

PQ. \$190.00 BST 9/21/00  
21196455

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit  
**CONSTRUCTION PERMIT**

Health Department ID SD-00-233

To Be Completed By The Applicant

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

Owner: Jesse + Kristina Lohr Address: 23P Blue Ridge Drive Phone: (540) 672-0288

SRID  
F-8

Agent: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions of Property: 8 miles down Rt 112 (Monrovia Rd.) Don  
Rt 112 (Tysons Ctr Rd.) Follow to end

Subdivision \_\_\_\_\_ Section 60 Block \_\_\_\_\_ Lot 83C part of

Other Property Identification \_\_\_\_\_

Dimension/size of Lot/Property 2.901 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. 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: \_\_\_\_\_

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.

Jesse Lohr  
Signature of Owner/Agent

Kristina Lohr

9/21/00  
Date

Section 60-1 F-8  
83C part of

# ORANGE COUNTY DEPARTMENT OF PLANNING AND ZONING

DEBORAH S. KENDALL, AICP  
PLANNING DIRECTOR  
ZONING ADMINISTRATOR  
EROSION CONTROL ADMIN.  
(540) 672-4347  
(540) 972-1455



R. LINDSAY GORDON III BUILDING  
112 WEST MAIN STREET  
POST OFFICE BOX 111  
ORANGE, VIRGINIA 22960  
FAX: (540) 672-1679  
ocplandir@orange-co.va.net

## TEMPORARY ZONING PERMIT

Name of Owner or Purchaser Jesse + Kristin Lohr Phone (540) 672-0288  
 Mailing Address 16191 Tysons Ctr Rd. Orange VA 22960  
 Name of Seller (if applicable) George + Katherine Smith Phone (540) 854-6376  
 Mailing Address 16191 Tysons Ctr Rd Orange VA 22960  
 Size of Tract 2.4 acres Parcel No. pt. of 60-23 Zoning A  
 Location 210' from Rte 696

- This lot is of record; or  This proposed subdivision meets current Orange County subdivision ordinance requirements
- Single-family dwelling: # of bedrooms 3  Manufactured home: # of bedrooms \_\_\_\_\_
- Other structure or use on the property \_\_\_\_\_

PROPOSED BUILDING PLACEMENT  To be determined (See Attached)

Setback from RW \_\_\_\_\_ Rear Yard \_\_\_\_\_  
 Left Side Yard \_\_\_\_\_ Right Side Yard \_\_\_\_\_

### MINIMUM REQUIRED BUILDING PLACEMENT

Setback:	<input type="checkbox"/> 300'	<input type="checkbox"/> 100'	<input checked="" type="checkbox"/> 35'	<input type="checkbox"/> 85' to cL	<input type="checkbox"/> Other _____
Left Side:	<input type="checkbox"/> 50'	<input checked="" type="checkbox"/> 20'	<input type="checkbox"/> 10'	<input type="checkbox"/> 8'	<input type="checkbox"/> Other _____
Right Side:	<input type="checkbox"/> 50'	<input checked="" type="checkbox"/> 20'	<input type="checkbox"/> 10'	<input type="checkbox"/> 8'	<input type="checkbox"/> Other _____
Rear Yard:	<input type="checkbox"/> 50'	<input type="checkbox"/> 40'	<input checked="" type="checkbox"/> 35'	<input type="checkbox"/> 25'	<input type="checkbox"/> Other _____

I certify that I will comply with the above zoning requirements and all other County and State regulations.

Jesse + Kristin Lohr  
Signature of owner, purchaser or agent

5/5/00  
Date

Building Placement Approved:

Deborah S. Kendall  
Signature of Zoning Administrator

5/5/00  
Date

Tag Sheet

SD#: SP00-233

Name: Jesse Hunter Lohr Tax Map ID: 60-83 Part 7

Application for: Construction Permit X Certification \_\_\_\_\_

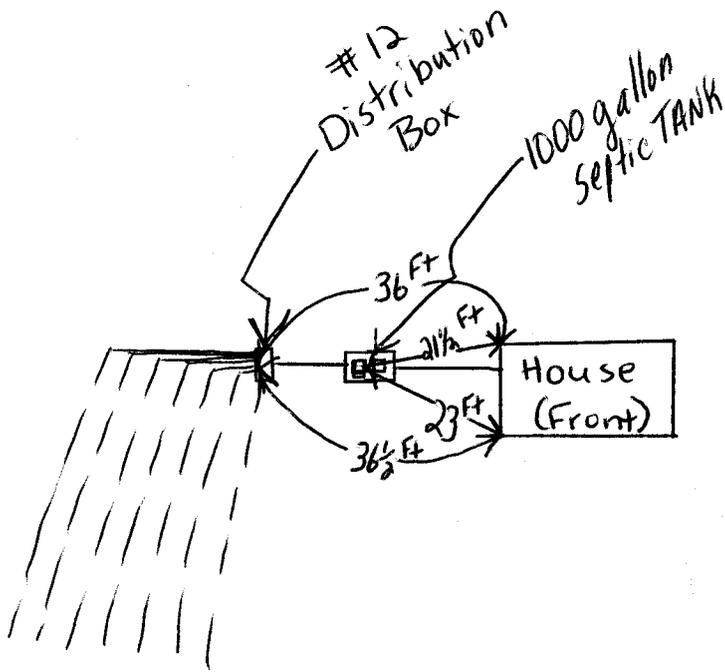
	Date	Initials
Application Received:	<u>9/21/02</u>	<u>BST</u>
Application Reviewed:	<u>J</u>	<u>J</u>
Fee Determination:		
Assigned to:		
Site Visit Scheduled:		
Site Visit Made:	<u>5/10/00</u>	<u>JFK</u>
Deactivated:		
Purpose:		

