply constructed junction with an on-site	l in con- e sewage I.D. Numbe		87–306
F.H.A. or V.A. Case Number	disposal system, or when financing is involved.	rna, va	Ma	p Reference
If Applicable  Date	Local Health Depa	artment Culpeper Co	ounty 8	11-4
mat the color man	Address Box		Phone	439-2490
Exact Location of Premises				
Subdivision AINSWORTH SUBDIV	ISION Section/Block		Lot	4
Class of nonpublic drinking water  Date of installation 10-2-8	2) Class III 3) Class III 4) Class III 5) Other	B. (bored well)		Bunt 9-8704
5. Quality: Sample tap provided	Pretreatment Unit (nearest point) to divert water away from ection 18.02.05, and 18.0 feet. Type of casing extends inches epth of feet. Will positive with the interior protect of storage (Project of Storage (Project of Storage) (Project of Storage) (Project of Storage)	22.07. Yes No see Table 12.1, Minimum Conveyar Conveyar Conveyar No See Table 12.1, Minimum Conveyar No See Table 12.1, No See Table 12.1	once System Other once System Other on.a. Q h of casing Exterior space of screen and cas Type of well se no n.a. [ hours. Dra (s) collected?	Subsurface  Subsurface  Feet. Diameter  Fearound casing sealed  Sing? Syes no Sealed  Proper venting?  Wdown Let.  Yes No Subsurface
Based on the inspection of this water supply is ap Remarks:  Date 4-25-88	ater supply system and the proved.	he information containe	d on the water	well completion report
Date	Signed		Sanitarian	
Date	Signed	Su	pervisory Sanitarian	
C.H.S. 204 Rev. 4/83		Regional S	Sanitarian (If V.A. or	F.H.A.)

Foun GW-2 1978-10,000

County/City

# COMMONWEALTH OF VIRGINIA

WATER WELL COMPLETION REPORT

BWCM No.

State Water Control Board P. O. Box 11143 2111 North Hamilton St. Richmond, Va. 23230

Virginia Plane Coordinates

(Certification of Completion/County Permit)

County/City Stamp

SWC8 Permit	
County Permit	Culpeper
ertification of in This well does_ meet code/low in S.	
Date	
£-	r Office Use

Tax Map I.D. No. 8-11-4

, IIIA

Subdivision\_\_\_\_

Section

Class Well: 1

Block '

Lot

N	Owner Ri	<u>cha</u>	rd T. Pury	rear/Gi	eat Run	Associates
ΕΕ	•Well Design	natio	n or Number			
Latitude & Longitude	Address20	Se	cond Stree	e t		
N N	Wa	rre	nton, Va.	22186		
w	Phone	3	48-5100		-	•
Topo. Map No						
• Elevation ft.	Drilling Co.	ntrac	tor_DOMIN	ION W	ELL COME	PANY
● Formation			361-34			
• Lithology						3120
•River Basin	Phone					
	Phone					
•Province	WELLIOC	· A T I	ON:	161-:1		46
•Type Logs	1		ON:	_neet/mie		Tailection) of
• Cuttings	and	ام ما	feet/miles ease include ma	(dir	ection) of	-1
•Water Analysis	(II possib	ie pi	ease include ma	b suominé	location mai	Dir Dir
• Aquifer Test	Date start	ted	10-1-87	• Date	completed	10-2-87
	•	_		<del></del>	-	
. WELL DATA: New X Re					2. WATE	R DATA • Wa
•Total depth 190						water level (un
●Depth to bedrock 50				ft.	●Stabi	lized measured
• Hole size (Also include ream						lized yield2
• 10 inches from	n0	to.	62	ft.		ral Flow: Yes
• $6-1/8$ inches from	n <u>62</u>	to	190	ft.		ment on quality
•inches from						R ZONES: Fro
Casing size (I.D.) and materi						_ <u>160</u> To
• $6-1/4$ inches from		to	62	ft.		ToTo_
Material steel						
Wt. per foot 13		ness	100		4. USE D	
•inches from						of use: Drinkin
Material	·	_ (0		п.		igationF
Wt. per foot	Or wall thick	ness			IVI &	nufacturing
• inches trom				— '''.	He	creation
•inches from						ection, O
Material				<del></del>		of facility: Dor
Wt. per foot				in.	Pu	blic institution .
• Screen size and mesh for each					Co	mmercial
•inches from	T	. 10 -		<sup>17.</sup>	5. PUMP	DATA: Type_
• Mesh size	i Abe			<del></del>	●Int	ake depth
inches from	' <del></del>			ft.	6. WELLI	HEAD: Type w
• Mesh size					Pre	essure tank
•inches from		to		ft	Sar	npie tap
• Mesh size	Туре				We	Il vent
inches from	·	to _		ft.	Gat	e vaive
Mesh size	Түре					ctrical disconne
● Gravel pack						ECTION: Well
• From	to		ft.			te
• From	to		ft		Am	ount
• Grout						DONMENT (wh
•From 0 to	ft., Type	pre	essure			ing pulled yes
•From to						-
					Plu	gging grout Fro

Owner Dichard T

illes direction) of	
lirection) of	
ng location marked) Directions: See reverse	· · · · · · · · · · · · · · · · · · ·
te completed 10-2-87 Type rig air rotary	
•	
2. WATER DATA • Water temperature  • Static water level (unpumped level measured)  20	°F
•Static water level (unpumped level-measured) 20	<u> </u>
Stabilized measured pumping water level	
Stabilized yield 20 gpm after 1	hours
Natural Flow: Yes No 🗴 , flow rate:	g pm
Comment on quality <u>clear</u>	
3. WATER ZONES: From 90 To 92	
From <u>160</u> To <u>162</u> FromTo	
From To From To	
4. USE DATA:	
Type of use: Drinking 🔠 , Livestock Watering	
IrrigationFood processing, Household	
Manufacturing, Fire safety, Cleaning	
Recreation , Aesthetic , Cooling or heating	
Injection Other	'
Injection, Other  Type of facility: Domesticx_, Public water supply	<del></del>
Subticipations of the state of	
Public institution Farm, Industry	
Commercial Other	
5. PUMP DATA: Type Rated H.P.	
●Intake depth ●Capacity at	nead
6. WELLHEAD: Typc well seal	
Pressure tank gal., Loc.	
Sample tap, Measurement port	
Well vent, Pressure relief valve	
Gate valve, Check valve (when required)	
Electrical disconnect switch on power supply	
7. DISINFECTION: Well disinfected yes	no
Date, Disinfectant used	· · · · · · · · · · · · · · · · · · ·
Amount , Hours used	
8. ABANDONMENT (where applicable) •yesno	
Casing pulled yes nonot applicable  Plugging grout Fromtomaterial	

