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

CONSTRUCTION PERMIT

Health Department ID SP-09-047

**To Be Completed By The Applicant**

Type of Sewage system: ___ New ✓ Repair ___ Expanded ___ Conditional
FHA/VA yes ___ no ✓ Case No ___

Owner David G. & Rachel Moon Address 13035 Courthouse Hwy, Louisa, VA 22567 Phone 540-854-0550

Agent ___ Address ___ Phone ___

Directions of Property Rt 20 N approx 8½ miles on left 911 # on mailbox

Subdivision ___ Section 32 Block ___ Lot 79F

Other Property Identification ___

Dimension/size of Lot/Property 2.726 Acres

**Other Application Information**

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

**II. Residential Use** ✓ Yes ___ No
Termite Treatment ___ Yes ✓ No
✓ Single Family (Number of Bedrooms 3) ___ Multi-family (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
X 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.

David G. Moon — 5-12-09

**Signature of Owner/Agent** **Date**

**CHS 200**

32-79F

1088A

A SURVEY FOR

# D. GLENN MORRIS

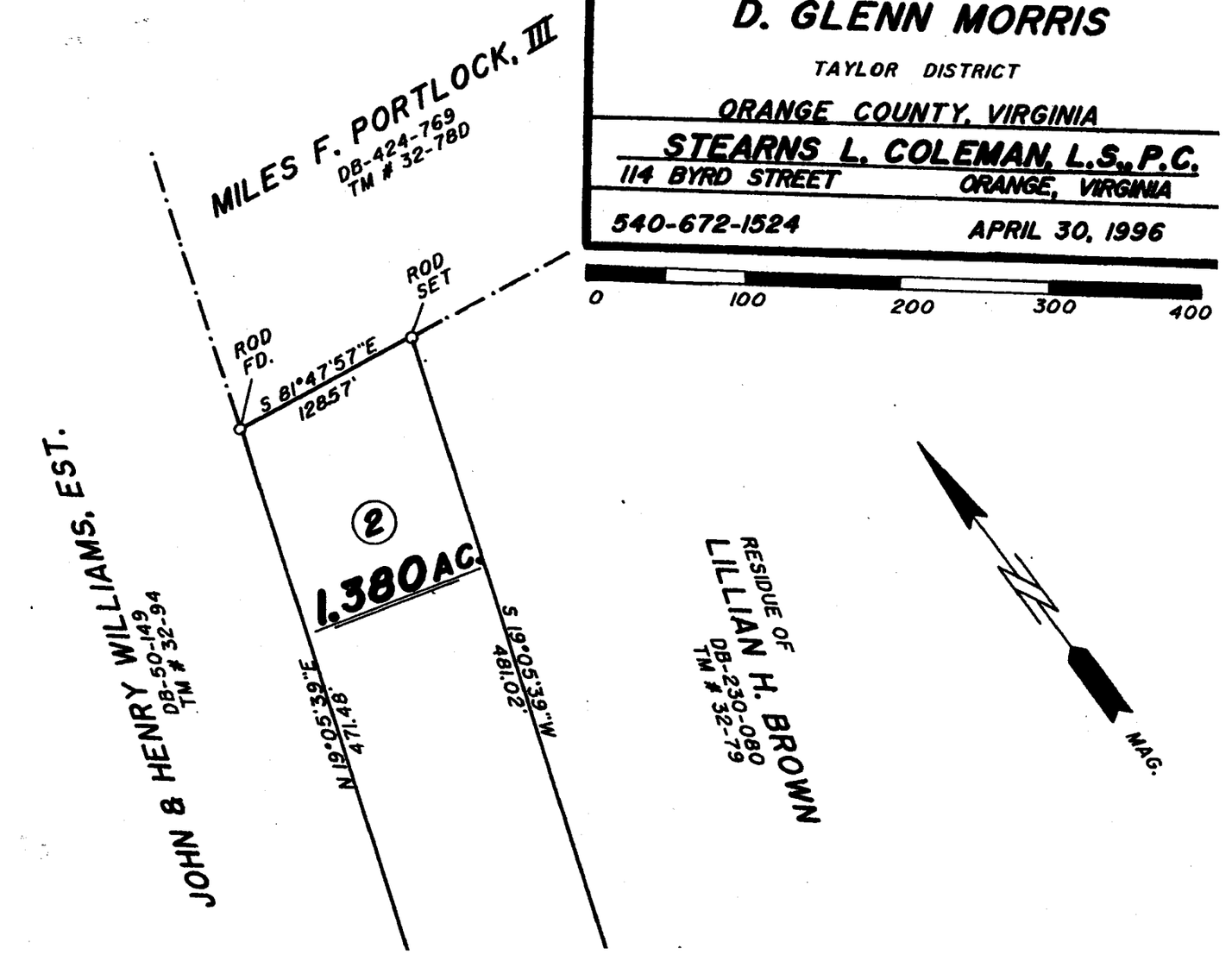
TAYLOR DISTRICT

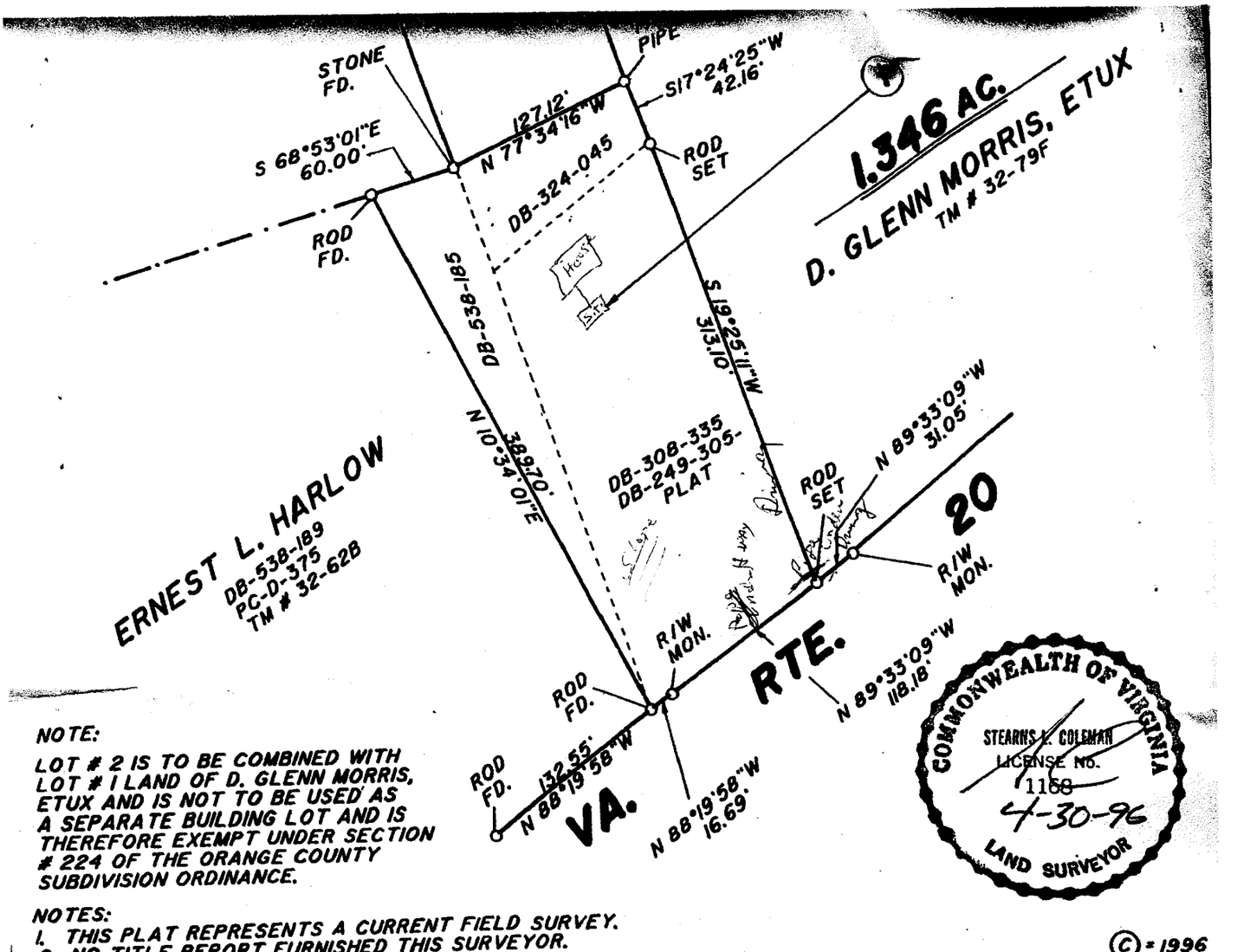
ORANGE COUNTY, VIRGINIA

STEARNS L. COLEMAN, L.S., P.C.
114 BYRD STREET ORANGE, VIRGINIA
540-672-1524

APRIL 30, 1996

0 100 200 300 400




NOTE:

LOT # 2 IS TO BE COMBINED WITH LOT # 1 LAND OF D. GLENN MORRIS, ETUX AND IS NOT TO BE USED AS A SEPARATE BUILDING LOT AND IS THEREFORE EXEMPT UNDER SECTION # 224 OF THE ORANGE COUNTY SUBDIVISION ORDINANCE.

COMMONWEALTH OF VIRGINIA
STEARNS L. COLEMAN
LICENSE NO.
1168
4-30-96
LAND SURVEYOR

NOTES:
1. THIS PLAT REPRESENTS A CURRENT FIELD SURVEY.
2. NO TITLE REPORT FURNISHED THIS SURVEYOR.

TAG SHEET

SD- 09-047

NAME: Darvill Rachel Morris TAX MAP ID: 32-79F

Application For: Construction Permit: X
Certification Letter: _____

| OFFICE SUPPORT | DATE | INITIALS |
|---|---|---|
| Application Received: | 5/13/09 | BST |
| Fee Collected: | Repair - No fee | / |
| Receipt Number: | DIA | / |
| Application Reviewed: | 5/13/09 | ✓ |
| Applicant Given Site Evaluation Info sheet: | | |
| Application Entered into VENIS: | 5/13/09 | BST |
| Assigned To: | 5/13/09 | JFK |

| ENVIRONMENTAL SPECIALIST | | |
|---|---|---|
| Site Visit Scheduled: | 6/9/09 | JFK |
