

Sewage Disposal System Operation Permit

1744-(1267)(25)-1 thru 5

Commonwealth of Virginia
Department of Health

Health Department

Identification No. SD-91-034

Clarke County

Health Department



Tax Map No. 17 (A4)-26-25-1,2,3,4,5,6

John and Evelyn Thiel is Hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
Shenandoah Retreat	2-S	1,2,3,4,5,&6

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s)
2.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits CHS 202A & CHS 202B

Dated 5-6-91

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.

VARIANCES GRANTED

☒ NONE ☐ SEE ATTACHED

SPECIAL CONDITIONS

☒ NONE ☐ SEE ATTACHED

July 2, 1992

Effective Date

Recommended (Sanitarian)

Approved (State Health Commissioner)

SD-91-034

Soil Eval. Form B.1

SIGNED _____
APPROVAL OR DISAPPROVAL ☒ DF. Depth
REASONS MARKED _____
STANDOFF TO ROCK _____

1. APPLICATION COMPLETE ANY CHANGES INT.
2. SOIL EVALUATION FORM COMPLETE

SD# C
TAX#
DIRECTIONS
SUB. & LOT
STANDOFF TO GWM.

SOIL PROFILES

COLOR, TEXTURE, STRUCTURE
RATE VS. TEXTURE GROUP
PROFILES MATCH S.I. SUMMARY

3. CONSTRUCTION PERMIT

CPD. & ABR
SEPTIC TANK SIZE
PUMP
OF PORTS DIST. BOX

4. DRAWING OF CONSTRUCTION PERMIT

ID#
NOTE TO SCALE
DIST. BOX TIED DOWN
SPLITTER BOX NEEDED
WELL TIED DOWN
PROFILE HOLE LOCATION MARKED
OFFSETS TO DOWNSLOPE WELLS
FRENCH DRAIN NEEDED

& LENGTH X
VS. RATE
DEPTH VS. SL.
CENTERS VS. SLOPE

SPEC. GIVEN
OFF SETS TO HSE., SEPTIC-
TANK, WELL, DRAINFIELD,
AND PROPERTY LINES.

Signature on
Per. Test

	<u>Front</u>	<u>Middle</u>	<u>Back</u>
1	46.5"	48.5"	49.5"
2	68"	69.5"	71"
3	90.5"	91.5"	92"
4	108"	109"	110"
5	57"	58.5"	60"
6	76"	77"	78.5"

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number

SD-91-C34

Clarke Co.

Health Department

Name of Company/Corporation/Individual:

H+W Construction Co. Inc.

Address:

P.O. B. 2468

Telephone:

667-3752

Owner's Name

Robert McCord

Owner's Address

P.O. B. 135, Basye, Va. 22810

Location of Installation: Lot

1-5

Block

2-5

Section:

Subdivision:

Shenandoah Retreat

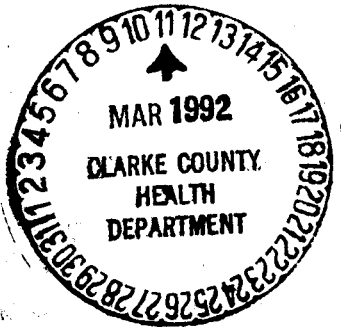
Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5-6-91 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

3-9-92

Date

Jeffrey L. Hutzler (Dispatcher)
Signature and Title



WELL Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

CLARKE COUNTY Health Department



Health Department

Identification Number SD 91-145
Map Reference 17 A4-26-25 1,2,3,4,5,6

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 JOHN & EVELYN THIEL Telephone 955-2979
Address P.O. BOX 642, BERRYVILLE, VA. 22611
For a Type WELL Sewage disposal system which is to be constructed on/at SHERMANWOOD RETREAT TO END OF BEECHWOOD DRIVE
Subdivision _____ Section/Block _____ Lot _____
Actual or estimated water use 450 gpd - 3 BR Home

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) NONE

Water supply location: Satisfactory yes ☒ no ☐
comments

To be installed: class TB well
cased 50' min grouted 50' min

G. W. 2 Received: yes ☒ no ☐ not applicable ☐

Building sewer:
_____ I.D. PVC 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 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

