



COMMONWEALTH OF VIRGINIA

COUNTY OF LOUDOUN

DEPARTMENT OF PUBLIC HEALTH

209 GIBSON STREET, N.W.
LEESBURG, VIRGINIA 22075



J. Philip Keeve, M.D.
Director

Administration)
Nursing) 777-0236
Dental)
Environmental Health) 777-0234

MEMORANDUM TO: Department of Planning & Zoning

FROM: Jeffrey A. Barr *JAB*, Sanitarian
Division of Environmental Health

SUBJECT: Brittain Dudlip Property

LCTM#: 88:5

DATE: October 3, 1991

A site visit was made to the above referenced property. The addition of -----a 20' x 40' swimming pool----- seems to have no impact on existing drainfields or wells in the immediate area.

Loudoun County Health Department has no objections to the construction of this addition, with the following conditions:

LDY/jp

APPLICATION FOR INSPECTION - SEWAGE DISPOSAL/WATER SUPPLY
FOR ADDITIONS AND/OR OUTBUILDINGS

79.89
1982 Acre.

APPLICANT Wieland Const Co

HOME TELEPHONE _____

MAILING ADDRESS 7323 Shreve Rd
Falls Church, VA

OFFICE TELEPHONE 703 560 0438

OWNER Brittain Cudlip

TELEPHONE _____

MAILING ADDRESS Rt 734 Rt 63
Middleburg, VA

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG) 2.5 miles
Rt 15 to Rt 50 Turn R
to Aldi Turn R 734 to white Mail Box Beck Dale Farm

PROPERTY IDENTIFICATION NUMBER: SEC. 88A PARCEL 5 (AVAILABLE FROM COMM. OF REV.)

(IF APPLICABLE) NAME OF SUBDIVISION: _____ SEC. _____ LOT _____

ACRES AND/OR SQ.FT. IN THIS PARCEL: 79.894 ATTACH PLOT PLAN (SKETCH) ON FORM PROVIDED.

TYPE OF SEWAGE DISPOSAL:

PROPOSED PUBLIC SEWER (SYSTEM: _____)

EXISTING SEPTIC TANK DRAINFIELD SYSTEM

REPAIR OTHER (DESCRIBE: _____)

INTERMITTENT

TYPE OF WATER SUPPLY:

PROPOSED PUBLIC-CENTRAL (SYSTEM NAME: _____)

EXISTING PRIVATE DRILLED WELL

OTHER (DESCRIBE: _____)

TYPE OF CONSTRUCTION:

PROPOSED SINGLE FAMILY DWELLING

EXISTING COMMERCIAL

REMODELING OTHER

(DESCRIBE) ATTACH A COMPLETE DESCRIPTION OF ALL ACTIVITIES - INCLUDE NO. OF EMPLOYEES, ETC. AND ALL OTHER PERTINENT INFORMATION

FIXTURES TO BE INSTALLED:

DISHWASHING MACHINES YES NO

AUTO. CLOTHES WASHERS YES NO

GARBAGE DISPOSAL UNITS YES NO

CONSTRUCTION INFORMATION:

Number of marketable bedrooms _____

Will foundation be chemically treated for termites? YES NO

Will plumbing fixtures be installed in basement? YES NO

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPT. NO YES

IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.) _____

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.

IF THE APPLICANT IS OTHER THEN THE LEGAL OWNER OF THE PROPERTY AT THE TIME APPLICATION IS MADE, THEN THE LEGAL OWNER MUST SIGN, THEREBY GIVING CONSENT TO THE AGENTS OF THE COUNTY TO ENTER ONTO THE PROPERTY AND MAKE SUCH TESTS AS ARE NECESSARY AND/OR REQUIRED.

APPLICANT SIGNATURE: [Signature]

DATE 9-18-91

LEGAL OWNER: _____

DATE: 9-18-91

ATTACH PLOT PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
209 GIBSON STREET, NW • LEESBURG, VIRGINIA 22075-2193

(FOR OFFICIAL USE ONLY)

RECEIVED AND ACCEPTED	DATE <u>9-19-91</u>	INITIAL <u>ML</u>	SYSTEM TYPE _____
SITE VISIT	DATE <u>10/3/91</u>	INITIAL <u>[Signature]</u>	PLANS RECEIVED _____ FHAVA No. _____
SOIL EVALUATION	DATE <u>10/3/91</u>	INITIAL <u>[Signature]</u>	ENGINEER'S NAME _____
APPROVED/DISPROVED	DATE _____	INITIAL _____	TELEPHONE NO. _____
COMMENTS: _____			OTHER APPROVAL REQUIRED _____

ZONING CLEARANCE GRANTOR

DATE: _____ FEE PAID YES NO

APPLICATION NUMBER: 338-91 (ATTACH RECEIPT)

PLANIMETRIC MAP NUMBER _____

NOTE: COMPLETE ALL SECTIONS: INCOMPLETE APPLICATIONS WILL BE RETURNED. (CALL 703-777-0234 FOR ASSISTANCE)

88-5



COMMONWEALTH OF VIRGINIA

COUNTY OF LOUDOUN

DEPARTMENT OF PUBLIC HEALTH

209 GIBSON STREET, N.W.
LEESBURG, VIRGINIA 22075



J. Philip Keene, M.D.
Director

Administration		
Nursing		777-0236
Dental		
Environmental Health		777-0234

JAB

MEMORANDUM TO: Department of Planning and Zoning

FROM: JEFFREY A BARR *JAB*, Sanitarian
Division of Environmental Health

SUBJECT: Charles Cudlip Property

LCTM: 88/5

DATE: September 10, 1991

A site visit was made to the above referenced property. The addition of line to serve bathroom in barn seems to have no impact on existing drainfields or wells in the immediate area.

Loudoun County Health Department has no objections to the construction of this addition, with the following conditions:

LDY/jp

APPLI CATION FOR I NSPECTI ON - SEWAGE DI SPOSAL/WATER SUPPLY
 FOR ADDI TIONS AND/OR OUTBU I LDINGS

APPLICANT J. D. Tucker Building HOME TELEPHONE _____
 MAILING ADDRESS _____ OFFICE TELEPHONE 347-7591

OWNER Mr. & Mrs. Charles Custis TELEPHONE _____
 MAILING ADDRESS 2204 Kingsway Rd. N.W.
Washington, D.C. 20009

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG) 15 S, Rt 500, R 734
2 1/4 mi. out

PROPERTY IDENTIFICATION NUMBER: SEC. 88 PARCEL 5 (AVAILABLE FROM COMM. OF REV.)
 (IF APPLICABLE) NAME OF SUBDIVISION: _____ SEC. _____ LOT _____

ACRES AND/OR SQ.FT. IN THIS PARCEL: 7997 ATTACH PLOT PLAN (SKETCH) ON FORM PROVIDED.

TYPE OF SEWAGE DISPOSAL:
 PROPOSED PUBLIC SEWER (SYSTEM: _____)
 EXISTING SEPTIC TANK DRAINFIELD SYSTEM
 REPAIR OTHER (DESCRIBE: _____)
 INTERMITTENT

TYPE OF WATER SUPPLY:
 PROPOSED PUBLIC-CENTRAL (SYSTEM NAME: _____)
 EXISTING PRIVATE DRILLED WELL
 OTHER (DESCRIBE: _____)

TYPE OF CONSTRUCTION:
 PROPOSED SINGLE FAMILY DWELLING
 EXISTING COMMERCIAL } → ATTACH A COMPLETE DESCRIPTION OF ALL AC-
 REMODELING OTHER } TIVITIES - INCLUDE NO. OF EMPLOYEES, ETC.
 (DESCRIBE) AND ALL OTHER PERTINENT INFORMATION

FIXTURES TO BE INSTALLED:
 DISHWASHING MACHINES YES NO
 AUTO. CLOTHES WASHERS YES NO
 GARBAGE DISPOSAL UNITS YES NO

CONSTRUCTION INFORMATION:
 Number of marketable bedrooms: _____
 Will foundation be chemically treated for termites? YES NO
 Will plumbing fixtures be installed in basement? YES NO

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPT. NO YES
 IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.) _____

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.

IF THE APPLICANT IS OTHER THEN THE LEGAL OWNER
 OF THE PROPERTY AT THE TIME APPLICATION IS MADE,
 THEN THE LEGAL OWNER MUST SIGN, THEREBY GIVING
 CONSENT TO THE AGENTS OF THE COUNTY TO ENTER
 ONTO THE PROPERTY AND MAKE SUCH TESTS AS ARE
 NECESSARY AND/OR REQUIRED.

APPLICANT SIGNATURE: _____
 DATE: _____
 LEGAL OWNER: _____
 DATE: _____

ATTACH PLOT PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
 209 GIBSON STREET, NW • LEESBURG, VIRGINIA 22075-2193

(FOR OFFICIAL USE ONLY)

RECEIVED AND ACCEPTED	DATE <u>9/5/91</u>	INITIAL <u>JTB</u>	SYSTEM TYPE _____
SITE VISIT	DATE <u>9/10/91</u>	INITIAL <u>JTB</u>	PLANS RECEIVED _____ FHA/VA No. _____
SOIL EVALUATION	DATE <u>9/10/91</u>	INITIAL <u>JTB</u>	ENGINEER'S NAME _____
APPROVED/DISPROVED	DATE <u>9/10/91</u>	INITIAL <u>JTB</u>	TELEPHONE NO. _____
COMMENTS: _____			OTHER APPROVAL REQUIRED _____

			ZONING CLEARANCE GRANTOR _____
			DATE: _____ FEE PAID <input type="checkbox"/> YES <input type="checkbox"/> NO
			APPLICATION NUMBER: <u>311-91</u> ATTACH RECEIPT _____
			PLANIMETRIC MAP NUMBER _____

NOTE: COMPLETE ALL SECTIONS: INCOMPLETE APPLICATIONS WILL BE RETURNED.
 (CALL 703-777-0234 FOR ASSISTANCE)



J. Phillip Keeve, M.D.
Director

COMMONWEALTH OF VIRGINIA

COUNTY OF LOUDOUN

DEPARTMENT OF PUBLIC HEALTH

209 GIBSON STREET, N.W.
LEESBURG, VIRGINIA 22075



Administration		
Nursing		777-0236
Dental		
Environmental Health		777-0234

MEMORANDUM TO: Department of Planning & Zoning
 FROM: Jeffrey A. Barr, Sanitarian
 SUBJECT: Commission of Environmental Health
 88.5 Property
 AUGUST 9, 1991
 DATE: _____

*-----a 24' x 28' addition, 640 sq. ft. added property. The
 A site visit was made to the above referenced property. The
 addition of _____ seems to have no
 impact on existing drainfields or wells in the immediate area.

**Addition to consist of: Health Department has no objections to the
 Loudoun County: Heating Room, dressing room, large single closets &
 an office **
 construction of this addition, with the following conditions:

The new house shall not exceed 4 BR

LDY/jp

LOUDOUN COUNTY HEALTH DEPARTMENT

APPLICATION FOR INSPECTION - SEWAGE DISPOSAL/WATER SUPPLY
FOR ADDITIONS AND/OR OUTBUILDINGS

APPLICANT J.D. Fisher Builders Inc
MAILING ADDRESS Rt 5 Box 181-B
Warrenton VA 22186

HOME TELEPHONE _____
OFFICE TELEPHONE 347-7591

OWNER Mrs. Charles Cudlip
MAILING ADDRESS 2306 Katerams Rd NW
Washington DC 20008

TELEPHONE _____

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG) 155-50W-734-2 1/4 mi on L
Beck Dale Farm

PROPERTY IDENTIFICATION NUMBER: SEC. 88 PARCEL 5 (AVAILABLE FROM COMM. OF REV.)

(IF APPLICABLE) NAME OF SUBDIVISION: Beck Dale Farm SEC. _____ LOT _____

ACRES AND/OR SQ.FT. IN THIS PARCEL: 79.87 ATTACH PLOT PLAN (SKETCH) ON FORM PROVIDED.

TYPE OF SEWAGE DISPOSAL:

- PROPOSED
- EXISTING
- REPAIR
- INTERMITTENT
- PUBLIC SEWER (SYSTEM: _____)
- SEPTIC TANK DRAINFIELD SYSTEM
- OTHER (DESCRIBE: _____)

TYPE OF WATER SUPPLY:

- PROPOSED
- EXISTING
- PUBLIC-CENTRAL (SYSTEM NAME: _____)
- PRIVATE DRILLED WELL
- OTHER (DESCRIBE: _____)

TYPE OF CONSTRUCTION:

Addition to House

- PROPOSED
- EXISTING
- REMODELING (DESCRIBE)
- SINGLE FAMILY DWELLING
- COMMERCIAL
- OTHER

ATTACH A COMPLETE DESCRIPTION OF ALL ACTIVITIES - INCLUDE NO. OF EMPLOYEES, ETC. AND ALL OTHER PERTINENT INFORMATION

FIXTURES TO BE INSTALLED:

- DISHWASHING MACHINES YES NO
- AUTO. CLOTHES WASHERS YES NO
- GARBAGE DISPOSAL UNITS YES NO

CONSTRUCTION INFORMATION:

- Number of marketable bedrooms 3
- Will foundation be chemically treated for termites? YES NO
- Will plumbing fixtures be installed in basement? YES NO

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPT. NO YES

IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.) _____

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.

