

COMMONWEALTH OF VIRGINIA WATER WELL COMPLETION REPORT

• BWCM No. _____

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

(Certification of Completion/County Permit)

County/City Fauquier County

County/City Stamp

• Virginia Plane Coordinates
452700 N
2196300 E
 Latitude & Longitude
 _____ N
 _____ W

• Topo. Map No. 207A
 • Elevation _____ ft.
 • Formation _____
 • Lithology _____
 • River Basin _____
 • Province _____
 • Type Logs Drillers
 • Cuttings _____
 • Water Analysis _____
 • Aquifer Test _____

• Owner R. P. Morf
 • Well Designation or Number _____
 Address Box 12
Rectortown, Va. 22140
 Phone 364-2752

• Drilling Contractor Valley Drilling Corp. of Va.
 Address Rt. 1 Box 6K
Upperville, Va.
 Phone 703-592-3239

WELL LOCATION Take Rt. 710 east To Route 719 (direction) of at Atolka right on
and Rt. 710 take left approx. 200ft. (direction) of
 (If possible please include map showing location marked)

Date started 8-22-84 • Date completed 8/22/84 Type rig Rotary

SWCB Permit _____
 County Permit SD-84-368

Certification of inspecting official:
 This well does _____ does not
 meet code/low requirements.
 S: _____
 Date _____

For Office Use

Tax Map I.D. No. Sec. 29 Par. 7
 Subdivision _____
 Section _____
 Block _____
 Lot _____
 Class Well I _____, IIA _____
 IIB _____, IIIA x, IIIB _____
 IIIC _____, IIID _____, IIIE _____

- I. WELL DATA: New x Reworked _____ Deepened _____
- Total depth 165 ft.
 - Depth to bedrock 15 ft.
 - Hole size (Also include reamed zones)
 - 10 inches from 0 to 55 ft.
 - 6" inches from 55' to 165' ft.
 - _____ inches from _____ to _____ ft.
 - Casing size (I.D.) and material
 - 6 inches from 0 to 55 ft.
 - Material Steel
 - Wt. per foot 13# or wall thickness 1.88 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 Cement
 - From _____ to _____ ft. Type _____

(114) Bags Cement

2. WATER DATA • Water temperature 56 OF
- Static water level (unpumped level-measured) 48' ft.
 - Stabilized measured pumping water level _____ ft.
 - Stabilized yield 60 gpm after 2 hours
 - Natural Flow: Yes _____ No x, flow rate _____ gpm
 - Comment on quality Clear
3. WATER ZONES: From _____ To _____
 From 80 To _____ From _____ To _____
 From 145 To _____ From _____ To _____
4. USE DATA:
 Type of use: Drinking _____, Livestock Watering _____,
 Irrigation _____, Food processing _____, Household x,
 Manufacturing _____, Fire safety _____, Cleaning _____,
 Recreation _____, Aesthetic _____, Cooling or heating _____,
 Injection _____, Other _____
- Type of facility: Domestic x, Public water supply _____,
 Public institution _____, Farm _____, Industry _____,
 Commercial _____, Other _____
5. PUMP DATA: Type _____ • Rated H.P. _____
 • Intake depth _____ • Capacity _____ at _____ head
6. WELLHEAD: Type well seal _____
 Pressure tank _____ gal., Loc. _____
 Sample tap _____, 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 _____

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number
Map Reference

SD-84-367
Sec. 29 Par. 70

Fauquier County Health Department

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 R. P. Morf Telephone 364-2752
Address Box 12, Rectortown, Va.
For a Type I Sewage disposal system which is to be constructed on/at (5) side of Rt. 910 across from the intersection of Rts. 710 & 715 at Rectortown
Subdivision _____ Section/Block _____ Lot _____
Actual or estimated water use 300 G.P.D. 2 Bedroom

