

Mike Mullins

13000 Mullins

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11-5-3: JTS
Annual He...
Ed...



Spotsylvania County Health Department
 Route 208 Holbert Building, P.O. Box 126
 Spotsylvania, VA 22553
 (540) 507-7386 Voice
 (540) 582-7295 Fax

Private Well Construction Permit
 Health Department ID Number: **177-11-0045-W**

Owner / Agent Information		
Owner: Mullins, Mike PO Box 633 Jolo, WV 24850 Owner Phone: (540) 785-4547		
Location Information		
Subdivision: Chapel Heights , Lot 3 Property Address: 13000 Mullins Court Locality: Spotsylvania County Directions:		Tax Map: 11-5-3
General Information		
Well Class: Class IIIB	Minimum Casing Depth: 50 feet	Minimum Grout Depth: 50 feet

**Comments: No cross connection between old and new wells. Must be 10' from all utility lines.
 Landowner responsible for making sure all property lines are marked.**

This permit is issued based upon a site evaluation conducted by Sarah Shelton, EHS on March 21, 2011.
 See following page for Construction Drawing.

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations* , 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

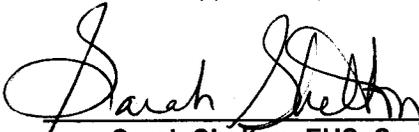
Well Construction Permit -- Drawing

HD ID #: 177-11-0045-W

Owner Information	
Mullins, Mike PO Box 633 Jolo, WV 24850	Phone: (540) 785-4547

Construction Drawing
Scale drawing of the well site and related features.

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

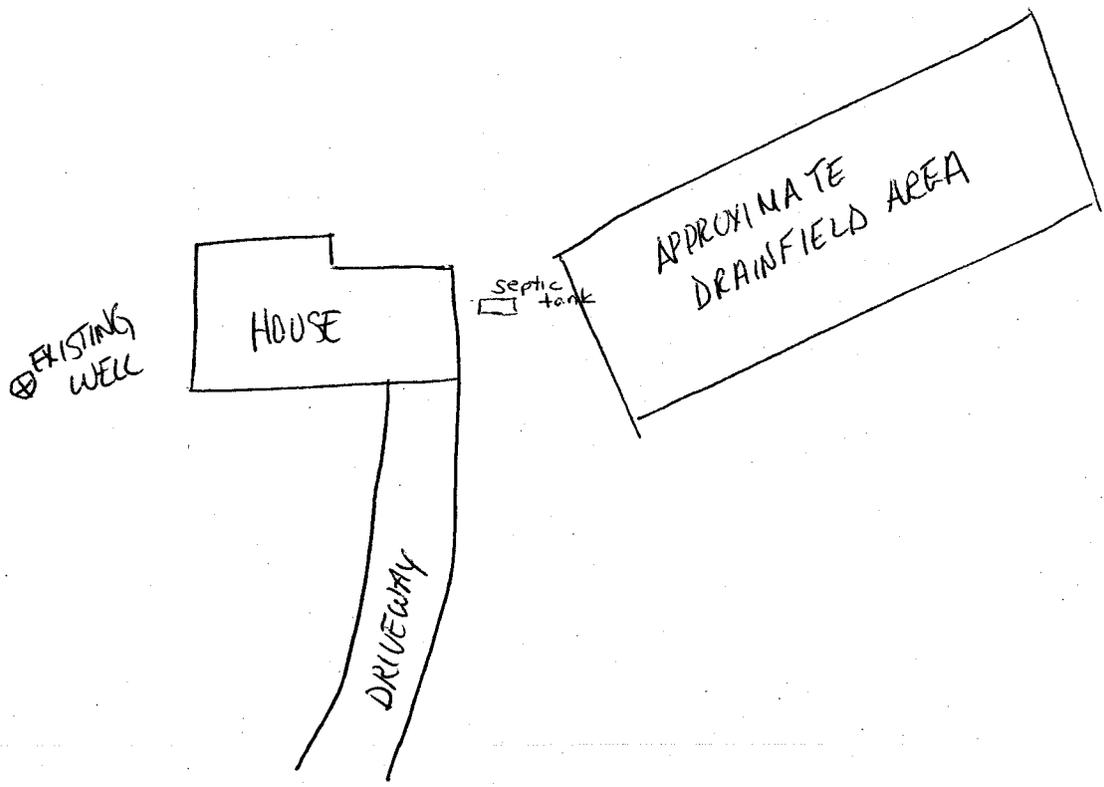


Sarah Shelton, EHS, Sr.