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APPLICANT SIGNATURE: J.D. Fisher
DATE: _____

LEGAL OWNER: _____
DATE: _____

ATTACH PLOT PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
209 GIBSON STREET, NW • LEESBURG, VIRGINIA 22075-2193

(FOR OFFICIAL USE ONLY)

RECEIVED AND ACCEPTED	DATE <u>8-9-91</u>	INITIAL <u>JAB</u>	SYSTEM TYPE _____
SITE VISIT	DATE <u>8-12-91</u>	INITIAL <u>JAB</u>	PLANS RECEIVED _____ FHA/VA No. _____
SOIL EVALUATION	DATE <u>7/2/91</u>	INITIAL <u>JAB</u>	ENGINEER'S NAME _____
APPROVED/DISPROVED	DATE _____	INITIAL _____	TELEPHONE NO. _____
COMMENTS: _____			OTHER APPROVAL REQUIRED _____

ZONING CLEARANCE GRANTOR _____

DATE: _____ FEE PAID YES NO

APPLICATION NUMBER: 286-91 ATTACH RECEIPT

DIAGNOSTIC MAP NUMBER _____

NOTE: COMPLETE ALL SECTIONS: INCOMPLETE APPLICATIONS WILL BE RETURNED.
(CALL 703-777-0234 FOR ASSISTANCE)

LCTM 88/5
 PERMIT No. _____

DATE	SAN. INIT.	NAME*	PHONE	COMMENTS
12/30/87	JMY	R.W. Dehaut Const. MAC BALBRIDGE	777-7988 Shop #	met MAC AT site Existing tank is being used so if expansion of Add. of Bdr will mean new tank. - Checked 1st 5 lines (topmost lines) 5th line - problem with rock situated in VARIABLE depths (shallow) and crooked line - Tried to extend Header line further into 2nd trench - Short of 2' as is. Will Call for reinspection of bottom 2 lines. inspected line # 6 and #7 which were OK - told to cover these lines + rest of field Entire system complete 1/1/87
4/4/91	JL	Malcolm Matheson		informed Mr. Matheson of W.S. results from Fairfax lab given to me over the phone. informed him of chlorination procedures.
4/8/91	JL	Matheson		chlorine in water completed started by 1/4 at 5/63 in Well. (M. Matheson could n't be reached by phone)

*DRAINFIELD CONTRACTOR, WELL DRILLER, HOMEOWNER, REALTOR, ETC. (315)

PERMIT TO INSTALL REPAIR, REASONS FOR REJECTION
WATER SUPPLY SEWAGE DISPOSAL SYSTEM

SEC 88
PAR 5

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit. (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

Owner Archibald Douglas Address 834 5th Ave., N.Y., N.Y 10021 Phone _____
 Occupant Earth Design Address Neavil's Mill, Casanova, Va. 22017 Phone 592-3869
 (Mailing Address) 347-9330 0.

Exact Location of premises 155, W on 50, (R) on 734 ext to prop on (L) 910mi post RT 627
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other _____ Automatic Washing Machine Yes No Consumption 1000 gal. per day
 Actual Potential Bedrooms 5 TOT. Garbage Disposal Unit Yes No (Actual estimated Water)
 Additional wastes DISHWASHER

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other _____
 (To be installed) Class SB Cased _____ ft. to be grouted _____ ft. CASED + GROUTED TO SOLID ROCK + 10' MINIMUM CASE LESS THAN 20'

RECOMMEND USE OF WATER SAVERS DEVICES (unless supported by positive evidence Class III is to be considered as to be installed.)

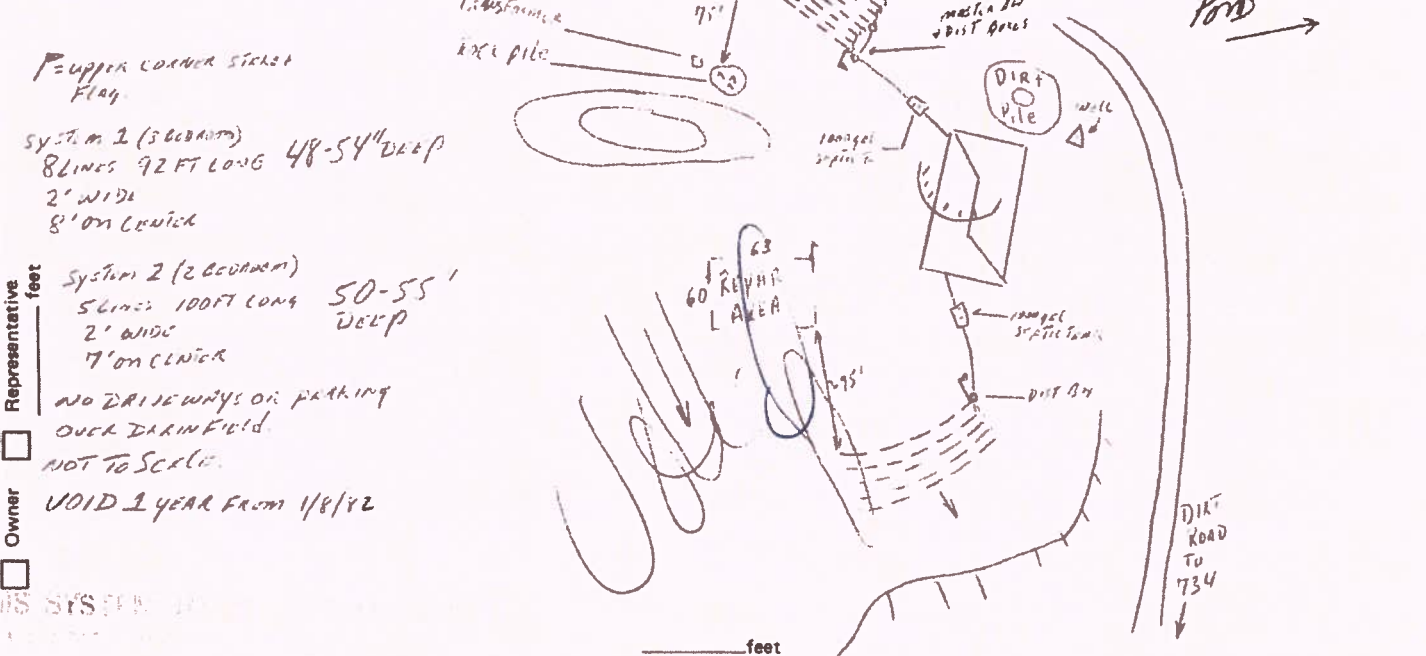
(2) SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification unh
 Estimated Percolation Rate 1-10 11-25 26-50 > 51 Percolation Test Required Yes No Rate _____
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles nine cm inches (estimate over 4 ft.) OTHER _____
 Surface drainage required Yes No OTHER DRAINAGE DIVERT SURFACE DRAINAGE AWAY FROM DRAINFIELD

(3) HOUSE SEWER LINE Size 1 1/2 inches. Type of material required plu. Distance from Water Supply 35' feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of concrete Material Liquid Capacity 1000 gallons. (2)
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required see below Type aggregate required 5 stone
 (5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to _____ inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be _____ inches from surface of original ground.
 Distance from well to septic tank 50' feet; distance from well to drainfield _____ feet. 100' INCL REPAIR AREA

Rough Sketch of Premises (including adjacent properties if pertinent, showing location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by indicating Distances and Slope with regard to one another.



Upper corner steel flag.
 System 1 (3 bedrooms)
 8 lines 92 FT LONG 48-54" DEEP
 2' WIDE
 8' ON CENTER
 System 2 (2 bedrooms)
 5 lines 100 FT LONG 50-55" DEEP
 2' WIDE
 7' ON CENTER
 NO DRIVEWAYS OR PARKING OVER DRAINFIELD.
 NOT TO SCALE.
 VOID 1 YEAR FROM 1/8/82

Note: Owner or his agent must notify LOUDOUN COUNTY Health Department, Phone 777-0234 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.
 Date _____ Approved _____ Date 1/8/82 Signed D. R. Hull
 (Reviewing Authority) (Sanitarian or Health Director)

COMMONWEALTH OF VIRGINIA 5-23-91 P/u try *Mallepropyter*
 FAIRFAX COUNTY HEALTH DEPARTMENT LABORATORY *Sp. 3. fa clear*
 REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER *JOP*

SAMPLE BAG CONTAINS THIOSULPHATE

TIME COLLECTED 9:30 AM CITY OR COUNTY Lee
 DATE COLLECTED 5/11/91
 SUPPLY OWNED BY Peasbas
 LOCATION 15750-734 9th St Apt 627
 SAMPLING POINT Peasby Tap
 SAMPLE COLLECTED BY PSK
 IS SUPPLY CHLORINATED? YES NO
 CHLORINE TEST MADE AT SAMPLING POINT? YES NO
 RES. CL. 0.0 PPM
 REPORT RESULTS TO:
AC119
209 Gibson St NW
Leesburg VA 22075
1st sample

CHECK TEST DESIRED

SPACE BELOW FOR LABORATORY USE ONLY

DATE COMPLETED	SAMPLE NUMBER
5/11/91	WB 604E

MEMBRANE FILTER

Membrane Filter _____ Coliforms/100 ml
 Membrane Filter _____ Fecal Coliforms/100 ml

Total Bacteria Count TNTC
 With Without Coliforms } Unsatisfactory for Membrane Filter. Please Resample.
 With Without Coliforms }
 With Without Coliforms }

MPN _____ Coliforms/100 ml _____ # Tubes +
 MPN _____ Fecal Coliforms/100 ml
 Dilution MPN _____ Coliforms/100 ml
 Dilution MPN _____ Fecal Coliforms/100 ml

RESULTS BASED ON CONFIRMED TESTS
 UNLESS OTHERWISE SPECIFIED *W/S*

88/8
3:00 PM
3/7/91
Archibald Douglas
155 to 504 to 734 N to 900
Kitchen sink 626
Kitchen A Room

COMMONWEALTH OF VIRGINIA-23-91
FAIRFAX COUNTY HEALTH DEPARTMENT LABORATORY
REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER

TIME COLLECTED 3:00 PM
DATE COLLECTED 3/7/91
CITY OR COUNTY Loudoun

SUPPLY OWNED BY Archibald Douglas
LOCATION 155 to 504 to 734 N to 900
SAMPLING POINT Kitchen sink 626
SAMPLE COLLECTED BY Kitchen A Room

IS SUPPLY CHLORINATED? YES NO
CHLORINE TEST MADE AT SAMPLING POINT? YES NO
RES. CL. _____ PPM

REPORT RESULTS TO:
LCHD
687-5774

SAMPLE BAG CONTAINS THIOSULPHATE

SPACE BELOW FOR LABORATORY USE ONLY	
DATE COMPLETED	SAMPLE NUMBER
5-10-91	WB 428E

MEMBRANE FILTER

Membrane Filter _____ Coliforms/100 ml
Membrane Filter _____ Fecal Coliforms/100 ml

Total Bacteria Count TNTC
 With Without Coliforms
 With Without Coliforms

Unsatisfactory for Membrane Filter. Please Resample.

MPN _____ Coliforms/100 ml _____ # Tubes +
 MPN _____ Fecal Coliforms/100 ml _____
 Dilution MPN _____ Coliforms/100 ml _____
 Dilution MPN _____ Fecal Coliforms/100 ml _____

RESULTS BASED ON CONFIRMED TESTS
UNLESS OTHERWISE SPECIFIED

CHECK TEST DESIRED

MAY 14 1991

502

4/4/91 gave Methuson results verbally from log before flow

COMMONWEALTH OF VIRGINIA
 FAIRFAX COUNTY HEALTH DEPARTMENT LABORATORY
 REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER

TIME COLLECTED 10:00
 DATE COLLECTED 3/25/91
 SUPPLY OWNED BY Douglas
 LOCATION Rt. 153, 50W, 734, prop. 0 mile S of
 SAMPLING POINT K. Top East
 SAMPLE COLLECTED BY J. Loh
 IS SUPPLY CHLORINATED? YES NO
 CHLORINE TEST MADE AT SAMPLING POINT? YES NO
 RES. CL. 0 PPM

SAMPLE BAG CONTAINS THIOSULPHATE

CITY OR COUNTY Loudoun
 REPORT RESULTS TO: LCHD 1st sample
 WOS

DATE COMPLETED 4-2-91
 SAMPLE NUMBER WB 108 D
 MEMBRANE FILTER
 Membrane Filter 04 1991
 Membrane Filter Coliforms/100 ml
 Fecal Coliforms/100 ml
 Total Bacteria Count TNTC
 With Without Coliforms
 Confluent Growth Without Coliforms
 With Without Coliforms
 Unsatisfactory for Membrane Filter. Please Resample.
 MPN Coliforms/100 ml # Tubes +
 MPN Fecal Coliforms/100 ml
 Dilution MPN Coliforms/100 ml
 Dilution MPN Fecal Coliforms/100 ml

SPACE BELOW FOR LABORATORY USE ONLY

RESULTS BASED ON CONFIRMED TESTS
 UNLESS OTHERWISE SPECIFIED

4/4/91 gave Methuson results verbally from log before flow

CHECK TEST DESIRED

**DIVISION OF ENVIRONMENTAL HEALTH
LOUDOUN COUNTY HEALTH DEPARTMENT**

209 GIBSON RD., N.W.
LEESBURG, VA 22075
(703) 777-0234

Metro 478-1850 Ext. 234



EVALUATION REPORT (Must be accompanied by Application)

Property Address: Rt. 1, Box 63A, Middleburg, Va. Tax Map 88/5 Parcel # 5
Owner Mr. & Mrs. G. Archibald Douglas Application # 077-91

The opinions given are rendered without knowledge of some of the individual parts of the sewage disposal system and water supply and apply only to the date and time the opinions are made. Changes in the number of occupants and the amount of sewage being put into the system, lack of system maintenance, unusually wet weather, and age are among causes of system failure. The owner of any occupied property is required, by law, to maintain an approved, properly functioning water supply and sewage disposal system. We can not guarantee the future performance of the sewage disposal system and water supply.

