

Commonwealth of Virginia

Application for: ☐ Sewage System ☒ Water Supply

Owner Lynn W. Hall / Donald L. Hall

Mailing Address 19200 Monrovia Rd.

Orange

Agent _____

Mailing Address Same

Site Address Same

PD #325.00 RST 4/15/13
227412.93
VDH Use Only
Health Department ID# 137-13-034
Due Date _____

Phone 540-672-8403 Cell _____

Phone _____

Fax _____

Phone _____

Phone _____

Fax 434-263-4537
Hall's

Email _____
Directions to Property: Go approx. 6 miles on Monrovia Rd. 2nd House on Right. Asphalt Drive.

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 59-30K Other Property Identification _____ Dimension/Acreage of Property 1.5

N/A Sewage System (New Construction)

Construction permits are valid for 18-months. Owners are advised to apply for a construction permit if they intend to build within 18 months of completing this application. Certification letters do not expire, may be recorded in the land records, and transfer with a property sale. For which are you applying? ☐ Certification Letter ☐ Construction Permit

N/A Sewage System (Existing Construction)

Check all that apply: ☐ Repair ☐ Modification ☐ Expansion ☐ Replacement ☐ Upgrade

Do you wish to apply for a betterment loan? _____ If yes, there is a \$50.00 fee for a betterment loan determination and you must complete the application addendum for betterment loans..

N/A Sewage System (New or Existing Construction)

☐ Single Family Home (Number of Bedrooms _____) ☐ Multi-Family Dwelling (Total Number of Bedrooms _____)

☐ Other (describe) _____

Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one) Fixtures in Basement? Yes/No (circle one).

Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of seasonal use ☐ Seasonal or temporary use not to exceed 1 year

Water Supply

Will the water supply be Public or Private (circle one). Is the water supply Existing or Proposed (circle one).

If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).

Will any buildings within 50' of the proposed well be termite treated? Yes/No (circle one).

*Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

Lynn W. Hall
Signature of Owner/Agent

4/15/13
Date

59-30K

6-18-85
Date

ERTY 03 of 11/4/86:

362-194 Plat DB 328-214

**GOODWIN
BROS. LUMBER CO.
et al
DB 262 - 149
Plat: DB 262 - 151**

**PARCEL "A"
28.50 ACRES**

**THIS COPY
NOT FOR RECORD**

Portion
DB 262 - 149
Plat: DB 262 - 151
TMS 59 Rod set - 30

**PARCEL "B"
19.71 ACRES**

**STEPHEN W.
& LINDA D.
FYE**

8.79 Ac.

LOT 4
2.06 Ac.

**CONTINENTAL
HOPEWELL WOODLANDS**

**DB 338 - 596
Plat: DB 119 - 196**

**THIS COPY
NOT FOR RECORD**

Rod set 25.01'
SW of E corner

$\Delta = 02^{\circ}05'36''$
 $R = 5474.83'$
 $T = 100.02'$
 $L = 200.02'$

$\Delta = 00^{\circ}45'53''$, $R = 5474.83'$, $T = 36.54'$
 $L = 73.08'$ $C = S43^{\circ}06'41''E$ 73.07'

LOT 1
1.50 Ac.

LOT 2
1.50 Ac.
Unmarked corner

$S43^{\circ}29'38''E$ 200.09'

Rod set 25.01' SW of E cor.
Rod set 26.59' SW of E corner

$S43^{\circ}29'38''E$ 200.00'

Rod fnd. 26.60' SW of E cor.

LOT 3
1.50 Acres

$S31^{\circ}52'22''W$ 46.43'

Pipe found

$S31^{\circ}52'22''W$ 46.43'

$S31^{\circ}52'22''W$ 46.43'

$S31^{\circ}52'22''W$ 46.43'

$S31^{\circ}52'22''W$ 46.43'

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$S31^{\circ}52'22''W$ 46.43'

$S31^{\circ}52'22''W$ 46.43'

*NOTE: The 50' R/W to Lot 4 is not publicly maintained and will be maintained by owner of Lot 4.

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

ORANGE CO Health Department



Health Department

Identification Number 5D-87-67

Map Reference 59-30

General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
Owner STEPHEN W. FRY Telephone 672-4822
Address 159 W. WASHINGTON ST. ORANGE VA
For a Type L Sewage disposal system which is to be constructed on/at WEST SIDE OF Rt. 612
APPROX. 1 1/10 MILES SOUTH OF Rt. 662/612 INT.
Subdivision N/A Section/Block 59 Lot PP 230
Actual or estimated water use 450 GPD.

DESIGN

Water supply, existing: (describe) N/A

To be installed: class III
cased 20' MIN. grouted 20' MIN. REQUIRED

Building sewer:
4" I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other _____

Septic tank: Capacity 1000 gals. (minimum).
☐ Other _____

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

Pump and pump station:
No ☒ Yes ☐ describe and show design.
if yes: _____

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☐ Other 4"

Distribution box:
Precast concrete with 10+ ports.
☐ Other _____

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

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other _____

Absorption trenches: 3 @ 16 AT 60 RATE
Square ft. required 1400; depth from ground surface to bottom of trench 48"; aggregate size #5;
Trench bottom slope 2" to 4" per 100 FT (MAX);
center to center spacing 7 FT; trench width 2 FT;
Depth of aggregate 13";
Trench length 100 FT; Number of trenches 7

