

**Commonwealth of Virginia
Department of Health**

Health Department
Identification No. 159-87-081
Middlesex County Health Department



OPERATIONS PERMIT

James D. Hodges

is hereby granted permission to

operate a septic tank/drainfield (3 Bedrooms)

located at

Rt. 3, Hartfield, 1 1/1 miles past Wilton. 43(16)3

in accordance with the provisions of the regulations of the Board of Health of the Commonwealth of Virginia governing

Sewage Disposal

authorized by Section(s) 3.22 of the Code of Virginia (1950) as amended.

VARIANCES GRANTED **SPECIAL CONDITIONS**

 NONE SEE ATTACHED NONE SEE ATTACHED

Aug 12, 1988
Effective Date

Expiration Date

This permit is issued with the understanding that the owner and/or any subsequent owner will operate the sewage disposal system in accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any variances or conditions granted. Issuance of an operating permit does not imply or guarantee that the sewage disposal system will function for any specified period of time.

[Signature]
Health Official

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 159-87-081

MIDDLESEX COUNTY Health Department

Name of Company/Corporation/Individual: DEREK R WRIGHT

Address: P.O. BOX 157, GWYNN, VA Telephone: 725-3094

Owner's Name James D. Hodges

Owner's Address 8303 Fire Gutter Rd. Armondale Va 22003

Location of Installation: Lot #3 Block _____

Section: _____ Subdivision: Stumpers Bay

Other: _____

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

4-21-88

Date

Derek R Wright - Contractor

Signature and Title

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number 159-87-081
Map Reference 49-28

Health Department

General Information

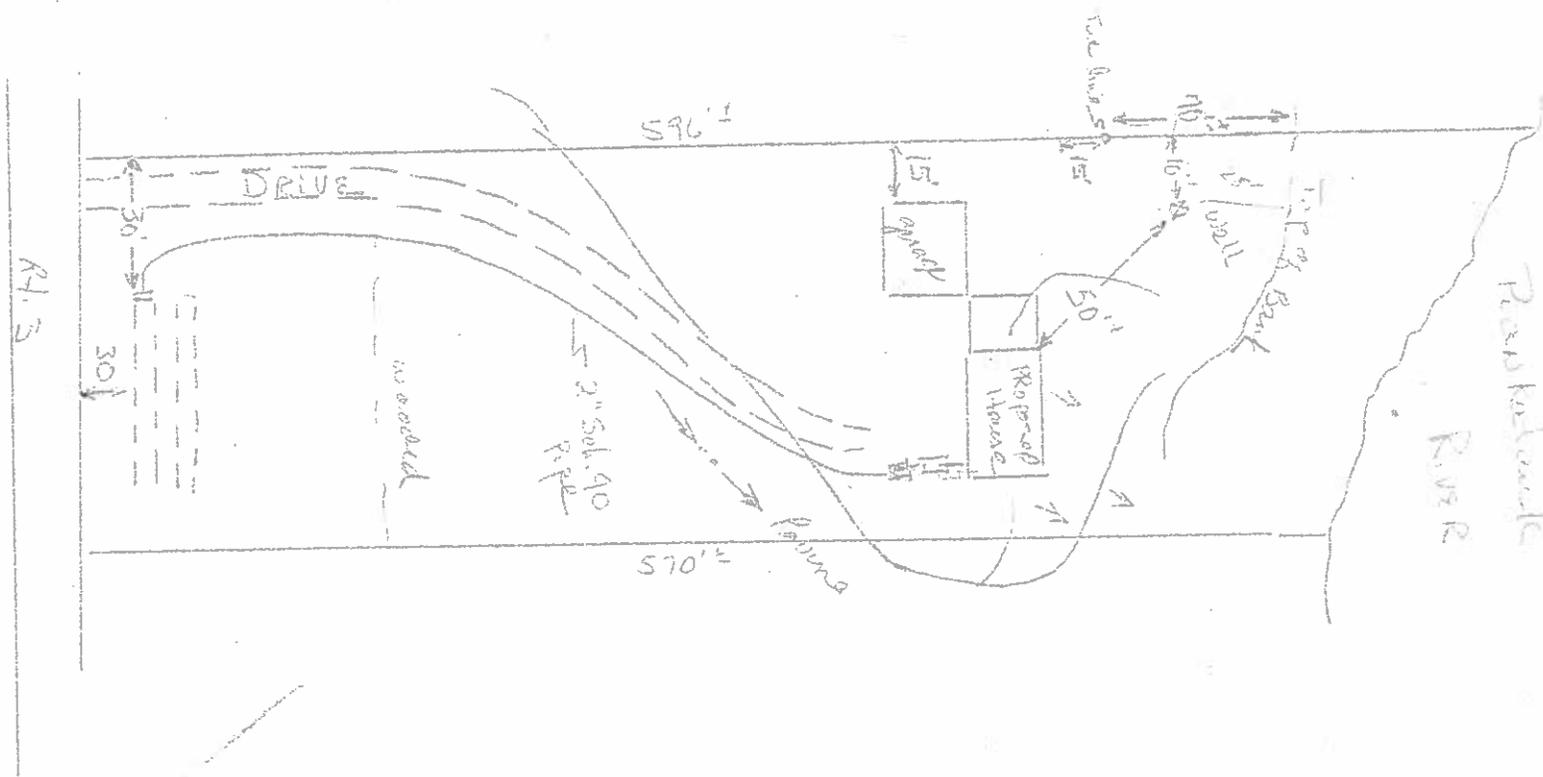
New Repair Expanded Conditional FHA VA Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
Owner James D. Hodges Telephone _____
Address 8403 Five Gates Rd., Annandale, VA 22003
For a Type II Sewage disposal system which is to be constructed on/at Rt. 3 Hartfield,
2 1/2 miles east Wilton.
Subdivision _____ Section/Block _____ Lot 28
Actual or estimated water use 450 GPD 3 Bedrooms

