

# Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

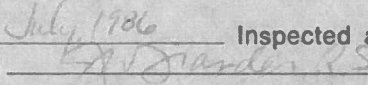


Health Department  
Identification Number 175-84-0705  
Map Reference N/A

Prince William Co. Health Department

### General Information

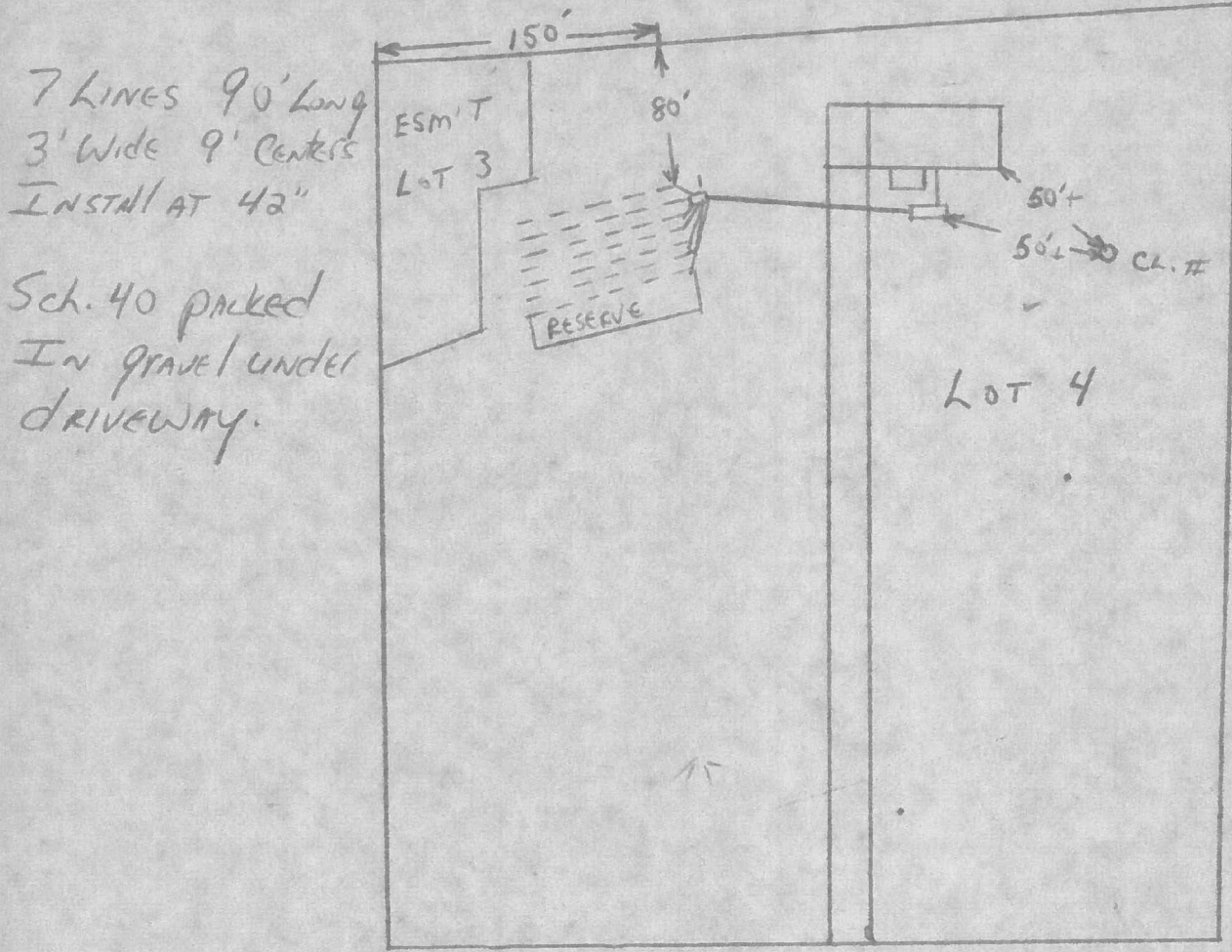
New  Repair  Expanded  Conditional  FHA  VA  Case No. N/A  
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:  
Owner Michael Brichetti Telephone 830-0691  
Address 14845 Maidstone Court Centerville, Virginia 22020  
For a Type I Sewage disposal system which is to be constructed on/at \_\_\_\_\_  
Subdivision Lawnvale Estates Section/Block Section IV Lot 4  
Actual or estimated water use 800 GPD Approved four (4) bedroom design

