

CONSTRUCTION PERMIT Health Department ID SD-00-087

Mason Heights Subdivision
To Be Completed By The Applicant

4-18-00
2⁰⁰

N/A

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

Owner Richard R. Morris Address 2112 Carpenters Mill Rd Phone 832-3542
Roanokeville VA
29923

GALF
G2

Agent _____ Address _____ Phone _____

Directions of Property 33 West Left on 607 4th house on left

Subdivision Mason Heights Sub Section S2B Block (2) Lot 120

Other Property Identification _____

Dimension/size of Lot/Property 102 FT X 400 FT.
Copy New + BK sketch

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 _____) (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.

Richard R. Morris
Signature of Owner/Agent

4/18/00
Date

2005-52B-G-2 (2)-120

(3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA Yes No Date 1-2-74 Case No. _____
 Own DANIEL, JOSEPH R. CONSTR. CO. INC. P.O. BOX 325 Phone 825-5898
 Address _____ (Mailing Address)
 Occupant FOR SALE Address CULPEPER, VA. 22701 Phone (MASON HEIGHTS)
 Address _____ (Mailing Address)
 Exact Location of premises TAKE RTE 33 WEST OF EHEART - LEFT ON RTE 607-60 3/4 MILE - FIRST LOT
 (Subdivision, Street or Road Name, Section or Lot No.) ON LEFT

FOR: Dwelling Other _____ Automatic Washing Machine Yes No Consumption _____ gal. per day
 Actual Potential Bedrooms 3 Garbage Disposal Unit Yes No (Actual estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other CLASS II CENTRAL SUPPLY
 (To be installed) Class II Cased 50 ft. to be grouted 50 ft.
 (Unless supported by positive evidence Class III is to be considered as to be installed.)

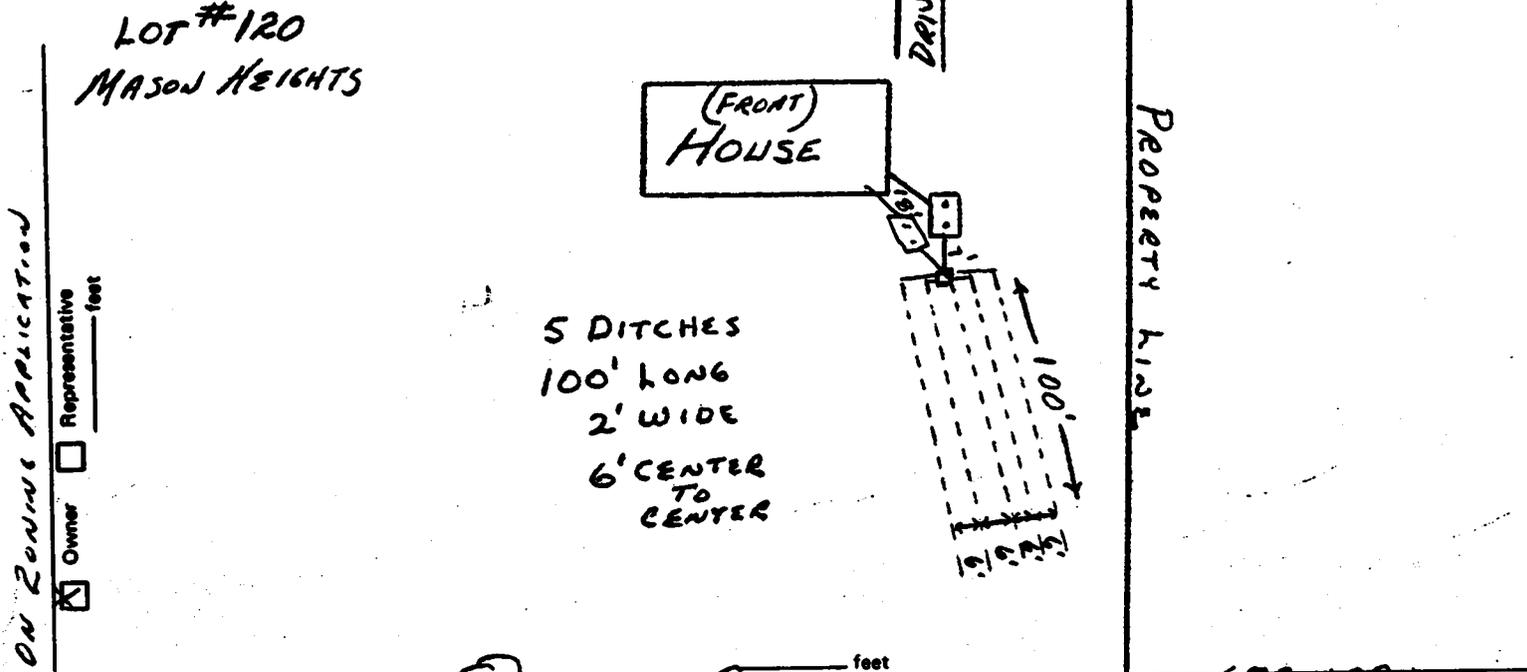
(2) SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____ (If Known)
 Estimated Percolation Rate 1-10 11-25 26-50 > 51 Percolation Test Required Yes No Rate _____
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____ inches (estimate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

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

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of CONCRETE Material Liquid Capacity 750 gallons.
 Inside Dimensions Length 7 feet. Width 3 1/2 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required 1000 Type aggregate required CRUSHED STONE
 Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 6 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 30 inches from surface of original ground.
 Distance from well to septic tank _____ feet; distance from well to drainfield _____ 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 Distance and Slope with regard to one another.)