SKETCH NOT TO SCALE *

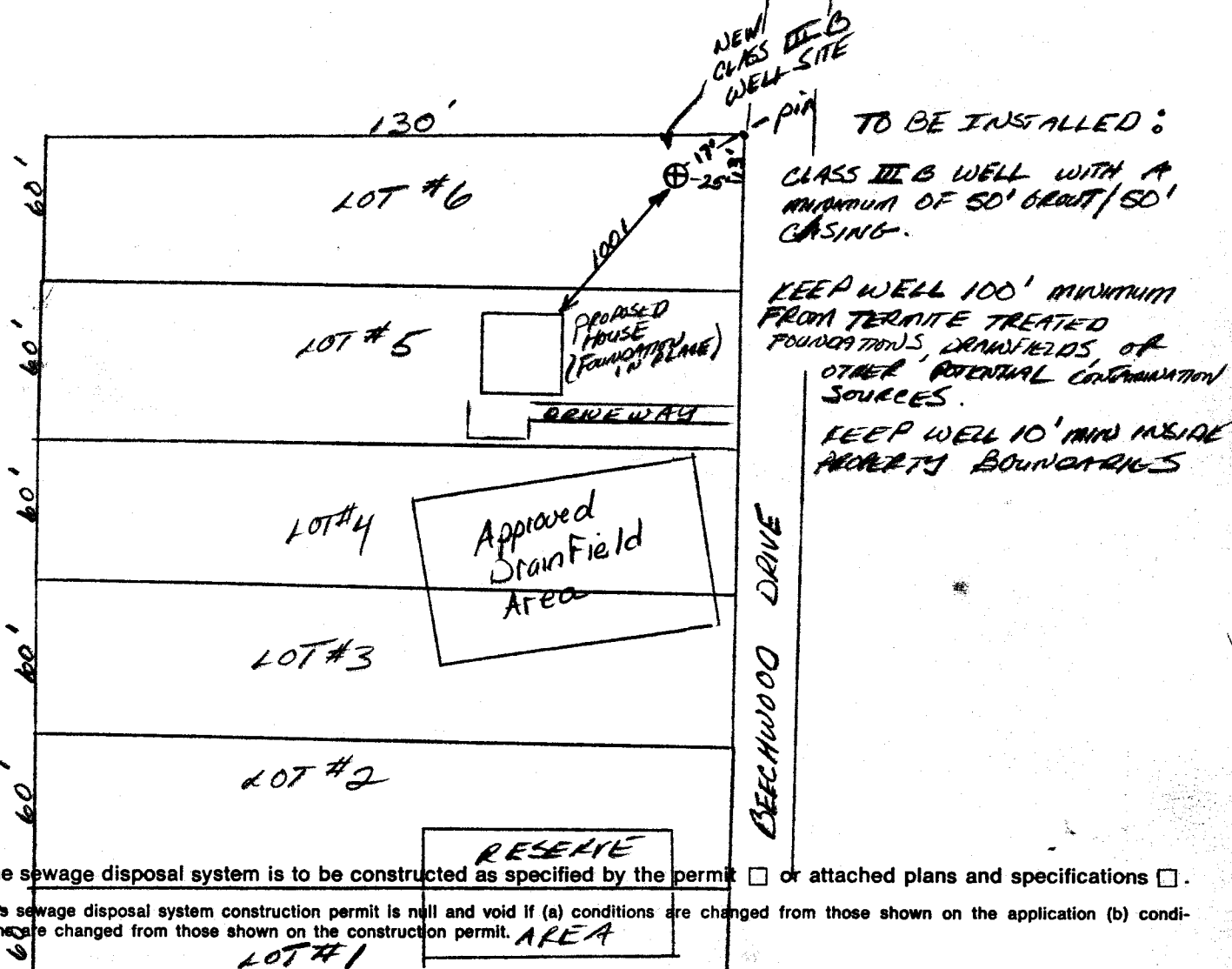
Health Department
Identification Number SD 91-145

WELL
Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

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. **AREA**

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: 2-3-92 Issued by: Edward J. Ristich

Date: 2-4-92 Reviewed by: Barry R. Hadley

Sanitarian
Supervisory Sanitarian

This Construction
Permit Valid until
8-3-96

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 SD-91-145
Map Reference _____

CLARKE COUNTY

Health Department

Date Received 11/26/91

To Be Completed By The Applicant

Type sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Owner JOHN + EVELYN THIEL Address Block 25, Lots 1-6 Phone 955-2979
SHEN. RETREAT

Agent _____ Address _____ Phone _____

Directions to Property RTE 7 E. TO 643 TO END, LEFT THEN RT. ONTO
BEECHWOOD DR. THEN 1.3 MI. TO END; LOTS ON RT.