DESIGN	NOTE: INSPECTION RESULTS
<b>Water supply, existing:</b> (describe) _____ <b>To be installed:</b> class <u>II-B Drilled Well</u> cased <u>50'+</u> grouted <u>50'+</u>	<b>Water supply location:</b> 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"/>
<b>Building sewer:</b> <u>4"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	<b>Building sewer:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Septic tank:</b> Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	<b>Pretreatment unit:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Inlet-outlet structure:</b> PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	<b>Inlet-outlet structure:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>1 1/2" fall</u>
<b>Pump and pump station:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> describe and shown design. if yes: _____	<b>Pump &amp; pump station:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>NIA</u>
<b>Gravity mains:</b> 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other <u>See '71 Code</u>	<b>Conveyance method:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Distribution box:</b> Precast concrete with _____ ports. <input checked="" type="checkbox"/> Other <u>See drawing</u>	<b>Distribution box:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>4 uphill</u>
<b>Header lines:</b> Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input checked="" type="checkbox"/> Other <u>See '71 Code</u>	<b>Header lines:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Percolation lines:</b> Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	<b>Percolation lines:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
<b>Absorption trenches:</b> Square ft. required <u>1890</u> ; depth from ground surface to bottom of trench <u>42"</u> ; aggregate size <u>5-1.5"</u> ; Trench bottom slope <u>2-4"</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> Depth of aggregate <u>1.5"</u> ; Trench length <u>90'</u> ; Number of trenches <u>7</u>	<b>Absorption trenches:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>2 1/2" - 3 1/4" fall</u>
	Date <u>July 1986</u> Inspected and approved by:  Sanitarian

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

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be located on the same lot show all sources of pollution within 100 feet.

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



7 LINES 90' Long  
3' Wide 9' Centers  
INSTALL AT 42"  
  
Sch. 40 piked  
IN gravel under  
DRIVEWAY.

MAURINE

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.

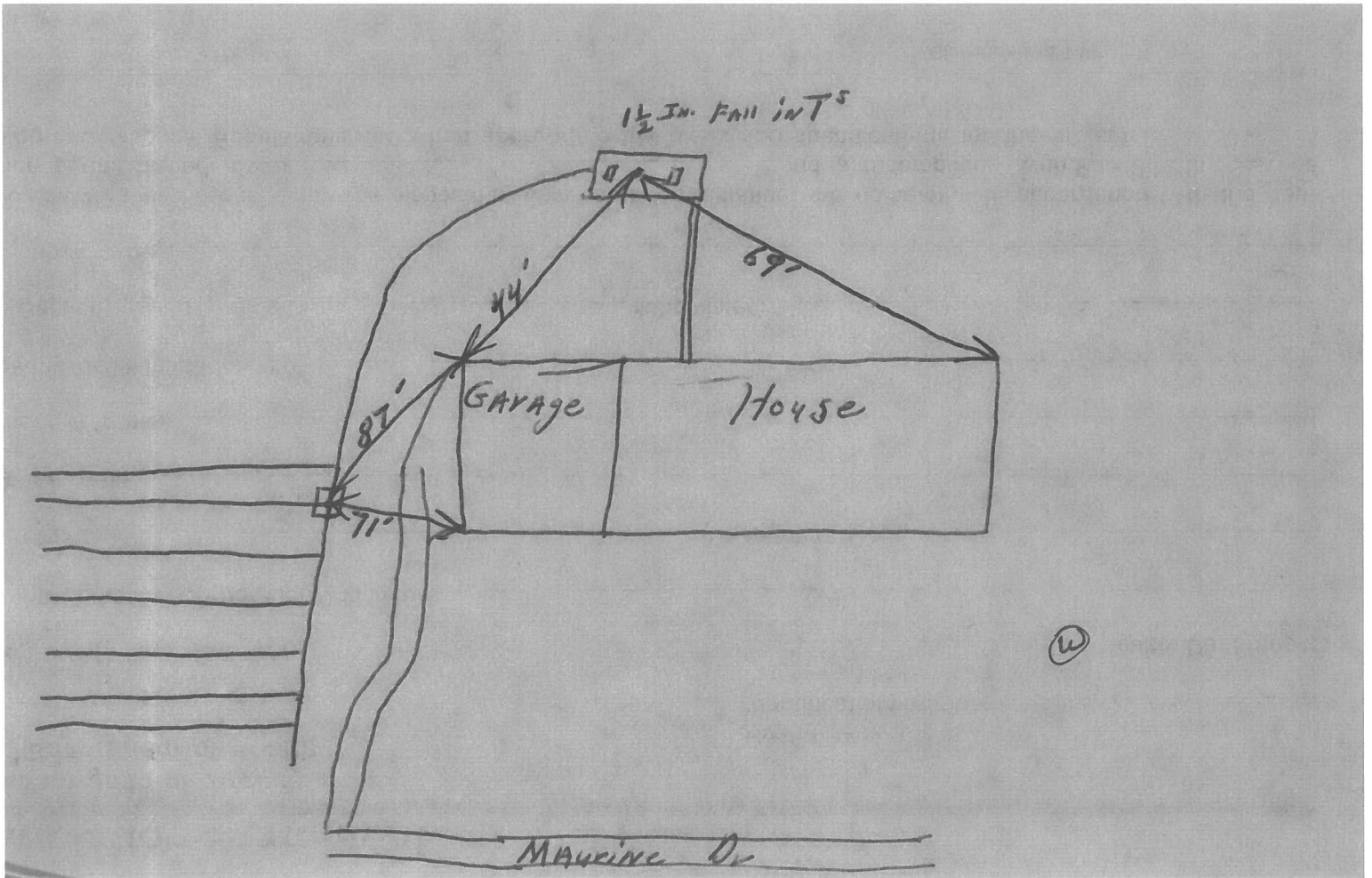
Date: 12-3-84 Issued by: [Signature]  
Sanitarian

