

November 12, 2013

Katie M. Pennystone  
7043 Clifton Avenue  
Hayes, VA 23072

Tax Map: 45-108  
Location: 6972 Crewe Road, Hayes, VA 23072


Dear Katie M. Pennystone:

This letter is to inform you that the Gloucester County Health Department responded to a concerned citizen complaint on August 28, 2013 regarding a possible open well on your property. A site visit was made on September 17, 2013 to determine the basis of this complaint. During the visit, I observed on the property an open pump pit with a sealed well inside that used to or may currently be serving the residence. The wooden top/cover that appears to have originally set on the cinder block walls of the pump pit has caved in, leaving a large open hole that could be a hazard to humans or wildlife.

The local health department generally recommends that you consider the benefits of constructing a permanent cover to mitigate any potential hazard resulting from the current state of the well pump pit.

Since your address indicates that you reside in this area, I thought you might want to be informed of this situation because of its potential hazard. Please feel free to contact me at (804) 693-6130 if you have any questions regarding this issue.

Sincerely,



Julia Goens  
Environmental Health Specialist, Sr.  
Gloucester County Health Department

cc: Gloucester County Codes Compliance

## Complaint

<b>Facility Information</b>	
Facility Name Glou 45 108	Facility Address 6972 Crewe Road, Gloucester Point, Gloucester, VA
Facility Phone ( )	Facility Type Property

<b>General Details</b>	
Complaint Type Water	Date Received 28-Aug-2013
Investigation Start Date	Date Closed
Received By Flora Jackson	Referred To Julia Goens
Confirmation No	Census Tract C13-1310-052

<b>Complainant Information</b>	
Name Missy with Sheriff's Dept. <input type="checkbox"/>	Phone Number (804) 693-3890
Address	Email

<b>Complainant Details and Actions</b>	
Complaint Details Vacant lot. Area around the well has collapsed. Don't want any one to fall in. <input type="checkbox"/>	
Action Taken	Comments
Attachments	Follow-up Date

<b>Time Tracking</b>		<b>Remove</b>	
Date	Time In <input type="checkbox"/>	Time Out <input type="checkbox"/>	Enter
Details	Time Spent hours <input type="checkbox"/>	Enter	
Time Entries	Time Entries in Hours	<b>Total Hours:</b>	

~~fall file~~

\*Don't know if any of these files goes w/ this Compl. or not. 7-9.

mailed letter to owner 11/12/13 *gg*



**Gloucester  
County**  
Virginia  
Established 1862



[GC Home](#) [Visitors](#) [Residents](#) [Businesses](#) [Contact Info](#) [Search](#) [Copyright](#) [Privacy](#)

## 2010 Property Values

### Property Information

Tax Map #045 108 - Account #15743

Property Owner:  
PENNYSTONE, KATIE M

Legal Description:  
WICOMICO

Owners Address:  
7043 CLIFTON AVE  
HAYES, VA 23072

<u>Building 1</u>	\$64,100.00
<u>Other Improvements:</u>	\$0.00
<u>Land Value:</u>	\$63,000.00
<b>Total Value:</b>	<b>\$127,100.00</b>

Total Land Area:  
1.29

Physical Location:  
6972 CREWE RD

Magisterial District:  
Gloucester Point

[Property Information](#) [Sales Information](#) [Print](#) [View Sketch](#) [View Cards](#)

If you encounter any difficulties with this site, please e-mail [assessment@gloucesterva.info](mailto:assessment@gloucesterva.info)  
All rights reserved | Copyright © 2006

"The Presentation Layer and HTML of this website are Commercially Licensed to Gloucester County by The Virginia Mass Appraisal Network. VamaNet.com retains all exclusive Copyrights and associated privileges to the Licensed materials."

8/28/13 Missy w/ Sheriff Dept  
Sta  
Crew Rd. C13-052  
6972 45-108 (RG)  
Vacant area around  
the well collapsed so  
please check & make sure they  
fix it -

340308  
[Signature]



S.V. 9/17/13 - well is  
corked; just the pumps pit is  
mean



6881

6871

6865

6972

7004

2960

2962

2964

2966

2960

2965

2967

2960

2964

3022

3021

7007

ENDING RD

CREWE RD

RACHAEL LN

CREWE RD

CHEROKEE TRL

MOLE ST



## 2010 Property Values

### Property Information:

**Account #:** 15743  
**Tax Map #:** 045 108  
**Property Owner:** PENNYSTONE, KATIE M &  
**Owner Address:** 7043 CLIFTON AVE  
 HAYES, VA 23072  
**Physical Location:** 6972 CREWE RD  
**Legal Description:** WICOMICO  
**Magisterial District:** GLOUCESTER POINT  
**Land Total Area:** 1.29



