

RECORD OF INSPECTION SEWAGE DISPOSAL SYSTEM

10

10R 10(1)12SA

Joe Sanford *work done 8/04*
Date 6-8-82 Case No. _____

Joe Sanford Address Box 206 Phone _____
(Mailing Address)
Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Lake, Rt. 627 off 614, T/R down William Sanford's lane
(Subdivision, Street or Road Name, Section or Lot No.)

ARTESIAN

WATER SUPPLY INSPECTION

Installed according to Permit Design ☒ Yes ☐ No Distance to nearest House Sewer _____ feet Distance to nearest Sewage Disposal System _____ feet
(Use Form LHS-143 for Detailed Inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION
 Allotted Area adequate ☒ Yes ☐ No Distance from nearest lot lines _____ feet Trees _____ feet
 Water Supplies 100 feet Buildings _____ feet
- (2) INSTALLATION AND DESIGN
 Installed according to Permit Design ☒ Yes ☐ No
 Have additional Household Appliances been added NOT on Permit:
☐ Automatic Washer ☐ Garbage Disposal
☐ Other _____
 (Describe)
- (3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☒ No If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE
 Installed ☒ Yes ☐ No Type of material PVC
 Size 4 inches
- (5) SEPTIC TANK
 Constructed of 1000 (Kind of Material)
 Inside Dimensions Length _____ feet Width _____ feet
 Liquid Depth _____ feet Depth of Air Space _____ inches
 Inside Fittings comply with requirements ☒ Yes ☐ No
- (6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test ☒ Yes ☐ No Distribution Box provided with _____ (Number)
 extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 900 square feet
 Number of ditches _____ Length of ditches _____ feet
 Grade of ditches Minimum _____ inches per 100 feet
 Maximum _____ inches per 100 feet Has system been checked by instruments (Level) ☒ Yes ☐ No
 Type aggregate used _____
 Depth of aggregate under tile _____ inches
 Total depth of aggregate _____ inches
 Depth of backfill over aggregate _____ inches
- (8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☐ Yes ☒ No Was Surface Drainage required ☐ Yes ☒ No If Yes, has this been provided ☐ Yes ☒ No Has area been drained by lowering Ground Water Table: ☐ Yes ☒ No ☐ Not required.
- (9) Are follow-up inspections necessary ☐ Yes ☒ No

Septic Tank Contractor W. C. LOWERY Address CALLAO Phone _____

This Sewage Disposal System (Is) (Is Not) Approved by Northumberland County Health Department

Date 6-8-82 Signed H. Nark (Sanitarian)
 Date _____ Approved _____ (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

PERMIT TO INSTALL ☒ REPAIR, ☐ REASONS FOR REJECTION ☐
WATER SUPPLY ☐ SEWAGE DISPOSAL SYSTEM ☒

- (1) Valid after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
(3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA ☐ Yes ☐ No Date 12/7/81 Case No. _____

Owner Melanie Sanford Address Box 206 Phone _____
(Mailing Address)

Occupant _____ Address Lottsburg Va 22511 Phone _____
(Mailing Address)

Exact Location of premises Lake, Rt. 627 off 614, T/R down Wm. Sanford's lane
(Subdivision, Street or Road Name, Section or Lot No.)

FOR ☒ Dwelling ☐ Other Automatic Washing Machine ☒ Yes ☐ No Consumption 600 gal. per day
Actual ☐ Potential ☐ Bedrooms 3 Garbage Disposal Unit ☐ Yes ☒ No ((☐ Actual ☒ estimated Water)
Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved ☐ Yes ☐ No Other _____
(To be installed) Class II Cased Bottom ft. to be grouted _____ ft.
(Unless supported by positive evidence Class I is to be considered as to be installed)

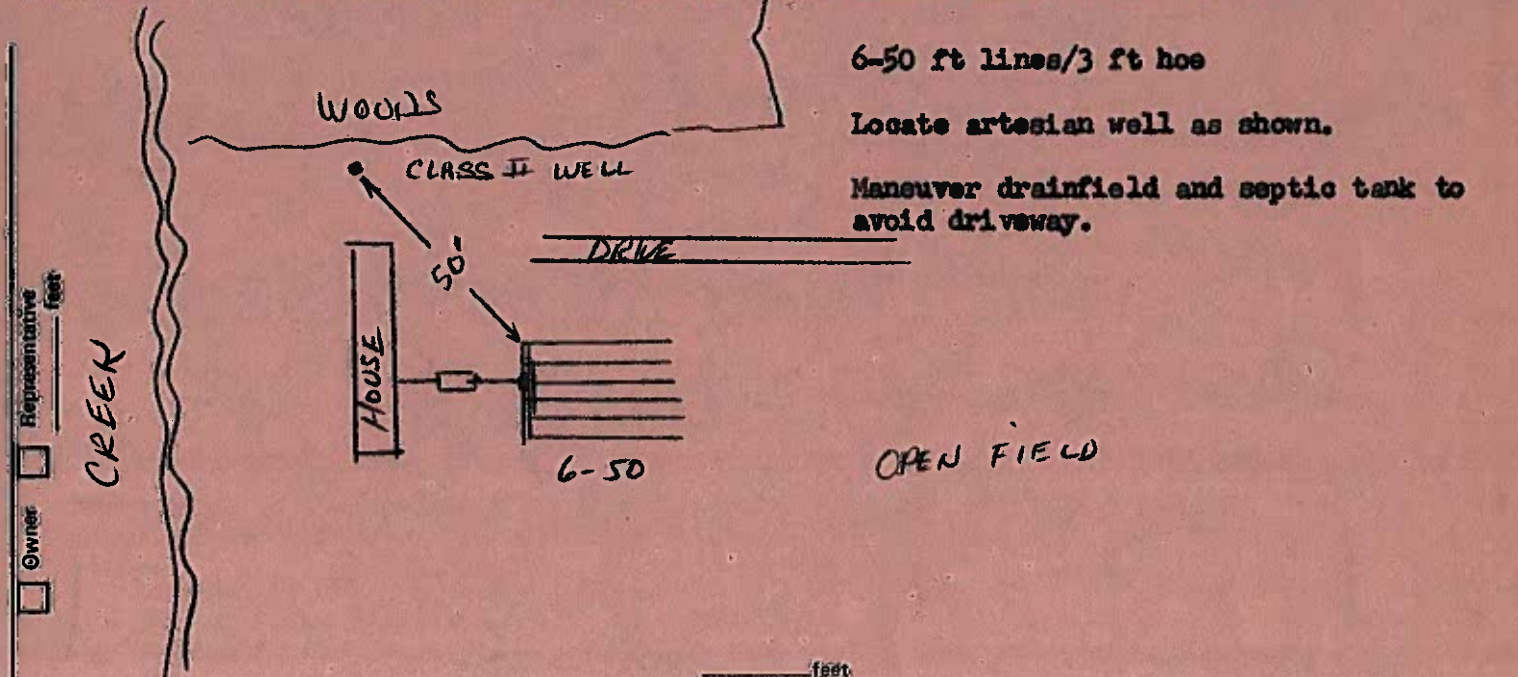
SOIL STUDY Naturally drained, suitable by depth ☒ Yes ☐ No Technical Classification _____ (If Known)
(2) Estimated Percolation Rate 1-10 ☐ 11-25 ☒ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes ☒ No Rate _____
(Minutes per inch) 60+ (Minutes per inch to nearest 10 minutes)
Depth to Gray Matter _____ inches (estimate over 4 ft) OTHER _____
Surface drainage required ☐ Yes ☒ No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size 8 inches Type of material required 40 PVC Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of concrete Material Liquid Capacity 1000 gallons.
Inside Dimensions Length 8 feet Width 4 feet Liquid Depth 4 feet Depth of Air Space 1 feet
SUBSURFACE ABSORPTION FIELD Number of square feet required 900 Type aggregate required stone

(5) Depth of aggregate from base of tile to bottom of ditches 6 inches Allowable fall 2 to 4 inches
Total aggregate minimum depth 13 inches or more Depth of drainfield to be 36 inches from surface of original ground.
Distance from well to septic tank 50 feet distance from well to drainfield 100 feet.

Rough sketch of Premises (including adjacent properties if pertinent, showing location of Lot Line, buildings, water supplies, sewage disposal systems, trees, and other possible sources of contamination of water supplies, by indicating distances and slope with regard to one another.



Signature _____ Date _____
Note: Owner or his agent must notify _____ Health Department, Phone 580-3731 When installation is ready for inspection. If any Sewage Disposal System or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued 12-7-81
Date _____ Approved _____ Date _____ Signed W. E. Appleby
(Reviewing Authority) (Sanitarian or Health Director)

Owner

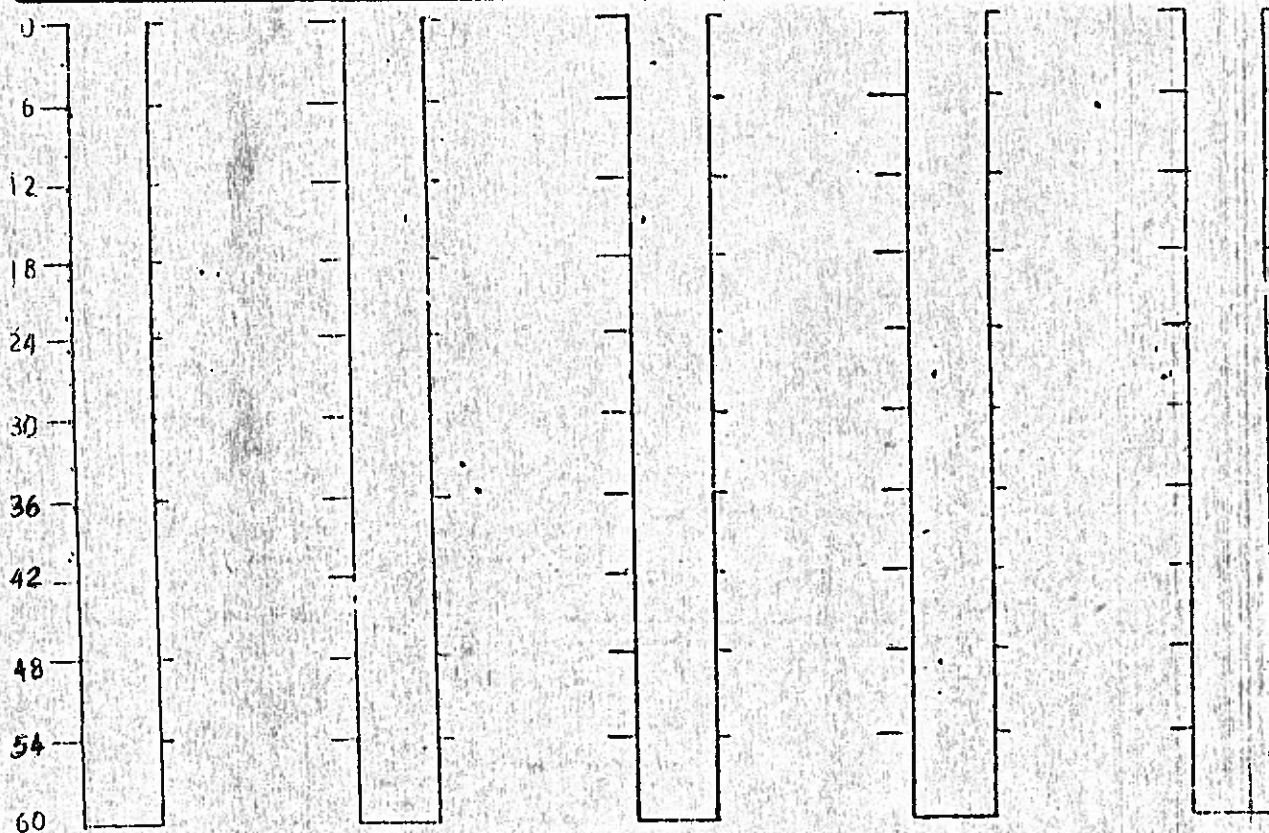
Melanie Sanford

T. M.

Block

Parcel

Lot

[illegible]

LOCATIONS OF SOIL BORINGS



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

Record of Inspection - Nonpublic Drinking Water Supply System

Property Owner

Landrum, James H.
5919 N. 4th St.
Arlington, Virginia 22203
Phone: (703) 525-6980

Health Dept. ID: 166-07-231

Tax Map: 10(1)125A

Locality: Northumberland

Property Location

Property Address: 206 Chicacoan Lane
, Lot 125A
Directions:

=====

Well Driller: Chucky's Pump & Repair & Water Well Drilling

Nonpublic drinking water well class: Class IIIA

Date construction started: June 28, 2007

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)

Building Sewer 120 feet; Pretreatment Unit 120 feet; Conveyance System feet; Subsurface Soil
Absorption System 80 feet (nearest point); Property Line feet; : .

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

Total depth of well 320 feet; Type of casing Sch 40 PVC WC; Depth of casing 300 feet; Diameter of casing 4 inches. Casing extends 12 inches above ground. Annular space was sealed with bentonite to a depth of 53 feet, and was Poured through tremmie pipe. Screens (if used) are constructed of SCH 80 PVC. Well head and opening to the interior protected: Yes. Type of well seal: Well cap. Pitless adapter used: Yes. If so, was it properly installed: Yes; and properly vented: Yes.

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

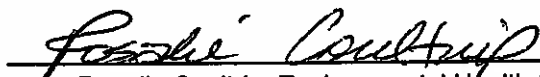
Yield: 30 GPM; Drawdown: feet; Static Water Level: 37 feet; Type of storage: Pressure.

Quality: Sample tap provided at entry into system: Yes. Sample(s) collected: Yes. Result of samples: Satisfactory. Date of Sample: June 30, 2007

Satisfactory Construction: Yes on July 23, 2007

Well Approved for Use: Yes on July 23, 2007

Signed July 23, 2007


Rosalie Coultrip, Environmental Health Specialist Senior

Landrum

Periasala

BYCM No.

2. 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 constructed on standby or for production. Information required includes an accurately and completely prepared water well completion report (all data from any previous drilling or construction at ten foot intervals (unless exemption is secured), the results of any chemical analyses and copies of any proposed well design, pump and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required for some wells. Some counties require submission of a water well completion report. The Virginia State Water Control Board may require additional information for public supply wells.

9. DRILLERS LOG (Use additional Sheets if necessary)

DEPTH (feet) From To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, casing, cavities, broken, core, shot, etc.)	Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (min dimensions)
0 28	Mixed Sands			4 1/2" x 1" Pitless APT.
28 160	Blue Clay			3/4" HP 230V
160 280	Green Clay & Shell			Red Jacket
280 320	Limestone, mixed Sands			Intake 120 on 1" sch 120 PVC
320'				old style Air
				300' 20' x 4" PVC
				020 well screen
				320'

13. Well for dedicated? _____ Size _____ to _____ ft. x _____ ft. x _____ ft.
Distance to nearest pollutant source _____ ft.
Distance to nearest property line _____ ft. B. C. N.

14. WATER SERVICE PIPE (checked) _____
Material: Pipe size _____ (check) Material of _____
Installer _____
Date _____

15. I certify that the information contained herein is true and correct and that the well and/or system has been installed and constructed in accordance with the State of Virginia for well construction as specified in ordinances and rules of the State of Virginia and all city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature _____ 7/3/07
(Well Driller or Authorized Representative)

State Water Control Board Regional Offices

Atlantic Reg. Off.
1000 N. Main St.
P.O. Box 1000
Richmond, VA 23210
804 771 1000
Norfolk Reg. Off.
1000 N. Main St.
P.O. Box 1000
Norfolk, VA 23502
804 771 1000
Northern Virginia Reg. Off.
1000 N. Main St.
P.O. Box 1000
Arlington, VA 22201
804 771 1000

Piedmont Reg. Off.
1010 West Broad Street
P.O. Box 5616
Richmond, VA 23210
804 771 1000

Tri-County Reg. Off.
187 Piedmont Office Park
Suite 210 Piedmont, VA 23109
Va. Beach, VA 23462
804 499 8742

Northern Virginia Reg. Off.
1515 Clarendon Avenue
Suite 404
Arlington, VA 22201
804 771 1000

BACTERIOLOGICAL CERTIFICATE OF

ANALYSIS

SAMPLE

(See reverse side for instructions)

N° 91862

MID-ATLANTIC LABORATORIES, INC.

State Certified Environmental Laboratory
VA Lab I.D. #00215 • MD Cert #215

WV Lab I.D. #9926 • NC Lab I.D. #51704

Mailing Address:

Physical Address:
14294 Big Tentier Road
King George VA 22485
Port Royal, VA 22535

Tel. 804-742-5577

6/28 8:30 PM *Chucky* *Chucky*

CHLORINE RESIDUAL:

804-443-1553

NAME *Chucky's Pups Well*
STREET *1140 Providence Rd*
CITY *Centerville* STATE *VA* ZIP *22437*NAME *Pennsylvania*
STREET *Lake Landing Rd*
CITY _____ STATE *28*CHECK ☐ MONEY ORDER # *2231*CUSTOMER ACCOUNT: *Chucky's Well*

(PWSID# _____) OR HEALTH DEPT. I.D.# _____

DATE *6/29/07*TIME *1030*PK *21*DATE *6/30/07*TIME *1030*PK *21*

RESULTS

BOX MARKED

WITH "X" INDICATES

YOUR RESULTS

(EXPLANATION RIGHT)

Results valid only

when

accompanied by

Certified Analysis Seal

☒ NO TOTAL COLIFORM OR E. COLI (FEDAL COLIFORM) BACTERIA WERE DETECTED IN THE SAMPLE. THIS SAMPLE PASSES THE POTABILITY TEST required by the Environmental Protection Agency (EPA).
☐ TOTAL COLIFORM BACTERIA WERE DETECTED IN THE SAMPLE. THIS SAMPLE DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA).
☐ TOTAL COLIFORM AND E. COLI (FEDAL COLIFORM) BACTERIA WERE DETECTED IN THE SAMPLE. THIS SAMPLE DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA).
NOTE: The presence of the E. Coli bacterium indicates a potentially serious health threat. For further information of recommended action, contact your local or state Health Department, treating water system.☒ CWP-MS (04-159) ☐ CWP-MS (16-163) (Bacterial count)☐ CWP-MS (04-159) ☐ CWP-MS (16-163) (Bacterial count)☐ CWP-MS (04-159) ☐ CWP-MS (16-163) (Bacterial count)☐ CWP-MS (04-159) ☐ CWP-MS (16-163) (Bacterial count)☐ CWP-MS (04-159) ☐ CWP-MS (16-163) (Bacterial count)☐ CWP-MS (04-159) ☐ CWP-MS (16-163) (Bacterial count)☐ CWP-MS (04-159) ☐ CWP-MS (16-163) (Bacterial count)☐ CWP-MS (04-159) ☐ CWP-MS (16-163) (Bacterial count)



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

Private Well Construction Permit
Health Department ID Number: **166-07-231**

Owner / Agent Information		
Owner: Landrum, James H. 5919 N. 4th St. Arlington, Virginia 22203 Owner Phone: (703) 525-6980		
Location Information		
, Lot 125A Property Address: 206 Chicacoan Lane Locality: Northumberland Directions:		Tax Map: 10(1)125A
General Information		
Well Class: Class IIIA	Minimum Casing Depth: 100 feet	Minimum Grout Depth: 20 feet

Comments:

Construction documentation and a water sample negative for coliform bacteria is required for approval of all potable water wells (Classes IIIA, B or C).
AND Class IIIC and Class IV wells must be 50'+ from all building sewers, treatment systems, force mains, sewerage systems, and foundations soil poisoned for termites.

This permit is issued based upon a site evaluation conducted by Rosalie Coultrip, EHS on June 1, 2007.
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 #: 166-07-231

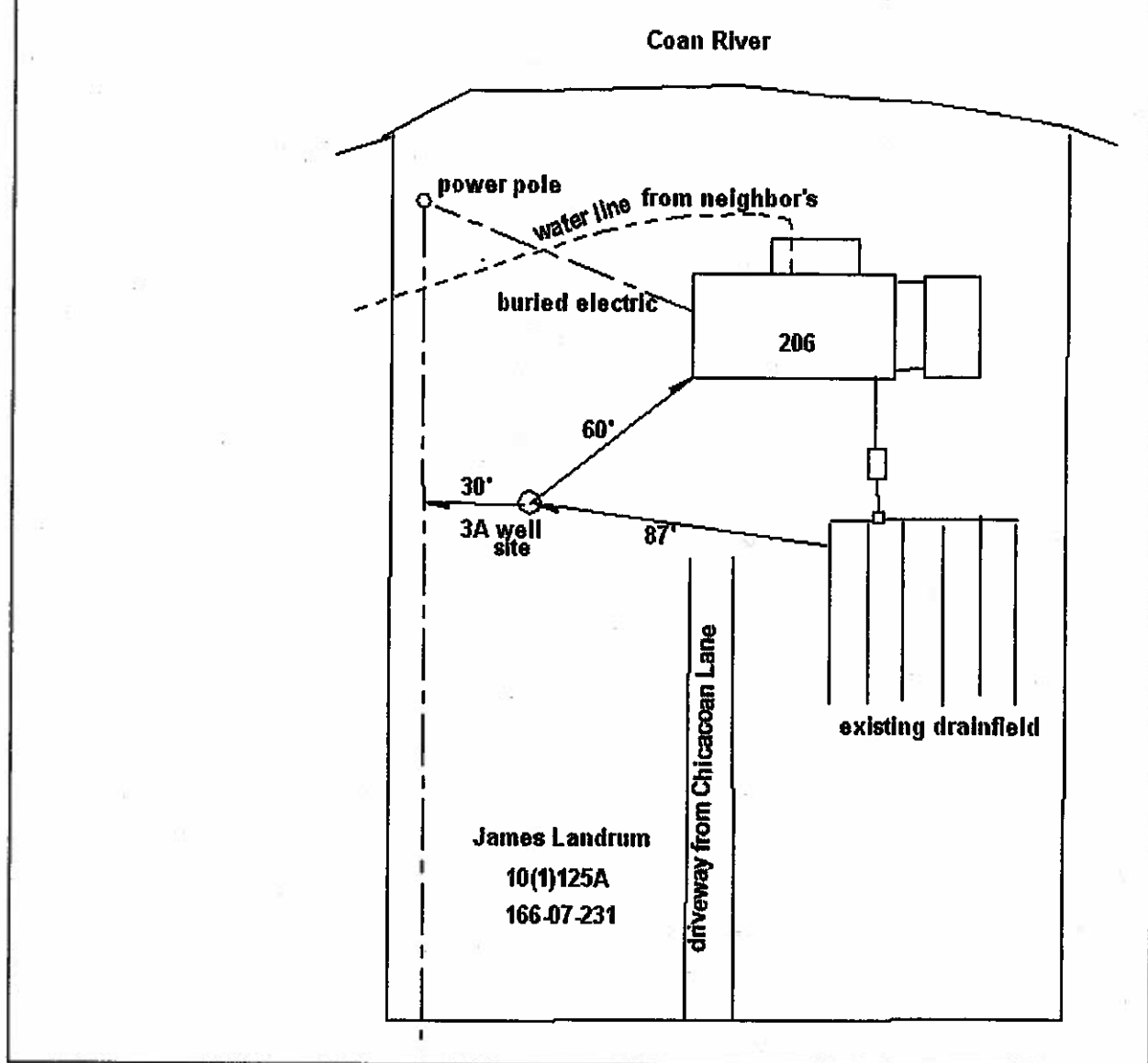
Owner Information

Landrum, James H.
5919 N. 4th St.
Arlington, Virginia 22203

Phone: (703) 525-6980

Construction Drawing

Scale drawing of the well site and related features.



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.

Rosalie Coultrip
Issued by: Rosalie Coultrip

June 1, 2007
Issue Date

December 1, 2011
Expiration Date

Coan River