Date: 12/03/84 Reviewed by: RWHicks  
Supervisory Sanitarian

This Construction  
Permit Valid until  
June 3, 1987

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_  
Supervisory Sanitarian Regional Sanitarian



# Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia  
Department of Health

Use of form required only when water supply constructed in conjunction with an on-site sewage disposal system, or when FHA, VA financing is involved.

Health Department  
I.D. Number 175-84-0705

F.H.A. or V.A. Case Number  
If Applicable

Map Reference

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Date September 17, 1986 Local Health Department Prince William

Owner Michael Brichetti Address 14845 Maidstone Court Phone 830-0691  
Centerville, VA. 22020

Exact Location of Premises \_\_\_\_\_

Subdivision Lanvale Estates Section/Block IV Lot 4

Class of nonpublic drinking water well.

1) Class III	A. (drilled well)	<input type="checkbox"/>
2) Class III	B. (bored well)	<input type="checkbox"/>
3) Class III	C. (jetted well)	<input type="checkbox"/>
4) Class III	D. (dug well)	<input type="checkbox"/>
5) Other	E. <u>Class II-B</u>	<input type="checkbox"/>

Date of installation 6/10/85 Drilled Well

### CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e.) well log, etc., so note.

- Water well completion report filed as required by 18.02.07. Yes  No
- Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.  
Building Sewer 50'+ Pretreatment Unit 50'+ Conveyance System 50'+ Subsurface Soil Absorption System 50'+ (nearest point). Property Line 10' min. Other -----.  
Site graded where necessary to divert water away from well? Yes  No  n.a.
- Construction, General: (see Section 18.02.05, and 18.02.02)  
Total depth of well 268 feet. Type of casing Steel. Depth of casing 51 feet. Diameter of casing 6 5/8 inches. Casing extends inches above ground 12. Exterior space around casing sealed with neat cement grout to a depth of 50 feet. Screens constructed of ----- free of rough edges and irregularities, with positive watertight seal between screen and casing?  yes  no  n.a. Well head and opening to the interior protected? yes  no  Type of well seal Mechanical  
Pitless adapter used? yes  no  n.a.  Properly installed? yes  no  n.a.  Proper venting? yes  no  n.a.
- Quantity: Yield and drawdown determined by continuous pumping of 1 hours. Drawdown --- feet. Yield 6 GPM. Type of storage Pressure.
- Quality: Sample tap provided at entry into system? yes  no  Sample(s) collected? yes  no   
Results of samples. Satisfactory  Unsatisfactory  (attach copy of results to this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply is approved.