### Building Information # 1 Value \$64,100.00

Exterior Information		Interior Information		Site Information	
<b>Year Built:</b>	1910	<b>Story Height:</b>	2	<b>Terrain Type:</b>	ON
<b>Occupancy Type:</b>	DWELLING	<b>No of Room:</b>	7	<b>Character:</b>	LEVEL
<b>Foundation:</b>	PIER	<b>No of Bedrooms:</b>	4	<b>Right of Way:</b>	PUBLIC
<b>Ext. Walls</b>	FRAME/MASONITE	<b>Full Bathrooms:</b>	1	<b>Easements:</b>	PAVED
<b>Roofing:</b>	METAL	<b>Half Bathrooms:</b>	0	<b>Water:</b>	WELL
<b>Roof Type:</b>	GABLE	<b>Building Sq. Ft.:</b>	1500	<b>Sewer:</b>	SEPTIC
<b>Garage:</b>	NONE	<b>Basement Sq. Ft.:</b>	0	<b>Electric:</b>	YES
<b>Number of Cars:</b>		<b>Fin. Bsmt. Sq. Ft.:</b>	0	<b>Gas:</b>	NO
<b>Carport:</b>	N/A	<b>Interior Walls:</b>	DRYWALL PANELED	<b>Fuel Type:</b>	PROPANE
		<b>Floors:</b>	CARPET VINYL	<b>Utility Value:</b>	\$8,000.00
		<b>Heating:</b>	SPACE HEATER	<b>Fireplace:</b>	0
		<b>A/C:</b>	NO	<b>Stacked Fireplace:</b>	0

### Other Improvements:

<b>Description:</b>	<b>Parent Building:</b>	<b>Size is Sq. Ft</b>	<b>Improvement Value</b>
SHED-FRAME	BUILDING 1	0	\$0.00
			<b>Total Value: \$0.00</b>

**Land Values:**

---

Description	Size in Acres	Lump Sum Per Acre	Unit Value	Adj %	Utility Value	Acreage Value
	1.29		\$55,000.00	0	\$8,000.00	\$63,000.00

---

"The Presentation Layer and HTML of this website are Commercially Licensed to Gloucester County by [The Virginia Mass Appraisal Network](#). VamaNet.com retains all exclusive Copyrights and associated privileges to the Licensed materials."

Immediate Plans to Build: Yes  No

Proposed start date

Date: 6-10-05 Fee: ADD

Commonwealth of Virginia

Tax Map # 45-108 Application for a Sewage Disposal and/or Water Supply Permit

SITE # 1

Health Department ID \_\_\_\_\_

Rec'd @ 13/05

To Be Completed By The Applicant

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

Owner LORON I. ROUM Address P.O. Box 522 Phone (804) 642-9418  
WISCONSIN VA 23184

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

Directions of Property 6972 CROW ROAD, WISCONSIN

RESEWER  
FSEED # 1  
SITE # 1

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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

Dimension/size of Lot/Property 377' x 180' x 435' TRIANGLE

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.

[Signature]  
Signature of Owner/Agent

JUNE 10, 2005  
Date

# Soil Evaluation Form

Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number \_\_\_\_\_  
Tax Map Number 45-108 (Parcel A)

**General Information**

Date 6-10-05 Gloucester Co. Health Department  
Applicant Loren Reller Telephone No. 642-9418  
Address P.O. Box 522, Wicomico, Va. 23184  
Owner Same Address \_\_\_\_\_  
Location Trct 1303, + Trct on 1307 (on #1307)  
Subdivision Reller Block/Section \_\_\_\_\_ Lot A

**Soil Information Summary**

1. Position in landscape satisfactory Yes  No  Describe \_\_\_\_\_  
2. Slope 0-1 %  
3. Depth to rock/impervious strata Max \_\_\_\_\_ Min \_\_\_\_\_ None   
4. Depth to seasonal water table (gray mottling or gray color) No  Yes  40 inches  
5. Free water present No  Yes  Moist sands 45" range in inches  
6. Soil percolation rate estimated Yes  No  Texture group I  II  III  IV  
Estimated rate 30 min/inch  
7. Percolation test performed Yes  No  Number of percolation test holes \_\_\_\_\_  
Depth of percolation test holes \_\_\_\_\_  
Average percolation rate \_\_\_\_\_  
Name and title of evaluator: Michael E. Newhouse - AOSE #129  
Signature: Michael E. Newhouse

**Department Use**

Site Approved: Drainfield to be placed at 20" 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 \_\_\_\_\_

Tax Map #

45-108 (Parcel A)

Page 2 of 3

Appendix 3

SOIL PROFILE DESCRIPTION REPORT

Date of Evaluation 6-9-05

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 on this form.

