

LOUDOUN COUNTY HEALTH DEPARTMENT

APPLICATION FOR: SEWAGE DISPOSAL WELL PERMIT BOCA
 SEPTIC REPAIR WELL/SEPTIC ABANDONMENT
 CERTIFICATION LETTER

Contract Purchaser: APPLICANT Britt Jackman Esen
MAILING ADDRESS 1307 Wind Leaf Drive # M
Reston, VA 20194
OWNER Ronald Wiley Craun
MAILING ADDRESS

HOME TELEPHONE 703.435.3263
OFFICE TELEPHONE 703.502.6729
TELEPHONE

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG)

PROPERTY IDENTIFICATION NUMBER: SEC. 72 ALPHA DC BLOCK LOT 1D

(IF APPLICABLE) NAME OF SUBDIVISION: PIN #

ACRES AND/OR SQ. FT. IN THIS PARCEL: .4758 ATTACH SITE PLAN (SKETCH) ON FORM PROVIDED.

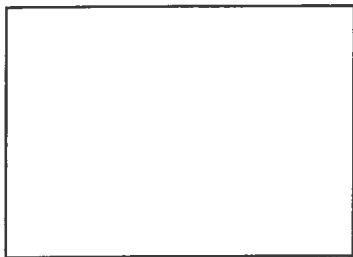
TYPE OF SEWAGE DISPOSAL:

- 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 (DESCRIBE) OTHER

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

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.

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
LEGAL OWNER
DATE

ATTACH SITE PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
1 HARRISON STREET, S.E., LEESBURG, VA 20175

(FOR OFFICIAL USE ONLY)

RECEIVED AND ACCEPTED DATE INITIAL SYSTEM TYPE
SITE VISIT
SOIL EVALUATION
APPROVED/DENIED
COMMENTS:
PLANS RECEIVED FHAVA NO.
ENGINEER'S NAME
TELEPHONE NO.
OTHER APPROVAL REQUIRED

DATE:
APPLICATION NUMBER:
PLANIMETRIC MAP-NUMBER
FEE PAID YES NO (ATTACH RECEIPT)