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>II</u> cased <u>100'</u> grouted <u>50'</u>	Water supply location: 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"/>
Building sewer: <u>4</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 4-22-88
Septic tank: Capacity <u>900</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: <u>720 gal tank w/automatic manual alarm</u>	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 4-22-88
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>8</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 3-25-88
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 3-25-88
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: Square ft. required <u>840</u> ; depth from ground surface to bottom of trench <u>24"</u> ; aggregate size <u>0.5-1.5"</u> ; Trench bottom slope <u>3/4"/100'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>70'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 3-25-88
Date <u>3-25-88</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.



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: 4-8-87 Issued by: [Signature]
 Sanitarian

Date: _____ Reviewed by: _____
 Supervisory Sanitarian

This Construction
 Permit Valid until
10-3-91

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number 159-87-081
Map Reference 43-28

Middlesex County Health Department

General Information

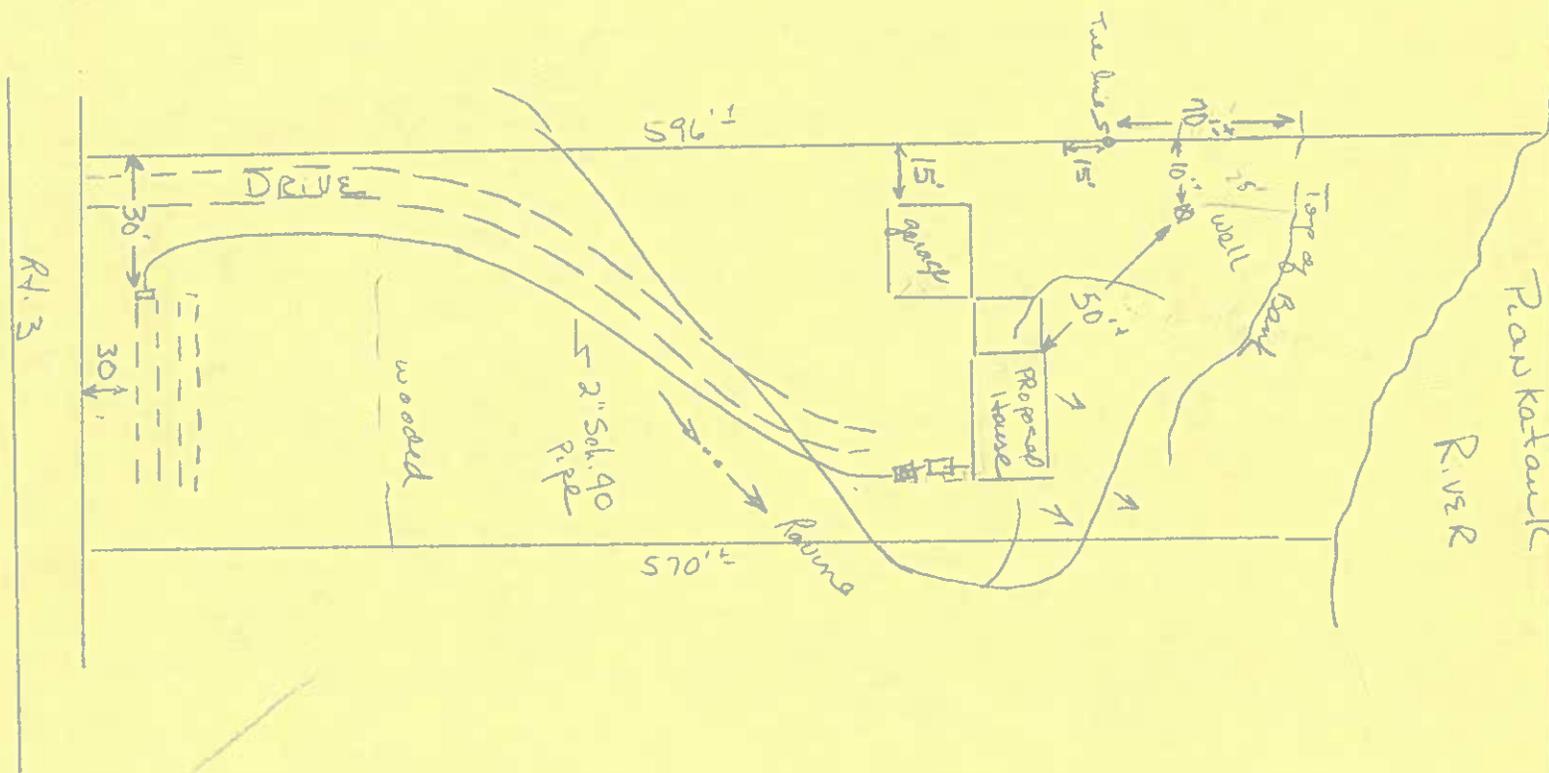
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2 1/2 miles past Wilton.
Subdivision _____ Section/Block _____ Lot 28
Actual or estimated water use 450 GPD 3 Bedrooms

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>II</u> cased <u>100'</u> grouted <u>50'</u>	Water supply location: 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"/>
Building sewer: <u>4</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 4-22-88 <i>J.M.F.</i>
Septic tank: Capacity <u>900</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: <u>720 gal. Tank w/ audio-visual alarms</u>	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 4-22-88 <i>J.M.F.</i>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other <u>2"</u>	Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>8</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 3-25-88
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 3-25-88
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: Square ft. required <u>840</u> ; depth from ground surface to bottom of trench <u>24"</u> ; aggregate size <u>0.5-1.5"</u> ; Trench bottom slope <u>2" 4" / 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>70'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory 3-25-88
Date <u>3-25-88</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.



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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: 4-8-87 Issued by: John W. Milby, Jr.
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction
Permit Valid until
10-8-91

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
 Middlesex County

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 159-87-081

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

Map Reference

43	28	
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Date _____ Local Health Department Middlesex

Owner James D. Hodges Address 8403 Five Geetes Ave/
Annandale, VA 22003 Phone _____

Exact Location of Premises Rt. 3 Hartfield, 2 1/2 miles past Wilton.