| Applicant Reminded of Site Preparation Requirements: | | |
| Initial Site Visit Made: | 6/10/09 | JFK |
| Application Deactivated: | 5/13/09 | JFK |
| Purpose: | Waiting on septic tank + d.box to be uncovered | |
| Administrative Denial Issued: | | |
| Reactivation: | 6/9/09 | JFK |
| Follow Up Visit: | | |
| Follow Up Visit: | | |
| Follow Up Visit: | | |
| Data Entry into VENIS: | | |
| Issue/Deny Drafted: | 6/11/09 | JFK |
| Issue/Deny Reviewed: | | |
| Issue/Deny Countersigned: | | |

Issue/Deny Sent to Applicant: _____ _____

Mark One: Mailed ✓ Faxed _____ Picked Up ✓ Other _____
owner CHD

# D OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date _____ Case No. _____

Owner Johnson, A. E. "Gunt" Address Unionville, Va. (Mailing Address) Phone _____

Occupant For sale Address _____ (Mailing Address) Phone _____

Exact Location of Premises Rt. 20 1½ miles past 725 on lt. adjoins Mrs. Dan [redacted] Brown 1 mile so. of Rt. 20 & 522 int. on W.
(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 lines ____ feet. Trees _____ feet.
Water Supplies _____ feet. Buildings _____ feet.

(2) INSTALLATION AND DESIGN
Installed according to Permit Design ☐ Yes ☑ No SEE NOTE!
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 CAST IRON
Size 4 Inches.

(5) SEPTIC TANK
Constructed of CONCRETE (Kind of Material)
Inside Dimensions Length 7 feet. Width 3½ 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 3 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 800 square feet.
Number of ditches 4 Length of ditches 100 feet.
Grade of ditches Minimum 2½ Inches per 100 feet.
Maximum 6 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 24 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: GILLIAM ALVIS Address GORDONSVILLE, VA. Phone _____

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

Date 4/15/71 Signed Robert N. Tucker (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:

NOTE, RELOCATION OF TANK & DIST. BOX BY CONTRACTOR

Virginia Department of Health
LHS - 141 Rev. 11-57

Use No. _____

_____ Phone _____
(Mailing Address)

_____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Rt #20 - 1-1/2 miles Past 725 - on Lt (Rd Signs Miss Dan Brown) 1 mile South of Rt 20 & 522 Int on Lt
(Subdivision, Street or Road Name, Section or Lot No.)