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

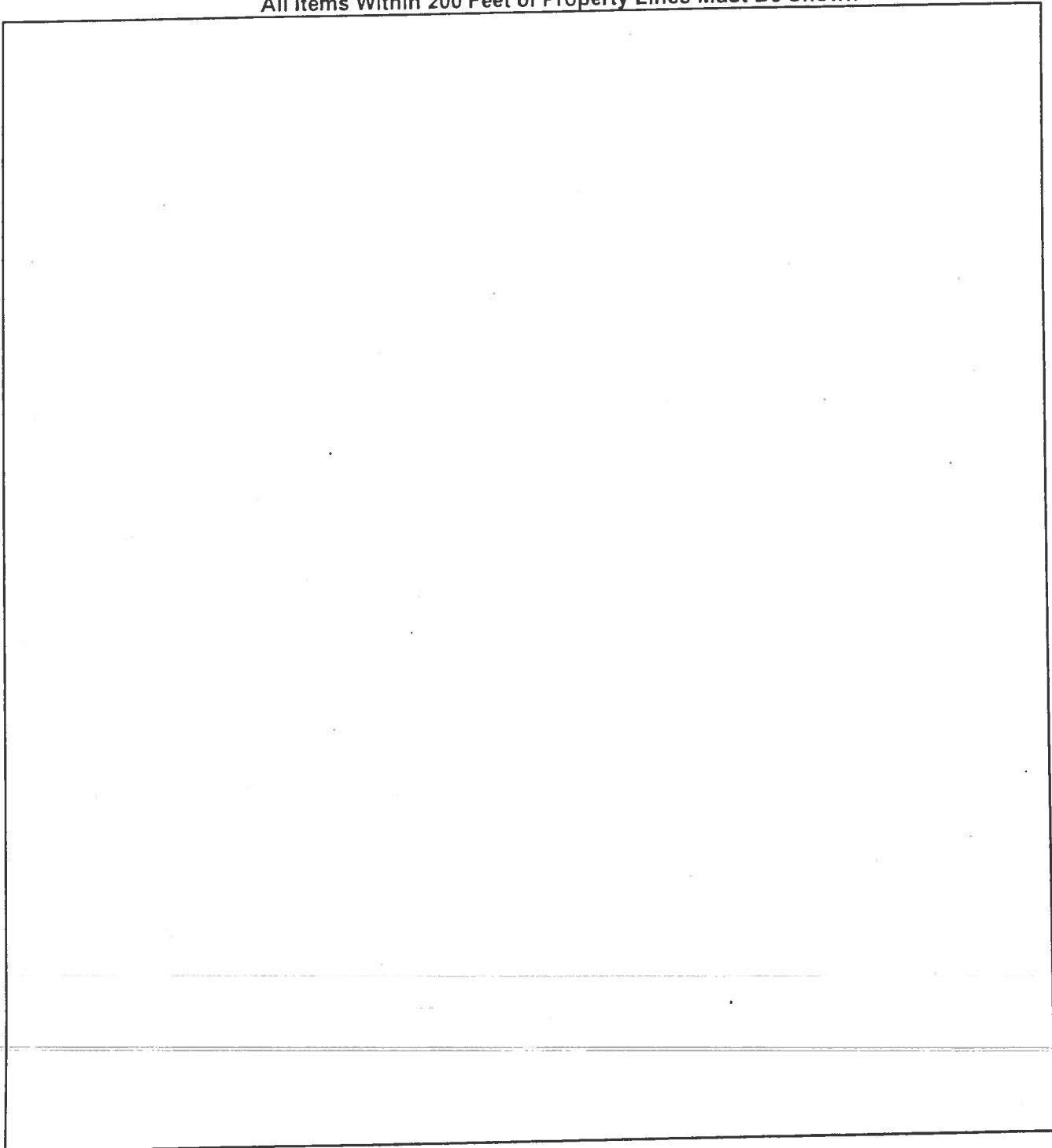
SITE PLAN

All Items Below Are Required To be Shown On the Site Plan

- Property Lines (proposed and existing)
- House & Structures (proposed and existing)
- Sewage System (DF, privy, P & H, discharge, cesspool, etc.) proposed and existing
- Site features, topographical (drainage ways, Swampy areas, rock outcrops, sinkholes, disturbed soil areas, dump sites, fuel tanks, etc.)
- Underground utilities (must be field marked) proposed and existing
- Water supply (wells, springs, cisterns, etc.) proposed and existing

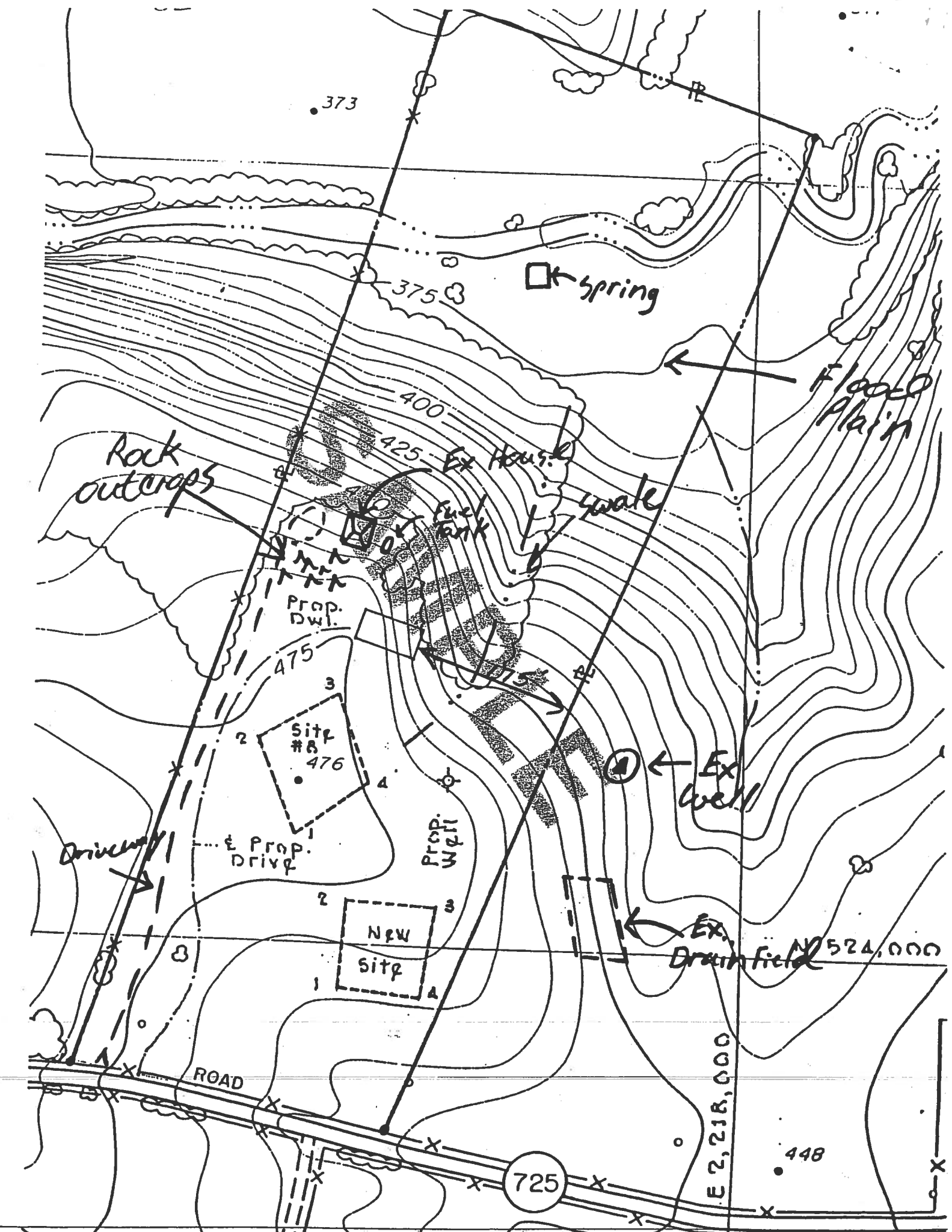
SEE APPLICATION PAMPHLET
FOR MORE DETAILS