NOTE: INSPECTION RESULTS

Water supply location: Satisfactory yes ☒ no ☐ comments _____

G. W. 2 Received: yes ☒ no ☐ not applicable ☐

Building sewer: yes ☒ no ☐ comments Satisfactory

Pretreatment unit: yes ☒ no ☐ comments Satisfactory

Inlet-outlet structure: yes ☒ no ☐ comments Satisfactory

Pump & pump station: yes ☐ no ☐ comments Satisfactory N/A

Conveyance method: yes ☒ no ☐ comments Satisfactory

Distribution box: yes ☒ no ☐ comments Satisfactory

Header lines: yes ☒ no ☐ comments Satisfactory

Percolation lines: yes ☒ no ☐ comments Satisfactory

Absorption trenches: yes ☒ no ☐ comments Satisfactory

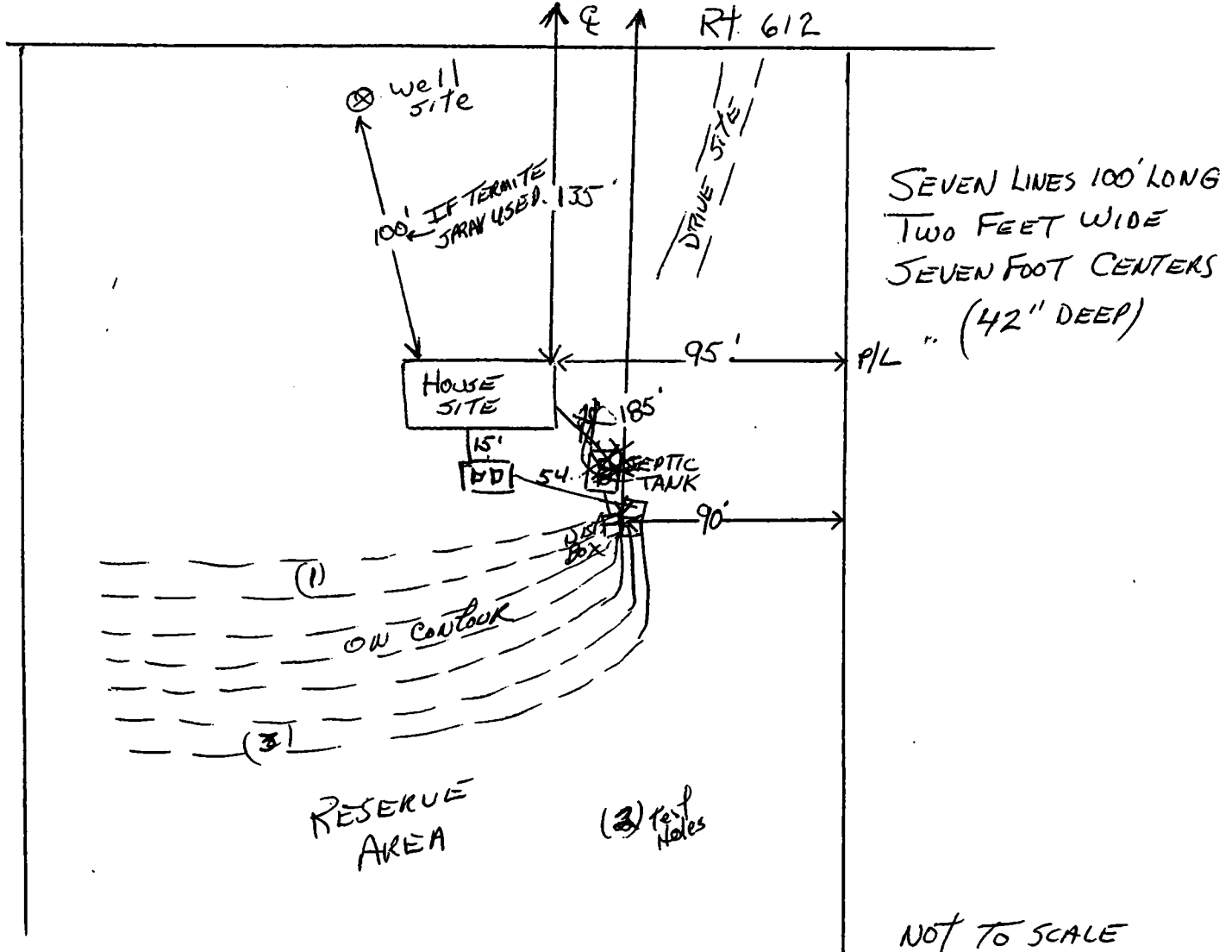
Date 3/30/88 Inspected and approved by: C.A. Richardson
Sanitarian

Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the 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 located on the same lot show all sources of pollution within 100 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.



The sewage disposal system is to be constructed as specified by the permit ☒ or attached plans and specifications ☐.

This sewage disposal system 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: 5-4-87 Issued by: Charles A. Richardson

Sanitarian

Date: 5-7-87 Reviewed by: Charles E. Shepherd

Supervisory Sanitarian

This Construction Permit Valid until 54 MONTHS

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

TAG SHEET

137-13-034

NAME:

LYNN W. DONALD L

Hall

TAX MAP ID.

59-30k

Application For: Construction Permit
Certification LetterX
_____OFFICE SUPPORT

Application Received:

Fee: Amount Collected:

Receipt Number:

Application Reviewed:

Applicant Given Site

Evaluation Info Sheet:

Application Entered into VENIS:

Assigned To EHS: JFK

DATE
4/15/13
\$325.00
22741293
4/15/13

INITIALS

BST

ENVIRONMENTAL SPECIALIST

Site Visit Scheduled:

Applicant Reminded of Site

Preparation Requirements:

Initial Site Visit Made:

Level I AOSE Review

Application Deactivated:

Purpose:

Administrative Denial Issued:

Revised AOSE Report Received

Reactivation:

Follow Up Visit:

Follow Up Visit:

Follow Up Visit:

4/15/13

JFK

4/15/13

JFK

Data Entry into VENIS

Issue/Deny Drafted:

Issue/Deny Reviewed:

Issue/Deny Countersigned:

Issue/Deny Sent to Applicant:

4/15/13
4/15/13
04/17/13
4/15/13

JFK

JFK

BST

BST

Mark One:

Mailed ☒Faxed ☒Picked Up ☐Other ☐

to owner to well driller

Inspection Requested

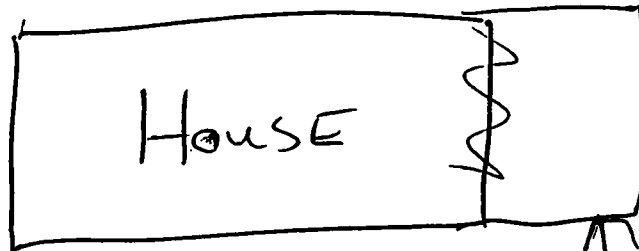
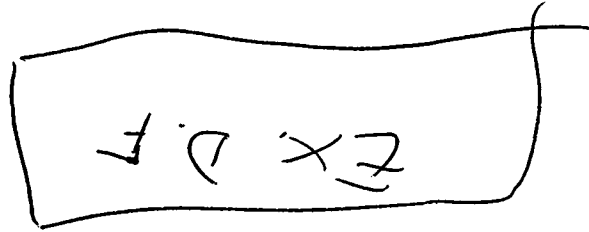
Inspection Performed

Lynn + Donald Hall

Site Sketch

4/15/13

PERMIT is:
50-87-67



Driveway

Existing
drilled well



10'



"NEW"
WELL
site

50'
min

612



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

Private Well Construction Permit
Health Department ID Number: 137-13-034

Owner Information	
Lynn W. & Donald L. Hall 19200 Monrovia Road Orange, VA 22960	Phone: (540) 672-8403

Location Information			
Directions: Rt. 20 N right on 612 approx. 6 miles 2nd house on right. Asphalt drive.			
Property Address:	19200 Monrovia Road	Tax Map:	59-30K
County:	Orange	GPIN:	
Subdivision Name: Section - 59 Lot - 30K			

General Information		
Well Class: Class IIIC	Minimum Casing Depth: 20	Minimum Grout Depth: 20

Comments:

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations*, 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

Owner Information

Hall, Lynn W. & Donald L.
19200 Monrovia Road
Orange, VA 22960

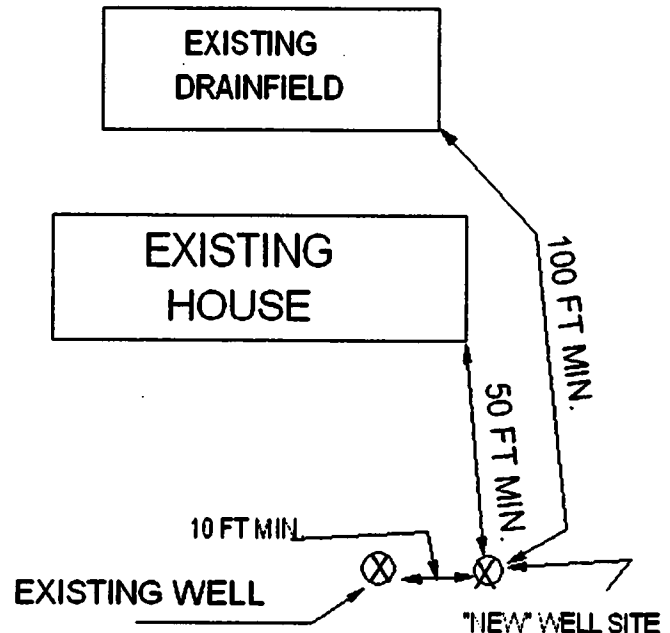
Phone: (540)672-8403
HDID #: 137-13-034

Construction Drawing

Scale drawing of the well site and related features.