intende Inform cutting pumpa the sta	ed for wa lation requ is taken a ge and use te. Some (	uires submitting to the Virginia State Water Control Boar ter, or any other non-exempt well. This information mu- ired includes: an accurately and completely prepared with ten foot intervals (unless exemption is secured), the re- reports are required from owners of public supply and indicounties require submission of a water well completion re- supply wells.	ist be submitted whether the later well completion report, sults of any chemical analyses, ustrial wells. County or State p	well is comp full data from , and copies of ermits to drift	pleted, on standby, or abandoned. m any aquifer pumping tests, drill of any geophysical logs. Quarterly- Il may be required in some parts of
10. DR	ILLERS L	OG (use additional Sheets if necessary)		11.	12 DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH	(feet)	TYPE OF ROCK OR SOIL	REMARKS	Drilling	
From	To	(color, material, fossils, hardness, etc.)	(water, caving, cavities, broken, core, shot, (etc.)	Time	
			51 51 51 51 51 51 51 51 51 51 51 51 51 5	(Min.)	
0 50	50 150	BR. SAND & QUARTZ GRAY SHALE		7 - 7	
150	190	GRAY SHALE & LIMESTONE		•	
		RT. 66 W TO RT. 29 S TO WARREN (4TH TRAFFIC LIGHT) TO RT. 802 NEW CONSTRUCTION ON (R) BUILDE	STRAIGHT AHEAD 9		
				*	
				·	
<u>l</u>		13. Well lot	dedicated?; Size	ft, X	ft.; Well house?
		Distance Distance	to nearest pollutant source to nearest property line	ft	., Typeft.
illey Re 6 Norti O. Box idgewat 3-828-2	g. Off. n Main Str 268 ter, Va. 22 2595	rol Board Regional Offices  Piedmont Reg. Off.  eet 4010 West Broad Street  P. O. Box 6616  B12 Richmond, Va. 23230  804-257-1006	SERVICE PIPE: Checked u Pipe sizeinche	s , Material	
8 East I O. Box	, Va. 2421	t 287 Pembroke Office Park and/or s Suite 310 Pembroke No. 2 for well	ystem has been installed and	constructed impliance with	true and correct and that this we in accordance with the requirement happropriate county or independent of Virginia.
ecutive 312 Pe anoke,	rai Reg. O Park Hers Creek Va. 24019 1-7432	5515 Cherokee Avenue (Well Road Suite 404	driller or authorized serson)	Se Sicense No	rail. Date 10-5 8



#### ENVIRONMENTAL SYSTEMS SERVICE, LTD.

218 N. MAIN ST. CULPEPER, VIRGINIA 22701 703-825-6660

#### CERTIFICATE OF ANALYSIS

FOR: Great Run Associates

20 Second Street

Warrenton, Virginia 22186

SAMPLE NUMBER: ESS - 38755

SAMPLE SOURCE: Kitchen Tap - Ainsworth IV

DATE SAMPLED: April 22, 1988

PARAMETER

CONCENTRATION ( # OF TUBES WITH AIR)

Total Coliform (MPN)

0

This water sample has passed the minimum potable water test requirements as established by the Health Department.

REVIEWED BY:

Cheuje 15 Ludy 1000

Cheryl B. Ludy, Chemist/Lab Manager

REPORTED BY:

ENVIRONMENTAL SYSTEMS SERVICE, LTD.

P.O. Box 512

Culpeper, VA 22701

DATE:

April 25, 1988

VA Lab ID # - 00115

# Completion Statement

# Commonwealth of Virginia State Department of Health

State Department of H	ealth	Health Departmen Identification Nun	t nber <u>SD-87-306</u>
		Culpeper Cou	nty Health Department
lame of Company/Corpo	ration/Individual:		
Address:		Telephone:	4 - 1 1 - 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1
Owner's Name	Richard T. Puryear		
Owner's Address	Box 121, Remington,	VA 22734	
Location of Installation:	Lot 4	Block	
Section:		Subdivision: AINSWORTE	SUBDIVISION
Other:			
truction permit issued (d landling and Disposal Re	ate) 6-29-8 gulations and when appro	em has been installed and complet 7 and is in composition and specifications	liance with Part D of the Sewage for the project.
/ () = 6 - 8 Da	1 te	XVP fr	ignature and Title

# Sewage Disposal System Operation Permi

Commonwe	alth of	Virg	jinia
<b>Department</b>	of Hea	alth	

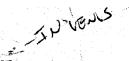
Department of Health		Health Department Identification No	SD-87-306	
Tax Map No. 8 - 11-4		Culpeper County	Health Department	
Rich				
to Operate a (Type) S	iewage Disposal System I	Having a Design Capacit	y of	gpa, at
SUBDIVISION	SECTION/BLOCK		LOT	
AINSWORTH SUBDIVISION			4	
with Previously Issued permits				
		Dated	NA	
with the understanding that the Owner with the Sewage Handling and Disposa Issuance of an Operating Permit does Period of Time.	Regulations of the Virgir	ia Department of Health	and any Variances or Con	ditions Granted.
VARIANCES GRANTED  NONE SEE ATTACHED	ing Singaport	SPECIAL CONDITIONS  NONE SEE	ATTACHED	Lender HO:

Recommended (Sanitarian)

Approved (State Health Commissioner)

C.H.S. 205 Rev. 4/83

Effective Date



# Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia  Department of Health	Health Department SD-04-299
CULPEACE COUNTY Health Department	Map Reference 801-4
Water Supply System: New Repair Publications Sewage Disposal System: New Repair Expair	andedConditional Public construction permit filed in accordance with Section 2.13
DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe)  To be installed: class TIC cased ROCK+ (2004) grouted 2019. (MW.)	Water supply location: Satisfactory yes on a comments III B INSTAUGN CAA Y GRUNT COmpletion Report I FAR OS NO CAA Y GRUNT G. W. 2 Received: yes on a not applicable a
Building sewer: I.D. PVC Schedule 40, or equivalent.  Slope 1.25" per 10' (minimum).  Other	Building sewer: yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity / 00 0 gals. (minimum).	Pretreatment unit: yes  no  comments Satisfactory
Inlet-outlet structure:  PVC Schedule 40, 4" tees or equivalent.  □ Other————————————————————————————————————	Inlet-outlet structure: yes   yes on □ comments Satisfactory
Pump and pump station: No ☑ Yes □ describe and show design. if yes:	Pump & pump station: yes □ no □ comments Satisfactory  () (4
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.  プ Other リップ・	Conveyance method: yes pro □ comments Satisfactory
Distribution box:  Precast concrete with <u>≤ 6</u> ports.  □ Other	Distribution box: yes pro □ 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.  ☐ Other————————————————————————————————————	Header lines: yes   yes   no □ comments  Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.  Other	Percolation lines: yes pro □ comments Satisfactory
Absorption trenches:  Square ft. required 1200 depth from ground surface to bottom of trench 18 aggregate size 12 - 1/2:  Trench bottom slope 2 TO 4 INCHES PSU 1007; center to center spacing 97; trench width 36"  Depth of aggregate 13 INCHES (MIN.)  Trench length 1009; Number of trenches	Absorption trenches: yes no comments Satisfactory  Date 2949412WS Inspected and approved by: Sanitarian

