

**Record of Inspection - Nonpublic Well Class IIIB**

**Property Owner**

Quartel, Jr. Donald  
215 I St N.E. #401  
Washington D.C., Virginia 20002  
Phone: (804) 435-1551

Health Dept. ID: **157-10-0187**  
Tax Map: **MAT 11A6-11-006**  
Locality: **Mathews**

**Property Location**

Property Address: 1071 Gum Thicket Rd  
Directions: Route 198 W to right on 223 to Route 633 to Right on Route 638 Past the end on the left

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**Well Driller:** Brown's Well Drilling Co.

**Nonpublic well class:** Class IIIB

**Date construction started:** October 21, 2010

Has water well completion report been filed as required by Sec. 12 VAC 5-630-440. Yes

**Well Location / Distances from sources of pollution:**

(See Table 3.1 and 12 VAC 5-630-380 of the Private Well Regulations)

The well has been placed as permitted.

**Construction, General:** (See 12 VAC 5-630-400 and 410 of the Private Well Regulations)

Total depth of well 120 feet; Type of casing Sch 40 PVC WC; Depth of casing 100 feet; Diameter of casing 4 inches. Casing extends 12 inches above ground. Annular space was sealed with bentonite to a depth of 50 feet, and was Pumped from bottom upward. Well head and opening to the interior protected: Yes. Type of well seal: Well cap.

**Quantity:** Yield and drawdown determined by continuous pumping of 4 hours.

Yield: 18 GPM; Drawdown: 5 feet; Static Water Level: 10 feet.

**Quality:** Sample tap provided at entry into system: Yes. Sample(s) collected: No.

**Satisfactory Construction:** Yes on January 6, 2011 This well was installed for irrigation purposes.

**Well Approved for Use:** Yes on January 12, 2011

Based on the inspection of this water supply system and the information contained on the attached water well completion report, this water supply meets the requirements of the Private Well Regulation for an irrigation source. To approve this well as a drinking water source a water sample absent of the e-coli and coliform bacteria will be required.

Signed: January 12, 2011

  
Tammy Faulkner, AOSE/Environmental Health Specialist, Sr.

# Commonwealth of Virginia Uniform Water Well Completion Report

VDH Permit:  
WVCB Permit:  
WVCB ID:

Owner: Quartel  
Address: c/o Green Planters

Phone:  
Location: 1071 Gum Thicket Road  
County: Mathews Tax Map ID 11A6-11-006 HOID# 157-10-0187



**\* Well Data \***

<b>General Information</b>		Date Completed: 10-21-10	Depth to Bedrock:
Drilling Method: Rotary		Yield (gpm): 18	Natural Flow (Rate):
Length of Yield Test: 4hr		Stabilized Water Level: 15	
Static Water Level: 10		Disinfectant Used: HTH	Amount Used: 1 cup
Well Disinfected: Yes <input checked="" type="checkbox"/> or No <input type="checkbox"/>			
Total Depth of Well: 120'			

Casing—Interval 1	Interval 2	Interval 3
From 0' To 100'	From To	From To
Size Material 4"	Size Material	Size Material
Weight/Schedule 40	Weight/Schedule	Weight/Schedule

Gravel Pack—Interval 1	Interval 2	Interval 3
From 100' To 120'	From To	From To

Grout—Interval 1	Interval 2	Interval 3
From 0 To 50'	From To	From To
Bore Hole Size 8"	Bore Hole Size	Bore Hole Size
Type Bentonite	Type	Type
Method pumped	Method	Method

Water Zones or Screens—Interval 1	Interval 2	Interval 3
From 100' To 120'	From To	From To
Mesh Size 12 Diam 2"	Mesh Size Diam	Mesh Size Diam
From To	From To	From To
Mesh Size Diam	Mesh Size Diam	Mesh Size Diam

**\* Use Data \***

Private Well: <input type="checkbox"/>	Domestic <input type="checkbox"/>	Agricultural <input type="checkbox"/>	Industrial <input type="checkbox"/>	Monitoring <input type="checkbox"/>
Public Well: <input type="checkbox"/>	Community <input type="checkbox"/>	Non-community <input type="checkbox"/>	Non-transient Non-Community <input type="checkbox"/>	