Subdivision SHEN. RET. Section _____ Block 25 Lot 1-6

Other Property Identification TAX MAP # 17A4-26-25-1,2,3,4,5,6

Dimensions/size of Lot/Property 1.2 ACRES

Other Application Information

I. Building/facility Intermittent Use ☐ New ☐ Existing ☒ Existing
☐ Yes ☐ No If yes, describe: 12'x16' SHED

II. Residential Use ☐ Yes ☐ No
Termite Treatment ☐ Yes ☒ No
☒ Single Family ☐ Multifamily Number of Units 11/26/91 Number of Bedrooms 3
Basement ☐ Yes ☐ No
Fixtures in Basement ☒ Yes ☐ No

III. Commercial Use ☐ Yes ☒ No Describe: 404-P4-9276

Commercial/Wastewater ☐ Yes ☐ No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe: See above

IV. Water Supply: ☐ Public ☒ Private Describe: WELL
☐ New ☒ Existing

V. Proposed Installation: N/A ☒ Septic tank and drainfield ☐ Other

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 R Thiel

Signature of owner/agent

Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number SD 91-034
Map Reference 17A4-(26)-25-1,2,3,4

Clarke Co.

Health Department

Date Received 3-05-91 ⁵-(33)

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Owner ROBERT McCORD Address P.O. Box 135 Phone (703) 856-2678

BASYE, VA 22810

Agent JOHN R THIEL Address P.O. Box 642 Phone (703) 955-2979

BERRYVILLE VA 22611

Directions to Property SHENANDOAH RETREAT TO END OF BEECHWOOD DR.
TO CUL-DE-SAC ON RIGHT SIDE, LOT #1, OVERLOOKING RIVER.

Subdivision SHENANDOAH RETREAT Section _____ Block 2-5 Lot 1

Other Property Identification Sub Map# 17A 426 25-1,2,3

Dimensions/size of Lot/Property EACH LOT 60' X 150'. TOTAL PURCHASED WILL BE
240' X 150' (4 ADJOINING LOTS)

Other Application Information

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

II. Residential Use ☒ Yes ☐ No
Termite Treatment ☒ Yes ☐ No
☒ Single Family ☐ Multifamily Number of Units _____ Number of Bedrooms 3
Basement ☒ Yes ☐ No
Fixtures in Basement ☒ Yes LAUNDRY ☐ 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: WELL
☒ Private ☐ Existing