March 21, 2011
Issue Date

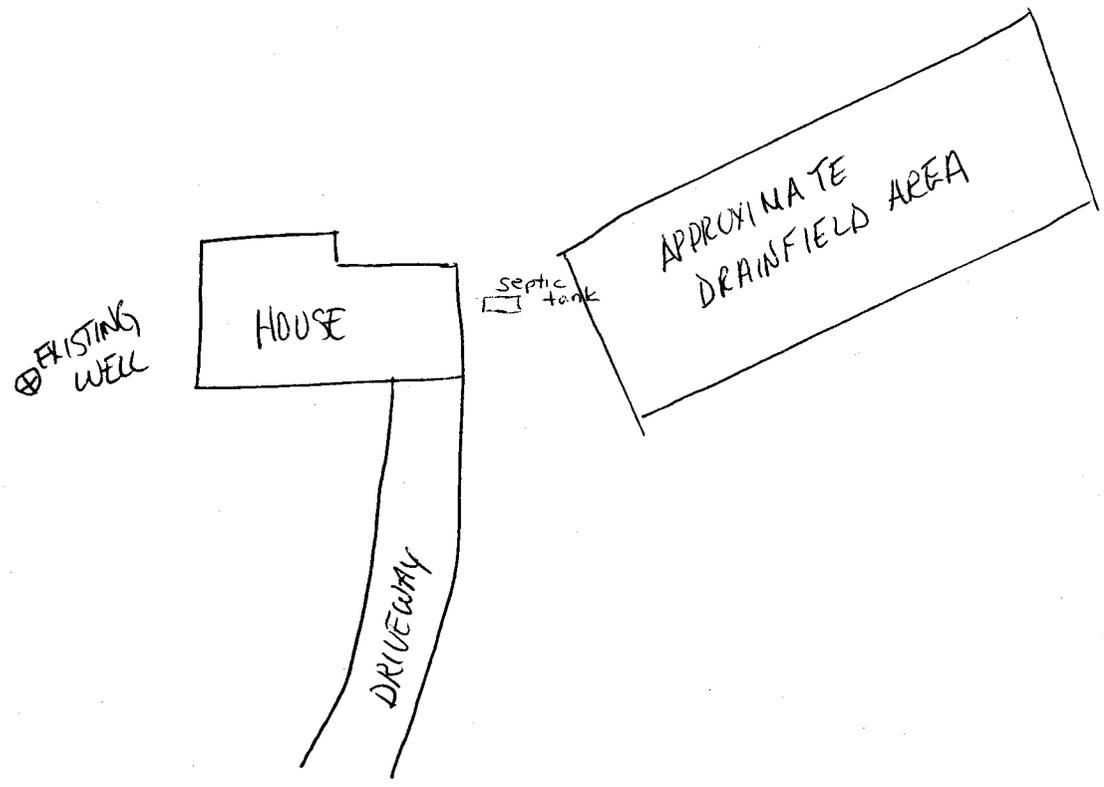
September 21, 2015
Expiration Date

177-11-0045-W
Mike Mullins
Site By: S. Shelton
3/21/11
11-5-3



NOT TO SCALE

17-11-0045-W
Mike Mullins
Site By: S. Shelton
3/21/11
11-5-3



NOT TO SCALE

Rappahannock Area Health District Tag Sheet

For Permits and Certification Letters

Due Date:

(Department Use Only)

With Department I.D. Number: 177 - 11 - 0045 - W

Map Number: 11-5-3

Project Number: 7-2554756

Is an AOSE Level 2 Review Required? Yes No

Action Taken

Goal

Date

Initials

Section 1: Receipt of Application

Applicant advised of site preparation requirements (i.e. with checklist)	Yes	3-18-11	SS
Application received and verified as complete	Yes		
Fees charged/waivers granted; check files for previously paid fees	Yes		
Consolidate application with all existing files (create one file)	Yes		
Application entered into VENIS (physical location and application(s))	by day 1		
(merge ALL VENIS records for this lot into ONE physical location file)	Yes		
Application forwarded to EHS (or EHA)	by day 2	3-8	