Remarks: Dominion Well Company

(Sample done by private lab)

Date September 17, 1986 Signed [Signature]  
Sanitarian

Date 17 Sept. '86 Signed [Signature]  
Supervisory Sanitarian

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Regional Sanitarian (If V.A. or F.H.A.)

COMMONWEALTH OF VIRGINIA  
WATER WELL COMPLETION REPORT

• BWCN No. \_\_\_\_\_

(Certification of Completion/County Permit)

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

County/City \_\_\_\_\_

County/City Stamp

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

• Virginia Plane Coordinates
_____ N
_____ E
Latitude & Longitude
_____ N
_____ W
• Topo. Map No. _____
• Elevation _____ ft.
• Formation _____
• Lithology _____
• River Basin _____
• Province _____
• Type Logs _____
• Cuttings _____
• Water Analysis _____
• Aquifer Test _____

• Owner Michael Brichetti

• Well Designation or Number \_\_\_\_\_

Address 14845 Maidstone Ct.  
Centreville, Va. 22020

Phone 734-6677 830-0691 876-8172

DOMINION WELL COMPANY

• Drilling Contractor 861-3443-Manassas 777-3727-Leesburg

Address 361-9126-Manassas 825-2330-Culpeper  
631-0266-Metro 672-3320-Orange

Phone 347-5542-Warrenton 371-7766-Fredericksburg

Tax Map I.D. No. <u>185 84 0705</u>
Subdivision <u>Lawnvale</u>
Section <u>4</u>
Block <u>4792 Maurine Ct.</u>
Lot <u>4</u>
Class Well I _____, IIA _____
IIIB <u>X</u> , IIIA _____, IIIB _____
IIIC _____, IIID _____, IIIE _____

WELL LOCATION: \_\_\_\_\_ (feet/miles \_\_\_\_\_ direction) of \_\_\_\_\_  
and \_\_\_\_\_ (feet/miles \_\_\_\_\_) (direction) of \_\_\_\_\_  
(If possible please include map showing location marked)

Directions: See Reverse

Date started 6/10/85 • Date completed same Type rig air rotary

I. WELL DATA: New  Reworked \_\_\_\_\_ Deepened \_\_\_\_\_

• Total depth 268 ft.

• Depth to bedrock 15 ft.

• Hole size (Also include reamed zones)

- 10 inches from 0 to 51 ft.
- 6 1/8 inches from 51 to 268 ft.
- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.

• Casing size (I.D.) and material

- 6 5/8 inches from +1 to 51 ft.  
Material steel  
Wt. per foot 13 or wall thickness .188 in.
- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.  
Material \_\_\_\_\_  
Wt. per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in.
- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.  
Material \_\_\_\_\_  
Wt. per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in.

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

- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
- Mesh size \_\_\_\_\_ Type \_\_\_\_\_
- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
- Mesh size \_\_\_\_\_ Type \_\_\_\_\_
- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
- Mesh size \_\_\_\_\_ Type \_\_\_\_\_
- \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
- Mesh size \_\_\_\_\_ Type \_\_\_\_\_

• Gravel pack

- From \_\_\_\_\_ to \_\_\_\_\_ ft.
- From \_\_\_\_\_ to \_\_\_\_\_ ft.

• Grout

- From 0 to 50 ft., Type pressure
- From \_\_\_\_\_ to \_\_\_\_\_ ft., Type 12 bags

2. WATER DATA • Water temperature \_\_\_\_\_ OF

- Static water level (unpumped level-measured) 40 ft.
- Stabilized measured pumping water level \_\_\_\_\_ ft.
- Stabilized yield 6 gpm after I hours

Natural Flow: Yes \_\_\_\_\_ No,  flow rate \_\_\_\_\_ gpm

Comment on quality clear

3. WATER ZONES: From 240 To 245

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

4. USE DATA:

Type of use: Drinking  Livestock Watering \_\_\_\_\_  
Irrigation \_\_\_\_\_ Food processing \_\_\_\_\_ Household   
Manufacturing \_\_\_\_\_ Fire safety \_\_\_\_\_ Cleaning \_\_\_\_\_  
Recreation \_\_\_\_\_ Aesthetic \_\_\_\_\_ Cooling or heating \_\_\_\_\_  
Injection \_\_\_\_\_ Other \_\_\_\_\_

