TM 8C1-4
SD-87-306 Springs Rd

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Culpeper County Health Department

Health Department Identification Number SD-87-306
Map Reference 8-11-4

General Information

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. Purvear Telephone 439-2490

Address Box 121, Remington, VA 22734

For a Type I Sewage disposal system which is to be constructed on/at _____

Subdivision AINSWORTH SUBDIVISION Section/Block _____ Lot 4

Actual or estimated water use 450 gpd (3 bedrooms)

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class III cased ROCK + grouted ≥ 20'	**Water supply location:** Satisfactory yes ☒ no ☐ comments Certified as Class IIB 10-9-87 ALS G.W. 2 Received: yes ☒ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other _____	**Building sewer:** yes ☑ no ☐ comments Satisfactory
Septic tank: Capacity 1000 gals. (minimum). ☐ Other _____	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. ☐ Other _____	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory 2" on T's
Pump and pump station: No ☒ Yes ☐ describe and show design. if yes: _____	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory N/A
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☒ Other 4"	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with ≥ 7 ports. ☐ Other _____	**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 1½"; Trench bottom slope 2"-4"/100'; center to center spacing 8'; trench width 2' Depth of aggregate 13"; Trench length 100'; Number of trenches 6	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory Date 10-8-87 Inspected and approved by: _____ Sanitarian

C.H.S. 202A Revised 6/84 II-2

AINSWORTH Lot 4

104 102½ 105 108½ 125 127

Health Department
Identification Number SD-87-306

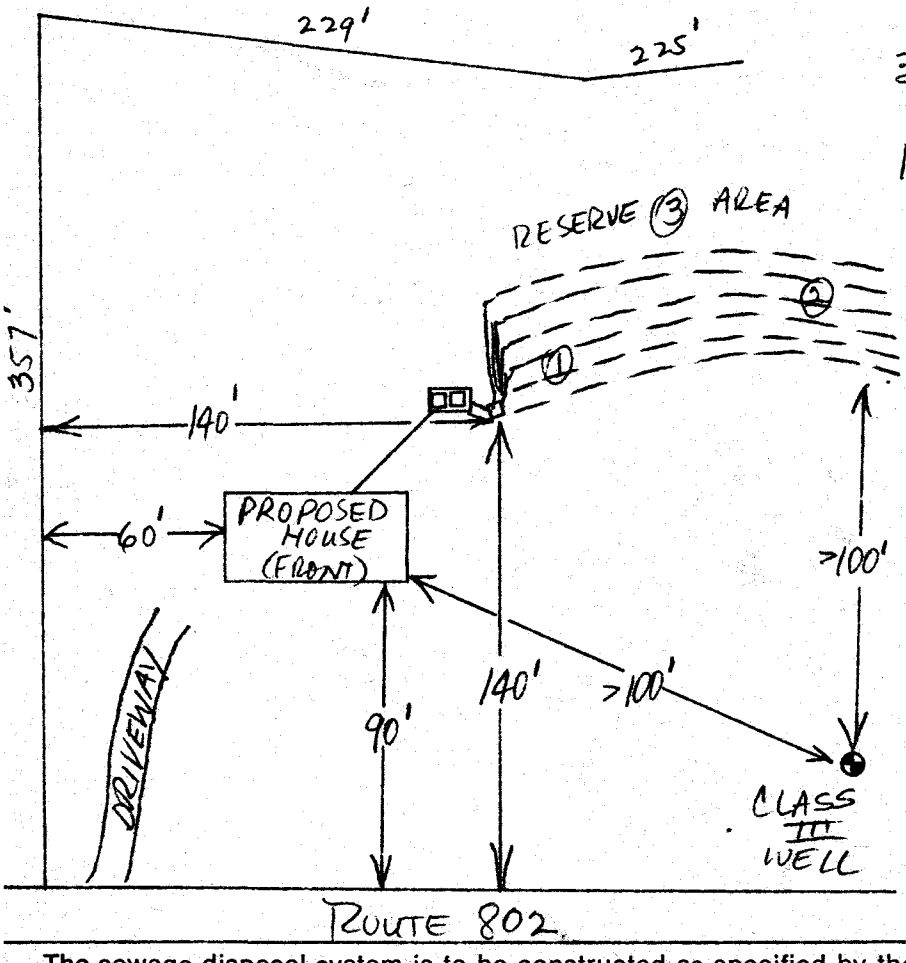
Schematic drawing of sewage disposal system and topographic features. PAGE 2 OF 2

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' lines, on contour, in 2' wide trenches, on 8' centers 30" deep

1000-gallon septic tank

HOLD BASEMENT FOUNDATION HIGH ENOUGH TO REACH DESIGNATED DRAINFIELD SITE WITH SEWAGE.

Case & grout well at least 20' deep; seal with a vented wellseal cap.

Water to be proven potable before house occupancy.

INCOURTH'S LOT 4

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

Date: 6-29-87 Reviewed by: _____ Supervisory Sanitarian

This Construction Permit Valid until 12-28-91

If FHA or VA financing

Reviewed by Date _____ Supervisory Sanitarian Date _____ Regional Sanitarian

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

11-2A

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number SD-87-306
Tax Map Number 8-11-4

General Information

Date 6-24-87 _____ Health Department

Applicant R. Puryear Telephone No. _____

Address _____

Owner _____ Address _____

Location _____

Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe _____

2. Slope 6 %

3. Depth to rock/impervious strata Max. Unk Min. 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 I 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-Jackson, Sanitarian

Signature: C S Dunford-Jackson

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.
5. ☐ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. ☐ Proposed system too close to well.
7. ☐ Other Specify _____

Date of Evaluation 6-24-87

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. SD-87-306

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.

☐ See application sketch ☒ See construction permit ☐ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
1	Ap	0-6	DRBCL	III
	B_2t	6-13	BRC	III
	B_3	13-40	BRSiCL	III
	C	40-60+	B-RBSiL	III
2	Ap	0-7	DRBCL	III
	B	7-13	BRCL	III
	C	13-46	BRSiCL	III
	CR	46-50+	RBSiL (about 50% rock)	III-IV
3	A	0-6	DRBCL	III
	B	6-13	BRCL	III
	C	13-45	RSiCL	III
	R	45+	ROCK	—

Remarks:

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number SD-87-306
Map Reference 8 - 11 - 4

Culpeper Co. Health Department

Date Received 6-23-87

To Be Completed By The Applicant

Type sewage system: ☑ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☐

Owner Richard T Burruss Address Box 121 Remington VA 22734 Phone 4292490

Agent _____ Address _____ Phone _____

Directions to Property North Rt 229 Left Rt 621 turns into 802 in Jeffersonton 1/4 mile out of Jeffersonton Lot #4 on Left near Power Line