Subdivision _____ Section/Block _____ Lot 28

- 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>11</u> | <input checked="" type="checkbox"/> |

Date of installation 8-4-88

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 120' Pretreatment Unit 150' Conveyance System _____ Subsurface Soil Absorption System 400' (nearest point). Property Line 18' Other 60' House foundation
 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 112 feet. Type of casing PVC. Depth of casing 102 feet. Diameter of casing 4 inches. Casing extends inches above ground 12. Exterior space around casing sealed with neat cement grout to a depth of 20 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 _____ 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 _____ hours. Drawdown _____ feet. Yield 10 GPM. Type of storage _____
- 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: see GW-2 for construction details

Date August 12, 1988 Signed John W. Milby, Jr. Sanitarian
 Date _____ Signed _____ Supervisory Sanitarian
 Date _____ Signed _____ Regional Sanitarian (If V.A. or F.H.A.)

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. _____

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

(Certification of Completion/County Permit)

County/City _____

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 Joni Hodges
 • Well Designation or Number _____
 Address Hartfield, Va.
 Phone _____
 • Drilling Contractor Autody Bros Inc
 Address Box 1059
11151 POWELL VA 23181
 Phone 7857651

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

Tax Map I.D. No. _____
 Subdivision _____
 Section _____
 Block _____
 Lot _____
 Class Well I _____ IIA _____
 IIB _____ IIIA _____ IIIB _____
 IIIC _____ IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
 and _____ (feet/miles _____ direction) of _____
 (If possible please include map showing location marked)
 Date started 8-4-88 • Date completed 8-4-88 Type mud rotary

1. WELL DATA: New Reworked _____ Deepened _____
 • Total depth 112 ft ft.
 • Depth to bedrock _____ ft.
 • Hole size (Also include reamed zones)
 • 2 1/4 inches from _____ to 20 ft.
 • 4 7/8 inches from 20 to 112 ft.
 • _____ inches from _____ to _____ ft.
 • Casing size (I.D.) and material
 • _____ inches from _____ to _____ ft.
 Material 4" 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 10/16 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 20 ft., Type cement
 • From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature 63 of _____
 • Static water level (unpumped level-measured) 33 ft.
 • Stabilized measured pumping water level 53 ft.
 • Stabilized yield 10 gpm at _____ 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 _____ • 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 8-4-88 Disinfectant used chlorine
 Amount 1/2 cup 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)

10. DRILLERS LOG (use additional Sheets if necessary)			11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)	
DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.))	Drilling Time (Min.)	
From	To				
0	20	sand			
20	30	blue marl			
30	60	shells			
60	80	sand & shells			
80	112	sand			

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 _____

State Water Control Board Regional Offices

Valley Reg. Off.
116 North Main Street
P. O. Box 268
Bridgewater, Va. 22812
703-828-2595

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

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

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

West Central Reg. Off.
Executive Park
3312 Peters Creek Road
Roanoke, Va. 24019
703-982-7432

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

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 Eugene Jetterson (Seal), Date 8-8-88
(Well driller or authorized person)
License No. 9966

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. _____

(Certification of Completion/County Permit)

Contractor *John England*

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

County/City *Middlesex*

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 *James Hodgers*

• Well Designation or Number _____

Address _____

Phone _____

• Drilling Contractor *J & H Co*

Address _____

Phone _____

SWCB Permit _____

County Permit _____

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

For Office Use

Tax Map I.D. No. _____

Subdivision _____

Section _____

Block _____

Lot _____

Class Well I _____ IIA _____
IIB _____ IIIA _____ IIIB _____
IIIC _____ IIID _____ IIIE _____

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

Date started _____ • Date completed *5-27-87* Type rig *Based*

WELL DATA: New Reworked _____ Deepened _____

- Total depth *50* ft.
- Depth to bedrock _____ ft.
- Hole size (Also include reamed zones)
 - _____ inches from _____ to _____ ft.
 - _____ inches from _____ to _____ ft.
 - _____ inches from _____ to _____ ft.
- Casing size (I.D.) and material
 - *30* inches from _____ to _____ ft.
Material *Concrete*
 - 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 _____ 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 _____ to _____ ft. Type *owner*
 - 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 *150* gal after *30* hours
 - Natural Flow: Yes No _____, flow rate. *5* g pm
 - Comment on quality _____

3. WATER ZONES: From *35* To *50*

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., L.O. _____
- 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 _____

OVER *Sandy Clay (road material)*

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)

DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.))	Drilling Time (Min.)
From	To			
0	5	Sand		
5	20	Clay		
20	30	Sandy Clay		
30	50	Sand & shells		

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.

