

COUNTY OF LOUDOUN ZONING/ENVIRONMENTAL HEALTH/BUILDING

CLEARANCE EVALUATION REQUEST (may be completed by Zoning or Building)

OWNER'S NAME: Mascatello

LCTM: 77 (20) 2

DATE: 4.29.03

PROJECT PROPOSAL: (500) SFD + 1(BR) Guest Room / Apartment

Change of Use/Other
(No Building Permit)

New Construction
(Building Permit
Clearance Required)

Addition or Remodeling
(Building Permit
Clearance Required)

CLEARANCE EVALUATION RESULTS (completed by Environmental Health)

Water Supply:

A well has been drilled and tested in accordance with Chapter 1040 of the Loudoun County Codified Ordinance (Permit # T20204870001).

The property is served by a public water supply

The addition of the project referenced above has no impact on existing water supplies in the immediate area.

Existing supply appears to be satisfactory.

Sewage Disposal System:

A permit has been issued to construct a sewage disposal system (Permit # T20252770001) # of Bedrooms 5 Bedroom House AND

The property is served by public sewer.

1 Bedroom Guest Cottage / Apartment
** Total of 6 Bedrooms **

The addition of the project referenced above has no impact on existing sewage disposal systems in the immediate area.

Existing system appears to be satisfactory.

Building/Zoning Permit Clearance:

Approved

Approved With Conditions

Denied

(Change of Use Applications denied after 60 days, if no activity)

Conditions: All setbacks to well and septic must be adhered to

Environmental Health Specialist: JBS

pc: Residential Plans Review, Building and Development (if special conditions apply to construction of the structure)

COMMONWEALTH OF VIRGINIA WATER WELL COMPLETION REPORT (Certification of Completion/County Permit)

County/City: Loudoun
County/City Stamp

SWCB Permit _____
County Permit T20204870001 FW

Owner: Mascatello, John & Beth (University Homes)
Well Designation or Number: _____
Address: 22127 Warson Rd
Leesburg, VA 20175
Phone: 540-364-4251 (University Homes)

Certification of Inspecting Official:
This well does _____ does not _____
meet code/low requirements.
S _____
Date _____
For Office Use

Drilling Contractor: **SINGHAS & MICHAEL CORP.**
Address: 425 Jack Enders Blvd.
Berryville, Virginia 22611
Phone: 540-955-3582

Tax Map ID No. 72/20/2
Subdivision Beaver Creek Farm
Section _____
Block _____ Lot 2
Class Well: I _____ IIA _____ IIB _____ IIIA _____
IIIB X IIIC _____ IIID _____ IIIE _____ IV _____

Well Location: Rt 7 to Rt 690 to Rt 611 to first drive on Right
after crossing Beaver Dam Creek across from Turkey Roost

Date Started : 11/27/02 Date Completed: 11/29/02 Type of Rig: Rotary

1. WELL DATA: New X Worked _____ Deepened _____

2. WATER DATA: Water Temperature 54 degrees.
Static water level (unpumped level measured) 50 ft.
Stabilized meas. pumping water level _____ ft.
Stabilized yield 3 gpm after 3 hours.
Natural Flow: Yes _____ No X Flow rate _____ gpm.
Comment on Quality: Clear

Total Depth: 700
Depth of Bedrock: 35

HOLE SIZE (Also include reamed zones)
10 inches from 0 to 66 ft.
6 inches from 66 to 700 ft.
_____ inches from _____ to _____ ft.

CASING SIZE (I.D.) and material:
6 inches from +2 to 66 ft.
Material: STEEL
Wt. Per foot: 13 or wall thickness .188 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 _____

GRAVEL PACK
From _____ To _____ ft.
From _____ To _____ ft.

GROUT
From 0 To 63 ft. Type Pressure BENSEAL
From _____ To _____ ft. Type Pressure _____

3. WATER ZONES: From 200 ft. 1-1/2 gpm.
From 675 ft. 1-1/2 gpm. From _____ ft. _____ gpm.
From _____ ft. _____ gpm. From _____ ft. _____ gpm.

4. USE DATA:
Type of Use: Drinking X 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 HP _____
Intake depth _____ Capacity _____ at _____ head

6. WELLHEAD: Type well seat _____
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 _____

8. ABANDONMENT (where applicable): Yes _____ No X
Casing Pulled Yes _____ No _____ Not Applicable _____
Plugging Grout From _____ To _____ Material _____
From _____ To _____ Material _____

63' 12/4/02 [Signature]