Subdivision Ainsworth Section _____ Block _____ Lot #4

Other Property Identification _____

Dimensions/size of Lot/Property 3.1 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 ☐ Multifamily Number of Units ___ Number of Bedrooms 3
Basement ☑ Yes ☐ No
Fixtures in Basement ☑ Yes ☐ No

III. Commercial Use ☐ Yes ☑ No Describe: _____

Commercial/Wastewater ☐ Yes ☑ No Number of Patrons ___ Number of Employees ___
If yes, give volumes and describe _____

IV. Water Supply: ☐ Public ☐ New Describe: well
☑ Private ☐ Existing

V. Proposed Installation: ☑ Septic tank and drainfield ☐ Other
If other, describe _____

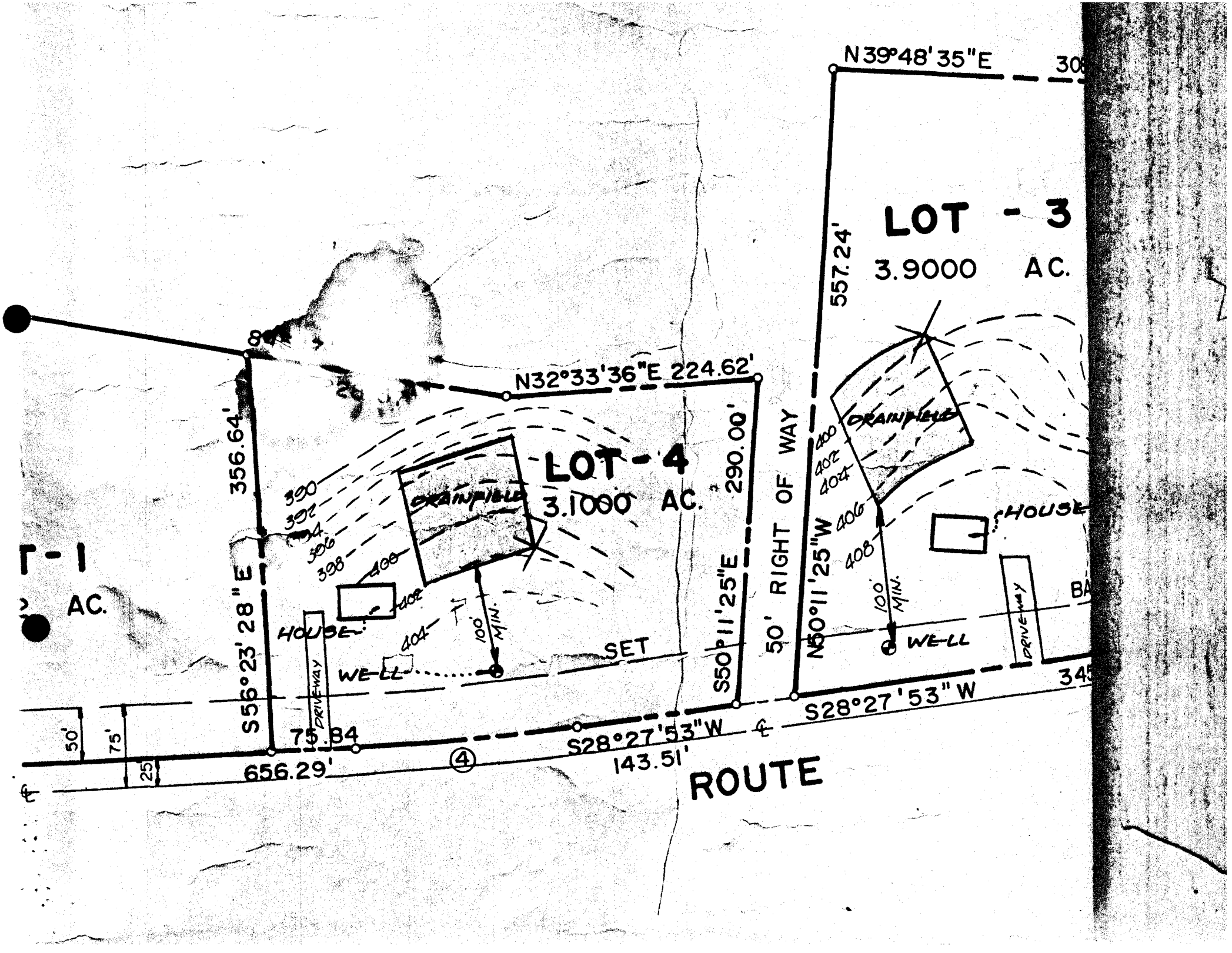
SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or 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.

Richard T Burruss
Signature of owner/agent

6-24-87
Date

C.H.S. 200 Revised 4/83


N39°48'35"E
LOT - 3
3.9000 AC.
557.24'
N32°33'36"E 224.62'
LOT - 4
3.1000 AC.
356.64'
290.00'
S56°23'28"E
S50°11'25"E
50' RIGHT OF WAY
N50°11'25"W
DRAINFIELD
HOUSE
WELL
SET
100' MIN.
DRIVEWAY
75.84
656.29'
143.51'
S28°27'53"W
ROUTE
50'
75'
25'

Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Use of form required only when water supply constructed in conjunction with an on-site sewage disposal system, or when FHA, VA financing is involved.

Health Department I.D. Number SD-87-306

F.H.A. or V.A. Case Number If Applicable

Map Reference: 8 | | 11-4

Date _____ Local Health Department Culpeper County

Owner Richard T. Puryear Address Box 121, Remington, VA 22734 Phone 439-2490

Exact Location of Premises _____

Subdivision AINSWORTH SUBDIVISION Section/Block _____ Lot 4

Class of nonpublic drinking water well.

~~1) Class III~~	A. (drilled well)	☒
2) Class III	B. (bored well)	☐
3) Class III	C. (jetted well)	☐
4) Class III	D. (dug well)	☐
5) Other	E. Class IIB ☒ Grouted 62 10-9-87 CHS	☐

Date of installation 10-2-87

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 18.02.07. Yes ☒ No ☐
2. Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
   Building Sewer >100 Pretreatment Unit >100' Conveyance System >100' Subsurface Soil Absorption System 107' (nearest point). Property Line 23' Other horse 100'.
   Site graded where necessary to divert water away from well? Yes ☐ ☐ No n.a. ☒
3. Construction, General: (see Section 18.02.05, and 18.02.02)
   Total depth of well 190 feet. Type of casing 0.188 Steel. Depth of casing 62 feet. Diameter of casing 6 inches. Casing extends inches above ground 14. Exterior space around casing sealed with neat cement grout to a depth of ~~62~~ 62 feet. Screens constructed of _____
   free of rough edges and irregularities, with positive watertight seal between screen and casing? ☐ yes no ☐ n.a. ☒ Well head and opening to the interior protected? yes ☒ no ☐ Type of well seal _____
   Pitless adapter used? yes ☐ no ☐ n.a. ☐ Properly installed? yes ☐ no ☐ n.a. ☐ Proper venting? yes ☐ no ☐ n.a. ☐
4. Quantity: Yield and drawdown determined by continuous pumping of 1 hours. Drawdown Unk feet. Yield 20 GPM. Type of storage pressure
5. Quality: Sample tap provided at entry into system? yes ☒ no ☐ Sample(s) collected? yes ☒ no ☐
   Results of samples. Satisfactory ☒ Unsatisfactory ☐ (attach copy of results to 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 is approved. ☐

Remarks: Grouted 10-9-87 CHS

Date 4-25-88 Signed _____ Sanitarian

Date _____ Signed _____ Supervisory Sanitarian

Date _____ Signed _____ Regional Sanitarian (If V.A. or F.H.A.)