Signature _____ Health Department, Phone 672-1291 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 1/2/74 Signed Robert N. Tucker (Sanitarian or Health Director)

Tag Sheet

SD#: 500-087

Name: Richard Morris

Tax Map ID: 52B-21-120

Application for: Construction Permit X Certification _____

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

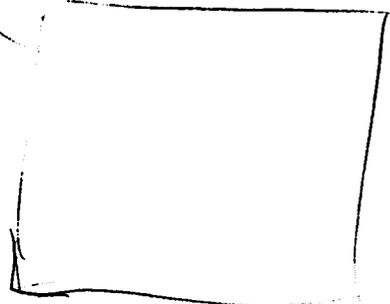
PICK UP

Q) see
sit to = DIPANE (MADBY)
WHA DUIS
P.O. 213
MNA - VA

M.H. Jm L₂
825 0130
Equip
(Comm's Act)

EXIT
D.F.

FL



PK
PK

DRIVE

DR

4/18
01/18

4/18
W.S.
1/17

4/18
1/17

Water Supply ~~and Sewage Disposal~~ System Construction Permit

Commonwealth of Virginia
 Department of Health
ORANGE CO. Health Department

Health Department
 Identification Number 50-00-087
 Map Reference 52B-2-120

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 RICHARD R. MORRIS Telephone 832-3542
 Address 2112 CARPENTERS MILL RD. BARBERSVILLE, VA For a Type III-B ~~Sewage Disposal System~~ Well to be constructed on/at RT 607
 Subdivision MASON-HEIGHTS Section/Block 52B/2 Lot 120 Actual or estimated water use N/A

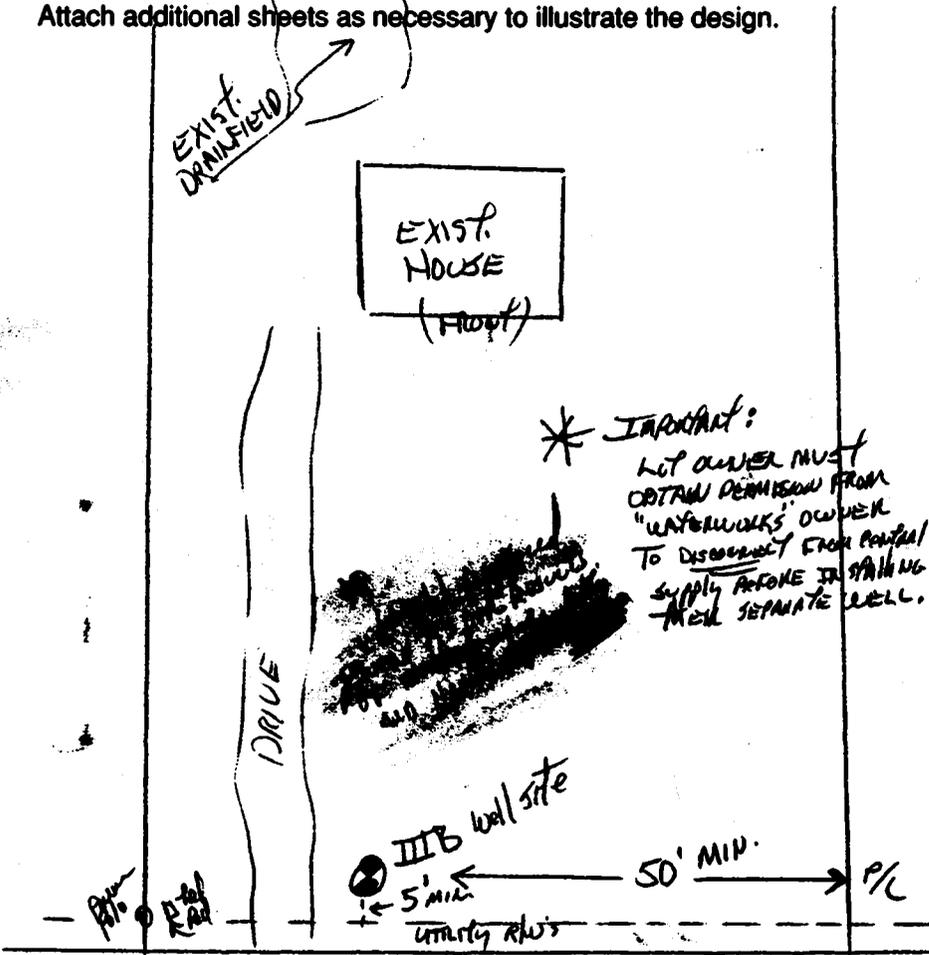
DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>CONTRA (NOT WORKING AT PRESENT)</u>	Water supply location: Satisfactory. yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments <u>OK 4/26/00</u>
To be installed: class <u>III-B</u> cased <u>50 MIN. grouted 50 MIN. (Required)</u>	Completion Report G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>WITH TAPPING & WALL TO REQUIRED FOR N.D. AREA</u> I.D. PVC Schedule 40, or equivalent.	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Conveyance method: yes <input 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 type="checkbox"/> Other _____	Distribution box: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with _____ ports. <input type="checkbox"/> Other _____	Header lines: yes <input 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 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 type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required _____; depth from ground surface to bottom of trench _____; aggregate size _____; Trench bottom slope _____; center to center spacing _____; trench width _____; Depth of aggregate _____; Trench length _____; Number of trenches _____	Date <u>4/26/00</u> <u>12-1-00</u> Inspected and approved by: <u>C.A. [Signature]</u> Sanitarian

Schematic drawing of ~~sewage disposal~~ 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.