State Water Control Board Regional Offices

Valley Reg. Off.
 116 North Main Street
 P. O. Box 268
 Bridgewater, Va. 22812
 703-628-2595

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 Donald Hall (Seal), Date 5-27-87
 (Well driller or authorized person) License No. _____

COMMONWEALTH OF VIRGINIA WATER WELL COMPLETION REPORT

• BWCN No. _____

(Certification of Completion/County Permit)

Contact: *John England*

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

County/City *Middlesex*

County/City Stamp

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

- 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 *James Hodgers*
- Well Designation or Number _____
- Address _____
- Phone _____
- Drilling Contractor *J & H Co*
- Address _____
- Phone _____

Tax Map I.D. No. _____
Subdivision _____
Section _____
Block _____
Lot _____
Class Well I _____, IIA _____
IIIB _____, IIIA _____, IIIB _____
IIIC _____, IIID _____, IIIE _____

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

Date started _____ • Date completed *5-22-87* Type rig *Bores*

WELL DATA: New Reworked _____ Deepened _____

- Total depth *50* ft.
- Depth to bedrock _____ ft.
- Hole size (Also include reamed zones)
 - _____ inches from _____ to _____ ft.
 - _____ inches from _____ to _____ ft.
 - _____ inches from _____ to _____ ft.
- Casing size (I.D.) and material
 - *30* inches from _____ to _____ ft.
 - Material *Concrete*
 - 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 _____ 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 *20* ft. Type *Owner*
 - 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 *150* gpm after *30* hours
- Natural Flow: Yes No _____, flow rate *5* gpm
- Comment on quality _____

3. WATER ZONES: From *35* To *30*

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., L.P.
- 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 _____

JDE 3/21/88

Date of Evaluation _____

Profile Description
SOIL EVALUATION REPORT

Health Department
Identification No. _____

Page _____ of _____

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e., sewage disposal systems, wells, etc., within 100 feet of site (See Section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

See application sketch

See construction permit

See sketch on reverse side or page attached to this form.

0-10
10-35
35-45
45-60

P4BSL
St. BSL to SCL w/ P4BSL
St. B & N S

0-12
12-35
35-48

BSL
P4BSL w/ some 4BM

Remarks:

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number

Map Reference

Date Received

87-081
~~159-83-340~~
43-28
4/3/87
~~2/27/87~~

Middlesex

Health Department

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional

FHA/VA yes no

Owner James D. Hodges Address 8303 Five Gates Rd Phone _____

Annandale, Va. 22003

Agent John D. England, Bldr. Address Urbanna Va. Phone 758-2721

Directions to Property Rt on Rt 3 at Hartfield, go 2 1/2 miles to property on Rt. past W.ilton.

Subdivision Stampers Bay Section _____ Block _____ Lot 3

Other Property Identification _____

Dimensions/size of Lot/Property 150' x 600' 2.13 A.

Other Application Information

I. Building/facility Intermittent Use New Existing Yes No If yes, describe: _____

II. Residential Use Termite Treatment Yes No Yes No Single Family Multifamily Number of Units 1 Number of Bedrooms 3
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 _____

IV. Water Supply: Public New Describe: _____
 Private Existing _____

V. Proposed Installation: Septic tank and drainfield Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

John D. England
Signature of owner/agent

~~3/30/87~~
2/27/87
Date
2/27/87

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Middlesex

Health Department



Health Department

Identification Number 159-83-310

Map Reference [REDACTED]

General Information

43-16-3

New Repair Expanded Conditional FHA VA Case No. _____
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 James D. Hodges Telephone _____
Address 8303 Five Gates Rd. Annandale, Va. 22003
For a Type II Sewage disposal system which is to be constructed on/at Rt. 33E. on Rt. 3E. off Rt. 33E. on @ 2.5 mi.
Subdivision Stampers Bay Section/Block _____ Lot 3
Actual or estimated water use 600 gal/day

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) _____

Water supply location: yes no comments
Satisfactory

To be installed: class II
cased 100' T grouted 20'

Building sewer:
4" I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
 Other _____