Water Supply: Public: Private: Public Water Available: Yes No Well Type: Drilled
Meets Min. Construction Stds: Yes No Unknown* If no, Explain _____
Sample Collected: Yes No Bacteriological Results: Satisfactory Unsatisfactory
The Water Supply Systems Appears to be: Satisfactory Unsatisfactory Well Yield If Known 50 GPM
Date of Test 4, 21, 82

REMARKS: (Shared well for main house and attached guest house)

*Wells developed prior to the 1976 adoption of the Loudoun County Well Water Ordinance may or may not meet current minimum requirements of 20' casing and 20' grout. Wells not developed in accordance with minimum requirements exhibit greater potential for surface water contamination.

Sewage Disposal System:

Public Private Public Sewer Available: Yes No Year System Installed Main House - 1982
Guest House - 1982, 1987
Septic Tank and Dist. Box(es) Uncovered: Yes No If Yes, are they Satisfactory Yes No
Is There An Effluent Pump System: Yes No If Yes, Is It Satisfactory Yes No Not Inspected
Flow Diversion Valve: Yes No N/A Trees, Driveways, Swimming Pools, etc., Over System Yes No
(Flow Diversion valve must be turned once a year)

	Design Capacity (Per Available Records)	Existing Usage: Per Owner <input checked="" type="checkbox"/> Per Inspection <input type="checkbox"/>
Number of Bedrooms	<u>Main House (4) / Guest House (4)</u>	<u>Main House (4) / Guest House (3)</u>
Automatic Washer	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Garbage Disposal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Recommend pumping septic tank in 19 91 and at 3 to 5 year intervals thereafter.

On The Date of The Evaluation

- Sewage disposal system appears to be functioning satisfactorily and with proper maintenance is not likely to create an unsanitary condition. (Both systems appeared to be ok)
- Sewage disposal system appears to be functioning satisfactorily. However, based upon the above information the potential loading of the system is in excess of design and does not meet State and/or Local Regulations.
- Sewage Disposal System Appears to be Unsatisfactory and is Malfunctioning as Follows:
 - Sewage Surfacing
 - Sewage (wastewater) Piped to Ground Surface
 - Sewage Backing Up In House Plumbing
- Other (See Remarks)

REMARKS

Evaluation of the Water Supply System or Sewage Disposal System is Based on Health Department Records, Owner's Statements, and a Visual On Site Inspection.

DATE OF EVALUATION 3/25/91 SANITARIAN [Signature]

DATE OF REVIEW 22 May 91 SUPERVISOR [Signature]

**DIVISION OF ENVIRONMENTAL HEALTH
LOUDOUN COUNTY HEALTH DEPARTMENT**
209 GIBSON ROAD, N.W.
LEESBURG, VA. 22075
(703) 777-0234 Metro 478-8400 Ext. 0234



APPLICATION

For Evaluation of existing water and/or sewage disposal systems.

Department use only
Request # 077-91 Area #: II
Fee () _____
Receipt number _____
Rec'd by [Signature] Date 3/13/91
Tax Map 8815
PIN # _____

PLEASE PRINT OR TYPE

NOTE: Make checks payable to: County of Loudoun

Proposed Settlement Date Mar. 1/91 Transfer? Refinance?
Property Address "Beckdale", Rt. 734 MERGER MARKET EAST Loudoun County, VA Subdivision Parcel A-A Sec _____ Lot _____ DEED BK 732 Page 611
Directions South Side of Rt. 734 - 2 1/2 miles from intersection with Rt. 50 at Abbie, VA
Owner Mr + Mrs. S. Archibald Douglas Phone: (H) 687-5945 (O) _____
Address: Rt. 1, Box 63A, Middleburg, VA. 22117
Evaluation Requested by Makolon Matheson, III Phone: (H) 687-6836 (O) 771-7171
Send Report to: Makolon Matheson, III c/o Matheson Properties, Inc.
Address: P.O. Box 307, The Plains, VA 22171

USE BACK OF THIS PAGE IF NECESSARY TO COMPLETE INFORMATION (Please Type or Clearly Print)

- 1 - Describe any history of a malfunction of the sewage disposal system (i.e. backup, pump malfunction, etc.) (None)
- 2 - Date Septic tank last pumped: _____ 3 - Number of bedrooms 4 4 - Approx. age of septic system 1983+
+ 3 ins attached to main house 1987
- 5 - Is an automatic clothes washer or hook-up installed? yes 6 - Is there a garbage disposal installed? NO
- 7 - a Has the dwelling been occupied under usual and customary waste load conditions for the past 30 days? yes
b. By how many people? 6
- 8 - Is there discharge of laundry, kitchen, or other waste on top of the ground surface? NO If yes, explain: _____
- 9 - Dwelling is connected to: WELL PUBLIC WATER OTHER (Answer 10, 11 if well or other is checked)
- 10 - Describe any history of well problems (insufficient water, muddy water, etc.) (None)
- 11 - Circle any form of water treatment (pH control, filters, softening, iron, sulphur, chlorination, ultra-violet)
(None)

The following information must be supplied by the owner. (Complete all blanks)

I CERTIFY THE INFORMATION ON THIS FORM WAS SUPPLIED BY THE OWNER AND IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE [Signature] PRINT NAME Makolon Matheson, III
OWNER AGENT

NOTE: Please attach copy of listing if available from realtor and copies of any previous records on the water supply and sewage disposal system.

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Sec. 88

Par. 5

Date _____ Case No. 105 687 F 82

Owner Archibald Douglas Address _____ Phone _____

Occupant Earth Design Address Neavil's Mill, Casanova, Va. 22017 Phone 347-9330

Exact Location of Premises Rt. 15 S. W on Rt. 50. R on 734, ent. to prop on L, 9/10 mi past Rt. 627 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design 114 [] Yes [] No. Distance to nearest House Sewer +150 feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION Allotted Area adequate [x] Yes [] No. Distance from nearest lot lines +30 feet. Trees +50 feet. Water Supplies 112-114 feet. Buildings +70 feet.

(6) DISTRIBUTION BOX Watertight and equal surcharge to each line by Water Test [x] Yes [] No. Distribution Box provided with 4 (Number) extra outlets for future use.

(2) INSTALLATION AND DESIGN Installed according to Permit Design [x] Yes [] No. Have additional Household Appliances been added NOT on Permit: [] Automatic Washer [] Garbage Disposal [] Other _____ (Describe)

(7) SUBSURFACE ABSORPTION FIELD Total Area in bottom of ditches 1000 square feet. Number of ditches 7 Length of ditches 22 feet. Grade of ditches Minimum 2 1/2 Inches per 100 feet. Maximum 5 inches per 100 feet. Has system been checked by instruments (Level) [x] Yes [] No. Type aggregate used 8 stone. Depth of aggregate under Tile 5 inches. Total depth of aggregate 13+ inches. Depth of backfill over aggregate 20-25 inches.

(3) SOIL CONDITION Are there soil conditions now evident which indicate system may be unsatisfactory as designed: [] Yes [x] No. If Yes, show adjustments required under "Remarks" below.

(8) SURFACE DRAINAGE House incomplete 10/21/82 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: [] Yes [] No. Was Surface Drainage required [] Yes [] No. If Yes, has this been provided [] Yes [] No. Has area been drained by lowering Ground Water Table: [] Yes [] No. [] Not required.

(4) HOUSE SEWER LINE NOT installed 10/21/82 Installed [] Yes [] No. Type of material _____ Size _____ Inches.

(9) Are follow-up inspections necessary [] Yes [] No.

(5) SEPTIC TANK Constructed of Concrete 1000 (Kind of Material) Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 inches. Inside Fittings comply with requirements [] Yes [] No. OUTLET only

Septic Tank Contractor: RANDY DEHART Address 305 Church St. Leesburg Phone 777-7980

This Sewage Disposal System (Is) () (No) Approved by Loudoun County Health Department Date 10/21/82 Signed [Signature] (Sanitarian) Date _____ Approved _____ (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: system installed per permit. Sewer line under parking area to house to be checked - call in 10/21/82 DRM.

28-5

WATER SUPPLY

County/City Leetown Date 5/1/82 Case No. 105F22

- Proposed
- Record of Inspection
- Public
- Quasi - Public
- Non-Public Drinking

Owner E Archibald Douglas Address _____ (Mailing Address) Phone _____

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of Premises TRIS (R) (S) (D) 11734 Leetown Rd #10 DISTRICT 627
(Subdivision, Street or Road Name, Section or Lot No.)

TYPE CUSTOMERS: Community Industrial Recreational Other:

TYPE SOURCE PROPOSED: _____

TOTAL PROPOSED ULTIMATE CONNECTIONS: _____

TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES) SERVED: _____

TOTAL PROPOSED PRESENT CONNECTIONS: _____

TOTAL PROPOSED PRESENT POPULATION SERVED: _____

* Notify Division of Engineering (Regional Engineer) of impending development of a Public Water Supply.

AN INDIVIDUAL WATER SUPPLY New Existing FROM Drilled Well Driven Well Bored Well

Dug Well Other _____ FOR Home Restaurant Trailer Court Motel

Service Station Other _____

If a new supply, inspect for compliance with standards. If an existing supply, furnish as much information as may be available.

SOURCE OF INFORMATION Slugs IS PUBLIC WATER SUPPLY AVAILABLE Yes No

SEWAGE DISPOSAL BY PUBLIC SEWER COMMUNITY SYSTEM INDIVIDUAL SYSTEM ON SITE.

INSPECTION FINDINGS

- (1) WATERSHED Surface Drainage away from source in all directions Yes No. Distance Source from possible causes of contamination Sewer Line _____ feet. Type of material used in Sewer Line _____ (Describe) Septic Tank _____ feet. Seepage Pit _____ feet. Subsurface Absorption Field (nearest point) _____ feet. Other _____ feet. Note any serious obstacles in watershed on back of form.
- (2) TYPE OF SOIL FORMATION Tight Clay Limestone Sandstone Other Water table / features (Describe)
- (3) CLASSIFICATION OF WELL Type - 1 Type - 2A Type - 2B Type - 3 Other
- (4) CONSTRUCTION DETAILS Total depth 500 feet. Diameter 6 inches. Type of casing steel (Describe) Depth of casing 60 feet. Exterior space around casing sealed with Concrete grout to depth of 29 feet. Poured in place Pumped in under pressure Other type backfill _____ to depth of _____ feet. (Describe) casing extends 24 inches above ground.
- (5) WATER SOURCE COVER Concrete Metal Other _____ (Kind of Material) Opening in Cover watertight Yes No. If no, explain _____
- (6) PUMP Shallow Well Deep Well. Length of Drop Pipe _____ feet. Well capacity 30 gallons per minute. Size of Feeder Pipe _____ inches.
- (7) PUMP LOCATION In Well Over Well Offset. If offset, does watertight casing extend to Pump Yes No Pump room located _____ feet from Well. Pump room drained by gravity through 4 - inch or larger pipe to surface to ground Yes No. Pump platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions, sloped to drain; Yes No. Pump mounting watertight Yes No. Sanitary Well Seal in casing and properly vented Yes No.
- (8) TYPE OF STORAGE Pressure Gravity. Capacity _____ gallons. If gravity, is overflow pipe screened Yes No.