See application sketch page

See construction permit

See sketch on reverse side or attached to this form.

Hole #	Horizon	Depth (inches)	Descriptions of, color, texture, etc.	Texture Group
Flag 50' from road 40"	(1) ApE	0-17	plow & 6/4 LS	F
	Bt1	17-34	Light 10YR 5/6 SEL	II(30R)
	C1	34-40	10YR 6/6 LS	F
	C2	40-50 wet at 45"	f-c 6/4m 6/6 LS	F
(2) Flag 65' from #1 & 30' from road 40"	Ap-E	0-18	plow & 6/6 LS	F
	Bt1	18-36	10YR 5/6 SEL(L)	II(30R)
	C1	36-50	10YR 6/6 LS; few	I
	est. seasonal water table 40"; dry 50"			
(3) Flag 30' from #2 40"	Same #1		dry 50"	

TEXTURAL CLASS	USDA TEXTURE	Shrink-Swell Potential
Class I - 0-5 *	Sands	Low
Class II - 6-45	Loam	Low
Class III - 46-90	Heavy Loams	Low
Class IV 90-120	Light clay loam	Low
Class V 120+	Clays - Heavy Clay loams	Moderate - Requires Engineers Footings

\* - minutes per inch - PERMEABILITY!

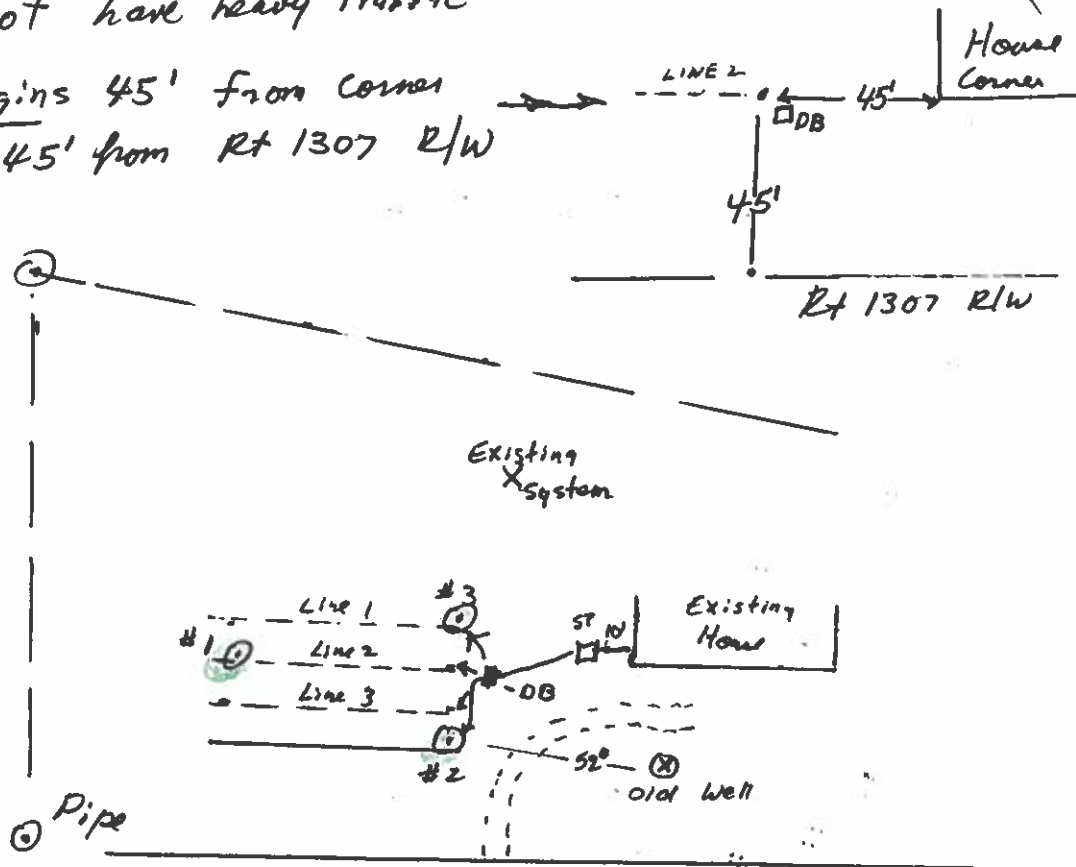
# Parcel A of

TAX MAP # 45-108 COUNTY Gloucester Co.