• Type of facility: Domestic  Public water supply \_\_\_\_\_  
Public institution \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Commercial \_\_\_\_\_ Other \_\_\_\_\_

5. PUMP DATA: Type \_\_\_\_\_ Rated H.P. \_\_\_\_\_  
• Intake depth \_\_\_\_\_ Capacity \_\_\_\_\_ at \_\_\_\_\_ head

6. WELLHEAD: Type well seal \_\_\_\_\_  
Pressure tank \_\_\_\_\_ gal., Loc. \_\_\_\_\_  
Sample tap \_\_\_\_\_ Measurement port \_\_\_\_\_  
Well vent \_\_\_\_\_ Pressure relief valve \_\_\_\_\_  
Gate valve \_\_\_\_\_ Check valve (when required) \_\_\_\_\_  
Electrical disconnect switch on power supply \_\_\_\_\_

7. DISINFECTION: Well disinfected \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_  
Date \_\_\_\_\_ Disinfectant used \_\_\_\_\_  
Amount \_\_\_\_\_ Hours used \_\_\_\_\_

8. ABANDONMENT (where applicable) • yes \_\_\_\_\_ no \_\_\_\_\_  
Casing pulled yes \_\_\_\_\_ no \_\_\_\_\_ not applicable \_\_\_\_\_  
Plugging grout From \_\_\_\_\_ to \_\_\_\_\_ material \_\_\_\_\_

Owner \_\_\_\_\_

BWCM No. \_\_\_\_\_

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)			11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL		
From	To	(color, material, fossils, hardness, etc.)	(water, caving, cavities, broken, core, shot, (etc.))	
0	15	Overburden		
15	268	Red Shale		

Rt. 234 N to Lawnvale Dr. L to Flamingo Dr. L to Angus Dr. R to Maurine Ct. L to Lot 4

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

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

West Central Reg. Off.  
 Executive Park  
 5312 Peters Creek Road  
 Roanoke, Va. 24019  
 703-982-7432

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

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

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

Signature Juvel Prabhat (Seal), Date 6/11/85  
 (Well driller or authorized person) License No. \_\_\_\_\_

# Lapteff Associates

CONSULTING ENGINEERS  
P. O. BOX 4150 • WOODBRIDGE, VA. 22194

September 5, 1986

Mr. Mike Bricchetti  
4792 Maurine Court  
Gainesville, Virginia 22065

Subject : Laboratory Report

## Bacteriological Analysis of Well Water Sample

A water sample was collected September 2, 1986 from the Bricchetti residence located at 4792 Maurine Court, Gainesville, Virginia. The sample was delivered to our laboratory and processed the same day in accordance with Standard Methods.

Method: Total Coliform SM 908 D

Results were as follows:

Total Coliform <2.2 MPN Index/100ml

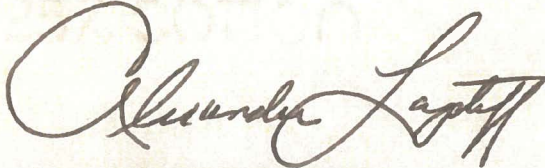
Note: (<) denotes less than

### Comments:

The bacteriological results indicated the water sample collected was within the State of Virginia's Standards for drinking water.