(From Land Div.)  
JFK

Reactivated:		
Follow-up Visit:		
Follow-up Visit:		
Issue/Deny Drafted:	<u>9/26/00</u>	<u>JFK</u>
Issue/Deny Reviewed:	<u>10-2-00</u>	<u>JFK</u>
Issue/Deny Countersigned:	<u>10-2-00</u>	<u>JFK</u>
Issue/Deny Mailed:	<u>9/27/00</u>	<u>BST</u>

pick up

Jesse & Kristin Lohr  
SD-00-233  
T.M.#60-83 (part of)  
"As Installed"



\* Not drawn  
to scale

# Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number \_\_\_\_\_  
Tax Map Number 60-83

## General Information

Date 5-10-00 Orange Co. Health Department  
Applicant George & Katherine Smith Telephone No. 854-4987  
Address 16191 Tysons Ctr Rd  
Owner SAME Address \_\_\_\_\_  
Location \_\_\_\_\_  
Subdivision \_\_\_\_\_ Block/Section 60 Lot 83

## Soil Information Summary

1. Position in landscape satisfactory Yes  No  Describe \_\_\_\_\_  
2. Slope 6-8 %  
3. Depth to rock/impervious strata Max. \_\_\_\_\_ Min. 42" 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  IV  
No  Estimated rate 55-60 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: Julie F. Kerrigan EHS  
Signature: Julie F. Kerrigan

## 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 5-10-00

Profile Description  
SOIL EVALUATION REPORT

Health Department  
Identification No. \_\_\_\_\_

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	0-2	Br Loam	II
	B	2-4	7.5yr 5/6 str Br SiCL	III
	B	4-8	5yr 4/6 y. red SiCL	III
	B	8-30	2.5yr 4/6 red SiCL	III
	B	30-36	2.5yr 4/6 red SiCL w/w. parent <sup>Material</sup>	III
	B	36-47	2.5yr 4/6 red lighter more friable SiCL → Sil	III
	C	47-52	2.5yr 4/8 red Sil Micaceous w/yellow silt seams	III
#2	Ap	0-6	Br Loam	II
	B	6-16	5yr 5/6 y. red SiCL	III
	B	16-28	2.5yr 4/8 red SiCL	III
	B	28-42	2.5yr 4/8 red w/w. parent 42" Auger refusal	III
#3	Ap	0-6	Br Loam	II
	B	6-14	5yr 4/6 SiCL <del>y. red</del>	III
	B	14-20	2.5yr 5/6 red SiCL	III
	B	20-40	2.5yr 4/8 red SiCL	III
	B	40-46	2.5yr 4/8 red SiCL light friable w/w. parent	III

Remarks

**T FOR RECORD**

Date

*Nehemiah S. Kendall*  
Agent, County of Orange

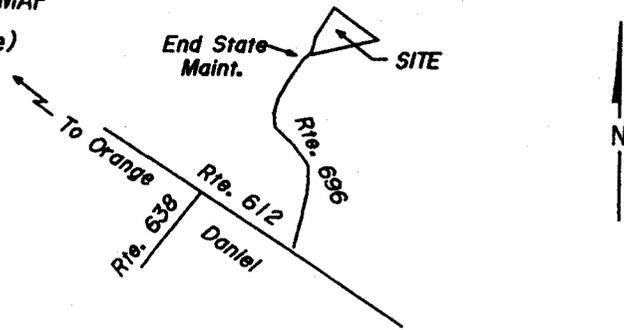
*7/31/80*  
Date

best of my knowledge and belief,  
of Supervisors and ordinances of  
regarding the platting of subdivisions  
I complied with.

*7-13-2000*  
Date

22960 540-672-4282

VICINITY MAP  
(No Scale)



field survey.