**OWNER DESIRES TO**

- ☑ INSTALL
  - ☐ Water Supply System
  - ☐ Sewage Disposal System
  - ☑ Septic Tank
- ☐ REPAIR
  - ☐ Water Supply System
  - ☐ Sewage Disposal System
  - ☐ Septic Tank

**FOR**

☑ Dwelling ☐ Other _____

Actual or potential Bedrooms 3 Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine ☐ Yes ☑ No (?) Garbage Disposal unit ☐ Yes ☑ No

Health Department recommends _____ Additional wastes _____

## DETAILS OF RECOMMENDED SYSTEMS

(1) WATER SUPPLY Location to be approved by Sanitarian. Type ☐ Drilled Well ☐ Driven Well ☑ Bored Well ☐ Dug Well ☐ Other _____ Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

(2) SOIL STUDY Naturally drained, suitable by sight ☑ Yes ☐ No
Technical Classification _____
Rough Classification ☐ Sandy ☑ Medium ☐ Clay ☐ Pipe Clay. Percolation Test required ☐ Yes ☑ No. Rate _____ Minutes per inch. Depth of Water Table _____ feet (Estimated)

Surface drainage required ☐ Yes ☑ No _____ Area Drainage by Lowering Ground Water Table required ☐ Yes ☑ No

(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete (Kind of Material) Inside Dimensions Length 7 feet. Width 3½ feet, Liquid Depth 4 feet, Depth of Air Space 1 feet. Liquid Capacity 750 gallons.

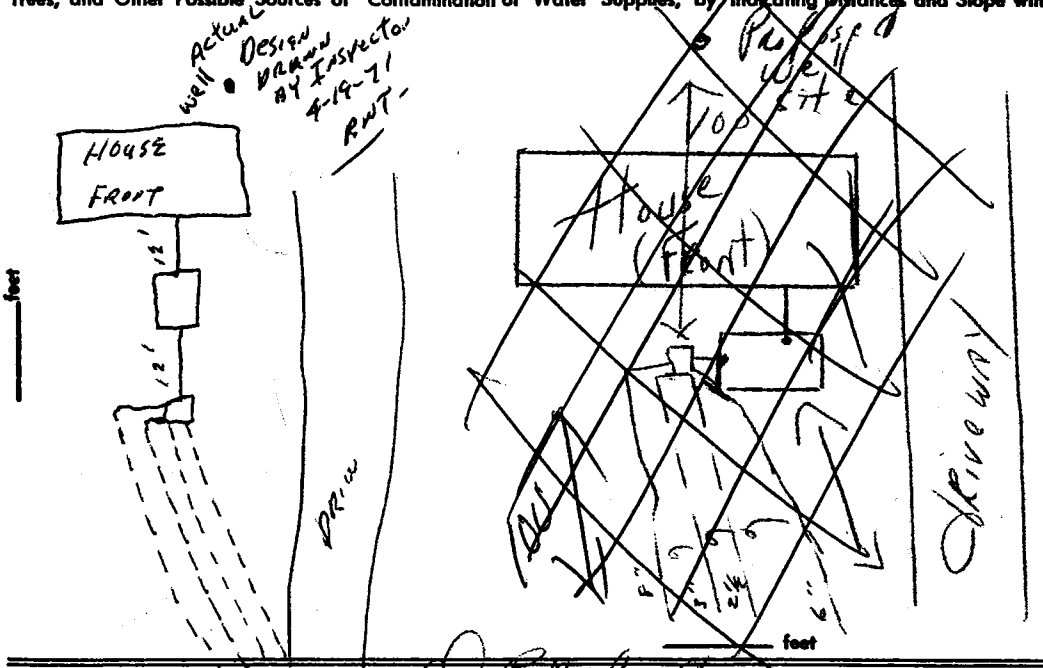
(4) HOUSE SEWER LINE Size 4 inches. Type of material required _____. Distance from Water Supply 75 feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. Number of square feet required 800 Type aggregate required ☐ Broken Stone ☑ Gravel ☐ Slag. Size range from ½ inches to 2½ inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 18 inches or more.

Soil Cover over tile not to exceed 24 inches. Distance from well to septic tank 75 feet; distance from well to draintile field 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.




Note Well to be 100' From Drain Field

Note: Owner or his agent must notify Orange Co Health Department, Phone 672-24 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.

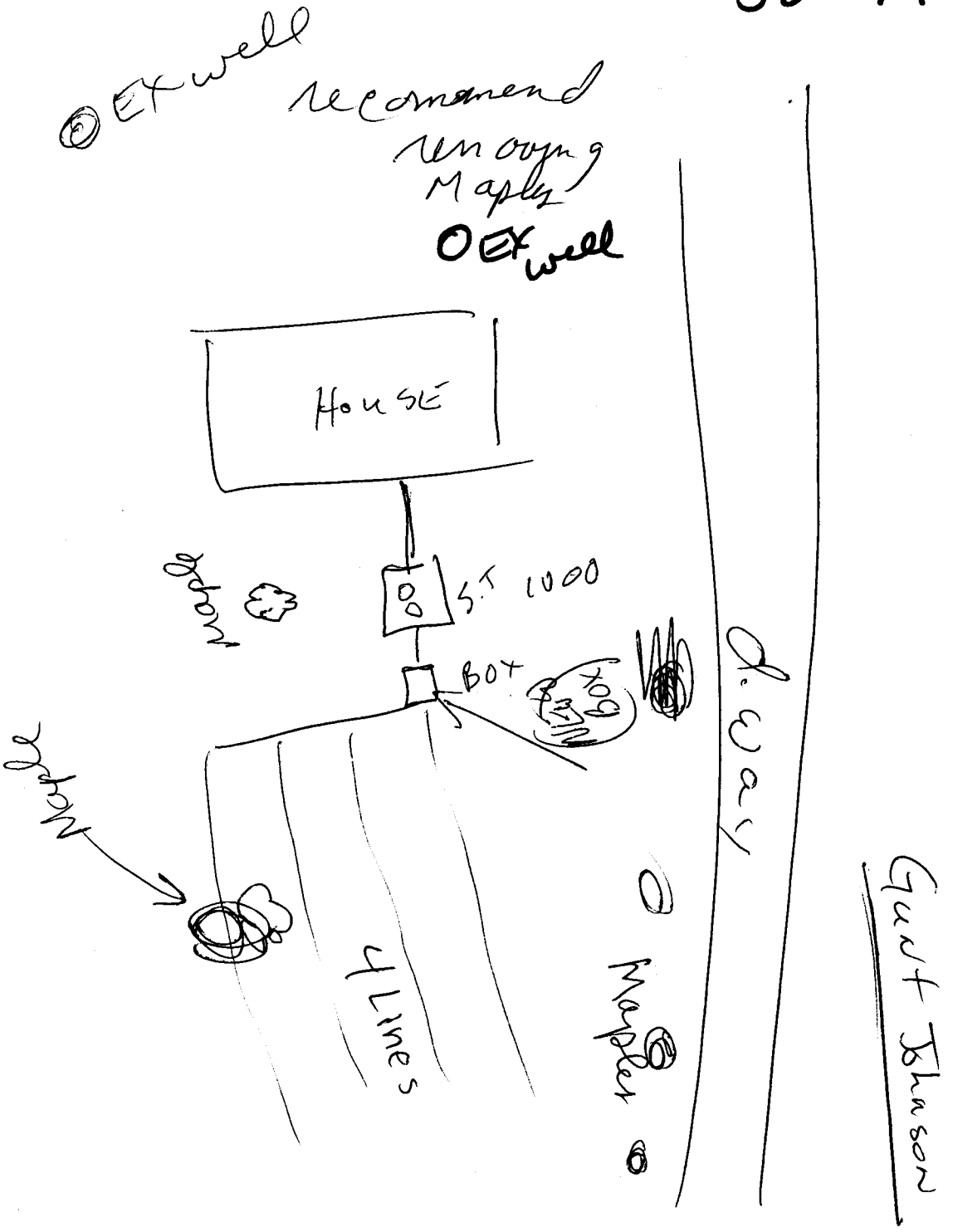
Date _____ Approved _____ (Reviewing Authority) Date 3/11/76 Signed Barbara A Sharp (Sanitarian or Health Director)