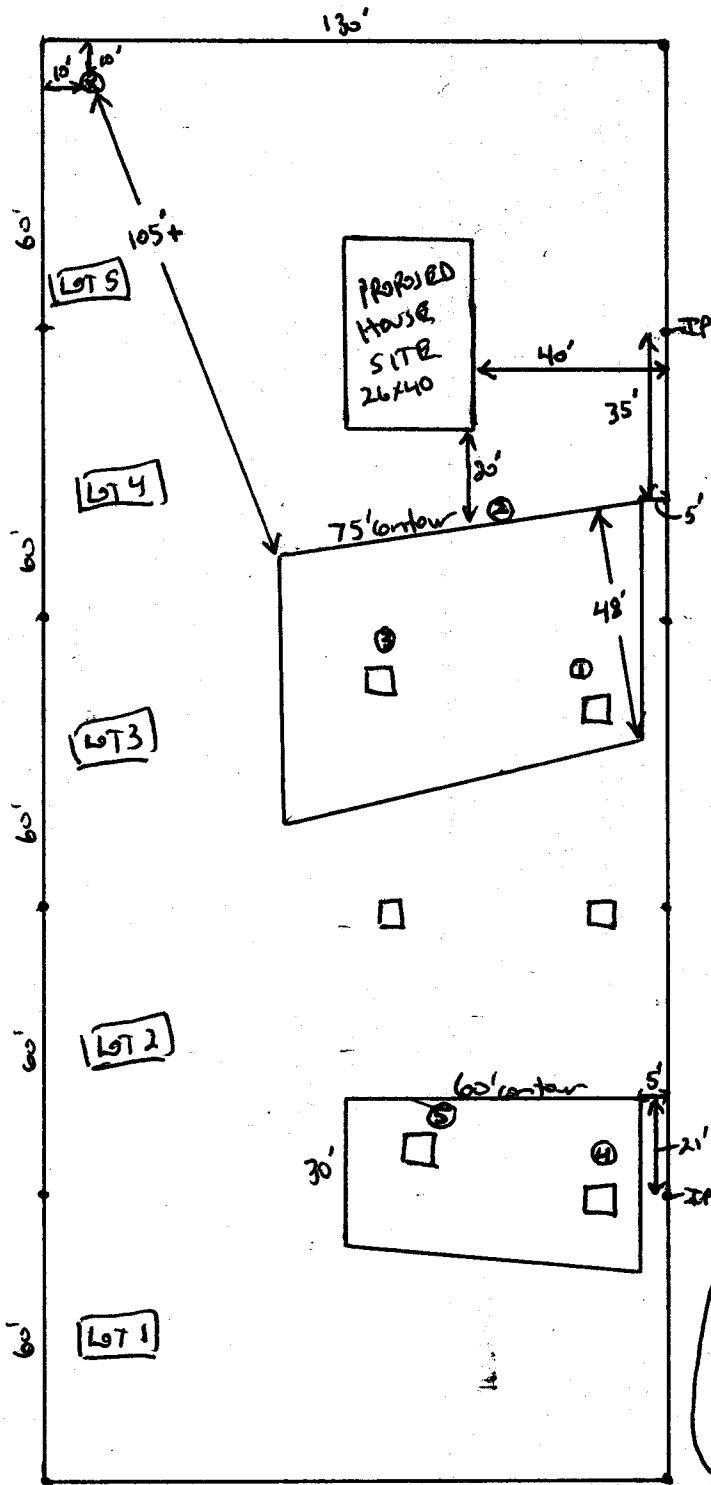
V. Proposed Installation: ☒ Septic tank and drainfield ☐ Other
If other, describe: _____

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 R Thiel
Signature of owner/agent

1/31/91
Date



○ = perc holes
 □ = backhoe pits

EXCLUDE

SAC PROPOSED 3 BR conv.

60 mpi est. perc rate
 - (given that 67 mpi measured @ 42")

6, 75' line

22" deep

9' on center

Reserve 4, 60' line

OKAY
 5/2/92



Soil Evaluation Form

PAGE 1 OF 28

Commonwealth of Virginia
Department of Health

Health Department
Identification Number SD-91-034
Tax Map Number 17A4-((26))-25-1,2,3,4,5-

(33)

General Information

Date 2/21/91 CLARKE COUNTY Health Department
Applicant JOHN THIEL Telephone No. 955-2979
Address P.O. Box 642 Berryville, VA 22611
Owner above Address _____
Location Rt 7E, @ 643, @ Beach, @ Beechwood, follow to end lots @
Subdivision SHENANDOAH RETREAT Block/Section 2-5 Lot 1,2,3,4,5

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe middle side slope
2. Slope 18 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None ☒
4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☐ _____ inches
5. Free water present No ☒ Yes ☐ _____ range in inches
6. Soil percolation rate estimated Yes ☒ Texture group I II III IV
No ☐ Estimated rate 60-65 min/inch 3 BR
DESIGN RATE 5 mpi 10,50's
7. Percolation test performed Yes ☒ Number of percolation test holes _____
No ☒ Depth of percolation test holes 42"
Average percolation rate 67 mpi at STAND-OFF
Name and title of evaluator: Jimmy Whitmer, Soil Consultant
Signature: [Signature] for Jimmy Whitmer

Department Use

☒ Site Approved: Drainfield to be placed at 22" depth at site designated on permit. SITE AND SOILS APPROVED AFTER PERCOLATION TEST
☐ 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 _____
DRAINFIELD TO BE PLACED AT 22" 310
5/2/91
SITE AND SOIL EVALUATION BY DAN PERRY AND STEVE STIEFEL

Date of Evaluation 2/21/91

Profile Description SOIL EVALUATION REPORT

Health Department
Identification No. SD-91-034Page 2 of 2

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.