Health Department Identification Number 50 - 04 - 299

#### 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.

ΔH	The information required above hands additional sheets as necessary	to illustrate the design		
		to mustrate the design.	* Drawing	not to scale.
	ZWRUE PESSE		• Permit vo	id if house location interferes
8	10/200		with appr	oved drainfield location.
Ö	KESS!	LUE AROA 31	* Designed	for basement plumbing TYES NO
20	62	· · · · · · · · · · · · · · · ·	* Designed	for garbage disposal? YES NO
				to be 100+' from Class IIIC we
				en all Class IIIA&B wells.
			* Install 4	-100' lines, ON CONTOUR, in
- 11	01610		wide trend	hes, on d'centers.
		1	TTI TO THE REAL PROPERTY.	oches [B] Coop y CAN DEEPER
<u>-                                     </u>				valled header pipes recommende
.     6	1 // GAR		* Extend be	ader pipes 24" into gravel.
7/2	44	누구 들었던 이 없는 그 때	Tuse sings	expire gravel 0.5" to 1.5" diam.
1	25		T No persi	g or driving on drainfield system
'   4 7	125 HOUST	<b>=</b>	7 Divert ro	of drains away from drainfield.
		31	Trump scp	eic tasık every 3 - 5 years.
		1 21		STATES SECTION BUTCHES
				SYSTEM REQUIREMENTS
		1864		es checkvalve above connectors.
•				if water starm in dwelling.
			Throng to	r to supply pump specifications.
			1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	deliver gallons per cycle for a gallon tank).
la vert	100 FT+		CE EVEROVE	
			HOUGE	eption to be approved.
				L'ERROUIREMENTS
				well 100 4 sway from
		Ma light		of contamination.
,	1 /	00+ 131		NB grouts to be witnessed by
1.00		/ <b>(6</b> / 1	environme	ental health specialist.
	109+ OACUSS III	( ) ( )	* Water to	be shown potable before house
	10 h WE	u 18		
100	This sewage disposal sys	tem and/or water supr	oly is to be constructed a	specified by
	the perhit  or attache	d plans and specifica	lions	
This	sewage disposal system and/or well	construction permit is null a	nd void if (a) conditions are cha	anged from those shown on the
appl	ication (b) conditions are changed from	those shown on the constru	ction permit	🎢 내 그들 보는 그는 그릇들이
No.	part of any installation shall be soveres			
den	part of any installation shall be covered artment or unless expressly authorize	d by the local health dent	Any part of any installation wi	hich has been covered prior to
appi	roval shall be uncovered, if necessary, i	pon the direction of the Dep	artment.	
		7(1		
Dot	e: 25 JUME 04 Issued	- Land	L ks.	[This Comment
Val	.c. issued	i uy.	Sanitarian	This Construction   Permit Valid until
	e: 25 JUME 04 Issued	1011	Salualian /	remii valid until
Dat	ex Thure of Review	wed by Kalas	A Topical Elv	25.TUNE 05
		Sup	ervisory Sanitarian	
	If FHA or VA financing			
			가 생생하면서 기반생활을 보면 모습니다. 보다 15년 대학교 및 기계	
Rev	/iewed by Date		Date	
C.H.S		Supervisory Sanitarian FILE COPY		Regional Sanitarian

#### Record of Inspection - Private Water Supply System Commonwealth of Virginia **Health Department** I.D. Number <u>SD-04-299</u> Department of Health F.H.A. or V.A. Case Number If Applicable Local Health Department \_\_\_\_\_\_\_\_\_CULPEPER COUNTY Date 8 APRIL 2005 Address 18611 SPRINGS ROAD Owner ROY CRANE JEFFERSONTON, VA 22724 **Exact Location of Premises** -8C1 Subdivision \_\_AINSWORTH Lot -Section/Block \_ CURTIS PROS Class of nonpublic drinking water well. 1) Class III A \_\_ 2) Class III B \_ 3) Class III C -Date of installation 4JAN 05 1 Amis All 4) Other **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 \_\_\_\_\_ Pretreatment Unit \_\_\_\_\_ Conveyance System \_\_\_\_\_ Subsurface Soil Absorption System \_\_\_\_\_ (nearest point). Property Line\_\_\_\_\_ 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 325 feet. Type of casing Depth of casing 100 feet. Diameter of casing 644 inches. Casing extends inches above ground \_\_/S . Exterior space sealed with neat cement grout to a depth of 50 feet. Screens constructed of free of rough edges and irregularities, with positive watertight seal between screen and casing? \_ hours. Drawdown SWC=304 4. Quantity: Yield and drawdown determined by continuous pumping of feet. Yield 6 GPM. Type of storage 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 25 MAY 2005 Signed -

Signed

Signed

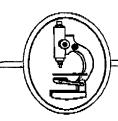
Supervisory Sanitarian

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

C.H.S. 204 Revised 9/90

Date.

Date.



### Joiner Micro Laboratories, Inc.

77-F West Lee Street • Warrenton, Virginia 20186 • (540) 347-7212

#### CERTIFICATE OF ANALYSIS

LAB ID:

# 64946

NAME:

Anderson Builders

P.O. Box B ADDRESS:

Amissville, VA 20106

PROPERTY:

Peggy Miller

18611 Springs Road

Jeffersonton, VA HD ID# SD 04-299 Tax Map Ref.# 8C1-4

SAMPLE SOURCE: Well

**SAMPLE LOCATION:** Pressure Tank

DATE AND TIME SAMPLE COLLECTED: 5-23-05/0956

SAMPLE COLLECTED BY: JML (Jason Joiner) SAMPLE RECEIVED FROM: JML (Jason Joiner)

DATE AND TIME SAMPLE RECEIVED IN LAB: 5-23-05/1244 SAMPLE CONTAINER: Sterile Plastic Container supplied by JML CHLORINE RESIDUAL: Non Detectable (tested at Sample Site)

TESTS REQUESTED: TOTAL COLIFORM BACTERIA

**METHOD OF ANALYSIS: ONPG-MUG TEST** 

ABSENT for Total Coliform Bacteria RESULTS:

ABSENT for E. coli

This water sample HAS PASSED the minimum potable water test requirements established by the Virginia Department of Health.

Certified by:

Robyn Joiner

**Biologist** 

May 24, 2005

Foun GW-2 19,78-10,000

P. O. Box 11143

State Water Control Board

COMMONWEALTH OF VIRGINIA WATER WELL COMPLETION REPORT

(Certification of Completion/County Permit)

Anderson

MG	اب	V	E	
				-

\_\_to\_\_

.material

Plugging grout From \_\_\_

2111 North Hamilton St. Richmond, Va. 23230	Anderson	SWCB Plante 0 2005
Country/City Culpino	en e	C Appropries   Meaning
Virginia Plane Coordinates	County/City Stamp	meet code/low requirement
virginia riane Coordinates	Paus Crana To & Curan /	Date

For Office Use •Well Designation or Number SD-04-299 Address /8/0// Latitude & Longitude Dorings Road Tax Map I.D. No. Phone W Subdivision Ainsworth • Topo. Map No. Section RC Drilling Contractor CURTIS BROS. DRILLING & PUMP SERVICE LLC • Elevation\_ Block Formation 5069 SUMERDUCK RD. Lot Lithology\_ SUMERDUCK, VA 22742 Class Well: I IIA • River Basin 540-439-8377 Phone 1118 118 JIIA •Province\_ IIIC \_ LIIID WELL LOCATION: • Type Logs\_ feet/miles direction) of Cuttings\_ feet/miles (direction) of (If possible please include map showing location marked) Water Analysis Aquifer Test 1111-

Date started LI 1105 •	Date completed 4/1/05 Type rig Air
WELL DATA: New Reworked Deepened	
• Total depth 325	2. WATER DATA • Water temperature
*Depth to bedrock 90 ft	-Static water level (unpumped level-measured)
Hale size (Also include reamed zones)	organized measured bumping water level 3014
• 10 inches from 0 to 100 ft	Stabilized yield
10 inches from 100 to 325	14aturar 104. 185 10 110w rate g c
	Comment on quality
•Casing size (I.D.) and material	o. Water Loves. From 10
• 10 14 inches from () 100	From To To To
Material Dlastic	From To From To
	4 LICE DATA.
Wt. per foot 4 or wall thickness 244 in	
inches fromtoft	IrrigationFood processing Household
Material Wit not took	Manufacturing, Fire safety Cleaning
Wt. per toot or wall thickness in.	Mecreation Assistant Continues
enches from to ft	Injection Other
Material	Type of facility On the Control of t
Wt. per footor wall thicknessin.	Public institution Farm Industry
• Screen size and mesh for each zone (where applicable)	Commence
inches from to ft	5. PUMP DATA: Type Rated H.P.
• Mesh sizeType	
inches from to	6. WELLHEAD: Type well seal
Mesh size Type	
Mach size inches from to ft.	
Type	
•	
Mesh size  Type	Gate valve Check valve (when required)
• Gravel pack	Electrical disconnect switch on power supply
• From to ft.	7. DISINFECTION: Well disinfected yes no
• From	Date Disinfectant used
	Amount Hours used
• From O to 50+ It., Type Pressure Ceme	8. ABANDONMENT (where applicable) eyesno
From tot., Type	Casing pulled yes no not applicable
, i ype	Plugging grout From 19 material

Owner	Rou	S. 1	Crans	Jr.	٤	Su	sano	Crar	ie

BWCM No.	

