

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number
Map Reference

SD-90-193

49/45

Fauquier Co 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 Merrick G. Burleson Telephone 791-6201

Address 13403 Marie Dr., Manassas, Va.

For a Type II Sewage disposal system which is to be constructed on/at Lots 45+5 (combined) Texas Farms 17N-66W (exit 5) then on 647, 635 to 732.23/4 mile to

Subdivision _____ Section/Block 49 Lot 45

Actual or estimated water use 5 Bedroom 750 gpd

DESIGN	NOTE: INSPECTION RESULTS																																			
<p>Water supply, existing: (describe) <u>IB</u> <u>grout to be witnessed by HD</u></p> <p>To be installed: class _____ cased <u>50'</u> grouted <u>50'</u></p>	<p>Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____</p> <p>G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/> <u>CEP 5/19/90</u></p>																																			
<p>Building sewer: <u>4</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input checked="" type="checkbox"/> Other <u>no garbage disposal</u></p>	<p>Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>C.O. next to house</u> <u>6" sleeve under driveway</u></p>																																			
<p>Septic tank: Capacity <u>1500</u> gals. (minimum). <input checked="" type="checkbox"/> Other <u>smooth pipe 10 dia box</u></p>	<p>Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>TAPP 1500</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 to 1" below lid</u></p>	<p>Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>stubs to be installed</u></p>																																			
<p>Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. If yes: <u>see attached sheet</u></p>	<p>Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>TAPP 1125 No electricity yet</u> <u>DIC 9/6/90</u></p>																																			
<p>Gravity mains: <u>4"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____</p>	<p>Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>2" pipe sleeve from pump 3' out</u> <u>1120</u></p>																																			
<p>Distribution box: <u>1 main surge w/ turned down elbow + 2 satellite boxes</u> Precast concrete with _____ ports <input checked="" type="checkbox"/> Other <u>properly padded & each</u></p>	<p>Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>6" x 18" box to be left open for pump imp.</u> <u>No elbow in place - call right OK</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 checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> <tr> <td>8.26</td><td>9.25</td><td>11.23</td><td>13.45</td><td>15.00</td><td>15.26</td><td>16.93</td> </tr> <tr> <td>8.7</td><td>9.12</td><td>11.49</td><td>13.15</td><td>14.4</td><td>15.62</td><td>16.54</td> </tr> <tr> <td>1.9</td><td>2.23</td><td>2.4</td><td>3.4</td><td>3.6</td><td>3.4</td><td>3.7</td> </tr> <tr> <td>1.9</td><td>2.7</td><td>2.5</td><td>3.4</td><td>3.6</td><td>3.4</td><td>3.7</td> </tr> </table>	1	2	3	4	5	6	7	8.26	9.25	11.23	13.45	15.00	15.26	16.93	8.7	9.12	11.49	13.15	14.4	15.62	16.54	1.9	2.23	2.4	3.4	3.6	3.4	3.7	1.9	2.7	2.5	3.4	3.6	3.4	3.7
1	2	3	4	5	6	7																														
8.26	9.25	11.23	13.45	15.00	15.26	16.93																														
8.7	9.12	11.49	13.15	14.4	15.62	16.54																														
1.9	2.23	2.4	3.4	3.6	3.4	3.7																														
1.9	2.7	2.5	3.4	3.6	3.4	3.7																														
<p>Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input checked="" type="checkbox"/> Other <u>1/2 treated paper</u></p>	<p>Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> <tr> <td>4.50</td><td>6.42</td><td>7.77</td><td>9.35</td><td>11.00</td><td>12.09</td><td>13.20</td> </tr> <tr> <td>4.21</td><td>6.16</td><td>7.61</td><td>8.99</td><td>10.78</td><td>11.85</td><td>13.08</td> </tr> <tr> <td>3.6</td><td>3.1</td><td>2.9</td><td>2.6</td><td>2.6</td><td>2.9</td><td>1.4</td> </tr> </table>	1	2	3	4	5	6	7	4.50	6.42	7.77	9.35	11.00	12.09	13.20	4.21	6.16	7.61	8.99	10.78	11.85	13.08	3.6	3.1	2.9	2.6	2.6	2.9	1.4							
1	2	3	4	5	6	7																														
4.50	6.42	7.77	9.35	11.00	12.09	13.20																														
4.21	6.16	7.61	8.99	10.78	11.85	13.08																														
3.6	3.1	2.9	2.6	2.6	2.9	1.4																														
<p>Absorption trenches: Square ft. required <u>2520</u>; depth from ground surface to bottom of trench <u>30-34"</u>; aggregate size <u>1/2 to 1 1/2"</u> Trench bottom slope <u>2-4" per 100'</u> center to center spacing <u>10'</u>; trench width <u>3'</u> Depth of aggregate <u>13+"</u> Trench length _____; Number of trenches <u>14</u></p>	<p>Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>Rock in top 2 lines on Rt side OK</u></p>																																			

5.49/45 6938-01-5417
 5/19/90

C.H.S. 202A Revised 6/84

pump & final inspection DKD
 Date 9/16/90 Inspected and approved by:
[Signature]
 Sanitarian
 Date 9/16/90 initialed

ORIGINAL

changed
 6/25/90
 CHA

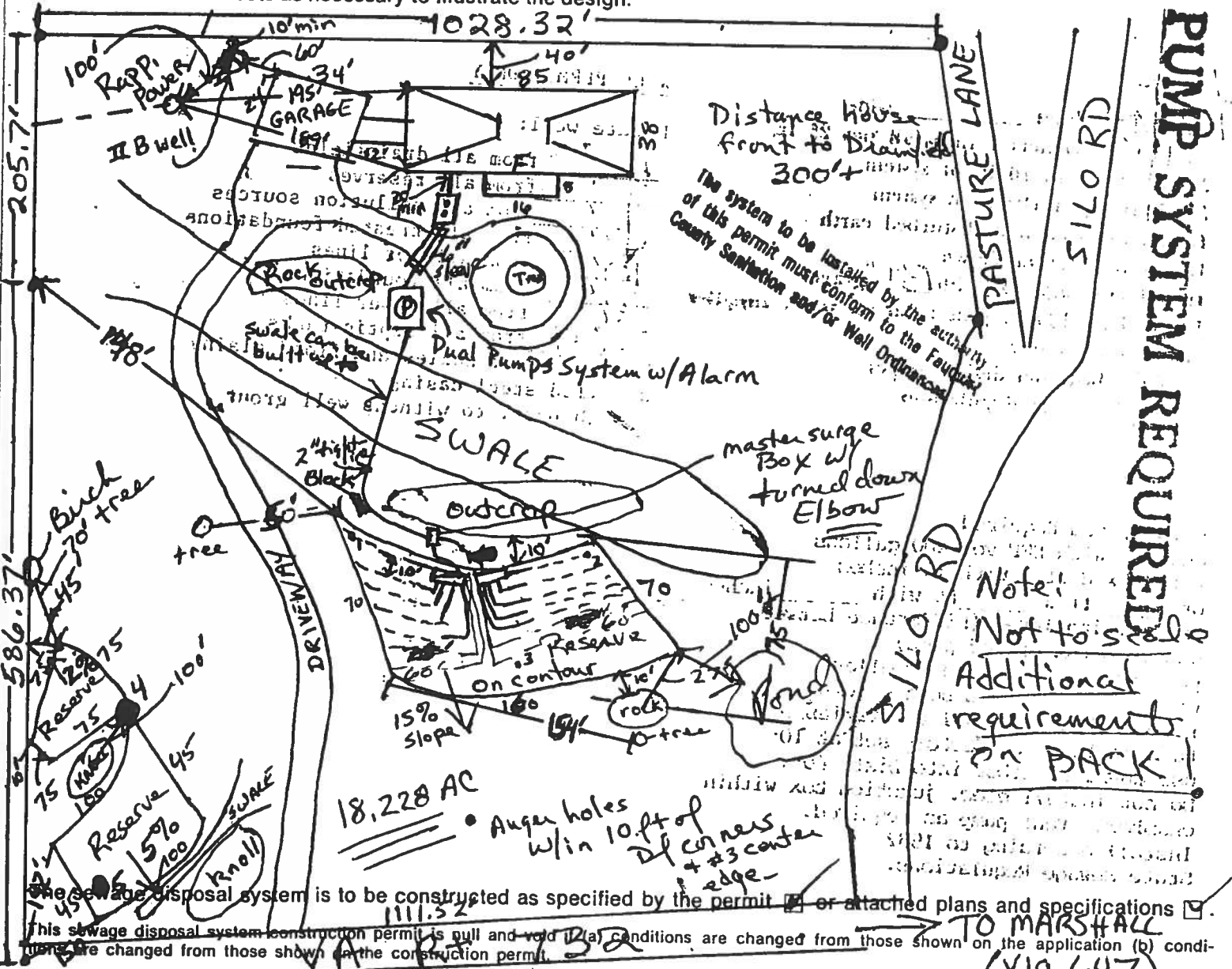
Schematic drawing of sewage disposal system and topographic features.

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 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.

5 Bedroom

Sec 49 Pct 45

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.



PUMP SYSTEM REQUIRED

Note:
Not to scale
Additional requirements on BACK!

This 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 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 department. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 3/16/90 Issued by: *Cal Johnson*
Sanitarian
Date: 3/19/90 Reviewed by: *John P. Gargant*
Supervisory Sanitarian

This Construction Permit Valid until 3/16/90

To neglect will be...
but the eye...
eye contact...
his wife...

lines 3' wide.
10' 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 30-34 with 3+" gravel
Install D.F. 100 ft. plus from all water supplies
Install on contour
bedroom design as per
1982 Sewage Regulations

WELL PERMIT ONLY

Locate well:
50' from all drainfields
50' from all reserves
50' from all pollution sources
50' from all treated foundations
10' from all lot lines
35' from all foundations
50' from all sewer lines
50' from all septic tanks
Locate out of swales and flood plains
Use .188 steel casing
Health Dept. to witness well grout.

Pump System Required
Chamber with EFF vol. 400 gallons
4 ft. x 8 ft. with 10 inches
or 4 ft x 10 ft with 10 inches
EFF pumping level (Difference between
cut on & cut off of pump)
PUMP VED 26 ft. Impeller
or equiv. Approved sewage pump
fitted with check valve & variable
turn on level or factory set at 10"
use downward elbow into Dist. Box.
Do not install elec. junction box within
chamber. Vent pump as required.
Install according to 1982
State Sewage Regulations.

WAH#29AM OT
(TPS DIV)

no. 1000000000
3/11/82

Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Use of form required only when water supply constructed in conjunction with an on-site sewage disposal system, or when FHA, VA financing is involved.

Health Department

I.D. Number SD-90-0193

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

Map Reference

	49	45
--	----	----

Date 3/20/90 Local Health Department Fauquier

Owner Merrick Burleson Address 13403 Marie Dr. Phone 791-6201
Manassas, Va. 22110

Exact Location of Premises _____

Subdivision _____ Section/Block _____ Lot _____

Class of nonpublic drinking water well.

1) Class III	A. (drilled well)	<input type="checkbox"/>
2) Class III	B. (bored well)	<input type="checkbox"/>
3) Class III	C. (jetted well)	<input type="checkbox"/>
4) Class III	D. (dug well)	<input type="checkbox"/>
5) Other <u>IB</u>	E. <u>Rotary</u>	<input checked="" type="checkbox"/>

Date of Installation 5/1/90

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 18.02.07. Yes No
- Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
Building Sewer 100' Pretreatment Unit 100' Conveyance System 100' Subsurface Soil Absorption System 300' (nearest point). Property Line 10' Other garage 55'
Site graded where necessary to divert water away from well? Yes No n.a.
- Construction, General: (see Section 18.02.05, and 18.02.02)
Total depth of well 210 feet. Type of casing Steel, 18". Depth of casing 62 feet. Diameter of casing 6.25 inches. Casing extends inches above ground 18". Exterior space around casing sealed with neat cement grout to a depth of 50 feet. Screens constructed of _____
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 Waterbury
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 1 hours. Drawdown 11 feet.
Yield 100+ GPM. Type of storage well
- Quality: Sample tap provided at entry into system? yes no Sample(s) collected? yes no
Results of samples. Satisfactory Unsatisfactory (attach copy of results to 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 is approved.

Remarks: Approval Based on Driller Log. Grout as stressed by HP Bags grout - 67
Construction only

Date 5/9/90

Signed _____

Date 5/9/90

Signed _____

Date _____

Signed _____

John R. Fargent
Sanitarian
Supervisor Sanitarian

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

Fg County

(Certification of Completion/County Permit)

• BWCM No. _____

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

County/City Fauquier County
County/City Stamp

SWCB Permit	_____
County Permit	<u>SD-90-193</u>
Certification of inspecting official: This well does _____ does not _____ meet code/low 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	_____
• Cuttings	_____
• Water Analysis	_____
• Aquifer Test	_____

• Owner Entre Builders Inc.
 • Well Designation or Number _____
 Address 4500 Chimneys West Dr.
Haymarket VA 22069
 Phone 754-7012

• Drilling Contractor _____
 Address DOMINION WELL COMPANY
361-3443 Manassas 361-9126
 Phone 1-800-523-9977

Tax Map I.D. No.	<u>49/45</u>
Subdivision	_____
Section	_____
Block	<u>Rt 732</u>
Lot	<u>#45</u>
Class Well: I	_____
IIA	_____
IIIB <input checked="" type="checkbox"/>	_____
IIIA	_____
IIIB	_____
IIIC	_____
IIID	_____
IIIE	_____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
 and _____ (feet/miles _____ direction) of _____
 (If possible please include map showing location marked)

Directions: See Reverse

Date started 4-30-90 • Date completed 5-1-90 Type rig air rotary

1. WELL DATA: New Reworked _____ Deepened _____

• Total depth 210 ft.

• Depth to bedrock 30 ft.

• Hole size (Also include reamed zones)

- 10 inches from 0 to 62 ft.
- 6-1/8 inches from 62 to 210 ft.
- _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

- 6 1/4 inches from +1 to 62 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 _____
- _____ inches from _____ to _____ ft.
Mesh size _____ Type _____
- _____ inches from _____ to _____ ft.
Mesh size _____ Type _____

• Gravel pack

- From _____ to _____ ft.
- From _____ to _____ ft.

• Grout

- From _____ to _____ ft., Type _____
- From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ of _____

- Static water level (unpumped level-measured) _____ ft.
- Stabilized measured pumping water level 30 ft.
- Stabilized yield 100+ gpm after 1 hours

Natural Flow: Yes _____ No flow rate: _____ gpm

Comment on quality clear

3. WATER ZONES: From 70 To 75

From 146 To 145 From 185 To 190

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 _____ • 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 _____