

OPERATION PERMIT

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH**

**IDENTIFICATION # 40817
DATE OF ISSUE: 08/01/2002**

TAX MAP # 16-((A))-54

OPERATOR: Holy Cross Abbey
ADDRESS: 901 Cool Spring Lane
Berryville, VA 22611

*The above operator has made application and in accordance with the regulations of the **BOARD OF HEALTH OF THE COMMONWEALTH OF VIRGINIA** is authorized by the CLARKE COUNTY HEALTH DEPARTMENT to operate the following:*

() ON-SITE SEWAGE DISPOSAL SYSTEM

SYSTEM TYPE : / BEDROOMS IN STRUCTURE:

DESIGN CAPACITY (gallons Per Day) MAXIMUM OCCUPANCY:

OTHER:

(X) PRIVATE WATER SUPPLY SYSTEM

Class of non-public water well: IIIB

Based on the inspection of this water supply system, the information contained on the water completion report and the sample results, this water supply meets the requirements of the *PRIVATE WELL REGULATIONS*: (X)

() ALTERNATIVE DISCHARGING SYSTEM

SYSTEM TYPE / BEDROOMS IN STRUCTURE:

DESIGN CAPACITY (gallons per day) / MAXIMUM OCCUPANCY:

OTHER:

NOTICE FOR ALTERNATIVE DISCHARGING SYSTEMS: THE OPERATION AND MAINTENANCE OF THIS SYSTEM IS THE RESPONSIBILITY OF THE OWNER AND DISCHARGES IN EXCESS OF THE LIMITS ESTABLISHED IN THE "GENERAL PERMIT", NOW OR IN THE FUTURE MAY CAUSE THE DEPARTMENT TO MANDATE THE REPAIR, EXPANSION OR REPLACEMENT OF THIS DISCHARGING SYSTEM. THIS ALTERNATIVE DISCHARGING PERMIT IS NOT TRANSFERABLE.


HEALTH OFFICIAL


DATE

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

WELL to Replace SPRING
CLARKE COUNTY Health Department

Health Department
Identification Number 40817
Map Reference 16-4-54

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 HOLY CROSS ABBEY VA-22611 Telephone 955-4461
Address 901 COOL SPRING LANE BERRYVILLE For a Type SEWAGE DISPOSAL SYSTEM OR WELL TO
be constructed on/at FROM BUILDING → 1st. 7 EAST → (603) → (R) COOL SPRING LANE.
Subdivision Section/Block Lot Actual or estimated water use

DESIGN

Water supply, existing: (describe) SPRING - GOING DRY
To be installed: class 3-B
cased 50' grouted 50'

Building sewer:
☐ I.D. PVC Schedule 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other

Septic tank: Capacity gals. (minimum).
☐ Other

Inlet-outlet structure:
PVC Schedule 40, 4" tees or equivalent.
☐ Other

Pump and pump station:
No ☐ Yes ☐ describe and show design.
if yes:

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☐ Other

Distribution box:
Precast concrete with ports.
☐ Other

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

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other

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

NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS

Water supply location: Satisfactory yes ☒ no ☐
comments

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

Building sewer: yes ☐ no ☐ comments
Satisfactory

Pretreatment unit: yes ☐ no ☐ comments
Satisfactory

Inlet-outlet structure: yes ☐ no ☐ comments
Satisfactory

Pump & pump station: yes ☐ no ☐ comments
Satisfactory

Conveyance method: yes ☐ no ☐ comments
Satisfactory

Distribution box: yes ☐ no ☐ comments
Satisfactory

Header lines: yes ☐ no ☐ comments
Satisfactory

Percolation lines: yes ☐ no ☐ comments
Satisfactory

Absorption trenches: yes ☐ no ☐ comments
Satisfactory

Date 7/31/02 Inspected and approved by:
Eugene M. Pouch
Sanitarian

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.

WELL ONLY

- ☒ 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.

WELL: INSTALL CLASS 3-B WELL - 50' minimum CASING + GROUT

MINIMUM SETBACK REQUIREMENTS -

WELL TO DRAINFIELDS - (100') WELL TO SEPTIC TANKS - (100')

WELL TO STRUCTURES - (50') - WELL TO CHEMICALLY TERMITE-TREATED STRUCTURES (100')

BUILDING PERMIT REQUIRED, TOO - PLEASE CALL CLARKE CO. BUILDING DEPT.
AT 955-5112 FOR DETAILS.

