9C(1)34

BACTERIOLOGICAL CERTIFICATE OF ANALYSIS

(See reverse side for instructions)

SAMPLE Nº 21963

MID-ATLANTIC LABORATORIES,
State Certified Environmental Laboratory
VA Lab I.D #00215 • MD Cert #215
WV Lab I.D. #9926 • NC Lab I.D. #51704

Mailing Address:
14294 Big Timber Road
King George, VA 22485

Physical Address:
224 Main Street, Suite 1
Port Royal, VA 22535

Tel. 804-742-5577
www.midatlanticlaboratories.com

DATE-TIME COLLECTED		COLLECTED BY	AGENCY/COMPANY
2/22/13	11:00 AM / PM	C. Dellaven	BWT

CHLORINE RESIDUAL:

FAX RESULTS TO:	FAX #	DAYTIME TEL #
	333-1094	(804) 333-3930

PLEASE PRINT NAME & MAILING ADDRESS BELOW:
SEND REPORT TO:
NAME Bayside Water Treatment
STREET PO Box 7
CITY Lottsburg STATE VA ZIP 22511

OWNER'S ADDRESS OF WATER SUPPLY
NAME Mark + Mary Richey
STREET 246 Cann Harbor Dr.
CITY Lottsburg STATE VA ZIP 22511

FORM OF PAYMENT:
☐ CHECK ☐ MONEY ORDER # Pd QC
☐ CUSTOMER ACCOUNT: 2/23/13 ICS

IF PUBLIC SYSTEM OR NEW WELL, COMPLETE BELOW:
(PWSID# OR HEALTH DEPT. I.D.#)

TO BE COMPLETED BY LAB ONLY

RECEIVED IN LAB	DATE 2/23/13	TIME 0900 AM/PM	BY ICS		
COMPLETED	DATE 2-24-13	TIME 0900 AM/PM	ANALYST		

METHOD
☒ ONPG-MUG (24-HR) ☐ MPN (Bacteria count)
☐ ONPG-MUG (18-HR)

RESULTS
BOX MARKED WITH "X" INDICATES YOUR RESULTS (EXPLANATION AT RIGHT)

Results valid only when accompanied by Certified Analysis Seal

☒ **NO TOTAL COLIFORM OR E.COLI (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE** - therefore this sample PASSES THE POTABILITY TEST required by the Environmental Protection Agency (EPA)

☐ **TOTAL COLIFORM BACTERIA WERE DETECTED IN THE SAMPLE** - therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA). For further information or recommended action, contact your local or state Health Department, drinking water division

☐ **TOTAL COLIFORM AND E.COLI (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE** - therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA). ***NOTE: the presence of the E.Coli bacteria indicates a potentially serious health threat.*** For further information or recommended action, contact your local or state Health Department, drinking water division.

☐

Mid-Atlantic Labs, Inc. Certified Analysis

Form GW-2
1976-10,000

COMMONWEALTH of VIRGINIA
WATER WELL COMPLETION REPORT
(Certification of Completion/County Permit)

SWCM No. Cone Harbor
90(1)34

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

SWCB Permit	
County Permit	166-01-076

Certification of inspecting official:
This well does ____ does not ____
meet code/law requirements.
S. ____
Date ____
For Office Use

County/City Northumberland
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 W Mark Rickey
Well Designation or Number ____
Address ____
Phone ____

Drilling Contractor Fetterolf Bros Inc
Address PO BOX 1059
West Point Va 23181
Phone 785 4651

Tax Map I.D. No. 9C(1) 34
Subdivision ____
Section ____
Block ____
Lot 34
Class Well I ____, IIA ____
IIB ____, IIIA ____, IIIB ____
IIIC ____, IIID ____, IIIE ____

Cone Harbor - Lottsburg
WELL LOCATION: ____ feet/miles ____ direction of ____
and ____ feet/miles ____ (direction) of ____
(If possible please include map showing location marked)

Date started 8/25/02 Date completed 8/25/02 Type rig mud rotary

1. WELL DATA: New ✓ Reworked ____ Deepened ____
Total depth 320 ft ft.
Depth to bedrock ____ ft.
Hole size (Also include reamed zones)
- 3/4 inches from 0 to 20 ft.
- 6 1/4 inches from 20 to 240 ft.
- 3 7/8 inches from 240 to 320 ft.