Section 2: AOSE/PE Application (Level 2 not required)

Level 1 review completed	w/ 5 days of assign. AND by day 7	3-21-11	SS
Date of administrative denial (if applicable)	within 2 days of review		
Date of permit or certification letter approval (based on AOSE L1)			
Date approval/denial mailed (or phone call made for pick-up)		3-21-11	SS

Section 3: AOSE/PE Application (Level 2 required)

Level 1 review completed	w/ 5 days of assign. AND by day 7		
Level 2 site evaluation completed	by day 10		
Date of administrative denial (if applicable)	w/ 2 days of visit and by day 12		
Date of site denial (if applicable)			
Date of permit or certification letter issuance			
Date approval/denial mailed (or phone call made for pick-up)			

Section 4: Bare Application

Applicant/Agent contacted to schedule appointment	within 2 days of assign. & by day 4		
Reminded applicant of site preparation requirements	by day 10		
Site evaluation completed	w/ 1 day of visit		
Date of administrative denial (if applicable)	w/ 2 days of visit and by day 12		
Date of site denial (if applicable)			
Date of permit or certification letter issuance			
Date approval/denial mailed (or phone call made for pick-up)			

Dates (if applicable):

**POOR
QUALITY**

ORIGINAL(S) FOLLOW

**THIS IS THE BEST COPY
AVAILABLE**

VCE DOCUMENT CONVERSION CENTER

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

107-11-0045-W

Health Department ID _____

Z 2554758

To Be Completed By The Applicant

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

Owner Mike Mullins Address 13000 Mullins Ct Phone X
Fredericksburg, VA

Agent _____ Address _____ Phone _____

Julie
 Hysser
 540-785-4547
 Mailing Address:
 PO Box 633
 Jolo, WV 24850

Directions of Property _____

Subdivision 11-5-3 Section Chapel Heights Block _____ Lot 3

Other Property Identification _____

Dimension/size of Lot/Property 5.01 acres

Other Application Information

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

II. Residential Use Yes No
 Termite Treatment Yes No
 Single Family Multi-family
 (Number of Bedrooms 2) (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 _____

AOSE FEES
 Well Only
 Septic Only
 Well & Septic
 Local Fees
 \$300
 \$200
 \$405
 \$50
 \$125
 \$175

PAID P

IV. Water Supply: Public Private New Existing

Describe: _____

MAR 18 2011
 Co. Of Spotsylvania, VA
 Larry K. Pritchett, Treas.

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.

X Helen R. Mullins
 Signature of Owner/Agent

3/18-11
 Date

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Owner MIKE MULLINS Address Rt. 1 Box 52 - MC CITY Date 10/14/80 Case No. HC-48-3
 (Mailing Address) Phone _____
 Occupant _____ Address _____ Phone _____
 (Mailing Address)
 Exact Location of Premises CHAPEL HEIGHTS LOT 3
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design Yes No. Distance to nearest House Sewer 50+ feet. Distance to nearest Sewage Disposal System 100 feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION
 Allotted Area adequate Yes No. Distance from nearest lot lines 25+ feet. Trees 10 feet. Water Supplies 100+ feet. Buildings 40 feet.
- (2) INSTALLATION AND DESIGN
 Installed according to Permit Design Yes No. Have additional Household Appliances been added NOT on Permit:
 Automatic Washer Garbage Disposal
 Other _____ (Describe)
- (3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: Yes No. If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE
 Installed Yes No. Type of material SCH. 40 Size 4 Inches.
- (5) SEPTIC TANK
 Constructed of CONCRETE
 Inside Dimensions Length 8 (Kind of Material) feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 14 inches. Inside Fittings comply with requirements Yes No.
HOUSE SEWER INTO TANK COVERED TO GET GRAVITY FALL
- (6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test Yes No. Distribution Box provided with _____ (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 1100 square feet. Number of ditches 5 Length of ditches 74 feet. Grade of ditches Minimum 2 Inches per 100 feet. Maximum 3 inches per 100 feet. Has system been checked by instruments (Level) Yes No. Type aggregate used STONE
 Depth of aggregate under Tile 6 inches
 Total depth of aggregate 13 inches
 Depth of backfill over aggregate 34-62 inches
- (8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: Yes No. Was Surface Drainage required Yes No. If Yes, has this been provided Yes No. Has area been drained by lowering Ground Water Table: Yes No. Not required.
- (9) Are follow-up inspections necessary Yes No.