WATER SAMPLE RESULTS NEEDED → PLEASE PROVIDE 2 WATER SAMPLE RESULTS
TO THE HEALTH DEPARTMENT - 1 - BACTERIA (TOTAL COLIFORM)
1 - NITRATE

TM 16-4-54

HOLY CROSS ABBEY

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: 4-22-02 Issued by: Cecilia M. Lloyd

Date: 4/22/02 Reviewed by: Kelly Vanover
Supervisory Sanitarian

This Construction
Permit Valid until
10-22-03

If FHA or VA financing

Reviewed by Date _____ Date _____

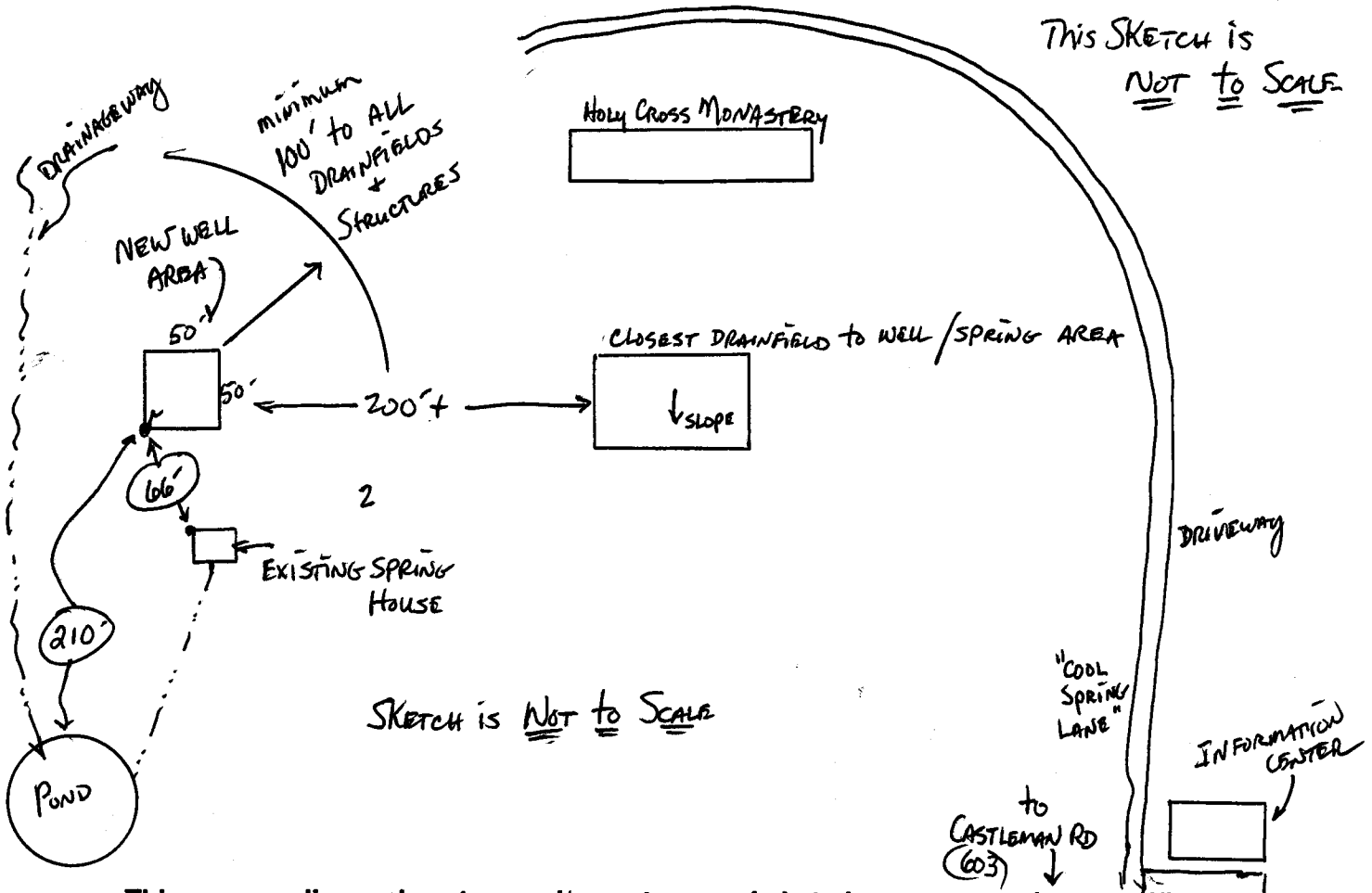
Schematic drawing of sewage disposal and/or water supply system and topographic features.

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.

WELL ONLY

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fm 16-A-54



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.