Building sewer: yes no comments
Satisfactory

Septic tank: Capacity 1200 gals. (minimum).
 Other _____

Pretreatment unit: yes no comments
Satisfactory

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
 Other _____

Inlet-outlet structure: yes no comments
Satisfactory

Pump and pump station:
No Yes describe and shown design.
if yes: 750 gal. tank. with audio-visual alarms

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 1.5" Sch. 40

Conveyance method: yes no comments
Satisfactory

Distribution box:
Precast concrete with 10 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 900; depth from ground surface to bottom of trench 30"; aggregate size 0.5-1.5"; Trench bottom slope 2"-4"/100'; center to center spacing 9'; trench width 3'

Absorption trenches: yes no comments
Satisfactory

5 lines 60' long

Date _____ Inspected and approved by: _____

Sanitarian

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number 159-83-310
Map Reference 43-28

Middlesex Health Department

General Information

New Repair Expanded Conditional FHA VA Case No. _____
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 James D. Hodges Telephone _____
Address 5303 Five Gates Rd Annandale, Va. 22003
For a Type TL Sewage disposal system which is to be constructed on/at Plot 33E on Rt. 3E. 46
Subdivision Stampers Bay Section/Block _____ Lot 3
Actual or estimated water use 600 gal/day

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) _____

Water supply location: yes no comments
Satisfactory

To be installed: class TL
cased 100' grouted 20'

Building sewer:
4" I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
 Other _____

Building sewer: yes no comments
Satisfactory

Septic tank: Capacity 1200 gals. (minimum).
 Other _____

Pretreatment unit: yes no comments
Satisfactory

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
 Other _____

Inlet-outlet structure: yes no comments
Satisfactory

Pump and pump station:
No Yes describe and shown design.
if yes: 750 gal tank with audio-visual alarms

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 1.5" Sch. 40

Conveyance method: yes no comments
Satisfactory

Distribution box:
Precast concrete with 10 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 900; depth from ground surface to bottom of trench 30"; aggregate size 0.5-1.5";
Trench bottom slope 2"-4"/100';
center to center spacing 9'; trench width 3'

