

# Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

For Department Use Only

Health Department  
Identification Number 5D-87-258  
Map Reference 60-83

Orange Co Health Department

Date Received 4-30-87

### To Be Completed By The Applicant

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

Owner Edwin O & Phyllis H. Smith Address Rt. 3 Box 287 Phone 672-2729  
Orange, VA. 22960 (w) 672-3010

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

Directions to Property Rt 612 to Daniel Left At Tysons Com. Center Rt 616  
to end of state maint. (8/10) "left at r"

Subdivision \_\_\_\_\_ Section 60 Block \_\_\_\_\_ Lot 83

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

Dimensions/size of Lot/Property 2 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: \_\_\_\_\_  
 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.

Phyllis Smith  
Signature of owner/agent

4/16/87  
Date

# Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health



Health Department  
Identification Number  
Map Reference

ORANGE Co Health Department

50-87-25  
60-83

### General Information

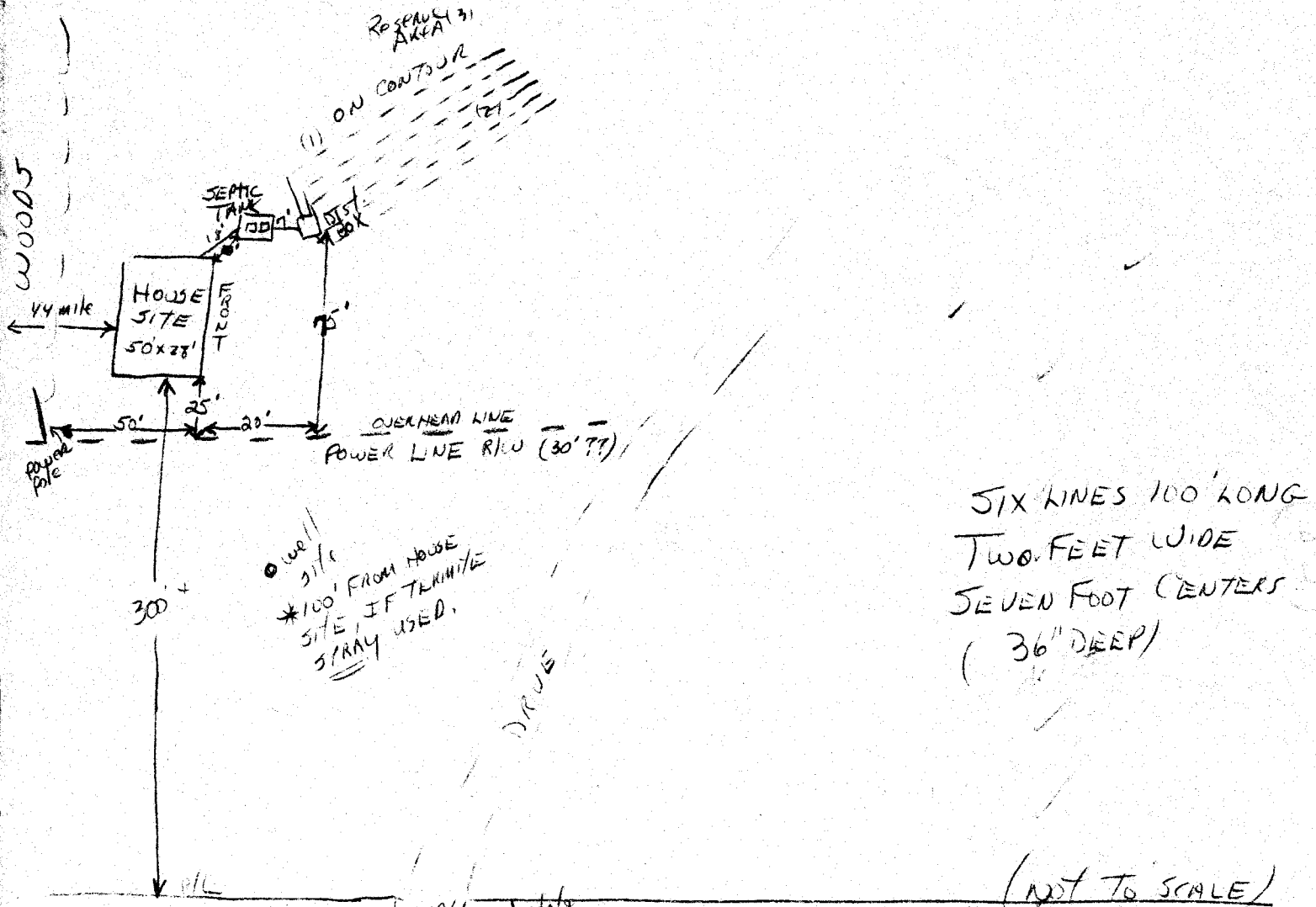
New  Repair  Expanded  Conditional  FHA  VA  Case No. \_\_\_\_\_  
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:  
Owner EDWIN D & PHYLISS M. SMITH Telephone 672-2729  
Address RT. 3 BOX 277 ORANGE VA.  
For a Type I Sewage disposal system which is to be constructed on/at END OF STATE MAINT RT. 696 APPROX. 3/10 MILE NORTH OF RT. 612/696 INT.  
Subdivision N/A Section/Block 60 Lot PT. 2 83  
Actual or estimated water use 450 G.P.D.

