

No. 154-00-0409

TAX MAP #: 67(23)1

BUILDING PERMIT #: 833-00

PERMIT

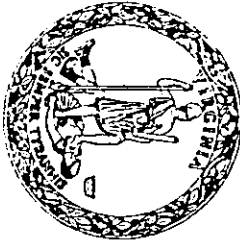
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

THIS PERMIT
EXPIRES ON

N/A

DATE OF ISSUE

March 5, 2001



OPERATOR: EDWARD PALMATEER

ADDRESS:

LOCATION: NORTH SIDE OF Rte. 653

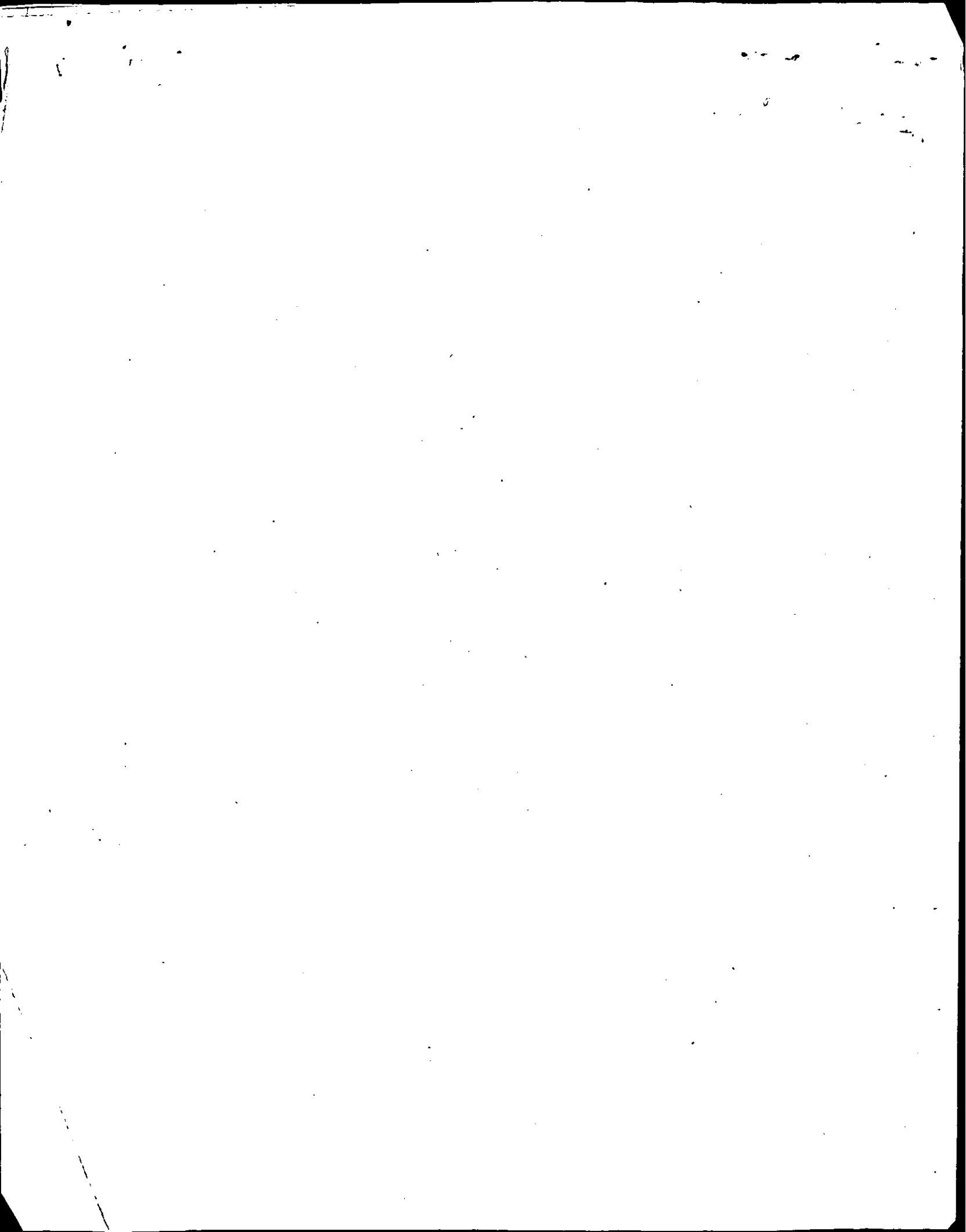
SUBDIVISION: FERRIS ESTATES

BLOCK:

LOT: 1

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 Board of Health of the Commonwealth of Virginia to operate a 400 GPD - 4 BEDROOMS - TYPE I SEWAGE DISPOSAL SYSTEM AND A CLASS III WATER SUPPLY

HEALTH OFFICIAL



Completion Statement

map 67 (23) 1

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 154-00-0409

Riviera Health Department

Name of Company/Corporation/Individual: Richard Freeman Contractor

Address: 2585 Waldrop Church Rd Riviera Va 23093 Telephone: 967-0881

Owner's Name: Edward Palmatier

Owner's Address: 205 Moon Shadow Lane Riviera Va 23093

Location of Installation: Lot 1010 Block _____

Section: _____ Subdivision: Sumcliff ES

Other: North side of Rt 653

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

2-1-01

Date

Richard Freeman

Signature and Title

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
 Department of Health
 LOUISA CO. HEALTH DEPARTMENT

Health Department
 Identification Number 154-00-0409
 Tax Map Number 67(23)1

General Information

BP#: 833-00

Water Supply System: **NEW**

Sewage Disposal System: **NEW**

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner: **EDWARD PALMATEER**

Telephone:

Agent: **WENDELL CRITZER** Address: **205 MOON SHADOW LANE, LOUISA, VA 23093**

For a Type **I** Sewage Disposal System or Well to be constructed on/at **NORTH SIDE OF RT 653**

Subdivision: **FERNCLIFF ES**

Sec/Bk Lot 1 Actual or estimated water use **600 gpd - 4 bedrooms**

DESIGN

NOTES: SEWAGE DISPOSAL SYSTEM INSPECTION RESULT

Water supply, **TO BE INSTALLED**

Water supply location: Satisfactory yes ___ no ___
 GROUT _____ CAP _____

To be installed: **CLASS: IIIC**
CASED: 20 feet GROUTED: 20 feet

EHS _____ DATE _____

Building Sewer: ___ I.D. PVC Schedule 40,
 or equivalent. Slope 1.25" per 10ft.(min.)
 Other _____

Building Sewer: Satisfactory yes ___ no ___

EHS _____ DATE _____

Septic Tank: Capacity: 1200 Gals.(min.)

Pretreatment unit: Satisfactory yes ___ no ___

Other _____

EHS _____ DATE _____

Inlet-outlet structure: PVC Schedule 40,
 4" tees or equivalent.
 Other _____

Inlet-outlet structure: Satisfactory yes ___ no ___

EHS _____ DATE _____

Pump and pump station:
NO

Pump & pump station: Satisfactory yes ___ no ___

EHS _____ DATE _____

Gravity mains: 3" or larger I.D., min. 6"
 fall per 100 ft., 1500 lb. crush strength
 or equivalent. Other _____

Conveyance method: Satisfactory yes ___ no ___

EHS _____ DATE _____

Distribution Box: Precast concrete
 with 7 ports.
 Other _____

Distribution box: Satisfactory yes ___ no ___

EHS _____ DATE _____

Header lines: Material: 4" I.D. 1500 lb.
 crush strength plastic or equivalent from
 distribution box to 2 ft into absorption
 trench. Slope 2" min. Other _____

Header lines: Satisfactory yes ___ no ___

EHS _____ DATE _____

Percolation lines: Gravity 4" plastic
 1000 lb. per foot bearing load or equiv.
 slope 2" - 4" (min. max.) per 100ft
 Other _____

Percolation lines: Satisfactory yes ___ no ___

EHS _____ DATE _____

Absorption trenches:
 Sq ft. required: 1800 depth from
 ground surface to bottom of trench 48":
 aggregate size .5-1.5":
 Trench bottom slope 2-4"/100 ft
 center to center spacing 9 FT:
 Trench width 36" Depth of aggregate 13":
 Trench length 100 ft:
 Number of trenches 6 :

Absorption trenches: Satisfactory yes ___ no ___

EHS _____ DATE _____

Date _____ Approved by:

Environmental Health Specialists



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. 22903-0841
Phone (804)295-1716

BEVINS CONSTRUCTION
9057 POINDEXTER RD
LOUISA, VA. 23090

03/02/01

BACTERIOLOGICAL ANALYSIS REPORT
TOTAL COLIFORM IN DRINKING WATER

JOB NUMBER: YB4002
SAMPLE NUMBER: YB4002
DATE RECEIVED: 03/01/01
DATE REPORTED: 03/02/01


IDENTIFICATION:
ED PALMATEER WELL, 3/1/01

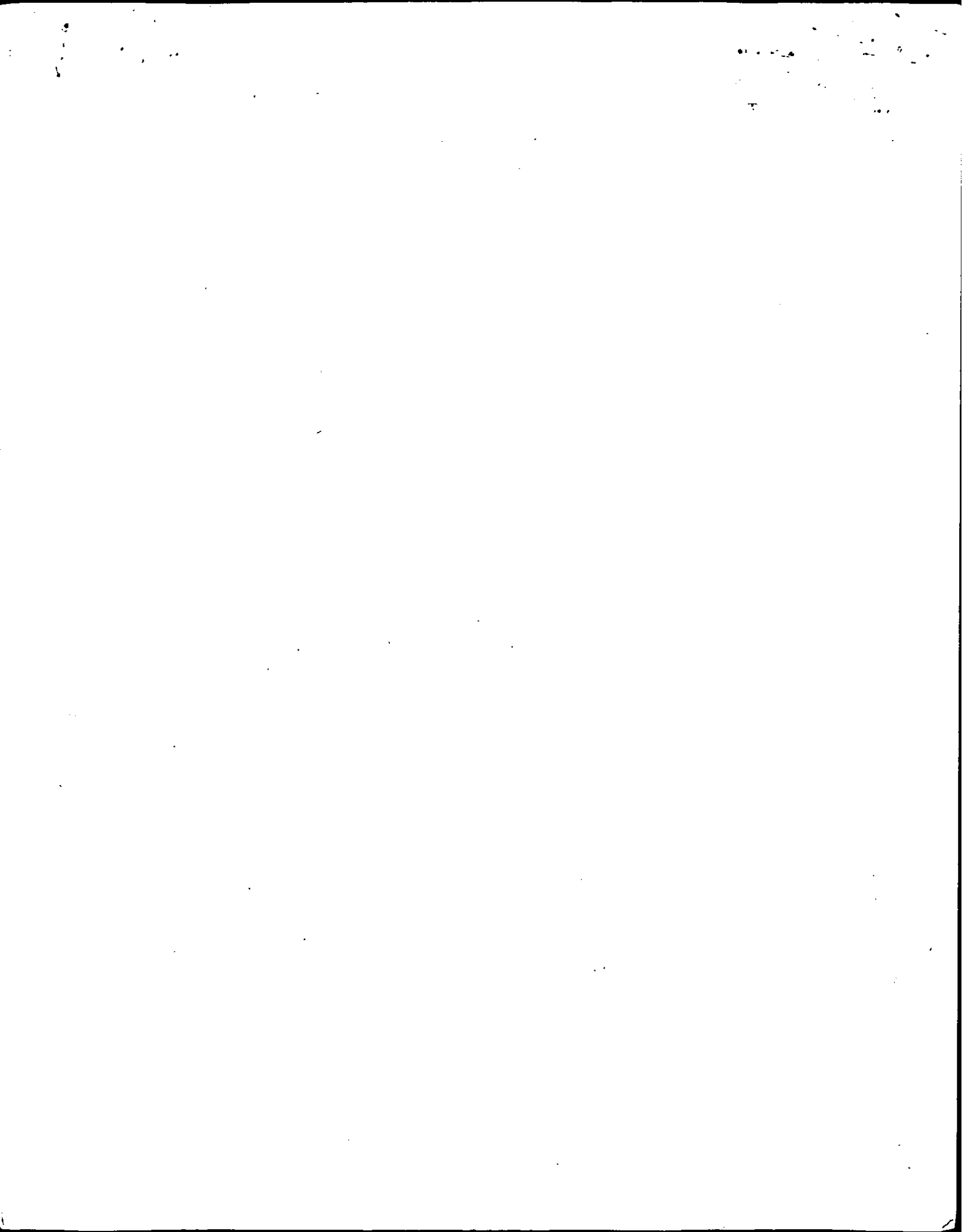
SAMPLE MEETS STATE STANDARD FOR COLIFORM BACTERIA
IN DRINKING WATER. TOTAL COLIFORMS WERE NOT DETECTED.