C.H.S. 204 Rev. 4/83

Form GW-2
1978-10,000

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT
(Certification of Completion/County Permit)

• BWCM No. _____

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

SWCB Permit _____
County Permit Culpeper
Certification of inspecting official:
This well does _____ does not _____ meet code/low requirements.
S. _____
Date _____
For Office Use

County/City _____
County/City Stamp

• Virginia Plane Coordinates
_____ N
_____ E
Latitude & Longitude
_____ N
_____ W
• Topo. Map No. _____
• Elevation _____ ft.
• Formation _____
• Lithology _____
• River Basin _____
• Province _____
• Type Logs _____
• Cuttings _____
• Water Analysis _____
• Aquifer Test _____

• Owner Richard T. Puryear/Great Run Associates
• Well Designation or Number _____
Address 20 Second Street
Warrenton, Va. 22186
Phone 348-5100

• Drilling Contractor DOMINION WELL COMPANY
Address 361-3443 Manassas 361-9126
1-800-523-2977
Phone _____

Tax Map I.D. No. 8-11-4
Subdivision Ainsworth
Section _____
Block _____
Lot 4
Class Well: I _____, IIA _____, IIB _____, IIIA _____, IIIB x, IIIC _____ IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of _____
(If possible please include map showing location marked) Directions: See reverse

Date started 10-1-87 • Date completed 10-2-87 Type rig air rotary

1. WELL DATA: New x Reworked _____ Deepened _____
• Total depth 190 ft.
• Depth to bedrock 50 ft.
• Hole size (Also include reamed zones)
• 10 inches from 0 to 62 ft.
• 6-1/8 inches from 62 to 190 ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 6-1/4 inches from +1 to 62 ft.
Material steel
Wt. per foot 13 or wall thickness .188 in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• Screen size and mesh for each zone (where applicable)
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• Gravel pack
• From _____ to _____ ft.
• From _____ to _____ ft.
• Grout
• From 0 to _____ ft., Type pressure
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ °F
• Static water level (unpumped level-measured) 20 ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield 20 gpm after 1 hours
Natural Flow: Yes _____ No x, flow rate: _____ gpm
Comment on quality clear

3. WATER ZONES: From 90 To 92
From 160 To 162 From _____ To _____
From _____ To _____ From _____ To _____

4. USE DATA:
Type of use: Drinking x, Livestock Watering _____,
Irrigation _____ Food processing _____, Household x,
Manufacturing _____, Fire safety _____, Cleaning _____,
Recreation _____, Aesthetic _____, Cooling or heating _____,
Injection _____, Other _____
• Type of facility: Domestic x, Public water supply _____,
Public institution _____ Farm _____, Industry _____,
Commercial _____, Other _____

5. PUMP DATA: Type _____ • Rated H.P. _____
• Intake depth _____ • Capacity _____ at _____ head

6. WELLHEAD: Type 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) • yes _____ no _____
Casing pulled yes _____ no _____ not applicable _____
Plugging grout From _____ to _____ material _____

OVER

Owner _____ 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) From	DEPTH (feet) To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)	11. Drilling Time (Min.)
0	50	BR. SAND & QUARTZ		
50	150	GRAY SHALE		
150	190	GRAY SHALE & LIMESTONE		
		RT. 66 W TO RT. 29 S TO WARRENTON (R) ON CULPEPER ST. (4TH TRAFFIC LIGHT) TO RT. 802 STRAIGHT AHEAD 9 MILES NEW CONSTRUCTION ON (R) BUILDERS SIGN.		

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)

13. Well lot dedicated? _____; Size _____ ft. X _____ ft.; Well house? _____
Distance to nearest pollutant source _____ ft., Type _____
Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches, 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 John M Chaney (Seal), Date 10-5-87
(Well driller or authorized person)
License No. _____

State Water Control Board Regional Offices

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

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

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

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

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

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

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: Cheryl B. Ludy 4/25/88
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

Health Department Identification Number SD-87-306

Culpeper County Health Department

Name of Company/Corporation/Individual: _____

Address: _____ Telephone: _____

Owner's Name Richard T. Puryear

Owner's Address Box 121, Remington, VA 22734

Location of Installation: Lot 4 Block _____

Section: _____ Subdivision: AINSWORTH SUBDIVISION

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 6-29-87 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

10-6-87
Date

x VP James Barkley
Signature and Title

C.H.S. 203 Rev. 4/83

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. SD-87-306
Culpeper County Health Department

Tax Map No. 8 - 11-4

Richard T. Puryear is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
AINSWORTH SUBDIVISION		4

This permit is issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and with Previously Issued permits NA Dated NA

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted. Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

VARIANCES GRANTED
☒ NONE ☐ SEE ATTACHED

SPECIAL CONDITIONS
☒ NONE ☐ SEE ATTACHED

4-25-88
Effective Date

Recommended (Sanitarian)

C.M.G. BUTTER, M.D., M.P.H.
Approved (State Health Commissioner)

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

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
CULPEPER COUNTY Health Department

Health Department Identification Number SD-04-299
Map Reference 8C1-4

General Information

Water Supply System: New X Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New X Repair ___ Expanded ___ Conditional ___ Public ___

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner ROY S. CRANE, JR. & SUSAN M. CRANE Telephone 937-3946
Address 18611 SPRINGS ROAD, JEFFERSONTON For a Type I Sewage Disposal System or Well to be constructed on/at
Subdivision AINSWORTH Section/Block 8C1 Lot 4 Actual or estimated water use 450GPD

3 BED Rm

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) ___ **To be installed:** class IIC cased ROCK (20FT+) grouted 20FT. (MIN.)	**Water supply location:** Satisfactory yes ☒ no ☐ comments IIIB INSTALLED 4 YARDS DIA CAP & GROUT Completion Report G. W. 2 Received: yes ☒ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☒ no ☐ comments Satisfactory
Septic tank: Capacity 1000 gals. (minimum). ☐ Other ___	**Pretreatment unit:** yes ☒ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☒ no ☐ comments Satisfactory
Pump and pump station: No ☒ Yes ☐ describe and show design. if yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory N/A
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☒ Other 4" I.D.	**Conveyance method:** yes ☒ no ☐ comments Satisfactory
Distribution box: Precast concrete with ≥ 6 ports. ☐ Other ___	**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 18; aggregate size 1/2 - 1 1/2; Trench bottom slope 2 TO 4 INCHES PER 100FT.; center to center spacing 9FT; trench width 36" Depth of aggregate 13 INCHES (MIN.) Trench length 100FT.; Number of trenches 4	**Absorption trenches:** yes ☒ no ☐ comments Satisfactory Date 29 APRIL 2005 Inspected and approved by: Doug L. Johnson Sanitarian

C.H.S 202A DO NOT USE #57 GRAVELS.