DRAWING NOT TO SCALE
INSTALL CLASS IIIC WELL
100 FT MIN. FROM ALL
SOURCES OF CONTAMINATION
WELL DRILLER'S COMPLETION REPORT
AND COPY OF POTABLE WATER
TEST RESULTS ARE
REQUIRED TO THE HEALTH DEPARTMENT

TO ROUTE 612
↓
DRIVEWAY



Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.

Julie F. Kerrigan
Issued by: Julie Kerrigan
Environmental Health Specialist

April 15, 2013
Issue Date

October 14, 2017
Expiration Date

Tax Map #: 59-30K

HDID#: 137-13-034

**WHAT YOU WILL NEED TO GET YOUR
RECORD OF INSPECTION FOR THE PRIVATE WELL**

- Health Department's Well Construction Inspection and approval (LHD must inspect AOSE permitted wells)
 - As-built Drawing showing specific, actual well location.
 - Well Driller's Uniform Water Well Completion Statement or GW-2
 - Well Driller's Uniform Water Well Completion Statement or GW-2 documenting proper well abandonment methods if required by permit
 - Water Sample test results negative/satisfactory for coliform bacteria
 - Statement referencing the method of termite treatment if required due to lack of horizontal setback between well and treated foundation required by *Private Well Regulations*
-

It is important that you obtain your Record of Inspection, as it is a requirement of the *Private Well Regulations*. Please allow several business days after the last piece of documentation is received for the Record of Inspection to be issued. To avoid delays, clearly label each piece of documentation with the property reference (Tax Map or GPIN number) and HDID number shown above and on your construction permit. For new construction, your Record of Inspection, once issued, must also be provided to the local Building Official.

If you have any questions about any of the items on this list, please do not hesitate to contact the Orange County Health Department at (540) 672-0223.

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. SD-87-67
Orange County Health Department



•Tax Map No. 59-30

Stephen W. Fye is Hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at
West Side of Rt. 612 - Approx. 1 9/10 miles South of Rt. 662/612 Int.

SUBDIVISION	SECTION/BLOCK	LOT
N/A	59	5 Pt. of 59-30

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s)
3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and
with Previously Issued permits None Dated N/A

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance
with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted.
Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified
Period of Time.

VARIANCES GRANTED

☒ NONE ☐ SEE ATTACHED

SPECIAL CONDITIONS

☒ NONE ☐ SEE ATTACHED

C.M.G. BUTTERY, MD

3/30/88

Effective Date

Paula A. Pickens
Recommended (Sanitarian)

C.M.G. BATTERY
Approved (State Health Commissioner)

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department

Identification No. SD-87-67



Tax Map No. 50 70

Orange County Health Department

Stephen W. Fye is hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at
West Side of Rt. 612 - Approx. 1 9/10 miles South of Rt. 662/612 Int.

SUBDIVISION	SECTION/BLOCK	LOT
N/A	59	5 Pt. of 59-30

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s)
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with Previously Issued permits None
Dated N/A

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance
with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted.
Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified
Period of Time.

VARIANCES GRANTED

☒ NONE ☐ SEE ATTACHED

SPECIAL CONDITIONS

☒ NONE ☐ SEE ATTACHED

C.M.G. BUTTERY, MD

[Signature]
XXXXXX XXXX XX

Effective Date

3/3C/88

[Signature]
Recommended (Sanitarian)

Approved (State Health Commissioner)

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. SI)-87-67
Orange County Health Department



Tax Map No. 59 30

Stephen W. Fye is Hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at
West Side of Rt. 612 - Approx. 1 9/10 miles South of Rt. 662/612 Int.

SUBDIVISION	SECTION/BLOCK	LOT
N/A	59	5 Pt. of 59-30

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s)
3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits None Dated N/A

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance
with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted.
Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified
Period of Time.

VARIANCES GRANTED

☐ NONE ☐ SEE ATTACHED

SPECIAL CONDITIONS

☐ NONE ☐ SEE ATTACHED

C.M.G. BUTTERY, MC

XX XX XX XX XX

3/30/88

Effective Date

Recommended (Sanitarian)

Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 5D-87-67

ORANGE Co Health Department

Name of Company/Corporation/Individual: JES BACKHOE

Address: ORANGE, VA Telephone: 672-3884

Owner's Name STEPHEN W. FVE

Owner's Address 159 W. WASHINGTON ST. ORANGE VA

Location of Installation: Lot APX 30 Block ---

Section: 59 Subdivision: ---

Other: West side of Rt. 612 - APPROX. 1 9/10 miles South of Rt. 662/612 Int.

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5-4-87 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

3-30-88

Date

[Signature]
Signature and Title

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 5D-87-67

ORANGE Co Health Department

Name of Company/Corporation/Individual: JES JACKHOE

Address: ORANGE VA. Telephone: 677-3804

Owner's Name STEPHEN W. FVE

Owner's Address 159 W. WASHINGTON ST. ORANGE VA

Location of Installation: Lot PT 30 Block —

Section: 59 Subdivision: —

Other: West side of Rt. 612 - APPROX. 1 9/10 miles South of Rt. 662/612 Int.

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5-4-87 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

3-30-88

Date

Signature and Title

C40-17 5-8-87

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number 5D-87-67

Map Reference 759-30

ORANGE Co Health Department

Date Received 5-1-87

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Owner Stephen W. Fye Address 159 W. Washington St. Phone 672-4822
Orange, Va. 22960

Agent same as above Address _____ Phone _____

Directions to Property Six miles down Monrovia Rd (Rt. 612) away from
Orange, on the Right, past Baptist Church.

Subdivision _____ Section 59 Block _____ Lot pt. 30

Other Property Identification Lot #5

Dimensions/size of Lot/Property _____

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 ☐ Multifamily Number of Units _____ Number of Bedrooms 3
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 Describe: _____
☒ Private ☐ Existing _____

V. Proposed Installation: ☒ Septic tank and drainfield ☐ Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

Stephen W. Fye
Signature of owner/agent

5-1-87
Date

5-481

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number 12-87-61

Map Reference 59-30

Health Department

Date Received 5-1-87

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Owner Stephen W. Fye Address 159 W. Washington St. Phone 672-4822
Orange, Va. 22960

Agent same as above Address West John N. 111 x 1 1/2 in Phone _____

Directions to Property six miles down Monrovia Rd (Rt 612) away from
Orange, on the Right, past Baptist Church.