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes; an accurately and completely prepared water well completion report, full data from any squifer pumping tests, drill cuttings taken attem foot, intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly-pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DR	ILLERS L	OG (use additional Sheets if necessary)	÷	11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)	
	(feet)	TYPE OF ROCK OR SOIL	REMARKS	Drilling	11/11/3000	
From	To	(color, material, fossils, hardness, etc.)	(water, caving, cavities, broken, core, shot, (etc.)	Time (Min.)	IMELL DOD L	
0	90	Brown & Rd Soil			Casing 100f	
10	325	Brown & Rd Soil Brown Shale & Blue Store			Grout 50+ F	
					Well 305 F Casing 100 f Grout 50+ F water tight (	
		. ·				
		13. We	Il lot dedicated? Size	ft. X	ft., Well house?	
			stance to nearest pollutant source		ft., Typeft., Buildingft.	

#### State Water Control Board Regional Offices

Valley Reg. Off. 116 North Main Street P. O. Box 268 Bridgewater, Va. 22812 703-828-2595

Southwest Reg. Off. 408 East Main Street P. O. Box 476 Abingdon, Va. 24210 703-628-5183

West Central Reg. Off. **Executive Park** 5312 Peters Creek Road Roanoke, Va. 24019 703-982-7432

Piedmont Reg. Off. 4010 West Broad Street P. O. Box 6616 Richmond, Va. 23230 804-257-1006

Tidewater Reg. Off, 287 Pembroke Office Park Suite 310 Pembroke No. 2 Va. Beach, Va. 23462 804-499-8742

Northern Virginia Reg. Off. 5515 Cherokee Avenue Sulta 404 Alexandria, Va. 22312 703-750-9111

3.	Well for dedicated?	Size	ft. X	ft.; Well h	ouse?
	Distance to nearest pollutant	source	ft.,	Туре	
	Distance to nearest property I	ine	ft.,	Building	ft.

4.	WATER SERVICE PIPE: Checked under p.s.i. for
	minutes. Pipe sizeinches, Material
	Installer
	Date

15, I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia

Signature	Cuy	otal	C	mittes	all Date			)5
	(Well driller	br authorize	d personl	License No.	069	35	74F	)

50-04-299 760 - 798 29 April Mead

### **Soil Evaluation Form**

Commonwealth of Virginia Department of Health

PAGE \_\_\_\_\_ OF \_\_\_\_\_\_

Health Department | SD - 04 - 299 | | | Tax Map Number BC1-4

Applicant ROY & SUSAN CRANTS Telephone No.  Address  Owner Address  Location Subdivision Alus with Block/Section BC   Lot Y  Soil Information Summary  1. Position in landscape satisfactory Yes No   Describe SIDESWIPS  2. Slope Subdivision Strata Max Min None	General Information	
Address  Owner	Date 24 JUNE 04 CULPGER COUNT	1Health Department
Address  Owner	Applicant ROY & SUSAN CRANT Telephone No	
OwnerAddress		
Subdivision   ALUS LUBRATION   Block/Section   BC   Lot   Y		
Subdivision ALLS LUBRAN Block/Section	Owner Address	·
Soil Information Summary  1. Position in landscape satisfactory Yes Do No Describe SLOFSURDS  2. Slope	Location	
2. Slope	Subdivision AINS WWIN Block/Section 801 Lot	4
2. Slope	Soil Information Summary	and the second s
2. Slope	1. Position in landscape satisfactory Yes № No □ Describe \$1055cm >	
3. Depth to rock/impervious strata MaxMinNone		
3. Depth to rock/impervious strata MaxMinNone		-
4. Depth to seasonal water table (gray mottling or gray color) No   Yes	2. Slope%	
4. Depth to seasonal water table (gray mottling or gray color) No   Yes	3 Denth to rock (impervious strata, Max, Min, None	
6. Soil percolation rate estimated Yes   Texture group   II   IV   No   Estimated rate   Summi/inch   7. Percolation test performed Yes   Number of percolation test holes   No   Depth of percolation test holes   Average percolation rate   Name and title of evaluator:   Divors   L.   Jevis   E. S.   Signature:   Department Use   Site Approved: Drainfield to be placed at   Beasons for rejection:   Position in landscape subject to flooding or periodic saturation.   Insufficient depth of suitable soil to seasonal water table.   Rates of absorption too slow.   Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.   Proposed system too close to well.   Other Specify   Other Specify   Insufficient approach   Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.   Proposed system too close to well.   Other Specify   Insufficient approach   Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.   Proposed system too close to well.   Other Specify   Insufficient approach   Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.   Proposed system too close to well.   Other Specify   Insufficient approach   Insufficient area of acceptable soil for required drainfield.   Insufficient area of acceptable soil for required dr		36" 10 PITZ
6. Soil percolation rate estimated Yes   Texture group   II   IV   No   Estimated rate   Summi/inch   7. Percolation test performed Yes   Number of percolation test holes   No   Depth of percolation test holes   Average percolation rate   Name and title of evaluator:   Divors   L.   Jevis   E. S.   Signature:   Department Use   Site Approved: Drainfield to be placed at   Beasons for rejection:   Position in landscape subject to flooding or periodic saturation.   Insufficient depth of suitable soil to seasonal water table.   Rates of absorption too slow.   Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.   Proposed system too close to well.   Other Specify   Other Specify   Insufficient approach   Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.   Proposed system too close to well.   Other Specify   Insufficient approach   Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.   Proposed system too close to well.   Other Specify   Insufficient approach   Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.   Proposed system too close to well.   Other Specify   Insufficient approach   Insufficient area of acceptable soil for required drainfield.   Insufficient area of acceptable soil for required dr	4. Depth to seasonal water table (gray mottling or gray color) No □ Yes ✓ inches	
No   Estimated rate	5. Free water present No Yes range in inches	42" IN PIT 3
Note and title of evaluator:  Name and title of evaluator:  Dividia L., Jewin Jewin L., Jewin L.	6. Soil percolation rate estimated Yes ☐ Texture group 1 II ☐ IV  No ☐ Estimated rate ☐ min/inch	
Department Use    Site Approved: Drainfield to be placed at   B depth at site designated on permit.     Site Disapproved: Reasons for rejection:     Position in landscape subject to flooding or periodic saturation.     Insufficient depth of suitable soil over hard rock.     Insufficient depth of suitable soil to seasonal water table.     Rates of absorption too slow.     Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.     Proposed system too close to well.     Other Specify	No Depth of percolation test holes	
Department Use    Site Approved: Drainfield to be placed at   B depth at site designated on permit.     Site Disapproved: Reasons for rejection:     Position in landscape subject to flooding or periodic saturation.     Insufficient depth of suitable soil over hard rock.     Insufficient depth of suitable soil to seasonal water table.     Rates of absorption too slow.     Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.     Proposed system too close to well.     Other Specify		
Department Use  Site Approved: Drainfield to be placed at /8 depth at site designated on permit.  Site Disapproved:  Reasons for rejection:  In position in landscape subject to flooding or periodic saturation.  Insufficient depth of suitable soil over hard rock.  Insufficient depth of suitable soil to seasonal water table.  Rates of absorption too slow.  Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.  Proposed system too close to well.  Other Specify		
Site Approved: Drainfield to be placed at	Signature.	
Site Approved: Drainfield to be placed at _/8 depth at site designated on permit.    Site Disapproved:		·
Reasons for rejection:  1. Position in landscape subject to flooding or periodic saturation.  2. Insufficient depth of suitable soil over hard rock.  3. Insufficient depth of suitable soil to seasonal water table.  4. Rates of absorption too slow.  5. Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.  6. Proposed system too close to well.  7. Other Specify	Site Approved: Drainfield to be placed at 18 depth at site designated on permit.	
Reasons for rejection:  1. Position in landscape subject to flooding or periodic saturation.  2. Insufficient depth of suitable soil over hard rock.  3. Insufficient depth of suitable soil to seasonal water table.  4. Rates of absorption too slow.  5. Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.  Proposed system too close to well.  7. Other Specify	☐ Site Disapproved:	
<ol> <li>Position in landscape subject to flooding or periodic saturation.</li> <li>Insufficient depth of suitable soil over hard rock.</li> <li>Insufficient depth of suitable soil to seasonal water table.</li> <li>Rates of absorption too slow.</li> <li>Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.</li> <li>Proposed system too close to well.</li> <li>Other Specify</li></ol>		
<ul> <li>3. □ Insufficient depth of suitable soil to seasonal water table.</li> <li>4. □ Rates of absorption too slow.</li> <li>5. □ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.</li> <li>6. □ Proposed system too close to well.</li> <li>7. □ Other Specify</li></ul>	1. Position in landscape subject to flooding or periodic saturation.	
<ul> <li>4. □ Rates of absorption too slow.</li> <li>5. □ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.</li> <li>6. □ Proposed system too close to well.</li> <li>7. □ Other Specify</li></ul>		
<ul> <li>5. □ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.</li> <li>6. □ Proposed system too close to well.</li> <li>7. □ Other Specify</li></ul>		
6. □ Proposed system too close to well. 7. □ Other Specify		
7. Other Specify		