Casing size (I. D.) and material
- ____ inches from ____ to ____ ft.
Material 4x2 PVC
Wt. per foot ____ or wall thickness ____ 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 PVC Type ____
- 2 inches from ____ to ____ ft.
- Mesh size 15P 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 20 ft., Type bentonite
From ____ to ____ ft., Type ____

2. WATER DATA Water temperature 62 °F
Static water level (unpumped level-measured) 35 ft
Stabilized measured pumping water level 35 ft
Stabilized yield 100 gallons per min ____ hours
Natural Flow: Yes ____ No X, flow rate ____ gpm
Comment on quality good

3. WATER ZONES: From ____ To ____
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 Meyers Rated H.P. 3/4
Intake depth 84 Capacity 12 gpm head
6. WELLHEAD: Type well seal pitless
Pressure tank 1110 Steel Loc. (under house)
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 8/26/02, Disinfectant used chlorine
Amount 1/4 cup, Hours used ____
8. ABANDONMENT (where applicable) yes ____ no ____
Casing pulled yes ____ no ____ not applicable ____
Plugging grout From ____ to ____ , Material ____

AUG-26-02 02:28 PM FETTEROLF BROS 785 4651 P.01

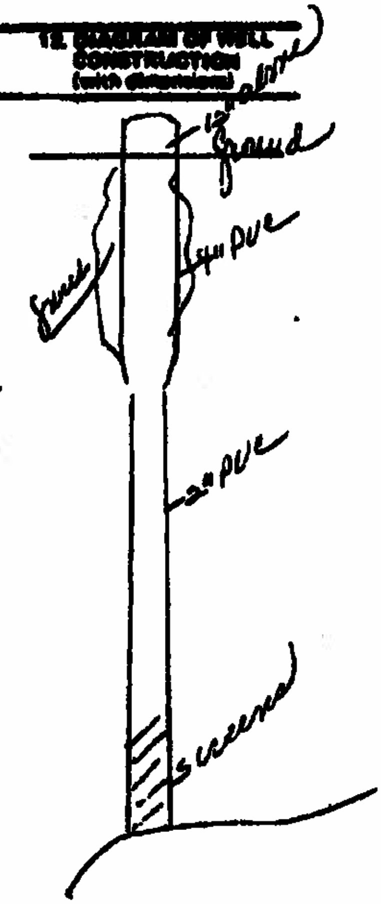
Owner Mark Kirby   SWCB No. ______

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 [illegible] the results of any chemical analyses, and copies of any geophysical logs. Cuttings taken at ten foot intervals [illegible]. County or State permits to drill may be required in some parts of the state. [illegible] pumpage and use reports are required from owners of public supply and industrial wells. 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)

DEPTH (feet) From	To	TYPE OF ROCK OR SOIL (color, material, facies, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, glass, (etc.)	11. Drilling Time (Min.)
0	20	sand		
20	275	blue marl		
275	320	limestone-sand		

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)



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.

Signature [signature] (Seal), Date 8-26-02
(Well driller or authorized person)
License No 2705006736

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.
40 East Main Street
P. O. Box 976
Abingdon, Va. 24210
703-628-5183

West Central Reg. Off.
Executive Park
[illegible] 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
703-750-9131

VDH VIRGINIA DEPARTMENT OF HEALTH

Protecting You and Your Environment

Northumberland County Health Department
P.O. Box 69
Heathsville, Virginia 22473
(804) 580-8827 Voice
(804) 580-2913 Fax

Sewage Disposal System Operation Permit

Property Owner

Rickey Mark
1246 Coan Harbor Drive
Lottsburg, VA 22511
Phone: (804)

Health Dept. ID: **166-01-076**
Tax Map: **9C(1)34**
Locality: Northumberland County

Property Location

Property Address: 9C(1)34
1246 Coan Harbor Drive
Lottsburg, VA 22511

Directions:

Rickey Mark is hereby granted permission to operate a **Conventional Onsite Sewage System** at the above referenced location, having a design capacity of **450 gallons per day**, or **3 bedrooms** maximum.

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

Effective Date

Rosalie Coultrip
EHSS

Rosalie Coultrip
Signed February 27, 2013

Completion Statement

Commonwealth of Virginia
State Department of Health

NOR 9C(1)34

Health Department Identification Number 166-01-076

Name of Company/Corporation/Individual: W.L. LOWERY, INC Health Department NORTH'D CO.

Address: CLIO Telephone: 529-5210

Owner's Name MARK RICKEY

Owner's Address GLEN ALLEN, VA.

