2(1) 107B

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Northumberland Health Department

Health Department Identification Number 166-02-456
Map Reference 2 (1) 107B

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 Lewis & Catherine Courtney Telephone 589-7730
Address P.O. Box 1056 Callao Va. 22435 For a Type 3A Sewage Disposal System or (Well) to be constructed on/at 2494 Mundy Pt. Rd. & end of long drive.
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use ___

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply existing: (describe) small diameter cased artesian **To be installed:** class 3A - cased 100' minimum grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: ___ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity ___ gals. (minimum). ☐ Other ___	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory
Pump and pump station: No ☐ Yes ☐ describe and show design. if yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with ___ ports. ☐ Other ___	**Distribution box:** yes ☐ no ☐ comments Satisfactory
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:** yes ☐ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ___	**Percolation lines:** yes ☐ no ☐ comments Satisfactory
Absorption trenches: Square ft. required ___ : depth from ground surface to bottom of trench ___ ; aggregate size ___ : Trench bottom slope ___ ; center to center spacing ___ ; trench width ___ Depth of aggregate ___ ; Trench length ___ ; Number of trenches ___	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date ___ Inspected and approved by: ___ Sanitarian

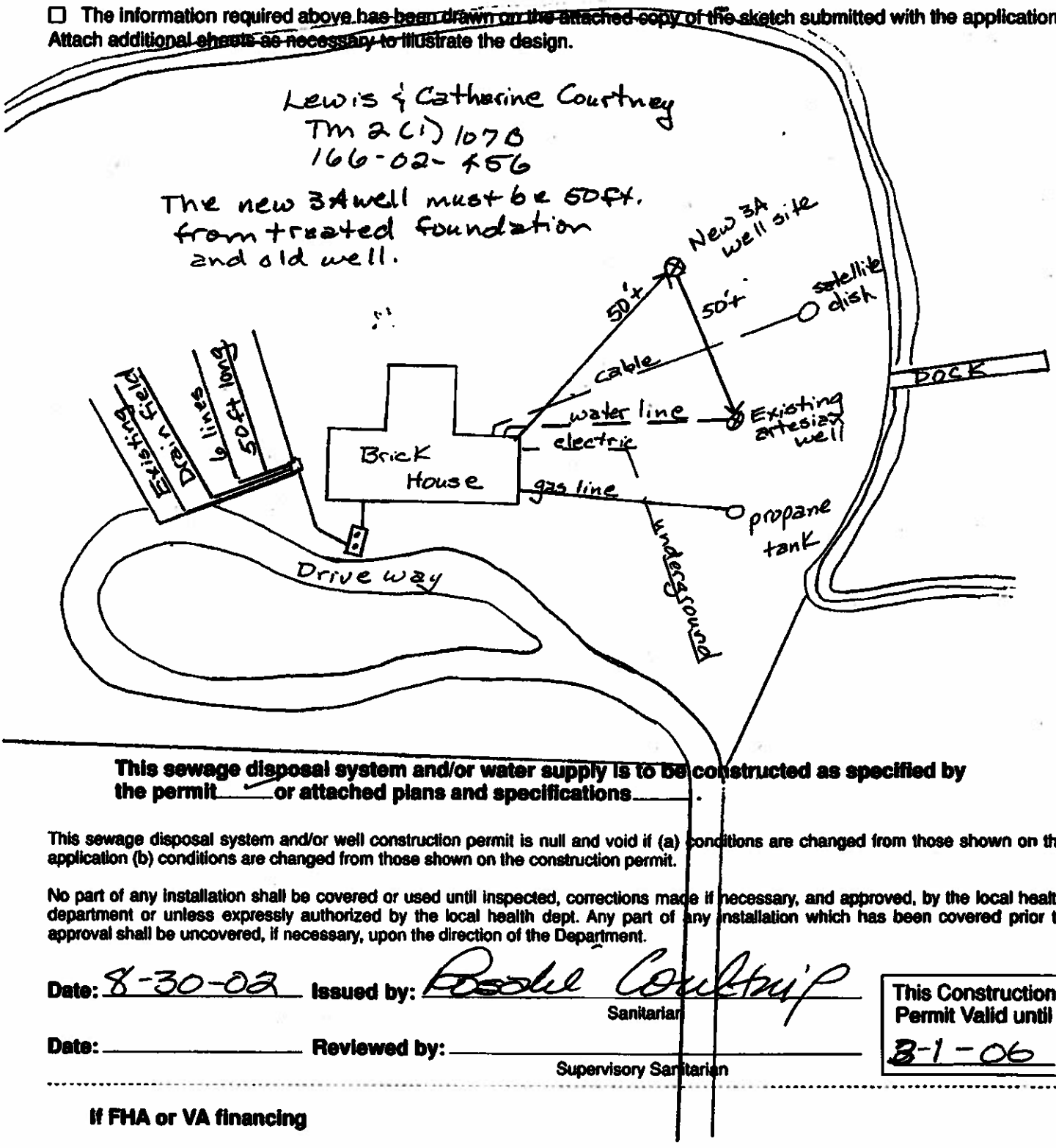
C.H.S 202A

Health Department
Identification Number 166-02-456

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

Show the lot lines of the building site, sketch of property showing any topographic features which may 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 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 permitted, show all sources of pollution within 200 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.



This 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 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: 8-30-02 **Issued by:** Rachel Courtney
Sanitarian

This Construction Permit Valid until 3-1-06

Date: _____ **Reviewed by:** _____
Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ _____ **Date** _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 2028

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Lewis & Catherine Courtney
Address PO Box 1056
Callao Va 22435
Phone
Location 2494 Mundy Point Rd End of Sandy Dr

Tax Map ID 2-61 107B
VDH Permit Tide-02-456
VWCB Permit