LHS - 121 Rev. 1-65
Virginia State Department of Health

DUPLICATE

SD-09-047
David + Rachel
Morris
32-79F

840-4598



VDH VIRGINIA DEPARTMENT OF HEALTH

*Protecting You and Your Environment*

Orange County Health Department
128 West Main Street, Suite A
Orange, Virginia 22960
(540) 672-0223 Voice
(540) 672-1093 Fax

# Septic Tank - Soil Absorption System Repair Permit

Health Department ID Number: **SD-09-047**

***Owner / Agent Information***

**Owner: David & Rachel Morris**
23035 Constitution Hwy.
Unionville, Virginia 22567
Owner Phone: (540) 854-0550

***Location Information***

Section 32 , Lot 79F
Property Address: 23035 Constitution Hwy. Tax Map: **32-79F**
Locality: Orange
Directions: Rt 20 N to approx 8 1/2 miles on left. 911 address 23035 on mailbox.

***General Information***

System Type: septic tank effluent and drainfield
Type of Property: Residential

Daily Flow: **450 gallons**
Number of Bedrooms: **3** maximum

***Sewer Line***

4" Sch. 40 PVC or equivalent
(cleanouts required at 50' to 60' intervals) EXISTING

***Distribution Box Information***

No. of Boxes: 1
No. of Outlets: 5

***Conveyance Line / Force Main Information***

Method: Gravity Distribution Box
Material: Minimum crush strength 1500#
Pipe Diameter: 4"
Minimum Slope: 6" per 100' (only for non-pump)

***Header Line Information***

ASTM F405 pipe or better (1500 # crush or equivalent)
Minimum slope 2" per 100'

***Septic Tank - Inlet Outlet Structure***

Capacity: **1000 gallons**

The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank

***Percolation Lines and Absorption Area***

Slope: 2-4" per 100'
Percolation Lines: 4" diameter
Center to Center Spacing: **6'**
Installation Depth: "
Depth of Aggregate: **13"**, Size of Aggregate: **0.5-1.5"**
Total Number of Laterals: **4**
Laterals to be **100'** long, x **2'** wide
Install **800** Square Feet Total
**0%** Reserve Area Required for Future Repairs
REDIGGING EXISTING DRAINFIELD

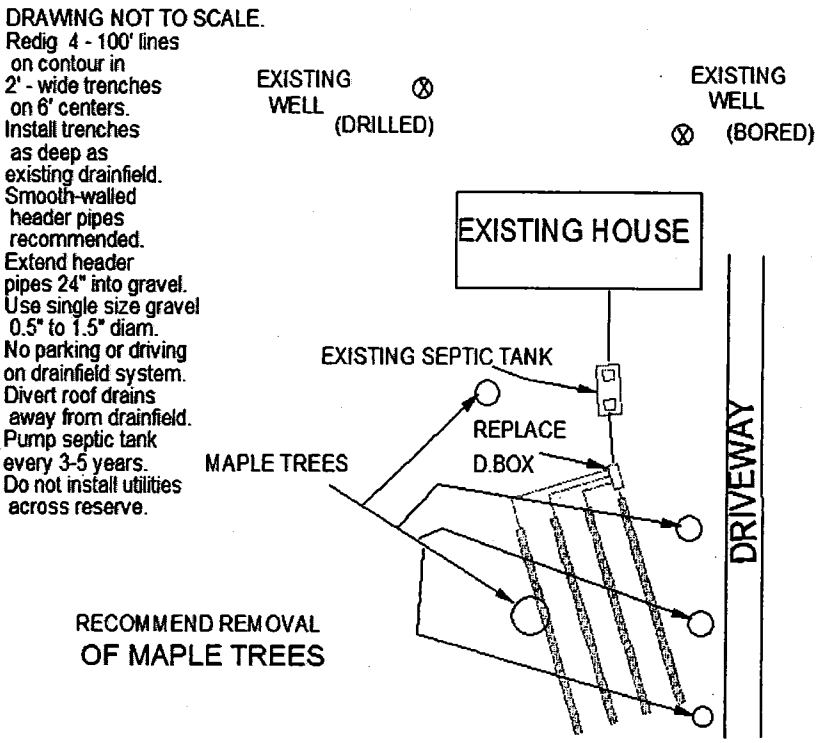
**Please Note:** See permit "Johnson, A.E. "Gunt"

## Construction Drawing HD ID #: **SD-09-047**

| ***Owner Information*** | |
|---|---|
| **David & Rachel Morris**<br>23035 Constitution Hwy.<br>Unionville, Virginia 22567 | Phone: (540) 854-0550 |

***Construction Drawing***

Schematic drawing of sewage disposal system and topographic features.