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>on permit # SD-84-359</u>	Water supply location: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
To be installed: class <u>N/A</u> cased <u>N/A</u> grouted <u>N/A</u>	
Building sewer: <u>7</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input checked="" type="checkbox"/> Other <u>smooth pipe</u>	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>sch. 40 plastic</u>
Septic tank: Capacity <u>900 +</u> gals. (minimum). <input checked="" type="checkbox"/> Other <u>no garbage disposal 300 G.P.D.</u>	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>top stands</u>
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other <u>stub tees 1" below lids</u>	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>2 inch fall on tees</u>
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and shown design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> comments Satisfactory <u>N/A</u>
Gravity mains: <u>40</u> for larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other <u>4 inch</u>	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>6+</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>2 Astra ports</u>
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 <u>54 tons rock</u>
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 type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>(1) 9'4" (2) 9'5" (3) 9'5" (4) 10'3"</u> <u>9'10" 10'1/2" 10'6"</u>
Absorption trenches: Square ft. required <u>1,000 sq. ft.</u> ; depth from ground surface to bottom of trench <u>44-48"</u> ; aggregate size <u>1/2"-1 1/2"</u> ; Trench bottom slope <u>2" 2-4" per 100'</u> ; center to center spacing <u>8'</u> ; trench width <u>2'</u> <u>8'100' 2' 8' 44' 48"</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>(2) 11'2" (3) 11'3"</u>
Date <u>9/20/84</u>	Inspected and approved by: <u>John R. Layton</u> Sanitarian

6001-67-1312

The system to be installed by the authority of this permit must conform to the Fauquier County Sanitation and/or Well Ordinances.

Health Department
Identification Number

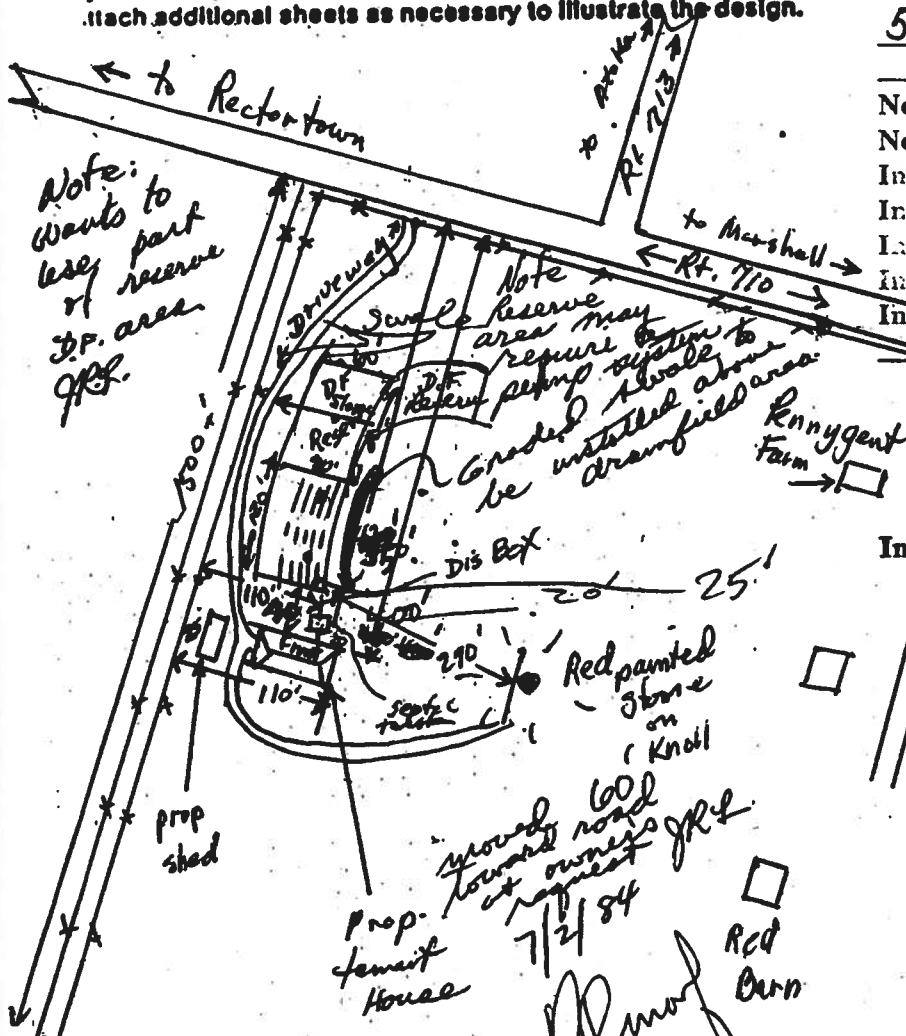
SD-84-367

PAGE 2 OF 2

Schematic drawing of sewage disposal system and topographic features.

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 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 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.



5-100' lines 2 wide
8 centers 1 inch fall per 25 ft.