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Date: 4-22-02 Issued by: Gregory M. Lays

Sanitarian

Date: 4/22/02 Reviewed by: Kelly Malone

Supervisory Sanitarian

This Construction
Permit Valid until

10-22-03

If FHA or VA financing

Reviewed by Date _____ Date _____

Form GW-2

BWCM No. _____

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT
(Certification of Completion/County Permit)

County/City: CLARKE
 County/City Stamp

SWCB Permit _____
 County Permit 40817

Owner: HOLY CROSS ABBEY
 Well Designation or Number: (replace spring)
 Address: 901 COOL SPRING LANE
BERRYVILLE, VA 22611
 Phone: 540-955-4461

Certification of Inspecting Official:
 This well does _____ does not _____
 meet code/low requirements.
 S _____
 Date _____
 For Office Use

Drilling Contractor: SINGHAS & MICHAEL CORP.
 Address: 165 Lindey Lane
Berryville, Virginia 22611
 Phone: 540-955-3582

Tax Map ID No. 16-A-54
 Subdivision _____
 Section _____
 Block _____ Lot _____
 Class Well: I _____ IIA _____ IIB _____ IIIA _____
 IIIB X IIIC _____ IIID _____ IIIE _____ IV _____

Well Location: 7 East, left on Castleman Road (603) right on Cool
Spring Lane, past Compound, bear left, site on right

Date Started: 4/23/02Date Completed: 4/25/02Type of Rig: Rotary1. WELL DATA: New X Worked _____ Deepened _____Total Depth: 680'Depth of Bedrock: 7'**HOLE SIZE (Also include reamed zones)**

10 inches from 0 to 60 ft.
6 inches from 60 to 680 ft.
 _____ inches from _____ to _____ ft.

CASING SIZE (I.D.) and material:

6 inches from +2 to 62 ft.
 Material: STEEL
 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 _____

GRAVEL PACK

From _____ To _____ ft.
 From _____ To _____ ft.

GROUT

From 0 To 50 ft. Type Pressure BENSEAL
 From _____ To _____ ft. Type Pressure _____

2. WATER DATA: Water Temperature 54 degrees.
 Static water level (unpumped level measured) 50' ft.
 Stabilized meas. pumping water level _____ ft.
 Stabilized yield 12 gpm after 3 hours.
 Natural Flow: Yes _____ No X Flow rate _____ gpm.
 Comment on Quality: CLEAR

3. WATER ZONES: From 145 ft. 12 gpm.
 From _____ ft. _____ gpm. From _____ ft. _____ gpm.
 From _____ ft. _____ gpm. From _____ ft. _____ gpm.

4. USE DATA:

Type of Use: Drinking X Livestock Watering _____
 Irrigation _____ Food Processing _____ Household X
 Manufacturing _____ Fire Safety _____ Cleaning _____
 Recreation _____ Aesthetic _____ Cooling or Heating _____
 Injection _____ Other _____
 Type of Facility: Domestic _____ Public Water Supply _____
 Public Institution _____ Farm _____ Industry _____
 Commercial _____ Other Monastery _____

5. PUMP DATA: Type _____ Rated HP _____
 Intake depth _____ Capacity _____ at _____ head

6. WELLHEAD: Type well seat _____
 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 _____

8. ABANDONMENT (where applicable): Yes _____ No X
 Casing Pulled Yes _____ No _____ Not Applicable _____
 Plugging Grout From _____ To _____ Material _____
 From _____ To _____ Material _____

OWNER HOLY CROSS ABBEY
40817 16-A-54

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 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 analysis, and copies of any geophysical logs. Quarterly-pumpage and use reports are required from owners of public supply and industrial wells. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional sheets if necessary)				DIAGRAM OF CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL	REMARKS	
From	To	(color, mineral, fossils, hardness, etc.)	(water, caving, cavities, broken, core, shot, etc.)	
0'	7'	Overburden		
7'	680	LIMESTONE		
	145'	Waterbearing Formation	12 gpm	
		Waterbearing Formation	gpm	

11. Well lot dedicated? _____; Size _____ ft. x _____ ft. Well house? _____; Distance to nearest pollutant source _____ ft.
 Type _____, Distance to nearest property line _____ ft., Building _____ ft.

12. WATER SERVICE PIPE Checked under _____ psi for _____ minutes. Pipe size _____ in. Material _____
 Installer _____
 Date _____

13. 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.