This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

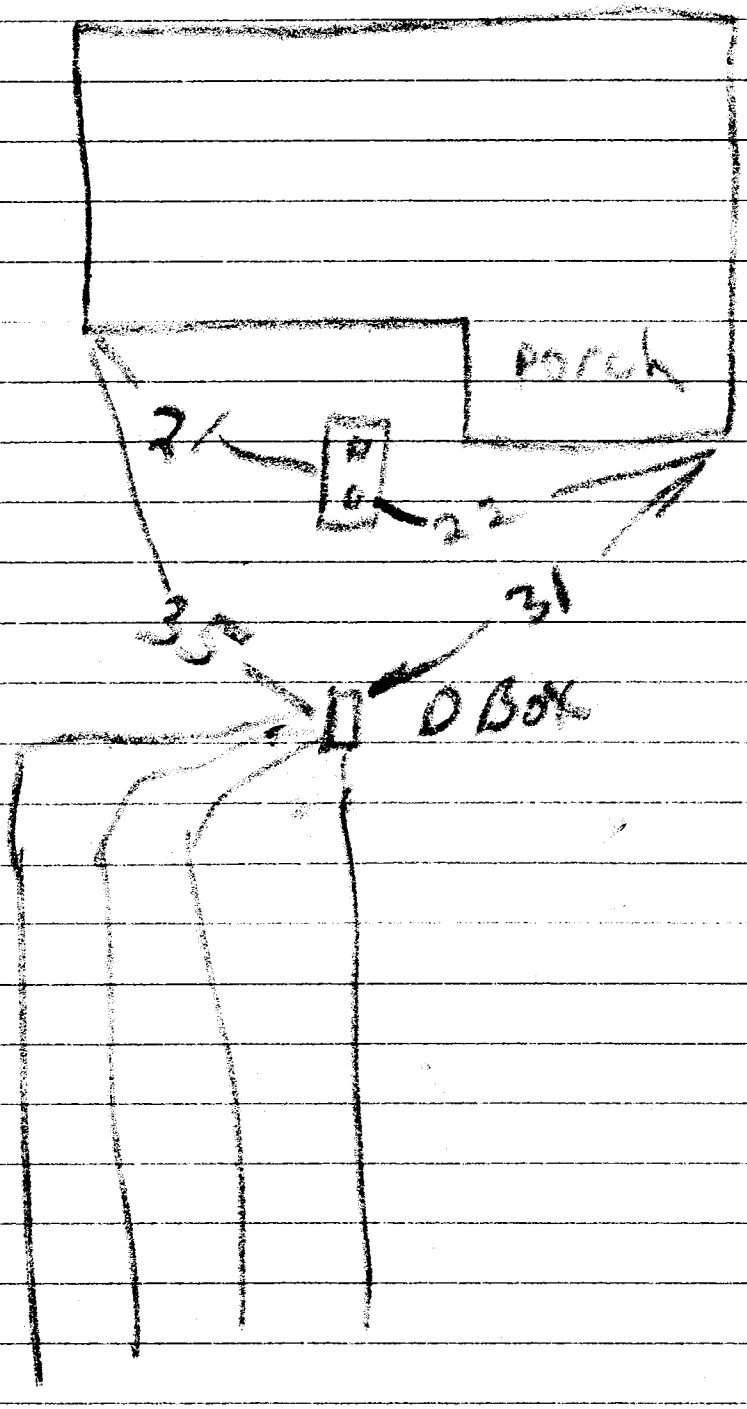
System Design By: Julie Kerrigan ; Site Evaluation By: Julie Kerrigan

Julie J. Kerrigan
**Julie Kerrigan**

**June 11, 2009**
**Issue Date**

December 11, 2010
**Expiration Date**

"AS BUILT"



VDH VIRGINIA DEPARTMENT OF HEALTH

*Protecting You and Your Environment*

Orange County Health Department
128 West Main Street, Suite A
Orange, Virginia 22960
(540) 672-0223 Voice
(540) 672-1093 Fax

# Sewage System Construction Inspection Report

***Property Owner***

**David & Rachel Morris**
**23035 Constitution Hwy.**
**Unionville, Virginia 22567**
Phone: (540) 854-0550

Health Dept. ID: **SD-09-047**
Tax Map: **32-79F**

Locality: Orange

***Property Location***

Property Address: 23035 Constitution Hwy.
Section 32 , Lot 79F
Directions: Rt 20 N to approx 8 1/2 miles on left. 911 address 23035 on mailbox.

==========

***Sewer Line***

Diameter: 4", Material: , Grade: 1 1/4" minimum
Inspected on July 8, 2009 by Julie Kerrigan
Satisfactory: **Yes** EXISTING

***Septic Tank(s)***

| Tank Identifier | Tank Size (gallons) | Tank Material |
|---|---|---|
| 1 | 1000 | Concrete (pre-cast) |

Total # Tanks: 1 1000 Gallons Total Septic Tank Volume
Inspected on July 8, 2009 by Julie Kerrigan
Satisfactory: **Yes**

***Effluent Conveyance System***

Method: Gravity
Inspected on July 8, 2009 by Julie Kerrigan
Satisfactory: Yes

***Conveyance Line***

Diameter: 4" Material:
Grade: 6"/100' minimum
Inspected on July 8, 2009 by Julie Kerrigan
Satisfactory: **Yes**

***Distribution System***

Method: Gravity Distribution Box
Material:
Inspected on July 8, 2009 by Julie Kerrigan
Satisfactory: **Yes**

***Header Lines***

Diameter: 4", Material:
Inspected on July 8, 2009 by Julie Kerrigan
Satisfactory: **Yes**

***Dispersal Area***

Dispersal Method: Aggregate Trench
Number of Trenches: 4, Trench Length: 100', Trench Width: 2'
Trench Bottom Depth: ", Center to Center Spacing: 6'
Aggregate: Gravel, Size: ", Aggregate Depth: 13"
Inspected on July 8, 2009 by Julie Kerrigan
Satisfactory: **Yes**

***Constructed by:*** C & D Drainfield Service, Inc. Charlie Smith 1932000095

***Documentation Received:***

Completion Statement Received By: Julie Kerrigan on July 8, 2009

As-Built Sketch Received By: Julie Kerrigan on July 8, 2009

***Overall Result***

Satisfactory Construction: Yes
**Approved for Operation Permit: Yes** on July 8, 2009

I hereby certify that this system was installed substantially in accordance with the Sewage Handling and Disposal Regulations, relevant VDH policies, and manufacturer recommendations. All deviations from these standards of practice were determined to be minor variations, are noted above, and in my opinion will not materially affect the safe and sanitary operation of the system.