			i 1	7	 an	O
Date o	f Evaluation	1	Ч	JU	04	F

### Profile Description SOIL EVALUATION REPORT

Health Department 104 - 249 Identification No. 50 - 04 - 299

Page \_\_\_ 2\_ of \_\_ 2\_\_

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e., sewage disposal systems, wells, etc., within 100 feet of site (See section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

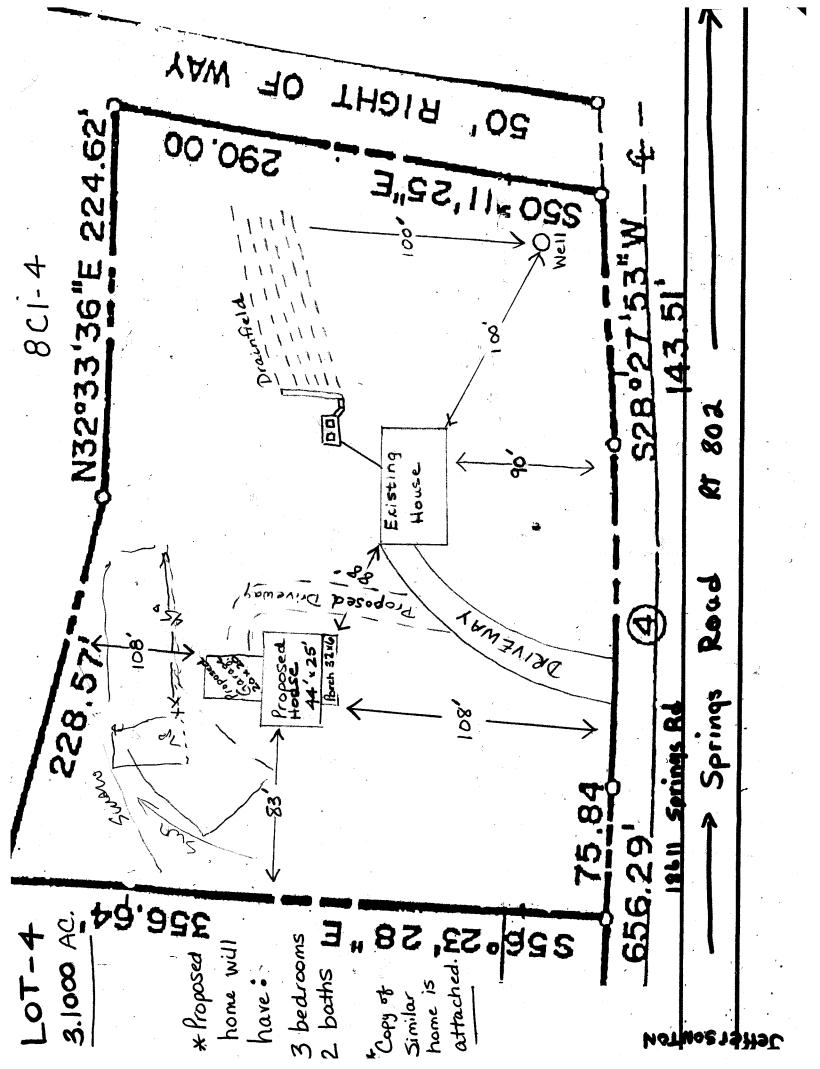
Hole #	Horizon	Donth (Inches)	Description of the second of t	T4
TIGIC#		Depth (Inches)	Description of, color, texture, etc.	Texture Grou
	AP	0-9	BRN (754R, 4/4) 5:66	TT
	B	9-24	RED YEL (SUR S/6) CL	TI
		·	.]	
	BC	24-48	100 (7.542, S/4) SICL	711
<del></del>		40 64	1674 20 17 TO 114 1 A 1A	<del></del>
		10-57	986 BW (7.842 S/4) AND OLIVE GRAY ( ) SICC	-61
<del>i</del>				<del></del>
2	Ap	0-12-	DARLE BRU (7 CUR. 3/4) (DABLES	
	- 7		DARLE BRU (754R, 3/4) CORBUSY	711
	-	(3 0		
	$\mathcal{B}$		431 BRN (7.54R, 5/4) CL	711
	-6	31 54	GRAY (104R, 712) OLIVE GRAY (64, 6/2) AND BRY (104R, 5/3) SICL CUBBURY	
			154, 6/2 \ ANN BRULLOYR, 5/3)	
			SICL CUBBURY	TIL
- 4"				· · · · · · · · · · · · · · · · · · ·
3	Ap	0-10	BRN (7,842, 4/4) S.CL	TII
	•			
	B	10-42	120 434 (542, 5/6) CL	-111
	-c	- //> 20		
		41-50	OLIVE GRY (54, 612) AND	
			2004EL (542, 516 ) Sile	TI
		<u> </u>		
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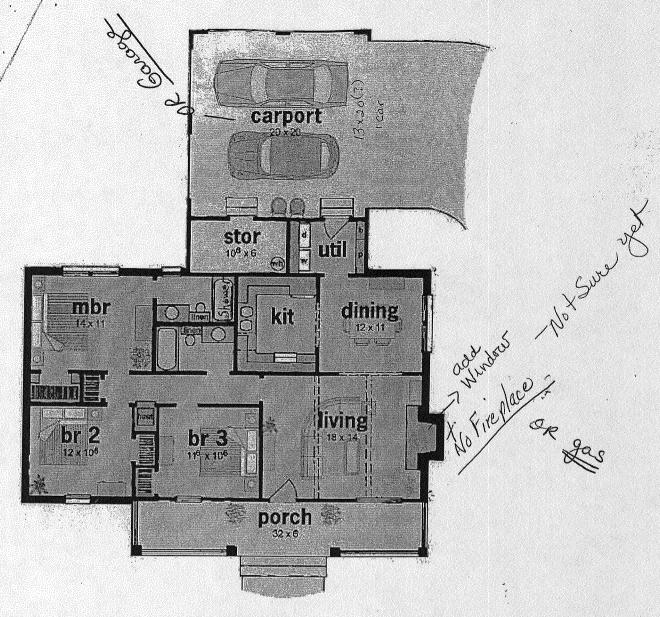
#240.00,CK#222 22003083