Subdivision _____ Section 1-9 Block _____ Lot 30

Other Property Identification Lot # 5

Dimensions/size of Lot/Property _____

Other Application Information

I. Building/facility Intermittent Use ☒ New ☐ Existing
☐ Yes ☒ No If yes, describe: _____

II. Residential Use ☒ Yes ☐ No
Termite Treatment ☐ Yes ☒ No
☒ Single Family ☐ Multifamily Number of Units _____ Number of Bedrooms 3
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 Describe: _____
☒ Private ☐ Existing

V. Proposed Installation: ☒ Septic tank and drainfield ☐ Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

Stephen W. Fye
Signature of owner/agent

5-1-87
Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number _____

Map Reference _____

Health Department

Date Received _____

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Owner Stephen W. Fye Address 159 W. Washington St Phone 672-11822
Orange, Va. 22969

Agent same as above Address _____ Phone _____

Directions to Property six miles down Monrovia Rd (Rt. 612) away from
Orange, on the Right, past Baptist Church

Subdivision _____ Section 1 Block _____ Lot 1

Other Property Identification Lot # 5

Dimensions/size of Lot/Property _____

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 ☐ Multifamily Number of Units _____ Number of Bedrooms 3
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 Describe: _____
☒ Private ☐ Existing _____

V. Proposed Installation: ☒ Septic tank and drainfield ☐ Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

Stephen W. Fye
Signature of owner/agent

1-7
Date

COUNTY OF ORANGE, VIRGINIA
APPLICATION FOR ZONING & BUILDING PERMIT

NOTE: Submit FOUR COPIES of application to the zoning administrator, together with scaled plot plan showing the lot dimensions, building location on the lot, building dimensions, building plans and required fee. Seventy five percent of the fee may be refunded if the permit is voided after issuance.

Permit No. D 455
District _____

Name of Owner Stephen Fye
Address 159 W. Washington St., Orange, Va 22960 Phone 672-4822
Name of Contractor Fye & Fye State Reg. No. _____
Address _____ Phone _____
Property Location - Highway No. 4612 approx. 9/10 mi. before 4612/793 Int. on right
Lot No. 5 Block _____ Section _____ Sub division _____ Land Map No. _____
Lot Size 1.51 AC. Frontage _____ Depth _____ Corner _____ or, Inside _____
Zoning Classification Agr. Classification of Adj. Land _____
Land Purchased (Date) _____ From Whom _____

BUILDING DATA: Temporary Electric Service no
Type of Structure Dwelling Proposed Use Dwelling to sell
(Circle Appropriate): New Building Alterations _____ Addition _____ Mobile Home (year _____) Fireplaces Other _____
Exterior Wall Construction Frame Roof Type & Covering shingle-truss
Stories 1 Height _____ Bedrooms 3 Total Rooms _____ Baths 2 Basement no
Size 12'4 x 24 x 30 x 40 Total Area 1498 SF Heat pump A/C _____
Garage Carport Attached 6 x 12 Detached 12 Size X Area _____
Are there any other Buildings on the Property? If YES, give location on sketch, indicate dimensions, use, construction, distance to road and property line.
no

HIGHWAY DATA, SET BACK, YARDS, PARKING
Width of Frontage Road _____ (R/W to R/W), Side Road _____ Ft. (if any) Proposed Building Setback 1.35 ft. from R/W
Proposed Side Yard 95 Feet from _____; Proposed Side Yard 50 Feet from _____
Adj. Owner _____ Adj. Owner _____
Proposed Rear Yard 100+ Feet from _____
Adj. Owner _____ Minimum Required Building Setback _____ Ft. from R/W
Off Street Parking (No. cars) _____ Type of Surface _____
Special Flood Hazard Area? Yes _____ No _____
Airport Zone? Yes _____ No _____
Domestic Water: Individual X Public _____ Sewerage: Individual X Public _____ Health Permit (dated) _____

Estimated Cost \$ 45,000 Work to Begin 8/8/87 To be Completed Oct. 1987

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and the use and construction shall conform to the County Health Regulations, the Zoning Ordinance, the Virginia Uniform Statewide Building Code, and private deed restrictions, if any which are imposed on the above property.

APPROVED:

Date 8/24/87 Building Inspector [Signature]

Owner or Agent [Signature]

Date 8/24/87

Date _____ Zoning Administrator _____

Erosion Control Plan Required? _____

FEE: \$ 149.80
15.00 Check () Cash ()
164.80

Plan Approved: _____

Disapproved: _____

Receipt No. _____

3 362 - 194 Plot. DB 328 - 214

**GOODWIN
BROS. LUMBER CO.**
et al
DB 262 - 149
Plot: DB 262 - 151

PARCEL "A"
28.50 ACRES

STEPHEN W.
8 LINDA D.
FYE

**THIS COPY
NOT FOR RECORD**

Portion	of
DB 262	149
Plat: DB 262	151
TMS 59	30

PARCEL "B"
19.71 ACRES

**CONTINENTAL
HOPEWELL WOODLANDS
DB 338 - 596
Plot: DB 119 - 196**

* NOTE: The 50' R/W to Lot 4 is not publicly maintained and will be maintained by owner of Lot 4.

7.16

662
69.2
2.4

730
79.8
3.2

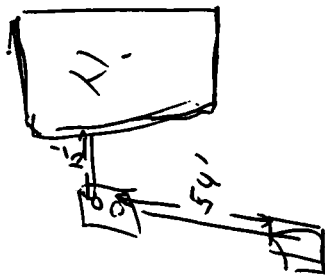
740
69.8
4.2

814
77.6
3.8

826
79.0
3.6

858
82.6
3.2

940
930
900
4



Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

ORANGE Co Health Department



Health Department

Identification Number 5D-87-67

Map Reference 59-30

General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
Owner STEPHEN W. FRYE Telephone 672-4822
Address 159 W. WASHINGTON ST. ORANGE VA
For a Type I Sewage disposal system which is to be constructed on/at WEST SIDE OF RT. 612
APPROX. 1 1/2 MILES SOUTH OF RT. 662/612 INT.
Subdivision N/A Section/Block 59 Lot PK 230
Actual or estimated water use 450 G.P.D.