Julie F. Kerrigan

Julie Kerrigan
Environmental Health Specialist

**July 8, 2009**

# Completion Statement

**Commonwealth of Virginia**
**State Department of Health**

Health Department Identification Number SD-09-047

Orange Health Department

Name of Company/Corporation/Individual: A+D

Address: Unionville, VA Telephone: 540-854-4111

Owner's Name David + Rachel Morris

Owner's Address 23035 Constitution Hwy Unionville

Location of Installation: Lot 79F Block

Section: 32 Subdivision:

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 6/11/09 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

7/8/09
Date

Signature and Title

C.H.S. 203 Rev. 4/83

VDH VIRGINIA DEPARTMENT OF HEALTH

*Protecting You and Your Environment*

Orange County Health Department
128 West Main Street, Suite A
Orange, Virginia 22960
(540) 672-0223 Voice
(540) 672-1093 Fax

# Sewage Disposal System Operation Permit

***Property Owner***

**David & Rachel Morris**
**23035 Constitution Hwy.**
**Unionville, Virginia 22567**
Phone: (540) 854-0550

Health Dept. ID: **SD-09-047**
Tax Map: **32-79F**

Locality: Orange

***Property Location***

Property Address: 23035 Constitution Hwy.
Unionville, Virginia 22567
, Section 32 , Lot 79F
Directions: Rt 20 N to approx 8 1/2 miles on left. 911 address 23035 on mailbox.

==========

**David & Rachel Morris** is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location, having a design capacity of **450** gallons per day, or **3** bedrooms maximum.

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

July 8, 2009
Effective Date

Julie Kerrigan
EHS

Julie F. Kerrigan
Signed July 8, 2009

# Water Supply and/~~or Sewage Disposal System~~ Construction Permit

**Commonwealth of Virginia**
**Department of Health**
Orange Health Department

Health Department Identification Number SD-94-193
Map Reference 32-79F (F9)

## 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 David + Rachel Morris Telephone 854-5271
Address 23035 Constitution Hwy, Unionville For a Type III B ~~Sewage Disposal System or~~ Well to be constructed on/at north side of Rte 20 approx 1/2 mile east of INT 671/20
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use NA

| DESIGN | NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS |
|---|---|
| **Water supply existing:** (describe) Bored<br>**To be installed:** class III B<br>cased Rock + 50' Min. grouted 50' Min. | **Water supply location:** Satisfactory yes ☑ no ☐ 7 bags comments Witnessed grouting-bentonite Completion Report<br>G. W. 2 Received: yes ☑ no ☐ not applicable ☐ |
| **Building sewer:**<br>___ I.D. PVC Schedule 40, or equivalent.<br>Slope 1.25" per 10' (minimum).<br>☐ Other | **Building sewer:** yes ☐ no ☐ comments<br>Satisfactory |
| **Septic tank:** Capacity ___ gals. (minimum).<br>☐ Other | **Pretreatment unit:** yes ☐ no ☐ comments<br>Satisfactory |
| **Inlet-outlet structure:**<br>PVC Schedule 40, 4" tees or equivalent.<br>☐ Other | **Inlet-outlet structure:** yes ☐ no ☐ comments<br>Satisfactory |
| **Pump and pump station:**<br>No ☐ Yes ☐ describe and show design.<br>if yes: | **Pump & pump station:** yes ☐ no ☐ comments<br>Satisfactory |
| **Gravity mains:** 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.<br>☐ Other | **Conveyance method:** yes ☐ no ☐ comments<br>Satisfactory |
| **Distribution box:**<br>Precast concrete with ___ ports.<br>☐ Other | **Distribution box:** yes ☐ no ☐ comments<br>Satisfactory |
| **Header lines:**<br>Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum.<br>☐ Other | **Header lines:** yes ☐ no ☐ comments<br>Satisfactory |
| **Percolation lines:**<br>Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.<br>☐ Other | **Percolation lines:** yes ☐ no ☐ comments<br>Satisfactory |
| **Absorption trenches:**<br>Square ft. required ___: depth from ground surface to bottom of trench ___; aggregate size ___:<br>Trench bottom slope ___;<br>center to center spacing ___; trench width ___<br>Depth of aggregate ___;<br>Trench length ___; Number of trenches ___ | **Absorption trenches:** yes ☐ no ☐ comments<br>Satisfactory<br>Date ___ Inspected and approved by:<br>___<br>Sanitarian |

32-79 F

C.H.S 202A

# Water Supply and/~~or Sewage Disposal~~ System Construction Permit

**Commonwealth of Virginia**
**Department of Health**
Orange Health Department

Health Department
Identification Number SD-94-193
Map Reference 32-79F (F9)

## 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 David & Rachel Morris Telephone 854-5271
Address 23035 Constitution Hwy, Unionville For a Type III B ~~Sewage Disposal System or~~ Well to be constructed on/at north side of Rte 20 approx 1/2 mile east of INT 671/20
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use NA

| DESIGN | NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS |
|---|---|
| **Water supply, existing:** (describe) Bored<br>**To be installed:** class III B<br>cased Rock + / 50' Min. grouted 50' Min. | **Water supply location:** Satisfactory yes ☑ no ☐ 7 bags.<br>comments Witnessed grouting-bentonite chips.<br>Completion Report<br>G. W. 2 Received: yes ☑ no ☐ not applicable ☐ |
| **Building sewer:**<br>___ I.D. PVC Schedule 40, or equivalent.<br>Slope 1.25" per 10' (minimum).<br>☐ Other ___ | **Building sewer:** yes ☐ no ☐ comments<br>Satisfactory |
| **Septic tank:** Capacity ___ gals. (minimum).<br>☐ Other ___ | **Pretreatment unit:** yes ☐ no ☐ comments<br>Satisfactory |
| **Inlet-outlet structure:**<br>PVC Schedule 40, 4" tees or equivalent.<br>☐ Other ___ | **Inlet-outlet structure:** yes ☐ no ☐ comments<br>Satisfactory |
| **Pump and pump station:**<br>No ☐ Yes ☐ describe and show design.<br>if yes: ___ | **Pump & pump station:** yes ☐ no ☐ comments<br>Satisfactory |
| **Gravity mains:** 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.<br>☐ Other ___ | **Conveyance method:** yes ☐ no ☐ comments<br>Satisfactory |
| **Distribution box:**<br>Precast concrete with ___ ports.<br>☐ Other ___ | **Distribution box:** yes ☐ no ☐ comments<br>Satisfactory |
| **Header lines:**<br>Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum.<br>☐ Other ___ | **Header lines:** yes ☐ no ☐ comments<br>Satisfactory |
| **Percolation lines:**<br>Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.<br>☐ Other ___ | **Percolation lines:** yes ☐ no ☐ comments<br>Satisfactory |
| **Absorption trenches:**<br>Square ft. required ___: depth from ground surface to bottom of trench ___; aggregate size ___:<br>Trench bottom slope ___;<br>center to center spacing ___; trench width ___<br>Depth of aggregate ___;<br>Trench length ___; Number of trenches ___ | **Absorption trenches:** yes ☐ no ☐ comments<br>Satisfactory<br><br>Date ___ Inspected and approved by:<br>___<br>Sanitarian |