RUN BY THE ONPG-MUG PROCEDURE.

AQUA-AIR LABORATORIES, INC

REPORTED BY





Water Supply and/or Sewage Disposal System Construction Permit Page

Commonwealth of Virginia
 Department of Health
 LOUISA CO. HEALTH DEPARTMENT

Health Department
 Identification Number 154-00-0409
 Tax Map Number 67(23)1

3.00

General Information

BP#: 833-00

Water Supply System: NEW Sewage Disposal System: NEW
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
 Owner: EDWARD PALMATEER Telephone: _____
 Agent: WENDELL CRITZER Address: 205 MOON SHADOW LANE, LOUISA, VA 23093
 For a Type I Sewage Disposal System or Well to be constructed on/at NORTH SIDE OF RT 653 Subdivision: FERNCLIFF ES
 Sec/Bk Lot 1 Actual or estimated water use 600 gpd - 4 bedrooms

DESIGN

NOTES: SEWAGE DISPOSAL SYSTEM INSPECTION RESULT

Water supply, TO BE INSTALLED

Water supply location: Satisfactory yes no
 GROUT CAP

To be installed: CLASS: IIIC
 CASED: 20 feet GROUDED: 20 feet

EHS WPL DATE 2/1/01

Building Sewer: 4" I.D. PVC Schedule 40,
 or equivalent. Slope 1.25" per 10ft.(min.)
 Other _____

Building Sewer: Satisfactory yes no

EHS WPL DATE 2/1/01
4" sch 40 pvc

Septic Tank: Capacity: 1200 Gals.(min.)

Pretreatment unit: Satisfactory yes no

Other _____

EHS WPL DATE 2/1/01
Basins, DSO w/ part

Inlet-outlet structure: PVC Schedule 40,
4" tees or equivalent.
 Other _____

Inlet-outlet structure: Satisfactory yes no

EHS WPL DATE 2/1/01
4" sch 40 pvc 4 4.25"

Pump and pump station:
NO

Pump & pump station: Satisfactory yes no

EHS _____ DATE _____

Gravity mains: 3" or larger I.D., min. 6"
fall per 100 ft., 1500 lb. crush strength
 or equivalent. Other _____

Conveyance method: Satisfactory yes no

EHS WPL DATE 2/1/01
Sch 40 PVC

Distribution Box: Precast concrete
 with 7 ports.
 Other _____

Distribution box: Satisfactory yes no

EHS WPL DATE 2/1/01
concrete w/ spool digals

Header lines: Material: 4" I.D. 1500 lb.
crush strength plastic or equivalent from
distribution box to 2 ft into absorption
trench. Slope 2" min. Other _____

Header lines: Satisfactory yes no

EHS WPL DATE 2/1/01
4" HDPE 3350 lb crush, since Th here

Percolation lines: Gravity 4" plastic
1000 lb. per foot bearing load or equiv.
slope 2" - 4" (min. max.) per 100ft
 Other _____

Percolation lines: Satisfactory yes no

EHS WPL DATE 2/1/01
4" corr. plastic w/ Adapters / Bk in pipe.

Absorption trenches:
 Sq ft. required: 1800 depth from
 ground surface to bottom of trench 48":
 aggregate size .5-1.5":
 Trench bottom slope 2-4"/100 ft
 center to center spacing 9 FT:
 Trench width 36" Depth of aggregate 13":
 Trench length 100 ft:
 Number of trenches 6:

Absorption trenches: Satisfactory yes no

EHS WPL DATE 2/1/01

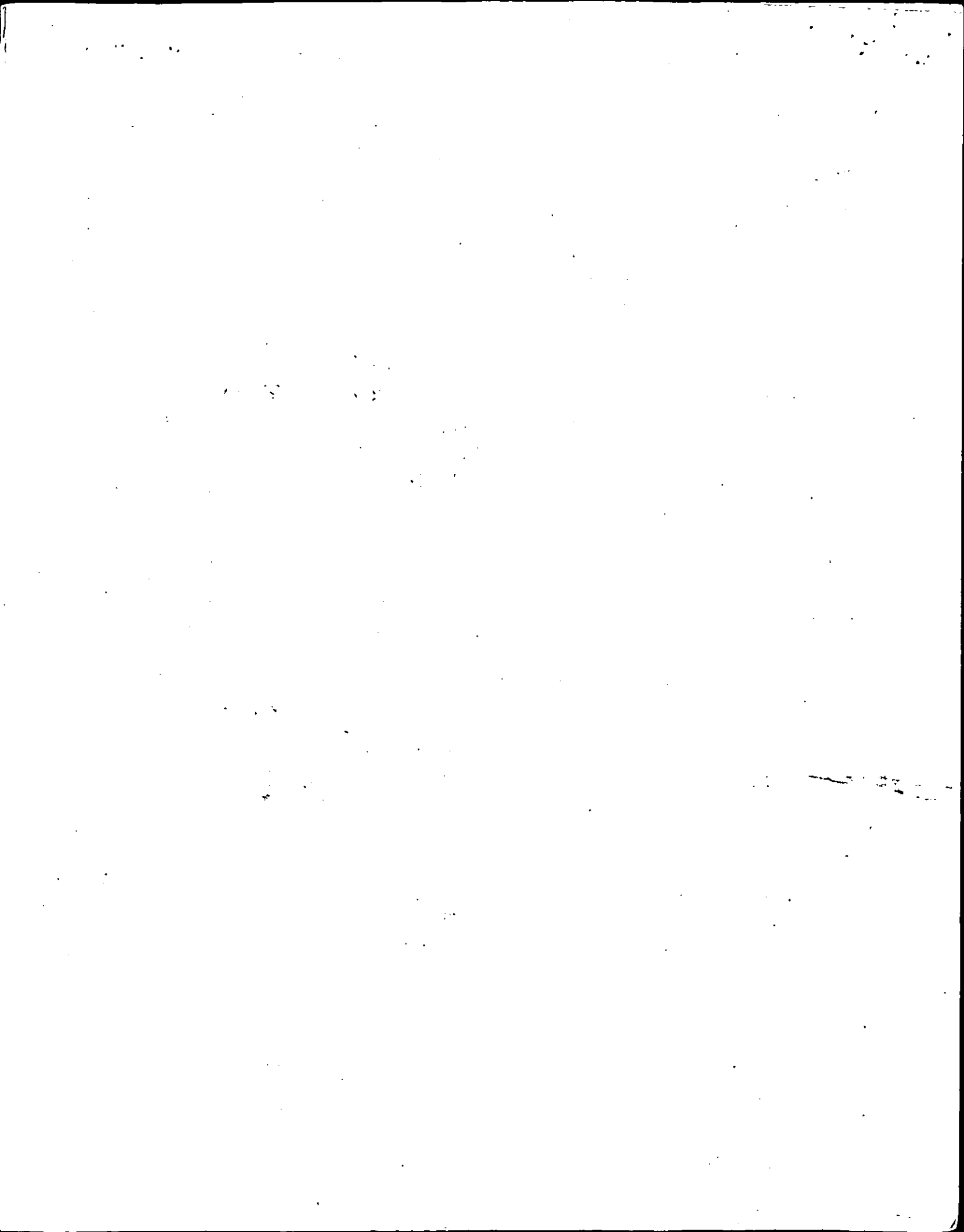
Date 2/1/01 Approved by: WPL

Environmental Health Specialists

CHS202A

5.11 - 6.4
 6.3 - 6.7
 6.8 - 7.1

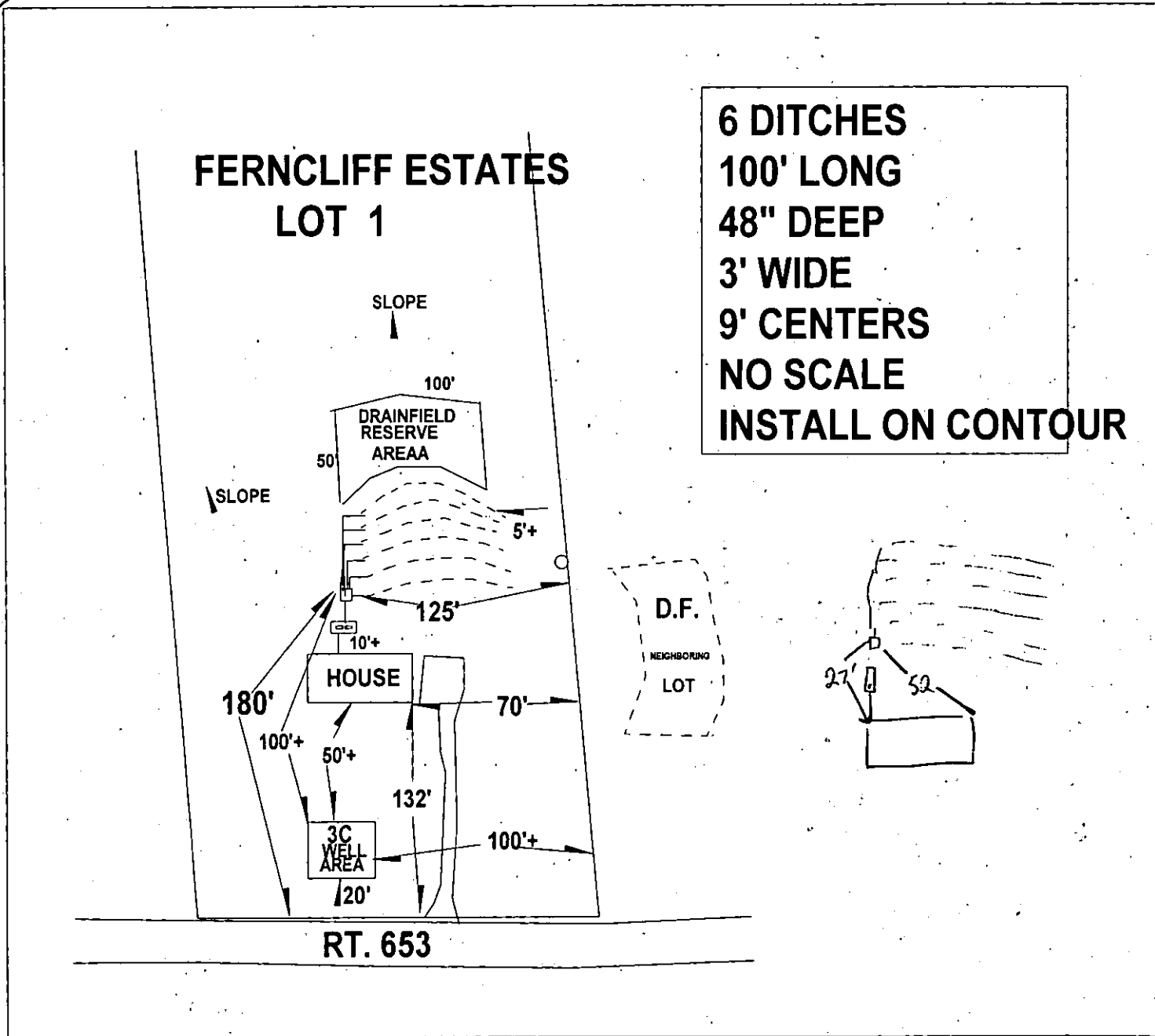
6.11 - 7.3
 7.5 - 7.9 1/2



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.



