

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Commonwealth of Virginia
 Department on Health
 Fauquier County Health Department



Health Department SD-91-0075
 Identification Number _____
 Map Referenced 27/19

General Information

Water Supply System: New Repair _____ Public _____ FHA _____ VA _____ Case No. _____
 Sewage Disposal System: New Repair _____ Expanded _____ Conditional _____ Public _____
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
 OWNER James Simpson TELEPHONE 202-244-3877

ADDRESS 5119 Yuma St., N.W., Wash, D.C. 20016 For a type I Sewage Disposal System or Well to be constructed on/at R417N-66W-17N-00455 to 00455 on 72921m on 0040000 from Pchick farm

SUBDIVISION _____ SECTION/BLOCK 27/19 LOT _____ Actual or estimated water use 600 GPD / 4 bed

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) Top of well 12-18" above grade
 To be installed: class II B
 cased softmin grouted softmin

Water supply location: Satisfactory no comments
 G. W. 2 Received: no not applicable

Building sewer:
4 I.D. PVC 40, or equivalent
 Slope 1.25" per 10' (minimum) smooth pipe to dis. box
 Other slab w/ 6" sched. 40 under drive

Building sewer: no comments
 Satisfactory 2 lines from house c.o. @ fndt.

Septic Tank: Capacity 1200+ gals. (minimum)
 Other carriage disposal requires 1800+ tank

Pretreatment unit: no comments
 Satisfactory 1850 TAPP

Inlet-outlet structure: 8" inlet 18" outlet
 PVC 40 4" tees or equivalent
 Other stub T's 1' below lids

Inlet-outlet structure: no comments
 Satisfactory

Pump and pump station:
 No Yes describe and show design
 If yes: unless need for fall

Pump & pump station: no comments
 Satisfactory

Gravity mains: 4" or larger I.D. minimum 6" fall per 100' 1500 lb. crush strength or equivalent.
 Other smooth pipe to box

Conveyance method: no comments
 Satisfactory sch 40

Distribution box:
 Precast concrete with 8+ ports.
 Other properly bedded

Distribution box: no comments
 Satisfactory Block entra 2 extra ports.

Header lines:
 Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum.
 Other _____

Header Lines: no comments
 Satisfactory

4.98	2	3	4
4.75	460	8.77	16.27
23	6-35	8.54	1003
	35	.23	.24

Percolation lines:
 Gravity 4" plastic 1000 lb per foot bearing load or equivalent, slope 2" 4" (min.max.) per 100'.
 Other _____

Percolation lines: no comments
 Satisfactory

Absorption trenches:
 Square ft. required 1575; depth from ground surface to bottom of trench 30"; aggregate size 57A
 Trench bottom slope 2" per 50ft
 center to center spacing 8ft; trench width 3ft
 Depth of aggregate 13"
 Trench length 75ft; Number of trenches 7

Absorption trenches: no comments
 Satisfactory

11.97	13.71	12.04
11.77	13.50	11.73
28	70	

DATE 10/16/91 Inspected and approved by:

 Sanitarian

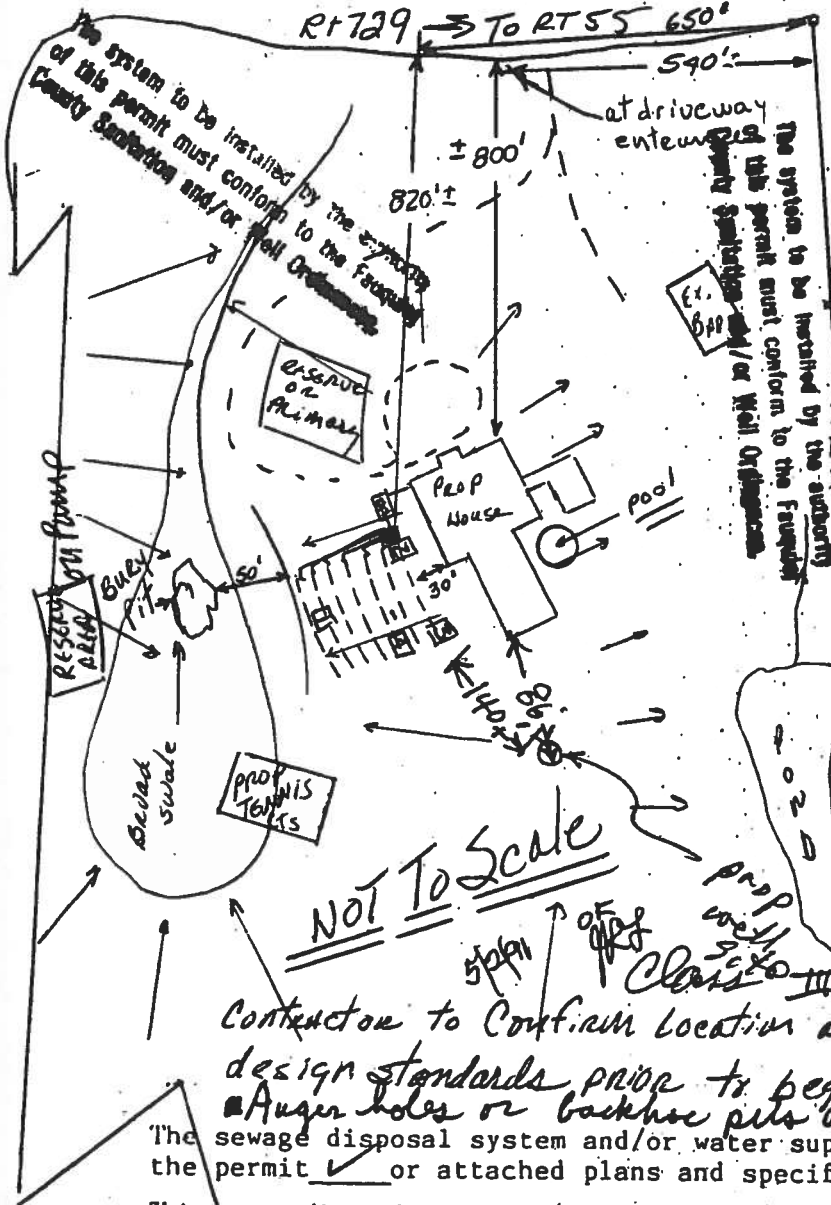
6040-16-9612

Schematic drawing of sewage disposal and/or water system and topographic features

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal 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 permitted, show all sources of pollution within

Map Ref. 27 parcel 19

The information required above has been drawn on the attached copy of the sketch submitted the application. Attach additional sheets as necessary to illustrate the design.



- No trees within 10 ft. of system
- No Parking or Drive on system
- Install in original undisturbed earth
- Install in location shown
- Install D.F. at 30" with 13" + gravel
- Install D.F. 100 ft. plus from all water supply
- Install on contour
- Untreated paper or straw gravel
- Clean every 3-5 years
- Divert roof and surface drainage from D.F.
- Locate out of swales
- Leave ditches open for inspection
- Health Dept. to witness well grouting
- Install well 60 ft. from house foundation
- 4 bedroom design as per 1982 Sewage Reg

WELL PERMIT ONLY

- Locate well:
- 50' + from all drainfields
 - 10' + from all reserves
 - 10' + from all pollution sources
 - 10' + from all treated foundations
 - 10' + from all lot lines
 - 15' + from all foundations
 - 50' + from all sewer lines
 - 50' + from all septic tanks

Locate out of swales and flood plains
Use .188 steel casing
Health Dept. to witness well grout
Need note for 31 wide ditches

The sewage disposal system and/or water supply is to be constructed as specified by the permit or attached plans and specifications.

This sewage disposal system and/or well 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 construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved by the local health department or unless expressly authorized by the local health department. Any part of any installation which has been covered prior to approval shall be uncovered if necessary upon the direction of the Department.

DATE: 3-12-91 ISSUED by: W. J. Russell
DATE: 3-12-91 REVIEWED by: John D. Targent
Supervisory Sanitarian

This construction Permit Valid until 3-12-92

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. _____

(Certification of Completion/County Permit)

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

County/City Fauquier

County/City Stamp

• 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 Basic Builders, Inc.
 • Well Designation or Number _____
 Address 1016 Towlston Road
McLean, Va. 22102
 Phone 356-4300

• Drilling Contractor DOMINION WELL COMPANY
 Address 361-3443 Manassas 361-9126
 Phone 1-800-523-2977

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

Date started _____ • Date completed _____ Type rig air rotary

SWCB Permit _____
 County Permit SD91-0075

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

For Office Use

Tax Map I.D. No. 27/19
 Subdivision _____
 Section 27
 Block Parcel 19 Rt. 729
 Lot _____
 Class Well: I _____, IIA _____
 IIB _____, IIIA _____, IIIB X
 IIIC _____, IIID _____, IIIE _____

1. WELL DATA: New Reworked _____ Deepened _____

• Total depth 330 ft.
 • Depth to bedrock 50 ft.

• Hole size (Also include reamed zones)
 • 10 inches from 0 to 62 ft.
 • 6 inches from 62 to 330 ft.

• Casing size (I.D.) and material
 • 6 1/2 inches from + 1 to 62 ft.
 Material steel
 Wt. per foot 13 or wall thickness .188 in.

• Screen size and mesh for each zone (where applicable)
 • Mesh size _____ Type _____
 • Mesh size _____ Type _____

• Gravel pack
 • From _____ to _____ ft.
 • From _____ to _____ ft.

• Grout
 • From 0 to _____ ft., Type pressure
 • From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ of _____
 • Static water level (unpumped level-measured) _____ ft.
 • Stabilized measured pumping water level _____ ft.
 • Stabilized yield 10 gpm after 1 hours
 Natural Flow: Yes _____ No X flow rate: _____ gpm
 Comment on quality clear

3. WATER ZONES: From 100 To 105
 From 290 To 300 From _____ To _____
 From _____ To _____ From _____ To _____

4. USE DATA:
 Type of use: Drinking X Livestock Watering _____
 Irrigation _____ Food processing _____ Household X
 Manufacturing _____ Fire safety _____ Cleaning _____
 Recreation _____ Aesthetic _____ Cooling or heating _____
 Injection _____ Other _____

• Type of facility: Domestic X 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 _____