

37-8-31

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 128-02-109

Essex Co. Health Department

Name of Company/Corporation/Individual: Davis Systems Inc.

Address: P.O. Box 877 TAPP VA 22560 Telephone: 804-443-1460

Owner's Name John Frazier

Owner's Address 3046 King James Dr. Dublin Ohio 45435

Location of Installation: Lot 31 Block _____

Section: _____ Subdivision: Cold Cheer Farm Estates

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) June 13, 2002 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

9/6/02
Date

Wayne C. Jansz
Signature and Title

THIS PERMIT IS NOT TRANSFERABLE

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Essex County Health Department

Health Department
Identification Number 128-02-109
Map Reference 37-168-31

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: John Frazier Telephone 959-429-1251
Address: 3046 King James Dr. Dayton, Ohio 45322 For a Type _____ Sewage Disposal System or Well to be constructed on/at _____
Subdivision: Cold Cheer Farm Estates Section/Block _____ Lot 31 Actual or estimated water use 600 GPD

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III-A Well</u> cased <u>100'</u> grouted <u>20'</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report <u>Not in 8-16-02</u> <u>9-05-03</u> G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/> <u>Not</u>
Building sewer: <u>4" I.D. PVC Schedule 40, or equivalent.</u> Slope 1.25" per 10' (minimum) <input type="checkbox"/> Other <u>1250-1500</u>	Building sewer: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments <u>Permits/Copper</u>
Septic tank: Capacity <u>1250-1500</u> gals. (minimum). <input type="checkbox"/> Other <u>2000 Rugs</u>	Pretreatment unit: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments <u>WA</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Distribution box: Precast concrete with <u>7mm</u> ports. <input type="checkbox"/> Other _____	Distribution box: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
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: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
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: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Absorption trenches: Square ft. required <u>1260</u> ; depth from ground surface to bottom of trench <u>40"</u> ; aggregate size <u>2" 1/2"</u> ; Trench bottom slope <u>1" = 3" in 70'</u> ; center to center spacing <u>9'</u> ; trench width <u>36"</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>70'</u> ; Number of trenches <u>4</u>	Absorption trenches: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Date <u>8-16-02</u> Inspected and approved by: _____ <div style="text-align: right;">Sanitarian</div>	

- 1) Septic tank must comply with one of the following:
 - a) Be filled with manure chamber sized at 200% of daily flow & on top chamber sized at 60% of daily flow
 - b) Be filled with a sludge measuring port near inlet.
 - c) Be fitted with a fiber filter & riser on outlet etc.

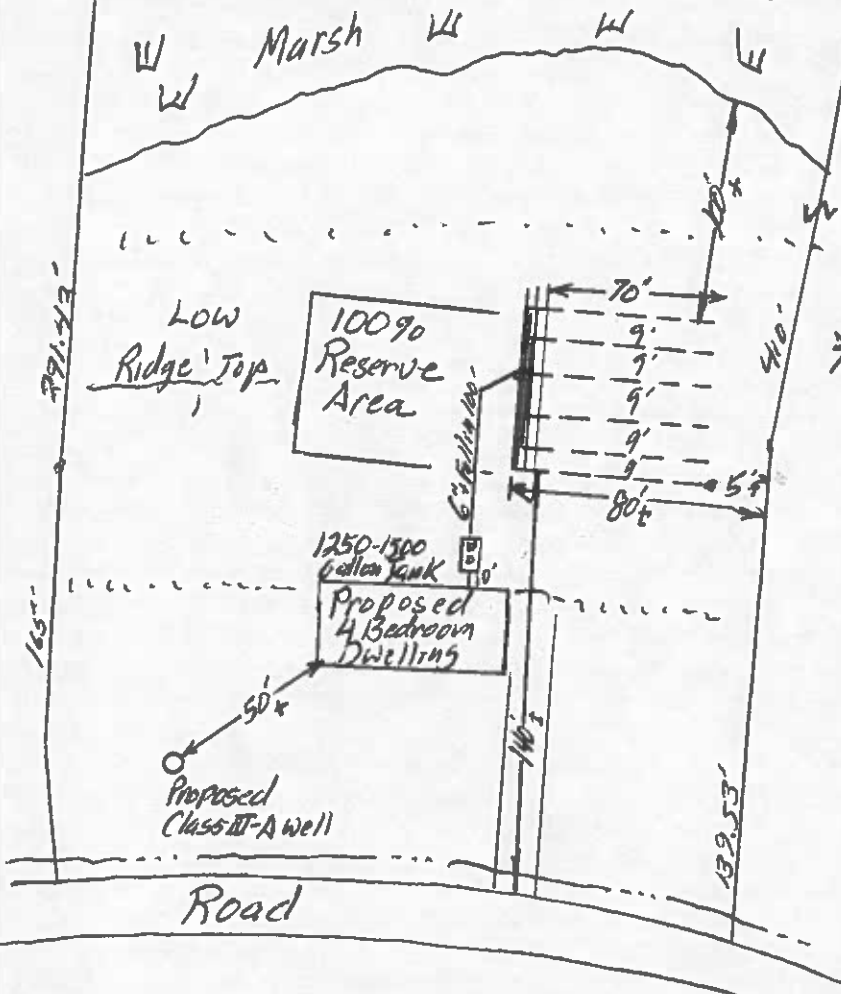
Health Department
 Identification Number 128-02-109

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.