DESIGN

Water supply, existing: (describe) N/A
To be installed: class III
cased 20' MIN. grouted 20' MIN. REQUIRED
Building sewer:
4" I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other _____
Septic tank: Capacity 1000 gals. (minimum).
☐ Other _____
Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
☐ Other _____
Pump and pump station:
No ☒ Yes ☐ describe and show design.
if yes: _____
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☐ Other 4"
Distribution box:
Precast concrete with 10+ ports.
☐ Other _____
Header lines:
Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench.
Slope 2" minimum. _____
☐ Other _____
Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other _____
Absorption trenches:
3 B/R AT 60 RATE
Square ft. required 1400; depth from ground surface to bottom of trench 42"; aggregate size #5;
Trench bottom slope 2" to 4" per 100 FT (MAX);
center to center spacing 7 FT; trench width 2 FT;
Depth of aggregate 13";
Trench length 100 FT; Number of trenches 7

NOTE: INSPECTION RESULTS

Water supply location: Satisfactory yes ☒ no ☐
comments _____
G. W. 2 Received: yes ☒ no ☐ not applicable ☐
Building sewer: yes ☒ no ☐ comments
Satisfactory _____
Pretreatment unit: yes ☒ no ☐ comments
Satisfactory _____
Inlet-outlet structure: yes ☒ no ☐ comments
Satisfactory _____
Pump & pump station: yes ☐ no ☐ comments
Satisfactory N/A
Conveyance method: yes ☒ no ☐ comments
Satisfactory _____
Distribution box: yes ☒ no ☐ comments
Satisfactory _____
Header lines: yes ☒ no ☐ comments
Satisfactory _____
Percolation lines: yes ☒ no ☐ comments
Satisfactory _____
Absorption trenches: yes ☒ no ☐ comments
Satisfactory _____

Date 3/30/88 Inspected and approved by:

C. A. Richardson
Sanitarian

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

ORANGE CO Health Department



Health Department

Identification Number 5D-87-67

Map Reference 59-30

General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
Owner STEPHEN W. FKE Telephone 672-4222
Address 159 W WASHINGTON ST. ORANGE VA
For a Type I Sewage disposal system which is to be constructed on/at WEST SIDE OF RT. 412
APPROX. 1 1/2 MILES SOUTH OF RT 662/612 INT.
Subdivision N/A Section/Block 59 Lot 4230
Actual or estimated water use 450 G.P.D.

DESIGN

Water supply, existing: (describe) N/A

To be installed: class III
cased 20' MIN. grouted 20' MIN. R. GRAVEL

Building sewer:
4" I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other _____

Septic tank: Capacity 1000 gals. (minimum).
☐ Other _____

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

Pump and pump station:
No ☒ Yes ☐ describe and show design.
if yes: _____

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☐ Other 4"

Distribution box:
Precast concrete with 10 ports.
☐ Other _____

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

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other _____

Absorption trenches: 3 @ 16 AT 60 LATE
Square ft. required 1400; depth from ground surface to bottom of trench 40"; aggregate size #5
Trench bottom slope 2" to 4" per 100 FT (MAX)
center to center spacing 7 FT; trench width 3 FT
Depth of aggregate 13"
Trench length 100 FT; Number of trenches 7

NOTE: INSPECTION RESULTS

Water supply location: Satisfactory yes ☒ no ☐
comments

G. W. 2 Received: yes ☒ no ☐ not applicable ☐

Building sewer: yes ☒ no ☐ comments
Satisfactory

Pretreatment unit: yes ☒ no ☐ comments
Satisfactory

Inlet-outlet structure: yes ☒ no ☐ comments
Satisfactory

Pump & pump station: yes ☐ no ☐ comments
Satisfactory N/A

Conveyance method: yes ☒ no ☐ comments
Satisfactory

Distribution box: yes ☒ no ☐ comments
Satisfactory

Header lines: yes ☒ no ☐ comments
Satisfactory

Percolation lines: yes ☒ no ☐ comments
Satisfactory

Absorption trenches: yes ☒ no ☐ comments
Satisfactory

Date 3/30/88 Inspected and approved by:

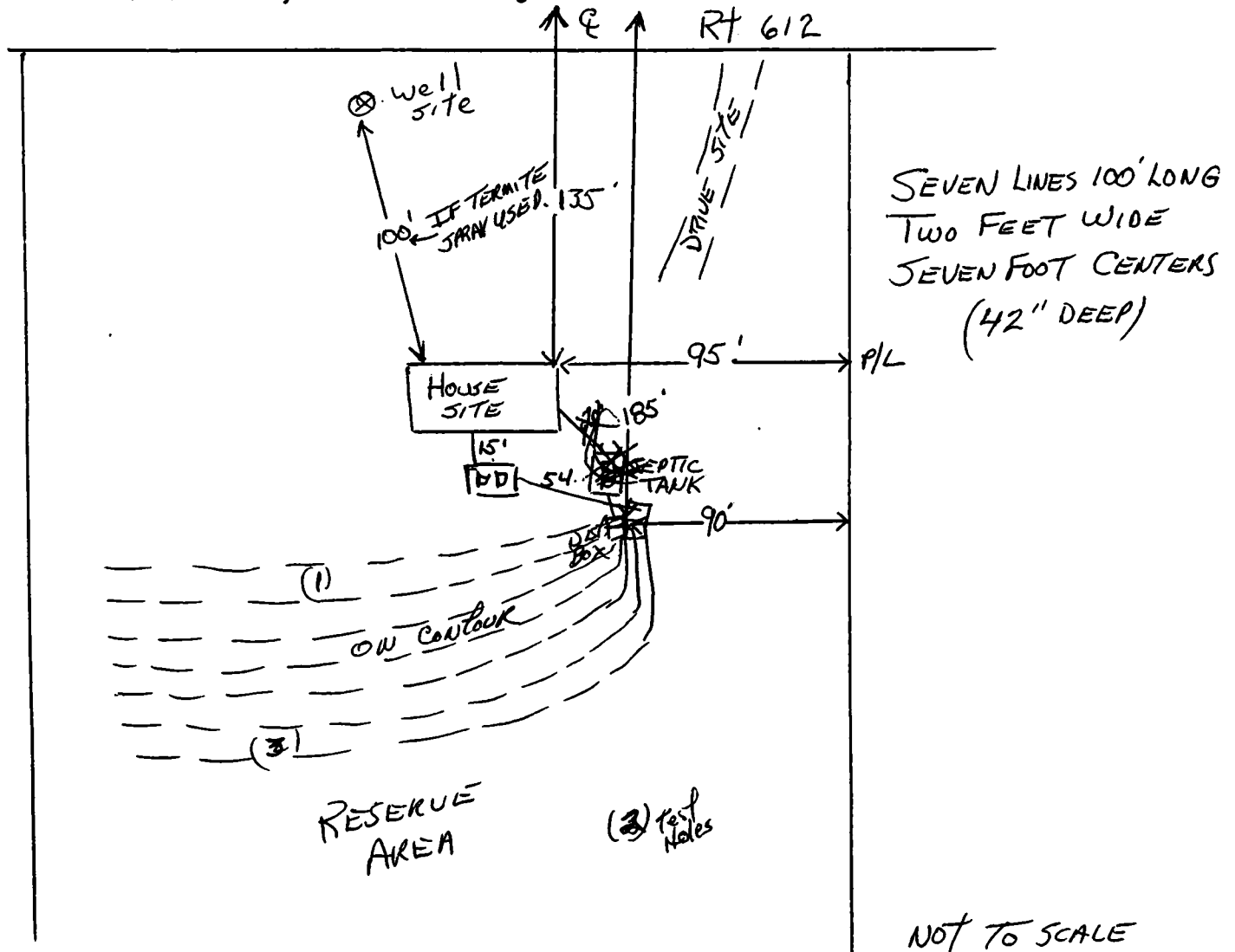
C. A. Richardson
Sanitarian

Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the 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 located on the same lot show all sources of pollution within 100 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.



