

* It is recommended that the new well be tested and found Negative for coliform bacteria before using the water.

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
 Department of Health
 Fauquier County

Health Department

Health Department
 Identification Number SD-01-752
 Map Reference 6928-56-5900

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 W. Earl & Marie H. Browning Telephone 347-2385
 Address 5942 Blantyre Rd, Broad Run, 20137 For a Type Sewage Disposal System or Well to be constructed on/at 5208 Leeds Manor Rd.
 Subdivision Section/Block Lot Actual or estimated water use

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

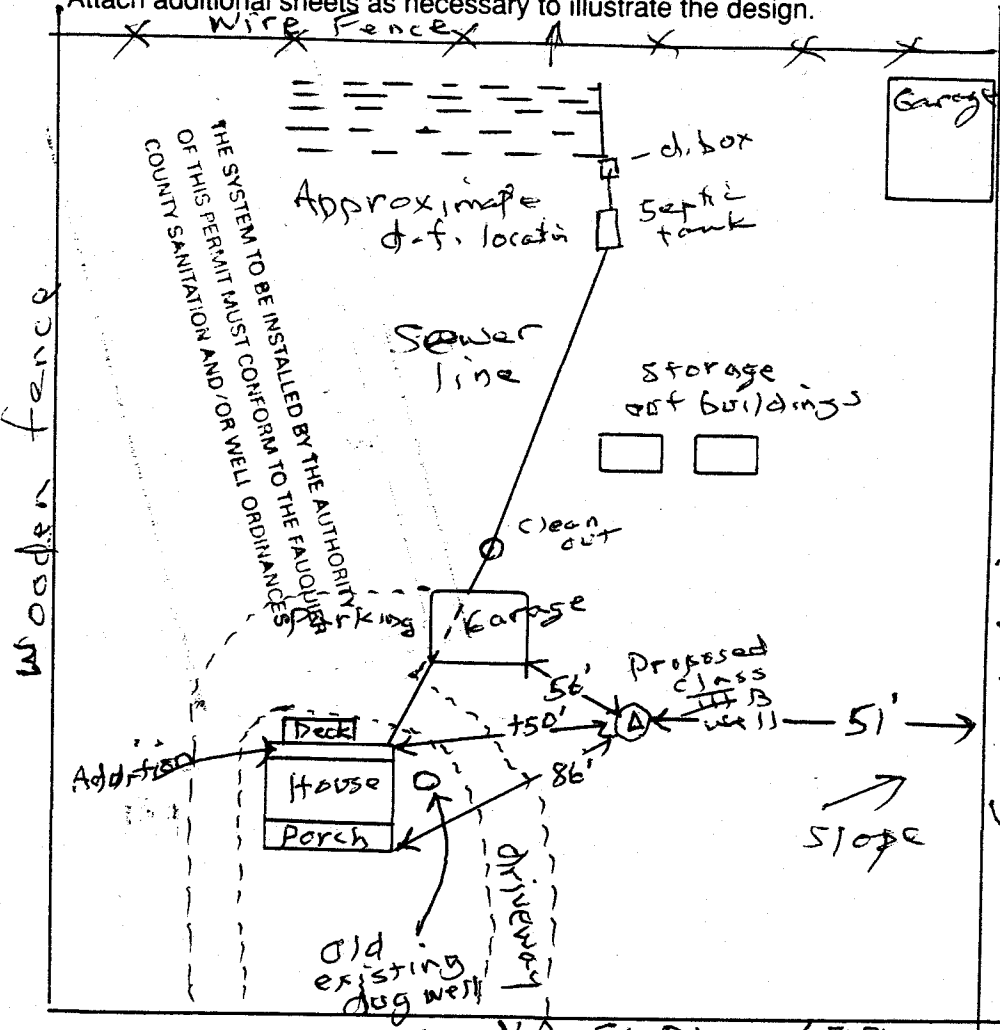
6928-56-5900

Schematic drawing of sewage disposal and/or water supply system and topographic features.