Absorption trenches: yes no comments
Satisfactory

Date _____ Inspected and approved by: _____

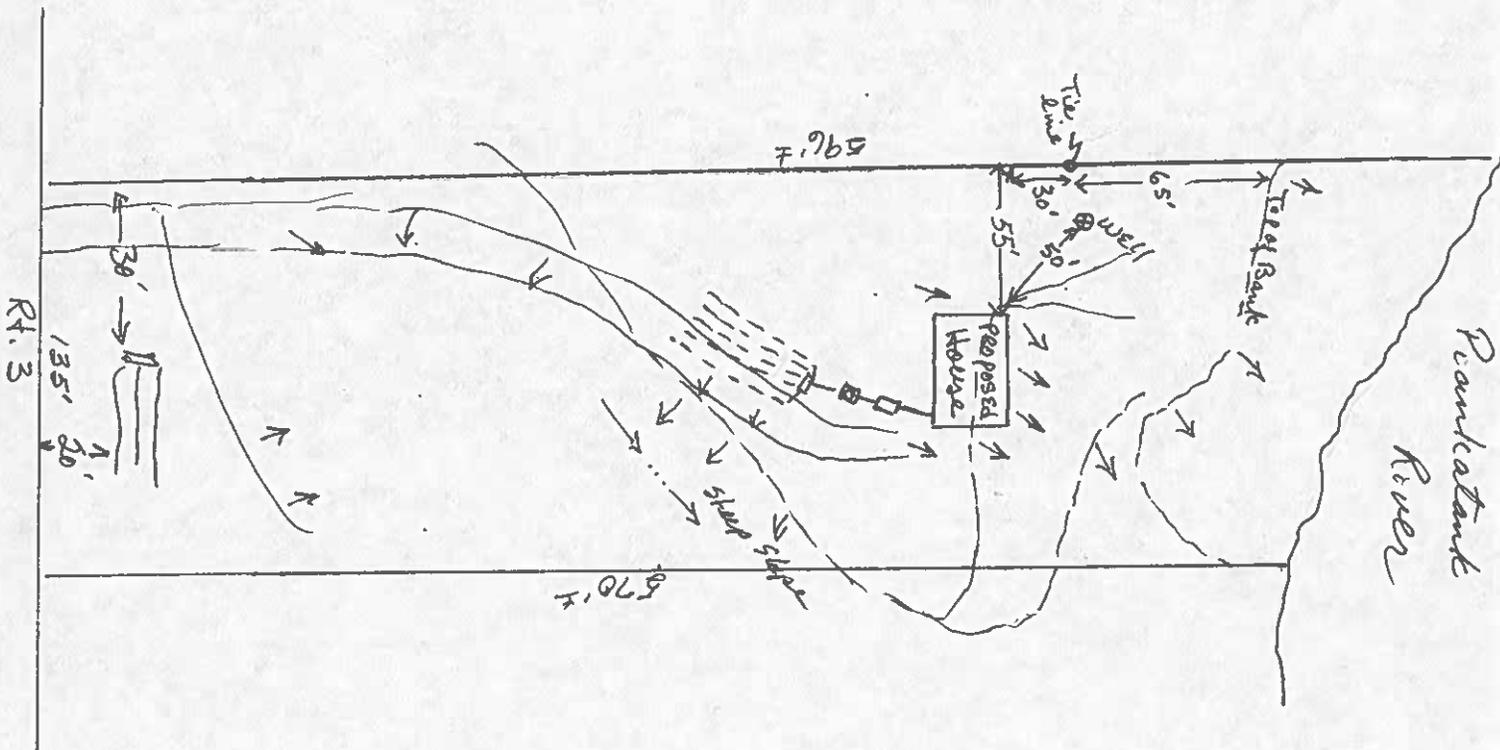
5 lines 60' long

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.



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. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

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: 2-1-83 Issued by: John W. Miley, Jr.
 Sanitarian

Date: _____ Reviewed by: _____
 Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 159-83-310
Map Reference 43-28

MIDDLESEX

Health Department

Date Received 8-1-83

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner JAMES D. HODGES Address 8303 FIVE GATES RD Phone _____
ANNANDALE, VA 22003

Agent MASON REALTY INC Address 70.6 - 72.0 Phone 8-5372
UPPER MERIDEN VA

Directions to Property Right on Route 3 at Hartfield, go 2 1/2 miles
PROPERTY ON RIGHT JUST PAST WILTON.

Subdivision STAMPERS BAY Section _____ Block _____ Lot 3

Other Property Identification _____

Dimensions/size of Lot/Property ± 150 x 600' 2.13 acres

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 Multifamily Number of Units 1 Number of Bedrooms 4
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 _____

IV. Water Supply: Public New Describe: _____
 Private Existing _____

V. Proposed Installation: Septic tank and drainfield Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

[Signature]
