

COMMONWEALTH OF VIRGINIA  
WATER WELL COMPLETION REPORT

Fq County

• 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

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  
1-800-522-2077  
 Phone \_\_\_\_\_

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 <u>X</u> , 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 \_\_\_\_\_
  - 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 \_\_\_\_\_

# 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
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Date 3/20/90

Local Health Department Fauquier

Owner Merrick Burleson

Address 13403 Marie Dr.  
Manassas, Va. 22110

Phone 791-6201

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, 188. Depth of casing 62 feet. Diameter of casing 6.25 inches. Casing extends inches above ground 15". 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 waterproof  
 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 in increased by 60' Bags grout - 67

Date 5/9/90

Signed \_\_\_\_\_

Date 5/9/90

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

*[Signature]*  
Sanitarian  
*[Signature]*  
Supervisor Sanitarian

# Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health



Health Department Identification Number SD-90-193  
Map Reference 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 R on 647, R 635 to C 732. 2 3/4 mile to entrance on Right

Subdivision \_\_\_\_\_ Section/Block 49 Lot 45

Actual or estimated water use 5 Bedroom 750 gpd

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>IB</u> <u>grout tube witnessed by HD</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class _____ cased <u>50'</u> grouted <u>50'</u>	G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/> <u>DEF 5/9/90</u>
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>	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>
Septic tank: Capacity <u>1500</u> gals. (minimum). <input checked="" type="checkbox"/> Other <u>smooth pipe to dis box</u>	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>TAPP 1500</u>
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 f.d</u>	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>stubs to be installed</u>
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. If yes: <u>see attached sheet</u>	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>TAPP 1125 No electricity yet</u> <u>5/2/90</u>
Gravity mains: <u>4"</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 <u>2" pipe sleeve from pump 3' out</u> <u>1120</u>
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 &amp; each</u>	Distribution box: <u>6 extra ports each</u> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>surge box to be left open for pump imp.</u> <u>No elbow in place. ✓ Coffer Right OK</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>8.26 9.25 3 4 5 6 7</u> <u>8-7 9.12 11.23 13.45 15.00 15.26 16.93</u> <u>0.16 .23 .24 .3 0.4 0.54</u> <u>1.9 2.7 2.5 3.2 3.4 3.4 4.7</u>
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>w/ treated paper</u>	Percolation lines: <u>Rock in top 2 lines on Rt side</u> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory _____ <u>4.50 2 3 4 5 6 7</u> <u>4.21 6.42 7.77 9.35 11.00 12.09 13.20</u> <u>3.8 6.16 7.61 8.99 10.78 11.85 13.08</u> <u>2.9 3.1 3.2 3.4 3.4 3.4 4.7</u>
Absorption trenches: <u>2520</u> Square ft. required <u>2520</u> ; depth from ground surface to bottom of trench <u>30-34"</u> ; aggregate size <u>1/2 to 1/2"</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+4"</u> Trench length <u>26</u> ; Number of trenches <u>14</u>	Absorption trenches: <u>Rock in top 2 lines on Rt side OK</u> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory _____ <u>7/31/90 attached</u> Date <u>9/6/90</u> Inspected and approved by: <u>[Signature]</u> Sanitarian