Location of Installation: Lot 34 Block

Section: Subdivision: COAN RIVER ESTATES

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 2/5/01 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1/14/02
Date

Signature and Title

.S. 203 Rev. 4/88

THIS PERMIT IS NOT TRANSFERABLE

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
NORTHUMBERLAND Health Department

Health Department Identification Number 160-01-0776
Map Reference 9C(1)34

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 MARK BICKEY, 10809 CHERRYHILL DRIVE Telephone (804) 349-3600
Address GLEN ALLEN, VA. 23059 For a Type I Sewage Disposal System or Well to be constructed on/at ___
Subdivision CABIN HARB. EST Section/Block ___ Lot 34 Actual or estimated water use 450gpd (3BR)

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) ___ **To be installed:** class III A cased 100' grouted 20' MIN	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report NOT IN 6/26/02 G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☑ no ☐ comments Satisfactory 6/13/02 DB
Septic tank: Capacity 1000 gals. (minimum). ☒ Other 1000 GAL PUMP TANK	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory 6/13/02
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory 6/13/02
Pump and pump station: No ☐ Yes ☒ describe and show design. if yes: SEE PAGE 3	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory 6/26/02 DB – Redmond
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☒ Other 2" FORCEMAIN	**Conveyance method:** yes ☐ no ☐ comments Satisfactory 6/13/02
Distribution box: Precast concrete with 12 ports. ☒ Other SETTLING BOX W/90° ELL	**Distribution box:** yes ☑ no ☐ comments Satisfactory 1/14/01 DB
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 1/14/01 DB
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 1/14/01 DB
Absorption trenches: Square ft. required 960; depth from ground surface to bottom of trench 24"; aggregate size ½" – 1½"; Trench bottom slope 1-2" PER 50; center to center spacing 6'; trench width 3' Depth of aggregate 13"; Trench length 60; Number of trenches 8	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory 1/14/01 DB
	Date 6/26/02 Inspected and approved by: D. Burrell Sanitarian

C.H.S 202A

(SDS op permit 2013)

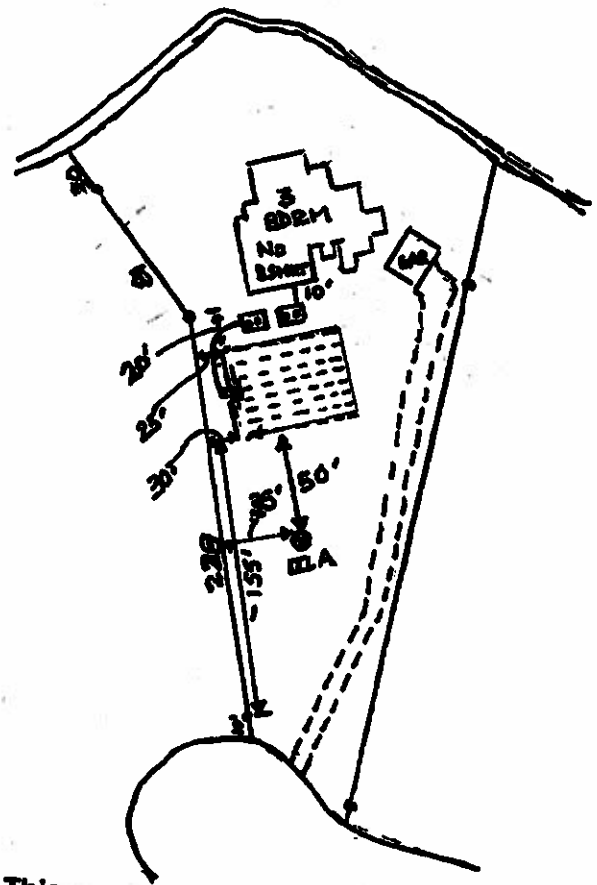
LOT 1 TO SCALE

Health Department
Identification Number 166-01-076

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.



MARK RICKEY
TM: 9C(1)34
COAN HARBOUR, LOT 34

NOTES
INSTALL 1000 GAL TANK
INSTALL 1000GAL PUMP TANK } COMPLY WITH 2000 REG's
INSTALL SETTLING BOX w/90° ELL
INSTALL 8-60' LINES
INSTALL @ 24" DEPTH
USE 2' HOE; 6' CENTERS
* [redacted] ANY UTILITY, MUST BE A MINIMUM OF 10' OFF ANY PART OF SEPTIC SYSTEM
* WATERLINE MUST BE A MINIMUM OF 10' OFF SEPTIC SYSTEM

DISTURBANCE OR REMOVAL OF SOIL DURING TREE OR VEGETATION REMOVAL &/OR DRAINFIELD SITE PREPARATION MAY VOID THIS PERMIT

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

/age disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the on (b) conditions are changed from those shown on the construction permit.

of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health ent or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to shall be uncovered, if necessary, upon the direction of the Department.