Drawing not to scale

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.



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 IIIB wells
 Install 1/2" lines, on contour in 1/2"-wide trenches, on 1/2" centers
 Install trenches 1/2" 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 1/2" gallons per cycle
1/2" drawdown for a 1/2" gallon tank
 Pump operation to be approved.

WELL REQUIREMENTS

Install Class IIIB well 50'+ 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~~ 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: 4/18/00 Issued by: [Signature]
 Date: 4-20-00 Reviewed by: [Signature]
 Sanitarian
 Supervisory Sanitarian

This Construction Permit Valid until
54 Months from DATE OF PERMIT

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

**ENVIRONMENTAL SYSTEMS SERVICE, LTD.**

**RICHARD MORRIS
2112 CARPENTER'S MILL RD
BARBOURSVILLE, VA 22923**

ANALYSIS REPORT

ESS WO NUMBER: 21720
ESS ID NUMBER: 18360
SAMPLE LOCATION: SD# 00-087
SAMPLE SOURCE: BATH
DATE SAMPLED: 05/23/00
INVOICE NUMBER: 073897

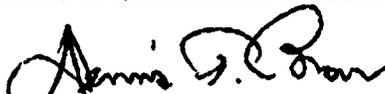
PARAMETER	RESULT
TOTAL COLIFORM	ABSENT
<i>E. coli</i>	ABSENT

**THIS WATER SAMPLE HAS MET THE MINIMUM POTABLE WATER TEST
REQUIREMENTS AS ESTABLISHED BY THE VIRGINIA DEPARTMENT OF HEALTH.**

REVIEWED BY:

REPORTED BY:

**REPORT DATE:
VA LAB ID # - 00115**


**DENNIS T. BROWN/ LAB MANAGER
ENVIRONMENTAL SYSTEM SERVICE, LTD.
P.O. BOX 520
CULPEPER, VA 22701
05/24/00**

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Richard R. MORRIS
Address 2112 CARPENTERS MILL RD
ORANGE VA
Phone 832-3542
Location MASON HEIGHTS SUB #100

Tax Map ID 528-2-120
VDH Permit SL-00-087
VWCB Permit _____
VWCB ID _____
County ORANGE

General Information
Drilling Method ROTARY
Depth to Bedrock 56
Static Water Level 125
Well Disinfected (Y or N) _____

Well Data

Date Completed 4-26-00 Total Depth of Well 165
Yield 12 (GPM) Length of Test 50
Stabilized Water Level 40 Natural Flow (Rate) _____
Disinfectant Used _____ Amount Used _____

Casing
From 0 To 56
Size 6 3/4 Material PVC
Weight/Schedule P480

From _____ To _____ From _____ To _____
Size _____ Material _____ Size _____ Material _____
Weight/Schedule _____ Weight/Schedule _____

Gravel Pack
From _____ To _____

From _____ To _____ From _____ To _____

Grout
From 0 To 50
Bore Hole Size 10 1/2
Type PORTLAND CEMENT
Method PRESSURE

From _____ To _____ From _____ To _____
Bore Hole Size _____ Bore Hole Size _____
Type _____ Type _____
Method _____ Method _____

Water Zones or Screened Intervals
From _____ To _____
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

From _____ To _____ From _____ To _____
Mesh Size _____ Diam _____ Mesh Size _____ Diam _____
From _____ To _____ From _____ To _____
Mesh Size _____ Diam _____ Mesh Size _____ Diam _____

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

Use Data

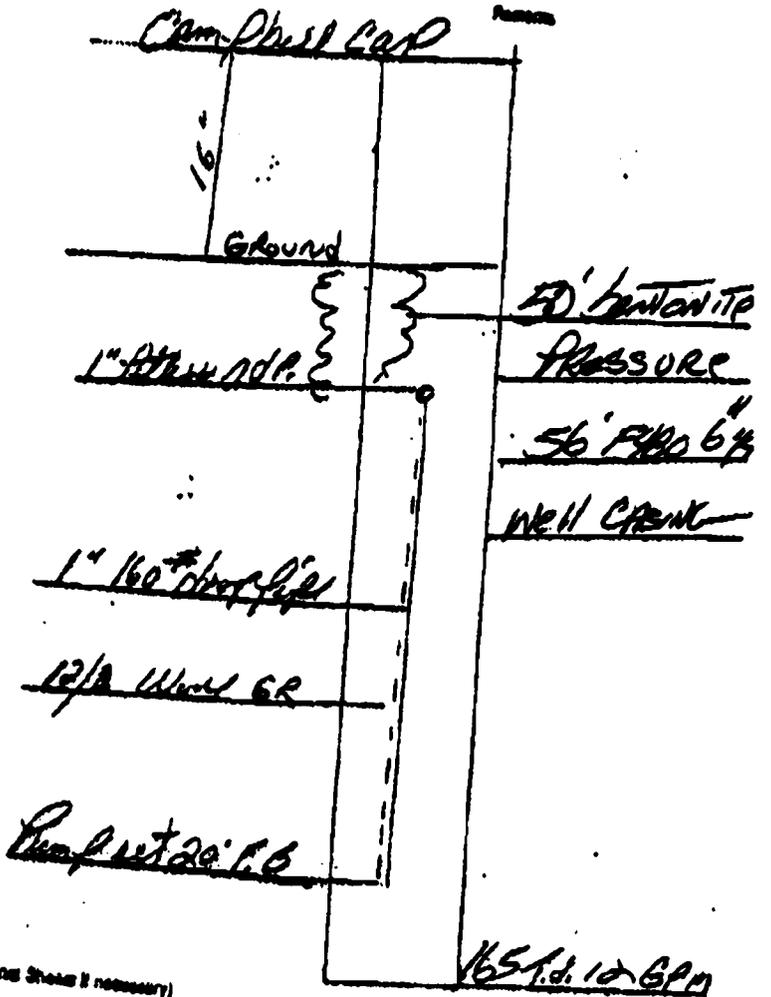
Bored or Dug Wells
Casing Removed, Y or N? _____
If Y, Depth to which casing was removed: _____
Depth and Type of Fill: _____
Source of Fill: _____
Bentonite Plug: From _____ To _____ From _____ To _____
Method of permanently marking location: _____