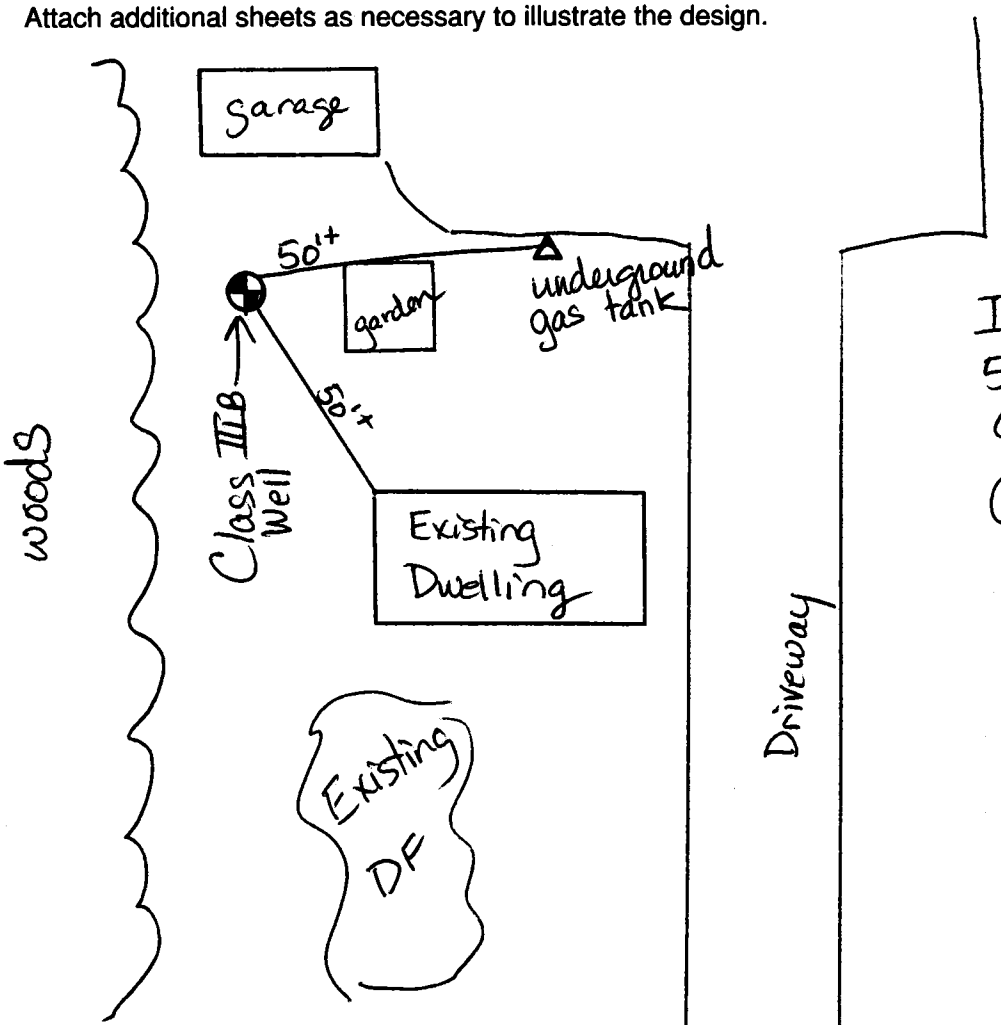
C.H.S 202A

Health Department
Identification Number SD-94-193

**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.
Attach additional sheets as necessary to illustrate the design.




Install Class IIIB Well 50'+ from all sources of contamination.

Case and pressure grout well 50'+. Health Dept. to witness grouting.

Supply Health Dept. with copy of bacteriological water sample result.

**This sewage disposal system and/or 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:** July 27, 1994 **Issued by:** Suzanne C. Haldi-Coates
Sanitarian