VWCB ID
County Northumberland

* Well Data *

General Information
Drilling Method Mud Rotary
Depth to Bedrock
Static Water Level 27
Well Disinfected (Y or N) Yes

Date Completed Sept 2003
Yield 60 (GPM)
Stabilized Water Level
Disinfectant Used Chlorine

Total Depth of Well 280
Length of Test
Natural Flow (Rate)
Amount Used

Casing
From +2 to 260
Size 4.5 Material PVC
Weight/Schedule 160

From ____ to ____
Size ____ Material ____
Weight/Schedule ____

From ____ to ____
Size ____ Material ____
Weight/Schedule ____

Gravel Pack
From 240 to 280

From ____ to ____

From ____ to ____

Grout
From -2 to 240
Bore Hole Size 7 7/8
Type Bentonite
Method Pumped.

From ____ to ____
Bore Hole Size ____
Type ____
Method ____

From ____ to ____
Bore Hole Size ____
Type ____
Method ____

Water Zones or Screened Intervals
From 260 to 280
Mesh Size .020 Diam. 4.5
From ____ to ____
Mesh Size ____ Diam. ____

From ____ to ____
Mesh Size ____ Diam. ____
From ____ to ____
Mesh Size ____ Diam. ____

From ____ to ____
Mesh Size ____ Diam. ____
From ____ to ____
Mesh Size ____ Diam. ____

* Use Data *

Private Well: Domestic ✓ Agricultural ____ Industrial ____ Monitoring ____
Public Well: Community ____ Non Community ____

Drillers Log *
(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
0-18	yellow Stiff Clay.	
18-32	Grey Sand	
32-100	Blue Clay	
100-120	Coarse Sand	
120-235	Green Clay	
235-255	Green Clay & Shell	
255-280	Sand & Rock Streaks.	

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Drilling Contractor Hall & Hofler

Address Tappahannock Va

Phone 443-3124

Drillers Signature [signature] **Date** 12/2003

Representing Hall & Hofler

Virginia Contractors License Number 2705 026478A

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID 166-02-156

To Be Completed By The Applicant

Type of Sewage system: ___ New ___ Repair ___ Expanded ___ Conditional
FHA/VA yes ___ no ___ Case No. ___

Owner Lewis W. Courtney III Address PO Box 1056 Phone 529-7730
Catherine M. Courtney Callao, Va 22435

Agent ___ Address ___ Phone ___

Directions of Property 2494 Mundy Point Road

Subdivision ___ Section ___ Block ___ Lot ___

Other Property Identification ___

Dimension/size of Lot/Property 2.81 Acreas

Other Application Information

I. Building/facility	___ New	✓ Existing	
Intermittent Use	___ Yes	___ No	If yes, describe ___
II. Residential Use	✓ Yes	___ No	
Termite Treatment	✓ Yes	___ No	
	___ Single Family (Number of Bedrooms 3)	___ Multi-family (Number of Units ___)	
Basement	✓ Yes	___ No	
Fixtures in Basement	___ Yes	✓ No	
III. Commercial Use	___ Yes	✓ No	Describe: ___
Commercial/Wastewater	___ Yes	✓ No	Number of Patrons ___ Number of Employees ___