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>N/A</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
To be installed: class <u>III</u> cased <u>20' MIN.</u> grouted <u>20' MIN. REQUIRED</u>	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Building sewer: <u>4'</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Pump & pump station: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other <u>4"</u>	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>10+</u> ports. <input type="checkbox"/> Other _____	Header lines: 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 _____	Percolation 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 _____	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: <u>3 B/R AT 60 RATE EST.</u> Square ft. required <u>1200</u> ; depth from ground surface to bottom of trench <u>36"</u> ; aggregate size <u>#5</u> ; Trench bottom slope <u>2" TO 4" PER 100 FT. MAX.</u> ; center to center spacing <u>7 FT.</u> ; trench width <u>2 FT.</u> Depth of aggregate <u>13"</u> ; Trench length <u>100 FT.</u> ; Number of trenches <u>6</u>	Date <u>10-26-87</u> Inspected and approved by: <u>W.T. Shaheen</u> Sanitarian

**Schematic drawing of sewage disposal system and topographic features.**

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.



(NOT TO SCALE)

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: 5/4/87 Issued by: Charles A. Richardson  
 Sanitarian

Date: 5-22-87 Reviewed by: Paul E. Stephens  
 Supervisory Sanitarian

This Construction Permit Valid until 54 MONTHS

If FHA or VA financing

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

COUNTY OF ORANGE, VIRGINIA-OFFICE OF THE ZONING ADMINISTRATOR

TEMPORARY ZONING PERMIT

Name of Owner/Purchaser Mr. & Mrs. Ed Smith Phone \_\_\_\_\_

Address Bl. 3 Box 287 Orange

Name of Seller George P. Smith Phone \_\_\_\_\_

Address \_\_\_\_\_

Size of tract 2 AC. pt. of 119 AC tract Parcel No. pt of 60-83

Location # 1096 off # 612 - approx 100 yds after end of state main

Zoning Classification: A , R-1 \_\_\_\_\_, R-2 \_\_\_\_\_, R-3 \_\_\_\_\_, Other \_\_\_\_\_

Type of Structure 3 bedroom dwelling

Proposed Building Placement: Pit drive

Setback from R/W: 85 ft., Right sideyard: 20+ ft.

Left Sideyard: 20+ ft., Rear Yard: 35+ ft.

\*\* \*\* \*

Minimum Required Building Placement:

Minimum Building Setback from R/W: 100' \_\_\_\_\_, 60' \_\_\_\_\_, 35' \_\_\_\_\_, Other 85

Minimum Side Yard: 20' , 10' \_\_\_\_\_, 8' \_\_\_\_\_, 5' \_\_\_\_\_, Other \_\_\_\_\_