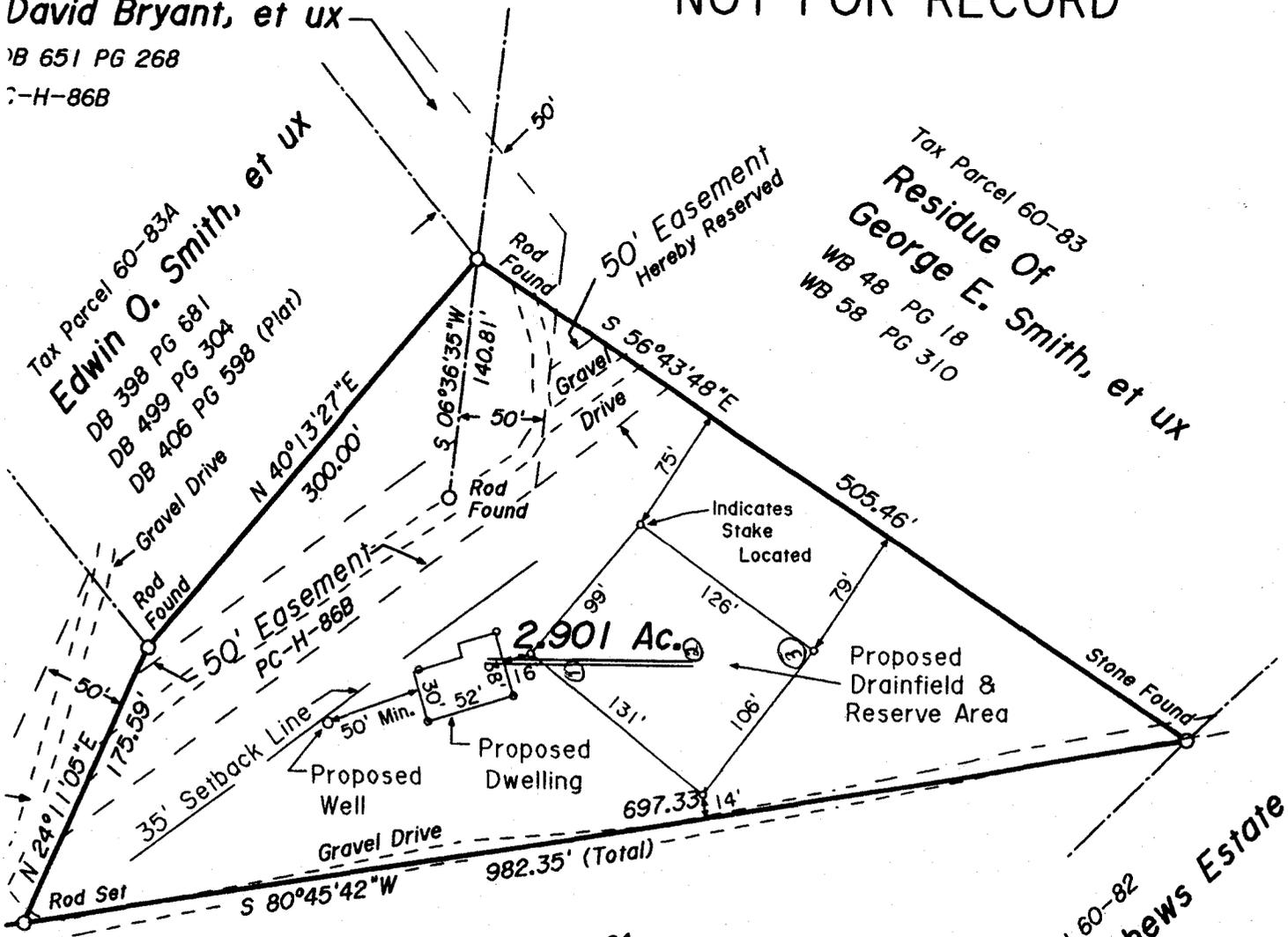
HEALTH DEPT. COPY  
NOT FOR RECORD

Tax Parcel 60-83B

**David Bryant, et ux**

WB 651 PG 268

PC-H-86B



Tax Parcel 60-84

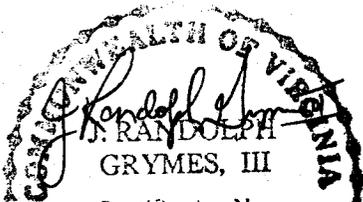
**Edward Ellis, et al**

WB 37 PG 787

Tax Parcel 60-82

**H.C. Matthews Estate**

DB 79 PG 334



# Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia

Department of Health

Orange Co. Health Department

Health Department

Identification Number

SD-00-233

Map Reference

60-83 (part of)

## 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 Jesse & Kristin Lohr Telephone 672-0288

Address 238 Blue Ridge Drive For a Type I Sewage Disposal System or Well to

be constructed on/at Beam Right at end State Maint Rt 696, Property on left

Subdivision (part of) Section/Block 60 Lot 83 Actual or estimated water use 450 gpd (3 BdrM)

### DESIGN

### NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS

Water supply, existing: (describe) N/A

Water supply location: Satisfactory yes  no  comments

To be installed: class III C  
cased Rock + 20ft MIN grouted 20ft MIN

Completion Report Not installed needs cap OK 4-2-01 JTK

Building sewer: 4" I.D. PVC Schedule 40, or equivalent.  
Slope 1.25" per 10' (minimum).  
 Other         

G. W. 2 Received: yes  no  not applicable   
Building sewer: yes  no  comments  
Satisfactory

Septic tank: Capacity 1000 gals. (minimum).  
 Other         

Pretreatment unit: yes  no  comments  
Satisfactory 1000 gal

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 12 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 1400; depth from ground surface to bottom of trench 30"; aggregate size 1/2" to 1 1/2"; Trench bottom slope 2" to 4" per 100' (MAX); center to center spacing 6ft; trench width 2ft; Depth of aggregate 13" MIN; Trench length 100ft; Number of trenches 7

Absorption trenches: yes  no  comments  
Satisfactory

Date 1-26-01 Inspected and approved by:  
Julie F. Kenigan  
Sanitarian

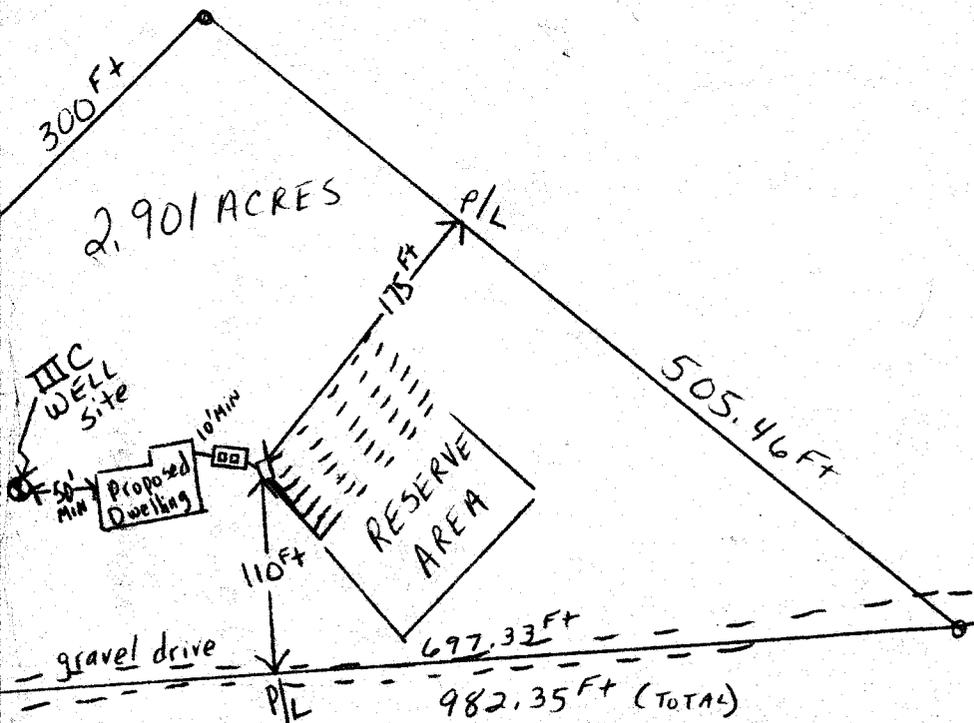
51 1/2  
 54 1/2  
 54  
 57 1/2  
 60  
 67 1/2  
 71