5.49/45 6938-101-8265 54/645

*changed 6/25/90 CHA*

*pump & p. in amended in file Date 9/6/90 initiated*

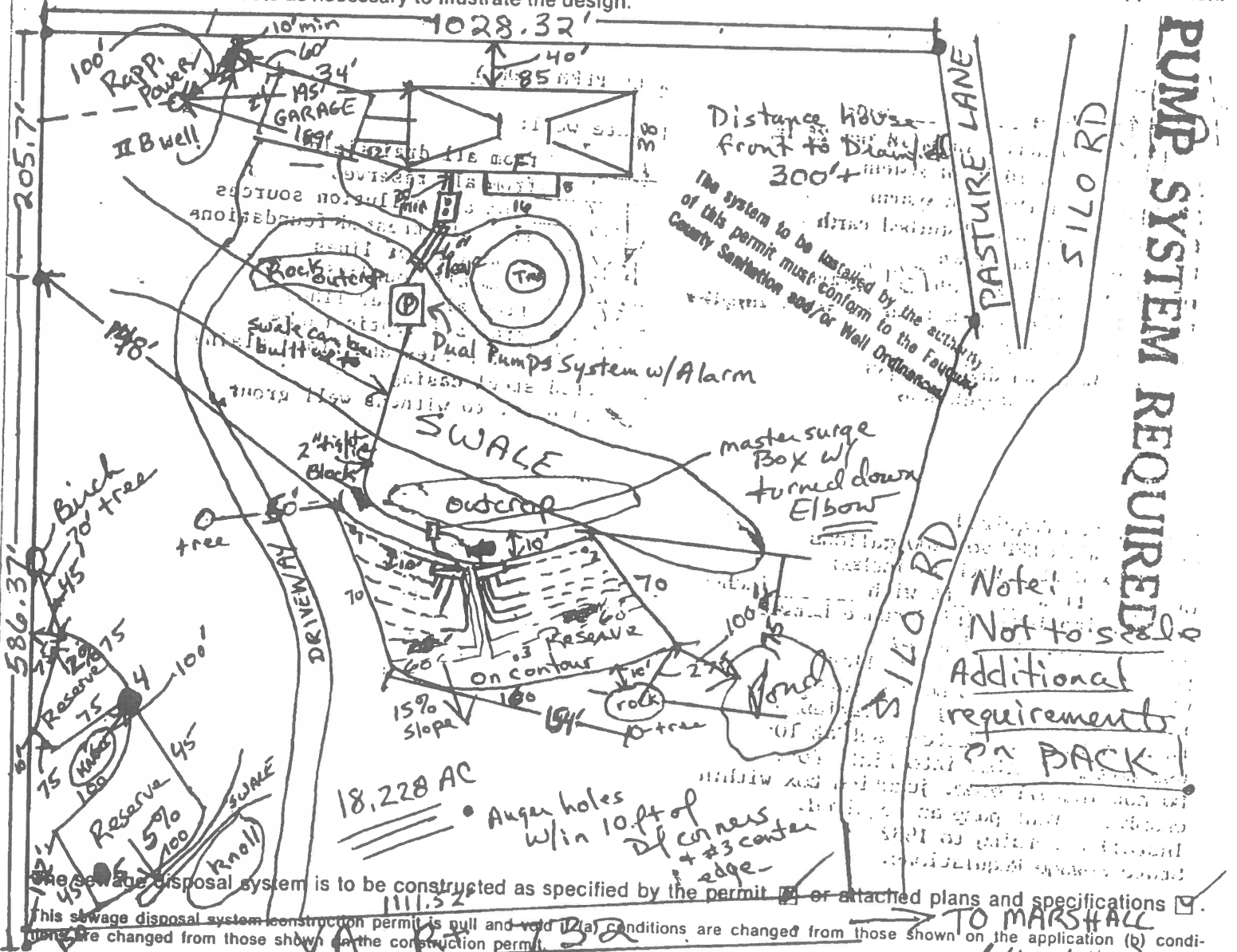
**Schematic drawing of sewage disposal system and topographic features.**

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.



Distance house front to drain 300'

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

**PUMP SYSTEM REQUIRED**

Note:  
Not to scale  
Additional requirements on BACK!

18.228 AC

Auger holes w/in 10.0 ft of corners + #3 center edge.

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 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: 3/16/90 Issued by: C. A. Jackson  
 Date: 3/19/90 Reviewed by: John P. Argent  
 Sanitarian  
 Supervisory Sanitarian

This Construction Permit Valid until 3/16/90

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_