

TM: 31-II-72  
SD-02-265

# Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health  
CULPEPER COUNTY Health Department

Health Department  
Identification Number SD-02-265  
Map Reference 31I-1-72

## General Information

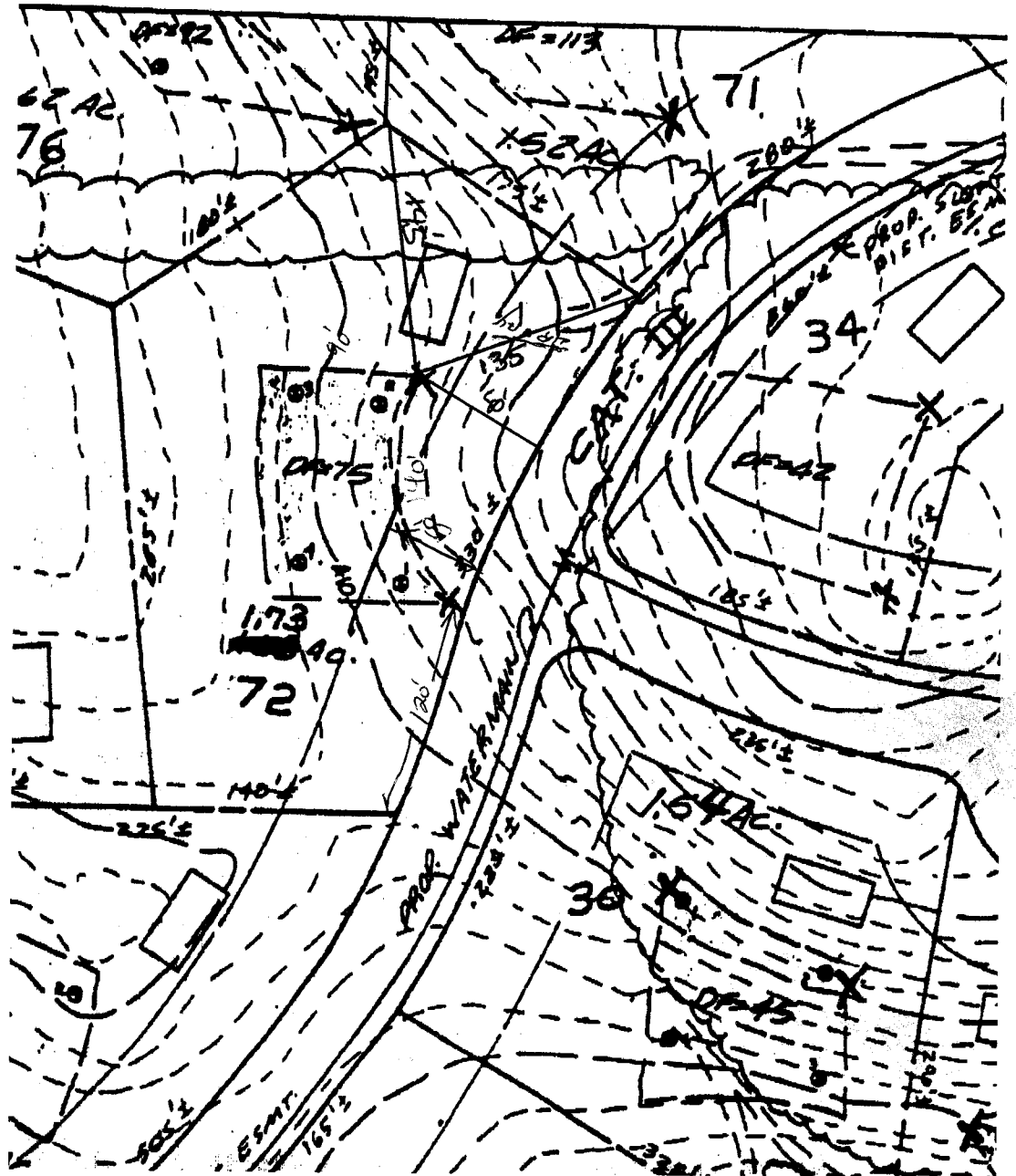
Water Supply System: New  Repair  Public  FHA  VA  Case No. \_\_\_\_\_  
 Sewage Disposal System: New  Repair  Expanded  Conditional  Public   
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:  
 Owner ANDREW J. CROCKETT 20137 Telephone 222-4413  
 Address 5084 FAIRVIEW LANE, BROAD RUN, VA For a Type I Sewage Disposal System or Well to be constructed on/at  
 Subdivision DUTCH HOLLOW Section/Block \_\_\_\_\_ Lot 72 Actual or estimated water use 600 GPD (4 Bem)

87'  
83'  
91'  
89'  
98'  
94'  
105'  
101'  
115'  
11'  
121'  
119'  
122'  
111'

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply <u>existing</u> : (describe) <u>Community</u>	Water supply location: Satisfactory <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class _____ cased _____ grouted _____	Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Septic tank: Capacity <u>1,200</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>In 6 3/2</u> <u>6 5/2</u> <u>Out.</u>
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: 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 checked="" type="checkbox"/> Other <u>4" I.D.</u>	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>28</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: Square ft. required <u>1400</u> ; depth from ground surface to bottom of trench <u>24"</u> ; aggregate size <u>1"</u> ; Trench bottom slope <u>2-4 per 100 Ft.</u> ; center to center spacing <u>6 Ft.</u> ; trench width <u>2 Ft.</u> ; Depth of aggregate <u>13 Min.</u> ; Trench length <u>100</u> ; Number of trenches <u>7</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date <u>Sept 25, 2002</u> Inspected and approved by: <u>Juganne C. Haldin-Coates</u> Sanitarian	