Abandonment Information

Wells other than Bored Wells
Casing removed, Y or N? _____
If Y, Depth to which casing was removed: _____
If applicable, depth(s) and type of gravel/sand fill: _____
Source of gravel or sand: _____
Cement: From _____ To _____ From _____ To _____

Depth
 0-14 Red dirt
 14-50 Brown "
 50-165 Grey Rock

• Driller Log •
 Description of Formation or Strata



(Use additional Sheets if necessary)

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permits and laws of the state and counties and as applicable laws and laws HALL WELL & PUMP CO, INC.

Name Hall Well & Pump Co
 Address 1111 W. 11th St
 Phone 815-299-1111
 Driller Signature [Signature]
 Date _____
 Virginia Construction License Number 8765-049822-19

9/20/00

Finally Reached

MS. Meadows (Manager)
by phone - she
is going to disconnect

MR. Mondak - name &
then send him a letter
~~OK~~ OK'ing this up.

* MR. Portoxter she said
has not contacted her, so
she can't release him until
then... *CP*

MASON HEIGHT subdivision water system

Owned By James T. Smith ^{Culpeper VA} Diane Meadows Manager

SAT APRIL 15, 2000 No water at 7:30 AM

Wed " 19th Water Back on about noon

Contracted Health Dept April 17th Suggested Dig own well

" EPA Richmond

Talked To Linda Bailey No Help

Dug own well - OFF Water System May 2nd - last check

June 15, 00 Call From Richardson About Release

Contracted Diane Meadows, Manager, Left message on answering machine No Contact From Her

June 19, 2000 Sent Letter + Release Form To Diane Meadows
pickup ~~was~~ signed by her daughter Amanda Meadows 6-21-00

July 5th 5:30 PM Called Diane Meadows For Release and
left message on answering machine no
CONTACT AS OF Today July 24

Diane Meadows

PO Box 213

Madison VA 22727

672-4359

James T. Smith

PO Box 413

Madison VA 22727

400 James Madison Hwy #12

Culpeper VA 22761



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448

RICHMOND, VA 23218

TDD 1-800-828-1120

February 2, 2000

VIA CERTIFIED & REGULAR MAIL

Mr. James T. Smith, Owner
Mason Heights Waterworks
P.O. Box 213
Madison, Virginia 22727

Dear Mr. Smith:

Re: **Mason Heights Waterworks**

This is to notify you of our intent to revoke Waterworks Operation Permit No. 6137225, covering the operation of the waterworks at Mason Heights located in Orange County, Virginia. See §12 VAC 5-590-320 of the Virginia *Waterworks Regulations*. According to our records, the water system neither serves the minimum 15 connections or 25 residents to qualify as a waterworks as defined by § 12 VAC 5-590-10 of the *Waterworks Regulations*. You have failed to respond to our repeated attempts to contact you by telephone and mail to verify the number of connections and people served by the water system. Indeed, a review of our records indicates this water system has a history of non-compliance with the *Waterworks Regulations*.

If you object to the revocation, you may contact VDH District Engineer, Jeremy Hull, in writing or by telephone (540-829-7340) to request an informal conference. VDH must receive your request no later than February 16, 2000, or VDH will automatically revoke the permit on February 17, 2000, without further notice.

If you have any questions regarding this matter, please contact Jeremy Hull.

Sincerely,

A handwritten signature in black ink that reads 'Robert A. K. Payne'.

Robert A. K. Payne
Director of Compliance & Enforcement

c: Robert B. Taylor, P.E., Director, Office of Water Programs, Division of Water Supply Engineering
Jeremy Hull, VDH District Engineer
Orange County Health Director
Orange County Building Inspector

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

MEMO SHEET

Date:

10-19-00

Time:

11:52 AM

To:

Rich

Initial and return

Please call

Information

Handle

Reply for Sig.

Comments

File

As discussed

Approval

Discuss with me

As requested

Signature

*George Brown, Delegate
30th District*

825-0833

10/19/00

NI380

Rev 4/97

*C.S.,
cancel
MA Monday -
Debbie K. is not in
office today - we
will get up with
next week.*

W-T-J.

Signature

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

MEMO SHEET

Date: 10-16-00

From: [Signature]

To: [Signature]

[Signature]

To: Rich

Initial and return

Please call

Information

Handle

Reply for Sig.

Comments

File

As discussed

Approval

Discuss with me

As requested

Signature

Mr. Morris @ Barboursville will
bring in letters re well which you &
Charles have discussed; apparently well
owner will not sign release re new well.
He will discuss with you on Thursday 10-19-00.

