Well Repair

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Richmond County Health Department

Health Department Identification Number 179-01-001
Map Reference 14-12B

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 Wm. G. Beninghove Telephone 804-769-3210
Address 4387 Naylors Beach Rd. WARSAW VA 22572 For a Type ___ Sewage Disposal System or Well to be constructed on/at Rt 360 W, T/R 624, T/L Naylors Beach Rd. T/L @ stop sign, 4387 Naylors Beach
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use ___

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) old well point (Abandoned) **To be installed:** class IIIA cased 100'+ grouted 20'	**Water supply location:** Satisfactory yes ☑ no ☐ comments 3-7-01 Inspection -ao Completion Report G. W. 2 Received: yes ☑ no ☐ not applicable ☐
Building sewer: ___ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity ___ gals. (minimum). ☐ Other ___	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory
Pump and pump station: No ☐ Yes ☐ describe and show design. if yes: ___	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ___	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with ___ ports. ☐ Other ___	**Distribution box:** yes ☐ no ☐ comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other ___	**Header lines:** yes ☐ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ___	**Percolation lines:** yes ☐ no ☐ comments Satisfactory
Absorption trenches: Square ft. required ___: depth from ground surface to bottom of trench ___; aggregate size ___: Trench bottom slope ___; center to center spacing ___; trench width ___ Depth of aggregate ___; Trench length ___; Number of trenches ___	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date ___ Inspected and approved by: ___ Sanitarian