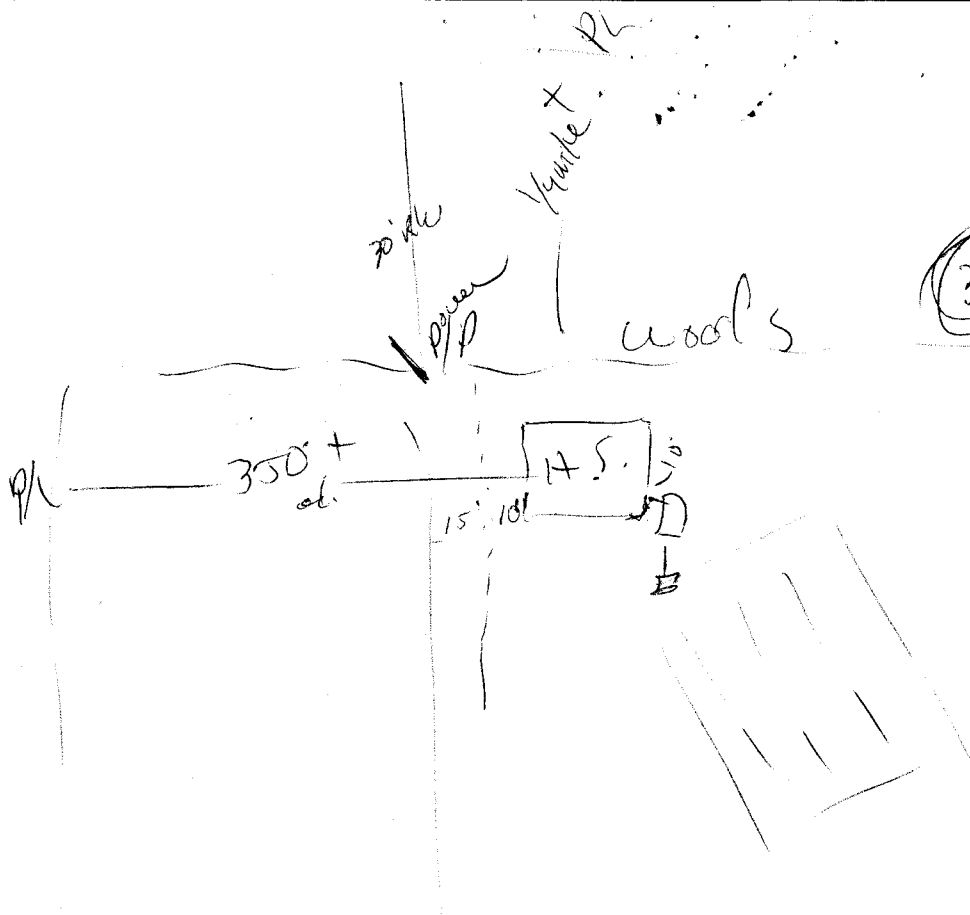
Minimum Rear Yard: 40' \_\_\_\_\_, 35' , 25' \_\_\_\_\_, Other \_\_\_\_\_

I hereby certify that I will comply with the above zoning requirements.

Charles H. Smith Date 4/14/87  
Owner/Purchaser/Agent

APPROVED BY ZONING ADMINISTRATOR G. J. Barbee Date \_\_\_\_\_

NOTE: A building permit MUST be obtained from the Building Inspection Department before construction can be started or septic tank permit released.



0-1 BR L.  
1-8 Light BR low  
8-74 = yellow/red CL  
24-54 - yellow/red CL  
5th low

36"