THIS WATER SUPPLY SYSTEM is Recommended Is not Approved by Leetown County Div. Engineering Health Department

REMARKS: Static Water level 29' 5/1/82 JH
15 Feets -

Date _____ Signed _____ Date 5/1/82 Approved _____ (Health Director)

Date _____ Approved _____ Date 5/1/82 Approved _____ (Reviewing Authority - Other Agency or Engineer)

PERMIT TO INSTALL **REPAIR**, **REASONS FOR REJECTION** See 88
WATER SUPPLY **SEWAGE DISPOSAL SYSTEM** Par 5
 0

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
 (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA Yes No Date 4/26/82 Case No 105F82

Owner Donald G. Archibald Dwyer Address 834 5th Ave. N.Y./N.Y. 10021 Phone _____
 (Mailing Address)

Occupant Earth Design Assoc. Address Newell's Mill Casanova Phone 347-9330 (O)
 (Mailing Address) 22017 592-3869 (H)

Exact Location of premises Rte 15(S) - Rte 50(W) - (R) on Rte 734 entrance to prop. on (L) 9/10 mi. past Rte 627
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other Automatic Washing Machine Yes No Consumption 400 gal. per day
 Actual Potential Bedrooms 2 Garbage Disposal Unit Yes No (Actual estimated Water)

RECOMMEND USE OF WATER SAVING DEVICES

Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other Well location shown on permit #
 (To be installed) Class _____ Cased _____ ft. to be grouted _____ ft. 687F81

(Unless supported by positive evidence Class III is to be considered as to be installed.)

SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____ (If Known)

(2) Estimated Percolation Rate 1-10 11-25 26-50 > 51 Percolation Test Required Yes No Rate 21-734
 (Minutes per inch) Depth to Grey Mottles Now to 72 inches (estimate over 4 ft.) OTHER _____
 Surface drainage required Yes No OTHER DRAINAGE _____

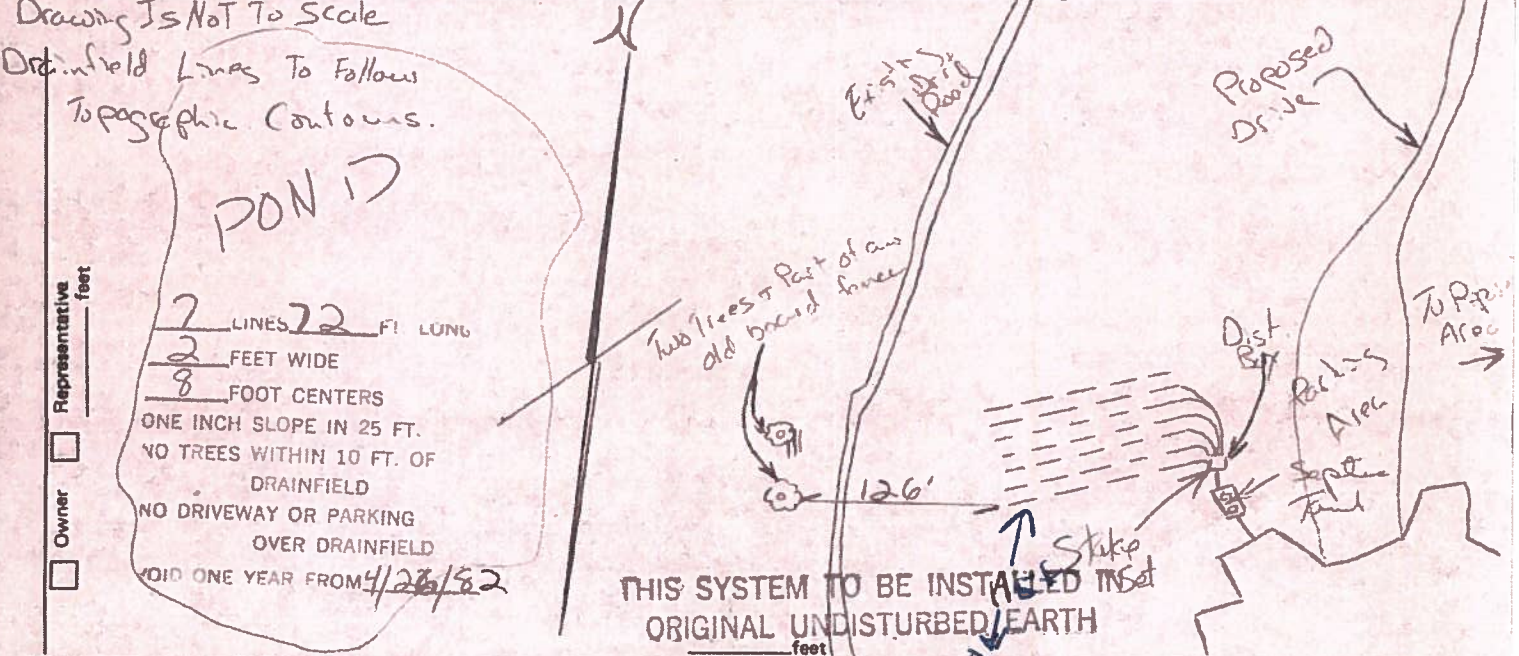
(3) HOUSE SEWER LINE Size 4 1/2 inches. Type of material required Cable. Distance from Water Supply 35 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete Material Liquid Capacity 1000 gallons.
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 1000 Type aggregate required lighter clean

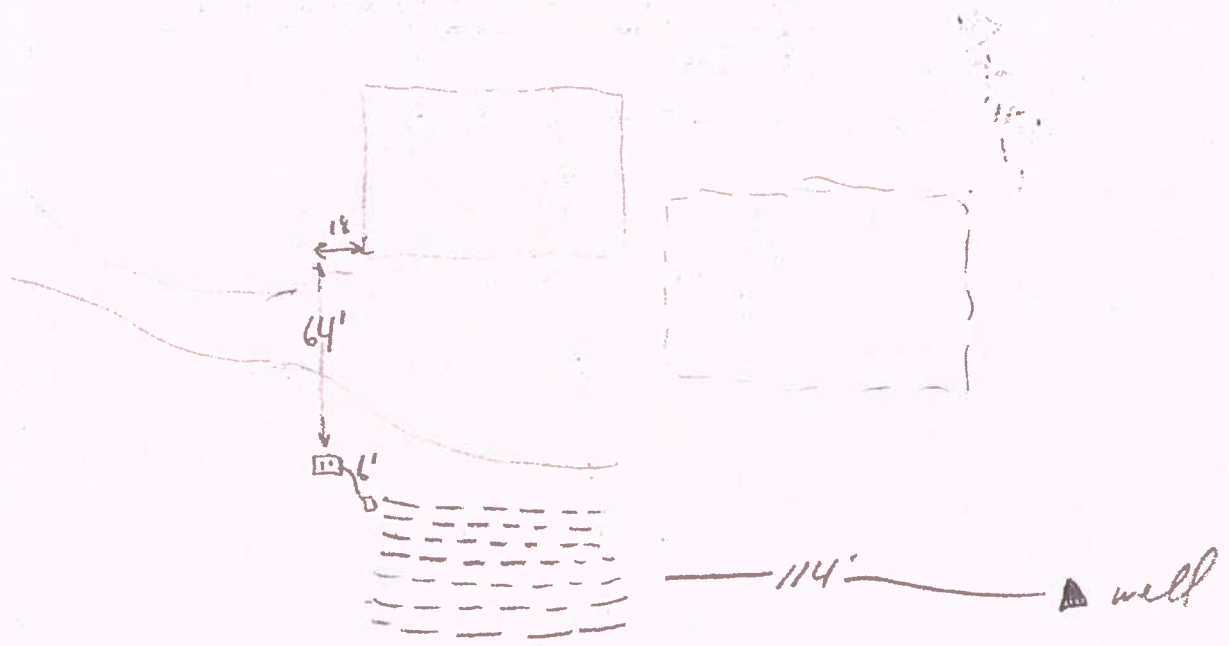
(5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 5 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 36 inches from surface of original ground.
 Distance from well to septic tank 50 feet; distance from well to drainfield 100 feet.

Rough Sketch of Premises (Including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.)



Note: Owner or his agent must notify Loudoun County Health Department, Phone 727-0234 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.
 Date _____ Approved _____ (Reviewing Authority) Date 4/26/82 Signed [Signature] (Sanitarian or Health Director)



Pond
↓

LOUDOUN COUNTY

GENERAL APPLICATION FOR CONSTRUCTION - REMODELING

Request Relocate approved drainfield - case number 687F81

APPLICANT Earth Design Associates HOME TELEPHONE 592-3869

MAILING ADDRESS Neavil's Mill OFFICE TELEPHONE 347-9330

Casanova, Virginia 22017

OWNER G. Archibold Douglas TELEPHONE _____

MAILING ADDRESS 834 5th Avenue

New York, New York 10021

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG) 15 south, west on 50, right on 734,
entrance to property on left 9/10 mile past 627

PROPERTY IDENTIFICATION NUMBER: SEC. 88 PARCEL 5 (AVAILABLE FROM COMM. OF REV.)

(IF APPLICABLE) NAME OF SUBDIVISION: _____ SEC. _____ LOT _____

ACRES AND/OR SQ. FT. IN THIS PARCEL: _____ NUMBER OF ACRES IN PARENT TRACT _____

FRONTAGE: _____ CURRENT ZONING _____ PREVIOUS SELL-OFFS _____

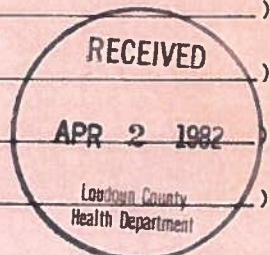
GRADING: 1/2 ACRE OR LESS IN EXCESS OF 1/2 ACRE

ATTACH TWO (2) COPIES OF A PLAT OF THE PROPERTY AND/OR OF THE PARENT TRACT SHOWING THE SELL-OFF. PLATS ARE NOT REQUIRED FOR PARCELS IN EXCESS OF 50 ACRES IF THEY ARE PARCELS OF RECORD AND THERE ARE NO SELL-OFFS.

TYPE OF SEWAGE DISPOSAL: PROPOSED PUBLIC SEWER (SYSTEM: _____)
 EXISTING SEPTIC TANK DRAINFIELD SYSTEM
 OTHER (DESCRIBE: _____)

TYPE OF WATER SUPPLY: PROPOSED PUBLIC-CENTRAL (SYSTEM: _____)
 EXISTING PRIVATE DRILLED WELL
 OTHER (DESCRIBE: _____)

TYPE OF CONSTRUCTION: PROPOSED SINGLE FAMILY DWELLING
 EXISTING COMMERCIAL
 REMODELING OTHER
(DESCRIBE) _____ ATTACH A COMPLETE DESCRIPTION OF ALL ACTIVITIES - INCLUDE NO. OF EMPLOYEES, ETC., AND ALL OTHER PERTINENT INFORMATION



FIXTURES TO BE INSTALLED (INDICATE NUMBER) - IF NOT APPLICABLE INDICATE WITH N/A:
KITCHEN SINKS _____ DISHWASHING MACHINES _____ TOILETS _____
LAVATORY SINKS _____ AUTO. CLOTHES WASHERS _____ SHOWERS _____
LAUNDRY TUBS _____ GARBAGE DISPOSAL UNITS _____ BATH TUBS _____

NUMBER OF BEDROOMS _____ NUMBER OF BATHROOMS _____ KITCHEN NO YES DINING ROOM NO YES
LIVING ROOM NO YES FAMILY/REC. ROOM NO YES DEN NO YES
OTHER ROOMS NO YES -> EXPLAIN _____

BASEMENT NO YES UNFINISHED FINISHED -> DESCRIBE _____
LIST FIXTURES TO BE INSTALLED IN BASEMENT _____

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPT. NO YES ->
IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.) _____

IF THE APPLICANT IS OTHER THAN THE LEGAL OWNER OF THE PROPERTY AT THE TIME APPLICATION IS MADE, THEN THE LEGAL OWNER MUST SIGN, THEREBY GIVING CONSENT TO THE AGENTS OF THE COUNTY TO ENTER ONTO THE PROPERTY AND MAKE SUCH TESTS AS ARE NECESSARY AND/OR REQUIRED.

APPLICANT SIGNATURE: _____
DATE: 30 MARCH, 1982

LEGAL OWNER: _____
DATE: 30

(FOR OFFICIAL USE ONLY)

HEALTH DEPT. APPROVAL REQUIRED NO YES
OTHER APPROVAL REQUIRED _____

THIS PROPERTY HAS BEEN REVIEWED BY THE ZONING OFFICE AND CONFORMS TO THE ZONING REQUIREMENTS OF LOUDOUN COUNTY.

[Signature]
ZONING CLEARANCE GRANTOR
DATE: 4/1/82 FEE PAID YES NO
APPLICATION NUMBER: 105-82

REMARKS: _____

POLLUTION SOURCES DATA BASE

POLL-ID: *PSSD-840154* TAX-NUM: *FF* *5* P-MAP: *466* B-MAP: *R*

SEC IN DC BL LOT#

DATE: *10/1/82* TYPE: *SDS* CONTRACTOR: *DeHart* STATUS: *05*

CAPACITY: *400*
LENGTH: *72*
WIDTH: *56*
DEPTH: *3*

SPECIFICS: "*7 lines*....."

T-TYPE: ..
T-DATE:
T-RESULT: .

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 475F82

Loudoun County _____ Health Department

Date November 23, 1982

Name of Company/Corporation/Individual: Randy DeHart - R.W. DeHart & Craftsmen /N/C.