AINSWORTH 1-4

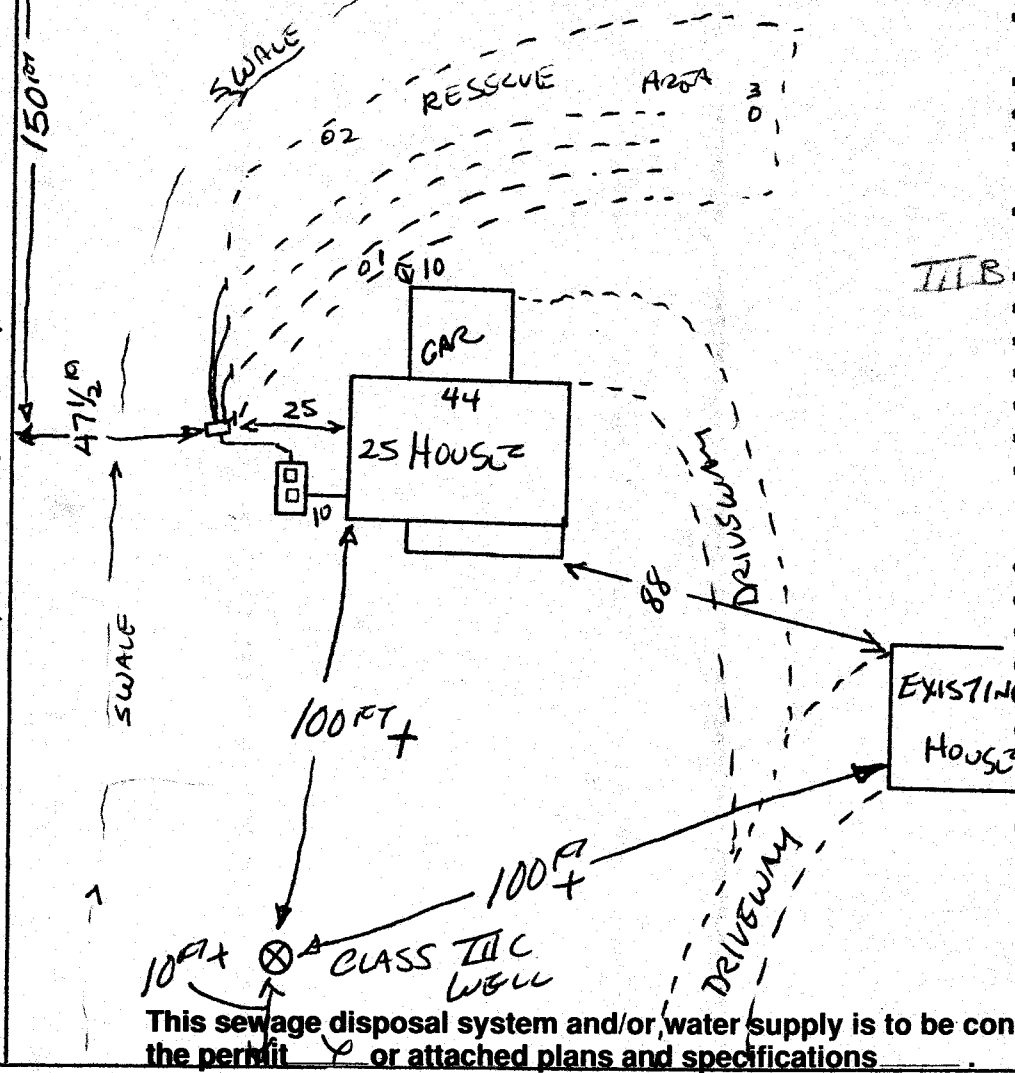
-IN VENS

Health Department
Identification Number SD - 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.

☐ 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.



- Drawing not to scale.
- Permit void if house location interferes with approved drainfield location.
- Designed for basement plumbing? YES (NO)
- Designed for garbage disposal? YES (NO)
- Drainfield to be 100+' from Class IIIC wel and 50' from all Class IIIA&B wells.
- Install 4 - 100' lines, ON CONTOUR, in 36" wide trenches, on 4' centers.
- Install trenches 18" deep. (AND DEEPER)
- Smooth walled header pipes recommended
- Extend header pipes 24" into gravel.
- Use single size gravel 0.5" to 1.5" diam.
- No parking or driving on drainfield system
- Divert roof drains away from drainfield.
- Pump septic tank every 3 - 5 years.

PUMP SYSTEM REQUIREMENTS

- Install brass checkvalve above connectors.
- Install high-water alarm in dwelling.
- Contractor to supply pump specifications.
- Pump to deliver ___ gallons per cycle (___ drawdown for a ___ gallon tank).
- Pump operation to be approved.

WELL REQUIREMENTS

- Install Class IIIC well 100' + away from all sources of contamination.
- All Class IIIB grouts to be witnessed by environmental health specialist.
- Water to be shown potable before house occupancy.

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

SPRINGS ROAD RTE 802

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: 25 JUNE 04 **Issued by:** Douglas L. Johnson
Sanitarian

Date: 29 June 04 **Reviewed by:** [signature]
Supervisory Sanitarian

This Construction Permit Valid until 25 JUNE 05

If FHA or VA financing

Reviewed by Date _____ _____ **Date** _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B

FILE COPY

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number SD-04-299

F.H.A. or V.A. Case Number
If Applicable

Date 8 APRIL 2005 Local Health Department CULPEPER COUNTY

Owner ROY CRANE Address 18611 SPRINGS ROAD, JEFFERSONTON, VA 22724 Phone

Exact Location of Premises

Subdivision AINSWORTH Section/Block 8C1 Lot 4

CURTIS BROS.