- No trees within 10 ft. of system
- No Parking or Drive on system
- Install in original undisturbed earth
- Install in location shown
- Install D.F. at 44" with 13" gravel
- Install D.F. 100 ft. plus from all water supplies
- Install on contour

2 bedroom design as per
1982 Sewage Regulations

Health Dept. to witness well grouting

Install well 100 ft. plus from house foundation

Untreated paper or straw
on aggregate
locate 100' from all
water supplies
locate out of swales
Divert roof drainage from
dram
Clean septic system
every three to 5 years
Install graded swale
or diversion ditch above
d.f. to divert surface drainage

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. If construction has not commenced within 12 months of date of issuance construction permit must be revalidated.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be removed, if necessary, upon the direction of the Department.

Date: 5/17/84 Issued by: John R. Largent
Sanitarian

Date: 5-17-84 Reviewed by: Paul S. [Signature]
Supervisory Sanitarian

If FHA or VA financing

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

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Fauquier Co.



Health Department

Health Department SD-84-368
Identification Number SD-85-594(LR)
Map Reference Sec. 29 Par. 70

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 R. P. Morf Telephone 364-2752
Address Box 12, Rectortown, Va. 22140
For a Type I Sewage disposal system which is to be constructed on/at (S) side of Rt. 710 - across from the intersection of Rts 70 & 713 at Rectortown
Subdivision _____ Section/Block _____ Lot _____
Actual or estimated water use 600 G.P.D. 4 Bedroom

NOTE: INSPECTION RESULTS	
<p>Top well casing <u>DESIGN</u> <u>12" above ground</u></p> <p>Water supply, existing: (describe) <u>Health Dept. to protect well grout. Use 188 steel</u></p> <p>To be installed: class <u>III A</u> cased & grouted to <u>rock + 10'</u> <u>grouted 10' + 10' casing</u></p>	<p>Water supply location: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>8/24/84 Well cased</u></p>
<p>Building sewer: <u>4" I.D. PVC 40, or equivalent.</u> Slope <u>1.25" per 10' (minimum).</u> <input checked="" type="checkbox"/> Other <u>smooth pipe</u></p>	<p>Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>sch 40 plastic</u></p>
<p>Septic tank: Capacity <u>1200 + gals. (minimum).</u> <input checked="" type="checkbox"/> Other <u>no garbage disposal 600 G.P.D.</u></p>	<p>Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>tapp tank 1500 gal</u></p>
<p>Inlet-outlet structure: <u>8" in 18" out</u> PVC 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other <u>stub tees 1" below lids</u></p>	<p>Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory</p>
<p>Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and shown design. if yes: _____</p>	<p>Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory</p>
<p>Gravity mains: <u>2 1/2"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other <u>4" min</u></p>	<p>Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory</p>
<p>Distribution box: Precast concrete with <u>11 +</u> ports. <input type="checkbox"/> Other _____</p>	<p>Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>1 extra port.</u></p>
<p>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 _____</p>	<p>Header lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>1 8' 6 1/4" 2 9' 1" 3 9' 4 1/4" 4 8' 9 1/2" 5 9' 4 1/2" 6 9' 7 1/2"</u></p>
<p>Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____</p>	<p>Percolation lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>4 9' 9" 5 10' 6 10' 6 1/2" 6 11' 1/2" 6 11' 6"</u></p>
<p>Absorption trenches: Square ft. required <u>2000</u>; depth from ground surface to bottom of trench <u>44"</u>; aggregate size <u>1/2" to 1 1/2"</u> Trench bottom slope <u>2" to 4" per 100'</u> center to center spacing <u>8</u>; trench width <u>2</u> <u>10/100/2/8/44"</u></p>	<p>Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>7 11' 16 1/2" 8 12' 2 1/2" 9 12' 6 1/2" 10 12' 7" 11 13' 1"</u></p>
<p>Date <u>5/23/86</u></p>	<p>Inspected and approved by: <u>John R. Laurent</u> Sanitarian</p>