Signature of owner/agent

7/28/83
Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 157-23-310
Map Reference 43-28

MIDDLESEX Health Department

Date Received 7-1-83

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner JAMES D. HODGES Address 8303 FIVE GATES RD Phone _____
ANNANDALE VA 22003

Agent MASON REALTY INC Address 4800 WISCONSIN VA Phone 8-5372

Directions to Property Right on Route 3 at Hartfield, go 2 1/2 miles
PROPERTY ON RIGHT JUST PAST MILTON

Subdivision SYMPHONY BAY Section _____ Block _____ Lot 3

Other Property Identification _____

Dimensions/size of Lot/Property ± 150 X 600' 2.13 acres

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 Multifamily Number of Units 1 Number of Bedrooms 4
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 _____

IV. Water Supply: Public New Describe: _____
 Private Existing _____

V. Proposed Installation: Septic tank and drainfield Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

[Signature]
Signature of owner/agent

7/28/83
Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 159-33-310
Map Reference 43-28

MIDDLESEX Health Department

Date Received 7-1-83

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner JAMES D. HODGES Address 8303 FIVE GATES RD Phone _____
ANNANDALE, VA 22003

Agent MASON REALTY INC Address HERNDON VA Phone 8-5372

Directions to Property Right on Route 3 at Hartfield, go 2 1/2 miles
PROPERTY on right just past Milton