72 3/4  
 75 1/2  
 76 3/4  
 80  
 82  
 84 1/2  
 85 1/2

**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 wells and 50' from all class IIIA&B wells

Install 7 - 100' lines, on contour in 2'-wide trenches, on 6' centers

Install trenches 30" deep.

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.

Do not install utilities across reserve.

**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

Copy of Driller's log to health dept. required.

This sewage disposal system and/or water supply is to be constructed as specified by the permit  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: 9/26/00 Issued by: Julie F. Kerregan  
Sanitarian

Date: 10-2-00 Reviewed by: Cheryl E. Luders  
Supervisory Sanitarian

This Construction Permit Valid until <u>3-26-02</u>
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If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_

# Record of Inspection - Private Water Supply System

Commonwealth of Virginia  
Department of Health

Health Department  
I.D. Number 5D-00-233

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

Date 4/2/01 Local Health Department Orange County  
Owner Jesse + Kristin Lohr Address 238 Blue Ridge Dr Phone 672-0288  
Orange VA 22960

Exact Location of Premises \_\_\_\_\_

Subdivision \_\_\_\_\_ Section/Block 60 Lot 83 (part of)

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

Date of installation 2-6-2001

## CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e. well log, etc.), so note.

- Water well completion report filed as required by Sec. 2.18 Yes  No
- 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 > 50' Pretreatment Unit > 50'  
Conveyance System > 100' Subsurface Soil Absorption System > 100'  
(nearest point). Property Line > 5' Other \_\_\_\_\_  
Site graded where necessary to divert water away from well? Yes  No  N/A
- Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).  
Total depth of well 165 feet. Type of casing pvc  
Depth of casing 108 feet. Diameter of casing 6 1/4 inches.  
Casing extends inches above ground ≥ 12". Exterior space sealed with neat cement grout to a depth of 20 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 sanitary Pitless adapter used? Yes  No  N/A   
Properly installed? Yes  No  N/A  Proper venting? Yes  No  N/A
- Quantity: Yield and drawdown determined by continuous pumping of 1/2 hours. Drawdown N/A feet. Yield 15 GPM. Type of storage well
- 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: Information obtained from well completion report and inspection 4/2/01 JFK

Date 4-2-01 Signed Julie F. Kerrigan  
Sanitarian  
Date \_\_\_\_\_ Signed [Signature]  
Supervisory Sanitarian  
Date \_\_\_\_\_ Signed \_\_\_\_\_  
Regional Sanitarian (If V.A. or F.H.A.)

Commonwealth of Virginia  
Uniform Water Well Completion Report

Owner Jesse & Kristin Lohr  
 Address 238 Blue Ridge Drive  
Orange VA  
 Phone 672-0288  
 Location end of State Rt 696 Property on left

Tax Map ID 60-83 (Part of)  
 VDH Permit SD-00-233  
 WWCB Permit \_\_\_\_\_  
 WWCB ID \_\_\_\_\_  
 County Orange

\* Well Data \*

General Information

Drilling Method AIR  
 Depth to Bedrock 106  
 Static Water Level \_\_\_\_\_  
 Well Disinfected (Y or N) \_\_\_\_\_

Date Completed 2-6-2001  
 Yield 15 (GPM)  
 Stabilized Water Level \_\_\_\_\_  
 Disinfectant Used \_\_\_\_\_

Total Depth of Well 165  
 Length of Test 30 min  
 Natural Flow (Rate) \_\_\_\_\_  
 Amount Used \_\_\_\_\_

Casing

From 0 to 108  
 Size 6 3/4 Material PVC  
 Weight/Schedule \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
 Size \_\_\_\_\_ Material \_\_\_\_\_  
 Weight/Schedule \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
 Size \_\_\_\_\_ Material \_\_\_\_\_  
 Weight/Schedule \_\_\_\_\_

Gravel Pack

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Grout

From 0 to 20  
 Bore Hole Size 10"  
 Type Bentonite  
 Method  poured

From \_\_\_\_\_ to \_\_\_\_\_  
 Bore Hole Size \_\_\_\_\_  
 Type \_\_\_\_\_  
 Method \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
 Bore Hole Size \_\_\_\_\_  
 Type \_\_\_\_\_  
 Method \_\_\_\_\_

Water Zones or Screened Intervals

From 129 to 130  
 Mesh Size \_\_\_\_\_ Diam \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Mesh Size \_\_\_\_\_ Diam \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
 Mesh Size \_\_\_\_\_ Diam \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Mesh Size \_\_\_\_\_ Diam \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
 Mesh Size \_\_\_\_\_ Diam \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Mesh Size \_\_\_\_\_ Diam \_\_\_\_\_

\* Use Data \*

Private Well:   
 Public Well:

Domestic  Agricultural \_\_\_\_\_ Industrial \_\_\_\_\_ Monitoring \_\_\_\_\_  
 Community \_\_\_\_\_ Non Community \_\_\_\_\_