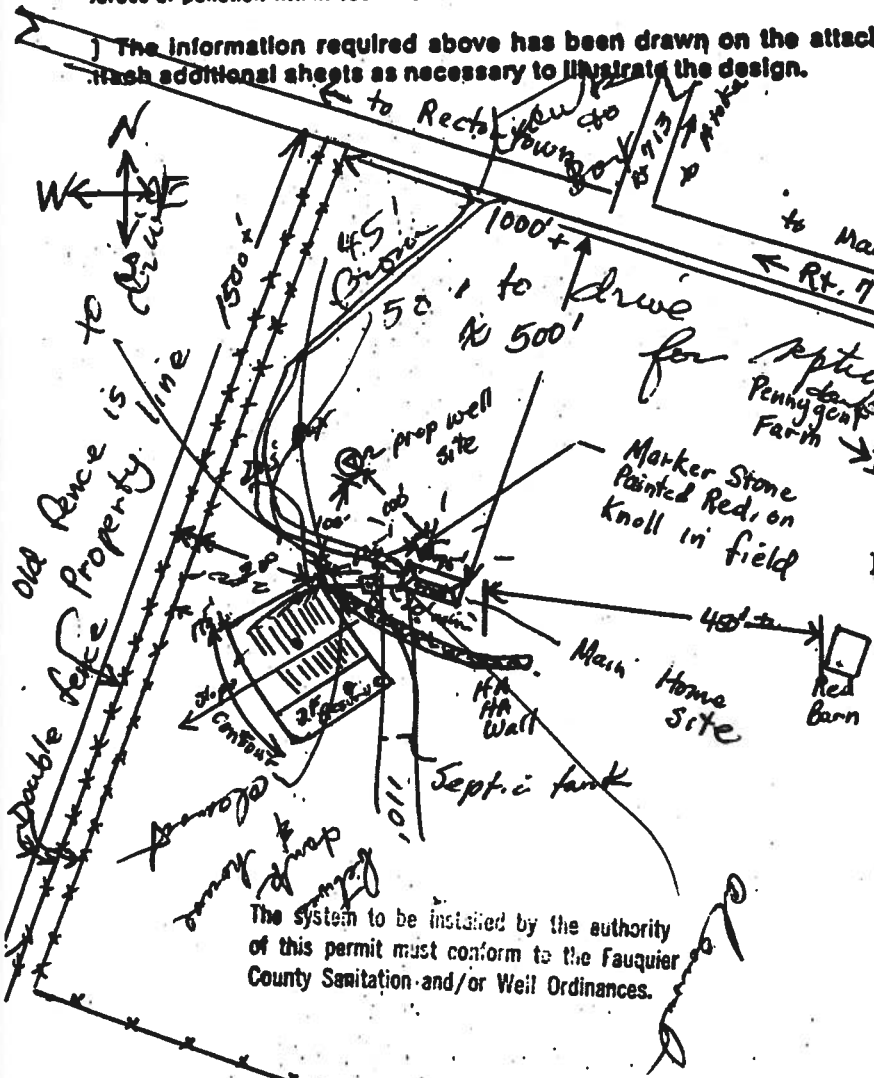
19061-57-4656

Schematic drawing of sewage disposal system and topographic features.

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 serve 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 sources of pollution within 100 feet.

Sec. 29 Part 70

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.



- 10-100' lines 2 wide
- B centers 1 inch fall per 25 ft.
- No trees within 10 ft. of system
- No Parking or Drive on system
- Install in original undisturbed earth
- Install in location shown
- Install D.E. at 44" with 13" gravel
- Install D.E. 100 ft. plus from all water supplies
- Install on contour
- Install on 4 bedroom design as per 1982 Sewage Regulations

Health Dept. to witness well grouting

Install well 100 ft. plus from house foundation

Untreated paper or straw on aggregate

locate 100' from all water supplies

locate out of swales

Divert roof drainage from drainfield

Clean system every 3 to 5 years

Cap well 12"-18" above ground level. Use 1 1/2" steel casing

The system to be installed by the authority of this permit must conform to the Fauquier County Sanitation and/or Well Ordinances.

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. If construction has not commenced within 12 months of date of issuance, construction permit must be revalidated.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department unless expressly authorized by the local health department. Any part of any installation which has been covered prior to approval shall be removed, if necessary, upon the direction of the Department.

Date: 5/17/84 Issued by: John R. Largent
 Date: 5-17-84 Reviewed by: Charles E. Shipman
 Supervisory Sanitarian

RENEWED 6/10/85
VOID AFTER 12 MONTHS
 projects so voided require new application be processed

If FHA or VA financing: _____
 Reviewed by Date _____ Date 5/17/84
 Supervisory Sanitarian John R. Largent Regional Sanitarian