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
①	A	0-2	dk br (10YR 3/3) friable L + humus	II
	E	2-11	lt yell br (10YR 6/4) friable L	II
	B ₁	11-19	yell br (10YR 5/6) friable L ⁺	II
	B ₂	19-61	str br (7.5YR 5/8) + yell red (5YR 5/8) friable CL ⁺ few weathered SS + SiS frags, mod SAB	III
②	A	0-3	dk br (10YR 3/3) friable L + humus	II
	E	3-13	lt yell br (10YR 6/4) friable L	II
	B ₁	13-31	yell br (10YR 5/6) friable CL ⁻ / L ⁺	III / II
	B ₂	31-68	str br (7.5YR 5/8) + yell red (5YR 5/8) friable CL ⁺ few weathered SS + SiS frags, mod SAB	III
③	A	0-2	dk br (10YR 3/3) friable L + humus	II
	E	2-9	lt yell br / pale br (10YR 6/4 - 6/3) friable L	II
	B ₁	9-20	yell br (10YR 5/6) friable L ⁺	II
	B ₂	20-63	str br (7.5YR 5/8) friable CL ⁺ / L ⁻ , mod SAB few weathered SS + SiS frags (some gray rock)	III / II
④	A	0-4	dk br (10YR 3/3) friable L + humus	II
	E	4-10	lt yell br (10YR 6/4) friable L	II
	B ₁	10-19	str br (7.5YR 5/6) friable CL ⁻	III
	B ₂	19-62	str br (7.5YR 5/6) + red (2.5YR 4/8) friable CL ⁺ mod SAB	III
⑤	A	0-3	dk br (10YR 3/3) friable L + humus	II
	E	3-13	lt yell br (10YR 6/4) friable L	II
	B ₁	13-21	str br (7.5YR 5/6) friable L ⁺ / CL ⁻	II / III
	B ₂	21-52	yell red (5YR 5/8) friable CL ⁺ , mod SAB	III
⑥	A	0-4	dk br (10YR 3/3) friable L	II
	E	4-10	lt yell br (10YR 6/4) friable L	II
	B ₁	10-20	str br (7.5YR 5/6) friable L ⁺	II
	B ₂	20-57	str br (7.5YR 5/8) + yell red (5YR 5/8) friable CL ⁺ mod SAB, few weathered SS + SiS frags	III

Remarks

Soil Evaluation Form

PAGE 1 OF 2Commonwealth of Virginia
Department of Health

Health Department

Identification Number SD-91-034Tax Map Number 17 A4-((26))-25-1,2,3,4,5-

(33)

General Information

Date 3/19/91 CLARKE COUNTY Health Department
Applicant JOHN THIEL Telephone No. (703) 955-2979
Address P.O. Box 642 BERRYVILLE, VA 22611
Owner ROBERT MCCORD Address P.O. Box 135, BASYE, VA 22810
Location Rt 7E, (L) Rt. 643, (L) Beach, (R) Beechwood, follow to end
Subdivision SHENANDOAH RETREAT Block/Section 2-5 Lots 1-5

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe Middle sideslope
2. Slope _____ %
3. Depth to rock/impervious strata Max. _____ Min. _____ None _____
4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☐ _____ inches
5. Free water present No ☐ Yes ☐ _____ range in inches
6. Soil percolation rate estimated Yes ☐ Texture group I II III IV
No ☐ Estimated rate _____ min/inch
7. Percolation test performed Yes ☒ Number of percolation test holes 5
No ☐ Depth of percolation test holes 42"
Average percolation rate 67 mpi at "STAND-OFF"
- Name and title of evaluator: DANIEL G. PERRY, SANITARIAN
- Signature: Dan Perry

Department Use

- ☒ Site Approved: Drainfield to be placed at 22" depth at site designated on permit. AFTER PERCOLATION TEST. 110
☐ Site Disapproved: 5/2/91

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 _____

AMERICAN MEDICAL LABORATORIES, INC.®

P.O. Box 10841 • 14225 Newbrook Drive
Chantilly, VA 22021-0841
Telephone: (703) 802-6900