3 Bedroom Reserve area based on  
30 Rate + 40' Watertable

1. # Lines 65' long
2. Install at 20" on contour
3. Area should not have heavy traffic on it.
- \* 4. Center DF Begins 45' from corner of house + 45' from Rt 1307 R/W
5. Old well to be abandoned

Parcel B



## LEGEND

1" = 50'

⊙1 - Boring ID#

⊙Flags

Rt 1307

200  
→ TO  
Rt  
1303

•40" - Depth to gray mottles

4111 S/System R/Reserve

Green: No watertable to 20 inches, Conventional system.

Yellow: Watertable at 18 - 36 inches, Clearstream; INFILTRATORS. ONLY AT 18-24" Mottles.

Orange: Watertable at 6 - 18 inches, Engineered systems only.

Red: Soils unsuited for any type system.

Blue: RPA areas, 100 ft. set-back required.

*Parcel A of*  
TAX MAP #  
45-108

Page 5 of 6

Appendix 6  
Abbreviated Design Form

For use with gravity and pump drainfields, enhanced flow systems and low pressure distribution systems when applying for a certification letter or subdivision approval.

Design Basis

- A. Estimated Percolation Rate 30
- B. Trench bottom square feet required per bedroom (from Table 4.6 based on  Gravity  LPD) 260
- C. Number of bedrooms 3

Area calculations

- D. Length of trench 65 Length of available area 754
- E. Width of trench 3'
- F. Number of trenches 4
- G. Center-to-center spacing 9'
- H. Width required 30 Width of available area 30'  
 $G(F-1) + E$
- I. Total square footage required (line B times line C) 780
- J. Square footage in design (D \* E \* F) 780

K. Is a reserve area required?

yes  No

*↓  
This is reserve for existing system*

Appendix 7

Certification Statement

County: Gloucester Co. Date: 6-10-05

Property Identification: TAX MAP # 45-108, Parcel A

Submitted by: Loren Keller by M.E. Newhouse, Agent

This is to certify according to §32.1-163.5 of the *Code of Virginia* that work submitted for the referred property is in accordance to and complies with the *Sewage Handling and Disposal Regulations* of the Virginia Department of Health. I recommend a Certification Letter <sup>1</sup>be approved <sup>2</sup>.

★ AOSE M. E. Newhouse - # 129 Date: 6-10-05

P.O. Box 427 ; DUTTON, VA. 23050

Soil Consultant \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> This blank must be filled in with one of the following terms: 'permit', 'certification letter', or 'subdivision approval'.

<sup>2</sup> This blank must be filled in either the term 'approved' or 'denied'.

If the submission contains a certification by a professional engineer in consultation with an AOSE, the following statement shall be signed and sealed:

I hereby certify that the evaluations and designs contained herein (refer to subdivision, lot, etc.) were conducted in accordance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610-10 et seq., the "Regulations") and the policies of the Virginia Department of Health for implementation of those *Regulations*. Furthermore, I certify that the evaluations and designs comply with the minimum requirements of the *Regulations*.

I recommend a \_\_\_\_\_ <sup>1</sup>be \_\_\_\_\_ <sup>2</sup>.

Licensed PE: \_\_\_\_\_ Date: \_\_\_\_\_

Seal

<sup>1</sup> This blank must be filled in with one of the following terms: 'permit', 'certification letter', or 'subdivision approval'.

<sup>2</sup> This blank must be filled in either the term 'approved' or 'denied'.

★ - Soil borings on page #4 must be survey located on a Plat!

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

136-83-0337

Date 3/7/83 Case No. 45-108

Owner Andrew Olson Address (Mailing Address) Phone

Occupant Address (Mailing Address) Phone

Exact Location of Premises See permit (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

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

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION

Allotted Area adequate Yes No Distance from nearest lot lines 5+ feet. Trees 5+ feet. Water Supplies 2+ feet. Buildings 5+ feet.

(2) INSTALLATION AND DESIGN

Installed according to Permit Design Yes No Have additional Household Appliances been added NOT on Permit: Automatic Washer Garbage Disposal Other (Describe)

(3) SOIL CONDITION

Are there soil conditions now evident which indicate system may be unsatisfactory as designed: Yes No If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE

Installed Yes No Type of material Size Inches.