All Items Within 200 Feet of Property Lines Must Be Shown



I have accurately and clearly shown all required items on this Site Plan.

Owner/Agent _____ Date _____



PERMIT TO INSTALL **REPAIR**, **REASONS FOR REJECTION**
WATER SUPPLY **SEWAGE DISPOSAL SYSTEM** **58/8B1**

(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.

LEARANCE BY B. Williams FHA/VA Yes No Date 9-18-72 Case No. F 4859
 Owner BOLIVIA WILLIAMS Address Box 87, Middleburg Phone 687-6267
 Occupant _____ Address _____ Phone _____

Exact Location of premises ENT. ON S.W. side of 734 Appx. 1/2 mile W. of Philomont Store
 (Subdivision, Street or Road Name, Section & 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)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other _____
 (To be installed) Class III Cased 20+ ft. to be grouted 20 ft+
 (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) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles 60 inches (estimate over 4 ft.) OTHER _____
 Surface drainage required Yes No OTHER DRAINAGE _____

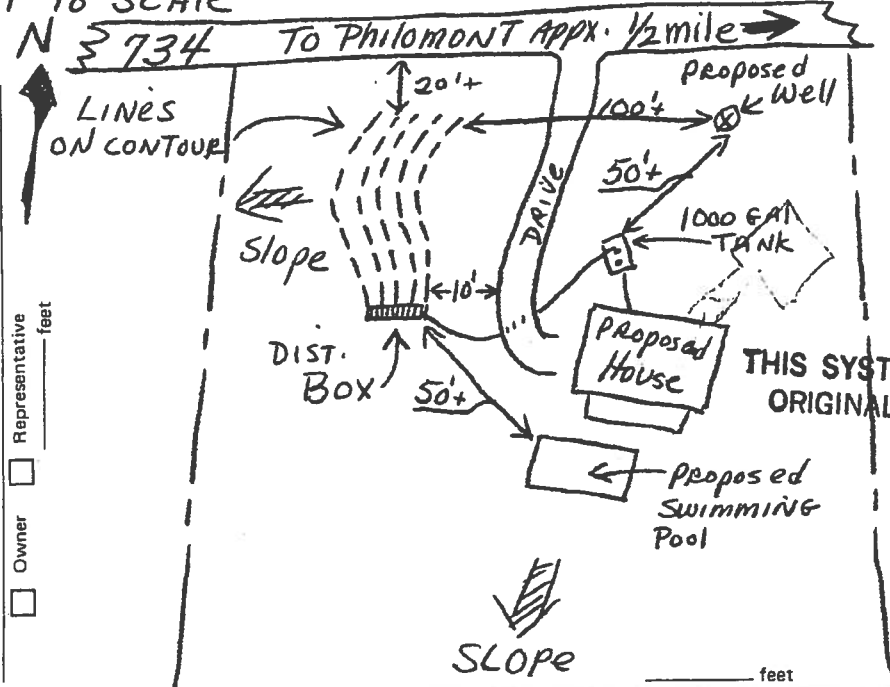
(3) HOUSE SEWER LINE Size Code inches. Type of material required Code. Distance from Water Supply 20 feet.

(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.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required 888 Type aggregate required BROKENSTONE
 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 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.

NOT TO SCALE



5 LINES 88 FT. LONG
2 FEET WIDE
8 FOOT CENTERS
 ONE INCH SLOPE IN 25 FT.
 NO TREES WITHIN 10 FT. OF DRAINFIELD
 NO DRIVEWAY OR PARKING OVER DRAINFIELD
 VOID ONE YEAR FROM 9-18-72

THIS SYSTEM TO BE INSTALLED IN ORIGINAL UNDISTURBED EARTH

Note: Owner or his agent must notify Loudoun County Health Department, Phone 777-2660 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 9-22-72 Approved William D. Vermilye R.S. Date 9-18-72 Signed Robert B. Willis R.S.
 LHS - 121 REV. 12/71 (Reviewing Authority) (Sanitarian or Health Director)
 Virginia State Department of Health

DUPLICATE

(EXT. 53)