

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Loudoun

Health Department



Health Department

Identification Number 525 166 34

Map Reference 85 W/O 7

General Information

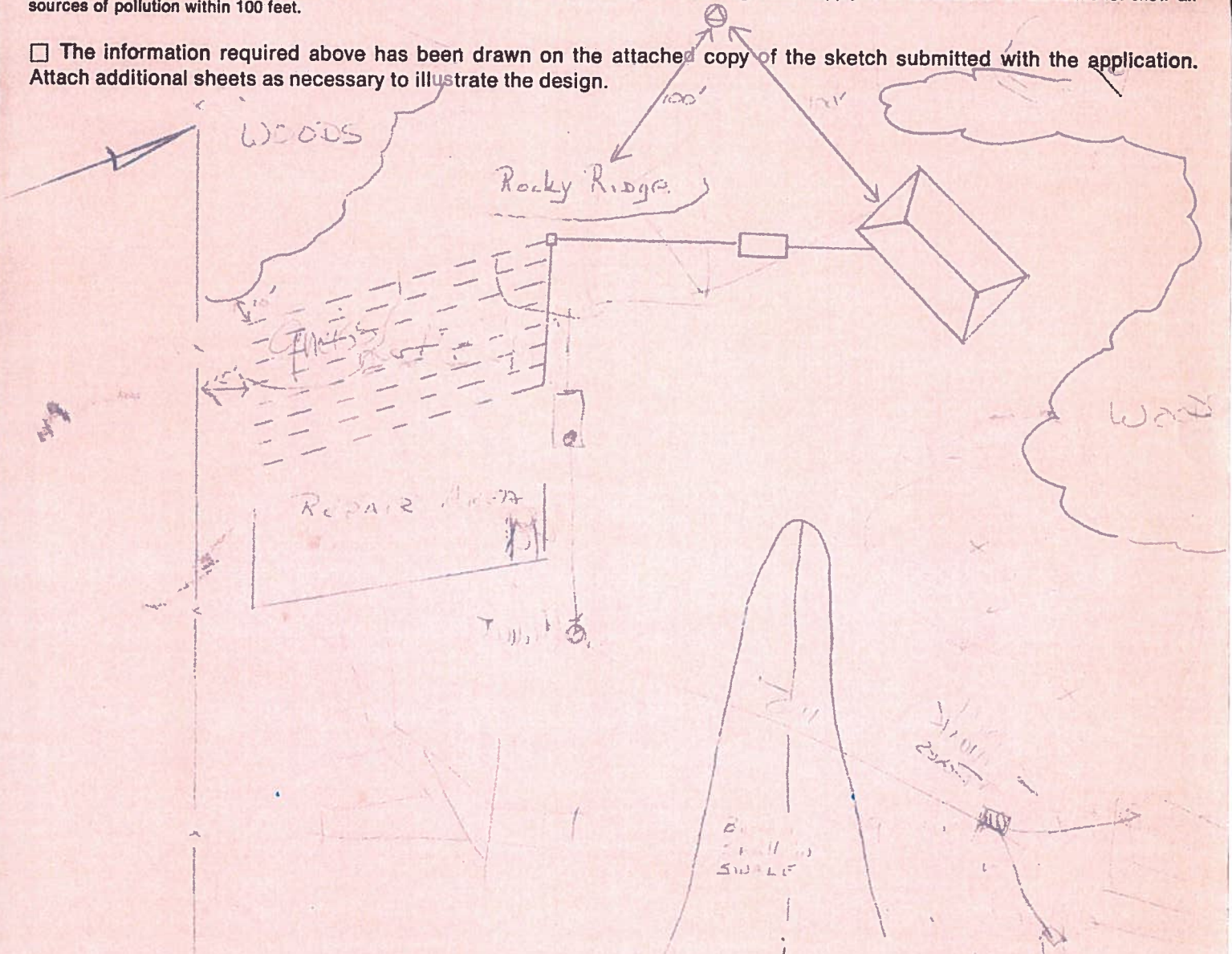
New Repair Expanded Conditional FHA VA Case No. na
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
 Owner Elizabeth Harris c/o Boteler Associates Telephone _____
 Address Middleburg, Virginia 22117
 For a Type I Sewage disposal system which is to be constructed on/at Pt. 15 S, Pt. 30 W, R on 676
past "Rutledge" main house and barns to last field on R
 Subdivision na Section/Block 88 Lot n/o 7
 Actual or estimated water use 150 gpd - 5 bedrooms

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class _____ cased _____ grouted _____	Water supply location: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Building sewer: _____ I.D. PVC 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 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 shown design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Gravity mains: <u>3"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" 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 _____	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ Sanitarian	

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.