Address: 30 S. Church Street, Leesburg, Va. 22075 Telephone: 777-7980

Owner's Name Archibald Douglas

Owner's Address 834 5th Ave., New York, New York

Location of Installation: Lot 5 Block N/A

Section: 88 Subdivision: N/A

Other: N/A

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) October 21, 1982 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

R.W. DeHart, PRES

Signature and Title

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification No. 475F82
Loudoun County Health Department

Tax Map No. Sec. 88, Par. 5

G. Archibald Douglas is Hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 800 gpd, at
Rt. 15 S: Rt. 50 W: Right on 734: entrance to property on left 9/10 mile past Rt. 627

N/A Subdivision N/A Section/Block N/A Lot

This permit is Issued in Accordance with the Provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 3.20 and 3.21.02 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and with Previously Issued Permits N/A Dated N/A

with the Understanding that the Owner and/or any Subsequent Owner will Operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted. Issuance of an Operation Permit does not Imply or Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

Variances Granted None See Attached
Special Conditions None See Attached

Recommended [Signature]
Sanitarian

Approved [Signature]
State Health Commissioner

Effective Date December 1, 1982

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Sec. 88
Par. 5



Date 23 Nov 82 Case No. 475 F 82

Owner G. Archibald Douglas Address 834 5th Ave. N.Y.N.Y. Phone _____
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 15 S. 50 W. R on 734. ent. to prop on L 9/10 mi past Rt. 627
(Subdivision, Street or Road Name, Section or Lot No.)

EXISTING

WATER SUPPLY INSPECTION

Installed according to Permit Design Yes No Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed Inspection of Water Supply Reference Materials)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION
Allotted Area adequate Yes No Distance from nearest lot lines +100 feet. Trees 114 feet. Water Supplies +100 feet. Buildings 200 feet. 200

(2) INSTALLATION AND DESIGN
Installed according to Permit Design Yes No
Have additional Household Appliances been added NOT on Permit:
 Automatic Washer Garbage Disposal
 Other unk
(Describe)

(3) SOIL CONDITION
Are there soil conditions now evident which indicate system may be unsatisfactory as designed. Yes No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE not installed 11/23/82
Installed Yes No. Type of material _____ Size _____ Inches

(5) SEPTIC TANK concrete 125
Constructed of _____ (Kind of Material)
Inside Dimensions Length 9 feet. Width 4.25 feet. Liquid Depth _____ feet. Depth of Air Space 12 inches. Inside Fittings comply with requirements Yes No.

(6) DISTRIBUTION BOX
Watertight and equal surcharge to each line by Water Test Yes No. Distribution Box provided with 8 ea extra outlets for future use. master box w/1 (Number)

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 1952 square feet. Number of ditches 14 Length of ditches 70 feet. Grade of ditches Minimum 2 1/4" per 70 inches per 100 feet. Maximum 6 inches per 100 feet. Has system been checked by instruments (Level) Yes No. Type aggregate used 6 stone
Depth of aggregate under Tile 6 inches. Total depth of aggregate 15" inches. Depth of backfill over aggregate 39-46 inches.

(8) SURFACE DRAINAGE n/p
Storm Drains from House and Basement flowing away from Subsurface Drainage Field: Yes No. Was Surface Drainage required Yes No. If Yes, has this been provided Yes No. Has area been drained by lowering Ground Water Table: Yes No. Not required.

(9) Are follow-up inspections necessary Yes No.

Septic Tank Contractor Randy Dehart Address 30 S. Church St. Leesburg Phone 777-7980

This Sewage Disposal System (Is) (Is Not) Approved by Carroll County Health Department

Date 11/23/82 Signed [Signature] (Sanitarian)

Date _____ Approved _____ (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system.

Remarks: System installed as per permit. Septic tank, master box to be perm. marked. owner should also have record of area for future ref. 11/23/82 JRM

**PERMIT TO INSTALL REPAIR REASONS FOR REJECTION
WATER SUPPLY SEWAGE DISPOSAL SYSTEM**

*Sec 88
 PLAT
 MAIN HOUSE*

- (1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
 (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA Yes No Date 21 OCT 1972 Case No. 475 FSC
 Owner G. Archibald Douglas Address 834 5th Avenue, N.Y., N.Y. Phone _____
 (Mailing Address) _____
 Occupant _____ Address _____ 10021 Phone _____
 (Mailing Address) _____

Exact Location of premises 155, SW, (R) on 734, cut to prep on (L) Home part Rte 627
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other _____ Automatic Washing Machine Yes No Consumption 800 gal. per day
 Actual Potential Bedrooms 4 Garbage Disposal Unit Yes No (Actual estimated Water)

(1) WATER SUPPLY (Existing) Class III Approved Yes No Other _____
 (To be installed) Class _____ Cased _____ ft. to be grouted _____ ft.
 RECOMMEND USE OF WATER SAVING DEVICES
 (Unless supported by positive evidence Class III is to be considered as to be installed.)

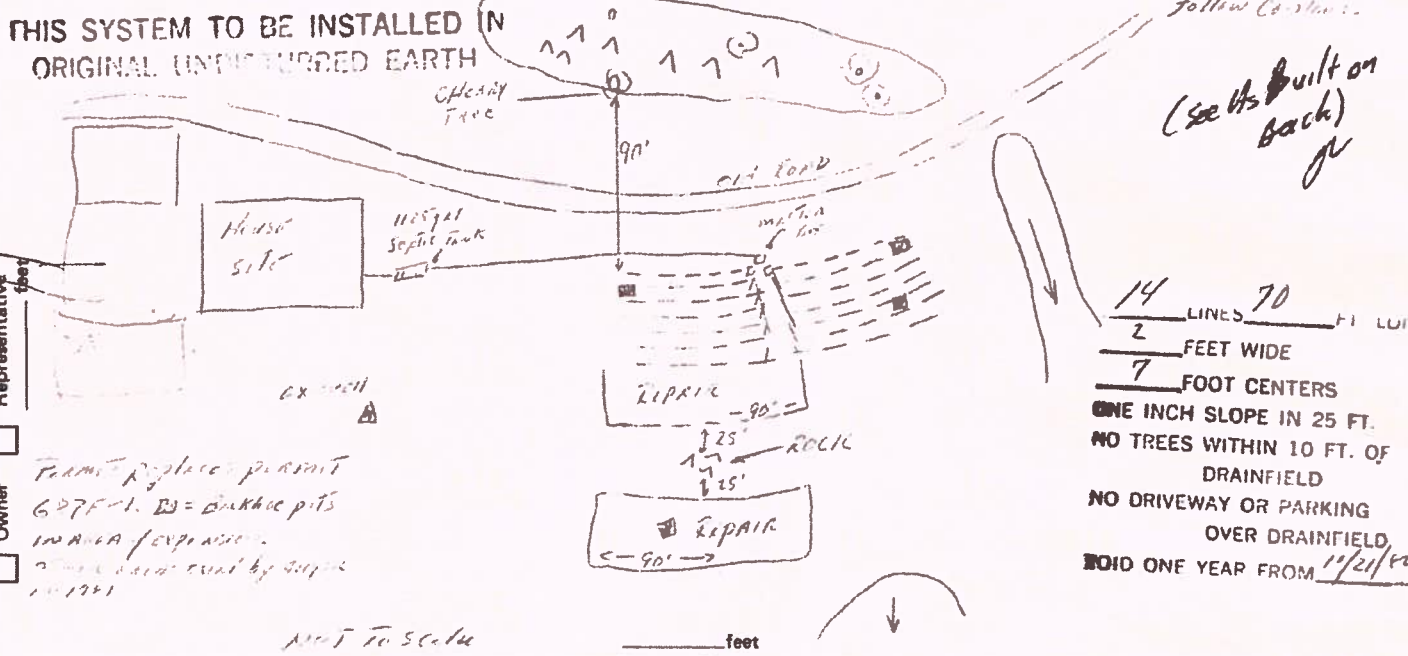
(2) SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____ (If Known)
 Estimated Percolation Rate 1-10 11-25 26-50 > 51 Percolation Test Required Yes No Rate _____
 (Minutes per inch) _____
 Depth to Grey Mottles 11-12 inches (estimate over 4 ft.) OTHER _____
 Surface drainage required Yes No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size 1 1/2 inches. Type of material required Plastic Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete Material Liquid Capacity 1125 gallons.
 Inside Dimensions Length 9 feet. Width 1 1/2 feet. Liquid Depth 11 feet. Depth of Air Space 1 feet.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required 1152 Type aggregate required 65 stone
 Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 5 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 40-52 inches from surface of original ground.
 Distance from well to septic tank 50 feet; distance from well to drainfield 100 feet. *cut Repair*

Rough Sketch of Premises (Including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



Signature _____ Note: Owner or his agent must notify _____ Health Department, Phone _____ when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

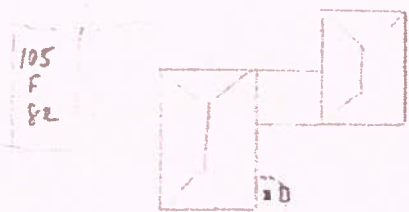
Based on the above information, the undersigned recommends that this permit be issued. Date 11/1/72 Approved _____ (Reviewing Authority) Signed _____ (Signature of Health Director)

DUPLICATE

**NOT VALID AS PERMIT
 UNLESS ORIGINAL COPY
 WITH EMBOSSED SEAL**



...
...
...



King's Log

1 = Rock
 (C) Hill



7 70's 7 70's
 2 2
 8 8

**LOUDOUN COUNTY
GENERAL APPLICATION FOR CONSTRUCTION - REMODELING**

APPLICANT Walter J. DeWitt HOME TELEPHONE _____
 MAILING ADDRESS 30 S. GREEN ST OFFICE TELEPHONE 777-7700
Leesburg Va
 OWNER G. Prochaska Develing TELEPHONE 713 249-4419
 MAILING ADDRESS 224 54 Ave.
New York NY 10001

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG) 15 S. 74 50 W. TO
RIGHT ON 2nd APPROX 2 1/2 MILES TO LEESBURG

PROPERTY IDENTIFICATION NUMBER: SEC. 88 PARCEL 5 (AVAILABLE FROM COMM. OF REV.)
 (IF APPLICABLE) NAME OF SUBDIVISION: _____ SEC. _____ LOT _____
 ACRES AND/OR SQ. FT. IN THIS PARCEL: _____ NUMBER OF ACRES IN PARENT TRACT _____
 FRONTAGE: _____ CURRENT ZONING _____ PREVIOUS SELL-OFFS _____
 GRADING: 1/2 ACRE OR LESS IN EXCESS OF 1/2 ACRE

ATTACH TWO (2) COPIES OF A PLAT OF THE PROPERTY AND/OR OF THE PARENT TRACT SHOWING THE SELL-OFF. PLATS ARE NOT REQUIRED FOR PARCELS IN EXCESS OF 50 ACRES IF THEY ARE PARCELS OF RECORD AND THERE ARE NO SELL-OFFS.

TYPE OF SEWAGE DISPOSAL:
 PROPOSED PUBLIC SEWER (SYSTEM: _____)
 EXISTING SEPTIC TANK DRAINFIELD SYSTEM
 OTHER (DESCRIBE: _____)

TYPE OF WATER SUPPLY:
 PROPOSED PUBLIC-CENTRAL (SYSTEM: _____)
 EXISTING PRIVATE DRILLED WELL
 OTHER (DESCRIBE: _____)

TYPE OF CONSTRUCTION:
 PROPOSED SINGLE FAMILY DWELLING
 EXISTING COMMERCIAL
 REMODELING OTHER
 (DESCRIBE) ATTACH A COMPLETE DESCRIPTION OF ALL ACTIVITIES - INCLUDE NO. OF EMPLOYEES, ETC., AND ALL OTHER PERTINENT INFORMATION

FIXTURES TO BE INSTALLED (INDICATE NUMBER) - IF NOT APPLICABLE INDICATE WITH N/A:
 KITCHEN SINKS _____ DISHWASHING MACHINES _____ TOILETS _____
 LAVATORY SINKS _____ AUTO. CLOTHES WASHERS _____ SHOWERS _____
 LAUNDRY TUBS _____ GARBAGE DISPOSAL UNITS _____ BATH TUBS _____

NUMBER OF BEDROOMS 4 NUMBER OF BATHROOMS _____ KITCHEN NO YES DINING ROOM NO YES
 LIVING ROOM NO YES FAMILY/REC. ROOM NO YES DEN NO YES
 OTHER ROOMS NO YES → EXPLAIN _____

BASEMENT NO YES UNFINISHED FINISHED → DESCRIBE _____
 LIST FIXTURES TO BE INSTALLED IN BASEMENT _____

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPT. NO YES →
 IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.) _____

IF THE APPLICANT IS OTHER THAN THE LEGAL OWNER OF THE PROPERTY AT THE TIME APPLICATION IS MADE, THEN THE LEGAL OWNER MUST SIGN, THEREBY GIVING CONSENT TO THE AGENTS OF THE COUNTY TO ENTER ONTO THE PROPERTY AND MAKE SUCH TESTS AS ARE NECESSARY AND/OR REQUIRED.