This sewage disposal system and/or water supply is to be constructed as specified by this permit.

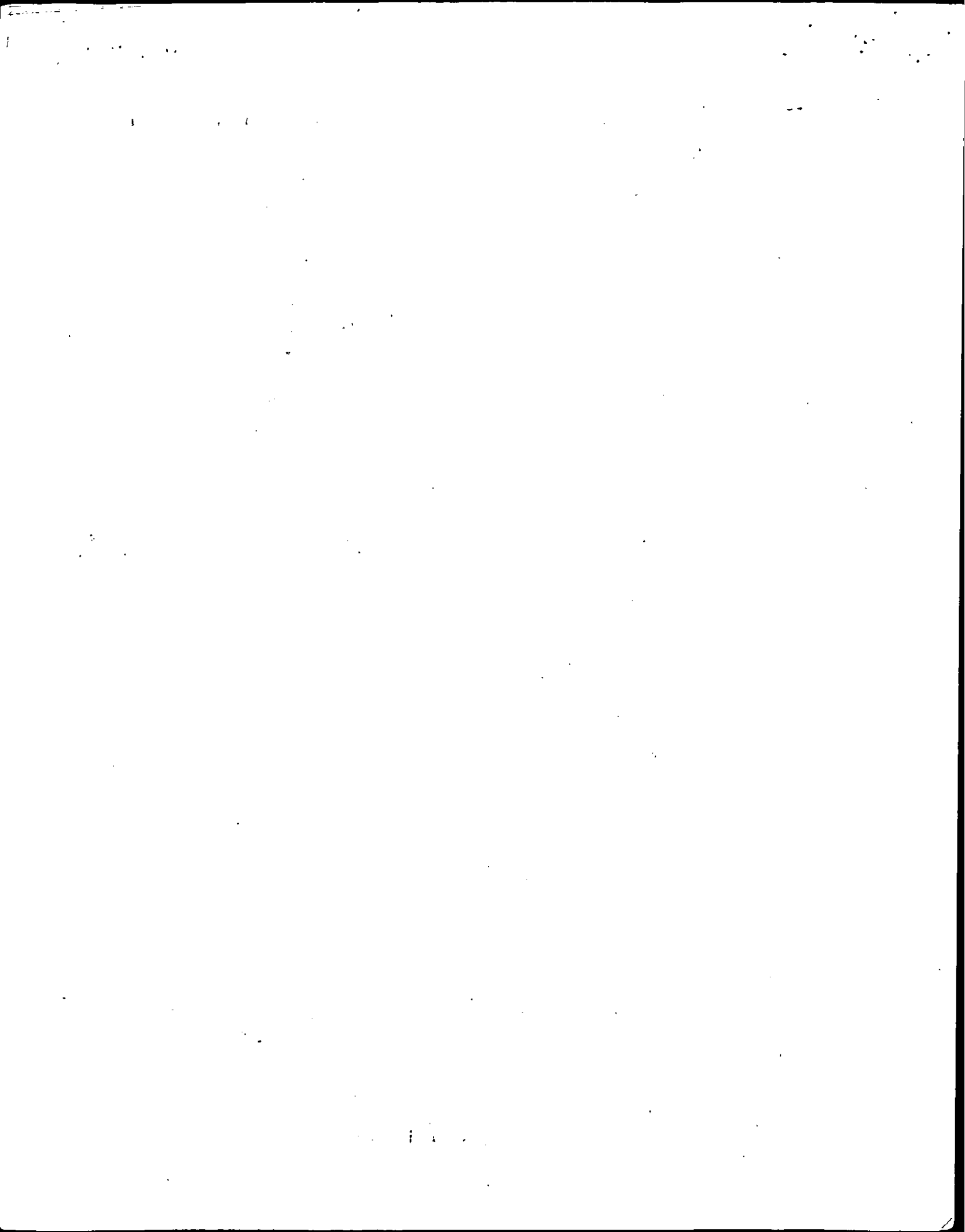
This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

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: 9/12/2000 Issued by: [Signature]
Environmental Health Specialist

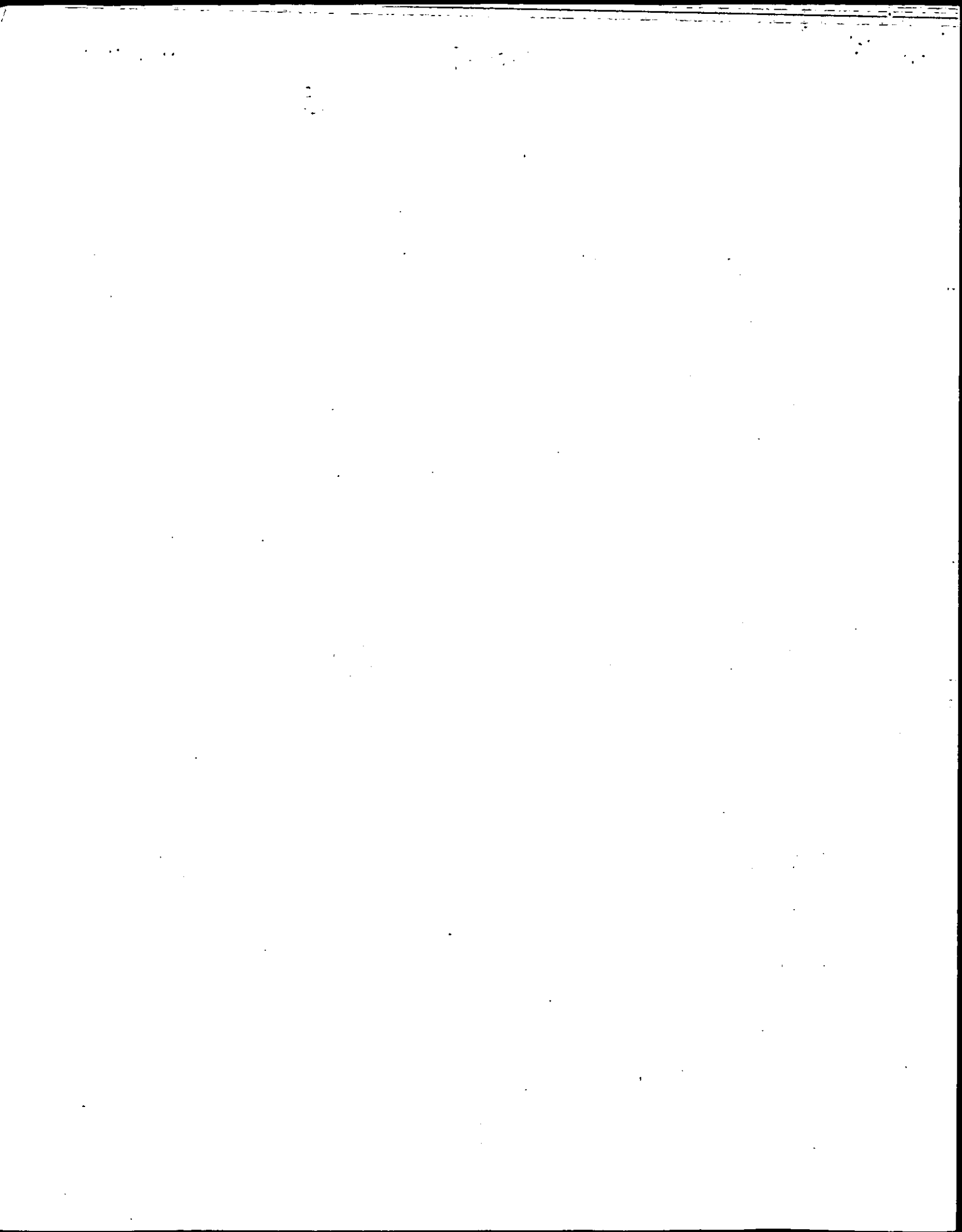
Date: _____ Reviewed by: _____
Environmental Health Specialist

This Construction Permit Valid until 3/2002



SEWAGE DISPOSAL AND WATER SUPPLY CONSTRUCTION PERMITS
See Page 2 For Design Drawing. Drawing is Not To Scale

- Permit is void if the house location interferes with the proposed well or drain field/reserve locations.
- Follow all OSHA requirements.
- Minimum separation between drain field/reserve area(s) and well sites is 100 feet from Class IIIC wells and 50 feet from Class IIIB wells. This distance increases by 25 feet for every 5 percent slope for wells down slope of any source of contamination (house site, drain field/reserve area, etc.)
- It is the owner's responsibility to ensure that the well and septic system is on the property and does not interfere with utilities and easements.
- Health Department's Operation Permit and Well Inspection Report are required prior to occupancy.
- All septic and well contractors must have a current license with the Virginia Department of Commerce.
- It is illegal to put either well or septic system into use without final health department approval.
- Septic and Well Contractors should be provided with a copy of permit before any construction begins.
- Well and all water lines shall be disinfected prior to water sampling.
- Dry holes must be permanently abandoned in accordance with the Private Well Regulations by a certified well driller.
- Basement (floor is below surface of ground)? YES NO Walkout : YES NO
- Fixtures in Basement? YES NO Lift Pump Required? YES NO
- Is septic tank location in a place of suspected high water table? YES NO If yes, please refer to tank manufacturer's instructions on placing tanks in saturated areas.
- Pump is required when the ground surface over the drain field trenches is at a higher elevation than any plumbing fixture or the sewer line leaving the house.
- Do not disturb the drain field or reserve area(s).
- No buried utility service shall be closer than 10 feet to any part of this system.
- Do not install drain field systems during periods of wet weather or wet soil.
- It is recommended that all trees be removed from the drain field area and all hydrophilic trees within 10 feet of the drain field area **MUST** be removed.
- Place untreated building paper or approved material over the trench gravel.
- The maximum soil cover over septic and pump tanks and distribution boxes is 18 inches to 24 inches.
- All tanks shall be watertight.
- Final grade of drain field shall be crowned to divert surface water and prevent ponding.
- Roof drains, basement sump discharges (non-sewage), floor drains, footing drains, discharge from water treatment systems, etc., being connected to this system is **PROHIBITED!** Divert these away from drain field.
- Keep structures and driveways off drain field/reserve area(s).
- It shall be the responsibility of the owner or any subsequent owner to maintain, repair or replace (requires a permit) any sewage disposal system that ceases to operate in a sanitary manner.