[Signature]

Richard R Morris

Mason Heights Subdivision Lot 120

2112 Carpenter's Mill Rd

Barboursville, VA 22923

(540) 832-3542

Richard R. Morris + Lois B. Morris Lot 120 Mason Heights Sub.
 2112 Carpenter's Mill Rd
 Barboursville VA 22923 Phone (540) 832-3542

Bought Home April 1974

Joe Daniel Construction Read water meter and Billed us accordingly. Water System was later sold To Mr. Monroe Dean, who sold To Kenneth GARR, who sold To Mr. James T. Smith. Somewhere along sale of System meters were not read and Everyone paid a Flat Rate Fee

Mr. James T. Smith Turned well system over To his Step daughter Diane Meadows. No problem For a while I was glad To help Mrs. Meadows Any way I could, such as Turning power off of well pump when pressure got To low To save pump.

When Tank started Rusting and Holes Developed Mrs. Meadows ~~she~~ would come + make repairs ~~later~~ Later could not make contact with Diane Meadows or Mr. Smith.

Contacted Mr. Doug Phillips at Water Programs For State of VA in Culpeper VA about leaking Tank + Low water pressure in Aug. 1997

Feb 19th 1998	22 lbs	water pressure
March 1 1998	6 1/2 lbs	" "
March 4 1998	No water	unable To Contact anyone
10:10 am April 16 1998	22 lbs	pressure only ONE Neighbor AT Home so There was not Excess use of water From Residents.

State of VA Water Programs Dept Had To Be Contacted To Get Any problems corrected. They were the ones who Got in contact with owner + manager.

State Water Programs Promised me verbally that They would stay with our system until All our problems were corrected. After a change of Employees in the Water Programs Dept They informed me that They were dropping us and Turning us over to Orange Health Dept. and said Orange would do the same as they did. Last water sample taken July 1999 April 15th SAT. Am 7:30 No water no way of contacting anyone ~~owner~~ owner, manager or County.

April 19th wed. water was back on about 4:15 PM Contracted Health Dept. EPA in Richmond + Brenda Bailey, all said they were unable to help us. Suggestion came from Orange Health Dept to dig my own well which I did.

As of May 2nd I disconnected from the well system.

on April 19th 2000 Diane Meadows verbally told me she would get James T. Smith to give me a release from the well.

May 2nd 2000 Sent Diane Meadows last check which included payment for water use through May 15th. Also asking for release. No Reply.

Contacted Diane again on June 15th left message on answering machine, no Reply.

- Page 3

June 19th 2000 Sent Release Form To Diane Meadows
By Certified Mail Along with S.E.S.E. This was received
By her Daughter Amanda Meadows 6-21-2000

Left message on answering machine on July 5th 2000
No Reply as of Today...

James T. Smith Owner

P.O. Box 453

MADISON VA 22727

400 James Madison Hwy #12

Culpeper VA 22701

Last Phone # 540-423-1198

Diane Meadows

P.O. Box 213

MADISON VA 22727

540-672-4359

The enclosed water problems listed are not
all we have had These are only ones I have
kept record of. I'm sure State Water Programs
Dept Has A more complete Record

**MASON HEIGHTS SUBDIVISION - ORANGE COUNTY
WELL LOT USERS**

19 Total
226012

Have well
Need Release

Richard Morris	2112 Carpenters Mill Rd	832-3542	2
Robert Buck	2102 Carpenters Mill Rd	832-3916	1
Shirley P. Smith	2077 Carpenters Mill Rd	832-3019	1
Jackie Smith	2048 Carpenters Mill Rd	832-3171 work 977-5720	3
Dennis Poindexter	2038 Carpenters Mill Rd	832-3586	2
Darlene Morton	2028 Carpenters Mill Rd	832-7088	2
James Bryant	1464 Carpenters Mill Rd.	832-5455	3
Case Mitchell	1003 Ridgeway Dr.	832-3119	2

Have well.
Need Release

Last known address for James T. Smith is 400 James Madison Hwy #12
Culpeper, VA 22701
Phone # 423-11981

7099 3400 0009 3147 1986

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Diane Meadows
P.O. Box 213
Madison VA
22727

Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **AMANDA MEADOWS** B. Date of Delivery **6/21/00**

C. Signature **Amanda Meadows** Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To: **Diane Meadows**

Name (Please Print Clearly) (to be completed by mailer)
K. S. Meadows, K. Meadows
 Street, Apt. No., or P.O. Box No.
2112 Carpenters Mill Rd
 City, State, ZIP+4
Barberville, VA 22923

Postage
 Certified Fee \$ 33
 Return Receipt Fee (Endorsement Required) 140
 Restricted Delivery Fee (Endorsement Required) 125
 Total Postage & Fees \$ 298

Postmark
 JUN 21 2000
 MADISON VA

PS Form 3810 July 1999 See Reverse for Instructions

lots adjoin the lot herein conveyed or not, and covenant and agree to lay adequate water mains or lines in and along and across the easements provided across the lots for the purpose of carrying water to the said lots or dwellings. Well sites are reserved for the purpose of supplying water on lots on plats recorded in Map Book 4, page 32.

(b) The said Joseph R. Daniel Construction Company, Inc. covenants that it will furnish, through its mains, all water necessary to supply any and all domestic demands through the pipes and connections provided by the said Joseph R. Daniel Construction Company, Inc., the users and consumers thereof to pay the said Joseph R. Daniel Construction Company, Inc. for the water used and consumed at the same monthly rate which is charged, from time to time, by the Town of Orange for supplying water to consumers outside of the corporate limits of the Town of Orange. The water supplied shall be of such quality and purity as shall meet the requirements of the State Board of Health of the Commonwealth of Virginia, and the said Board, or its agent, shall have access to the well and water system to conduct any tests as may be considered necessary to determine whether the water meets the requirements of the State Board of Health.