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

Health Department ID 50-04-299

To Be Completed By The Applicant
rpe of Sewage system: New Repair Expanded Conditional FHA/VA yes no Case No
wher Roy S. Crane, Jr  Address 8611 Springs Raine 937-3946  Susan M. Crane Deffersonton, VA 22724
From Culpeper, take Rt. 229 to Rt. 621 (right turn
Directions of Property Jeffersonton Rd.) It turns into Rt. 802 (Springs Rd.) After ass. Jeffersonton Raptist Church, property is 4th driveway on left.
ubdivision Ainsworth Section 8 Block Cl Lot 4
ther Property Identification
himension/size of Lot/Property
other Application Information
I. Building/facility Intermittent Use  New Existing No If yes, describe
II. Residential Use Termite Treatment  Yes No Yes No Single Family (Number of Bedrooms 3) (Number of Units)
Basement Yes No Fixtures in Basement Yes No
I. Commercial Use Yes No Describe:
Commercial/Wastewater Yes No Number of Patrons Number of Employees
yes, give volumes and describe
V. Water Supply:  Public Private  New Existing Existing
Describe: <u>driled well</u>
V. Proposed Sewage Disposal Method:
Onsite Sewage Disposal System: V 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 pography. I give permission to the Department to enter onto the property described for the purpose of prossing this application.
Signature of Owner/Agent  Crane  Click Date





© 2004 AREAPLANS, A HEAVY HAMMER COMPANY, ALL RIGHTS RESERVED

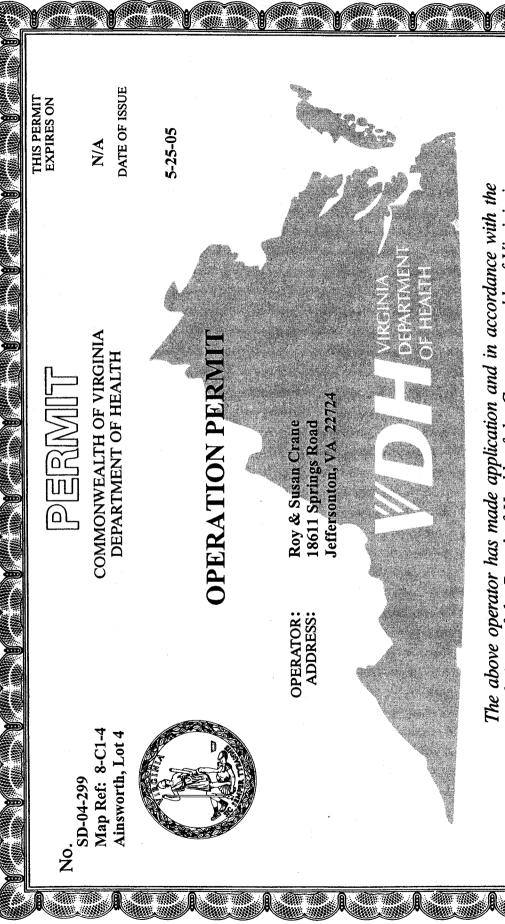
PRIVACY POLICY | TERMS OF USE | DISCLAIMER | ABOUT US

1) MBR- Change tub to Walk in Shower no Serre yet
2) No fire place / Add Wendow - no Serre yet
3) Only Need one Car garage
(maybe 2 - not Sevre)

### **Completion Statement**

Comn	nonwealth	of V	irginia
State	<b>Departme</b>	nt of	Health

State Department of Health	Health Department SD - 19 - 299
	CULSON COUNTY Health Department
Name of Company/Corporation/Individual:	. S BACKHOS
Address: 1201 Drogheda Min Rd. Ritty	4017 Telephone: 937-7/21
Owner's Address	
Location of Installation: Lot	Block C
Section:	Subdivision: AINSWORTH
Other:	
struction permit issued (date) 25 700 26  Handling and Disposal Regulations and when appropriate	
29 A/2216 2605	Signature and Title



sewage disposal system having a design capacity of The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is Health Department CULPEPER COUNTY 450 gallons per day (3 bedrooms). to operate a Type. authorized by the

A

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

HEALTH OFFICIAL

# VIRGINIA DEPARTMENT OF HEALTH

**Environmental Health** 

Permit Processing

SD#		SD-04- <i>2</i> 99	TAX MAP	
Owner(s):	Roy of Sus	san Crane		worth, Lot 4
Application for:	Q	WELL/SEPTIC		
Application Red Application Rev Fee Determinat Assigned to: Site Visit Sched Site Visit Made	riewed: tion: duled:	6-16-04	- - - - -	Pemc DIJ SJ.J
Deactivated	Purpose:			
Second Site Vis Issue/Deny Dra Issue/Deny Rev Issue/Deny Cou Issue/Deny	afted: viewed:	6-25-04 6-29-09 6-29-09 7-16-04	- -	Del es
Completion Sta Well Log Recei Record of Inspe Water Sample Operation Pern Op Permit Faxe	ection Signed Report nit Issued	eptic)	· · · · · · · · · · · · · · · · · · ·	
Other Activity	·			· · · · · · · · · · · · · · · · · · ·
Date		Activity		Initials



### COMMONWEALTH OF VIRGINIA

IN COOPERATION WITH THE STATE DEPARTMENT OF HEALTH

#### RAPPAHANNOCK-RAPIDAN HEALTH DISTRICT

640 Laurel Street
P. O. Box 1595
CULPEPER, VIRGINIA 22701-3993
(703) 829-7350
FAX (703) 829-7345

OFFICES IN

Culpeper
Fauquier
Madison
Orange
Rappahannock

August 24, 1992

Mr. & Mrs David Kidd Route 1, Box 102212 Jeffersonton, Virginia 22724

RE: Great Run Property
Tax Map 8C1, Parcel 4; Ainsworth Subdiv.