Class of nonpublic drinking water well. 1) Class III A ___ 2) Class III B X 3) Class III C ___ 4) Other ___

Date of installation 4 JAN 05

1 APRIL 2005

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 PVC
   Depth of casing 100 feet. Diameter of casing 6¼ inches.
   Casing extends inches above ground 15. 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?
   Yes ☒ No ☐ N/A ☐ Well head and opening to the interior protected? Yes ☒ No ☐
   Type of well seal WATERTIGHT, VBN985 Pitless adapter used? Yes ☒ No ☐ N/A ☐
   Properly installed? Yes ☐ No ☐ N/A ☒ Proper venting? Yes ☒ No ☐ N/A ☐
4. Quantity: Yield and drawdown determined by continuous pumping of 1 hours. Drawdown SWL=30' UNK. feet. Yield 60 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 Douglas L. Jackson
Sanitarian

Date ___ Signed ___
Supervisory Sanitarian

Date ___ Signed ___
Regional Sanitarian (If V.A. or F.H.A.)

C.H.S. 204 Revised 9/90

Joiner Micro Laboratories, Inc.

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

CERTIFICATE OF ANALYSIS

LAB ID: **# 64946**

NAME: Anderson Builders
ADDRESS: P.O. Box B
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

RESULTS: ABSENT for Total Coliform Bacteria
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

Form GW-2
1978-10,000

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT
(Certification of Completion/County Permit)

Anderson

RECEIVED
APR - 6 2005
Culpeper Co. Health Dept.

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

• SWCM No. _____
SWCB Permit _____
County Permit _____

Certification of inspecting official: This well does ___ does not ___ meet code/low requirements.
S. _____
Date _____
For Office Use

County/City Culpeper
County/City Stamp

- Virginia Plane Coordinates
  - _____ N
  - _____ E
- Latitude & Longitude
  - _____ N
  - _____ W
- Topo. Map No. _____
- Elevation _____ ft.
- Formation _____
- Lithology _____
- River Basin _____
- Province _____
- Type Logs _____
- Cuttings _____
- Water Analysis _____
- Aquifer Test _____

• Owner Roy S. Crane Jr + Susan Crane
• Well Designation or Number SD-04-299
Address 18611 Springs Road
Jeffersonton VA
Phone 937-3946

• Drilling Contractor CURTIS BROS. DRILLING & PUMP SERVICE LLC
Address 5069 SUMERDUCK RD.
SUMERDUCK, VA 22742
Phone 540-439-8377

Tax Map I.D. No. 8C1-4
Subdivision Ainsworth
Section 8C1
Block _____
Lot 4
Class Well: I ___ IIA ___ IIB ___ IIIA ___ IIIB ___ IIIC ✓ IIID ___ IIIE ___

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of _____
(If possible please include map showing location marked)

Date started 4/1/05 • Date completed 4/1/05 Type rig Air

1. WELL DATA: New ✓ Reworked ___ Deepened ___

- Total depth 325 ft.
- Depth to bedrock 90 ft.
- Hole size (Also include reamed zones)
  - 10 inches from 0 to 100 ft.
  - 6 inches from 100 to 325 ft.
  - ___ inches from ___ to ___ ft.
- Casing size (I.D.) and material
  - 6 1/4 inches from 0 to 100 ft.
  - Material Plastic
  - Wt. per foot 4 or wall thickness .244 in.
  - ___ inches from ___ to ___ ft.
  - Material ___
  - Wt. per foot ___ or wall thickness ___ in.
  - ___ inches from ___ to ___ ft.
  - Material ___
  - Wt. per foot ___ or wall thickness ___ in.
- Screen size and mesh for each zone (where applicable)
  - ___ inches from ___ to ___ ft.
  - Mesh size ___ Type ___
  - ___ inches from ___ to ___ ft.
  - Mesh size ___ Type ___
  - ___ inches from ___ to ___ ft.
  - Mesh size ___ Type ___
  - ___ inches from ___ to ___ ft.
  - Mesh size ___ Type ___
- Gravel pack
  - From ___ to ___ ft.
  - From ___ to ___ ft
- Grout
  - From 0 to 50+ ft., Type Pressure/Cement
  - From ___ to ___ ft., Type ___

2. WATER DATA • Water temperature ___ °F
- Static water level (unpumped level-measured) 30 ft.
- Stabilized measured pumping water level 324 ft.
- Stabilized yield 60 gpm after 1 hours

Natural Flow: Yes ___ No ___ flow rate ___ g pm
Comment on quality ___

3. WATER ZONES: From ___ To ___
From ___ To ___ From ___ To ___
From ___ To ___ From ___ To ___

4. USE DATA:
Type of use: Drinking ✓ Livestock Watering ___
Irrigation ___ Food processing ___ Household ✓
Manufacturing ___ Fire safety ___ Cleaning ___
Recreation ___ Aesthetic ___ Cooling or heating ___
Injection ___ Other ___
- Type of facility Domestic ✓ Public water supply ___
  Public institution ___ Farm ___ Industry ___
  Commercial ___ Other ___

5. PUMP DATA: Type ___ • Rated H.P. ___
- Intake depth ___ • Capacity ___ at ___ head

6. WELLHEAD: Type 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) • yes ___ no ___
Casing pulled yes ___ no ___ not applicable ___
Plugging grout From ___ to ___ material ___

OVER

Owner Roy S. Crane Jr. & Susan Crane

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) From	DEPTH (feet) To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)	11. Drilling Time (Min.)
0	90	Brown & Red Soil		
90	325	Brown Shale & Blue Stone		

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)

Well 325 ft.
Casing 100 ft.
Grout 50+ ft.
water tight cap

13. Well lot dedicated? _____ Size _____ ft. X _____ ft., Well house? _____
Distance to nearest pollutant source _____ ft., Type _____
Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches, 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 Crystal C. Smith (Well driller or authorized person) Date 4/1/05