**Date:** July 29, 1994 **Reviewed by:** Charles E. Lughbaugh
Supervisory Sanitarian

This Construction Permit Valid until 2-27-96

---

**If FHA or VA financing**

**Reviewed by Date** _____ _____ **Date** _____ _____

Supervisory Sanitarian — Regional Sanitarian

C.H.S. 202B

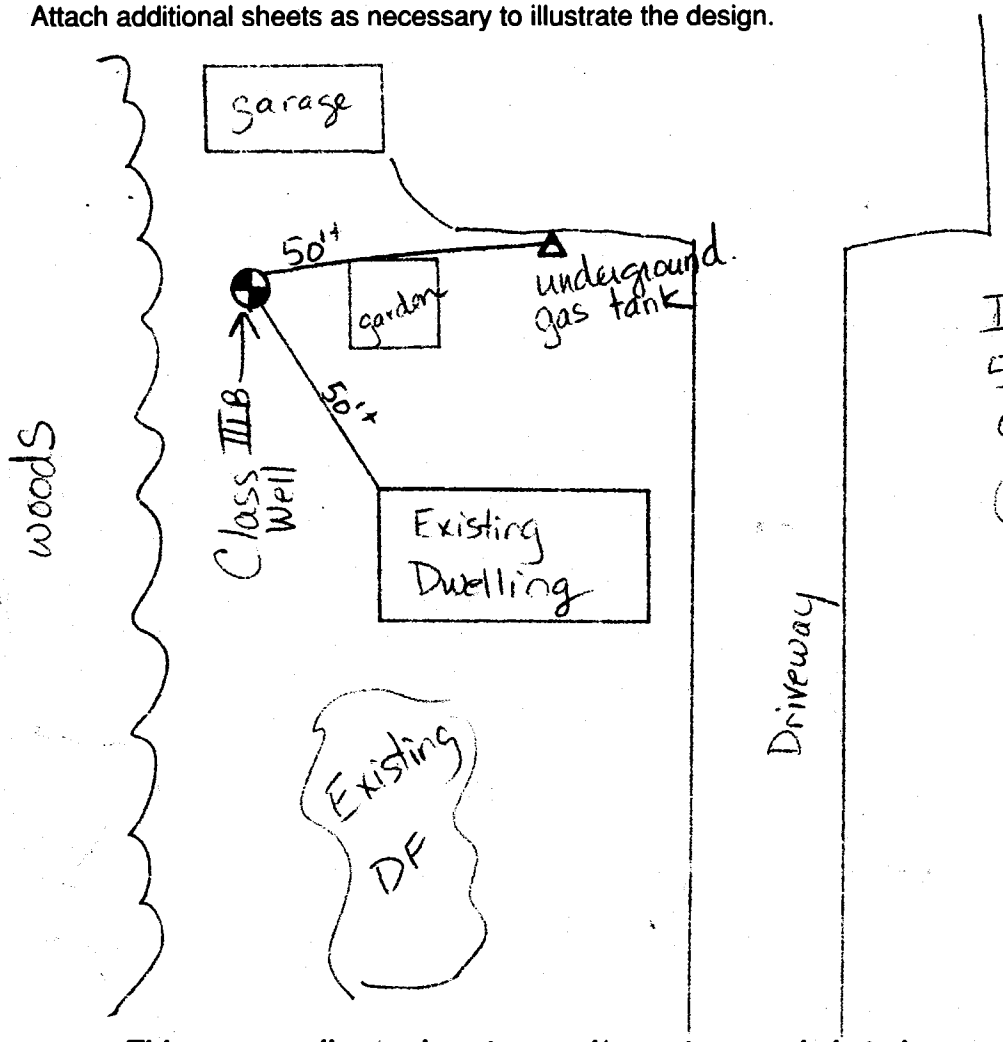
ORIGINAL

Health Department
Identification Number SD-94-193

**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. Attach additional sheets as necessary to illustrate the design.




Install Class IIIB ✓ Well 50'+ from all sources of contamination.

Case and pressure grout well 50'+. Health Dept. to witness grouting.

Supply Health Dept. with copy of bacteriological water sample result.

**This sewage disposal system and/or 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:** July 27, 1994 **Issued by:** Suzanne C. Waldin-Coates
Sanitarian

**Date:** July 29, 1994 **Reviewed by:** Charles E. Lughridge
Supervisory Sanitarian

This Construction Permit Valid until 2-27-96

**If FHA or VA financing**

**Reviewed by Date** _____ _____ **Date** _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B

**FILE COPY**

# Commonwealth of Virginia
# Uniform Water Well Completion Report

Owner David Glen Morris
Address 23035 Constitution Highway
Orange Va 22960
Phone 703-854-5271
Location _____

Tax Map ID 32-79F
VDH Permit SD-94-193
VWCB Permit _____
VWCB ID _____
County Orange

*** Well Data ***

General Information
Drilling Method Rotary
Depth to Bedrock 108'
Static Water Level _____
Well Disinfected (Y or N) N

Date Completed 8/15/94
Yield 6 (GPM)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well 250'
Length of Test _____
Natural Flow (Rate) _____
Amount Used _____

Casing
From 0 To 108'
Size 6"4" Material PVC
Weight/Schedule 40

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

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

Gravel Pack
From _____ To _____

From _____ To _____

From _____ To _____

Grout
From 0 To 50
Bore Hole Size 10
Type Ben Seal
Method Pressure Grout

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

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

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

*** Use Data ***

Private Well:
Public Well:
Domestic XXX Agricultural _____ Industrial _____ Monitoring _____
Community _____ 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 ___
Method of permanently marking location: _____

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 ___

• Drillers Log •

| Depth | Description of Formation or Sediment | Remarks |
|---|---|---|
| 0-108' | mud, soft rock | |
| 108'-250' | 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 FOSTER WELL & PUMP COMPANY, INC.
Address 3075 DOBLEANN DRIVE
CHARLOTTESVILLE, VA 22901
Phone 804-973-9079
Drillers Signature
Date 8/19/94 Representing FOSTER WELL & PUMP CO
Virginia Contractors License Number 2705 015945

Water
Sample
Feeding

$65.00 PD. 7/26/94 | Past Rocks Raines. Past woods.

# Commonwealth of Virginia

## Application for a Sewage Disposal ~~and/or~~ Water Supply Permit

CONSTRUCTION PERMIT

Health Department ID SD-94-193

**To Be Completed By The Applicant**

Type of sewage system: N/A ___ New ___ Repair ___ Expanded ___ Conditional

FHA/VA yes ___ no ___ Case No ___

Owner David G./Rachel H. Morris Address 23035 Constitution Hwy. Unionville, VA. 22567 Phone 854-5271

Agent Rachel H. Morris Address ___ Phone ___

Directions of Property 3 Miles East of Orange, Va. on St. Rt. 20.

Subdivision NO Section 32 Block ___ Lot 79F

Other Property Identification ___

Dimension/size of Lot/Property 1.08 Acre.

**Other Application Information**

**I. Building/facility**
Intermittent Use: ___ New ___ Existing; ___ Yes ✓ No If yes, describe ___

**II. Residential Use**
Termite Treatment: ✓ Yes ___ No; ✓ Yes ___ No; ___ Single Family (Number of Bedrooms 3) ___ Multi-family (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 ✓ Private; ___ New ✓ New; ___ Existing ✓ 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.

Rachel H. Morris — Signature of Owner/Agent

July 26- 1994 — Date

CHS 200

TAG SHEET

SD# SD-94-193

Name: Daniel & Rachel Morris Tax Map ID 32-79F

Application for: Construction Permit ✓ Certification ____

| | Date | Initials |
|---|---|---|
| Application Received: | 7/26/94 | BST |
| Application Reviewed: | ↓ | ↓ |
| Fee Determination: | yes | |
| Assigned to: | | |
| Site Visit Scheduled: | ~~7/27/94~~ | SCHC |
| Site Visit Made: | 7/27/94 | SCHC |
| Deactivated: | | |
| Purpose: | | |
| Reactivated: | | |
| Follow-up Visit: | | |
| Follow-up Visit: | | |
| Issue/Deny Drafted: | 7/27/94 | SCHC |
| Issue/Deny Reviewed: | 7-29-94 | CEG |
| Issue/Deny Countersigned: | 7-29-94 | CEG |
| Issue/Deny Mailed | 7-27-94 | BST |