(5) SEPTIC TANK

Constructed of concrete (Kind of Material) Inside Dimensions Length 7.5 feet. Width 3.5 feet. Liquid Depth 3.5 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 0 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 1260 square feet. Number of ditches 7 Length of ditches 60 feet. Grade of ditches Minimum 2 Inches per 100 feet. Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) Yes No. Type aggregate used Gravel Depth of aggregate under Tile 6 inches Total depth of aggregate 13 inches Depth of backfill over aggregate 6 inches

(8) SURFACE DRAINAGE

Storm Drains from House and Basement flowing away from Subsurface Drainage Field: Yes No Was Surface Drainage required Yes No If Yes, has this been provided Yes No Has area been drained by lowering Ground Water Table: Yes No Not required.

(9) Are follow-up inspections necessary Yes No.

Septic Tank Contractor: P. Turlington Address Phone

This Sewage Disposal System (Is) (Is Not) Approved by Gloucester Health Department Date 7/27/83 Signed M.B. (Sanitarian)

Date Approved (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: Cap & Crown of Drainfield Required Due to Lack of surface BW anticipated High seasonal H2O table

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

136-83-0337

(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.

FHAVA  Yes  No Date 3/7/83 Case No. 45-108

Owner Andrew OLSON Address Box 322 Phone \_\_\_\_\_  
 (Mailing Address)

Occupant C/O Pete Turlington Address Wicomico, VA Phone \_\_\_\_\_  
 (Mailing Address)

Exact Location of premises Rt 17 (S) to RIGHT ON HARD SURF ROAD BY McDonalds  
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR:  Dwelling  Other \_\_\_\_\_ Automatic Washing Machine  Yes  No Consumption 750 gal. per day  
 Actual  Potential  Bedrooms 5 Garbage Disposal Unit  Yes  No ( Actual  estimated Water)  
 Additional wastes \_\_\_\_\_

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

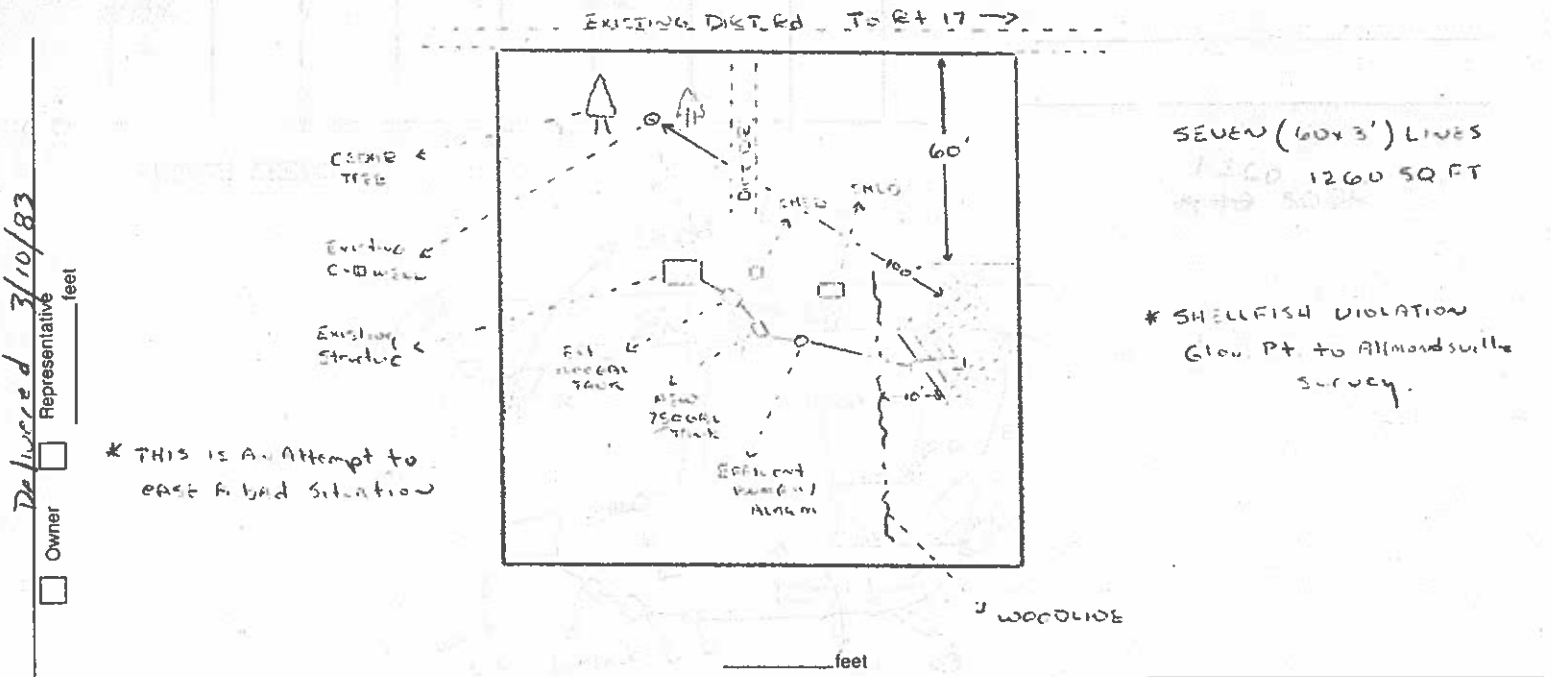
(2) SOIL STUDY Naturally drained, suitable by sight  Yes  No Technical Classification YELLOW GRAY BROWN SL (Chroma 2)  
 (If Known)  
 Estimated Percolation Rate (Minutes per inch) 1-10  11-25  26-50  > 51  Percolation Test Required  Yes  No  Rate N/A  
 (Minutes per inch to nearest 10 minutes)  
 Depth to Grey Mottles 3 inches (estimate over 4 ft.) OTHER MOUND DUE TO NATURAL RISE IN LAND  
 Surface drainage required  Yes  No OTHER DRAINAGE INCAPABLE OF PROVIDING ADEQUATE SURFACE DRAINAGE