License No. 069574A

State Water Control Board Regional Offices

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

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

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

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

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

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

Allied 1,000 Gal. tank
Allied 12 hole D-Box

T's 456 - 466

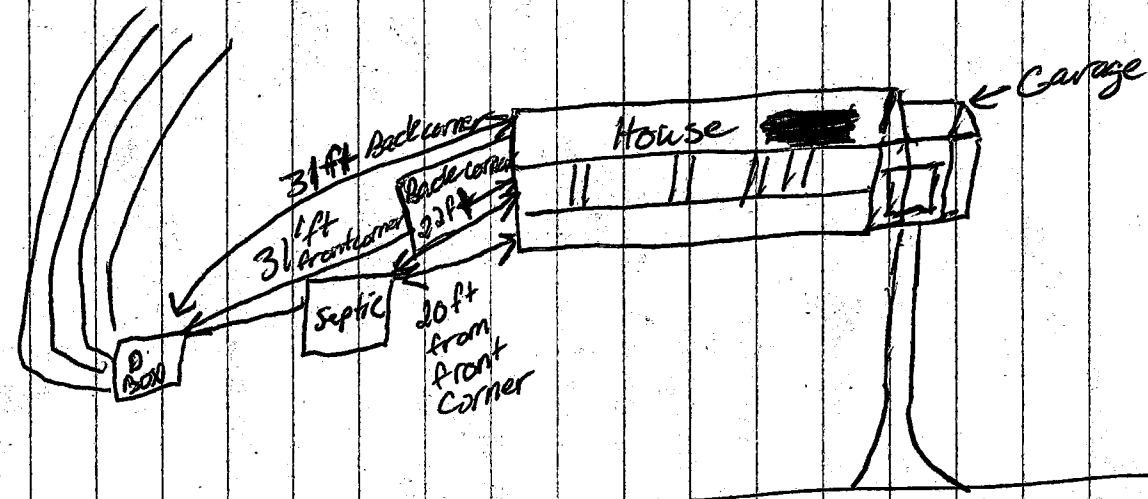
D1) 515 - 541

D2) 628 - 656

D3) 713 - 741

D4) 780 - 798

2 Septic Beds Built 2007



SD-04-29

Mead

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number SD-04-299
Tax Map Number 8C1-4

General Information

Date 24 JUNE 04 CULPEPER COUNTY Health Department

Applicant ROY & SUSAN CRANE Telephone No. _____

Address _____

Owner _____ Address _____

Location _____

Subdivision AINSWORTH Block/Section 8C1 Lot 4

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe SIDESLOPE

2. Slope 5-6 %

3. Depth to rock/impervious strata Max. _____ Min. _____ None XX

4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☒ _____ inches

36" IN PIT 2
42" IN PIT 3

5. Free water present No ☒ Yes ☐ _____ range in inches

6. Soil percolation rate estimated Yes ☐ Texture group I II III IV
No ☐ Estimated rate 50 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: DOUGLAS L. JENKINS, E.S.

Signature: Douglas L. Jenkins

Department Use

☒ Site Approved: Drainfield to be placed at 18 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 _____

Date of Evaluation 24 JUNE 04

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. SD-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.

☐ See application sketch ☒ See construction permit ☐ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
1	Ap	0-9	BRN (7.5YR, 4/4) SiCL	III
	B	9-24	RED YEL (5YR, 5/6) CL	III
	BC	24-46	~~XXX~~ BRN (7.5YR, 5/4) SiCL	III
	C	46-54	YEL BRN (7.5YR, 5/4) AND OLIVE GRAY ( ) SiCL	III
2	Ap	0-12	DARK BRN (7.5YR, 3/4) COBBLY SiCL	III
	B	12-36	YEL BRN (7.5YR, 5/4) CL	III
	C	36-54	GRAY (10YR, 7/2) OLIVE GRAY (5Y, 6/2) AND BRN (10YR, 5/3) SiCL COBBLY	III
3	Ap	0-10	BRN (7.5YR, 4/4) SiCL	III
	B	10-42	RED YEL (5YR, 5/6) CL	III
	C	42-50	OLIVE GRAY (5Y, 6/2) AND RED YEL (5YR, 5/6) SiCL	III

Remarks

$240.00, CK.#222
Z2003083

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

Health Department ID SD-04-299

To Be Completed By The Applicant

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

Owner Roy S. Crane, Jr & Susan M. Crane Address 18611 Springs Rd. Jeffersonton, VA 22724 Phone 937-3946

Agent ___ Address ___ Phone ___

Directions of Property From Culpeper, take Rt. 229 to Rt. 621 (right turn onto Jeffersonton Rd.) It turns into Rt. 802 (Springs Rd.) After you pass Jeffersonton Baptist Church, property is 4th driveway on left.

Subdivision Ainsworth Section 8 Block C1 Lot 4

Other Property Identification ___

Dimension/size of Lot/Property 3.1

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 (Number of Bedrooms 3)	___ Multi-family (Number of Units ___)	
Basement	___ Yes	✓ No	
Fixtures in Basement	___ Yes	___ No	
III. Commercial Use	___ Yes	✓ No	Describe: ___
Commercial/Wastewater	___ Yes	___ No	Number of Patrons ___ Number of Employees ___

If yes, give volumes and describe ___

IV. Water Supply:	___ Public	___ New	___ Existing
	✓ Private	✓ New	___ Existing

Describe: drilled well

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.