(c) Any dwelling or building erected on the lot herein conveyed shall be connected to the main water lines laid by the said Joseph R. Daniel Construction Company, Inc. and that the water used or consumed in all dwellings will be obtained through such lines and through no other source or sources without the express written consent of Joseph R. Daniel Construction Company,

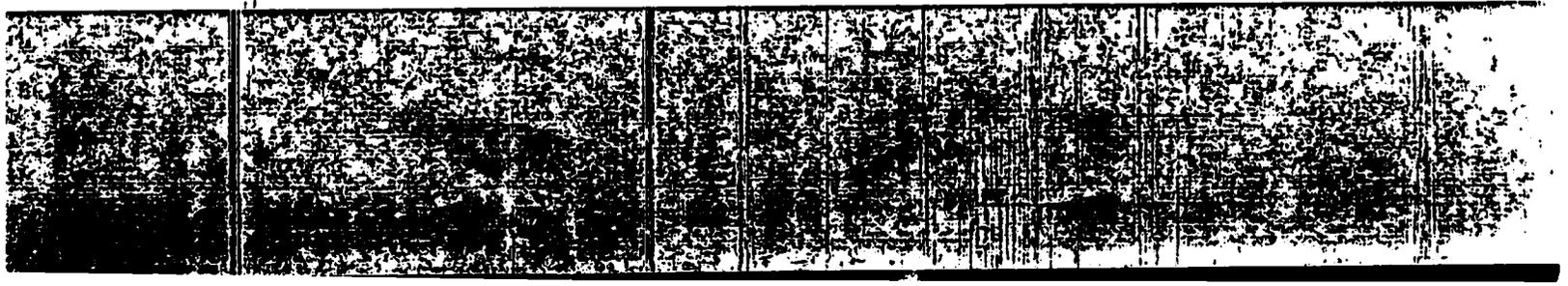
Inc., or its successors in title to the well lot from which water is furnished.

(d) The water lines laid and installed from the above-mentioned well and through the water mains or lines installed shall remain the property of Joseph R. Daniel Construction Company, Inc. and the said Joseph R. Daniel Construction Company, Inc. shall keep and maintain the same, at its expense in good repair, and shall have an easement along the said lines for that purpose. The said Joseph R. Daniel Construction Company, Inc. shall not, however, be responsible for the repairs and maintenance of any portion of any line which serves only one dwelling, the responsibility therefor to be borne by the owner of the dwelling so served.

(e) The said Joseph R. Daniel Construction Company, Inc. reserves an easement and right of way fifteen feet (15') wide, across the lot or parcel of land herein conveyed for the installation, maintenance, or replacement of a water line, the centerline of which is the water main presently installed.

The said party of the first part covenants that it has the right to convey the said property; that it has done no act to encumber the same except as herein mentioned; that the said parties of the second part shall have quiet possession of the said property free of all encumbrances except as herein mentioned; and that the said party of the first part will execute such other and further assurances of title to the said property as may be requisite.

The parties of the second part unite in this deed for the express purpose of consenting to the terms of the water provisions set forth herein.



Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health
N/A

Health Department
I.D. Number 5D-00-087

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

Date 12-1-00 Local Health Department ORANGE CO.

Owner RICHARD R. MOUKIS Address 2112 CARPENTER'S MILL Rd Phone 832-3542
DARBORNSVILLE, VA

Exact Location of Premises Rt. 607

Subdivision WILSON HEIGHTS Section/Block 52B / (2) Lot 180

Class of nonpublic drinking water well. 1) Class III A
2) Class III B
3) Class III C
4) Other
Date of installation 4/26/00

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 50' + Subsurface Soil Absorption System 50' + (III B)
(nearest point). Property Line 10' + 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 56 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 50 feet. Screens constructed of _____
free of rough edges and irregularities, with positive watertight seal between screen and casing?
Yes No N/A Well head and opening to the interior protected? Yes No
Type of well seal Campbell 6" HD 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 50 MIN hours. Drawdown 40 feet. Yield 12 GPM. Type of storage well ^{5' ab head}
- 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: * INFO. TAKEN FROM well log.

Date 12/1/00

Signed Paula C. Richardson
Sanitarian

Date _____

Signed _____
Supervisory Sanitarian

Date _____

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

w Eheart

RECORD OF INSPECTION SEWAGE DISPOSAL SYSTEM

LOT # 120

54-63-74-85-87
Mason Excavating Co (CONST. CO.)

Date _____ Case No. _____

Owner DANIEL, JOSEPH R. (CONST. CO.) Address P.O. Box 325; Culpeper, Va. Phone 825-5898
(Mailing Address)

Occupant For Sale Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Lake Rte. 33 West of Eheart-Left on Rte. 607-Go 3/10 mile. First lot on left.
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design Yes No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ 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 line _____ feet. Trees _____ feet. Water Supplies _____ feet. Buildings 18 feet. TANK
- (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 NONE (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 1500 PLASTIC
Size 4 Inches.
- (5) SEPTIC TANK
Constructed of CONCRETE (Kind of Material)
Inside Dimensions Length 7 feet. Width 3 1/2 feet.
Liquid Depth 4 feet. Depth of Air Space 12 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 2 (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 1200 square feet.
Number of ditches 5 Length of ditches 100 feet.
Grade of ditches Minimum 3 Inches per 100 feet. Maximum 5 inches per 100 feet. Has system been checked by instruments (Level) Yes No
Type aggregate used CRUSHED STONE
Depth of aggregate under Tile 6 inches
Total depth of aggregate 13 inches
Depth of backfill over aggregate 20 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.