TAW side

0-10  
10-24 Red/BR 5 CL.  
24-48 Red to Red/BR  
to 24' high +  
woods

River

3/8 mile to River

1000 YARDS

2 ACRES -

100

85 FT

35 FT.

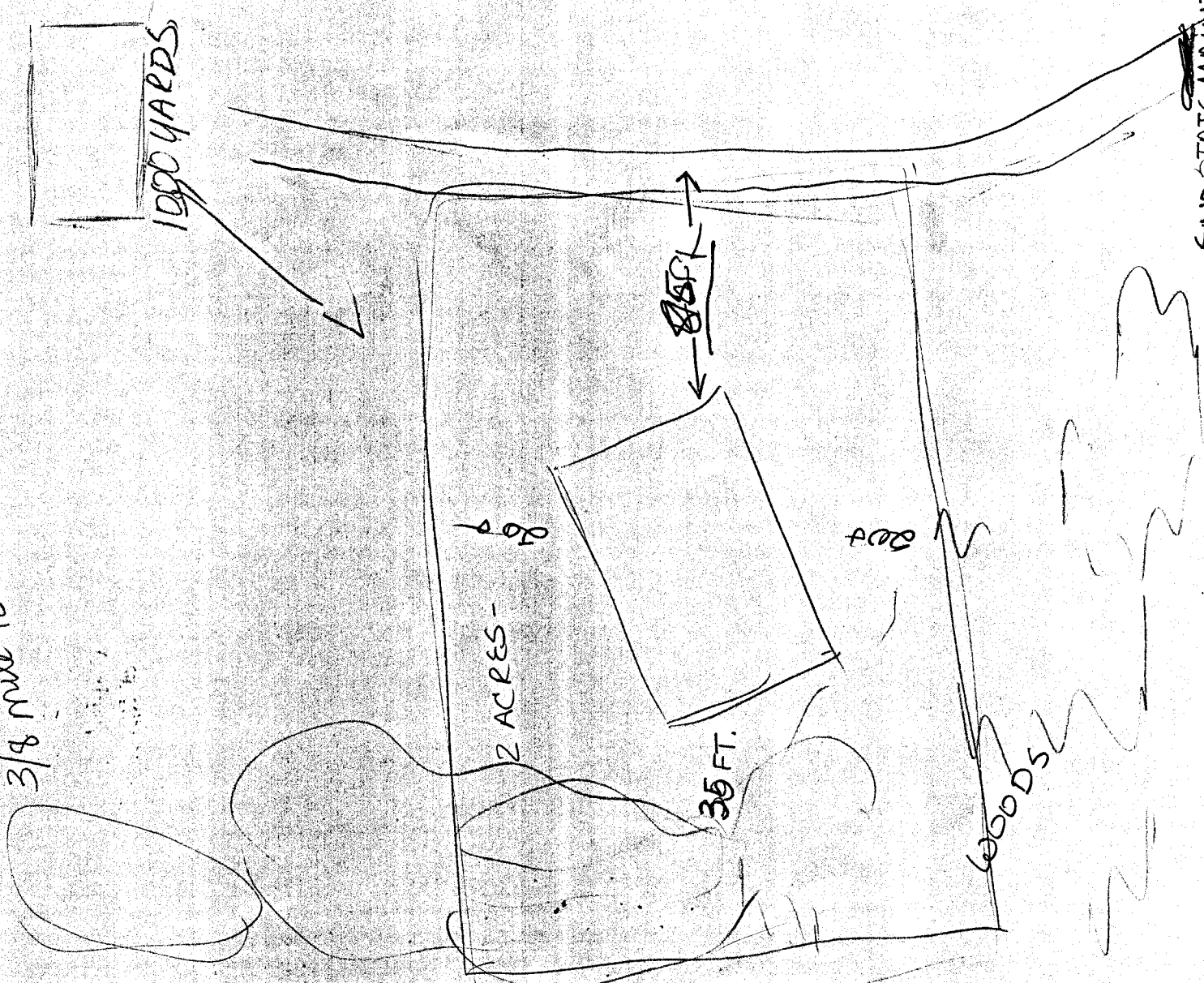
100

WOODS

WOODS

# 696

END STATE MAINTENANCE



# Soil Evaluation Form

Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number 5D-87-75  
Tax Map Number 60-83

### General Information

Date 5-4-87 ORANGE CO. Health Department

Applicant E.D. & P.H. Smith Telephone No. 672 2729

Address ORANGE VA

Owner SAME Address SAME

Location End of Rte 696 - 8/10 mile N. of Rte 612/696 Int.

Subdivision N/A Block/Section 60 Lot Plot 83

### Soil Information Summary

1. Position in landscape satisfactory Yes  No  Describe \_\_\_\_\_
2. Slope 2.5 %
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  No  Texture group I II  III IV  
Estimated rate 50 min/ inch
7. Percolation test performed Yes  No  Number of percolation test holes N/A  
Depth of percolation test holes N/A  
Average percolation rate \_\_\_\_\_

Name and title of evaluator: C.A. RICHARDSON JR - SANITARIAN

Signature: C.A. Richardson

### Department Use

- Site Approved: Drainfield to be placed at 36" 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 5-4-87

**Profile Description**  
**SOIL EVALUATION REPORT**

Health Department  
Identification No. 50-87-25

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	0-1	BR. L.	II
	B	1-8	Light BR. L.	II
	B	8-24	Yel-Red C.L.	III
	B	24-54	Yel-Red + yel silty L.	III
2	A	0-10	TAN to yel/BR L.	II
	B	10-24	Red/BR silty C.L.	III
	B	24-52	Red to Red/BR silty L.	III
3	A	0-2	BR L.	II
	B	2-10	Yel-BR L.	II
	B	10-25	Yel-Red C.L.	III
	B	25-54	Yel-Red + yel silty L.	III

Remarks: Install at 36"

5-<sup>1</sup>/<sub>2</sub> 9-1<sup>2</sup>/<sub>3</sub> 8-8 9-7<sup>2</sup>/<sub>3</sub> 9-9<sup>2</sup>/<sub>3</sub> 10-4  
 8-4 9-4 9-3 9-7 10-2 10-8

COMMONWEALTH OF VIRGINIA  
WATER WELL COMPLETION REPORT

• BWCM No. \_\_\_\_\_

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

(Certification of Completion/County Permit)