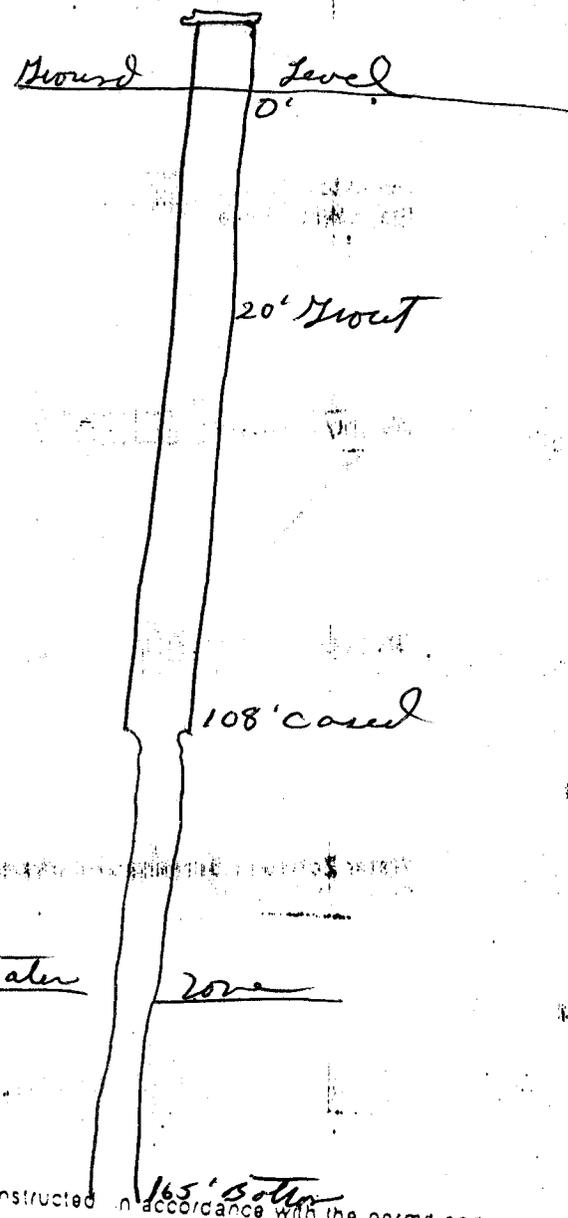
Drillers Log

Depth

Description of Formation or Sediment

Remarks

0-12 - Red Clay  
 12-106 Brown Clay  
 106-141 Hard Brown Slate  
 141-165 Gray + white Granite



(Use additional Sheets if necessary)

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

Name Louisa Well Drilling Inc.  
 Address 1235 Bibb STORE Rd  
LOUISA, VA 23093  
 Phone 967-1615

Drillers Signature Dennis J. Vestig  
 Date 2-6-2001 Representing Same

Virginia Contractors License Number 038634A H/N WWP

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number SD-00-233

Orange Co. Health Department

Name of Company/Corporation/Individual: SFS Backhoe Inc.

Address: Orange, VA 22960 Telephone: 540-672-3804

Owner's Name Jesse + Kristin Lohr

Owner's Address 238 Blue Ridge Drive Orange VA

Location of Installation: Lot 83 (part of) Block \_\_\_\_\_

Section: 00 Subdivision: \_\_\_\_\_

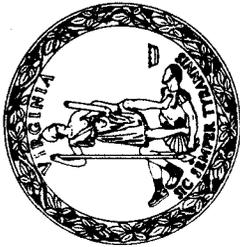
Other: \_\_\_\_\_

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 9/26/00 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1-26-01  
Date

[Signature]  
Signature and Title

No. SD-00-233



# PERMIT

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH

OPERATIONAL PERMIT

DATE OF ISSUE  
4/02/01

~~THIS PERMIT IS  
NON-TRANSFERABLE~~

OPERATOR:  
ADDRESS:

JESSE & KRISTIN LOHR  
238 BLUE RIDGE DRIVE  
ORANGE VA 22960

TAX MAP 60 LOT 83

*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 ORANGE COUNTY Health Department to operate a SEWAGE DISPOSAL SYSTEM AT 450 GPD*

*Julie F. Kerrigan*  
HEALTH OFFICIAL

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

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. 22903-0941  
: Phone (804)295-1716

JESSE LOHR  
16195 TYSONS CRT RD  
ORANGE, VA. 22960

03/28/01

BACTERIOLOGICAL ANALYSIS REPORT  
TOTAL COLIFORM IN DRINKING WATER

JOB NUMBER: Y85131  
SAMPLE NUMBER: Y85131  
DATE RECEIVED: 03/27/01  
DATE REPORTED: 03/28/01

IDENTIFICATION:  
LOHR WELL, 3/26/01

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 *Jesse Lohr*

PD \$ 325.00 BST  
112313 22740930

# Commonwealth of Virginia

Application for:  Sewage System  Water Supply

VDH Use Only  
Health Department ID# 13713-025  
Due Date \_\_\_\_\_

Owner Elizabeth K. Volheim

Phone 434-409-1127

Mailing Address 16222 Tyson Center Rd.  
Orange, VA 22960

Phone \_\_\_\_\_

Agent \_\_\_\_\_

Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Site Address Same

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Directions to Property: Route 20 N. Rt on 6.12 7.2 miles left on Tyson Center

Email \_\_\_\_\_

Subdivision (last house on left @ dead end.) Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 60-83D Other Property Identification \_\_\_\_\_ Dimension/Acreage of Property 3.9

**N/A Sewage System (New Construction)**  
Construction permits are valid for 18-months. Owners are advised to apply for a construction permit if they intend to build within 18 months of completing this application. Certification letters do not expire, may be recorded in the land records, and transfer with a property sale. For which are you applying?  Certification Letter  Construction Permit

**N/A Sewage System (Existing Construction)**  
Check all that apply:  Repair  Modification  Expansion  Replacement  Upgrade  
Do you wish to apply for a betterment loan? \_\_\_\_\_ If yes, there is a \$50.00 fee for a betterment loan determination and you must complete the application addendum for betterment loans..