THIEL, JOHN

01165442/0

PAGE 1 From Fairfax

FOR MAIL RESULTS

COLLECTED: 5-26-92

8300

RECEIVED: 05/26/92

REPORTED: 05/29/92

1992/ 0/ 8300/ 0/8253

Please note: SHENANDOAH RETREAT 2 S LOT #6 CLARK COUNTY VA 22611

26

-----TESTS-----RESULTS---REF. RANGE-----UNITS----

2416/Fairfax

WELL WATER - REPEAT

SOURCE : WATER

COMMENT:

Negative for coliform bacilli at 24 hours indicating
water bacteriologically safe for human consumption.
Water has been tested for chlorine and found to be
negative.

METHOD:

Membrane Filter

ANALYST:

Lynn Eklund

*** FINAL REPORT ***

[P 6706]-[S 7008]

SD-91-145

Block 2-2 Hous 1-5

Jefferson-Thiel

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

S.D.H.

• BWCM No. _____

(Certification of Completion/County Permit)

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

County/City

Clarke

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 Mr. Melvin Ritter Jr.
• Well Designation or Number For John Thiel
Address 2268 Roosevelt Blvd.
Winchester VA 22601
Phone _____
• Drilling Contractor ROGER L. BEHAVEN
WELL DRILLING, INC.
Address H. C. 36 BOX 91
WINCHESTER, VA 22601
Phone (703) 888-3800

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

Date started 4/23/92 • Date completed _____

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 _____

Type rig Air Hammer

1. WELL DATA: New ☒ Reworked _____ Deepened _____
• Total depth 340 ft.
• Depth to bedrock 100 ft.
• Hole size (Also include reamed zones)
• 10 inches from 0 to 104 ft.
• 6 1/2 inches from 104 to 340 ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 6 3/4 inches from 7-1 to 104 ft.
Material metal
Wt. per foot 13 or wall thickness 188 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 50 ft., Type Portland
• 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 10 gpm after _____ hours
Natural Flow: Yes _____ No _____, flow rate: _____ gpm
Comment on quality _____
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 _____, Disinfectant used _____
Amount _____, 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	Drilling Time (Min.)	
From	To	(color, material, fossils, hardness, etc.)		
0	100	Yellow & White Sand		
100	340	Blue & White Sand		