SR-100-120

(SUNNY CURBAGE)

Septic Tank Contractor: MADISON EXCAVATING CO Address MADISON, VA Phone _____

This Sewage Disposal System (Is-Not) Approved by ORANGE COUNTY Health Department.

Date 2/19/74 Signed Robert N. Jucker (Sanitarian) Date _____ Approved _____ (Health Director)

Date _____ Approved _____ (Advisory Sanitarian) Date _____ Approved _____ (Reviewing Authority - Other Agency)

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

System Not guaranteed to function indefinitely only that it has been installed according to code

LOT #120

SECT. 52-I-1

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 1-2-74 Case No. _____
Owner DANIEL, JOSEPH R. CONSTR. CO. INC. Address P.O. BOX 325 Phone 825-5898
(Mailing Address)
Occupant FOR SALE Address CULPEPER, VA, 22701 Phone (MASON HEIGHTS)
(Mailing Address)

Exact Location of premises TAKE RTE 33 WEST OF EHEART - LEFT ON RTE 607 - 60 3/10 MILE - FIRST LOT
(Subdivision, Street or Road Name, Section or Lot No.) ON LEFT

FOR: Dwelling Other _____ Automatic Washing Machine Yes No Consumption _____ gal. per day
Actual Potential Bedrooms 3 Garbage Disposal Unit Yes No (Actual estimated Water)
Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other CLASS II CENTRAL SUPPLY
(To be installed) Class II Cased 50 ft. to be grouted 50 ft.
(Unless supported by positive evidence Class III is to be considered as to be installed.)

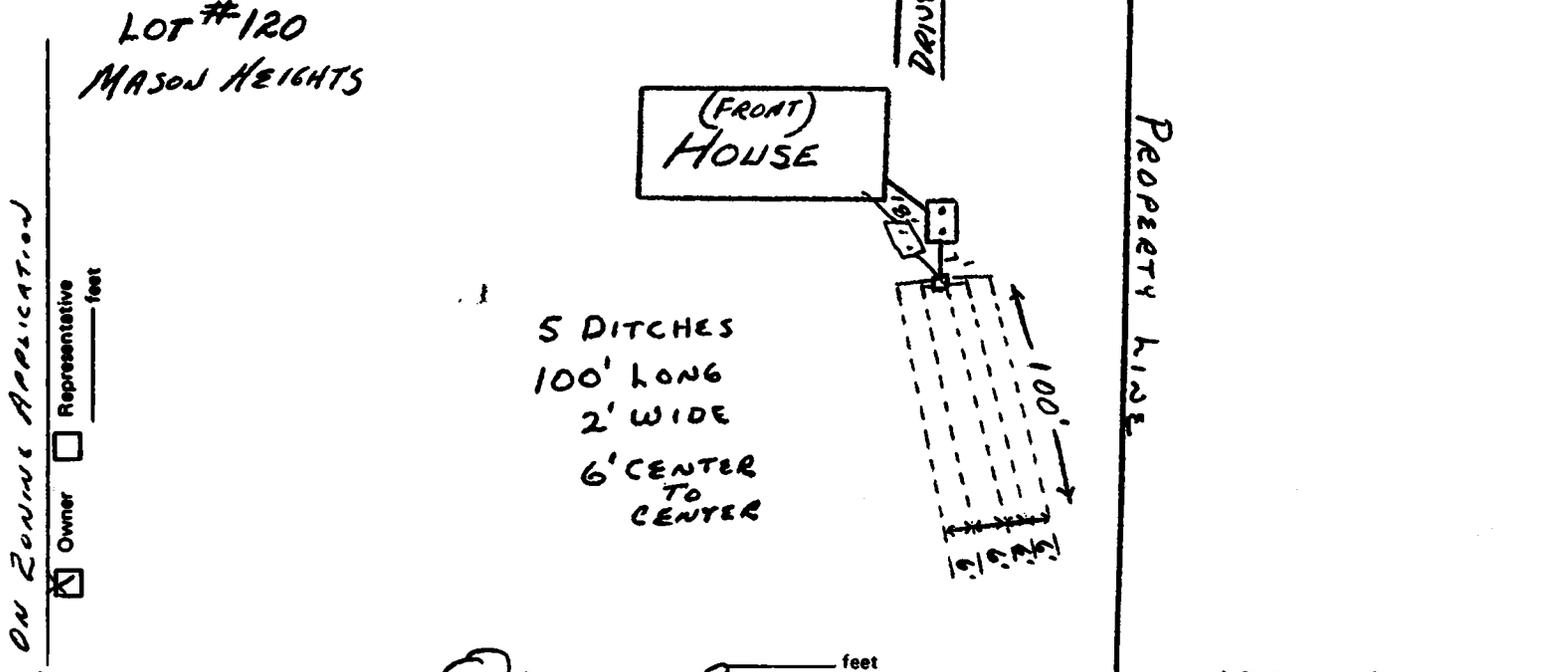
(2) SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____ (If Known)
Estimated Percolation Rate 1-10 11-25 26-50 > 5 Percolation Test Required Yes No Rate _____
(Minutes per inch) (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
Surface drainage required Yes No OTHER DRAINAGE _____