If yes, give volumes and describe ___

PAID
AUG 28 2002
Ellen V. Booker, Treasurer
Northumberland County Virginia

IV. Water Supply:

	___ Public	___ New	___ Existing
	✓ Private	___ New	✓ Existing

Describe: Dig new well Artisian

AUG 2002

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ___ Septic Tank Drainfield ___ LPD ___ Mound ___ Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

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.

Catherine M. Courtney — Signature of Owner/Agent

8/28/02 — Date

CHS 200

Nov 2(1) 107B

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Northumberland Health Department

Health Department Identification Number 166-02-456
Map Reference 2 (1) 107B

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 Lewis & Catherine Courtney Telephone 529-7730
Address P.O. Box 1056 Callao, Va. 22435 For a Type 3A Sewage Disposal System or (Well) to be constructed on/at 2494 Mundy Pt. Rd, end of long drive.
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use ___

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply existing: (describe) small diameter cased artesian **To be installed:** class 3A - cased 100' minimum grouted 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: ___ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity ___ gals. (minimum). ☐ Other ___	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory
Pump and pump station: No ☐ Yes ☐ describe and show design. if yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with ___ ports. ☐ Other ___	**Distribution box:** yes ☐ no ☐ comments Satisfactory
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:** yes ☐ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" - 4" (min. max.) per 100'. ☐ Other ___	**Percolation lines:** yes ☐ no ☐ comments Satisfactory
Absorption trenches: Square ft. required ___ ; depth from ground surface to bottom of trench ___ ; aggregate size ___ ; Trench bottom slope ___ ; center to center spacing ___ ; trench width ___ Depth of aggregate ___ ; Trench length ___ ; Number of trenches ___	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date ___ Inspected and approved by: ___ Sanitarian

C.H.S 202A

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

2

6-18-74

Date _____ Case No. _____

Owner Lewis W. Courtney III Address Box J-8A1 Reedville Phone _____
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Mundy Point on right, same lane as Wayne Middleton
(Subdivision, Street or Road Name, Section or Lot No.)

ARTESIAN

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 _____ feet. Trees _____ feet. Water Supplies _____ feet. Buildings _____ feet.

(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 _____ (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**
Installed ☐ Yes ☐ No. Type of material _____ Size _____ Inches.

(5) **SEPTIC TANK** 1000 gal
Constructed of _____ (Kind of Material)
Inside Dimensions Length _____ feet. Width _____ feet.
Liquid Depth _____ feet. Depth of Air Space _____ 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 _____ (Number) extra outlets for future use.

(7) **SUBSURFACE ABSORPTION FIELD**
Total Area in bottom of ditches 900 square feet.
Number of ditches 6 Length of ditches 50 feet.
Grade of ditches Minimum 2 Inches per 100 feet.
Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☑ Yes ☐ No
Type aggregate used Shell & Stone
Depth of aggregate under Tile 10 Feet inches
Total depth of aggregate 11' 3" inches
Depth of backfill over aggregate 24 - 36 inches

(8) **SURFACE DRAINAGE**
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: JOE SELF Address LOTTSBURG Phone _____

This Sewage Disposal System (Is) (~~Is Not~~) Approved by Northumberland County Health Department.

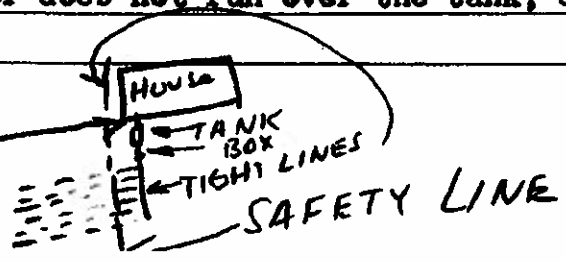
Date 6-18-74 Signed W. B. Appleby (Sanitarian) Date _____ Approved _____ (Health Director)

Date _____ Approved _____ (Advisory Sanitarian) Date _____ Approved _____ (Reviewing Authority — Other Agency)

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

It is very important that a bulldozer does not run over the tank, distr. box, or tight lines.