C.H.S 202A

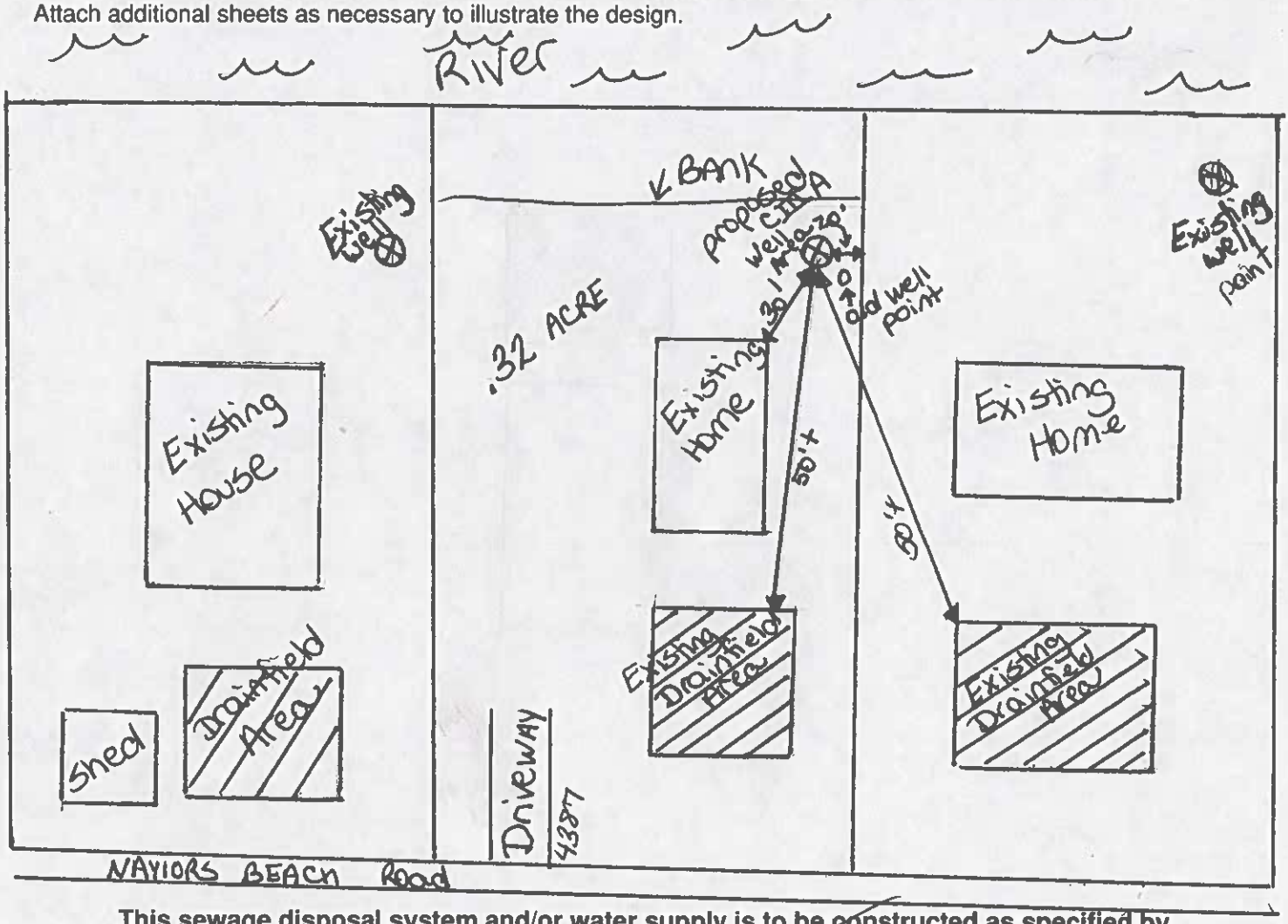
Not To Scale well repair

Health Department Identification Number 179-01-001

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

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.



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

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

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 01-09-01 **Issued by:** Michael L. Vanlandingham
Sanitarian

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

This Construction Permit Valid until 1-09-05

If FHA or VA financing

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

C.H.S. 202B

Well Repair

Health Department Identification Number 179-04-001

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.

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→ Install CIIIA well 30' from existing house.

→ Owner has stated existing home has never been termite treated and will not termite treat in the future.

→ Install CIIIA well 50'+ from drainfield areas.

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Date: _____ **Issued by:** _____
Sanitarian

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

This Construction Permit Valid until _____

If FHA or VA financing

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

Well Repair

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit

Date Received: 1/4/01
Amount Paid: n/a
Receipt #: n/a

Health Department ID 179-01-001

Tax Map/Parcel Number 14-12B

Richmond County

To Be Completed By The Applicant

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

Owner Wm G. Beninghove Address 4387 Naylors Beach Rd. Warsaw, Va. 22572 Phone 804-769-3210

Agent Douglas Well Drilling Address 293 Sunset Ln Warsaw, VA. 22572 Phone 804-333-3529 333-0090 fax

Daughter Pam Much 128 Wysor Dr. Ayle Hi, Va. (W) 804: 703-4166 23009

Directions of Property 4387 Naylors Beach Rd. Northern 624 1st or left same way

Subdivision ✓ Section ___ Block ___ Lot ___

Other Property Identification ___

Dimension/size of Lot/Property .32 acre

Other Application Information

I. **Building/facility** ___ New ✓ Existing Request Cert. Letter
Intermittent Use ✓ Yes ___ No If yes, describe Yes (No)

II. **Residential Use** ___ Yes ✓ No
Termite Treatment ___ Yes ✓ No Owner's Principle Residence Yes (No)
___ Single Family (Number of Bedrooms ___) ___ Multi-family (Number of Units ___)
Will you be building within 18 Months? Yes No
Basement ___ Yes ✓ No
Fixtures in Basement ___ Yes ✓ No

III. **Commerical Use** ___ Yes ✓ No Describe: ___
Commerical/Wastewater ___ Yes ✓ No Number of Patrons ___ Number of Employees ___

If yes, give volumes and describe ___

IV. **Water Supply:** ___ Public ___ New ___ Existing
X Private ___ New ___ Existing
Describe: Artesian or Shallow (circle one)

V. **Proposed Sewage Disposal Method:**
Onsite Sewage Disposal System: ___ Septic Tank Drainfield ✓ LPD ___ Mound ___ Other