Subdivision STAMPERS BAY Section _____ Block _____ Lot 3

Other Property Identification _____

Dimensions/size of Lot/Property ± 150 x 600' 2.13 acres

Other Application Information

I. Building/facility New Existing
Intermittent Use Yes No If yes, describe: _____

II. Residential Use Yes No
Termite Treatment Yes No
Basement Single Family Multifamily Number of Units 1 Number of Bedrooms 4
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 _____

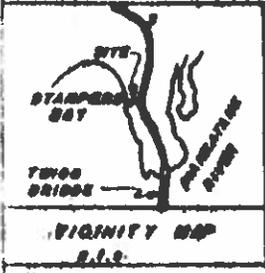
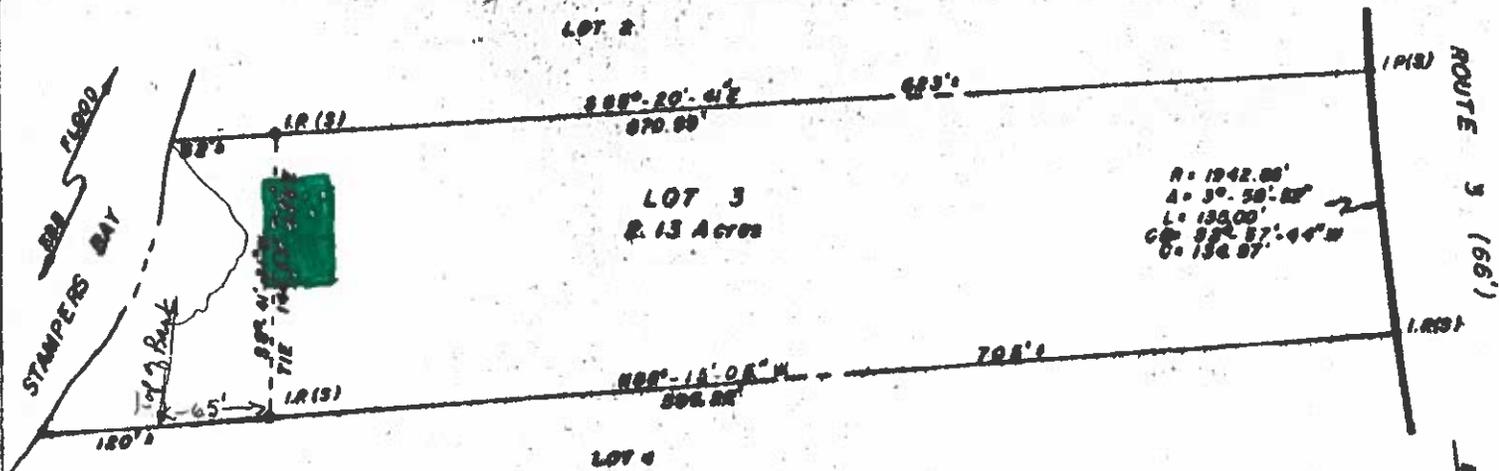
IV. Water Supply: Public New Describe: _____
 Private Existing

V. Proposed Installation: Septic tank and drainfield Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

[Signature] Signature of owner/agent 7/28/83 Date



NOTES:

The above subdivision has not been approved by the Health Official prior to this plat.

This subdivision as it appears is with the free consent and in accordance with the desires of the undersigned owner(s)

STATE OF VIRGINIA
 COUNTY OF MIDDLESEX, TO WIT;

I _____ a Notary Public in and for the County and State
 aforesaid, do hereby certify that _____

whose name(s) are signed to the foregoing writing have acknowledged the same
 before me in my County and State aforesaid.

Given under my hand this _____ day of _____ 198_____.

 NOTARY PUBLIC
 My commission expires _____

SITE PLAN

A site plan must be submitted with this application. Examples of acceptable site plans are attached. The site plan must show the dimensions of the property, proposed and existing structures, driveways and underground utilities. In addition, adjacent septic tank systems, pit privies, bodies of water, drainage ways and all wells must be shown if located within 200 feet of the proposed building site. Please draw a site plan below or submit it as a separate drawing.

Eric Johnson Agent
Submitted By

7/28/83
Date