The sewage disposal system is to be constructed as specified by the permit ☒ or attached plans and specifications ☐.

This sewage disposal system 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: 5-4-87 Issued by: Charles A. Richardson
Sanitarian
Date: 5-7-87 Reviewed by: Charles E. Shepherd
Supervisory Sanitarian

This Construction
Permit Valid 54 Months

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

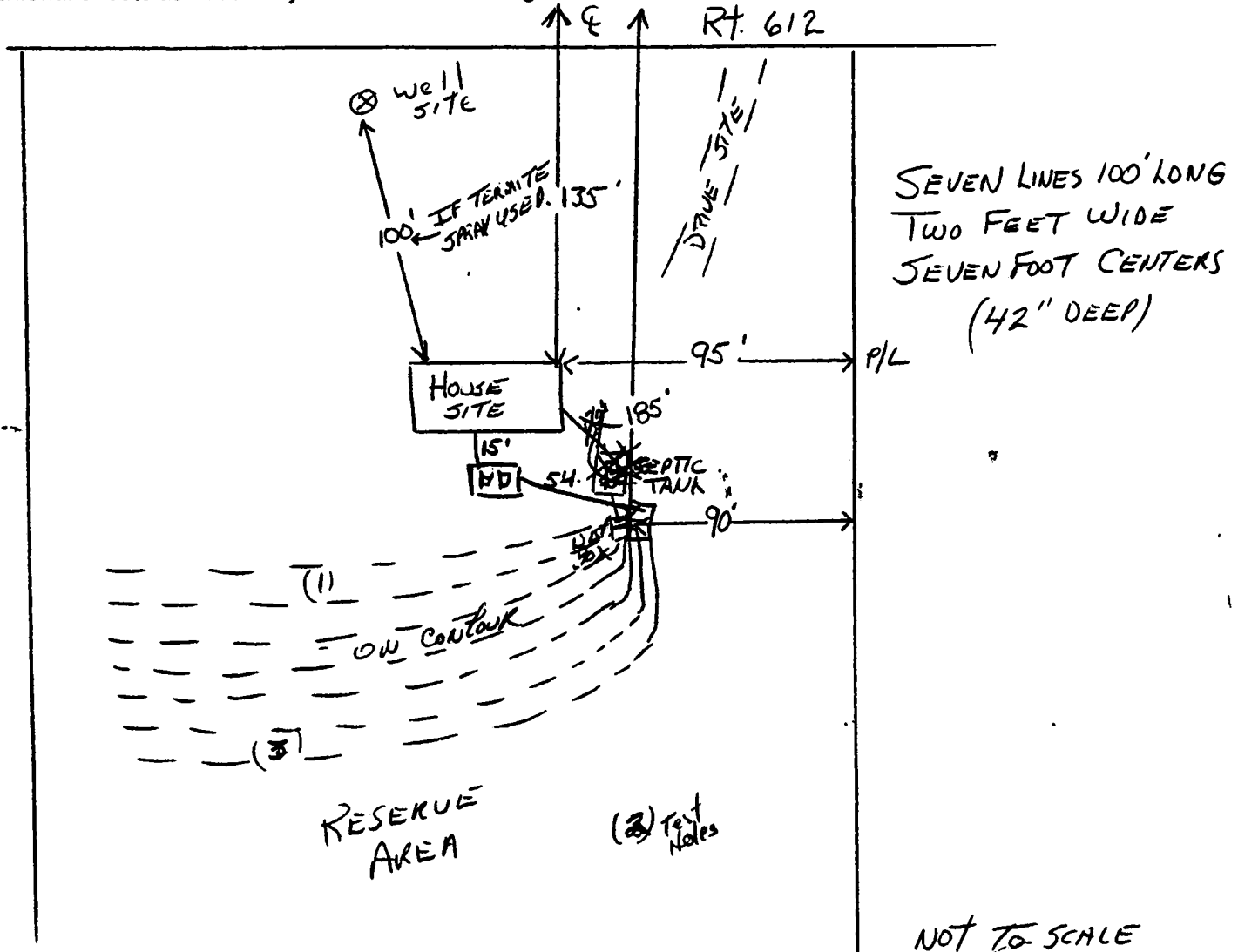
Regional Sanitarian

Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the 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 located on the same lot show all sources of pollution within 100 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.



The sewage disposal system is to be constructed as specified by the permit ☒ or attached plans and specifications ☐.

This sewage disposal system 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: 5-4-87 Issued by: Charles A. Richardson

Date: 5-7-87 Reviewed by: Charles A. Richardson

Supervisory Sanitarian

This Construction
Permit Valid until
54 MONTHS

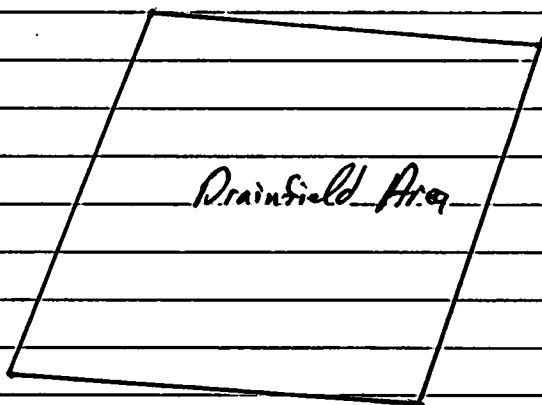
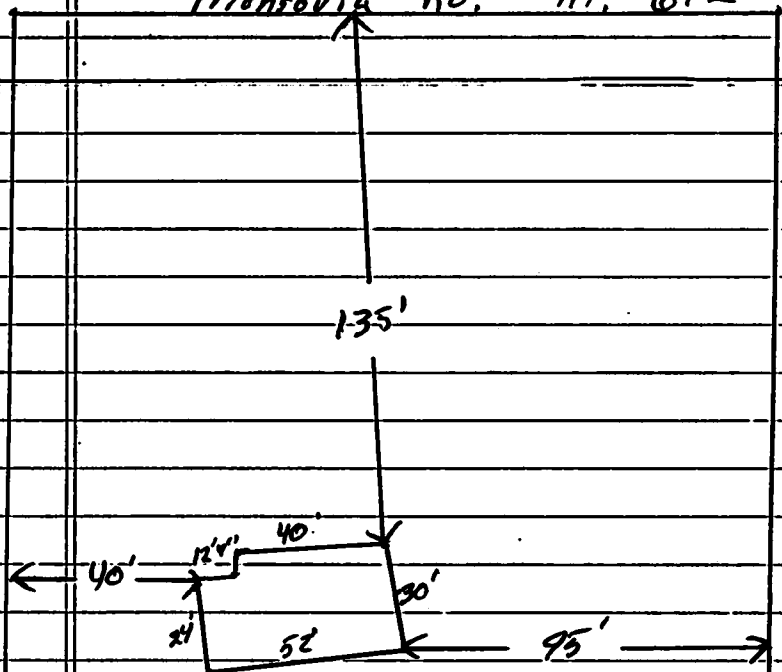
If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Monrovia Rd. Rt. 612