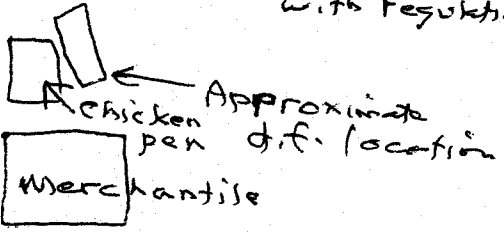
Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site 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.

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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.



WATER SUPPLY PERMIT ONLY
 This is a Class III B well
 Well to be located at least 50 feet from all sources of contamination. 0.188 feet 6" steel casing
 Casing to be inch wall thickness.
 Case and grout well at least 50 feet deep.
 Water to be tested and found potable before approval.
 Other wells in the vicinity of this well to be plugged from bottom to top in the approved manner.
 NOT DRAWN TO SCALE
 Disconnect bored well from plumbing and abandon permanently in accordance with regulations.



print # 6928-56-5900

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: 11-15-01 Issued by: Don Jannel
 Sanitarian
 Date: 11/16/01 Reviewed by: John K. Largent
 Supervisory Sanitarian

This Construction Permit Valid until 11-15-02

If FHA or VA financing

Reviewed by Date _____ Date _____

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number SD-01-752

F.H.A. or V.A. Case Number
If Applicable

Date 16 November 2001 Local Health Department Fauquier Co
Owner Earl Browning Address 5942 Blountye Rd. Broad Run, VA 20137 Phone 347-2385
Exact Location of Premises In Home on east side of 688 adjacent to The Mercantile.
Subdivision _____ Section/Block _____ Lot _____

Class of nonpublic drinking water well. 1) Class III A _____
2) Class III B
3) Class III C _____
4) Other _____
Date of installation 11-16-01

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e. well log, etc.), so note.

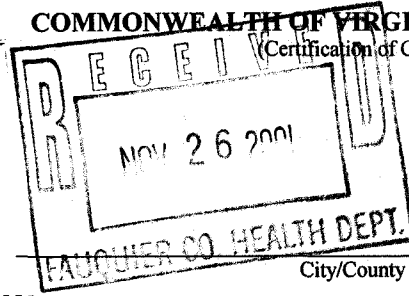
- Water well completion report filed as required by Sec. 2.18 Yes No
- Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations.
Building Sewer 750' Pretreatment Unit 750'
Conveyance System 750' Subsurface Soil Absorption System _____
(nearest point). Property Line 710' Other _____
Site graded where necessary to divert water away from well? Yes No N/A
- Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).
Total depth of well 340 feet. Type of casing Steel
Depth of casing 63 feet. Diameter of casing 6 inches.
Casing extends inches above ground 12. Exterior space sealed with neat cement grout to a depth of _____ feet. Screens constructed of N/A
free of rough edges and irregularities, with positive watertight seal between screen and casing?
Yes No N/A Well head and opening to the interior protected? Yes No
Type of well seal Approved PA Pitless adapter used? Yes No N/A
Properly installed? Yes No N/A Proper venting? Yes No N/A
- Quantity: Yield and drawdown determined by continuous pumping of 3 hours. Drawdown _____ feet. Yield 12 GPM. Type of storage N/A
- Quality: Sample tap provided at entry into system? Yes No Samples(s) collected? Yes No
Results of samples. Satisfactory Unsatisfactory (attach copy of results of this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply meets does not meet the requirements of the Private Well Regulations.

Remarks: Grouting not witnessed by HD; well location, well cap, presence of grout have all been verified. Well construction only, is approved, on basis of GW-2 log from driller.

Date 12-17-01 Signed Ron [Signature] Sanitarian
Date 12-17-01 Signed [Signature] Supervisory Sanitarian
Date _____ Signed _____

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



State Water Control Board
P.O. Box 1143
2111 North Hamilton Street
Richmond, VA 23230

County/City FAUQUIER

BWCM No. SD-01-752

SWCB Permit _____
County Permit _____
Certification of inspecting official _____
This well does _____ does not _____
meet code/law requirements.
S _____
Date _____
For Office Use

Virginia Plane Coordinates
N
E
Latitude & Longitude
N
W
Topo Map No.
Elevation Ft.
Formation
Lithology
River Basin
Province
Type Logs DRILLERS
Cuttings
Water Analysis
Aquifer Test