**N/A Sewage System (New or Existing Construction)**  
 Single Family Home (Number of Bedrooms \_\_\_\_\_)  Multi-Family Dwelling (Total Number of Bedrooms \_\_\_\_\_)  
 Other (describe) \_\_\_\_\_  
Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one) Fixtures in Basement? Yes/No (circle one).  
Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?  
 Reduced-water flow  Limited occupancy  Intermittent of seasonal use  Seasonal or temporary use not to exceed 1 year

**Water Supply**  
Will the water supply be Public or Private (circle one). Is the water supply Existing or Proposed (circle one).  
If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).  
Will any buildings within 50' of the proposed well be termite treated? Yes /No (circle one).

Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

[Signature]  
Signature of Owner/Agent

1-23-13  
Date

60-83D

## ORANGE COUNTY HEALTH DEPARTMENT

In order for the Health Department to properly and expeditiously evaluate your property, we require that this application be completed.

1. Please provide accurate directions to the site.
  2. Please attach a copy of the plat and have property lines clearly marked at the time of the soil study. You may use the plat as your site sketch. Please note on the site sketch any existing wells or sources of pollution i.e. oil tanks. Also mark the location of the proposed structure, well and sewage system.
  3. Please have the proposed house site staked on the property.
  4. Include County Tax Map Number (Pin No.) and owners name and contract owners name if property is being sold since the permit is issued to the legal owner. Permits are not transferable. However, if a Lot Certification (the approved site is surveyed onto a plat and the plat is signed by the health Department), then that document is transferable. A permit is still required to construct a well and/or sewage disposal system.
  5. Once the application has been received by this office along with the fee, it is processed and given to the Supervisor to be assigned to the Environmental Health Specialist. This process takes approximately 2 days. You will need to call 540-672-0223 and schedule an appointment between 8: 30 AM and 9:30 AM any weekday with the Environmental Health Specialist. They will set up a time and date to meet you. No soil studies are performed during inclement weather. Please call to reschedule if this should happen on your appointment day. PLEASE NOTE THAT THIS COUNTY REQUIRES THAT A BACKHOE BE ON THE PROPERTY AT THE TIME THE SOIL STUDY IS PERFORMED UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE.
  6. All checks will be made payable to: ORANGE COUNTY HEALTH DEPARTMENT
  7. Mailing address is: Environmental Health, 128 West Main Street, Orange, VA 22960  
Our Phone No. is: 540-672-0223  
Our Fax No. is: 540-672-1093
- 

### FEES SCHEDULE FOR SERVICES

Well and Septic Permit*	\$800.00
Septic Permit Only (Type I or Traditional)	\$475.00
Well Permit Only	\$325.00
Lot Certification -Septic only	\$400.00
Renewal for Septic only (Can only be renewed one time)-with current building permit	\$ 100.00
Renewal for Well only (Can only be renewed one time)-with current building permit	\$ 75.00
Renewal for Well and Septic permit (Can only be renewed one time) -with building permit	\$125.00

\* Permits become null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the permit (c) after eighteen months. However a valid permit may be renewed for one eighteen month period if a valid building permit has been issued for the property.

674.00  
290.00  
239.00  
1199.00

# AOSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department Identification Number: SD-07-131 Tax Map: 60-83(Part of)