Page 1 of _____

DATE: _____

ID #: 154-00-0409

ASSIGNED TO: J. Mark Acors

OWNER'S NAME: EDWARD PALMATEER.

SYSTEM TYPE: I

DIRECTIONS: NORTHSIDE OF RT. 653 @ .5 miles

WELL TYPE: 3C

EAST OF RT. 659

TRENCH DEPTH: 48"

OF TRENCHES: 5

DEPTH TO ROCK: N/A

LENGTH: ~~100'~~ 100'

DEPTH TO WATER TABLE: N/A

CENTERS: 9'

DEPTH TO FREE WATER: N/A

SLOPE: 5-6% / LANDSCAPE: SIDESLOPE

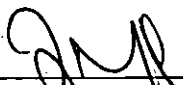
TEXTURE GROUP: III

PERK RATE: 55-60 MPI

MAIL TO: _____

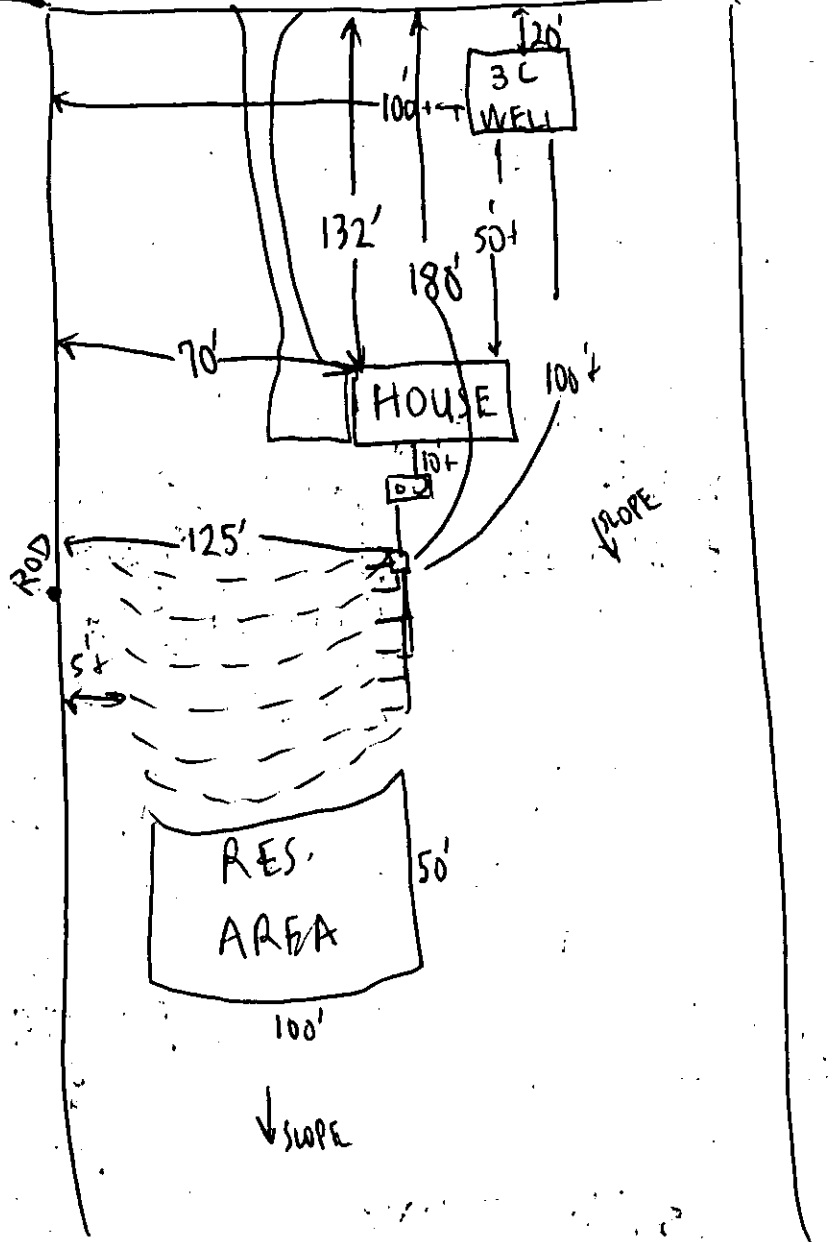
H#	Hz	DEPTH	DESCRIPTION	TEX. GRP
1	Ap	0-10	7.5YR ^{5/4} LOAM	II
	Bt	10-26	7.5YR ^{5/6} CLAY w/ YEL. BRED MOTTLES	IV
	Bc	26-36	5YR ^{5/6} SILTY CLAY LOAM w/ LOAM SAPROLITE	III
	C	36-72	MULTI-COLORED SILT LOAM SAPROLITE.	III

SOILS WORK ATTACHED

SIGNATURE OF EVALUATOR: 

RT. 653

ADJ.
D.F.



TAG SHEET

Permit I.D.#: _____ 154-00-~~41~~ 409
Owner: Edward Palmateer
Agent: _____
Tax Map #: 67(23)1
Subdivision: Ferncliff Estates Lot: 1

Combination Permit Repair Permit Septic Permit Well Permit
 Well Abandonment Certification Letter

	DATE	INITIALS
Application Received	<u>8-21-02</u>	<u>WUB</u>
Assigned To: <u>M. Acas</u>	<u>8-21-02</u>	<u>WUB</u>
Site Visit Scheduled	<u>9-7-02</u>	<u>WUB</u>
Time: <u>10:30 am</u>		
Comments: _____		

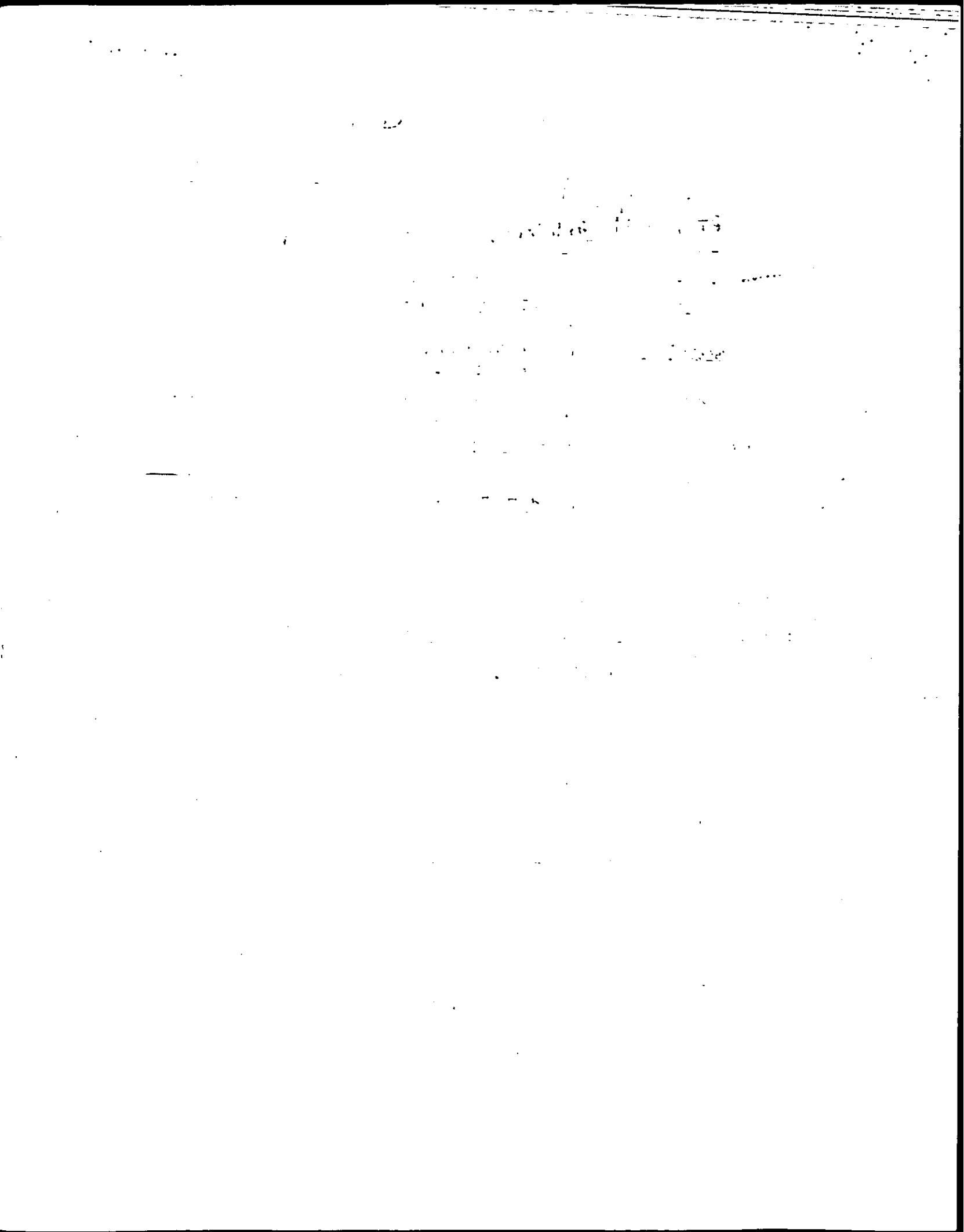
Site Visit Rescheduled _____
Time: _____

Site Visit Made _____
Date Given to OSS _____
Data Entry _____

Construction Permit Issued Denied
Certification Letter Issued Denied
Survey Received Yes No

Construction Permit Mailed - _____
Construction Permit Picked-Up _____

Septic Maintenance _____



mark

Appt Date	9-7-00	Time	10:30
Someone to meet	yes	no	

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

Health Department ID LS4-00-440409

Rec'd 8-21-00 by DShifflett

To Be Completed By The Applicant

QR # 21286440

Type of sewage system: New Repair Expanded Conditional #115 CC
 FHA/VA yes no Case No. _____

Owner Ed and Palutear

Address 205 Newsham Lane Phone _____
Louisiana, VA 23093

Agent Wendell Carter

Address 2611 B Job Street Phone 967-1433
Louisiana, VA 23093

Directions of Property 208 TO Froudfiff-CROSS 250-TRAIL @ 1ST Left - Pass 2 Houses - Lot on left
in The Field

Subdivision Froudfiff Estates Section _____ Block _____ Lot 1

Other Property Identification _____

Dimension/size of Lot/Property 4.322 acres 250' x 853.39'

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 4) (Number of Units _____)

Basement Yes No
 Fixtures in Basement Yes No

III. Commerical Use Yes No Describe: _____

Commerical/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.