County/City Orange

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 Edwin O. + Phyliss H. Smith  
• Well Designation or Number \_\_\_\_\_  
Address Rt. 3, Box 277  
Orange, Va. 22960  
Phone 703-672-2729

• Drilling Contractor Louisa Well Drilling, Inc.  
Address Rt. 1, Box 473  
Louisa, Va. 23093  
Phone 703-967-1615

WELL LOCATION: 8/10 (feet/miles N direction) of 615 + 696  
and \_\_\_\_\_ (feet/miles \_\_\_\_\_ direction) of at end of Rt. 696  
(If possible please include map showing location marked)

Date started 10-87 • Date completed 10-87 Type rig air

SWCB Permit \_\_\_\_\_  
County Permit \_\_\_\_\_

Certification of inspecting official:  
This well does \_\_\_\_\_ does not  
meet code/low requirements.  
S: \_\_\_\_\_  
Date \_\_\_\_\_

For Office Use

Tax Map I. D. No. \_\_\_\_\_  
Subdivision \_\_\_\_\_  
Section \_\_\_\_\_  
Block \_\_\_\_\_  
Lot \_\_\_\_\_  
Class Well: I \_\_\_\_\_, IIA \_\_\_\_\_,  
IIB \_\_\_\_\_, IIIA \_\_\_\_\_, IIIB \_\_\_\_\_,  
IIIC \_\_\_\_\_, IIID \_\_\_\_\_, IIIE \_\_\_\_\_

1. WELL DATA: New  Reworked \_\_\_\_\_ Deepened \_\_\_\_\_
- Total depth 180' ft.
  - Depth to bedrock 106' ft.
  - Hole size (Also include reamed zones)
    - 10 3/8 inches from 0 to 20 ft.
    - 8 3/4 inches from 20 to 106 ft.
    - 6 1/2 inches from 106 to 180 ft.
  - Casing size (I.D.) and material
    - 6 1/4 inches from 0 to 108 ft.  
Material P.V.C.  
Wt. per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ 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 20 ft., Type pozzol
    - From \_\_\_\_\_ to \_\_\_\_\_ ft., Type \_\_\_\_\_

2. WATER DATA • Water temperature \_\_\_\_\_ of \_\_\_\_\_
- Static water level (unpumped level-measured) \_\_\_\_\_ ft.
  - Stabilized measured pumping water level \_\_\_\_\_ ft.
  - Stabilized yield 8 gpm after 1 hours
  - Natural Flow: Yes  No \_\_\_\_\_, flow rate: \_\_\_\_\_ gpm
  - Comment on quality \_\_\_\_\_
3. WATER ZONES: From 169 To 170
- 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 Permaton • Rated H.P. 1/2
- Intake depth 170 • Capacity \_\_\_\_\_ at \_\_\_\_\_ head
6. WELLHEAD: Type well seal Pitless
- Pressure tank 8.6 gal., Loc. under house
  - 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 \_\_\_\_\_

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)

11.

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)

DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.))	Drilling Time (Min.)
From	To			
0'	8'	Red Clay		
8'	23'	Light red Clay		
23'	106'	Brown slate		
106'	180'	Brown + blue slate mixed		

13. Well lot dedicated? \_\_\_\_\_; Size \_\_\_\_\_ ft. X \_\_\_\_\_ ft., Well house? \_\_\_\_\_  
 Distance to nearest pollutant source 1007 ft., Type Drainfield  
 Distance to nearest property line 25 ft., Building 102 ft.

14. WATER SERVICE PIPE: Checked under 50 p.s.i. for 30 minutes. Pipe size 1 inches, Material 160 PSI plastic  
 Installer Louisa Well Drilling, Inc.  
 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.

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

Signature Louisa Well Drilling, Inc. (Seal), Date 1-11-88  
 (Well driller or authorized person) License No. \_\_\_\_\_

Dennis J. Gentry, Sr.

# Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia  
Department of Health

N/A

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

50-87-75

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

Map Reference

60	-	83
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Date 3-1-88 Local Health Department ORANGE CO.

Owner EDWIN O. SMITH Address RT 3 Box 287 Phone 672-2729  
ORANGE, VA.

Exact Location of Premises END OF STATE MAINT. RT 696. APPROX. 7/10 MILE NORTH OF RT 612/696  
JVA.

Subdivision N/A Section/Block 60 Lot 83

Class of nonpublic drinking water well.