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. If construction has not commenced within 12 months of date of issuance, the 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 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: July 16 1989 Issued by: [Signature]
 Sanitarian

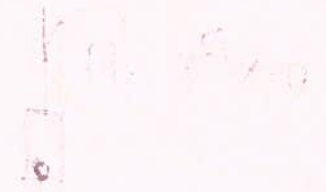
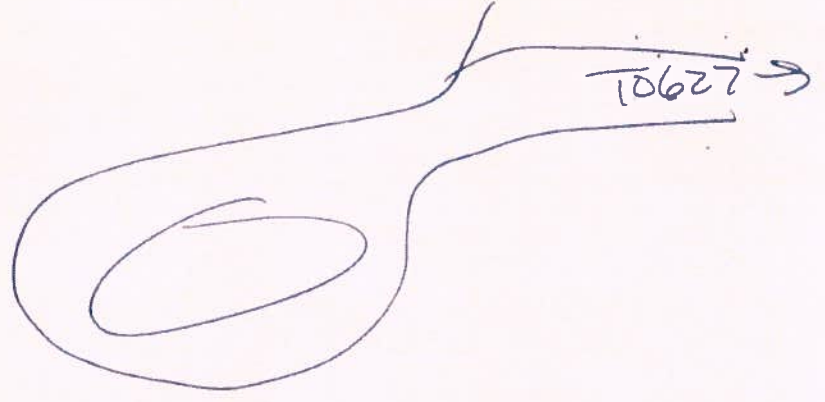
Date: 14 July 89 Reviewed by: [Signature]
 Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

10627 →

Well



Clear

will mark
boxes



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)

SWCB Permit _____
County Permit <u>355FSW 84</u>
Certification of inspecting official: This well does _____ does not _____ meet code/low requirements. S. _____ Date _____
For Office Use

County/City Loudoun County

County/City Stamp

• Virginia Plane Coordinates
<u>481600</u> N
<u>2227200</u> E
Latitude & Longitude
_____ N
_____ W
• Topo. Map No. <u>215C</u>
• Elevation _____ ft.
• Formation _____
• Lithology _____
• River Basin _____
• Province _____
• Type Logs <u>Drillers</u>
• Cuttings _____
• Water Analysis _____
• Aquifer Test _____

• Owner Elizabeth Harris (Joan Dupont)

• Well Designation or Number _____

Address c/o Boteler Associates
Middleburg, Virginia 22117

Phone 687-6026

• Drilling Contractor Valley Drilling Corp. of Va

Address Rt. 1 Box 6K
Upperville, Va. 22176

Phone 592-3239

Tax Map I.D. No. <u>88 P/O 7</u>
Subdivision _____
Section <u>88</u>
Block _____
Lot <u>p/o 7</u>
Class Well I _____, IIA _____
IIIB _____, IIIA _____, IIIB <input checked="" type="checkbox"/>
IIIC _____, IIID _____, IIIE _____

WELL LOCATION: Rt. 50 (feet/miles left on Rt. 627) direction of go past Rutledge
and _____ feet/miles (direction) of main house and barns to last field on
(If possible please include map showing location marked) right.

Date started 3/25/85 • Date completed 3/26/85 Type rig Rotary

1. WELL DATA: New Reworked _____ Deepened _____

• Total depth 180' ft.

• Depth to bedrock 16 ft.

• Hole size (Also include reamed zones)

- 10 inches from ±1 to 49 ft.
- 6 inches from 50 to 180' ft.
- _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

- 6 inches from ±1 to 49 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 _____

• Gravel pack

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

• Grout

- From 0 to 25 ft. Type Cement
- From 25 to 50 ft. Type Cement

2. WATER DATA • Water temperature 56° OF

- Static water level (unpumped level measured) 20 ft
- Stabilized measured pumping water level _____ ft
- Stabilized yield 100 gpm after 2 hours
- Natural Flow Yes _____ NO flow rate _____ gpm
- Comment on quality Clear & Cold

3. WATER ZONES From _____ To _____

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 _____ • 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 _____

Owner Elizabeth Harris (Joan Dupont)

BWCM No. _____

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)				11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL	REMARKS	Drilling Time (Min.)	
From	To	(color, material, fossils, hardness, etc.)	(water, caving, cavities, broken, core, shot, (etc.))		
0	16	Overburden			
16	180	Bluestone (gneiss)			

13. Well lot dedicated? _____, Size _____ ft X _____ ft, Well house? _____
 Distance to nearest pollutant source _____ ft, Type _____
 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.

Signature Peggy J. Ingham (Seal), Date 3/26/85
 (Well drilled or authorized person) License No. W-103

State Water Control Board Regional Offices

Valley Reg. Off.
 116 North Main Street
 P. O. Box 268
 Bridgewater, Va. 22812
 703-828-2595

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

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

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

West Central Reg. Off.
 Executive Park
 3312 Peters Creek Road
 Roanoke, Va. 24019
 703-982-7432

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