Orange County Health Department

Name of AOSE/PE: Dennis J. Brown

Certification Number: 171

Address: 3251 Germanna Hwy, Locust Grove, VA 22508

Telephone: 540-423-9706

Contractors Name: Jamie Gibson

Owner's Name: William Jones

Owner's Address: P. O. Box 846, Orange, Virginia 22960

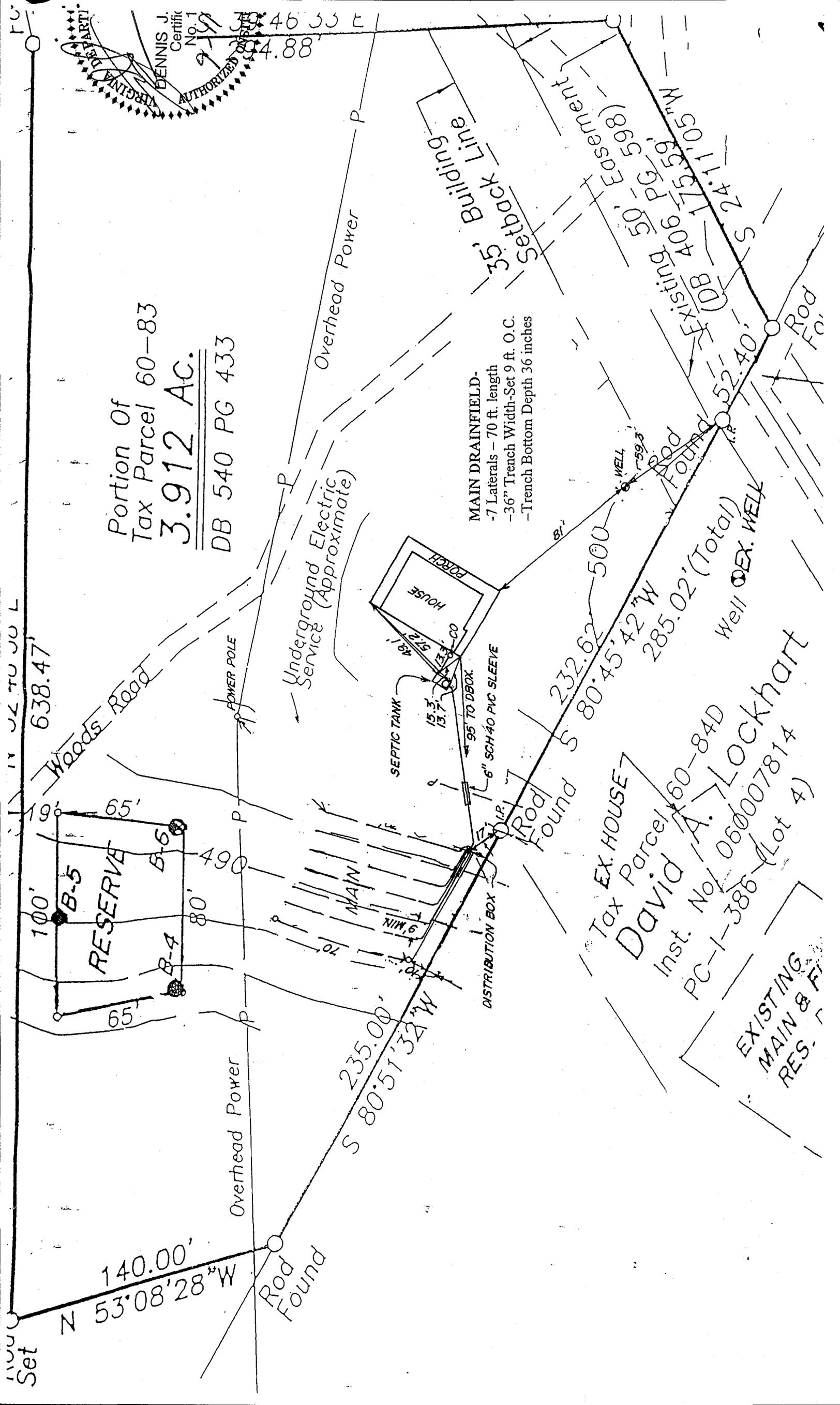
Location of Installation: Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Other: \_\_\_\_\_

### Inspection Results

Component	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	Well checked for location & Top (Patented Paulus Plastic Co.) Class IIIc Well - Cased 0- 85 ft.. - Grouted 0-20 ft.	9-10-07
Building Sewer	13.3 ft. of 4" Sch 40 w/cleanout 1.5 ft. off house Total fall from house to Septic Tank 1.79 ft. (21.48") Min. Slope 2.6%	9-10-07
Septic Tank	Beasley 1000 gal. mid seam	9-10-07
Inlet-Outlet Structure	Inlet 0.12 ft. (1.44") higher than outlet; Zabel A300 (12 X 20) effluent filter added to outlet; Access Riser added to outlet for filter access	9-10-07
Pump and Pump Station		
Conveyance Method	82.9 ft. of 4" Sch 40 Conveyance Line - Septic Tank to Distribution Box - Total Fall 45.36"	9-10-07
Distribution Box or Pressure Manifold	12 Hole Concrete Distribution Box w/dial-a-flows added and leveled; 1.2" min. fall to outlets	9-10-07
Header, Conveyance, Return, etc: Lines	Corrugated Header Pipe; Min. Fall 2.88" (L-1), Max. fall = 48.6" (L-7)	9-10-07
Percolation Lines, Drip, Chambers, etc.	Conventional Trenches w/gravel and corrugated plastic piping	9-10-07
Absorption Trenches and Dispersal Field	Installed depth 36"; 7 - 70 ft. lines; 3 ft. trench; 9 ft. min. centers; 1470 sq. ft.; Fall L-1 (3"), L-2 (2.88"), L-3 (2.28"), L-4 (2.52"), L-5 (2.4"), L-6 (2.16"), L-7 (2.28")	9-10-07
Other Components: Treatment Units, etc.		

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary.



TAG SHEET

137-13-005

NAME: Elizabeth K. Valheim TAX MAP ID. 60-83D

Application For: Construction Permit [X]
Certification Letter

OFFICE SUPPORT

Application Received: 11/23/13 BST
Fee: Amount Collected: \$325.00
Receipt Number: 22740930
Application Reviewed: 11/23/13
Applicant Given Site Evaluation Info Sheet:
Application Entered into VENIS: 11/23/13
Assigned To EHS: JFR DD 11/24/13

ENVIRONMENTAL SPECIALIST

Site Visit Scheduled: 01/24/13 DTD
Applicant Reminded of Site Preparation Requirements:
Initial Site Visit Made:
Level I AOSE Review 01/24/13 DTP
Application Deactivated:
Purpose:
Administrative Denial Issued:
Revised AOSE Report Received
Reactivation:
Follow Up Visit:
Follow Up Visit:
Follow Up Visit:

Data Entry into VENIS 01/24/13 DTD
Issue/Deny Drafted: 01/24/13 DTD
Issue/Deny Reviewed: 01/31/13 GED
Issue/Deny Countersigned:
Issue/Deny Sent to Applicant:

Mark One: Mailed [X] Faxed [X] Picked Up Other

Inspection Requested
Inspection Performed



Orange County  
Health Department  
128 West Main  
Street, Suite A  
Orange, Virginia  
22960  
(540) 672-0223 Voice  
(540) 672-1093 Fax

**Private Well Construction Permit**  
Health Department ID Number: 137-13-005

<b>Owner Information</b>	
Elizabeth K. Volhein 16222 Tyson Center Road Orange, VA 22960	Phone: (540)

<b>Location Information</b>			
Directions: Rt 20 N right on 612 go 7.2 miles - left on Tyson Center Road - last house on left at dead end.			
Property Address: County:	16222 Tyson Center Road Orange	Tax Map: GPIN:	60-83D
Subdivision Name: Section - Block - Lot -			