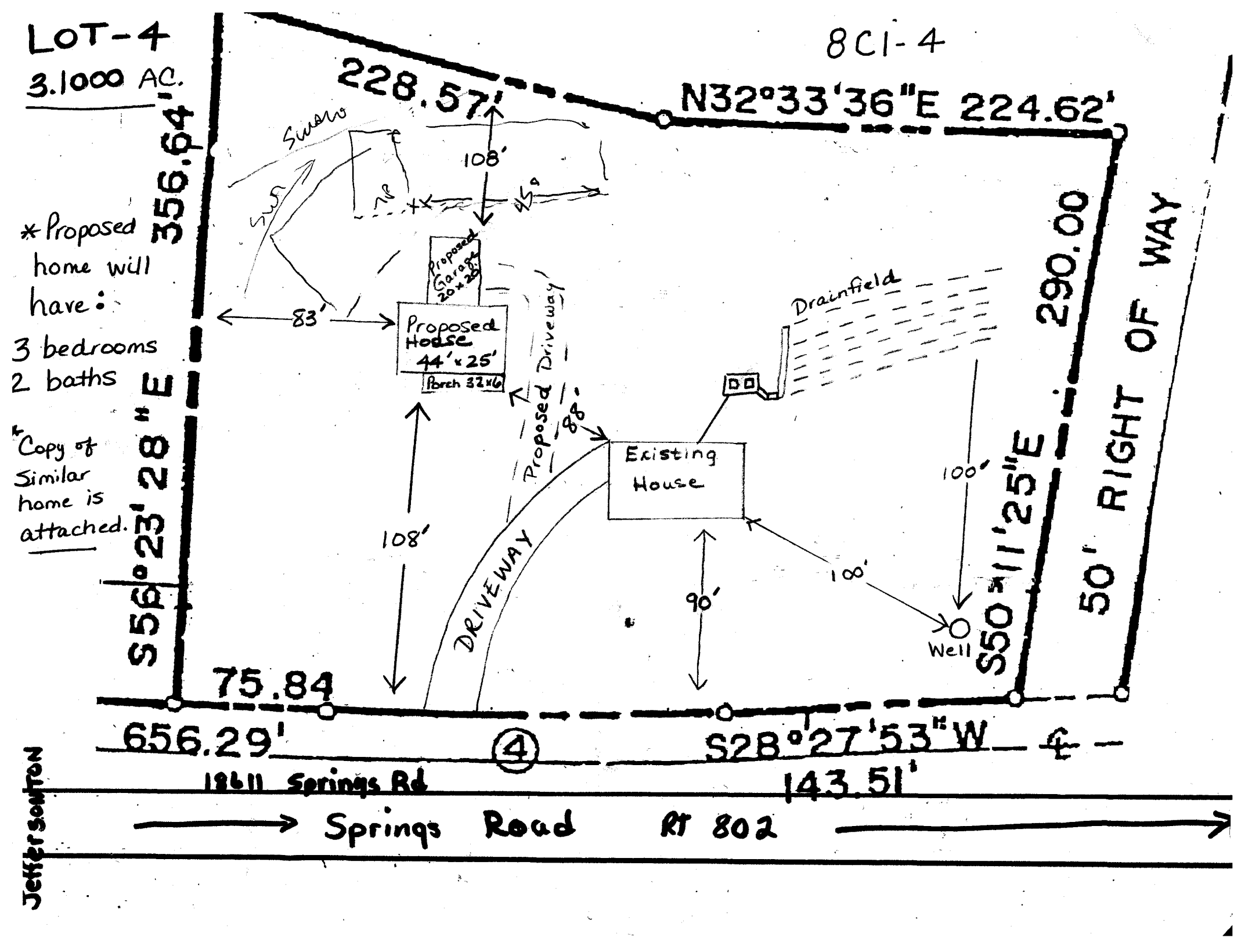
Susan M. Crane
Signature of Owner/Agent

6/16/04
Date

CHS 200

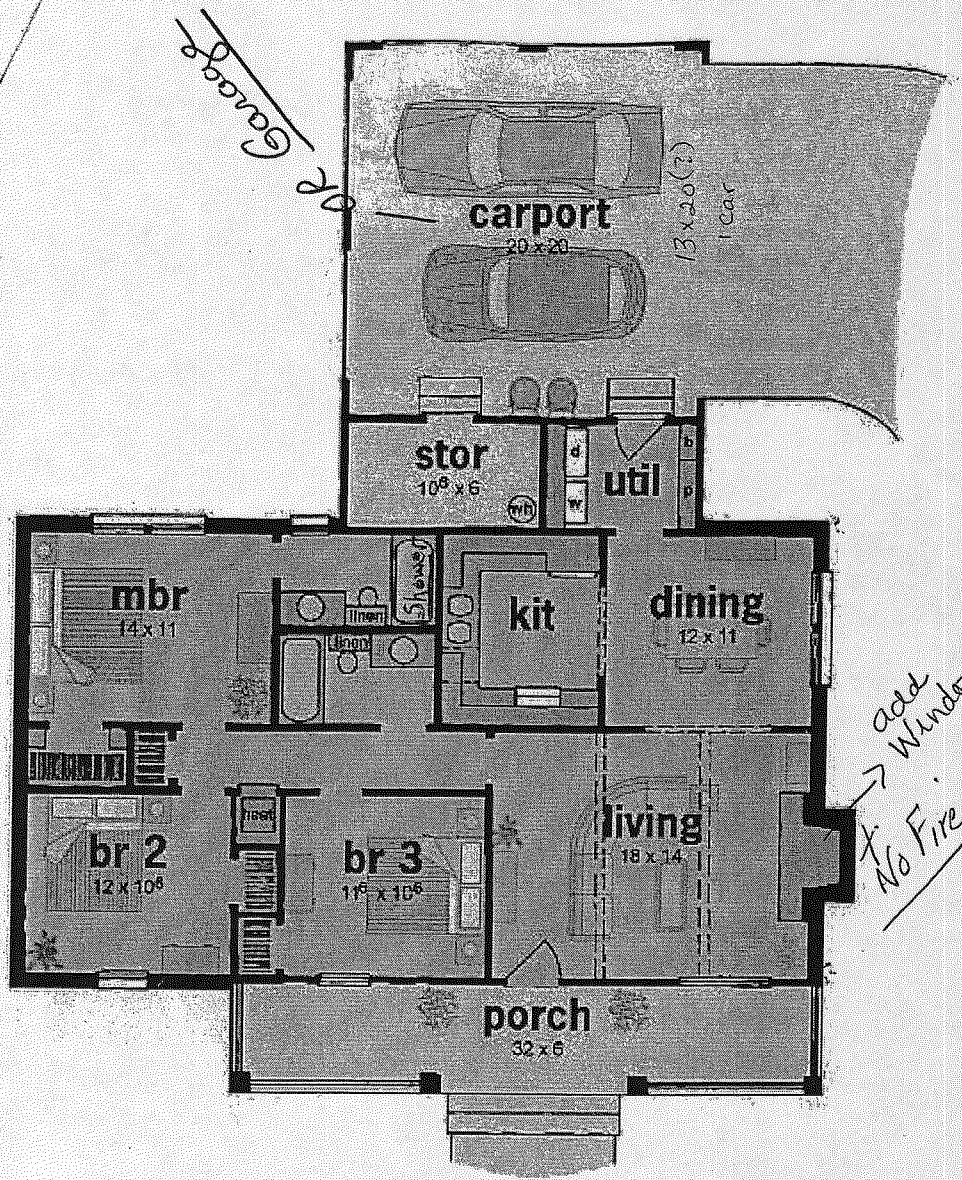
8C1-4

LOT-4
3.1000 AC.



* Proposed home will have:
3 bedrooms
2 baths

* Copy of Similar home is attached.



Garage 20

13 x 20 (2) 1 car

add Windows — Not Sure yet

+ No Fireplace or gas

(1) MBR - Change tub to Walk in Shower
(2) No fireplace / Add Window — no sure yet
(3) Only Need one Car Garage
(Maybe 2 - Not Sure)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number SD-04-299

GULADER COUNTY Health Department

Name of Company/Corporation/Individual: J. T.'S BACKHOE

Address: 11201 Drogheda MTN Rd. Rapidan Telephone: 937-7121

Owner's Name ROY S. CRANE

Owner's Address _____

Location of Installation: Lot 4 Block C1

Section: 9 Subdivision: AINSWORTH

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 25 JUNE 2004 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

29 APRIL 2005
Date

Signature and Title

C.H.S. 203 Rev. 4/83

No.
SD-04-299
Map Ref: 8-C1-4
Ainsworth, Lot 4

PERMIT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

THIS PERMIT EXPIRES ON

N/A

DATE OF ISSUE

5-25-05

OPERATION PERMIT

OPERATOR: Roy & Susan Crane
ADDRESS: 18611 Springs Road
Jeffersonton, VA 22724

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 CULPEPER COUNTY *Health Department to operate a* Type I sewage disposal system having a design capacity of 450 gallons per day (3 bedrooms).

Douglas L. Jenkins
HEALTH OFFICIAL

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

VIRGINIA DEPARTMENT OF HEALTH

Environmental Health — Permit Processing

SD# **SD-04-299** **TAX MAP** 8-C1-4 Ainsworth, Lot 4

Owner(s): Roy & Susan Crane

Application for: (WELL/SEPTIC)

Application Received:	6-16-04	RMC
Application Reviewed:		
Fee Determination:		
Assigned to:		DLJ
Site Visit Scheduled:	6-22-04	DLJ
Site Visit Made:	6-24-04	DLJ
Deactivated		
Purpose:		
Second Site Visit Made:		
Issue/Deny Drafted:	6-25-04	DLJ
Issue/Deny Reviewed:	6-29-04	DEL
Issue/Deny Countersigned:	6-29-04	DLJ
Issue/Deny		
Mailed:	7-16-04	RMC
Faxed:		
Picked up:		
Completion Statement Signed (septic)		
Well Log Received (water)		
Record of Inspection Signed		
Water Sample Report		
Operation Permit Issued		
Op Permit Faxed to Bldg Ofc		

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

Douglas L. Jenkins,
Environmental Health Specialist

Ainsworth Subd. Lot 4

CULPEPER COUNTY HEALTH DEPARTMENT
640 LAUREL STREET
P. O. BOX 1595
CULPEPER, VIRGINIA 22701

CULPEPER COUNTY
1992
HEALTH DEPARTMENT

REAL ESTATE CERTIFICATION APPLICATION

FEE: 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.

PROPOSED CLOSING DATE 8-31-92

RESULTS OF THE INVESTIGATION ARE TO BE SUPPLIED TO:
(INDICATE FULL NAME AND ADDRESS) Long AND FOSTER
Attn: Mrs. LEE Stewart P.O. Box 857 Warrenton, VA. 22186

OWNER DAVID & Deborah Kidd | Rt. 802 HOME PHONE
MAILING ADDRESS Rt. 1 Box 102 212 OFFICE PHONE
Jeffersonton VA. 22724

GIVE DIRECTIONS TO THE PROPERTY FROM CULPEPER Rt. 229 to
Right on Rt. 802, to split foyer (Long AND FOSTER)
sign on Left

PROPERTY IDENTIFICATION NO. SECTION 8C [redacted]1 PARCEL 4
SUBDIVISION Ainsworth Division 4
AGE OF HOUSE ORIGINAL
OWNER Great Run DATE
DATE OF LAST SEPTIC TANK PUMPING -0-

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 Lee Stewart
DATE 8-14-92

FOR HEALTH DEPARTMENT USE ONLY
FEE PAID ✓ YES NO
DATE 8/17/92 Rec# 090848
RESULTS: DATE INSPECTED 21 AUGUST 1992 LLJ
DATE INSTALLED 4-25-88
DRAINFIELD O.K.
WELL O.K.
REPAIR AREA SUFFICIENT

CLASS OF WELL 2 IIB V

Form GW-2
1978-10,000

COMMONWEALTH OF VIRGINIA

WATER WELL COMPLETION REPORT

• BWCM No. _____

(Certification of Completion/County Permit)

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

TOP OFF

SWCB Permit _____
County Permit Culpeper

Certification of inspecting official:
This well does _____ does not _____
meet code/low requirements.
S. _____
Date _____
For Office Use

County/City _____

County/City Stamp

• Virginia Plane Coordinates
_____ N
_____ E
Latitude & Longitude
_____ N
_____ W
• Topo. Map No. _____
• Elevation _____ ft.
• Formation _____
• Lithology _____
• River Basin _____
• Province _____
• Type Logs _____
• Cuttings _____
• Water Analysis _____
• Aquifer Test _____

• Owner Richard T. Puryear/Great Run Assoc.
• Well Designation or Number _____
Address 20 Second St.
Warrenton, Va. 22186
Phone 347-5100

• Drilling Contractor DOMINION WELL COMPANY
Address ~~361-3443 Manassas 361-9126~~ 1-800-523-2977
Phone _____

Tax Map I.D. No. 8-11-4
Subdivision Ainsworth
Section _____
Block N side Rt. 802
Lot 4
Class Well: I _____, IIA _____,
IIB _____, IIIA _____, IIIB x
IIIC _____ IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of _____
(If possible please include map showing location marked)

Date started 10-1-87 • Date completed 10-2-87 Type rig air rotary

1. WELL DATA: New x Reworked _____ Deepened _____
• Total depth 190 ft.
• Depth to bedrock 50 ft.
• Hole size (Also include reamed zones)
• 10 inches from 0 to 62 ft.
• 6-1/8 inches from 62 to 190 ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 6-1/4 inches from +1 to 62 ft.
Material steel
Wt. per foot 13 or wall thickness .188 in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• Screen size and mesh for each zone (where applicable)
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• Gravel pack
• From _____ to _____ ft.
• From _____ to _____ ft.
• Grout
• From 0 to 34 ft., Type pressure
• From _____ to _____ ft., Type 25 + 4 bags

2. WATER DATA • Water temperature _____ °F
• Static water level (unpumped level-measured) 20 ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield 20 gpm after 1 hours
Natural Flow: Yes _____ No x, flow rate: _____ gpm
Comment on quality clear

3. WATER ZONES: From 90 To 92
From 160 To 162 From _____ To _____
From _____ To _____ From _____ To _____

4. USE DATA:
Type of use: Drinking x, Livestock Watering _____,
Irrigation _____ Food processing _____, Household x
Manufacturing _____, Fire safety _____, Cleaning _____,
Recreation _____, Aesthetic _____, Cooling or heating _____,
Injection _____, Other _____
• Type of facility: Domestic x, Public water supply _____,
Public institution _____ Farm _____, Industry _____,
Commercial _____, Other _____

5. PUMP DATA: Type _____ • Rated H.P. _____
• Intake depth _____ • Capacity _____ at _____ head

6. WELLHEAD: Type 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) • yes _____ no _____
Casing pulled yes _____ no _____ not applicable _____
Plugging grout From _____ to _____ material _____

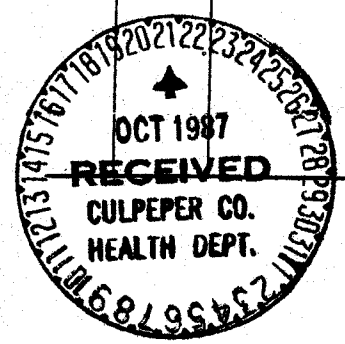
OVER

Owner _____ 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) From	DEPTH (feet) To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)	11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
0	50	BR. SAND & QUARTZ			
50	150	GRAY SHALE			
150	190	GRAY SHALE & LIMESTONE			



13. Well lot dedicated? _____; Size _____ ft. X _____ ft.; Well house? _____
Distance to nearest pollutant source _____ ft., Type _____
Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____
minutes. Pipe size _____ inches, 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 Robert McKinney (Seal). Date 10-19-87
(Well driller or authorized person)
License No. _____

State Water Control Board Regional Offices

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

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

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

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

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

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