Owner BROWNING EARL & MARIE
Address 5942 BLANTYRE ROAD
BROAD RUN, VIRGINIA 20137
Phone 540/347-2385
Drilling Contractor Valley Drilling Corporation of Virginia
Address 9172 John S. Mosby Highway
Upperville, VA 20184-1723
Phone (800) 582-9355

Tax Map ID# 6928-56-5900
Subdivision
Section
Block
Lot
Class Well IIIB

Well Location: 5008 LEEDS MONOR ROAD
(If possible please include map showing location marked)

Date Started 11/15/01 Date Completed 11/16/01 Type Rig ROTARY RIG 1

WELL DATA: NEW

Total Depth 340 Ft.
Depth to Bedrock 23 Ft.
Hole size (Also include reamed zones)
10 Inches from 0 to 60 Ft.
6 Inches from 60 to 340 Ft.
Casing Size (I.D.) and material
6 Inches from +1 to 63 Ft.
Material STEEL
Wt. Per foot 13 or wall thickness .188 inches
Inches from to Ft.
Material
Wt. Per foot or wall thickness inches
Inches from to Ft.
Wt. Per foot or wall thickness inches

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 50 ft., Type CEMENT
From to ft., Type

WATER DATA Water Temperature 56° F
Static Water Level (unpumped level measured) 25 Ft.
Stabilized measured pumping water level Ft.
Stabilized yield 12 GPM after 3 Hours
Natural Flow NO
Comment on quality CLEAR
WATER ZONES 12 GPM @ 286 Ft.
GPM @ Ft.
GPM @ Ft.
GPM @ Ft.
GPM @ Ft.
GPM @ Ft.
GPM @ Ft.
GPM @ Ft.

USE DATA Type of Use DRINKING
Type of facility DOMESTIC
PUMP DATA: Type Rated HP
MAKE & MODEL PUMP
Intake Depth Capacity GPM @ TDH
WELLHEAD: Type well seal
MAKE & MODEL PRESSURE TANK
Pressure Tank Gal. Location
Sample Tap Measurement Port
Well Vent Pressure Relief Valve
Gate Valve Check Valve
Electrical disconnect switch on power supply

DISINFECTION Well disinfected
Date Disinfectant used
Amount lb(s) Hours Used

ABANDONMENT (where applicable)
Casing Pulled
Plugging Grout From to ft.
Material

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 of 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.

DRILLER'S LOG
(Use additional sheets if necessary)

Depth (Feet)		Type of Rock or Soil	Remarks
From	To		
0	23	OVERBURDEN	
23	340	BLUESTONE	
285	286	WATER BEARING	12 GPM @ 286'

Well lot dedicated? Size Ft. x Ft. Well House?
Distance to nearest pollutant source Ft., Type
Distance to nearest property line Ft., Building Ft.

WATER SERVICE PIPE: Checked under PSI for minutes
Pipe size inches, Material
Installer
Date

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.

Signature Juanita Sechrist (SEAL)
(Well driller or authorized person)

Date 11-17-01

2/22/16
02.115-23
11-13-01

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

Health Department ID SD-01-752

To Be Completed By The Applicant

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

Owner W PERL BROWNING Address 5942 BENTLEY RD Phone 347-2385
MARIE H BROWNING BROAD RUN VA

Agent _____ Address _____ Phone _____

Directions of Property E Side Rt 688 - Hume Va

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification 6928-56-5900

Dimension/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 Multi-family
(Number of Bedrooms _____) (Number of Units _____)

Basement Yes No
Fixtures in Basement Yes No

III. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No Number of Patrons _____
Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: Public New Existing
 Private New Existing

Describe: To replace existing dry well

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.

William E Browning
Signature of Owner/Agent

11-16-01
Date

Wright State

1035

Gravel driveway

Protect no
Protect II



Garage

Buildings

Storage
OUT

exists bored

Garage

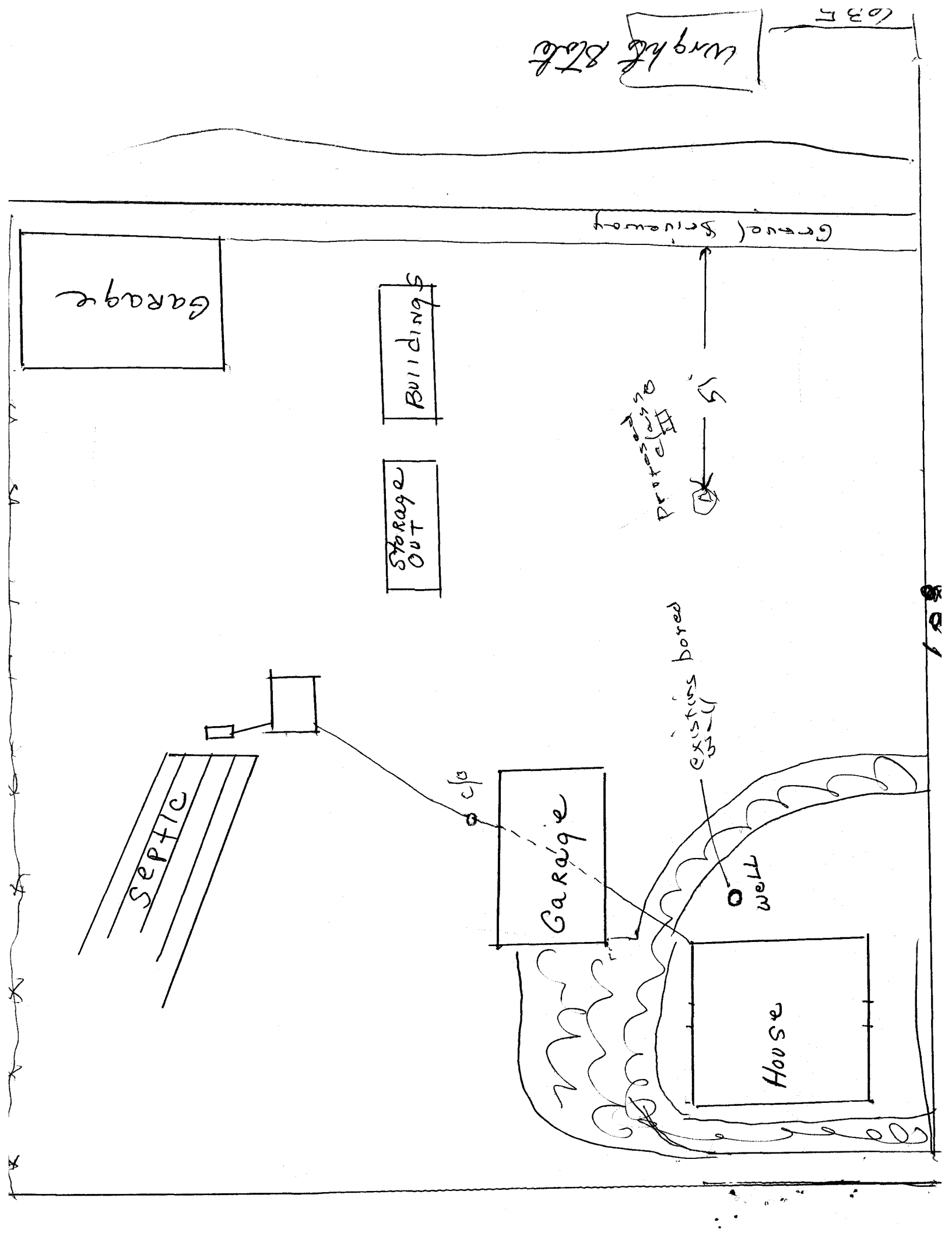
well

House

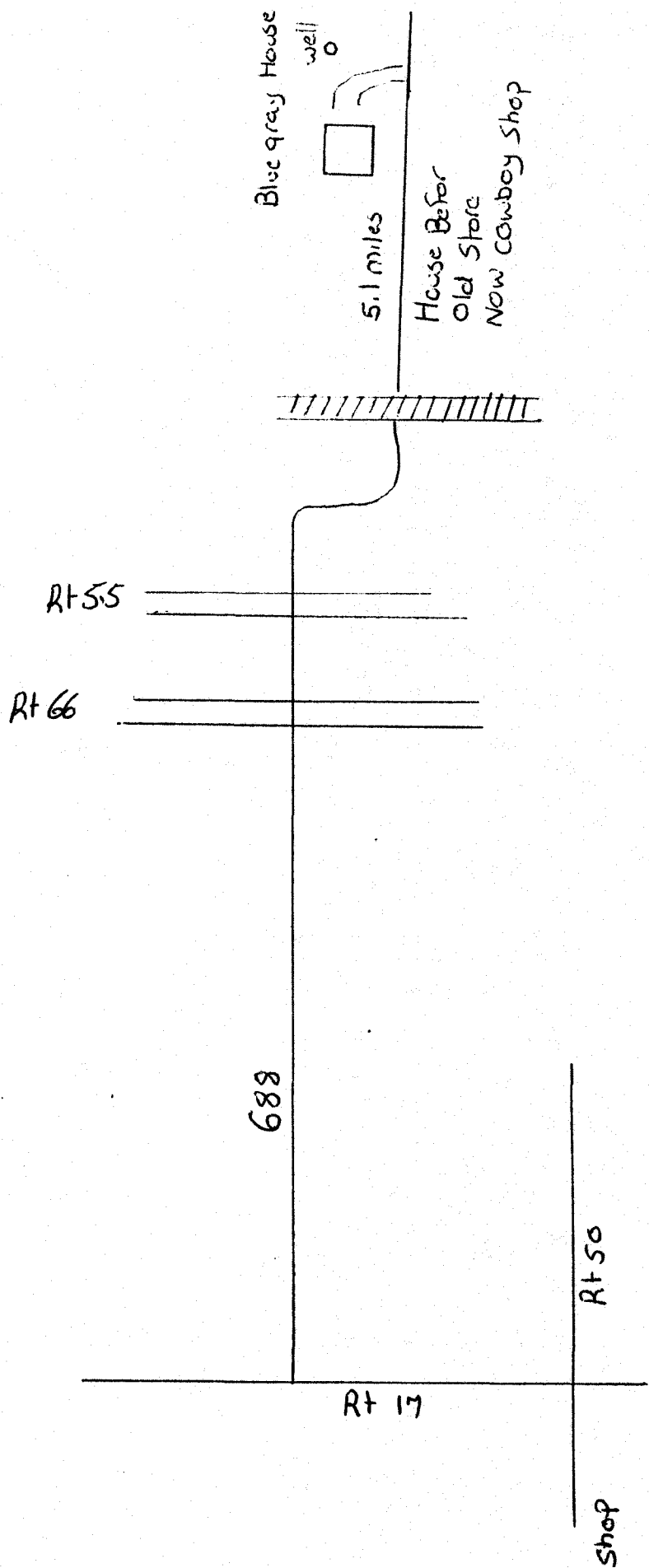
SEPTIC

c/c

108



Browning Job



Pin No. 6928-56-590

Subd. _____

Old tax Map _____

TAG SHEET

NAME Earl Brown vice only

Construction Permit _____
Remodeling _____

Lot Certification _____
Repair _____

	<u>INITIALS</u>	<u>DATE</u>
Application Received	<u>EM</u>	<u>11-13-01</u>
Application Reviewed	<u>EM</u>	<u>11-13-01</u>
Fee Determination	<u>EM</u>	<u>11-13-01</u>
E.H.S. assigned to	<u>[Signature]</u>	<u>11-13-01</u>
Site visit scheduled	<u>[Signature]</u>	<u>11-13-01</u>
Site visit made	<u>[Signature]</u>	<u>11-15-01</u>
Follow-up visit	_____	_____
Issue/Deny Drafted	_____	_____
Issue/Deny Reviewed	<u>[Signature]</u>	<u>11/16/01</u>
Issue/Deny Countersigned	<u>[Signature]</u>	<u>11/16/01</u>
Lot Cert placed in pending	_____	_____
E.H.S. signing plat	_____	_____
Lot Cert and/or permit picked up/mailed	<u>[Signature]</u>	<u>11/16/01</u>