APPLICANT SIGNATURE: Walter J. DeWitt
 DATE: 10/20/12
 LEGAL OWNER: _____
 DATE: _____

(FOR OFFICIAL USE ONLY)

HEALTH DEPT. APPROVAL REQUIRED NO YES
 OTHER APPROVAL REQUIRED _____
 ZONING CLEARANCE GRANTOR _____
 DATE: _____ FEE PAID YES NO
 APPLICATION NUMBER: 275-42

THIS PROPERTY HAS BEEN REVIEWED BY THE ZONING OFFICE AND CONFORMS TO THE ZONING REQUIREMENTS OF LOUDOUN COUNTY.
 REMARKS: _____

SOILS EVALUATION

Sec. 88 Par. 5
Date 2/20/52

Owner Douglas Applicant Dehart MAIN Home.
Vegetation Pasture Weather overcast 50°

Boring # 1 Slope _____ Position _____ Soil Unit Survey # _____
Depth to Freewater _____ Depth to Mottles _____

Horizon	Depth	Color	Texture	Remarks
A	0-16	B	clay	
B	16-40	R/4R	clay	
B/C	40-60	R/4R	clay	more clay with red color south
Seamly red to MnO ₂ clay coat, nodules in part of pit.				

Boring # 2 Slope _____ Position _____ Soil Unit Survey # _____
Depth to Freewater _____ Depth to Mottles _____

Horizon	Depth	Color	Texture	Remarks
A	0-12			

Boring # 3 Slope _____ Position _____ Soil Unit Survey # _____
Depth to Freewater _____ Depth to Mottles _____

Horizon	Depth	Color	Texture	Remarks
A	0-12	R/4R		

Boring # 4 Slope _____ Position _____ Soil Unit Survey # _____
Depth to Freewater _____ Depth to Mottles _____

Horizon	Depth	Color	Texture	Remarks
A	0-8	B	clay	
B	8-25	R/4R/4R	clay	
C	25-62	R/4R/4R/4R	clay	fine red clay flows

Boring # 5 Slope _____ Position _____ Soil Unit Survey # _____
Depth to Freewater _____ Depth to Mottles _____

Horizon	Depth	Color	Texture	Remarks
Soil #4				
			48-50	

Suitability: Soils in the proposed area are Favorable Unfavorable

Questionable due to:
for septic tank drainfields. The following additional information, etc. to be provided by applicant: _____

Sanitarian: DEX

Owner Neck Douglas 10000 10000
Vegetation field open brush
ply sup. 25'

Soil # 1 Slope A Position SS Soil Unit Survey #
Depth to Freewater _____ Depth to Bottles _____

Soil Depth	Color	Texture	Remarks
<u>A</u> <u>0-3</u> <u>B</u>		<u>Silt-clay</u>	<u>(pat. fine)</u>
<u>B</u> <u>3-6</u> <u>RB</u>		<u>Silt</u>	<u>med. fine silt.</u>
<u>C</u> <u>6-11</u>	<u>and B, same RB</u>	<u>fine to med. silt</u>	<u>Some Red clay flow</u> <u>at 10' depth</u>

Soil # 2 Slope _____ Position _____ Soil Unit Survey #
Depth to Freewater _____ Depth to Bottles _____

Soil Depth	Color	Texture	Remarks
<u>G</u> <u>3-5</u>			

Soil # 3 Slope _____ Position _____ Soil Unit Survey #
Depth to Freewater _____ Depth to Bottles _____

Soil Depth	Color	Texture	Remarks
<u>A</u> <u>0-11</u> <u>B/RB</u>			
<u>B</u> <u>1-31</u> <u>RB</u>			
<u>C</u> <u>1-53</u> <u>RB</u>			
<u>stopped at 53' by rocks (no more digging.)</u>			

Soil # 4 Slope _____ Position _____ Soil Unit Survey #
Depth to Freewater _____ Depth to Bottles _____

Soil Depth	Color	Texture	Remarks
<u>A</u> <u>0-11</u> <u>RB</u>			
<u>B</u> <u>1-31</u> <u>RB</u>			
<u>C</u> <u>0-11</u> <u>ROCKS</u>			<u>some R. clay</u>
<u>CR</u> <u>54</u>			

Soil # 5 Slope _____ Position _____ Soil Unit Survey #
Depth to Freewater _____ Depth to Bottles _____

Soil Depth	Color	Texture	Remarks
<u>A</u> <u>0-11</u> <u>B</u>			

Soils in the proposed area are Favorable Unfavorable
 Reasonable due to:
_____ The following additional information, etc., to be
provided by applicant: _____

Owner Douglas
Vegetation _____

Line # 6 Slope _____ Position _____ Soil Unit Survey # _____
Depth to Preewater _____ Depth to Bottles _____
Color _____ Moisture _____

Depth	Color	Texture	Remarks
<u>A 2-4</u>	<u>RD</u>		
<u>B 7-10</u>	<u>LS/RL</u>		
<u>C 10-12</u>	<u>D/RB</u>		

Line # _____ Slope _____ Position _____ Soil Unit Survey # _____
Depth to Preewater _____ Depth to Bottles _____
Color _____ Moisture _____

Depth	Color	Texture	Remarks
			<u>360' - "MIXIN" House</u>
			<u>48-54"</u>

Line # _____ Slope _____ Position _____ Soil Unit Survey # _____
Depth to Preewater _____ Depth to Bottles _____
Color _____ Moisture _____

Depth	Color	Texture	Remarks

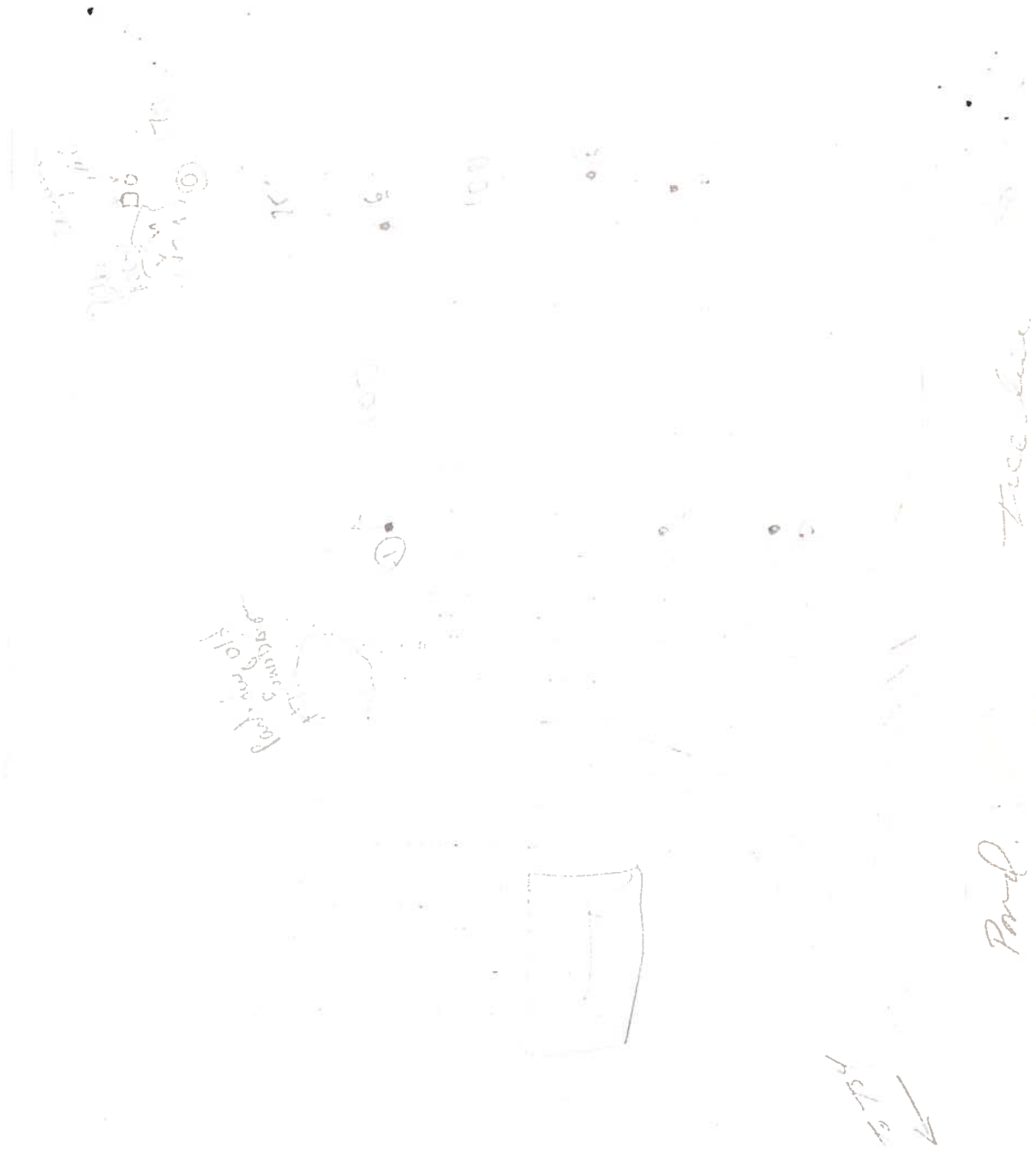
Line # _____ Slope _____ Position _____ Soil Unit Survey # _____
Depth to Preewater _____ Depth to Bottles _____
Color _____ Moisture _____

Depth	Color	Texture	Remarks

Line # _____ Slope _____ Position _____ Soil Unit Survey # _____
Depth to Preewater _____ Depth to Bottles _____
Color _____ Moisture _____

Depth	Color	Texture	Remarks

With Favorable Soils in the proposed area are Favorable Unfavorable
 Reasonable due to:
for certain that brainfield's. The following additional information, etc., to be
received by applicant:



Pond

tree line

to Pond
 ↓

Owner A. Douglas
Vegetation Field Wind 50'

Soil #	Soil	Position	Soil Unit Survey #	Depth to Freewater	Depth to Bottles	Remarks
<u>A</u>	<u>0-12</u>	<u>B/RB</u>	<u>SS</u>			
<u>B</u>	<u>12-32</u>	<u>RB, some 4R</u>				<u>HSP -> LT Sil</u> <u>MICA throughout</u>
<u>C</u>	<u>32-49</u>	<u>B, 4R, some of</u>				<u>Scattered Red Clay seams</u> <u>approx 47". Weathering has split</u>
<u>TC</u>	<u>49-65</u>	<u>B, 4B, 4R</u>				<u>SHP -> Sil</u>
<u>Stopped by cattle at 65</u>						

Soil #	Soil	Position	Soil Unit Survey #	Depth to Freewater	Depth to Bottles	Remarks
<u>A</u>	<u>0-13</u>	<u>ST, B</u>				<u>Silt</u>
<u>B</u>	<u>13-19</u>	<u>4R</u>				<u>SP, B heavy</u> <u>may be A₁-B₁</u>
<u>C</u>	<u>19-70</u>	<u>B, 4B, white, 4R</u>				<u>SHP -> Sil.</u>
<u>Red Galaxy plugs at 68</u>						
<u>Down. poss. CR at 70</u>						

Soil #	Soil	Position	Soil Unit Survey #	Depth to Freewater	Depth to Bottles	Remarks
<u>A</u>	<u>0-11</u>	<u>B</u>				<u>Silt</u>
<u>B</u>	<u>11-38</u>	<u>4R</u>				<u>SHP -> Sil, CD</u> <u>scattered MnO₂</u>
<u>C</u>	<u>38-70</u>	<u>pred. OB, some B</u>				<u>Silt</u> <u>no drainage pattern indicated</u>

Soil #	Soil	Position	Soil Unit Survey #	Depth to Freewater	Depth to Bottles	Remarks
<u>A</u>	<u>0-7</u>	<u>B</u>				<u>Silt</u>
<u>C₁</u>	<u>7-45</u>	<u>pred B of 4B</u>				<u>SHP -> Sil</u> <u>Granite</u>
<u>C₂</u>	<u>45-68</u>	<u>Silt & lumpy</u>				<u>SHP -> Sil</u>
<u>60" on down. weathered.</u>						

Soil #	Soil	Position	Soil Unit Survey #	Depth to Freewater	Depth to Bottles	Remarks
<u>Similar to #4</u>						
<u>poss. CR at 69"</u>						

Site #111: Soils in the proposed area are / / favorable / / unfavorable
/ / questionable due to:
 for cattle and grain fields. The following additional information, etc., to be
 reviewed by applicant:

3 Bedroom 'Main' House
w/ ATTACHED 2 BEDROOM
GARAGEHOUSE.

POLLUTION SOURCES DATA BASE

POLL-ID: P55 D 82-0155

TAX-NUM: 88 5

P-MAP: 466

B-MAP: R

SEC IN DC BL LOT#

DATE: 12/1/82

TYPE: SDS

CONTRACTOR: DeHart STATUS: 05

CAPACITY: ~~800~~ 800

LENGTH: 145

WIDTH: 56

DEPTH: 4

SPECIFICS: "14 line split"

T-TYPE: ..