Dear Mr. & Mrs. Kidd:

A visual inspection of the drainfield area on the above mentioned property was made on 21 August 1992. At the time of the inspection, there was no evidence of the system malfunctioning. The system was installed and approved 25 April 1988, meeting all State Health Department requirements for a 3-bedroom dwelling in effect at that time. There appears to be adequate area for repairs, if and when this becomes necessary. This certificate in no way guarantees future operation, only that the system was functioning properly on this date.

The water supply was inspected and meets minimum standards of physical protection for certification by the Health Department.

Sincerely,

Douglas L. Jenkins,

Environmental Health Specialist

VIDE VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Unworth Subd.

#### CULPEPER COUNTY HEALTH DEPARTMENT 640 LAUREL STREET P. O. BOX 1595

CULPEPER, VIRGINIA 22701



REAL ESTATE CERTIFICATION APPLICATION

SEPTIC & WELL SUPPLY CERTIFICATION \$20.00 (Check made payable to Culpeper County Health Dept.)

The Culpeper County Sanitary Code requires that SEPTIC TANKS BE PUMPED AT LEAST EVERY FIVE YEARS. 8-31-92 PROPOSED CLOSING DATE RESULTS OF THE INVESTIGATION ARE TO BE SUPPLIED TO: (INDICATE FULL NAME AND ADDRESS) | DUG AND FOSTER Attu: Mrs. LEE Stewart P.O. Box 857 Warrenton Rt. 802 DeborAh KiDD/ OWNER DAVID 3 HOME PHONE MAILING ADDRESS RT. I Box 102 2120FFICE PHONE Tefferson ton VA. GIVE DIRECTIONS TO THE PROPERTY FROM CULPEPER Rt. 229 Rt. 802 , to split foyer Right SIGN 0~1 PROPERTY IDENTIFICATION NO. SECTION 8C PARCEL SUBDIVISION Ainsworth Division ORIGINAL AGE HOUSE OWNER RUN DATE Great DATE OF LAST SEPTIC TANK PUMPING -D-PLEASE CONTACT SANITARIAN FOR APPOINTMENT FOR FIELD VISIT. CALL 825-1300 WEEKDAYS ONLY BETWEEN 8:00 AND 9:00 A.M. OWNER'S SIGNATURE DATE APPLICANT'S SIGNATURE DATE

FOR HEALTH DEPARTMENT USE ONLY FEE PAID YES Rec # 090848 DATE DATE INSPECTED AUGUST 1992 RESULTS: DATE INSTALLED DRAINFIELD WELL REPAIR AREA SUFFICIENT

Form GW-2 1978-10,000

County/City

# COMMONWEALTH OF VIRGINIA

WATER WELL COMPLETION REPORT

BWCM No.	

State Water Control Board

#### (Certification of Completion/County Permit)

P. O. Box 11143 2111 North Hamilton St. Richmond, Va. 23230

TOP OFF

SWCB Permit	t
County Perm	nit Culpeper
This well doe meet code/lo	f inspecting official: esdoes not w requirements.
S Date	
	For Office Use
Tax Map I.D.	No. 8-11-4
Subdivision_	Ainsworth
Section	
Block N si	de Rt. 802

1118 IIIE.

ft.

\_3 tru

head

\_\_\_\_. Check valve (when required)

Electrical disconnect switch on power supply\_

8. ABANDONMENT (where applicable) •yes\_\_\_\_no\_

Date \_\_\_\_\_\_, Disinfectant used\_\_\_\_\_

7. DISINFECTION: Well disinfected \_\_\_\_\_\_ yes \_\_\_\_\_ no

Hours used

Casing pulled yes \_\_\_\_\_ no \_\_\_\_ not applicable \_\_\_\_

Plugging grout From \_\_\_\_\_to \_\_\_\_material

Topo. Map No.  Elevation  Formation	_E _E
Topo. Map No.  Elevation  Formation	
Topo. Map No.  Elevation  Formation	N
• Elevation	N
• Elevation	
• Elevation	_w
● Formation	
	_ft.
• Lithology	
<ul><li>Lithology</li></ul>	
●River Basin	
●Province	
●Type Logs	
● Cuttings	
•Water Analysis	
Aquifer Test	