Wendell Carter
 Signature of Owner/Agent

Aug 21, 2000
 Date

10-200 10-1-10

10-200 10-1-10



10-200 10-1-10

10-200 10-1-10

10-200 10-1-10

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154-CC-409
Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

©
5/11/00

Health Department ID 154-06-440409
 NOTED BY [Signature] 8/21-00 by [Signature]

I 67(23)1

Principal To Be Completed By The Applicant PRC 21286440

Type of sewage system: 3C New Repair Expanded Conditional #115CC
 FHA/VA yes no Case No 53

Owner Edward P. [Signature] Address 295 Main Street Phone [Blank]
LOUISIANA, LA 70095

Agent Wendell [Signature] Address 2111 [Blank] Phone 967-1453 N/A
LOUISIANA, LA 70095

Directions of Property 209 TO FERRIS CROSS 250-TURN @ 1ST LEFT-PROG. LOT ON LEFT
IN THE FIELD 132'

Subdivision CC ESTABLS Section 11078 Block [Blank] Lot N/M

Other Property Identification [Blank]

Dimension/size of Lot/Property 322' x 250' x 53.39'

Other Application Information HOUSE

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

II. Residential Use Yes No MOTTLES
 Termite Treatment Yes No

36-36 Single Family Multi-family PROLITE
 (Number of Bedrooms) (Number of Units)

36-72 Basement No PROLITE
 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 SOLE WINK ATTACHED

IV. Water Supply: Public New Existing
 Private New Existing
 Describe: W/SLIP

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.

Wendell [Signature]
 Signature of Owner/Agent

Aug 21, 2000
 Date

Patented - 1901

Handwritten notes and text, including "Patented - 1901" and "Patented - 1901".

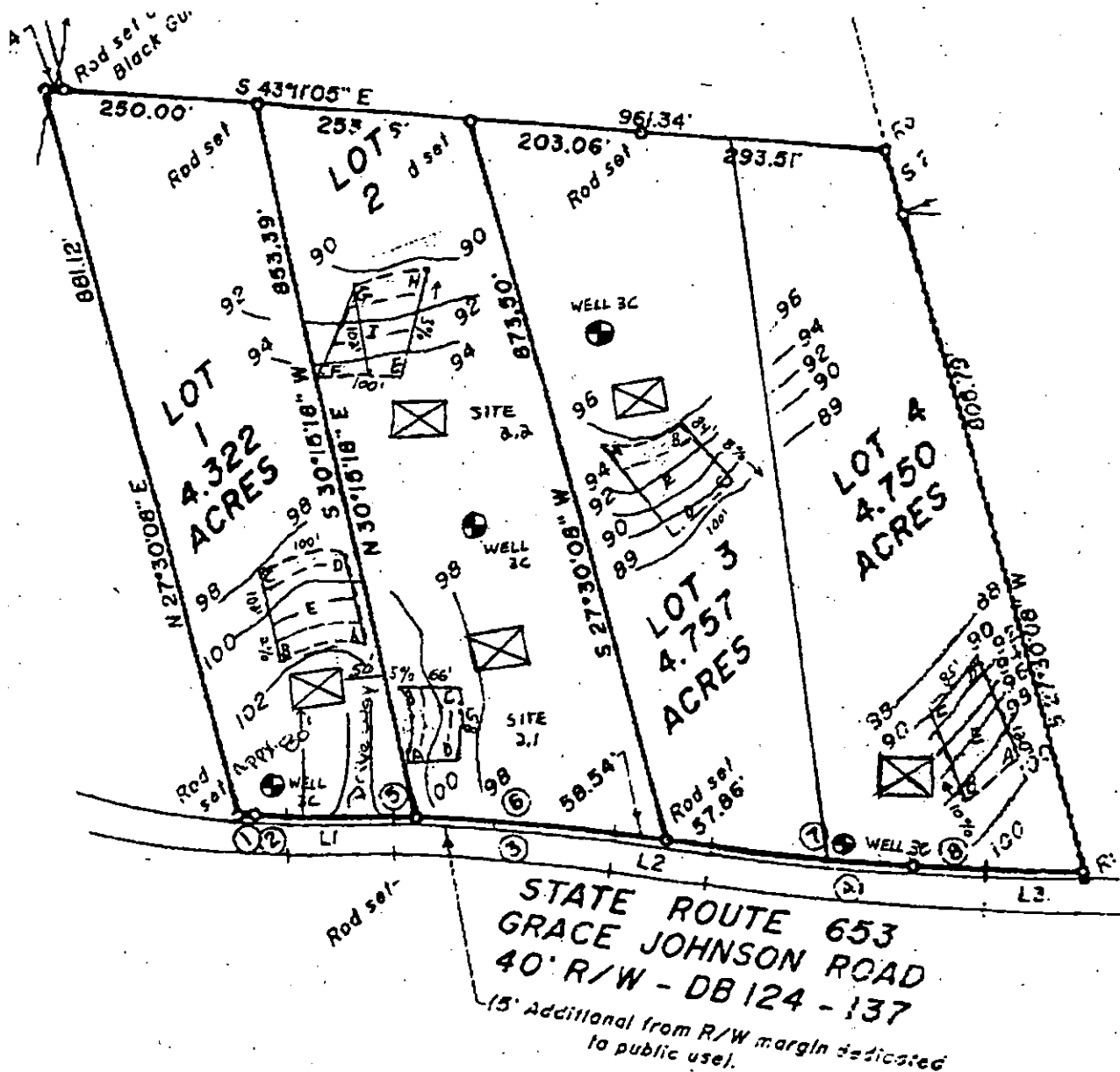
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5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
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29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
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93	94	95	96
97	98	99	100

Additional handwritten notes and text at the bottom of the page.

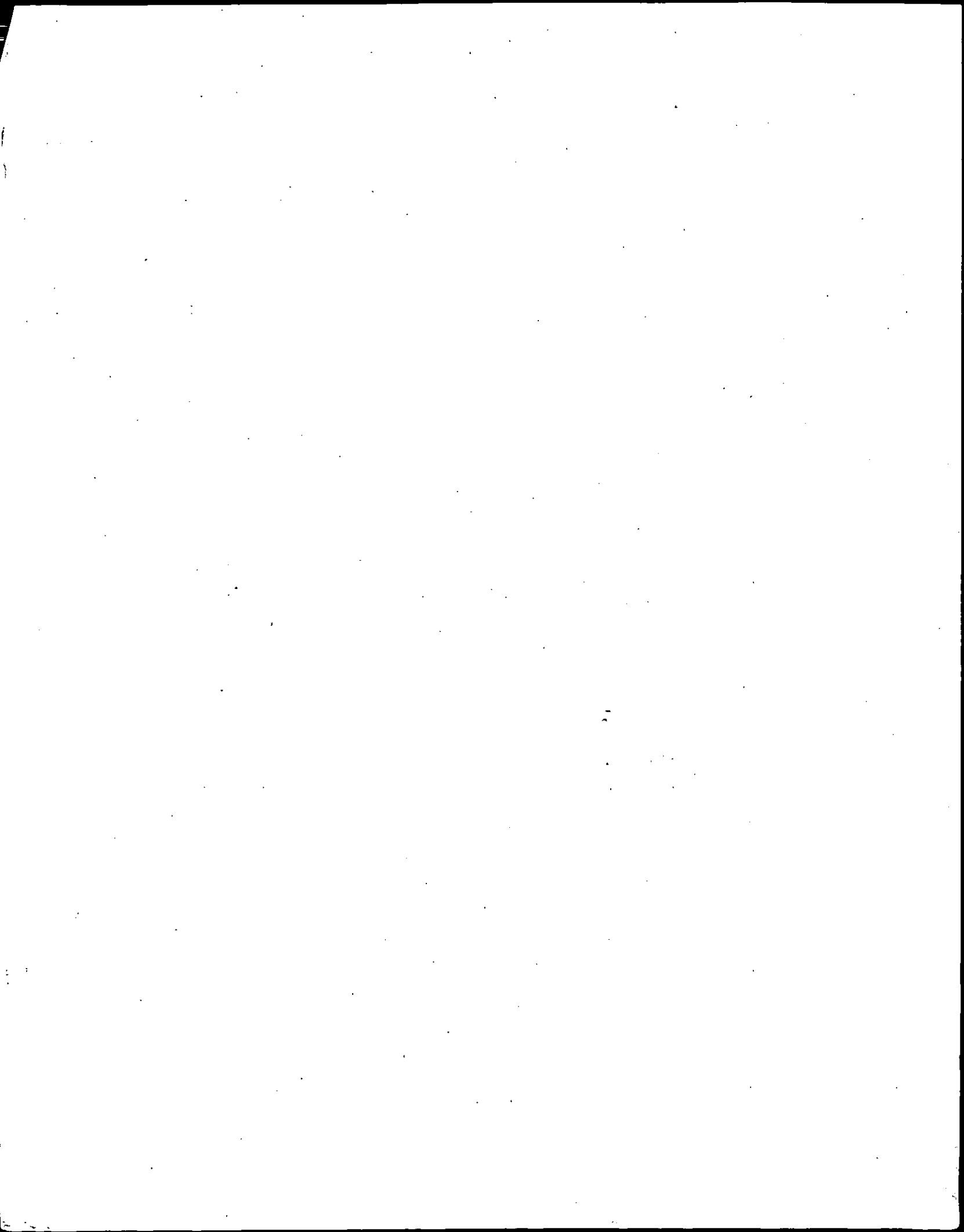


Baseline
Consultants

Site Sketch



SKETCH OF "FERNCLIFF ESTATES" {T.M.#67-79}
SHOWING PROPOSED DRAINFIELD, WELL & HOUSE SITES
RT. 653 LOUISA CO, VA. SCALE 1" = 200'



THOMAS JEFFERSON HEALTH DISTRICT

IMPORTANT NOTICE

PLEASE READ BEFORE FILING YOUR APPLICATION
AND PAYING YOUR FEES

This is to inform you that the fees for Environmental Health permits mandated by the State cannot be refunded once the application has been filed and the fee paid except for the following reasons:

1. If the applicant withdraws their application before the environmental health specialist makes a site visit to evaluate the property and if a refund is requested by the applicant
2. The Health Department is unable to issue a permit and only then if (a) you own the lot and are seeking to construct your principal place of residence on this lot, and only then if (b) you provide written notification to the health department that you are foregoing your right to appeal the denial of your request for a permit.

In order for you to then appeal at a later date, the above refunded fee would need to be reinstated before a hearing date would be scheduled.

If you do not intend to build but only need the soil tested before a sale is made we recommend that you hire a soil consultant to do the test and apply for the Health Department permit when you know where you want to build. It is your responsibility to have the corners or property lines of a lot clearly marked and to have the four corners of the proposed house site flagged. The environmental health specialist will not be able to complete work without these markings. He/she may refuse to perform the soil study if this has not been done. Also, if the lot is too overgrown, then the environmental health specialist may require bushhogging, etc., before site work can be done.

It is also your responsibility to make it clear to the environmental health specialist which one or two areas on your lot you want tested, although he/she will advise you which areas appear more suitable for a septic system. No more than two areas will be tested and the permit will be issued and the permit will be issued showing the location of the system in only one suitable site. The site cannot be changed later without additional expense on your part. If this occurs, you will need to hire a private soil consultant to test another site and submit his report along with a new application and fee to the health department.