T-DATE:

T-RESULT: .

6-28-91 Mailed original

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health



Health Department Identification No. 633 FS 86
Loudoun County Health Department

Tax Map No. 88:5

G.A. Douglas c/o R.W. DeHart is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 600 GPD/4 BR Rt 15S, right on Rt 50, right on Rt 734, drive on left, .9 miles past Rt 627, "Beck/Dale" on mailbox gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
	88	5

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 3.20 & 3.21.02 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits _____ Dated _____

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted. Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

VARIANCES GRANTED
 NONE SEE ATTACHED

SPECIAL CONDITIONS
 NONE SEE ATTACHED

June 12, 1991

Effective Date

Recommended (Sanitarian)

Approved (State Health Commissioner)

88/5
 COMMONWEALTH OF VIRGINIA 5-23-91 P/U by Matt [unclear]
 FAIRFAX COUNTY HEALTH DEPARTMENT LABORATORY
 REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER

TIME COLLECTED 9:30 AM CITY OR COUNTY Lee
 DATE COLLECTED 5/16/91
 SUPPLY OWNED BY Drasbas
 LOCATION 15450 + 734 9th St Apt 627
 SAMPLING POINT Randy Tap
 SAMPLE COLLECTED BY J. Pisk
 IS SUPPLY CHLORINATED? YES NO
 CHLORINE TEST MADE AT SAMPLING POINT? YES NO
 RES. CL. 0.0 PPM

REPORT RESULTS TO:

LC6119
209 Gibson St NW
Roanoke VA 22075
1st Resample

SPACE BELOW FOR LABORATORY USE ONLY

DATE COMPLETED	SAMPLE NUMBER
<u>5/16/91</u>	<u>WB 604E</u>

MEMBRANE FILTER

Membrane Filter _____ Coliforms/100 ml
 Membrane Filter _____ Fecal Coliforms/100 ml

Total Bacteria Count TNTC
 With Without Coliforms } Unsatisfactory for Membrane Filter. Please Resample.
 Confluent Growth
 With Without Coliforms

MPN _____ Coliforms / 100 ml _____ # Tubes +
 MPN _____ Fecal Coliforms/100 ml
 Dilution MPN _____ Coliforms/100 ml
 Dilution MPN _____ Fecal Coliforms/100 ml

RESULTS BASED ON CONFIRMED TESTS
 UNLESS OTHERWISE SPECIFIED

SAMPLE BAG CONTAINS THIOSULPHATE

CHECK TEST DESIRED

Jeff B:

Can wps for w+s

Close out this file

or not same?

~~YES~~

address.

mm

(make copy)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 633 FS 86

Loudoun County Health Department

Name of Company/Corporation/Individual: R.W. DeHart & Craftsmen, Inc.

Address: 104 Church St. Leesville Telephone: 777-7980

Owner's Name G.A. Douglas

Owner's Address Middleburg, VA.

Location of Installation: Lot 5 Block _____

Section: 88 Subdivision: _____

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) _____ and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1/2/07 _____
Signature and Title

Date

R.W. DeHart

#1

4'3"

8'9"

Sewage Disposal System Construction Permit

PAGE 1 OF 5

Commonwealth of Virginia
Department of Health



Health Department
Identification Number
Map Reference

6334586
88-5

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 G.A. Douglas & R.W. DeHart Telephone 687-5774
 Address 104 CHURCH ST. S.E. ROSSAUR, VA 22075
 For a Type F Sewage disposal system which is to be constructed on/at 155, Room 50
Room 734, DRIV on to 0.9mi past 627 "Back/Drive" on Mail Box
 Subdivision _____ Section/Block 88-5 Lot _____
 Actual or estimated water use 600 GPD 480 TOTAL

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>class III</u> <u>105 F82</u> To be installed: class _____ cased _____ grouted _____	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G.W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>existing</u> 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 <u>1200</u> gals. (minimum). <input type="checkbox"/> Other <u>existing tank wheel</u>	Pretreatment unit: <u>N/A</u> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other <u>1000 GALLONS</u>	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>N/A existing</u>
Pump and pump station: No <input checked="" 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 <u>N/A</u>
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 checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>Master Box - OK</u>
Distribution box: Precast concrete with <u>8</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>12/30/86</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 type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>12/30/86</u>
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 <u>12/30/86</u>
Absorption trenches: Square ft. required <u>1000</u> ; depth from ground surface to bottom of trench <u>36-42</u> ; aggregate size <u>1/2-1 1/2</u> ; Trench bottom slope <u>2-3%</u> ; center to center spacing <u>8</u> ; trench width <u>2'</u> ; Depth of aggregate <u>13</u> ; Trench length <u>72</u> ; Number of trenches <u>7</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>Area 1-5 OK 12/30/86</u>
	Date <u>1/5/87</u> Inspected and approved by: _____ Sanitarian <u>Josiah Yates</u>

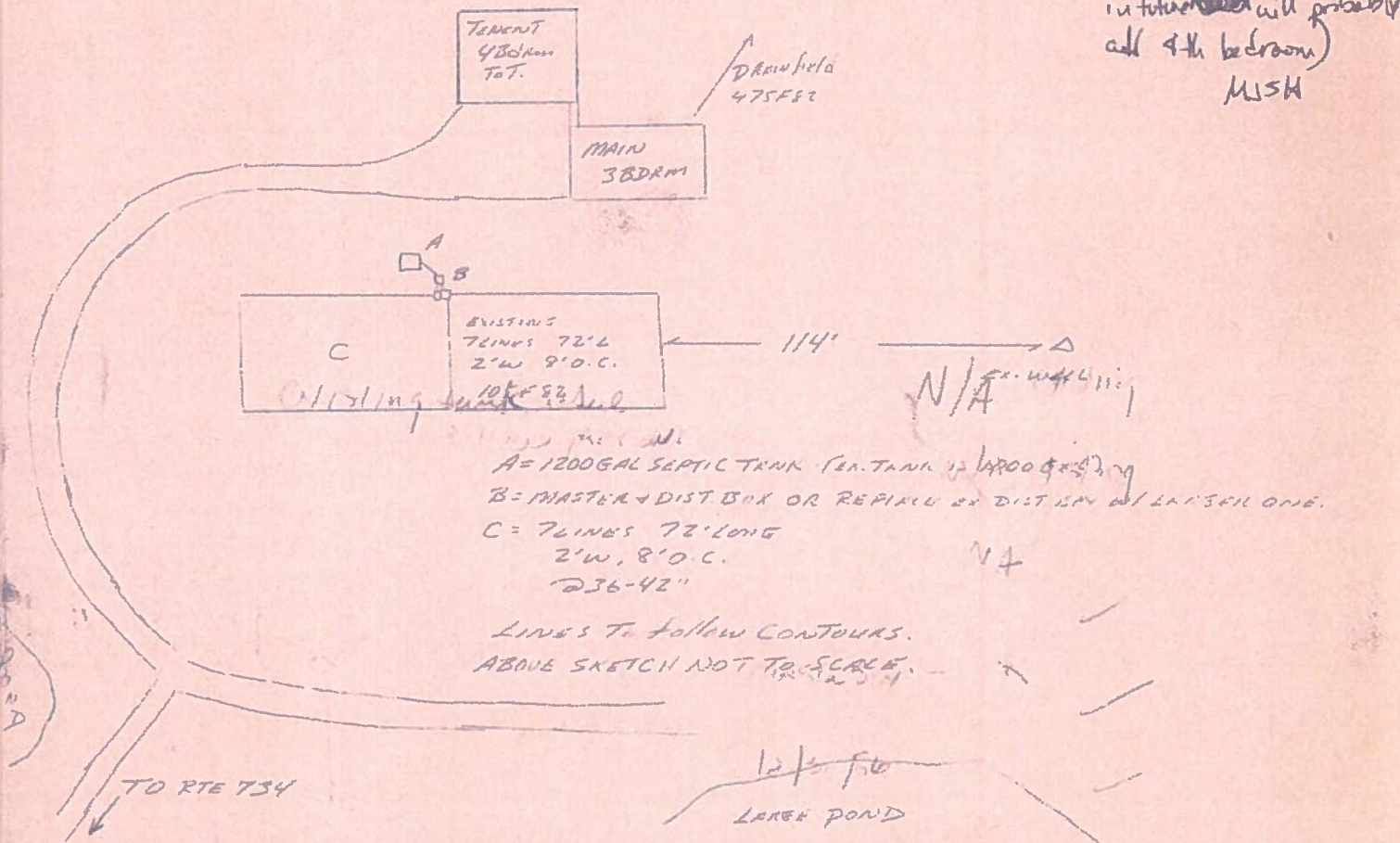
Expanded to 4'

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.

12/24/86 Will install 4 BDR system, however, only 3 BDR will be in house. ~~Some~~ Sometimes in future ~~will~~ will probably add 4th bedroom)
 MSH



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.

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: 16 Sept 86 Issued by: [Signature] Sanitarian

Date: 16 Sept 86 Reviewed by: [Signature] Supervisory Sanitarian

This Construction Permit Valid until
 16 MAR 1991

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 633FS86
Tax Map Number 88-5

General Information

Date 9.16.86 London Health Department
Applicant R. Dehart & Craftman Telephone No. 777-7960
Address L.B. 104 CHURCH ST. S.E. LEESBURG VA.
Owner G.A. Douglas Address 1/2 Dehart
Location S side 734 - 9 mi past 627
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe S-S
2. Slope 25-8 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None To 60+
4. Depth to seasonal water table (gray mottling or gray color) No Yes _____ inches
5. Free water present No Yes _____ range in inches
6. Soil percolation rate estimated Yes No Texture group I II III IV
Estimated rate 60 min/ inch
7. Percolation test performed Yes No Number of percolation test holes _____
Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: Douglas R. Hubbard
Signature: D.R. Hubbard

Department Use

Site Approved: Drainfield to be placed at 36-42 depth at site designated on permit.

Site Disapproved:

Reasons for rejection:

1. Position in landscape subject to flooding or periodic saturation.
2. Insufficient depth of suitable soil over hard rock.
3. Insufficient depth of suitable soil to seasonal water table.
4. Rates of absorption too slow.
5. Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. Proposed system too close to well.
7. Other Specify _____

88/5

A. Douglas

Date of Evaluation 9-15-86

Profile Description
SOIL EVALUATION REPORT

Health Department
Identification No. 633FS85

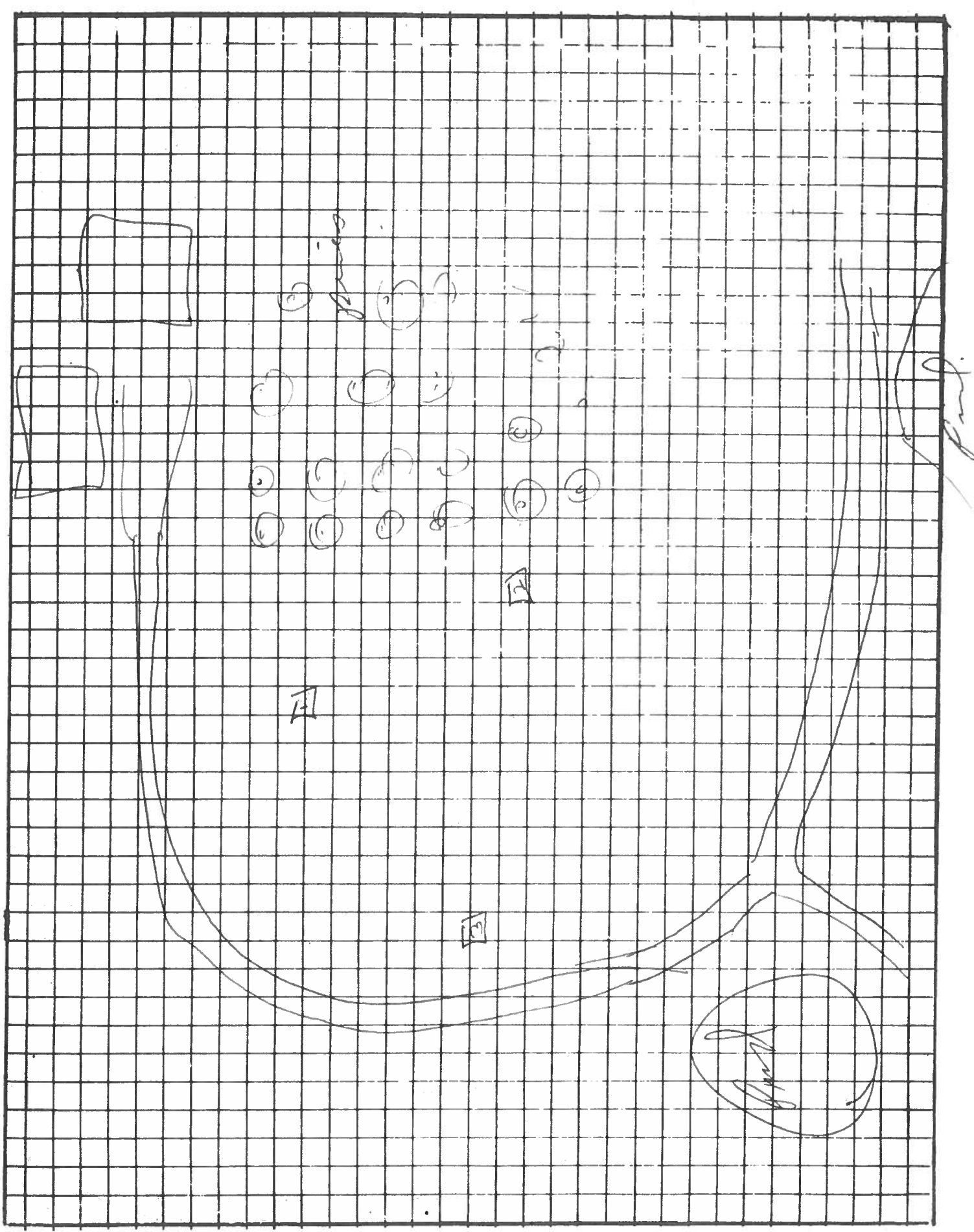
Page 4 of 5

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e., sewage disposal systems, wells, etc., within 100 feet of site (See Section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

- See application sketch
- See construction permit
- See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
Trying to expand 26in (105-12) to 4.				
3' strip below installed site. 1-40"				
2-26"				
3-220"				
4-220"				
9-16-86. Pits.				
1	AP	0-7	DK B L	
	B ₁	7-31	DK B / DK Y B L	Dist. TC
	2C ₂	31-60"	S & P AP	Slon.
2.	AP	0-6	B E D	
	B	4-27 6-27	RB Sil	
	C	27-56	RB, sme B. sil	
3.	Same to #1 - But out of area needed.			