**\* Abandonment Information \***

Bored or Dug Wells	Wells other than Bored Wells
Casing Removed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Casing Removed: Yes <input type="checkbox"/> ; No <input type="checkbox"/>
If Yes, Depth to which casing was removed:	If Yes, Depth to which casing was removed:
Depth of Fill: From To	Depth of Fill: From To
Type of Fill:	Type of Fill: ---
Source of Fill:	Method of permanently marking location (regardless of type):
Depth of Sand or Gravel Fill: From To	
Type of Sand or Gravel Fill:	
Source of sand or gravel:	
Bentonite Plugs: From to & to	






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Mathews County Health Department  
 P.O. Box 26  
 Mathews, Virginia 23109  
 (804) 725-7131 Voice  
 (804) 725-7466 Fax

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**Private Well Construction Permit**  
 Health Department ID Number: **157-10-0187**

<b>Owner / Agent Information</b>	
Owner: Quartel, Jr. Donald 215 I St N.E. #401 Washington D.C., Virginia 20002 Owner Phone: (804) 435-1551	

<b>Location Information</b>	
Property Address: 1071 Gum Thicket Rd Locality: Mathews Directions: Route 198 W to right on 223 to Route 633 to Right on Route 638 Past the end on the left	Tax Map: <b>MAT 11A6-11-006</b>

<b>General Information</b>		
Well Class: <b>Class IIIB</b>	Minimum Casing Depth: <b>50 feet</b>	Minimum Grout Depth: <b>50 feet</b>

**Comments:**

IN ORDER TO PRESERVE REQUIRED SETBACKS THIS WELL MUST BE A IIIB WELL AND THEREFORE MUST HAVE A WATER SAMPLE  
 Class IIIA or IIIB wells must be 50'+ from all actual and potential sources of contamination including all parts of all sewage disposal systems, soil-poisoned foundations, underground petroleum tanks, cemeteries, feedlots, etc.  
 Construction documentation and a water sample negative for coliform bacteria is required for approval of all potable water wells (Classes IIIA, B or C)  
 Please contact the Health Dept. between 8 and 9 a.m. on the day of drilling.

This permit is issued based upon a site evaluation conducted by Olivia Becker, EHSS on September 1, 2010. See following page for Construction Drawing.

**Notice:** The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations*, 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

**Well Construction Permit -- Drawing**

**HD ID #: 157-10-0187**

<b>Owner Information</b>	
<b>Quartel, Jr. Donald</b> 215 I St N.E. #401 Washington D.C., Virginia 20002	Phone: (804) 435-1551

<b>Construction Drawing</b>
Scale drawing of the well site and related features. see attached drawing

Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.



Issued by: Olivia K.M. Becker

September 2, 2010

Issue Date

March 2, 2015

Expiration Date





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Mathews County Health Department  
P.O. Box 26  
Mathews, Virginia 23109  
(804) 725-7131 Voice  
(804) 725-7466 Fax

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## Sewage Disposal System Operation Permit

### Property Owner

**Quartel, Jr. Donald**  
3220 Nebraska Ave N.W.  
Washington D.C., Virginia 20016  
Phone: (804) 435-1551

Health Dept. ID: **157-08-0195**  
Tax Map: **MAT 11A6-11-006**  
Locality: **Mathews**

### Property Location

Property Address: Off Route 638, Gwynn, Virginia 23066  
Directions: Route 198 W to right on 223 to Route 633 to Right on Route 638 Past the end on the left

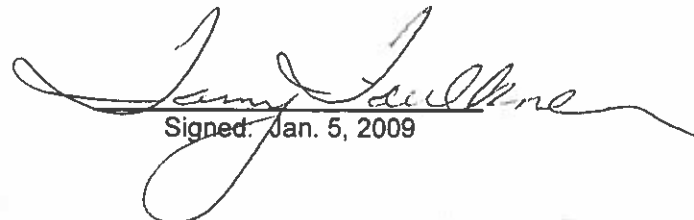
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**Quartel, Jr. Donald** is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location, having a design capacity of 450 gallons per day/ 3 bedrooms.

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.

October 8, 2008  
Effective Date

Tammy Faulkner  
EHS

  
Signed: Jan. 5, 2009

# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 157-08-0195

Mathews Health Department

Name of Company/Corporation/Individual: Earth Resources, Inc.

Address: P.O. Box 520, Lancaster, VA 22503 Telephone: 804-435-1085

Owner's Name Donald Quartel, Jr.