I HAVE READ AND UNDERSTAND THE ABOVE APPLICATION NOTICE

W. J. [Signature]
Signature of Applicant

8/21/2000
Date

120/100

120/100



County Of Louisa
P.O. Box 160
Louisa, Virginia 23093
(540) 967-3430
Fax: (540) 967-3486

Development Permit
Zoning & Building
(Complete the Appropriate Areas)

ZONING PERMIT #: 614-00
BUILDING PERMIT #: 833-00
Expiration Date: 8/20/02

Owner/Applicant: Edward A. Palmatier
Address: 205 Moon Shadow Lane Louisa, VA 23093 Phone #: _____
Contractor Name and Address: BEVINS CONST. 9057 Pendleton Rd. Louisa, VA 23093 Phone #: 967-3933
State License No. 2705-032321A A B C Classification _____ Expiration Date: 01/31/2002
County License No. _____ Date Issued: _____ Expiration Date: _____
Tradesman Certification: _____ Date Issued: _____ Expiration Date: _____

Tax Map No. 67(23)1 Parcel No. WM Lot No. 1 Building No. _____
Magisterial District LOUISA Present Acreage 4.322 Proposed Acreage _____
CUP/SEP _____ Variance _____ Flood Plain _____
Zoning Classification ~~RM-1~~ A-2 Subdivision Francliffest. State Route 653
Deed Book/Page No. 636-794 Plat Book No. _____ Site Plan _____
Directions to Site: 208 TO FRANCLIFF - CROSS RT 250 - 300 YDS TURN LEFT ON RT. 653
PASS 2 HOUSES ON LEFT - SITE IS FIRST LOT ON LEFT IN FIELD.

Existing Structures on Property: _____

Class of Work:
 New Building Addition Repairs/Alteration Change of Use Other

Structure:
 Single-Family Modular Multi-Family
 Double-wide Mobile Home Single-wide Mobile Home Commercial/Industrial
 Double-wide Manufactured Home Single-wide Manufactured Home Other
 Agricultural Percolation Test

No. of Bedrooms 4 100% Reserve Mandatory _____
Type of Water Supply: Public Private (well) new
Type of Sewage Disposal: Public Private (septic tank) new

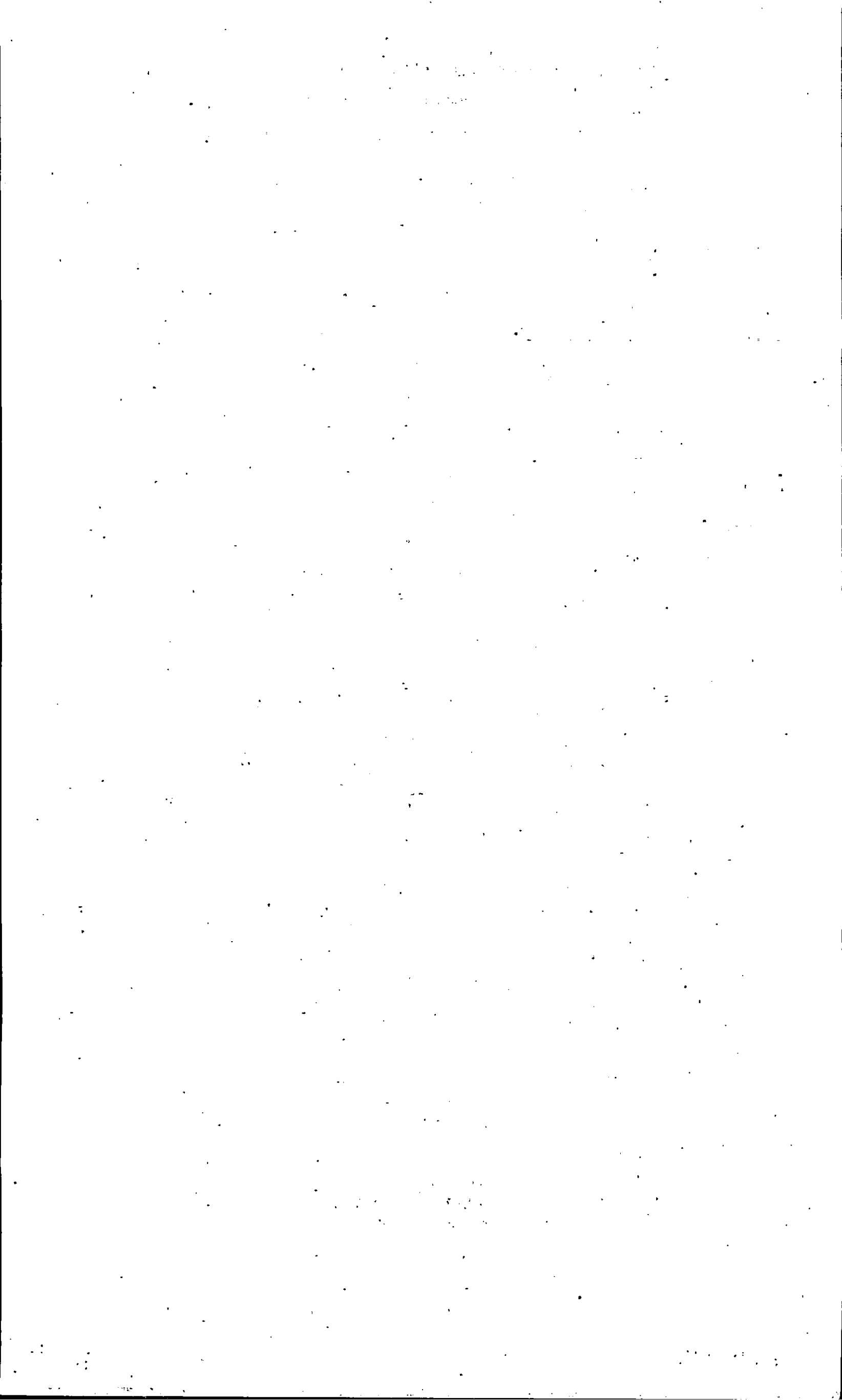
REQUIRED SETBACKS: Front 70 Rear 35 Left Side 20 Right Side 20
Acknowledged By: X D. E.

I declare that the statements made and the information given on this Application are true, full and correct to the best of my knowledge and belief and I agree to conform to all Zoning and Building Regulations. I give my permission to the County Zoning Administrator, Building Inspector and Sanitation Officer to enter onto this property for appropriate inspection. I also acknowledge the comments made by the Zoning Administrator or designated agent and the setbacks requirements stated on this form.

Signature of Owner or Authorized Agent: Wadell M. Lige Date: Aug 21, 2000

Approved by Zoning Administrator or Designated Agent: Linda A. Buckler Date: 8/21/00

COMMENTS: _____





Baseline
Consultants

page 1 of 5

Soil Evaluation Report

Project# 99100LO Date: 10/23/99 Health Department: Louisa
Applicant: John Weakley Phone# 804-556-5263
 2573 Broad Street Road
 Gum Springs, Va. 23065
Owner: White Oak Land

Location: north side of Rt. 653 approx. 0.5 mile east of intersection with Rt. 659;
 (pull off just before tall treeline at edge of field)

Subdivision: "Ferncliff Estates" {T.M. #67-79} Section: Lot: 1

Position in Landscape: Ridge position

Slope: 2% Maximum slope:

Depth to rock/impervious strata: Maximum: Minimum: 60"

Depth to seasonal water table (gray mottling or color): No inches:

Free water present?: No Range in inches:

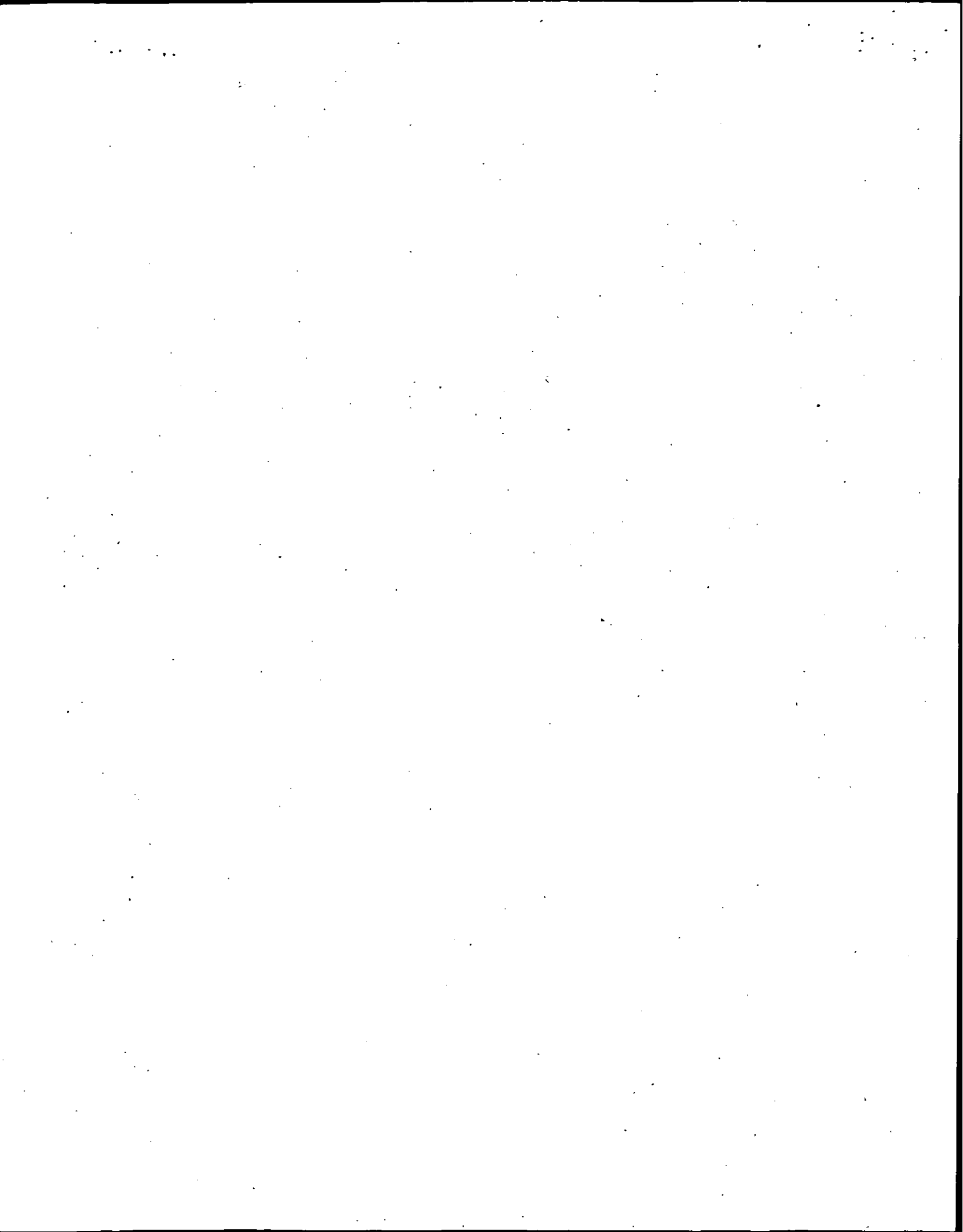
Percolation rate estimated: Yes Texture group at installation depth: Group III
Estimated rate average at depth: 60 minutes per inch
Estimated rate slowest hole: 60 minutes per inch

Water test performed: No Number of percolation test holes:
Depth of percolation test holes:
Average percolation rate:

Comments: demarcated area is 100'x 102' (perpendicular usable dimension of a slightly fan shaped layout); should accommodate 12 trenches 100' long at 9' on center spacing; refer to "Design Criteria" for additional design specifications