Septic Tank Contractor: JT MONROE Address SPOTSY Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by SPOTSY Health Department
 Date 10/14/80 Signed Thomas J. Thompson (Sanitarian)
 Date _____ Approved _____ (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

PUMP SEPTIC TANK & DIST. BOX EVERY 3-4 YEARS.

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Owner Mike Mullins Address Rt 1 Box 52 FACILITY Date 1/14/70 Case No. 11K
 Occupant _____ Address _____ (Mailing Address) Phone _____
 Exact Location of Premises CHARLE HEIGHTS LOT 3
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design Yes No. Distance to nearest House Sewer 50 feet. Distance to nearest Sewage Disposal System 100 feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION**
 Allotted Area adequate Yes No. Distance from nearest lot lines 2 feet. Trees 10 feet. Water Supplies 1.1 feet. Buildings 4 feet.
- (2) INSTALLATION AND DESIGN**
 Installed according to Permit Design Yes No.
 Have additional Household Appliances been added NOT on Permit:
 Automatic Washer Garbage Disposal
 Other _____ (Describe)
- (3) SOIL CONDITION**
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: Yes No. If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE**
 Installed Yes No. Type of material SP-40
 Size 4 Inches.
- (5) SEPTIC TANK**
 Constructed of Concrete
 Inside Dimensions Length 7 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 14 inches.
 Inside Fittings comply with requirements Yes No.
- (6) DISTRIBUTION BOX**
 Watertight and equal surcharge to each line by Water Test Yes No. Distribution Box provided with _____ (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD**
 Total Area in bottom of ditches 11 square feet. Number of ditches _____ Length of ditches 24 feet. Grade of ditches Minimum 2 Inches per 100 feet. Maximum 3 inches per 100 feet. Has system been checked by instruments (Level) Yes No. Type aggregate used _____ Depth of aggregate under Tile 1 inches. Total depth of aggregate 1.5 inches. Depth of backfill over aggregate 2.4 inches.
- (8) SURFACE DRAINAGE**
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: Yes No. Was Surface Drainage required Yes No. If Yes, has this been provided Yes No. Has area been drained by lowering Ground Water Table: Yes No. Not required.
- (9) Are follow-up inspections necessary** Yes No.

Septic Tank Contractor: J T MURPHY Address SP5-31 Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by SP5-31 Health Department
 Date 1/14/70 Signed [Signature] (Sanitarian)
 Date _____ Approved _____ (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

Review system every 3-4 years

**PERMIT TO INSTALL REPAIR, REASONS FOR REJECTION
 WATER SUPPLY SEWAGE DISPOSAL SYSTEM**

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
 (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA Yes No Date 4/19/78 Case No. 110-48-3
 Owner MIKE MULLINS Address RT. 1 Box 52-MCITY Phone _____
 Occupant (FOR RENT) Address _____ Phone _____
 Exact Location of premises CHAPEL HEIGHTS LOT 3
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other _____ Automatic Washing Machine Yes No Consumption 400 gal. per day
 Actual Potential Bedrooms 2 Garbage Disposal Unit Yes No (Actual estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other _____
 (To be installed) Class _____ Cased _____ ft. to be grouted 20 ft.
 (Unless supported by positive evidence Class III is to be considered as to be installed.)

(2) SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____ (If Known) _____
 Estimated Percolation Rate 1-10 11-25 26-50 > 51 Percolation Test Required Yes No Rate _____
 (Minutes per inch) _____ (Minutes per inch to nearest: 10 minutes)
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required Yes No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size 3 or 4 inches. Type of material required CONCRETE Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of CONCRETE Material Liquid Capacity 1000 gallons.
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