1) Class III	A. (drilled well)	<input checked="" type="checkbox"/>
2) Class III	B. (bored well)	<input type="checkbox"/>
3) Class III	C. (jetted well)	<input type="checkbox"/>
4) Class III	D. (dug well)	<input type="checkbox"/>
5) Other	E. _____	<input type="checkbox"/>

Date of installation 1-11-88

### 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 18.02.07. Yes  No
- 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 50'+ Pretreatment Unit 50'+ Conveyance System 50'+ Subsurface Soil Absorption System 100'+ (nearest point). Property Line 10'+ Other \_\_\_\_\_  
Site graded where necessary to divert water away from well? Yes  No  n.a.
- Construction, General: (see Section 18.02.05, and 18.02.02)  
Total depth of well 180 feet. Type of casing P.V.C. Depth of casing 106 feet. Diameter of casing 6 1/4 inches. Casing extends inches above ground 12. Exterior space around casing 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 MACH.  
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 \_\_\_\_\_ hours. Drawdown \_\_\_\_\_ feet.  
Yield 8 GPM. Type of storage well + pressure tank (8.6 GAL)
- 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: \_\_\_\_\_

Date 3-1-88

Signed

*Ann A. Richardson*

Date 3-3-88

Signed

*Charles E. Shepherd*

Sanitarian

Date \_\_\_\_\_

Signed

Supervisory Sanitarian

COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF GENERAL SERVICES  
 DIVISION OF CONSOLIDATED LABORATORY SERVICES  
**REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER**  
 DO NOT WRITE IN SPACE BELOW.

NON-PUBLIC SUPPLY  PUBLIC SUPPLY

DATE COLLECTED 2/25/88 TIME: 2:50  
 NAME OF CITY OR COUNTY Orange VA  
 ADDRESS OF SUPPLY Rt 3 Box 539 Orange VA  
 SUPPLY OWNED BY Edwin Smith  
 SAMPLE COLLECTED BY C.A. Richardson  
 SAMPLE WAS TAKEN FROM Well (WELL, APPROVED TAP, ETC.)  
 IS SUPPLY CHLORINATED? YES  NO   
 WAS CHLORINE TEST MADE AT SAMPLING POINT YES  NO   
 RES. CL. \_\_\_\_\_ PPM. REPORT RESULTS TO -  
Orange Co. Health Dept  
Orange VA 22960

Portion Of Sample Tested	Bact. of Coliform Group	Portion Of Sample Tested	Bact. of Coliform Group	SAMPLE NO.
.0001 ml.	—	10 ml.	—	<b>1801954</b> RECEIVED MKL80000 COMPLETED 02-29-88
.001 ml.	—	10 ml.	—	
.01 ml.	—	10 ml.	—	
.1 ml.	—	10 ml.	—	
1 ml.	—	10 ml.	—	

Membrane Filter \_\_\_\_\_ Coliforms per 100 ml.  
 + Opposite Portion Tested Means Bacteria Indicating Contamination WERE Present.  
 — Means Bacteria Indicating Contamination WERE NOT Present.

See reverse side for collection information

ATC. Thompson

Results Based on Confirmed Tests Unless Otherwise Specified

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 50-87-75

Orange County Health Department

Name of Company/Corporation/Individual: Garfield Towles, Jr.

Address: <sup>H2, D4276</sup> Orange, VA. 22960 Telephone: 854-6101

Owner's Name Elwin O & Phyllis H. Smith

Owner's Address Rt. 3, Box 287 Orange, VA. 22960

Location of Installation: Lot Rt. 3 83 Block ---

Section: 60 Subdivision: ---

Other: ---

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 2-4-87 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project

10-26-87  
Date

Garfield Towles Jr.  
Signature and Title

# Sewage Disposal System Operation Permit

Commonwealth of Virginia  
Department of Health

Health Department  
Identification No. SD-87-75  
Orange County Health Department



Tax Map No. 60-83

Edwin O & Phyllis Smith is Hereby Granted Permission  
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at  
End of State Maint. Rt. 696 Approx. 8/10 mile North of Rt. 612/696 Int.

SUBDIVISION	SECTION/BLOCK	LOT
N/A	60	Pt. of 83

This permit is issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section (a)  
3.22

of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and  
with Previously Issued permits None Dated N/A

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.

C.M.G. BUTTERY, MD

VARIANCES GRANTED  
 NONE  SEE ATTACHED

SPECIAL CONDITIONS  
 NONE  SEE ATTACHED

10/26/87

Effective Date

W.T. Graham

Recommended (Sanitarian)

C.M.G. Buttery  
XXXXXX  
XXXXXX  
XXXXXX

Approved (State Health Commissioner)