Name and title of evaluator: Dave Grant, CPSS

Signature: David Grant





Baseline Consultants

Drainfield Design Criteria

Project #: **99140FL**

Lot #: **1**

Estimated Perc Rate: **60**

Number of bedrooms: **4**

Trench length: **100'**

Trench width: **3'**

Trench number: **12**

On center spacing: **9'**

Usable width of area: **102'**

Total square footage required: **1800**

Total square footage available: **3600**

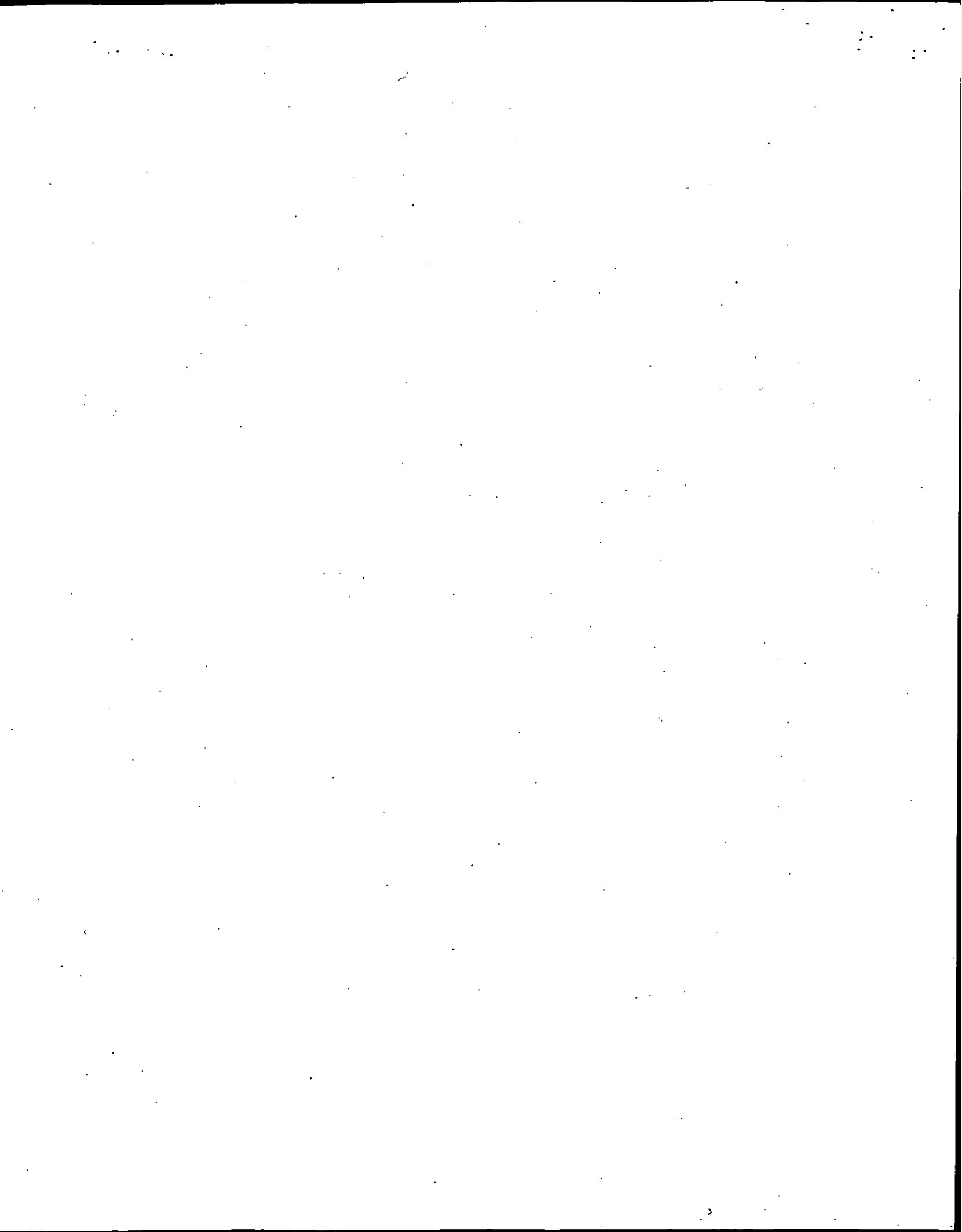
Installation depth: **48"**

Reserve area percentage: **100%**

Other features:

- Reserve area included in this layout
- Regrading of erosion features, etc. required
- Pump system required
- Low pressure system required
- Ground control not onsite at time of evaluation
- Final map to follow
- 3C well (100' minimum from any drainfield)
- 3B well (50' minimum from any drainfield)
- Deeper installation may be possible with backhoe review

other considerations:





Baseline
Consultants

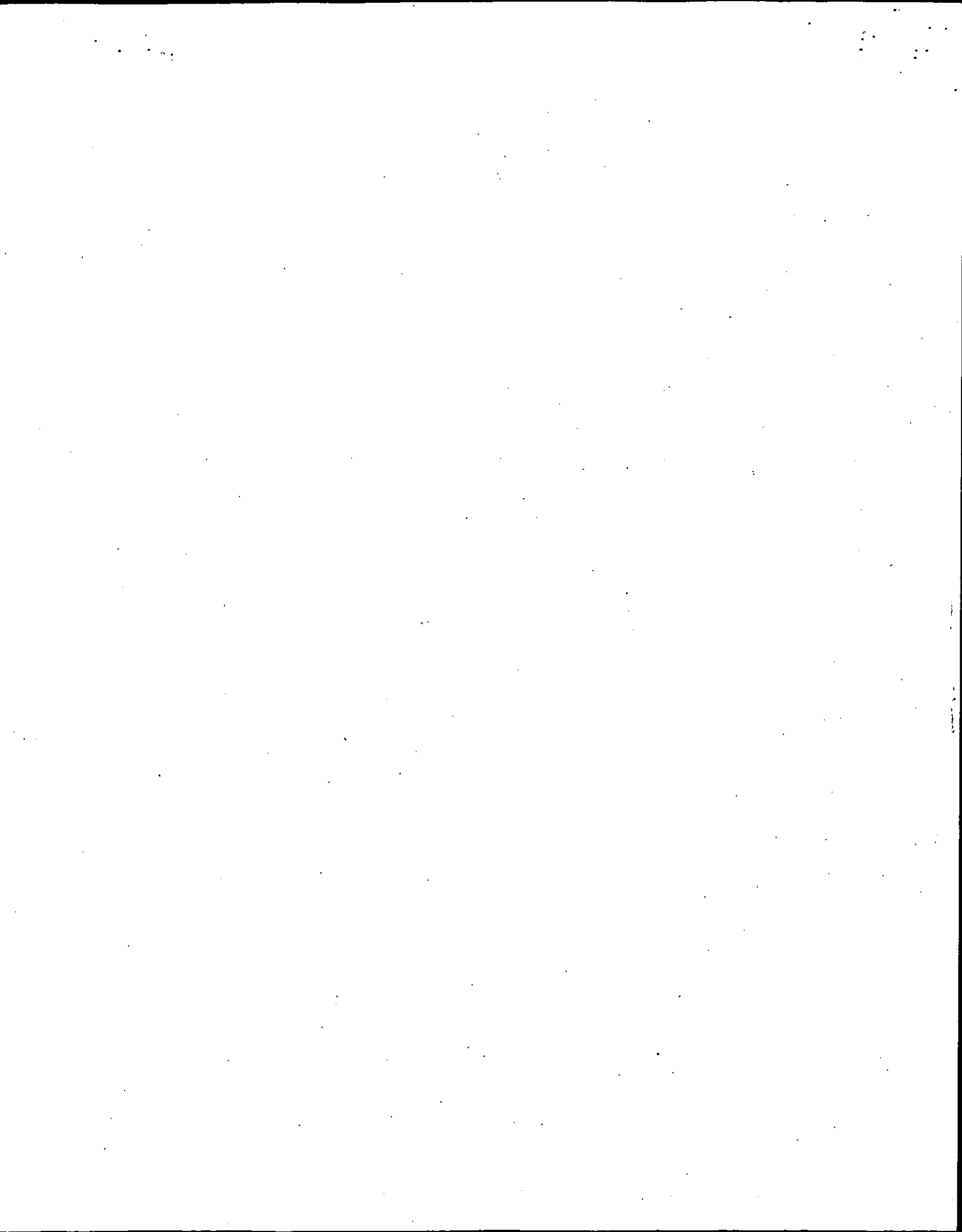
Soil Profile Descriptions

Project: "Ferncliff Estates", lot 1

Project#: 99100LO

Date: 10/6/99

Hole ID	Soil Horizon	Depth (inches)	Description	Texture Class	Est. Rate
1A	Ap	0-8"	grayish brown (10YR5/2) loam	II	
	Bt	8-38"	strong brown (7.5YR5/6) to yellowish red (5YR5/6) silty clay loam, dense, few red (2.5YR4/8) mottles	III	
	BC	38-50"	red (2.5YR4/8) light silty clay loam and silt loam, few feldspar seams	III	
	CB	50-60"	red (2.5YR4/8) silt loam saprolite, few light clay loam tongues	III	60
1B	Ap	0-10"	dark grayish brown (10YR4/2) loam	II	
	Bt	10-36"	red (2.5YR4/8) clay loam, dense, gradual clay decrease	III	
	BC	36-48"	red (2.5YR5/8) light silty clay loam to silt loam	III	
	CB	48-60"	red (2.5YR5/8) silt loam saprolite, few feldspar streaks	III	60
1C	Ap	0-4"	brown (7.5YR5/4) loam	II	
	BE	4-12"	yellowish brown (10YR5/4) loam	II	
	Bt	12-28"	red (2.5YR4/6) silty clay loam	III	
	BC	28-44"	red (2.5YR4/6) silty clay loam and silt loam	III	
	C	44-60"	red (2.5YR4/6) silt loam saprolite, friable	III	60
1D	Ap	0-8"	dark grayish brown (10YR4/2) loam	II	
	BE	8-14"	yellowish brown (10YR5/6) light clay loam	III	
	Bt	14-32"	strong brown (7.5YR5/6) to yellowish red (5YR5/6) clay loam, somewhat dense	III	
	BC	32-50"	red (2.5YR4/8) silt loam with few strong brown (7.5YR5/6) clay loam seams	III	
	CB	50-60"	red (2.5YR4/8) and yellow (10YR7/8) silt loam saprolite, few feldspar streaks	III	60
	1E	Ap	0-6"	grayish brown (10YR4/2) sandy loam, gravelly	II
BE		6-12"	strong brown (7.5YR4/6) clay loam, gravelly	III	
Bt1		12-24"	yellowish red (5YR4/6) clay loam	III	
Bt2		24-40"	yellowish red (5YR4/6) clay loam and red (2.5YR4/8) silty clay loam	III	
BC		40-60"	red (2.5YR4/8) silt loam, few silty clay loam and brownish yellow (10YR6/6) streaks	III	70