NO HEAVY EQUIP BEYOND CORNER OF HOUSE PLUS A FEW FEET THIS SIDE.



Virginia Department of Health
LHS - 141 Rev. 12/71

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

(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 6-13-73 Case No. 6-17-74 W.E. Appleby

Owner Lewis W. Courtney III Address Box 3-8A1 Reedville Va Phone
(Mailing Address)

Occupant Address Phone
(Mailing Address)

Exact Location of premises Mundy Pt. on right, same lane as Wayne Middleton
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☑ Dwelling ☐ Other Automatic Washing Machine ☑ Yes ☐ No Consumption gal. per c
Actual ☐ Potential ☐ Bedrooms 3 Garbage Disposal Unit ☐ Yes ☑ No (☐ Actual ☐ estimated Wa
Additional wastes

(1) WATER SUPPLY (Existing) Class Approved Yes ☐ No ☐ Other no well yet, but it must be artesi
(To be installed) Class Cased ft. to be grouted ft. Owner requested oyster shells inst
(Unless supported by positive evidence Class III is to be considered as to be installed.) of #2 stone for filler, because he
got them cheaper.

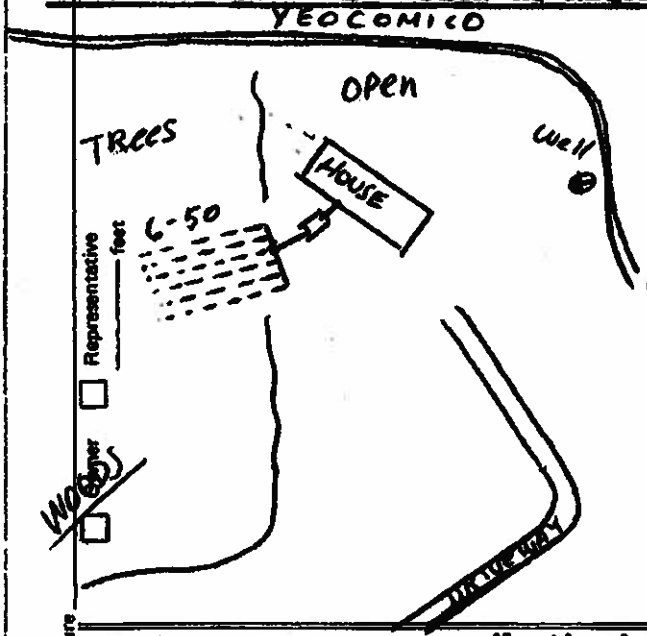
(2) SOIL STUDY Naturally drained, suitable by sight ☐ Yes ☐ No Technical Classification (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☐ 26-50 ☐ >51 ☐ Percolation Test Required ☑ Yes No ☐ Rate 120 (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles 36 inches (estimate over 4 ft.) OTHER
Surface drainage required ☐ Yes ☑ No OTHER DRAINAGE

(3) HOUSE SEWER LINE Size 4 inches. Type of material required Schedule 40 or C1. Distance from Water Supply 50 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 900 Type aggregate required oyster shells & g

(5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 4 inches.
Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 11 FT 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 Syste
Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



SYSTEM OF SPECIAL DESIGN AT REQUEST OF OWNER: 6-50' lines/3' hoe/15' centers

Dig lines 11' deep into brown sand, fill to within 3' of top of ground with shells imme ely, before walls cave. Crawler must be us to put shells in as soon as ditch is dug.

(4) Level shells, put in 6" standard gravel, la tile & COVER WITH 12" gravel

(5) Use 4" PVC OR ABS plastic tight lines & ell

First joint of tile will have to be cemente plastic ell all the way around. Use 2X4 th tile. Beprepared to move excess [redacted] clay immediately out of way.

All trees in way of system must be removed prior to commencing installation.

Locate well at stake with blue marker as sh

Signature

Note: Owner or his agent must notify Northumberland Health Department, Phone 580-3731 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 u covered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS C 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 6-13-73 Signed W. E. Appleby (Sanitarian or Health Director)

LHS - 121 REV. 12/71
Virginia State Department of Health

DUPLICATE