Owner's Address 3220 Nebraska Ave N.W., Washington D.C., Virginia 20016

Location of Installation: Lot \_\_\_\_\_ Block \_\_\_\_\_

Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Other: Tax Map - 11A6-11-006

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 8-1-08 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

10-6-08

Date

Don Thomas Brown, Pres

Signature and Title



# AOSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia  
State Department of Health

157-08-191  
157 08 195

Health Department Identification Number: \_\_\_\_\_

Tax Map: \_\_\_\_\_

11A6-11-066

Name of AOSE/PE: WJ MERCER

MATTHEWS

Health Department

Certification Number: 0031

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contractor's Name: EARTH RESOURCES

Owner's Name: QUARTEL

Owner's Address: \_\_\_\_\_

Location of Installation: Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Other: \_\_\_\_\_

Component	Inspection Results Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction		
Building Sewer		10-7-08
Sepic Tank		
Inlet-Outlet Structure		
Pump and Pump Station		
Conveyance Method		
Distribution Box or Pressure Manifold		
Header, Conveyance, Return, etc. Lines		
Percolation Lines, Drip Chambers, etc.		
Absorption Trenches and Dispersal Field		080206
(Other Components: treatment unit, etc.)		

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary



# AOSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia  
State Department of Health

157-08 191

11A6-11-066

Health Department Identification Number: \_\_\_\_\_

195

Tax Map: \_\_\_\_\_

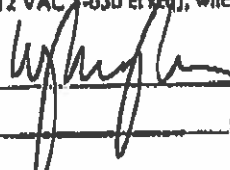
Triangulate critical system components to fixed reference points.



Check here if as-built drawing is on a separate page attached to this form

(Attachment must display Health Dept. Identification Number, tax map number, and must be signed and dated by AOSE/PE).

I hereby certify that on 080208 & 10-07-08 (date), I, or an employee under my direct supervision, inspected this sewage system's construction. The onsite sewage system has been installed and completed in accordance with the construction permit issued on \_\_\_\_\_ (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

AOSE/PE Signature: 

Date: 10-08-08

Print Name: W. T. MERRITT JR

**John D. Williams, P.E.  
4307 Coventry Road  
Richmond, Virginia 23221**

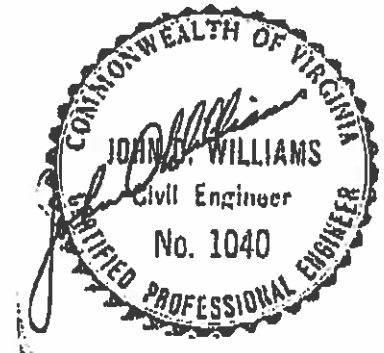
October 8, 2008

**Mathews County Health Department  
Post Office Box 26  
Mathews, Virginia 23109**

**Subject: Sewage Disposal System  
Tax Map # 11A6(11)6 & 7**

**The construction work on the sewage disposal system was completed and is substantially  
in accordance with the plans and specifications.**

**John D. Williams, P.E.**





**COMMONWEALTH OF VIRGINIA - VIRGINIA DEPARTMENT OF HEALTH**

Mathews County Health Department, P.O. Box 26, Mathews, Virginia 23109  
(804) 725-7131

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**AOSE Construction Permit Approval Letter – Level 1 Review**

August 1, 2008

Quartel, Jr. Donald  
3220 Nebraska Ave N.W.  
Washington D.C., Virginia 20016

Subject: Tax Map # MAT 11A6-11-006; HDID # 157-08-0195

Dear Mr. Quartel:

This letter, in conjunction with the approved plans (12 pages) dated 15 September 2008, which are attached, constitutes your permit to install a repair sewage disposal system. The application for a permit was submitted pursuant to §32.1-163.5 of the Code of Virginia which requires the Health Department to accept private soil evaluations and designs from an Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer working in consultation with an AOSE for residential development. The permitted site was certified as being in compliance with the Board of Health's regulations (and local ordinances if the locality has authorized the local health department to accept private evaluations for compliance with local ordinances) by: William J. Meagher. This letter is issued in reliance upon that certification.

The Board of Health hereby recognizes that the soil and site conditions acknowledged by this correspondence, and documented by additional records on file at the local health department, are suitable for the installation of onsite sewage disposal systems. The attached plans and specifications show the approved areas for the sewage disposal systems. This letter is void if there is any substantial physical change in the soil or site conditions where a sewage disposal system is to be located.