Gravel pack • From \_

From

• \_\_\_\_\_\_inches from \_\_\_

• Mesh size \_\_\_\_\_Type \_\_\_

\_\_\_\_\_ to \_\_\_

County/City						This well does does not
	·		Co	ounty/Cit	y Stamp	meet code/low requirements. S
<ul> <li>Virginia Plane Coordinates</li> </ul>						Date
N	Owner	Rich	nard T. P	uryear	/Great Run Assoc.	For Office Use
	E		_		· · · · · · · · · · · · · · · · · · ·	For Office Ose
Latitude & Longitude	Address		Second St		272	
`			renton, V	a. 2218	86	Tax Map I.D. No. 8-11-4
<u> </u>	V Phone	<u> 347-</u>	<u>-5100</u>			Subdivision Ainsworth
Topo. Map No	.		DOMIN	ION WE	LL COMPANY	Section
• Elevationft	t. Drilling Co.		0/14 0.4			Block N side Rt. 802
Formation	_ Address		301-344	1:AAA.59	3545 001-5126	Lot4
Lithology	_			1 000-02	.0-4911	Class Well: I, IIA
River Basin	_ Phone					118, 111A, 1118
Province	_ [					IIICIIIDIIIE
Type Logs	WELL LOC	ATIO	N:	_(feet/mile	esdirection) of	
Cuttings	and		feet/miles	(dire	ection) of	
Water Analysis	_ (If possib	le plea	ise include ma	ap showing	location marked)	
Aquifer Test						
	Date start	ted]	<u> 10-1-87</u>	• Date	completed 10-2-87	Typerig air rotary
Depth to bedrock  Output  Depth to bedrock			<del></del>	ft.	<ul> <li>Stabilized measured put</li> </ul>	umped level-measured) 2 umping water level
Hole size (Also include rea					Stabilized yield 20	gpm after 1
• 10 inches fro	om0	. to _	62	ft.		No 📆 , flow rate:
• $6-1/8$ inches tro				ft.	Comment on quality	clear .
•inches tro	om	, to _		ft.		
Casing size (I.D.) and mater					3. WATER ZONES: From	90 To 92
• 6-7/4 inches from					3. WATER ZONES: From	<u>90 To 92 </u>
	ım <u>+1</u>	to _	62	ft.	3. WATER ZONES: From 160 To	90_To92 162_FromTo
Material steel					3. WATER ZONES: From 160 To	90_To92 162_FromTo
$\begin{array}{ccc} \text{Material} & \text{stee1} \\ \text{Wt. per foot} & 1 \\ \end{array}$	.3 or wall thick	ness_	.138	in.	3. WATER ZONES: From 160 To- From To 4. USE DATA:	90 To 92 162 From To To
Material stee1 Wt. per foot 1 inches from	3 or wall thick	ness_	.138	in.	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: "Drinking	1 90 To 92 162 From To To To X Livestock Watering
Material stee1  Wt. per foot 1  material inches from the material 1	or wall thick	cness	.188	in. ft.	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: Drinking	1 90 To 92 162 From To From To X Livestock Watering Dod processing Househad
Material stee1 Wt. per foot 1  Material inches from Material Wt. per toot 1	3 or wall thick	cness to	.188	in, ft, in,	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: Orinking Irrigation Fo Manufacturing	1 90 To 92  162 From To  From To  X Livestock Watering  Od processing Household  Fire safety Cleaning
Material stee1 Wt. per foot 1  - inches from Material	3 or wall thick	cness to	.188	in, ft, in,	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: Drinking Irrigation Fo Manufacturing Recreation	1 90 To 92  162 From To  From To  X Livestock Watering  od processing Househad  Fire safety Cleaning  Aesthetic Cooling of heating
Material stee1 Wt. per foot 1  inches from Material Wt. per foot inches from Material	or wall thick	ness to to	.188	in, ft, in, ft,	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: Drinking Irrigation Fo Manufacturing Recreation Injection Oth	x Livestock Watering  A processing Househed  Fire safety Cleaning  Aesthetic Cooling of heating
Material steel Wt. per foot 1  inches from Material Wt. per toot  inches from Material Wt. per foot 1	or wall thick	ness	.188	in, ft, in, ft,	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: Drinking Irrigation Fo Manufacturing Recreation Injection Oth	x Livestock Watering  X Livestock Watering  Dod processing Househed Fire safety Cleaning  Aesthetic Cooling or heating liver  Stic X, Public water supply
Material stee1 Wt. per foot 1  material inches from Material Wt. per foot inches from Material wt. per foot street foot inches from Material wt. per foot inches for each for	or wall thick	nesstonessapplic	.188	ininininin.	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: Drinking Irrigation Fo Manufacturing Recreation Injection Oth Type of facility: Dome	1 90 To 92  162 From To  From To  X Livestock Watering  Od processing Househed  Fire safety Cleaning  Aesthetic Cooling or heating  ier X Public water supply  Farm Industry
Material stee1  Wt. per foot 1  Material inches from Material inches fro	or wall thick	ness to ness applicato	.188	inftinftinft.	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: Drinking Irrigation Fo Manufacturing Recreation Injection Oth Type of facility: Dome Public institution Commercial	1 90 To 92  162 From To  From To  X Livestock Watering  Od processing Household  Fire safety Cleaning  Aesthetic Cooling or heating  ier  Stic X, Public water supply  Farm Industry  Other
Material stee1  Wt. per foot 1  material wt. per toot inches from Material wt. per foot Screen size and mesh for earling inches from Mesh size	or wall thick or or wall thick or or wall thick ach zone (where m	nesstonessapplicato	.188	inininininift.	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: Drinking Irrigation Fo Manufacturing Recreation Injection Oth Type of facility: Dome Public institution Commercial 5. PUMP DATA: Type	1 90 To 92  162 From To  From To  X Livestock Watering  od processing Househad  Fire safety Cleaning  Aesthetic Cooling or heating  ier  stic X, Public water supply  Farm Industry  Other  Rated H.P.
Material stee1  Wt. per foot1	or wall thick or or wall thick or or wall thick ach zone (where or or	ness to ness to ness applicato	.188	inininitinit.	3. WATER ZONES: From From 160 To From To 4. USE DATA: Type of use: Drinking Irrigation Fo Manufacturing Recreation Injection Oth Type of facility: Dome Public institution Commercial 5. PUMP DATA: Type Intake depth	1 90 To 92  162 From To  From To  X Livestock Watering  od processing Household Fire safety Cleaning  Aesthetic Cooling of heating  ier  stic X Public water supply  Farm Industry  Other  PRated H.P.
Material steel Wt. per foot 1  inches from Material Wt. per toot  inches trom Material Wt. per foot  Screen size and mesh for each inches from Mesh size  Mesh size  Mesh size	or wall thick or or wall thick or or wall thick ach zone (where m Type Type	ness_to_ness_applicato_to_	able)	in.  ft.  in.  ft.  in.  ft.  in.  ft.	3. WATER ZONES: From From 160 To From To  4. USE DATA: Type of use: Drinking Irrigation Fo Manufacturing Recreation Injection Oth Type of facility: Dome Public institution Commercial 5. PUMP DATA: Type Intake depth 6. WELLHEAD: Typc well	1 90 To 92  162 From To  From To  X Livestock Watering  Od processing Househed Fire safety Cleaning  Aesthetic Cooling of heating her  Stic X, Public water supply  Farm Industry  Other  Rated H.P.  Capacity at
Material stee1  Wt. per foot 1  inches from Material  Wt. per toot inches trom Material  Wt. per foot Screen size and mesh for ear inches from Mesh size inches from Mesh size inches from Mesh for ear inches from Mesh size inches from Mesh size inches from Mesh size	or wall thick or  or wall thick or  or wall thick or  Type  Type  Type	ness to ness to ness applicato to	able)	inftinftftft.	3. WATER ZONES: From From 160 To From To  4. USE DATA: Type of use: Drinking Irrigation Fo Manufacturing Recreation Injection Oth Type of facility: Dome Public institution Commercial  5. PUMP DATA: Type Intake depth 6. WELLHEAD: Typc well Pressure tank	1 90 To 92  162 From To  From To  X Livestock Watering  od processing Household Fire safety Cleaning  Aesthetic Cooling or heating  ier  stic X, Public water supply  Farm Industry  Other  PRated H.P.

Gate valve

•From 0 to 34 ft., Type pressure

Owner			١.	
O milet				٠.

BWCM No

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly-pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)  DEPTH (feet) TYPE OF ROCK OR SOIL		Table additional Graces in necessary	se additional Sineets if necessary)		12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)		
		TYPE OF ROCK OR SOIL	REMARKS	Orilling			
·m	To	(color; material, fossils, hardness, etc.)	(water, caving, cavities, broken, core, shot, (etc.)	Time (Min.)			
	. 50	BR. SAND & QUARTZ					
	150	GRAY SHALE					
	190	GRAY SHALE & LIMESTONE					
	1.						
- 1							
-							
	- 1						
	`` <u> </u> .						
	.						
			Andread Call				
-							
					원명 이 하고, 보통합니다.		
do	021222						
120	A						
183							
0	CT 1987						
4	CEIVE	က <sup>ညြို</sup>					
	PEPER CLITH DEF	D. 13. Well lo Distance					
IEΝ	I TH DEG	Dietan	t dedicated?; Size te to nearest pollutant source	n.x _	ft., Well house?		
		Distance	te to nearest property line		t., Building ft.		
<u> 2</u> 0	4001						
~	ter Contr	14 WATER	SERVICE PIPE Chacked	, mater	p. s. i. for		

116 North Main Street P. O. Box 268 Bridgewater, Va. 22812 703-828-2595

Southwest Reg. Off. 408 East Main Street P. O. Box 476 Abingdon, Va. 24210 703-628-5183

West Central Reg. Off. **Executive Park** 5312 Peters Creek Road Roanoke, Va. 24019 708 - 982 - 7432

4010 West Broad Street P. O. Box 6616 Richmond, Va. 23230 804-257-1006

Tidewater Reg. Off. 287 Pembroke Office Park Suite 310 Pembroke No. 2 Va. Beach, Va. 23462 804-499-8742

Northern Virginia Reg. Off. 5515 Cherokee Avenue Suite 404 Alexandria, Va. 22312 703-750-9111

	MEIL IOF GEOICAGEO:	, 3128		11., 9961	HOUSE:
	Distance to nearest pollutan	t source		ft., Type	
	Distance to nearest property	line		ft., Building _	ft.
14.	WATER SERVICE PIPE:	Checked un	der	p. s. i.	for
	minutes. Pipe size				
	Installer		and the second		
	Date				

15. I certify that the information contained herein is true and correct and that this well and/ar system has been installed and constructed in accordance with the requirements well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature

(Seal). Date 10-19

(Well driller or authorized person)

License No.