Baseline Consultants

**Certification
Statement**

County: **Louisa**

Date: **23 Oct, 1999**

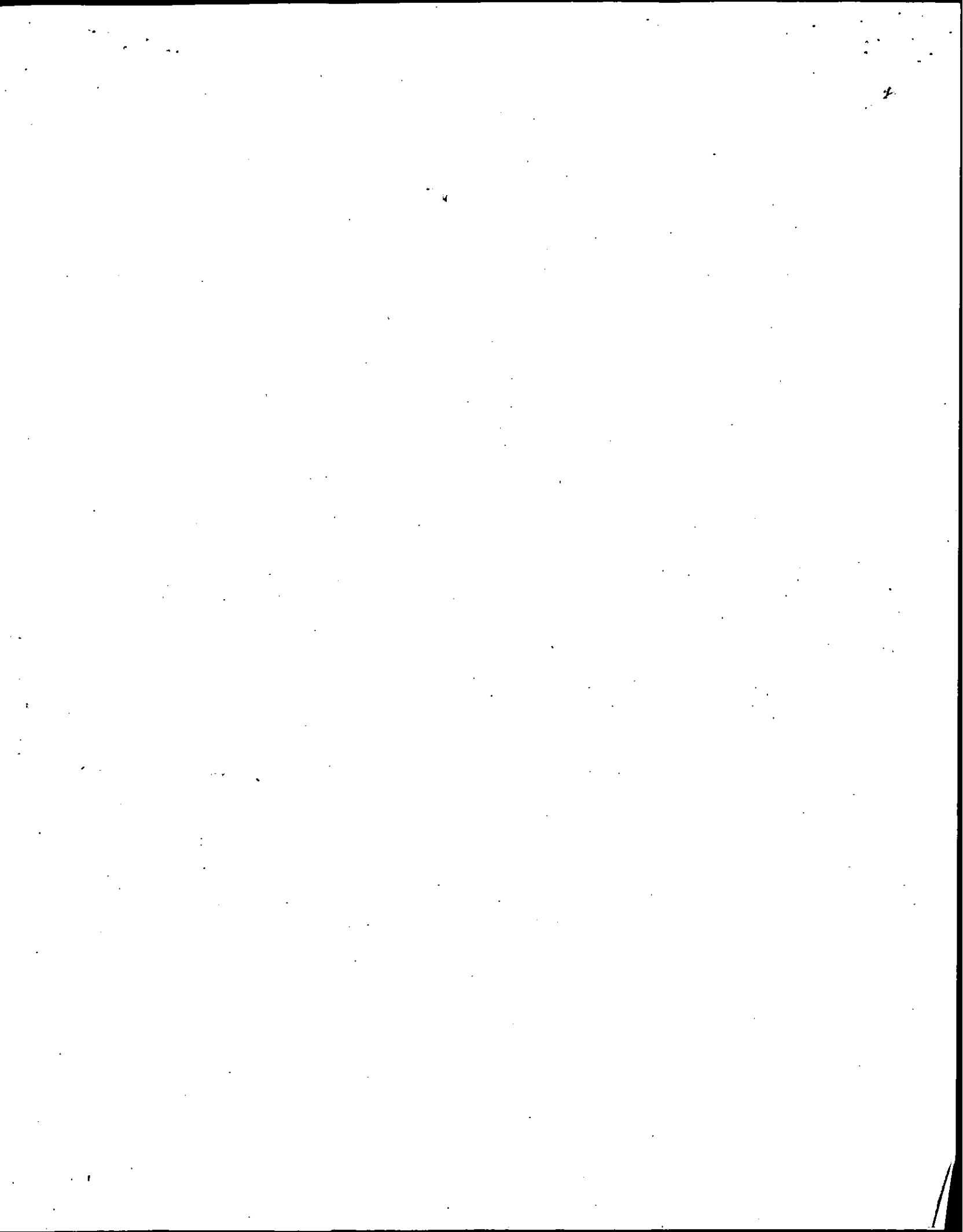
Property Identification: **"Ferncliff Estates" (T.M. # 67-79); Lot 1**

Submitted by: **Baseline Consultants**

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 Va. Department of Health. I recommend a **subdivision approval** be **approved**.

Dave Grant

Dave Grant, CPSS



LOUISA COUNTY HEALTH DEPARTMENT

P. O. BOX 336

LOUISA VA 23093

September 11, 2000

EDWARD PALMATEER
205 MOON SHADOW LANE
LOUISA, VA 23093

RE: PERMIT NO 154-00-0409

DEAR MR./MS. PALMATEER:

Any water well installed in Virginia must meet specific construction standards before final approval of the water system will be given, or an occupancy permit can be obtained.

They are as follows:

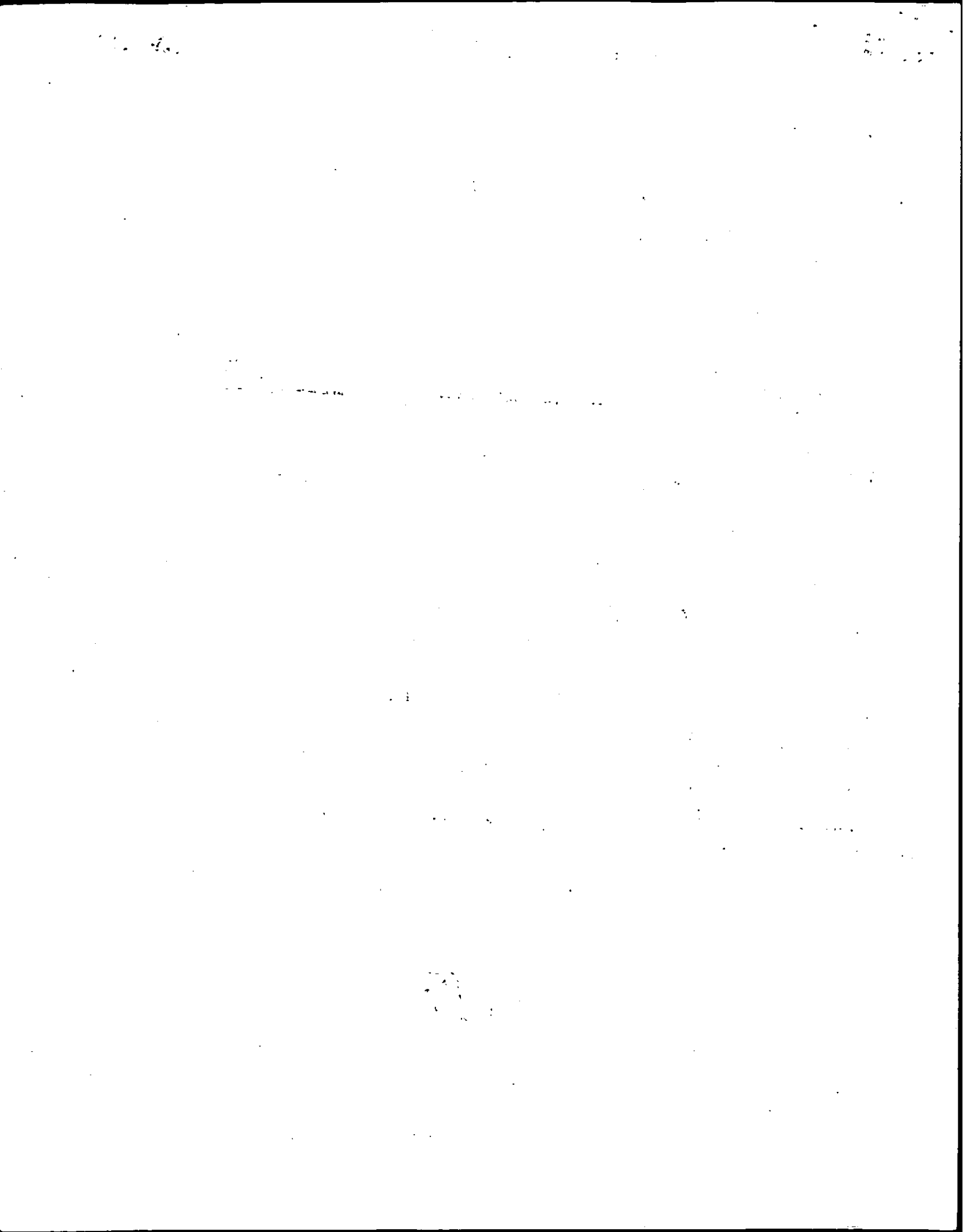
1. Your well must be cased and grouted 20 feet minimum unless otherwise designated.
2. Your well must be located at least 100 feet from any drainfield, 50 feet from any chemically treated foundation, and located on your property.
3. Your well must be disinfected and a sample must be analyzed by a State approved private lab. These results must be forwarded to the Louisa County Health Department with the Construction Permit Id number. Please contact us if you need a list of State approved private labs.
4. A water well completion report must be provided to the health department by the well driller.

If you have any questions regarding these requirements please call 540-967-3707.

Sincerely,



J. Mark Acors
Environmental Health Specialist Senior



Rec'd
LC17D
1-3-01

2 Completion Reports

Commonwealth of Virginia Uniform Water Well Completion Report

Owner Edward Palmateer (Kevin Bevins)
Address 205 Moon Shadow Lane
Louisiana, VA, 29099
Phone _____
Location FERNLIEFF ES. Lot #1

Tax Map ID 67 (23) 1
VDH Permit 15H-00-0409
VWCB Permit _____
VWCB ID _____
County Louisiana

* Well Data *

General Information
Drilling Method Art Rotary
Depth to Bedrock 80'
Static Water Level 20
Well Disinfected (Y or N) N

Date Completed 12-28-2000
Yield 20 (GPM)
Stabilized Water Level N/A
Disinfectant Used N/A

Total Depth of Well 140'
Length of Test N/A
Natural Flow (Rate) 20
Amount Used N/A

Casing
From +1 To 80'
Size 6 1/4" Material PVC
Weight/Schedule Sch. 40

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

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

Gravel Pack
From _____ To _____
From _____ To _____

From _____ To _____

From _____ To _____
From _____ To _____

Grout
From 0 To 20
Bore Hole Size 10"
Type NC
Method Poured

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

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

Water Zones or Screened Intervals
From 92' To 93'
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: Domestic Community _____
Public Well: _____

Agricultural _____ Industrial _____ Monitoring _____
Non Community _____

* Abandonment Information *

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 Plugs: From _____ to _____ From _____ to _____

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

Method of permanently marking location: _____

• Drillers Log •

Depth	Description of Formation or Sediment	Remarks
0-10	Red Clay	Campbell HP-6 well cap
10-30	Red shale soft	
30-80	Brown shale	
80-140	Granite	

(User 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 permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Name MID VIRGINIA WATER WELLS
Address P.O. Box 838
MINERAL VA 23117
Phone 540-894-8520

Drillers Signature Gregory J. Hanfield
Date 12-28-2000 Representing M. V. W. W.

Virginia Contractors License Number 2705-054164

LOUISA COUNTY HEALTH DEPARTMENT

P. O. BOX 336

LOUISA, VA 23093

February 5, 2001

EDWARD PALMATEER
C/O WENDELL CRITZER
205 MOON SHADOW LANE
LOUISA, VA 23093

RE: PERMIT ID # 154-00-0409

DEAR EDWARD PALMATEER:

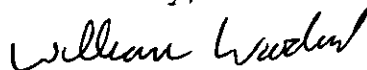
According to our records, we need the information checked below to complete the final approval for your septic system and water supply. This information must be provided before an operation permit can be issued or an occupancy permit can be obtained from the building inspector. Please check with this office before requesting an operation permit to see if we have all necessary information.

They are as follows:

- ✓ 1. A completion statement from your septic tank and drainfield contractor.
- _____ 2. A final inspection and completion statement from your sewage pump system contractor.
- ✓ 3. Your well must be disinfected and a sample must be analyzed by a State approved private lab. These results must be forwarded to the Louisa County Health Department with the Sewage Disposal System Construction Permit ID number. Please contact us if you need a list of State approved private labs.
- ✓ 4. A water well completion report from your well driller and the well must be cased and grouted at least 20 feet deep.
- _____ 5. Well location needs to be inspected by the health department before an Operation Permit can be issued.

If you have any questions regarding these requirements please call 540-967-3707.

Sincerely,



William "Woody" Woodward
Environmental Health Specialist