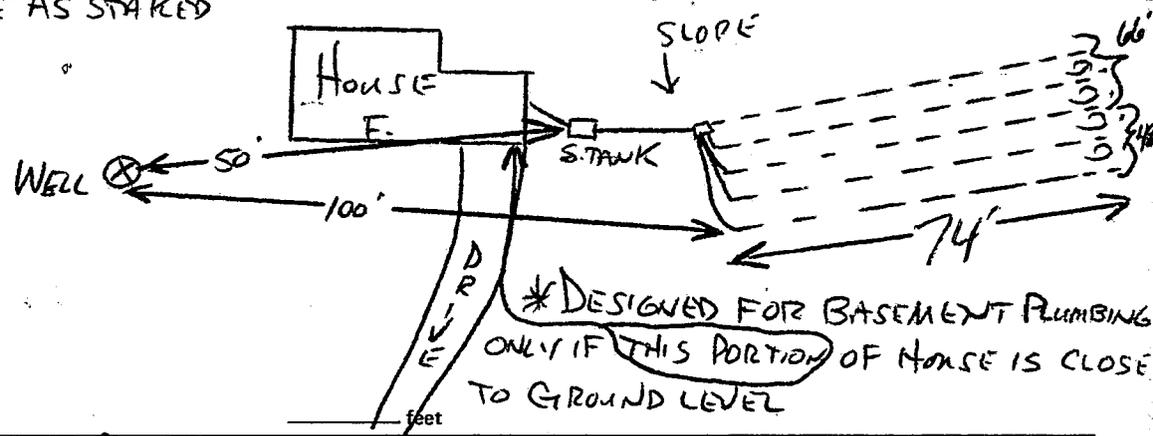
SUBSURFACE ABSORPTION FIELD Number of square feet required 1100 Type aggregate required STONE
 (5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 3 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be (SEE BELOW) inches from surface of original ground.
 Distance from well to septic tank 50 feet; distance from well to drainfield 100 feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.

Signature Representative Owner Michael Z. Mullins

* FOLLOW CONTOUR WITH DRAIN TILE LINES
 * REMOVE ALL TREES WITHIN 10' OF ANY PART OF SYSTEM
 * LOCATE HOUSE AS STAKED ON 4/10/78

3 UPHILL LINES (66-72")
 2 DOWNHILL " (48-60")



Note: Owner or his agent must notify SDH 54 Health Department, Phone 582-6361 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.
 Date _____ Approved _____ Date 4/19/78 Signed Thomas J. [Signature]
 (Reviewing Authority) (Sanitarian or Health Director)

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 WATER SUPPLY SEWAGE DISPOSAL SYSTEM**

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FHA/VA Yes No Date 4/19/78 Case No. _____

Owner MIKE MULLINS Address Rt. 1 Box 52-McInty Phone _____
 (Mailing Address)

Occupant (FIRE DEPT) Address _____ Phone _____
 (Mailing Address)

Exact Location of premises CHAPEL HEIGHTS LOT 3
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other _____ Automatic Washing Machine Yes No Consumption 400 gal. per day
 Actual Potential Bedrooms 2 Garbage Disposal Unit Yes No (Actual estimated Water)
 Additional wastes _____

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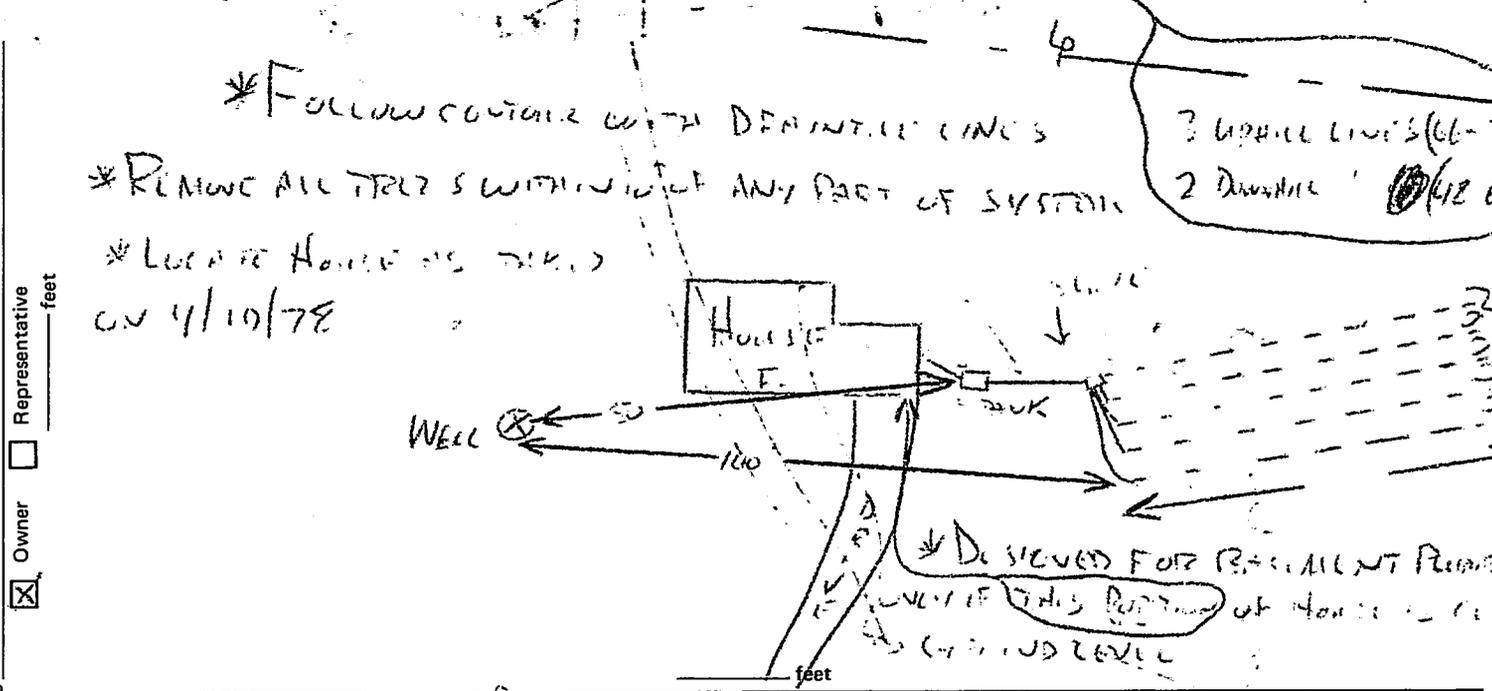
(2) SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____ (If Known)
 Estimated Percolation Rate 1-10 11-25 26-50 > 51 Percolation Test Required Yes No Rate _____
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required Yes No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size 7 inches. Type of material required SP4 Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of CONCRETE Material Liquid Capacity 1000 gallons.
 Inside Dimensions Length 7 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space _____ feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 1100 Type aggregate required STONE
 (5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 3 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be (SIT BELOW) inches from surface of original ground.
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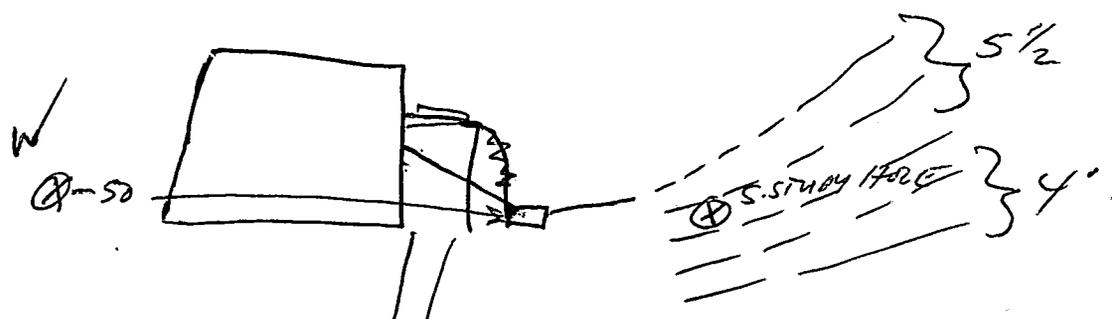
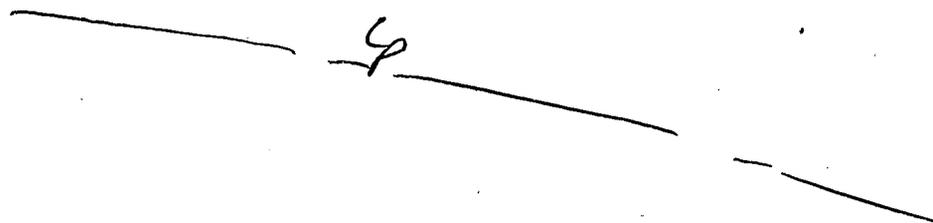
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Signature _____
 Representative Owner

Note: Owner or his agent must notify _____ Health Department, Phone 501 0301 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.
 Date _____ Approved _____ (Reviewing Authority) Date 4/19/78 Signed Harold J. Thomas (Sanitarian or Health Director)



2 BEND Low
3 1300
2-1100