If modifications or revisions are necessary between now and when you construct your dwelling, please contact the Authorized Onsite Soil Evaluator (AOSE) who performed the evaluation and design on which this permit is based. The name, address, and phone number of the AOSE appears on the certification form attached to this permit. Should revisions be necessary during construction, your contractor should consult with the AOSE that submitted the site evaluation or site evaluation and design. The AOSE is authorized to make minor adjustments in the location or design of the system at the time of construction provided adequate documentation is provided to the Mathews County Health Department.

This authorization is null and void if conditions are changed from those shown on the application or conditions are changed from those shown on the attached construction drawings, plans and specifications. No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved by the Mathews County Health Department or unless expressly authorized by the Mathews County Health Department. Any part of any installation which has been covered prior to approval shall be uncovered if necessary, upon the direction of the Department.

This authorization to construct a sewage disposal system **expires: February 1, 2010.**

Sincerely,

A handwritten signature in black ink, appearing to read "Tammy Faulkner", written over a horizontal line.

Tammy Faulkner, Mathews County Health Department

**This Permit is NOT TRANSFERABLE**

cc: Meagher, William J.

# Soil Evaluation Report

PAGE 5 OF 12

**William J. Meagher, AOSE, CPSS**  
Post Office Box 950, Mathews, VA 23109  
804-725-7348

Tax Map Number: 11A6 (11) 6&7  
County: Mathews

## General Information

Date: 9-15-06  
Applicant: William J. Meagher Telephone Number: 725-7348  
Address: P.O. Box 950 Mathews, Virginia 23109  
Owner: Donald Quartel, Jr  
Address: 7925 Jones Branch Dr. Suite 5300 McLean, VA 22102  
Location: Rt 198W to Right on Rt 223 to Rt 633 to Right on Rt 638 to last drive on left  
Subdivision: \_\_\_\_\_ Block/Section: \_\_\_\_\_ Lot: \_\_\_\_\_

## Soil Information Summary

1. Position in landscape satisfactory Yes  No   
Describe: flat mostly open field
2. Slope: 1 %
3. Depth to rock/impervious strata Max. \_\_\_ Min. \_\_\_ None
4. Depth to seasonal water table (gray mottling or gray color) No  Yes  6-10" inches
5. Free water present No Yes \_\_\_ Range in inches
6. Soil percolation rate estimated No  Yes  Texture group:  I  II  III  IV  
Estimated rate: 30 min/inch
7. Percolation test performed No  Yes  Number of percolation test holes \_\_\_
8. Depth of percolation test holes \_\_\_
9. Average percolation rate \_\_\_

Name and title of evaluator: William J. Meagher, A.O.S.E.

Signature: \_\_\_\_\_

## Approval/Rejection

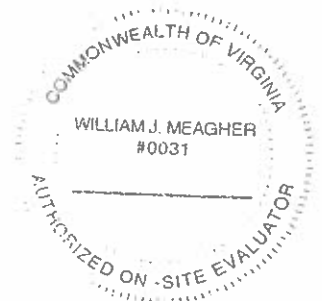
Site approved: Drainfield to be placed at 12" depth at site designated on permit.

**REPAIR ONLY**

Site disapproved:

Reasons for rejection:

1.  Position in landscape subject to flooding or periodic saturation.
2.  Insufficient depth of suitable soil over hard rock.
3.  Insufficient depth of suitable soil to seasonal water table.
4.  Rates of absorption too slow.
5.  Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6.  Proposed system too close to well.
7.  Other (Specify) \_\_\_\_\_





Appendix B  
Abbreviated Design Form

For use with gravity and pump drainfields, enhanced flow systems and low pressure distribution systems when applying for a certification letter or subdivision approval.

Design Basis

- A. Estimated Percolation Rate 30 mpi / design on 40 Due to Poor soils -
- B. Trench bottom square feet required per bedroom (from Table 4.6 based on  Gravity  LPD) 314 sqft
- C. Number of bedrooms 3 Br

Area calculations

- D. Length of trench 56' Length of available area 56'
- E. Width of trench 3'
- F. Number of trenches 6
- G. Center-to-center spacing 9'
- H. Width required 48' Width of available area 48'  
G(F-1) + E
- I. Total square footage required (line B times line C) 942 sqft
- J. Square footage in design (D\*E\*F) 1008
- K. Is a reserve area required?  yes  No