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

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of CONCRETE Material Liquid Capacity 750 gallons.
Inside Dimensions Length 7 feet. Width 3 1/2 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 1000 Type aggregate required CRUSHED STONE
(5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 6 inches.
Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 30 inches from surface of original ground.
Distance from well to septic tank _____ feet; distance from well to drainfield _____ 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 _____ Health Department, Phone 672-1291 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 1/2/74 Signed Robert N. Tucker (Sanitarian or Health Director)

**COUNTY OF ORANGE, VIRGINIA — OFFICE OF THE ZONING ADMINISTRATOR
APPLICATION FOR ZONING & BUILDING PERMIT**

Permit No. 7-113 (121)-113
District B

Name of Owner Joseph R. Daniel Construction Co., Inc.
Address P. O. Box 325, Culpeper, Va. 22701 Phone 825-5898
Name of Contractor Same
Address Same Phone _____

Property Location - Highway No. 607 Street _____
Lot No. 120 Block _____ Section _____ Subdivision Mason Heights Land Map No. 7-113 (121)
Lot Size 41,607 Frontage _____ Depth 387 Corner _____ or, Inside X
Zoning Classification _____ Classification of Adj. Land A-1

**THIS IS NOT A
PERMIT TO BUILD**

BUILDING DATA:
Type of Structure House Proposed Use Home
New Building X Addition _____ Mobile Home _____ (year _____) Other _____
Exterior Wall Construction Masonite Roof Type & Covering Asphalt
Stories 1 Height 16 ft. Rooms 5 Baths 1 Basement None Heat Electric
Size 24 X 40 Total Area 960 SF
Garage none Carport none Attached _____ Detached _____ Size _____ X _____ Area _____

Are there any other Buildings on the Property? If YES, give location on sketch, indicate dimensions, use, construction, distance to road and property line.

HIGHWAY DATA, SET BACK, YARDS, PARKING
Width of Frontage Road 30 ft. (R/W to R/W), Side Road none (if any) Building Setback 115 ft.
Side Yard no less than 20 ft. Feet from Mason-Simms EST.; Side Yard no less than 20 ft. Feet from Lot 121
Rear Yard no less than 35 ft. Feet from Ruby, D. Waldron Adj. Owner _____
Type of Surface Gravel

**THIS IS NOT A
PERMIT TO BUILD**

UTILITIES:
Domestic Water: Individual _____ Public X Sewerage: Individual _____ Public _____ Health Permit (dated) _____

Estimated Cost \$ 15,000.00 Work to Begin Immed. To be Completed 1/1/77

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and the use and 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.

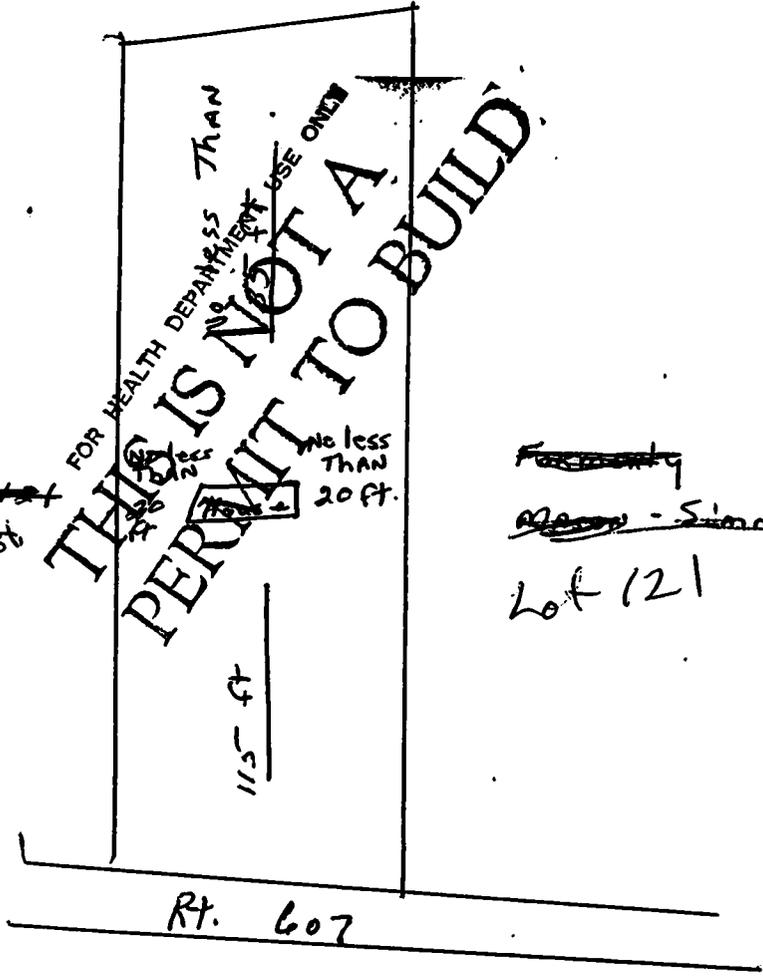
Owner or Agent Date

APPROVED BY ZONING ADMINISTRATOR _____ date _____

NOTE: Submit FOUR COPIES of application to the zoning administrator, together with scaled plot plan showing the lot dimensions, building location on the lot, building dimensions, and building plans.

Ruby D. Waldron

Formerly
Mason Simms Est.



FOR HEALTH DEPARTMENT USE ONLY
THIS IS NOT A PERMIT TO BUILD
No less than 20 ft.

~~Formerly~~
~~Mason - Simms - Est.~~
Lot 121