9/15/01 **Issued by:** Darcy M. Purnell
Sanitarian

Reviewed by: _____
Supervisory Sanitarian

This Construction Permit Valid until 9/15/02

HA or VA financing

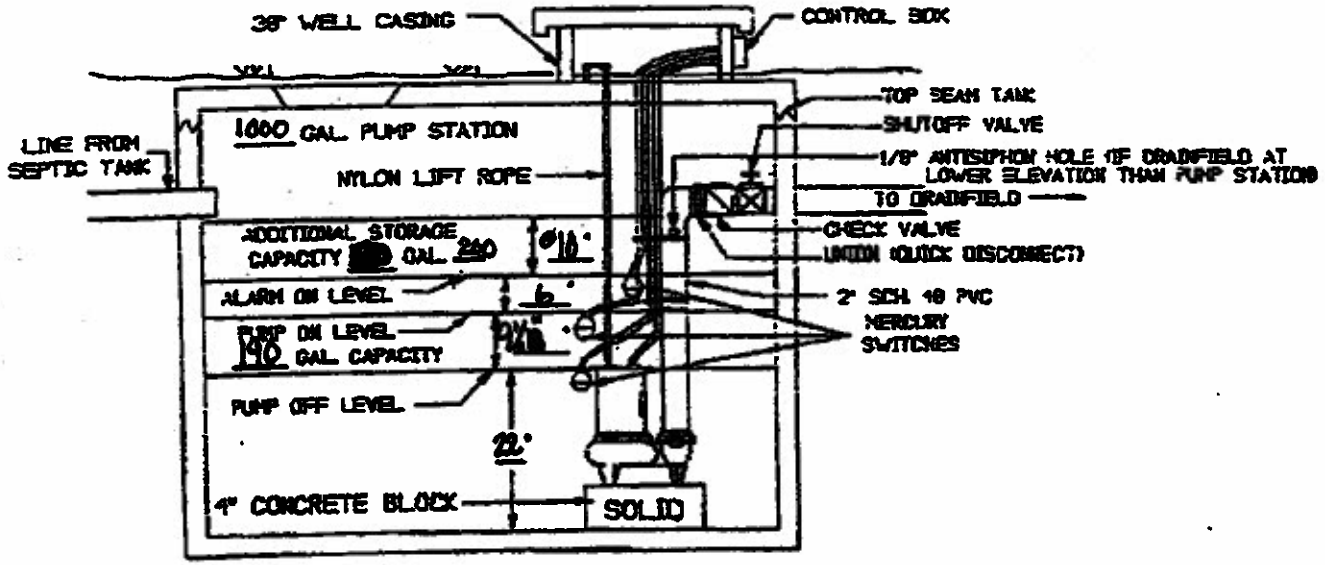
d by Date _____ _____ **Date** _____ _____
Supervisory Sanitarian

ALL COMPONENTS TO BE OPERATIONAL AND INSPECTED BEFORE OPERATION PERMIT CAN BE ISSUED

12 VAC 5-610-880

APPLICANT: MARK RICKEY
TAX MAP: 9C BLK/SEC: LOT 34
HEALTH DEPT. ID# 166-01-576
DISTANCE FROM P/C TO DRAINFIELD 40'
SURFACE ELEV. CHANGE
BRAND NAME OF PUMP
SEWAGE PUMP MODEL NO.
ALARM BOX MODEL NO.
SUBMITTED BY:
DATE:

PUMP STATION AND APPURTENANCIES MUST COMPLY WITH 12VAC5-610-880 OF SEWAGE REGS.
PUMP STATION, PIPES AND CONDUITS TO BE SEALED WATERTIGHT
PUMP MUST BE ON SEPARATE ELECTRICAL CIRCUIT FROM ALARM
ALARM TO BE AUDIOVISUAL
MANUAL OVERRIDE SWITCH REQUIRED
PUMP STATION MUST BE ANCHORED OR WEIGHTED TO PREVENT FLOTATION
MASTER DISCONNECT SWITCH TO BE IN SECURE LOCATION REMOTE FROM PUMP STATION



PUMP CHAMBER