2000 Regulations Apply
Lot # 31 Cold Charr Farm Estates
3.9 Acres



- NOTE:** Disturbance or removal of soil during tree or vegetation removal and/or drainfield site preparation may void this permit.
- A. This site has a 100% reserve area identified and is greater than 100' from tidal/wetlands area.
 - B. This site may not meet the county's criteria of the Chesapeake Bay Preservation Act.
 - 1. 100% reserve area was not located.
 - 2. Required separation distance from water and/or wetlands was not available.

- *Drawing not to scale.
- *Drainfield to be 100'+ from all Class III wells and 50'+ from all Class II wells.
- *Install (6) 70' lines in 36" wide ditches, on 9' centers following land contours with lines.
- *Install septic tank and distribution box with 0' to 6" maximum coverage.
- *Install ditches 40" deep.
- *Header lines to extend 24" into ditches.
- *Place untreated building paper over gravel in ditches.
- *Designed for basement plumbing? Yes ___ No
- *Pump septic tank every 3 to 5 years.
- *Install Class IIA well 50'+ from all sources of contamination.

- PUMP SYSTEM REQUIREMENTS**
- *Install check valve at pump and elbow in basin.
 - *Pump to deliver _____ gallons per cycle (_____ drawdown for a _____ gallon tank).
 - *Install alarm panel with audio and visual signals in dwelling.
 - *Contractor to supply pump specifications.
 - *Building inspector to check all wiring.

* Plumbing must exit dwelling high to avoid sewage pump installation.

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: June 13, 2002 Issued by: Michael T. Ferraro
 Sanitarian

Date: _____ Reviewed by: _____
 Supervisory Sanitarian

This Construction Permit Valid until
1-15-04

If FHA or VA financing

THIS PERMIT IS NOT TRANSFERABLE

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

Commonwealth of Virginia Uniform Water Well Completion Report

Owner John Frazier
 Address 3046 King James Drive
Dayton, OH. 45432
 Phone _____
 Location Cold Cheer Lot 31

Tax Map ID 37-148-31
 VDH Permit 128-02-109
 WVCB Permit _____
 WVCB ID _____
 County Essex

* Well Data *

General Information

Drilling Method Mud Rotary
 Depth to Bedrock _____
 Static Water Level 12'
 Well Disinfected (Y or N) Y

Date Completed 5-6-03
 Yield 20 (GPM)
 Stabilized Water Level 22'
 Disinfectant Used Chlorine Tabs

Total Depth of Well 170
 Length of Test Air Lifted
 Natural Flow (Rate) No
 Amount Used 10 cups

Casing

From +2 to 170'
 Size 4" Material PVC
 Weight/Schedule SCH40

From _____ to _____
 Size _____ Material _____
 Weight/Schedule _____

From _____ to _____
 Size _____ Material _____
 Weight/Schedule _____

Gravel Pack

From -50 to 170'

From _____ to _____

From _____ to _____

Grout

From -3 to 50'
 Bore Hole Size _____
 Type Penseal
 Method _____

From 0' to 170'
 Bore Hole Size 7 7/8
 Type _____
 Method _____

From _____ to _____
 Bore Hole Size _____
 Type _____
 Method _____

Water Zones or Screened Intervals

From 130' to 170'
 Mesh Size 20 Diam. 4"
 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: _____
 Public Well: _____

Domestic _____
 Community _____

Agricultural _____
 Non Community _____

Industrial _____

Monitoring _____



Drillers Log *
(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
0-20	Tri Color Clay	
20-50	Gray Sand, Shell	
50-80	Gray Clay	
80-100	Green Clay, Shell	
100-170	Limestone, Shell, White Sand	

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 Charles H. Helmick Well + Pump Service
Address 1379 Walkerton Rd.
Walkerton, VA 23177
Phone 804-769-2453
Drillers Signature Charles H. Helmick Date 5-22-03
Representing _____
Virginia Contractors License Number 270-500-7532

Drillers Log •
(Use additional sheets if necessary)

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0-20	Tri Color Clay	
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