Public Sewerage System

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

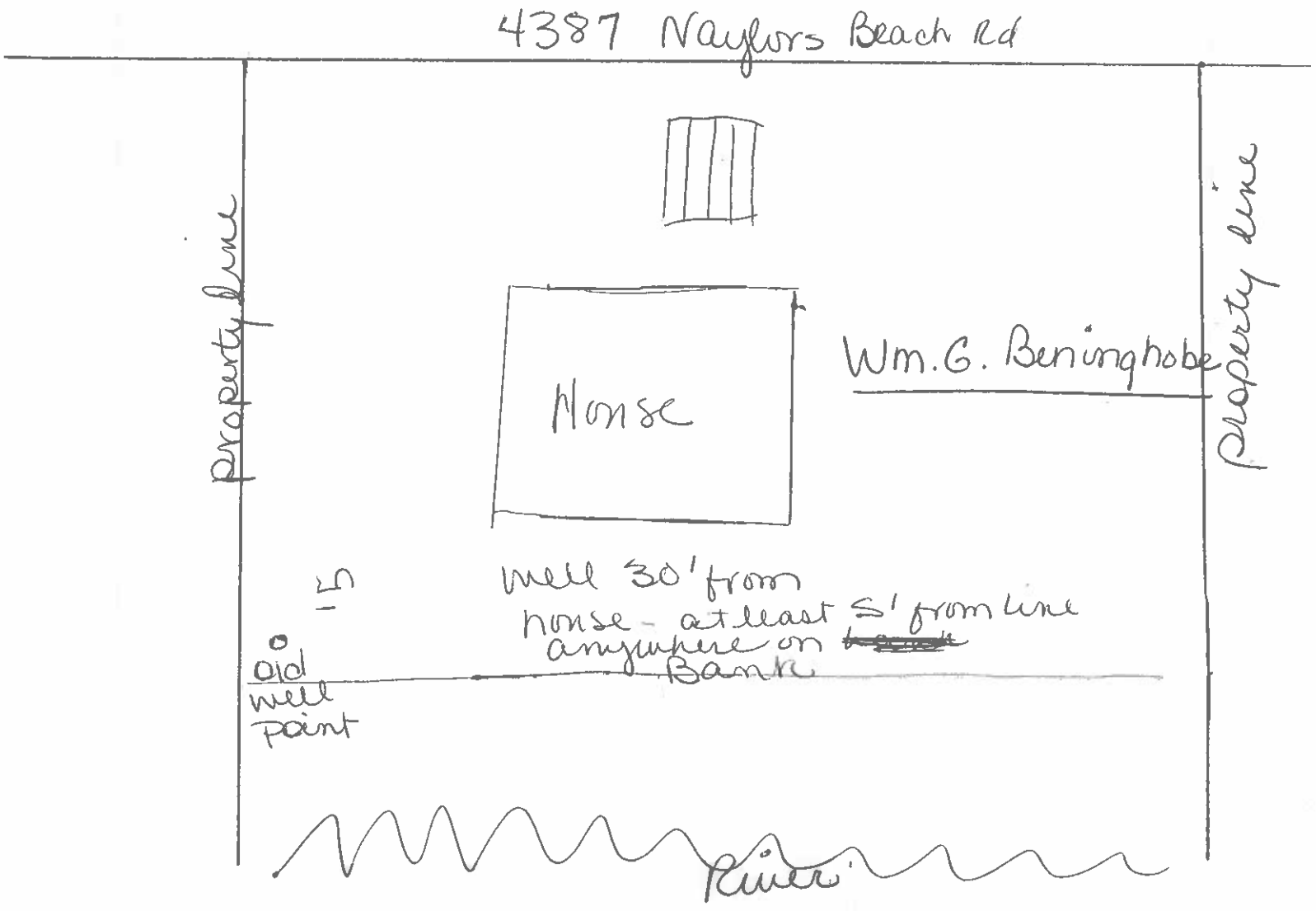
The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Douglas Well Drilling/Ann Balderson — 1/4/01

Signature of Owner/Agent — Date

CHS 200

SITE PLAN



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.

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner: Mrs. Pam Much/Beninghove
Address: 128 Wysor Drive, Aylett, Virginia 23009
Phone: 804-769-3210
Location: Naylors Beach

Tax Map ID: 14-12B
VDH Permit: 179-01-001
VWCB Permit:
VWCB ID:
County: Richmond

* Well Data *

General Information

Drilling Method: Rotary
Depth to Bedrock:
Static Water Level:
Well Disinfected (Y or N): Y

Date Completed: 1-24-2001
Yield: 60 from 100' (GPM)
Stabilized Water Level:
Disinfectant Used: Chlorine

Total Depth of Well: 431
Length of Test:
Natural Flow (Rate):
Amount Used: 4 tablets

Casing

From 0 to 160
Size 4½ Material PVC
Weight/Schedule SDR 17

From 160 to 413
Size 2½ Material PVC
Weight/Schedule SCH 40

From 423 to 431
Size 2½ Material PVC
Weight/Schedule SCH 40

Gravel Pack

From 400 to 431

From _____ to _____

From _____ to _____

Grout

From 0 to 20
Bore Hole Size 9½
Type neat cement
Method

From _____ to _____
Bore Hole Size
Type
Method

From _____ to _____
Bore Hole Size
Type
Method

Water Zones or Screened Intervals

From 413 to 423
Mesh Size .030 Diam. 2½
From _____ to _____
Mesh Size _____ Diam. _____

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

* Use Data *

Private Well: Domestic X Agricultural _____ Industrial _____ Monitoring _____
Public Well: Community _____ Non Community _____