Stamp: JUN 1992 CLARKE COUNTY HEALTH DEPARTMENT

Diagram Notes: 100 ft Rock, 104 ft casing, 300 ft 10 GPM, 340 ft

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
 703-828-2595

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

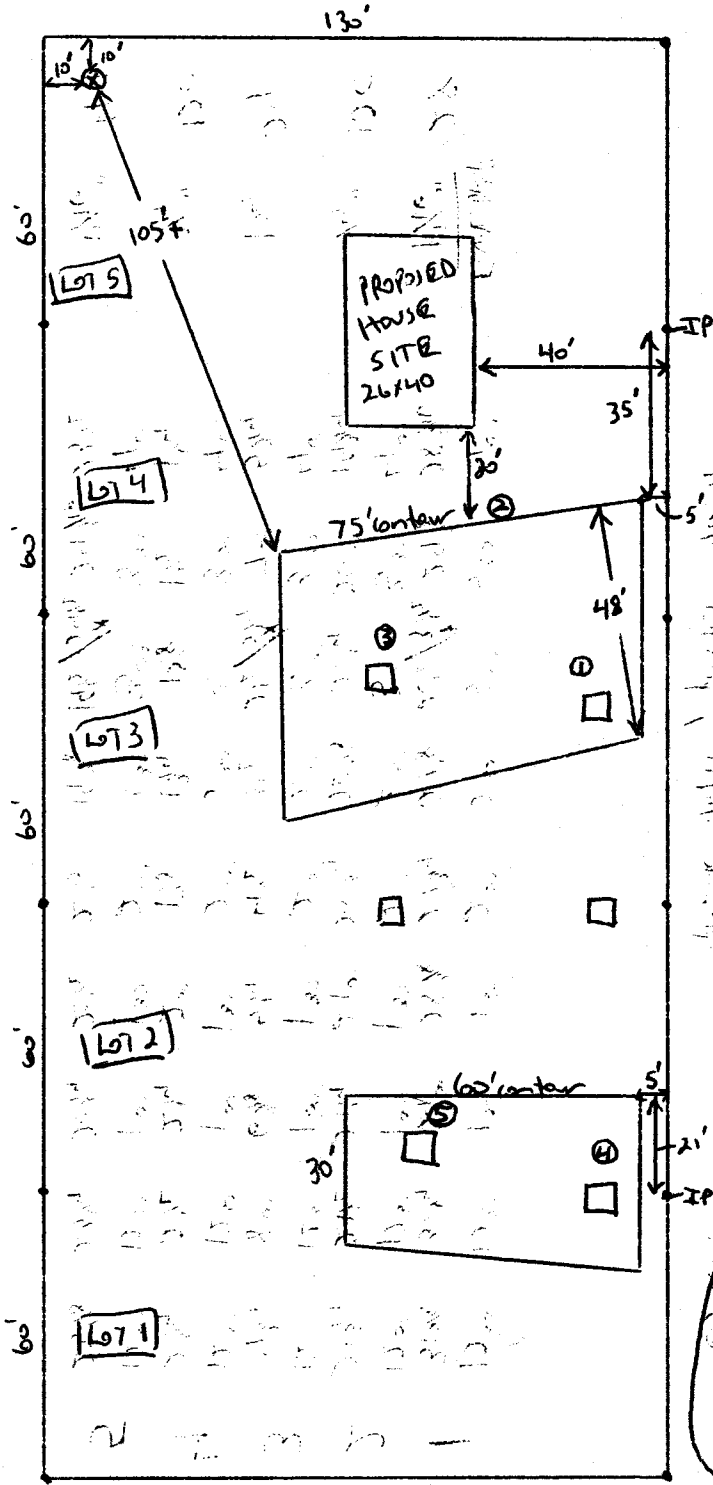
Northern Virginia Reg. Off.
 5515 Cherokee Avenue
 Suite 404
 Alexandria, Va. 22312
 703-750-9111

Signature _____ (Seal), Date _____
 (Well driller or authorized person)
 License No. _____

Handwritten signature/initials.

Handwritten signature/initials.

105' 10"



BEACH WOOD

CUL DE

SAC PROPOSED 3 BR conv.

60 mpi est. per rate
 (Given that 67 mpi measured @ 42")

6, 75' lines

22" deep

9' on center

Reserve 4, 60' lines

OKAY-
 JAW 5/2/92

420-4P-03A

o = per holes
 □ = backhoe pits

Handwritten notes: 5/2/92, 420-4P-03A, 60 mpi est. per rate, (Given that 67 mpi measured @ 42")

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

CLARKE COUNTY Health Department



Health Department

Identification Number SD-91-034
Map Reference 17A4-((26))-25-1,2,3,4,5

(33)

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 ROBERT MCCORD Telephone (703) 856-2678
Address P.O. Box 135 BASYE, VA 22810
For a Type I Sewage disposal system which is to be constructed on/at SHEN RETREAT TO END OF BEECHWOOD DR. TO CUL-DE-SAC ON (R) SIDE, LOTS 1-5.
Subdivision SHENANDOAH RETREAT Section/Block 2-5 Lot 1,2,3,4,5
Actual or estimated water use 450 gpd [3 BEDROOM; 6 OCCUPANTS MAXIMUM]

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>NONE</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____
To be installed: class <u>III B well</u> cased <u>50'</u> grouted <u>50'</u>	G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input checked="" type="checkbox"/> <u>SEE SD 91-145</u>
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
Septic tank: Capacity <u>1000</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 <u>1-2" fall across tees</u>	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>N/A</u>
Gravity mains: <u>4"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>8-10</u> ports. <input type="checkbox"/> Other <u>to be set on concrete pad</u>	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
* Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to <u>2' into absorption trench.</u> Slope 2" minimum. * <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
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>1350</u> ; depth from ground surface to bottom of trench <u>22"</u> ; aggregate size <u>1/2-1 1/2"</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>75'</u> ; Number of trenches <u>6</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory

Date 3-9-92 Inspected and approved by:
Edward J. Pittman
Sanitarian

MS COR'D
SHENANDOAH RETREAT
BLOCK 2-5
LOT 1, 2, 3, 4, 5

Health Department
Identification Number SD-91-034

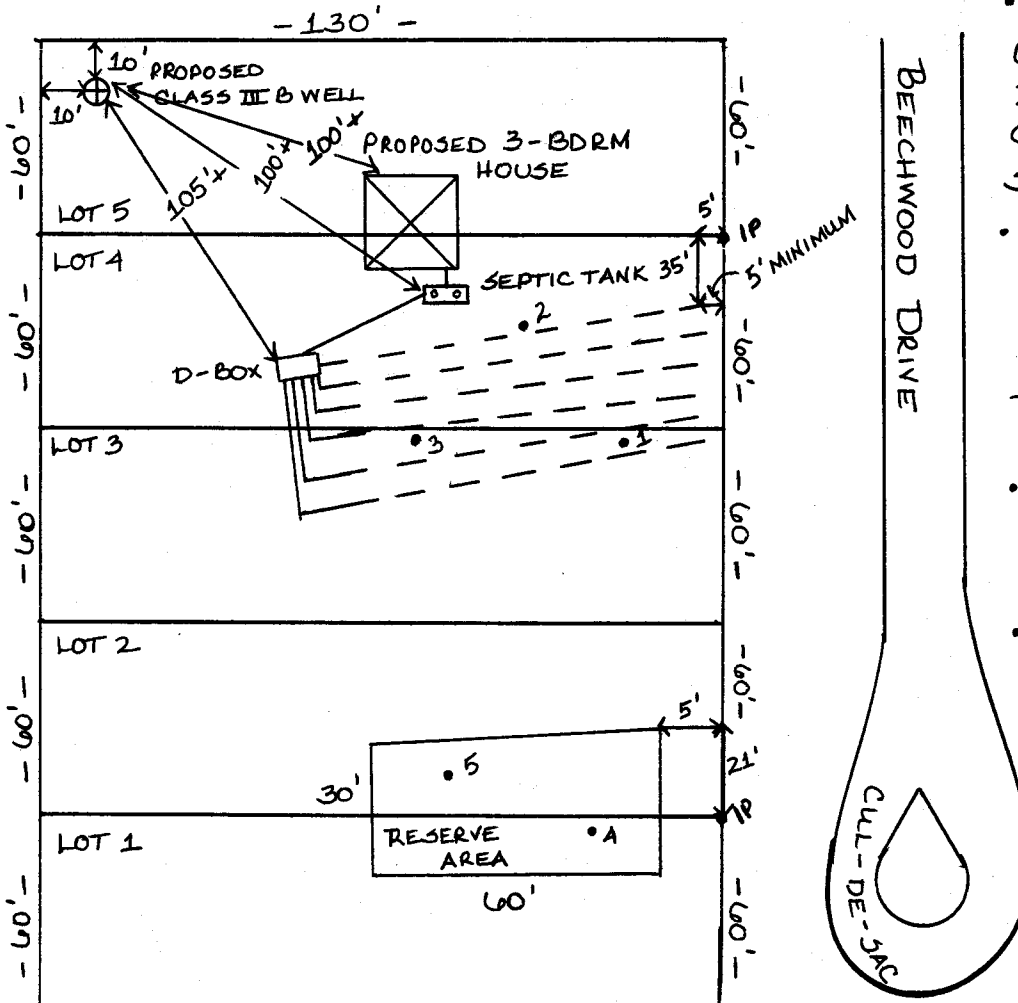
Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

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.

NOT TO SCALE!

☐ 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.



- INSTALL
6 - 75' long trenches,
22" deep, 3' wide,
9' centers, following
surface contours.
- Keep CLASS III B WELL
100' + from septic tank,
100' + from drainfield,
and 100' + from termite-
treated foundation.
- Driveway MUST NOT
cross drainfield or
reserve area!
- Percolation test
performed at
stand-off depth
4/12/91.
- Site and soil work
performed by
Ron Thomas,
Consultant.

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: 5/6/91 Issued by: Tracy S. DiPaola
Sanitarian

Date: 5/7/91 Reviewed by: Barry L. Hadley
Supervisory Sanitarian

This Construction
Permit Valid until
11/6/95

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian