

No.

SD-01-85



PERMIT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

THIS PERMIT
EXPIRES ON

N/A

DATE OF ISSUE

July 19, 2001

MAP REFERENCE 50-26A
GRID D-5

OPERATOR: Artale and Lohr
ADDRESS: HCR 03 Box 107-B
ArodaVA 22709

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 Madison County Health Department to operate a Sewage Disposal System located west of RT 628(ESM) about 0.3 mile north of RT 607 for a 3-bedroom Dwelling.

HEALTH OFFICIAL

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

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 50-01-85
MADISON Co Health Department

Name of Company/Corporation/Individual: _____

Address: _____ Telephone: _____

Owner's Name ARTUR E LOHR

Owner's Address RCR 3 Box 107B ARDRA VA 22709

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: T.M. 50-26A

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

Date

[Signature]
Signature and Title

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
 Department of Health
Madison Co Health Department

Health Department
 Identification Number 50-01-85
 Map Reference 50-26A (D-5)

General Information

Water Supply System: New Repair _____ Public _____ FHA _____ VA _____ Case No. _____
 Sewage Disposal System: New 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 ARTALE & LOHR Telephone 672-2178
 Address HCR 3 Box 107B ARDOR VA 22709 For a Type I Sewage Disposal System or Well to be constructed on/at WEST OF Rt 628 (E5M) 0.3 MILE NORTH OF Rt 607
 Subdivision _____ Section/Block _____ Lot A Actual or estimated water use 450 gpd

60 1/2
 64
 68 1/4
 71 1/4
 78 1/2
 82 1/2
 86 1/2
 90
 96
 98 1/4
 112 1/4
 114 1/4

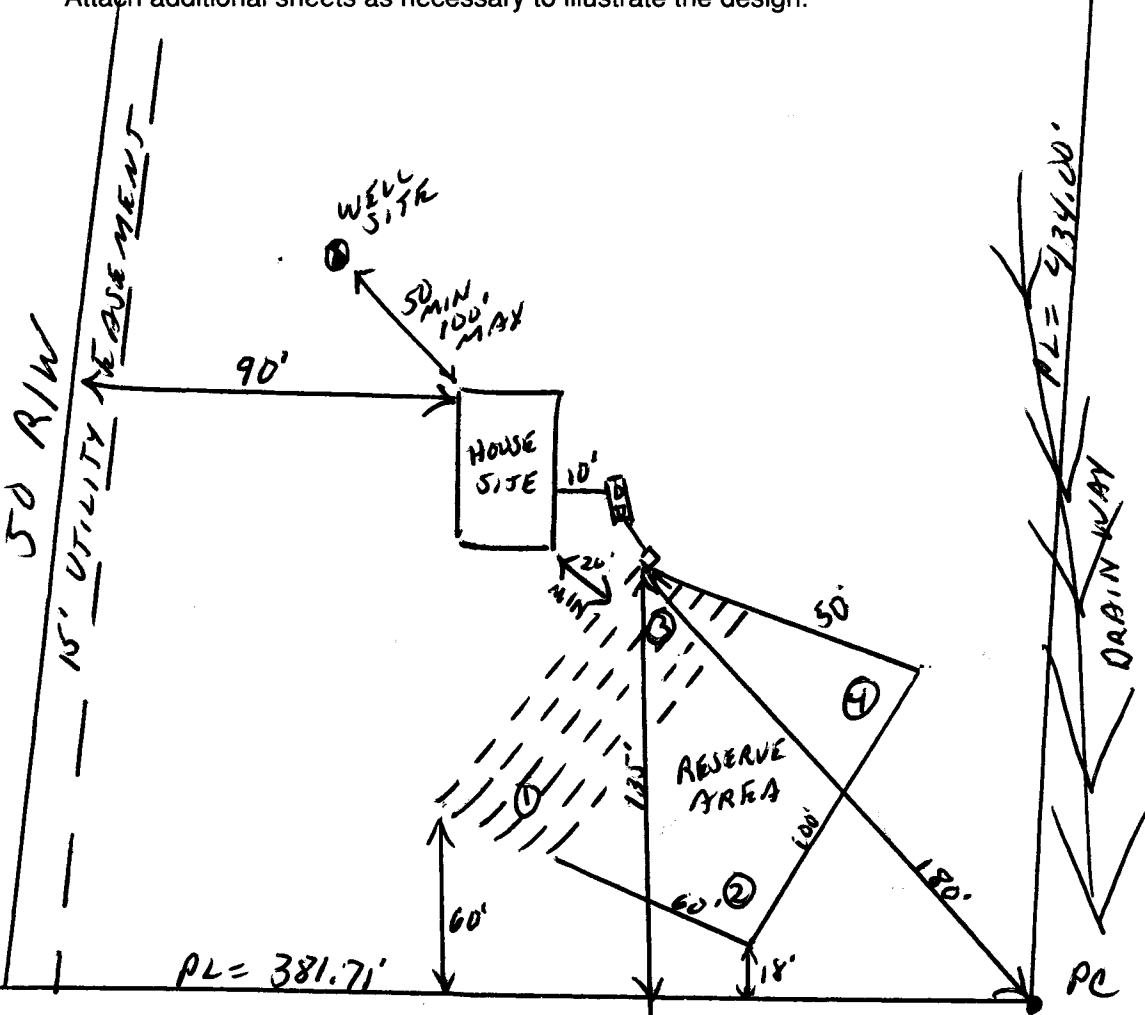
300R

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing : (describe) <u>NEW WELL</u> To be installed: class <u>III C</u> cased <u>20' +</u> grouted <u>20' +</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other <u>PER 2006 REGS</u>	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>39 1/4 / 40 1/2</u>
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>N/A</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>1</u>
Distribution box: Precast concrete with <u>10</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: Square ft. required <u>1200</u> ; depth from ground surface to bottom of trench <u>30"</u> ; aggregate size <u>.5-1.5"</u> ; Trench bottom slope <u>2-4"/100'</u> ; center to center spacing <u>6'</u> ; trench width <u>24"</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>100'</u> ; Number of trenches <u>6</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date <u>5-1-01</u> Inspected and approved by: <u>[Signature]</u> Sarrifian	

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.



INSTALL
 6 100' LINES
 30" DEEP
 24" WIDE
 6' ON CENTERS
 ON CONTOUR

WELL
 CLASS III C

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

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: April 19, 2001 Issued by: DT Difer Sanitarian
 Date: April 23, 2001 Reviewed by: Charles J. Spletchus Supervisory Sanitarian

This Construction Permit Valid until
10-19-02

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 50-93-70
Tax Map Number _____

General Information

Date 5-11-93 AAJ ALI & LOHA Madison Co Health Department
Applicant ~~Barbara DeJarnette~~ Telephone No. 948-4442
Address PO Box 321 Madison Va 22727
Owner _____ Address _____
Location 0.1 mile past end of State Maintenance of Rt 628
Subdivision _____ Block/Section _____ Lot West of Rt 607

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe _____
2. Slope 5/10 %
3. Depth to rock/impervious strata Max. _____ Min. _____ 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 55 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: OTD E.H. SPENCER
Signature: [Signature]

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 5-11-93

**Profile Description
SOIL EVALUATION REPORT**

Health Department
Identification No. 5093-70

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	A	0-6	TOPSOIL	
	B	6-36	5YR 5/8 CLAY LOAM	III
	B	36-54+	5YR 4/6 CLAY LOAM	
2	A	0-6	TOPSOIL	
	B	6-30	5YR 5/8 CLAY LOAM	III
	B	30-48	5YR 6/6 CLAY LOAM	III
	B ₂	48-54+	5YR 6/4 CLAY LOAM w/ 7.5YR 7/0 (FELDSPAR) AND 5YR 5/8	III
3	A	0-6	TOPSOIL	
	B	6-28	5YR 5/8 CLAY LOAM	III
	C	28-48	5YR 6/6 CLAY LOAM	III
	C ₂	48-54+	5YR 6/4 CLAY LOAM w/ 7.5YR 7/0 (FELDSPAR) AND 5YR 5/8	III
4	A	0-6	TOPSOIL	
	B	6-28	5YR 5/8 CLAY LOAM	III
	B	28-40	5YR 6/6 CLAY LOAM	III
	C ₂	40-52	5YR 6/4 CLAY LOAM w/ 7.5YR 7/0 (FELDSPAR) AND 5YR 5/8	III
	CR	52-54+	5YR 5/6 SANDY LOAM	III

Remarks GRAY COLOR DUE TO FELDSPAR IN PARENT MATERIAL NOT WATER.

OF T.M. 50-26
& LOHR, INC.
4-307
AC. (BY DEED)

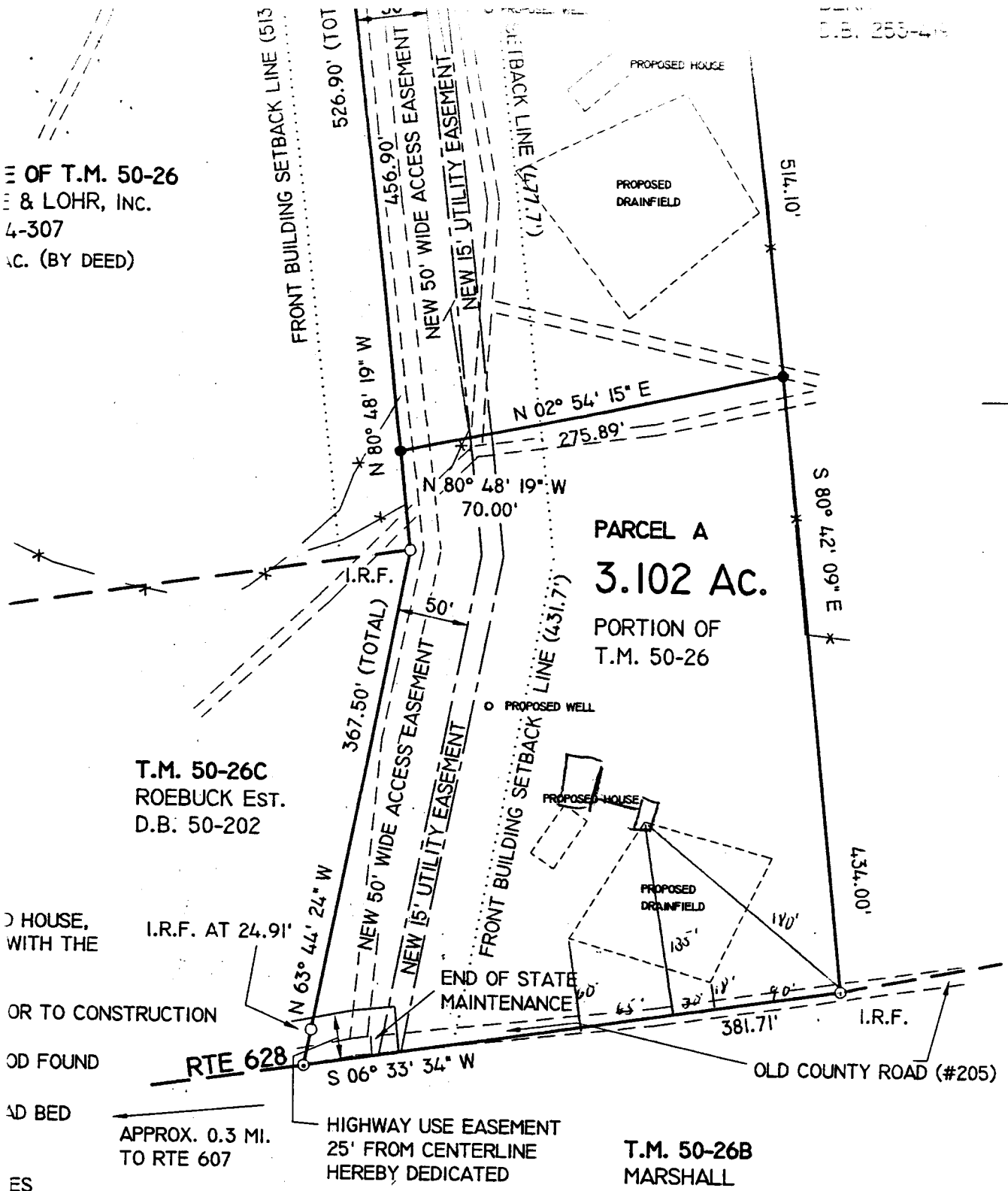
HOUSE,
WITH THE
OR TO CONSTRUCTION
OD FOUND
AD BED
ES

T.M. 50-26C
ROEBUCK EST.
D.B. 50-202

APPROX. 0.3 MI.
TO RTE 607

HIGHWAY USE EASEMENT
25' FROM CENTERLINE
HEREBY DEDICATED

T.M. 50-26B
MARSHALL
W.B. 30-20



Health Dept. Copy

PLAT OF BOUNDARY AND DIVISION SURVEY:

ARTALE & LOHR, INC. PROPERTY

T.M. 50-26 ; D.B. 284-307
FORMER LOCUST DALE MAGISTERIAL DISTRICT
MADISON COUNTY, VA
SCALE: 1" = 100'
FIELD SURVEYED: 12/16-23/91, 3/6-12/2001
PLAT: 3/19/2001, REV. 3/20/2001

BRUCE W. PARKER WOLFTOWN, VA (540) 948-4986



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

Health Department ID 01-85

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional
 FHA/VA yes no Case No. 5407672-2178
 Owner Artale + John Inc. Address HC 3 Box 1070A Phone (540) 948-3305
Arden, VA 22709 (804) 987-0648
 Agent _____ Address _____ Phone _____

Directions of Property off Rt 628

Subdivision _____ Section _____ Block _____ Lot _____
 Other Property Identification tax map 50-26 lot A
 Dimension/size of Lot/Property 3AC

Other Application Information

I. Building/facility New Existing
 Intermittent Use Yes No If yes, describe _____

II. Residential Use Yes No
 Termite Treatment Yes No
 Single Family Multi-family
 (Number of Bedrooms 3) (Number of Units _____)

Basement Yes No
 Fixtures in Basement Yes No

III. Commerical Use Yes No Describe: _____
 Commerical/Wastewater Yes No Number of Patrons _____
 Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: Public New Existing
 Private New Existing
 Describe: well to be drilled

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.

M. Scott John 4/18/01
 Signature of Owner/Agent Date

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

Health Department ID 01-85

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional
 FHA/VA yes no Case No. 15407672-2178
 Owner Artale + John Inc. Address HC 3 Box 107D Phone (540) 948-3309
Arden, VA 22709 (804) 987-0648
 Agent _____ Address _____ Phone _____

Directions of Property off Rt 628

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification tax map 50-26 lot A

Dimension/size of Lot/Property 3AC

Other Application Information

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 Intermittent Use Yes No If yes, describe _____

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 Termite Treatment Yes No
 Single Family Multi-family
 (Number of Bedrooms 3) (Number of Units _____)

Basement Yes No
 Fixtures in Basement Yes No

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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.

M. Scott John _____ 4/18/01
 Signature of Owner/Agent Date

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

Health Department ID 01-85

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional
 FHA/VA yes no Case No. 154-7072-2178
 Owner Artale + John Inc. Address HC 3 Box 107B Phone 1540948 3309
Arden, VA 22709 (804) 787-0648
 Agent _____ Address _____ Phone _____

Directions of Property off Rt 628

Subdivision _____ Section _____ Block _____ Lot _____
 Other Property Identification tax map 50-26 lot A
 Dimension/size of Lot/Property 3 AC

Other Application Information

I. Building/facility New Existing
 Intermittent Use Yes No If yes, describe _____

II. Residential Use Yes No
 Termite Treatment Yes No
 Single Family Multi-family
 (Number of Bedrooms 3) (Number of Units _____)

Basement Yes No
 Fixtures in Basement Yes No

III. Commerical Use Yes No Describe: _____
 Commerical/Wastewater Yes No
 Number of Patrons _____
 Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: Public New Existing
 Private New Existing
 Describe: well to the drilled

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.

[Signature] _____ 4/18/01
 Signature of Owner/Agent Date

Important Notice

PLEASE READ BEFORE FILING YOUR APPLICATION
AND PAYING YOUR FEE

TYPE OF APPLICATION

Section 12 VAC 5-610-225-A of The Sewage Handling and Disposal Regulations reads; An applicant for a sewage disposal system who does not intend to build within 18 months of application shall apply for a certification letter. The process shall be the same as for a system application made in accordance with 12 VAC 5-610-250. The fees charged for the certification letter shall be the same as prescribed in § 32.1-164 C of the Code of Virginia. With this understanding I am making the following type of application:

I plan to build within 18 months and am making application for a sewage disposal construction permit. Building Permit application is required.

I do not plan to build now so I am making application for a certification letter.

FEE REFUNDS

This is to inform you that fees for Environmental Health permits mandated by the State, cannot be refunded once the application has been filed and the fee paid except for the following reasons:

1. If you, as the applicant, withdraw your application before the Environmental Health Specialist makes a visit to evaluate the property.
2. The Health Department is unable to issue a permit or certification letter and only if you are the property owner and are seeking to construct your principal place of residence on the property, and you provide written notification to the Health Department that you are foregoing your right to appeal the denial of your request for a permit.

In order for you to then appeal at a later date, the above refunded fee would need to be paid before a hearing date would be scheduled.

**BEFORE YOU PAY THE FEE FOR A SEPTIC SYSTEM PERMIT
PLEASE READ THE FOLLOWING CAREFULLY**

It is your responsibility to make it clear to the Environmental Health Specialist which area on the property you want tested, although he/she will advise you which areas on the property appear to be more suitable for a septic system. One alternate site can be examined if the first site fails to meet the regulations. The permit will be issued showing the location of the system in only one suitable site. The site cannot be changed later without additional expense on your part (You will need to hire a private soil consultant to test another site and submit their report, along with a new application and fee to the Health Department). If you do not intend to build now, but only need the soil tested before a sale is made, we recommend you hire a soil consultant to do the test and apply for a Health Department permit when you know where you want to build.

I have read and understand the above application notice.

W. Scott Faby
Signature

4/18/01
Date

Note that the back of this form
may be used for your site plan
sketch.

COUNTY OF MADISON, VIRGINIA
OFFICE OF THE ZONING ADMINISTRATOR

Permit No. 160

APPLICATION FOR BUILDING PERMIT

Name of Owner Artale and Lohr, Inc.
Address HC 3, Box 107B, Aroda VA 22709 Telephone (540)948-3305

Name of Contract Buyer Cassidy, Steve and Joanne
Address _____ Telephone (703) _____

Name of Contractor OWNERS Number _____
Address _____ Telephone (703) _____

Property Location--Highway No. off Route 628 Land Map No. Part of 50-26
Block _____ Section _____ Subdivision _____ Lot Number Part A
Lot Size 3.102 acres (2001) Frontage _____ Land Division X Lot of Record
Zoning Classification A-1 New well and septic. Rapp. Electric.

BUILDING DATA

Type of Structure House Proposed Use Single Family Dwelling
Accessory Structure Addition Mobile Home (Year _____) Septic System _____ Electrical _____
X Single Family Dwelling Remodeling Other: End Porch 8 x 29, Front 4 x 16.
Size 40 x 25 No. of Floors 1 Total Area 1000 Square Feet
Garage Attached Detached _____ Size _____
Bedrooms 3 Baths 1 Other 2 Interior Wall Construction sheetrock
Exterior Wall Construction hardy plank Type Roof shingles
Central Air X Heat heat pump Fireplace _____ Flue _____
Basement X (X full X partial X finished X unfinished)

HIGHWAY DATA, SETBACK AND YARDS

Served by: State Road X Private Road _____ Less than 50 Feet. X Greater than 50 Feet.
Building Setback: 50ft Feet Side Yard 25 Feet from Property Line
Side Yard 25 Feet from Property Line; Rear Yard 50 Feet from Property Line

UTILITIES

Domestic Water: X Individual _____ Public _____ Sewerage: X Individual _____ Public _____
Health Permit _____ Permit No. _____
(Dated) _____

Approved by Health Dept. _____

Estimated Cost \$ 80000.00 Work to Begin 04/18/01 To Be Completed 04/18/02

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and the use or construction shall conform to the County Health Regulations, the Zoning Ordinance, and private deed restrictions, if any, which are imposed on the above property. I further agree to restore any and all damage which may result from this work. **PERMIT EXPIRES ONE YEAR AFTER ISSUANCE.**

Signature of D. Scott Felt
Owner or Agent: _____ Date 4/18/01

Approved by Building Inspector _____ Date _____

Approved by Zoning Administrator _____ Date _____

TAG SHEET

SD# 01-85

Name: Artale + Lohr Tax Map ID _____

Application for: Construction Permit Certification _____

	Date	Initials
Application Received:	<u>4-18-01</u>	<u>SLY</u>
Application Reviewed:	<u>L</u>	<u>L</u>
Fee Determination:	<u>L</u>	<u>L</u>
Assigned to:		
Site Visit Scheduled:	<u>4-19-01</u>	<u>00</u>
Site Visit Made:	<u>4-19-01</u>	<u>00</u>
Deactivated:		
Purpose:		
Reactivated:		
Follow-up Visit:		
Follow-up Visit:		
Issue/Deny Drafted:	<u>4-19-01</u>	<u>SLY</u>
Issue/Deny Reviewed:	<u>4-23-01</u>	<u>SLY</u>
Issue/Deny Countersigned:	<u>4-23-01</u>	<u>SLY</u>
Issue/Deny Mailed		

AQUA-AIR
LABORATORIES, INC.

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

ARTALE & LOHR, INC.
HCS BOX 107-B
ARODA, VA. 22709

07/06/2001

BACTERIOLOGICAL ANALYSIS REPORT
TOTAL COLIFORM IN DRINKING WATER

JOB NUMBER: Y90016
SAMPLE NUMBER: Y90016
DATE RECEIVED: 07/05/2001
DATE REPORTED: 07/06/2001

IDENTIFICATION:

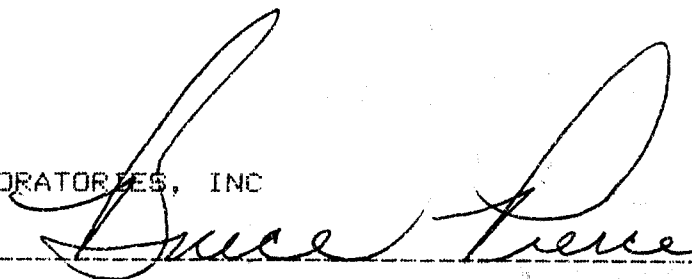
WELL, ID# SD-01-85, 7/5/01 *ELY A*

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

RUN BY THE ONPG-MUG PROCEDURE.

AQUA-AIR LABORATORIES, INC

REPORTED BY





Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Artale + Lohr Tax Map ID 50-26A(0-5)
Address ACR 3 Box 107 B VDH Permit 50-01-85
Cruda Va 22709 VWCB Permit _____
Phone (540) 672-2178 VWCB ID _____
Location West of Rt 628 0.3 miles north of 607 County Madison

Well Data

General Information

Drilling Method Rotary Date Completed 4-20-01 Total Depth of Well 320
Depth to Bedrock 70 Yield 3 (GPM) Length of Test _____
Static Water Level 35 Stabilized Water Level _____ Natural Flow (Rate) 3
Well Disinfected (YorN) _____ Disinfectant Used _____ Amount Used _____

Casing

From 0 to 72 From _____ to _____ From _____ to _____
Size 6 1/4 Material PVC Size _____ Material _____ Size _____ Material _____
Weight/Schedule 40 Weight/Schedule _____ Weight/Schedule _____

Gravel Pack

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

Grout

From 0 to 20 From _____ to _____ From _____ to _____
Bore Hole Size 10 Bore Hole Size _____ Bore Hole Size _____
Type Bentonite Type _____ Type _____
Method pump Method _____ Method _____

Water Zones or Screened Intervals

From 120 to 123 From _____ to _____ From _____ to _____
Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____
From _____ to _____ From _____ to _____ From _____ to _____
Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____ Mesh Size _____ Diam. _____

Use Data

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

Drillers Log
(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
0-10	Red Clay	
10-60	Sandy Brown Soil	
60-70	Soft Brown Rock	
70-320	Sand Stone, Bluestone.	

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

Drilling Contractor Wilson Well Drilling
 Address P.O. Box 729
Ruckersville, Va 22968
804-974-1982

Drillers Signature J. Wilson Date 4-20-01
 Representing Wilson Well Drilling
 Virginia Contractors License Number 2705028506