Remarks: expansion of 26in (105-12) to 46in.
installed 36-42". Blue, 70%, 2'v. 8'v.



585

LOUDOUN COUNTY HEALTH DEPARTMENT
APPLICATION FOR CONSTRUCTION — SEWAGE DISPOSAL/WATER SUPPLY

APPLICANT R.W. DeHart & Craftsmen, Inc.
MAILING ADDRESS 104 Church Street SE
Leesburg, Va. 22075
OWNER G. Archibald Douglas
MAILING ADDRESS _____

HOME TELEPHONE 703-777-7011
OFFICE TELEPHONE 703-777-7480
TELEPHONE 703-687-5774

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG) Rt. 15 South to Rt. 50 go
West to Right on Route 734, Entrance to pipe on left 1/10 mile past Rt. 627

PROPERTY IDENTIFICATION NUMBER: SEC. 88 PARCEL 5 (AVAILABLE FROM COMM. OF REV.)

(IF APPLICABLE) NAME OF SUBDIVISION: _____ SEC. _____ LOT _____

ACRES AND/OR SQ.FT. IN THIS PARCEL: _____ ATTACH PLOT PLAN (SKETCH) ON FORM PROVIDED.

TYPE OF SEWAGE DISPOSAL:
 PROPOSED PUBLIC SEWER (SYSTEM: _____)
 EXISTING SEPTIC TANK DRAINFIELD SYSTEM
 REPAIR OTHER (DESCRIBE: Expansion)
 INTERMITTENT

TYPE OF WATER SUPPLY:
 PROPOSED PUBLIC-CENTRAL (SYSTEM NAME: _____)
 EXISTING PRIVATE DRILLED WELL
 OTHER (DESCRIBE: _____)

TYPE OF CONSTRUCTION:
 PROPOSED SINGLE FAMILY DWELLING
 EXISTING COMMERCIAL
 REMODELING OTHER
(DESCRIBE) } → ATTACH A COMPLETE DESCRIPTION OF ALL ACTIVITIES — INCLUDE NO. OF EMPLOYEES, ETC. AND ALL OTHER PERTINENT INFORMATION

FIXTURES TO BE INSTALLED:
DISHWASHING MACHINES YES NO
AUTO. CLOTHES WASHERS YES NO
GARBAGE DISPOSAL UNITS YES NO

CONSTRUCTION INFORMATION:
Number of marketable bedrooms 4 (2 existing 2 addition)
Will foundation be chemically treated for termites? YES NO
Will plumbing fixtures be installed in basement? YES NO

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPT. NO YES
IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.) 105 FEB

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.

IF THE APPLICANT IS OTHER THEN THE LEGAL OWNER OF THE PROPERTY AT THE TIME APPLICATION IS MADE, THEN THE LEGAL OWNER MUST SIGN, THEREBY GIVING CONSENT TO THE AGENTS OF THE COUNTY TO ENTER ONTO THE PROPERTY AND MAKE SUCH TESTS AS ARE NECESSARY AND/OR REQUIRED

APPLICANT SIGNATURE: Clay P. Poffitt
DATE 7/3/86

LEGAL OWNER: _____
DATE: _____

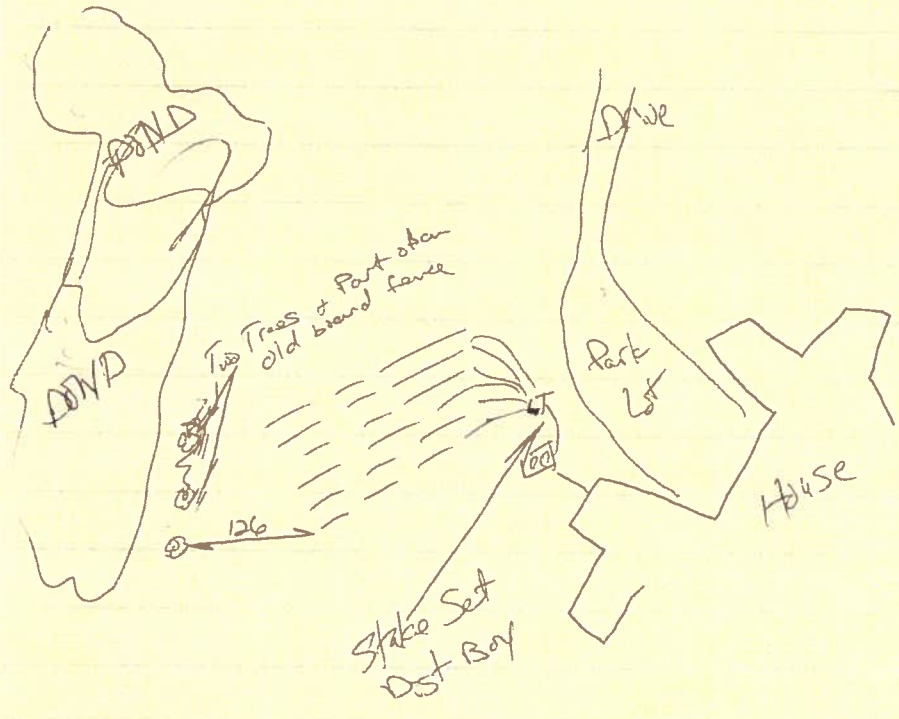
ATTACH PLOT PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
209 GIBSON STREET, NW • LEESBURG, VIRGINIA 22075-2193

(FOR OFFICIAL USE ONLY)

RECEIVED AND ACCEPTED _____ DATE _____ INITIAL _____ SYSTEM TYPE _____
SITE VISIT _____ PLANS RECEIVED _____ FHA/VA No. _____
SOIL EVALUATION _____ ENGINEER'S NAME _____
APPROVED/DISPROVED _____ TELEPHONE NO. _____
COMMENTS: _____ OTHER APPROVAL REQUIRED _____
ZONING CLEARANCE GRANTOR _____

DATE: 7/5/86 FEE PAID YES NO
APPLICATION NUMBER: 633152 (ATTACH RECEIPT)
PLANNIMETRIC MAP-NUMBER: _____

NOTE: COMPLETE ALL SECTIONS: INCOMPLETE APPLICATIONS WILL BE RETURNED.
(CALL 703-777-0234 FOR ASSISTANCE)



Date 4/16/82

Owner: Archibald Douglas

Applicant Earth Designs

Weather - partly cloudy, breezy 70°F

1) A-0-10 Br 1

B 10-52 rd br sil-sicl

C 32-72+ al br. sil micaceous schist

2) A-0-10 Br 1

B 10-36 rd br sil

C 36-54 sil

CR at 54

3) A-0-10 - br 1

B 10-40 - rd br sil

Gravel line 38-40

C - 40 - 72+ multi colored gravel sil



POLLUTION SOURCES DATA BASE

POLL-ID: P55D-86-0361

TAX-NUM: 80 5 .

P-MAP: 466

B-MAP: R

SEC IN DC BL LOT#

DATE: 6/12/91

TYPE: SDS

CONTRACTOR: De Hart

STATUS: 05

CAPACITY: .600..

LENGTH: .72..

WIDTH: .56..

DEPTH: .3..

SPECIFICS: "...7 lines..."

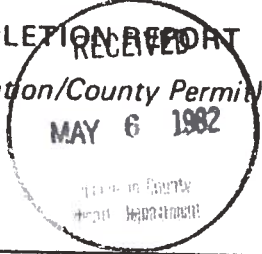
T-TYPE: ..

T-DATE:

T-RESULT: .

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

88-5



BWCM No. _____

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

(Certification of Completion/County Permit)

County/City Loudoun County

County/City Stamp

Virginia Plane Coordinates
486200 N
2231400 E
 Latitude & Longitude
 _____ N
 _____ W

Topo. Map No. 215C
 Elevation _____ ft.
 Formation _____
 Lithology _____
 River Basin _____
 Province _____
 Type Logs D
 Cuttings _____
 Water Analysis _____
 Aquifer Test _____

Owner Archibald Douglas
 Well Designation or Number Earth Design
 Address Neavil's Mill
Casanova, VA. 22017
 Phone 592-3869-347-9330

Drilling Contractor Valley Drilling Corp
 Address PO Box 6A
Upperville, VA.
 Phone 592-3239-777-1877

WELL LOCATION: 50E (feet/miles left direction) of on 734 90 4/10
 and 1/2 mile (feet/miles left direction) of RR 627 on left-hand lane
 (If possible please include map showing location marked) JUST PAST DRESSEN FARM

Date started 4-21-82 Date completed _____ Type rig Rotary

SWCB Permit _____
 County Permit 687 F 81

Certification of inspecting official:
 This well does _____ does not _____
 meet code/low requirements.
 S. _____
 Date _____

For Office Use

Tax Map I.D. No. _____
 Subdivision _____
 Section 88 Part 5
 Block _____
 Lot _____
 Class Well I _____, IIA _____,
 IIB _____, IIIA _____, IIIB ✓,
 IIIC _____, IIID _____, IIIE _____

I. WELL DATA: New Reworked _____ Deepened _____

Total depth 500 ft.
 Depth to bedrock 76' ft.
 Hole size (Also include reamed zones)
 • 10 inches from 0 to 60 ft.
 • 6 inches from 60 to 500 ft.
 • _____ inches from _____ to _____ ft.
 Casing size (I.D.) and material
 • 6 inches from 0 to 60 ft.
 Material Steel
 Wt. per foot 13 lbs 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 26 ft., Type _____
 • From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature 58° of _____
 • Static water level (unpumped level measured) _____ ft.
 • Stabilized measured pumping water level _____ ft.
 • Stabilized yield 50 gpm after _____ hours
 Natural Flow: Yes _____ No , flow rate _____ gpm
 Comment on quality Clear

3. WATER ZONES: From 220 To _____
 From 475' 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 **Archibald Douglas Earth Design**

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)			REMARKS (water, caving, cavities, broken, core, shot, (etc.))	11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)			
From	To				
0'	16'	OVERBURDEN			
16'	40'	Blue stone			
45'	50'	soft-stone			
50'	500'	Blue stone - granite			

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.

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
 9312 Peters Creek Road
 Roanoke, Va. 24019
 703-982-7432

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

Signature Anna Huff, Ass. Sec. (Seal), Date 4-30-82
 (Well driller or authorized person) License No. W-103

WATER WELL DATA BASE

WELL-ID: W.W.N-82-0166 TAX-NUM: 88 5 P-MAP: 466 B-MAP: . R

COMP-DATE: 12/1/82 SEC IN DC BL LOT# S

CONTRA-#: Valley

BASE-ELEV: 415 STAT-DEPTH: 29 STAT-ELEV:

TOT-YIELD: 50 TOT-DEPTH: 500 YIELD-TEST:

PRIM-YIELD: 25 PRIM-DEPTH: 220 PRIM-ELEV:

SEC-YIELD: 25 SEC-DEPTH: 475 SEC-ELEV:

TER-YIELD: TER-DEPTH: TER-ELEV:

BEDROCK-DEPTH: 16 BEDROCK-ELEV:

***** GEOLOGY *****

SURFACE: SUBSURFACE: TRANSM: STOR-COEF:

HYDROFRACK:

SURF-WATER-ELEV: 400

WELL-DIAM: 6 CASING-DEPTH: 60 GROUT-DEPTH: 26

BACT-TEST#: N.T. GW-2: 7 STATUS: 0.5