<b>General Information</b>		
Well Class: Class III C	Minimum Casing Depth: 20	Minimum Grout Depth: 20

Comments:

**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.

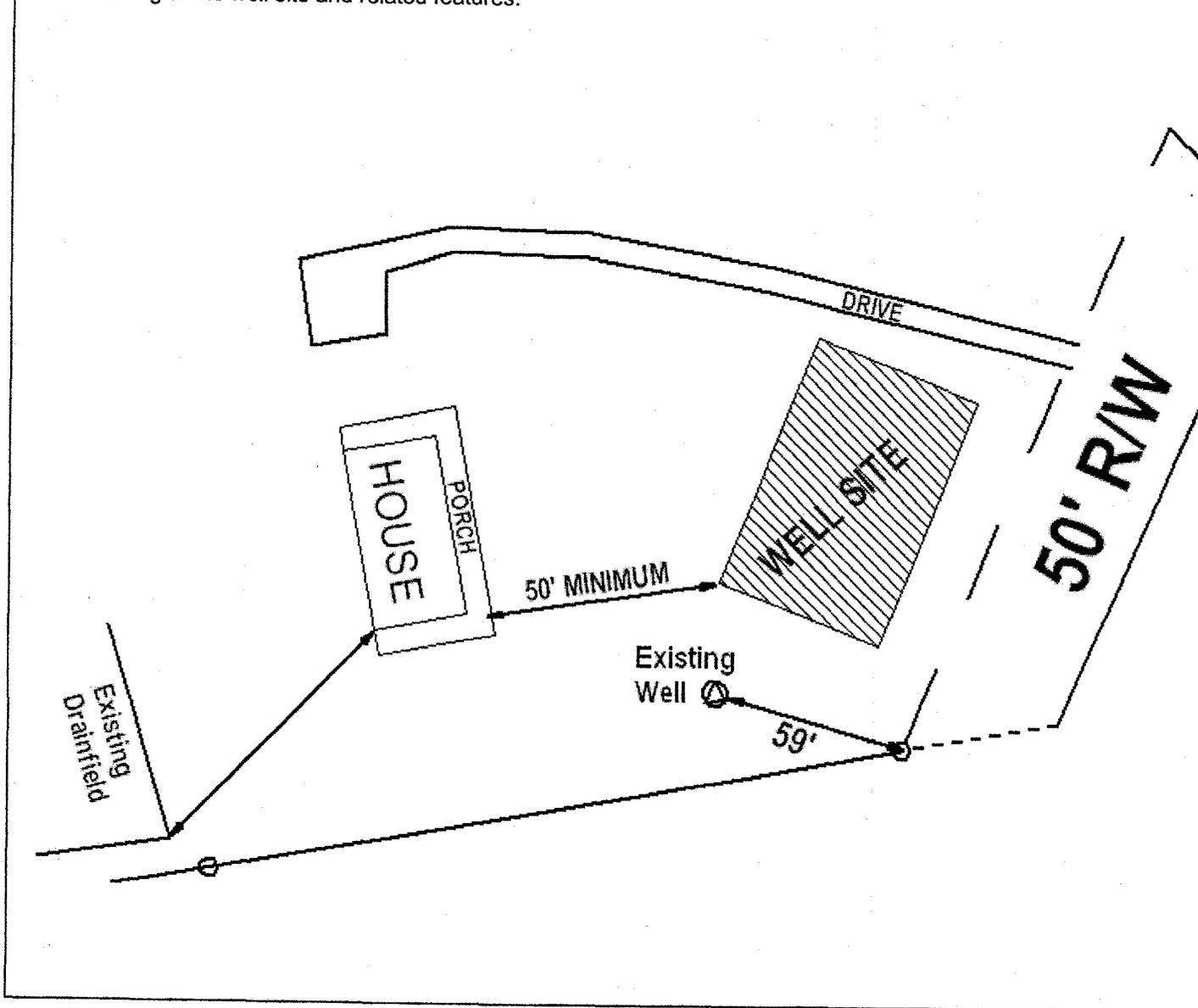
**Owner Information**

Elizabeth K. Volhein  
16222 Tyson Center Road  
Orange, VA 22960

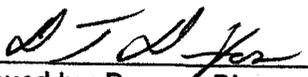
Phone: (540)  
HDID #: 137-13-005

**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.

  
Issued by: Dwayne Dixon  
Environmental Health Specialist

January 24, 2013  
Issue Date

July 25, 2017  
Expiration Date

Tax Map #: 60-83D

HDID#: 137-13-005

**WHAT YOU WILL NEED TO GET YOUR  
RECORD OF INSPECTION FOR THE PRIVATE WELL**

- Health Department's Well Construction Inspection and approval (LHD must inspect AOSE permitted wells)
  - As-built Drawing showing specific, actual well location.
  - Well Driller's Uniform Water Well Completion Statement or GW-2
  - Well Driller's Uniform Water Well Completion Statement or GW-2 documenting proper well abandonment methods if required by permit
  - Water Sample test results negative/satisfactory for coliform bacteria
  - Statement referencing the method of termite treatment if required due to lack of horizontal setback between well and treated foundation required by *Private Well Regulations*
- 

It is important that you obtain your Record of Inspection, as it is a requirement of the *Private Well Regulations*. Please allow several business days after the last piece of documentation is received for the Record of Inspection to be issued. To avoid delays, clearly label each piece of documentation with the property reference (Tax Map or GPIN number) and HDID number shown above and on your construction permit. For new construction, your Record of Inspection, once issued, must also be provided to the local Building Official.

If you have any questions about any of the items on this list, please do not hesitate to contact the Orange County Health Department at (540) 672-0223.