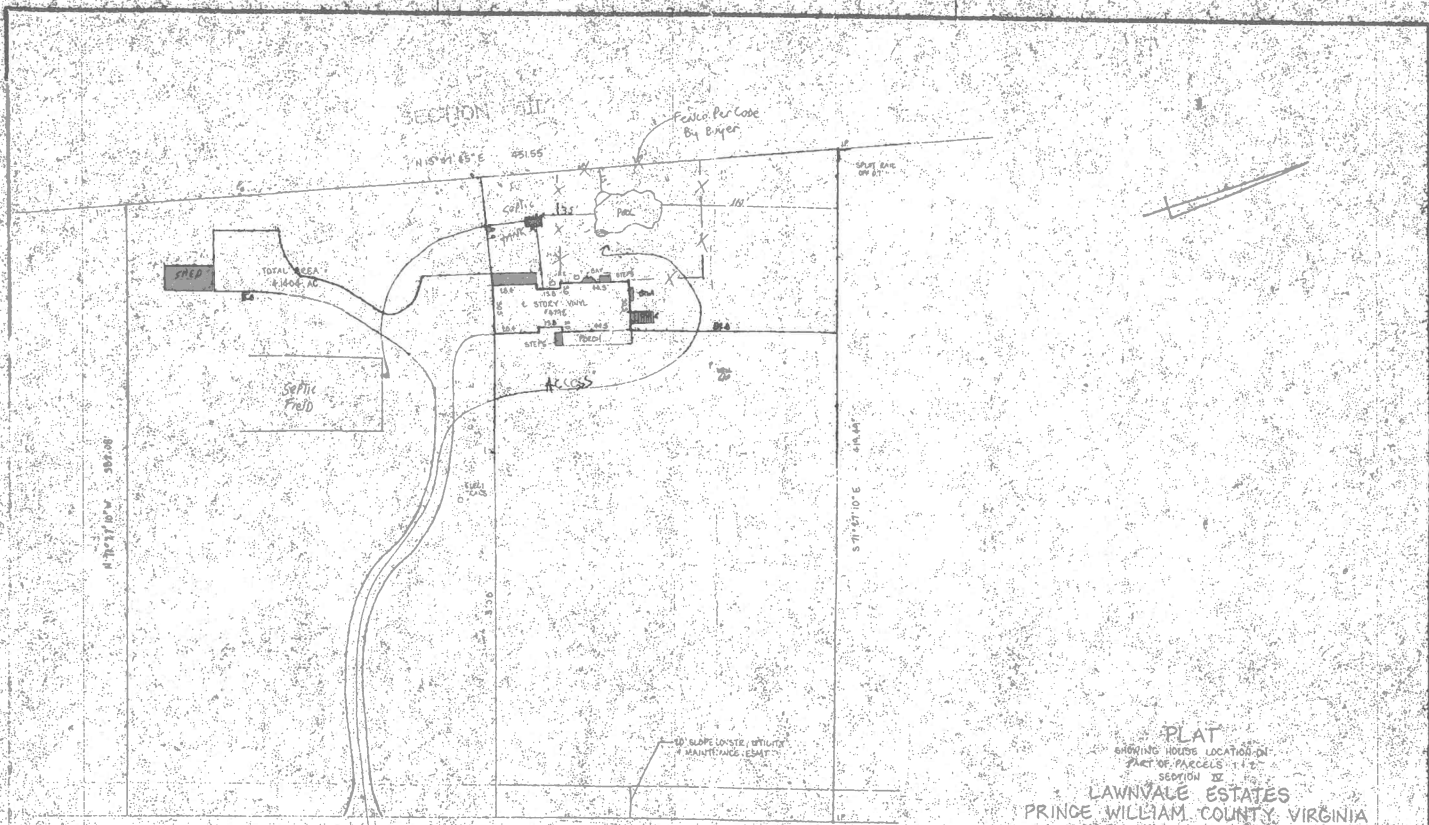
Respectfully submitted,

LAPTEFF ASSOCIATES



Alexander Lapteff, Ph.D.  
Principal Sanitary Engineer

AL/slw



PLAT  
 SHOWING HOUSE LOCATION OF  
 PART OF PARCELS 1 & 2  
 SECTION III  
 LAWNVALE ESTATES  
 PRINCE WILLIAM COUNTY, VIRGINIA  
 SCALE: 1" = 40'      MARCH 6, 1984

S 18° 51' 50" W      440.00'  
 MAURINE COURT      52' 0" W

THIS PROPERTY IS NOT LOCATED IN A  
 SPECIAL FLOOD HAZARD AREA.  
 MAY BE SUBJECT TO RESTRICTIONS OF  
 RECORD.  
 TITLE REPORT NOT FURNISHED.  
 I, the undersigned, being the holder hereof or  
 all the persons whose names have been  
 commonly known as the grantors hereof,  
 hereby certify that the above is a true and  
 correct copy of the original instrument.  
 Kenneth W. White  
 Notary Public



CASE NAME:  
 DELICETTI - RODINSON  
 KPPS  
 ALEXANDRA SHERWELL WELLS  
 8343 SOUTH BRIDGE HIGHWAY  
 ALEXANDRIA, VIRGINIA 22304  
 TEL: 703-848-8888  
 FAX: 703-789-7784

466776

JOB # 100-24