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

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete Material Liquid Capacity 750 gallons.  
 Inside Dimensions Length 7.5 feet. Width 3.5 feet. Liquid Depth 3.5 feet. Depth of Air Space 1 feet.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required 1260 Type aggregate required GRAVEL  
 Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 4 inches.  
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 18 inches from surface of original ground.  
 Distance from well to septic tank 50 feet; distance from well to drainfield 100 feet.

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



Delivered 3/10/83  
 Representative \_\_\_\_\_  
 Owner

Note: Owner or his agent must notify \_\_\_\_\_ Health Department, Phone \_\_\_\_\_ 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 3/7/83 Signed M B Shively (Sanitarian or Health Director)

SOIL PROFILE

NAME O/Son

ADDRESS \_\_\_\_\_

GRID MAP # 45

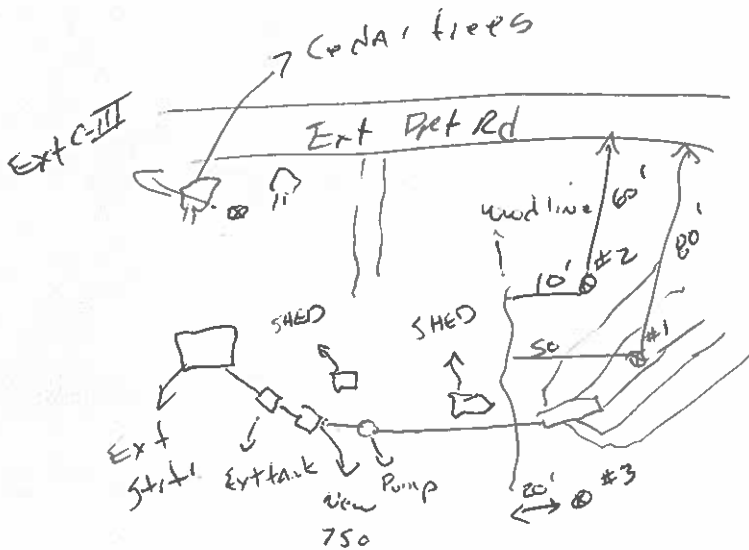
PARCEL # 108

SUB DIV \_\_\_\_\_

	Hole #1	Hole #2	Hole #3	Hole #4	Hole #5	Degree of Slope _____
0	BR SL					Soil Profile & Texture Group
3"						_____
	Grayish Y BR SL Chroma 2					_____
		same AS 1	SAME AS 1			_____
42"	Grayish white 5					_____
						_____
48	Y BR 5					_____
						_____
60						_____

ROUGH SKETCH:

1260  
\*\*\* SQ FT



Sanitarian \_\_\_\_\_

WM BS

Date 3/2/83