DUTCH HOLLOW SUBD. 1-72







**SOIL EVALUATION FORM**

Date: 7/4/89-7/6/89

Health Department: Culpeper

Name: Bill Springer

Telephone No: 703-347-9328

Address: P. O. Box 9328

Warrenton, Va. 22186

Subdivision: Dutch Hollow

Section:

Lot No:

LOT 33  
DF 47

**SOIL INFORMATION SUMMARY**

Position in landscape satisfactory: **YES** Slope %

Depth to rock/impervious strata Max Min **None**

Depth to seasonal water table (gray mottling or gray color) in.

Free water present: **No** range in inches:

Soil percolation rate estimated: Yes Texture group: III Rate: 60

Percolation test performed: No No. holes: Depth: Rate:

Name and title of evaluator: GEOLOGIC & SOIL SERVICES

Signature: Greg Hudson, Geologist

Hole #	Horizon	Depth (in)	Description (color, etc)	Texture
1		0-8	B51L PL	
		8-45	RBS1L	III
2		0-8	B51L A	
		8-45	RBS1L	III
3		0-8	B51L	
		8-45	RBS1L to BS1L-S1L	III
4		0-8	BS1L	
		8-45	RBS1L	III
5				

Remarks: SUGGESTED TRENCH DEPTH **240**

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

Health Department ID SD-02-265

**To Be Completed By The Applicant**

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

Owner A.J.C. Inc. Address 5084 FAIRVIEW LANE Phone 540-347-3268  
3306 BRAD DR 20137 Phone 540-347-4989  
 Agent A.J. CROCKETT Address SAME Phone Cell - 222-4413  
SAME

Directions of Property \_\_\_\_\_

Subdivision Dutch Hollow Section \_\_\_\_\_ Block \_\_\_\_\_ Lot 72

Other Property Identification TAX MAP # 31I-1-72

Dimension/size of Lot/Property 1 AC +

**Other Application Information**

**I. Building/facility**  New  Existing  
 Intermittent Use  Yes  No If yes, describe \_\_\_\_\_

**II. Residential Use**  Yes  No  
 Termite Treatment  Yes  No  
 Single Family  Multi-family  
(Number of Bedrooms 4) (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.

A.J. Crockett Signature of Owner/Agent 4/30/02 Date



# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number SD-02-265

Calypso W. Health Department

Name of Company/Corporation/Individual: Pletihan EXCAVATING

Address: P.O. Box 70 Viewtown Va. 22746 Telephone: 540-364-0237

Owner's Name Andrew CROCKETT

Owner's Address 5084 FAIRVIEW LANE BROAD RUN, VA.

Location of Installation: Lot 72 Block \_\_\_\_\_

Section: \_\_\_\_\_ Subdivision: Dutch Hollow sub.

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

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) May 7th 02 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

9-25-02

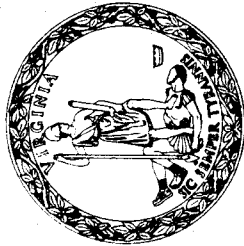
Date

T. F. F. [Signature]  
Signature and Title

# PERMIT

No. SD-02-265  
MAP REF: Dutch Hollow, Lot 72

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH



THIS PERMIT  
EXPIRES ON

N/A

DATE OF ISSUE

9-26-02

## OPERATION PERMIT

OPERATOR:  
ADDRESS:

Andrew J. Crockett  
5084 Fairview Lane  
Broad Run, VA 20137

*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 CULPEPER COUNTY Health Department to operate a Type I sewage disposal system having a design capacity of 600 gallons per day (4 bedrooms).*

*Suzanne C. Naldin-Coate*  
HEALTH OFFICIAL

VIRGINIA DEPARTMENT OF HEALTH

Environmental Health

Permit Processing

SD# SD-02-265 TAX MAP S.31I-1-72

Owner(s): Andrew Crockett

Application for: WELL/SEPTIC

Application Received:	<u>5-01-02</u>	<u>JS</u>
Application Reviewed:	<u>5-01-02</u>	<u>JS</u>
Fee Determination:	<u>5-01-02</u>	<u>JS</u>
Assigned to:	<u>5-01-02</u>	<u>SHC</u>
Site Visit Scheduled:		
Site Visit Made:	<u>5-6-02</u>	<u>SHC</u>

Deactivated Purpose: \_\_\_\_\_

Second Site Visit Made:		
Issue/Deny Drafted:	<u>5-7-02</u>	<u>SHC</u>
Issue/Deny Reviewed:	<u>5-7-02</u>	<u>RFJ</u>
Issue/Deny Countersigned:	<u>5-7-02</u>	<u>RFJ</u>
Issue/Deny Mailed:	<u>5/7/02</u>	<u>JS</u>
Faxed:		
Picked up:		

Completion Statement Signed (septic)	_____	_____
Well Log Received (water)	_____	_____
Record of Inspection Signed	_____	_____
Water Sample Report	_____	_____
Operation Permit Issued	_____	_____
Op Permit Faxed to Bldg Ofc	_____	_____

Other Activity

Date	Activity	Initials