1.5 Acres

Lot #5

Soil Evaluation Form

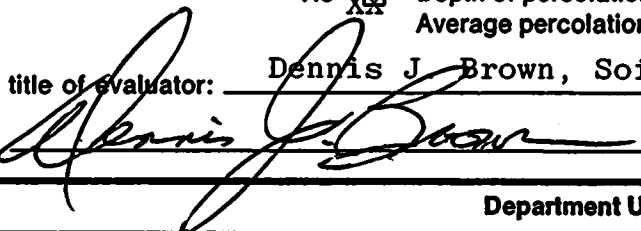
PAGE 1 OF 2Commonwealth of Virginia
Department of HealthHealth Department
Identification Number _____
Tax Map Number _____

General Information

Date 3-26-87 Orange County Health Department
Applicant Stephen W. Fye Telephone No. _____
Address 3806 Franconia Road, Alexandria, Virginia 22310
Owner Same Address Same
Location East of State Route #612, Approx. .9 mile North of its intersection
w/State Route #703
Subdivision Fye Property Block/Section _____ Lot 5

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe Sideslope
2. Slope 6-8 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None Test Boring B-3 (Auger Refusal @54")
4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☐ N/A inches
5. Free water present No ☒ Yes ☐ N/A range in inches
6. Soil percolation rate estimated Yes ☒ Texture group I II ☒ IV
No ☐ Estimated rate 60 min/ inch
7. Percolation test performed Yes ☐ Number of percolation test holes N/A
No ☒ Depth of percolation test holes N/A
Average percolation rate N/A

Name and title of evaluator: Dennis J. Brown, Soil SpecialistSignature: 

Department Use

- ☐ Site Approved: Drainfield to be placed at _____ 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 _____

Boring B-1:

Depth (inches)	Description	Texture Group
0 - 6	yellowish brown (10YR 5/4) silt loam	III
6 - 30	red (2.5YR 5/8) silt clay to clay loam	III-IV
30 - 40	yellowish red (5YR 5/6) clay loam to silt clay loam	III
40 - 46	red (2.5YR 5/8) silt clay loam; friable; few yellowish brown to brownish yellow (10YR 5/6-6/6) strongly weathered schist fragments	III
46 - 60+	reddish brown (5YR 5/4) silt loam; friable; fine mica; strongly weathered parent material	III

Boring B-2:

Depth (inches)	Description	Texture Group
0 - 4	light yellowish brown (10YR 6/4) silt loam; friable	III
4 - 28	yellowish red (5YR 5/6) clay loam; fine mica; few quartz fragments	III
28 - 36	red (2.5YR 5/6) silt clay loam; friable; fine mica; few yellow (2.5Y 7/8) streaks	III
36 - 56	red (2.5YR 4/6) silt loam; friable; few yellow (2.5Y 8/8) streaks; fine mica; strongly weathered parent material; few fragments @ 56 inches	III

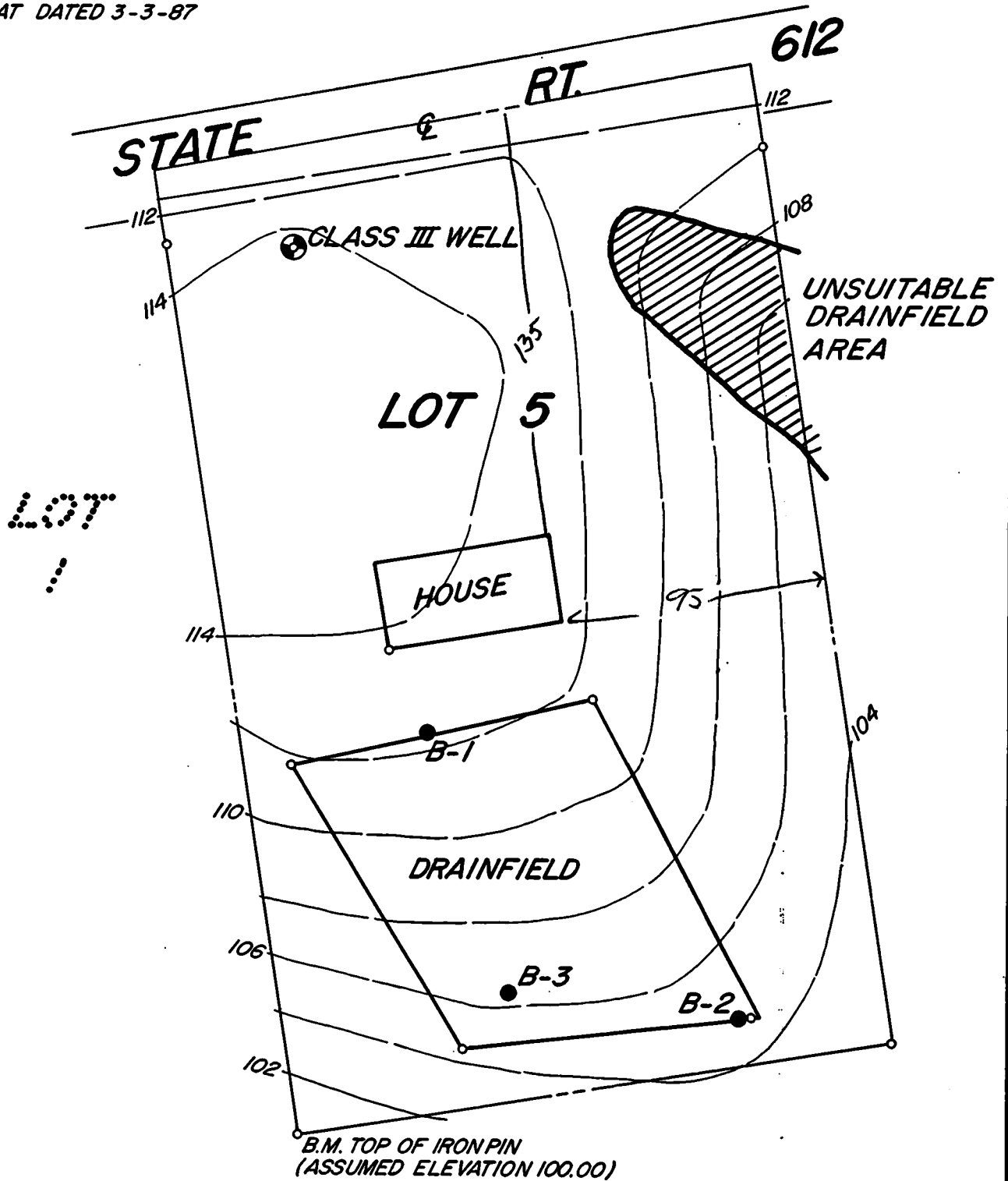
Boring B-3:

Depth (inches)	Description	Texture Group
0 - 6	yellow (10YR 7/6) silt loam; friable	III
6 - 10	reddish yellow (5YR 6/6) silt clay loam; friable; fine mica	III
10 - 40	yellowish red (5YR 5/6) clay loam; friable; fine mica; few yellow (10YR 7/6) streaks @ 30 to 34 inches	III
40 - 54	red (2.5YR 4/6) to reddish brown (5YR 4/4) silt loam; friable; fine mica; strongly weathered parent material; few fragments becoming firm @ 54 inches	III

REMARKS:

NOTES:

1. SCALE 1" = 50'
2. ○ INDICATES STAKE SET
3. ● INDICATES TEST BORING
4. SURVEY INFORMATION TAKEN FROM K.M.HART, C.L.S.
PLAT DATED 3-3-87



CULPEPER ENGINEERING, P.C.
LOCUST GROVE, VIRGINIA

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number SD-87-67
Tax Map Number 59-30

General Information

Date 5/4/87 ORANGE Co. Health Department
Applicant Steve Fye Telephone No. 672-4822
Address ORANGE VA
Owner JAME Address JAME
Location As on permit
Subdivision N117 Block/Section 59 Lot A-230

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe _____
2. Slope 2-7 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None ☒
4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☐ _____ inches
5. Free water present No ☒ Yes ☐ _____ range in inches
6. Soil percolation rate estimated Yes ☒ Texture group I II ☒ III IV
No ☐ Estimated rate 60 min/ inch
7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☒ Depth of percolation test holes N/A
Average percolation rate _____

Name and title of evaluator: C.A. Richardson Jr. & Colpeper Engineering

Signature: C.A. Richardson Jr.

Department Use

- ☒ Site Approved: Drainfield to be placed at 42" 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 _____

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 to this form.

□ See application sketch

☒ See construction permit

☐ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
1	A	0-6	yel-BR silt L.	III
	B	6-30	Red silt L. to CL.	IV to VII
	B	30-40	yel-Red CL. to S. CL.	III
	B	40-46	Red silt CL.	III
	B	46-60+	Red/BK silt L.	III
2	A	0-4	yel-BK silt L.	III
	B	4-28	yel-Red CL.	III
	B	28-36	Red S. CL.	III
	B	36-56	Red silt L.	III
3	A	0-6	yel silt L.	III
	B	6-10	Red/yel silt CL.	III
	B	10-40	yel-Red CL.	III
	B	40-54	Red to Red/BK silt L.	III

Remarks: Twp 11 92"

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. _____

(Certification of Completion/County Permit)

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

County/City Orange

County/City Stamp

• Virginia Plane Coordinates

N

E

Latitude & Longitude

N

W

• Topo. Map No. _____

• Elevation _____ ft.

• Formation _____

• Lithology _____

• River Basin _____

• Province _____

• Type Logs _____

• Cuttings _____

• Water Analysis _____

• Aquifer Test _____

• Owner Monrovia L.T.D.

• Well Designation or Number

Address RT 3 Box 555 F

Orange Va. 22960

Phone 672-4822

• Drilling Contractor Louisa Well Drilling, Inc.

Address P.O. 1, Box 473

Louisa Va. 23093

Phone 967-1615

WELL LOCATION: 1 1/2 (feet/miles West direction) of 703 + 612

and 50 feet/miles S (direction) of 612

If possible please include map showing location marked

Date started 3-17-87 • Date completed 3-18-87 Type rig air

SWCB Permit _____

County Permit _____

Certification of inspecting official:

This well does _____ does not

meet code/low requirements.

S. _____

Date _____

For Office Use

Tax Map I.D. No. _____

Subdivision _____

Section _____

Block _____

Lot 1

Class Well: I _____, IIA _____

IIIB _____, IIIC _____, IIID _____, IIIE _____

1. WELL DATA: New ☒ Flowworked ☐ Deepened ☐

• Total depth 155 ft.

• Depth to bedrock _____ ft.

• Hole size (Also include reamed zones)

• 10 3/4 inches from 0 to 20 ft.

• 8 3/4 inches from 20 to 90 ft.

• 6 3/8 inches from 90 to 155 ft.

• Casing size (I.D.) and material

• 6 1/2 inches from 0 to 92 ft.

Material P.V.C.

Wt. per foot _____ or wall thickness _____ in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• Screen size and mesh for each zone (where applicable)

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• Gravel pack

• From _____ to _____ ft.

• From _____ to _____ ft.

• Grout

• From 0 to 20 ft. Type poured

• From _____ to _____ ft. Type _____

2. WATER DATA • Water temperature _____ OF

• Static water level (unpumped level-measured) _____ ft.

• Stabilized measured pumping water level _____ ft.

• Stabilized yield 7 gpm after _____ hours

Natural Flow: Yes _____ No _____, flow rate _____ gpm

Comment on quality _____

3. WATER ZONES: From 128 To 129

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

4. USE DATA:

Type of use: Drinking ☒ Livestock Watering _____

Irrigation _____ Food processing _____ Household _____

Manufacturing _____ Fire safety _____ Cleaning _____

Recreation _____ Aesthetic _____ Cooling or heating _____

Injection _____ Other _____

• Type of facility: Domestic ☒ Public water supply _____

Public institution _____ Farm _____ Industry _____

Commercial _____ Other _____

5. PUMP DATA: Type Permotor • Rated H.P. 1/2

• Intake depth 145' • Capacity _____ at _____ head

6. WELLHEAD: Type well seal Pitless Adapter

Pressure tank 42 gal. Loc. Under house

Sample tap yes Measurement port _____

Well vent _____ Pressure relief valve _____

Gate valve _____ Check valve (when required) _____

Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfected _____ yes _____ no _____

Date _____ Disinfectant used _____

Amount _____ Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ material _____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)

DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.))
From	To		
0	14	Red Clay	
14	90	Brown slate	
90	155	Brown + blue slate	

11.

Drilling
Time
(Min.)12. DIAGRAM OF WELL
CONSTRUCTION
(with dimensions)

RECEIVED
MAR 25 1987
ORANGE COUNTY
HEALTH DEPT.

13. Well lot dedicated? _____ Size _____ ft. X _____ ft.; Well house?
Distance to nearest pollutant source 100 ft., Type drainfield
Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____
minutes. Pipe size _____ inches, Material _____
Installer _____
Date _____

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

State Water Control Board Regional Offices

Valley Reg. Off.
116 North Main Street
P. O. Box 268
Bridgewater, Va. 22812
703-628-2595

Southwest Reg. Off.
408 East Main Street
P. O. Box 476
Abingdon, Va. 24210
703-628-5183

West Central Reg. Off.
Executive Park
5312 Peters Creek Road
Roanoke, Va. 24019
703-982-7432

Piedmont Reg. Off.
4010 West Broad Street
P. O. Box 6616
Richmond, Va. 23230
804-257-1006

Tidewater Reg. Off.
287 Pembroke Office Park
Suite 310 Pembroke No. 2
Va. Beach, Va. 23462
804-499-8742

Northern Virginia Reg. Off.
5515 Cherokee Avenue
Suite 404
Alexandria, Va. 22312
703-750-9111

Signature Louisa Well Drilling, Inc. (Seal), Date 3-18-87
(Well driller or authorized person) License No. _____