SIGNATURE Anna Singhas
 (Well Driller or Authorized Person)

(Seal) Date 4-26-02

License No. W 0014

EMC WWC

Water Well Drillers Contractors
 Class B Contractors 2705 - 014285

THIS BOTTLE CONTAINS THIOSULPHATE

BACTERIOLOGICAL OR TURBIDITY ANALYSIS INPUT FORM

LAB USE ONLY

PWS ID (MUST PROVIDE)							TRANS CODE		CONTAMINANT					LAB ANALYSIS - RESULT					DATE COMPLETED				
									CODE		NAME			METHOD		<input type="checkbox"/> COLIFORM ABSENT <input type="checkbox"/> COLIFORM PRESENT <input type="checkbox"/> COLLECT REPEATS					MO.	DAY	YR.
							05	30	00				Coliform	CLT							05	16	02

IS SUPPLY CHLORINATED? YES ☐ NO ☒ RLS CL _____ PPME.C. + ☐ E.C. - ☐ INVALID ☐

SAMPLE LOCATION				DATE COLLECTED			SAMPLE		COLLECTED BY:	
CODE	LOCATION NAME			MO	DAY	YR	TYPE	TIME	TELEPHONE NO:	
802	Holy Cross Abbey			05	15	02		0930	WARREN BRU7	
									755-3928	

LAB ID.					LABORATORY NAME	
0	0	3	4	0	TOWN OF LEEsburg	
					ANALYZED BY	
					E. Berg	

PUBLIC WATER SYSTEM NAME AND ADDRESS

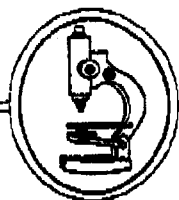
Broyles Pump Service, Inc.
 10 South Buckmarsh Street
 Berryville, VA. 22611

☐ MARK HERE IF PREVIOUS SAMPLE WAS CONFLUENT GROWTH, TNTC, OR TURBID CULTURE

UNSATISFACTORY: PLEASE RESAMPLE LAB USE ONLY

- ☐ INSUFFICIENT DATA ☐ NO FORM ENCLOSED ☐ LEAKED ☐ NO PWSID
☐ INSUFFICIENT QUANTITY ☐ INCORRECT CONTAINER ☐ RECEIVED OUT OF DATE
☐ CONFLUENT GROWTH ☐ TNTC ☐ TURBID CULTURE ☐ INDETERMINATE COLOR CHANGE
☐ OTHER _____

1360



Joiner Micro Laboratories, Inc.

77-F West Lee Street • Warrenton, Virginia 20186 • (540) 347-7212

Summary of FINAL REPORT

LAB ID: # 43096A

NAME: Broy & Son Pump Service, Inc.
ADDRESS: 10 South Buckmarsh Street
Berryville, VA 22611

PROPERTY: Holy Cross Abbey

SAMPLE SOURCE: Well

SAMPLE LOCATION: Tap

DATE AND TIME SAMPLE COLLECTED: 05-15-02/0930

SAMPLE COLLECTED BY: Warren Broy

SAMPLE RECEIVED FROM: JML (Jim Westhafer)

DATE AND TIME SAMPLE RECEIVED IN JML: 05-15-02/1455

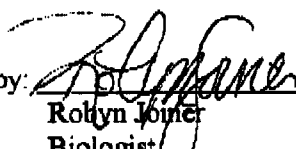
DATE RECEIVED IN CONTRACT LAB: 05-16-02

TESTS REQUESTED: Nitrate as N for drinking water.

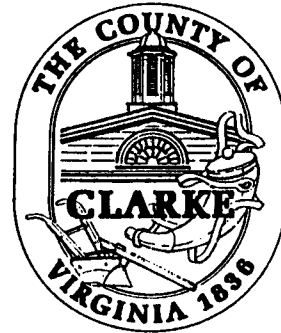
Test	Result	EPA MCL	Method	Start of Analysis Date/Time	Analyst	Lab
Nitrate as N	3.07 mg/L	10.0 mg/L	EPA 300.0	05-16-02/18:30	WMT	Analytics

•EPA MCL-Maximum Contaminant Level •< - Less than •
•mg/L-milligram per liter•JML-Joiner Micro Labs•

Reviewed by:


Robyn Joiner
Biologist
May 23, 2002

CLARKE COUNTY



CLARKE COUNTY

WELL AFFIDAVIT
COMMONWEALTH OF VIRGINIA, AT LARGE
CITY/COUNTY OF CLARKE, to wit:

Pursuant to the provisions of the Clarke County Zoning Ordinance, this day personally appeared before me, the undersigned Notary Public, in my jurisdiction aforesaid, Bry & Sons Pump Service Inc., who, having first been duly sworn, deposes and says as follows:

1. That Bry & Sons Pump Service Inc. is requesting approval for operation of a private well located on the parcel identified as Clarke County Tax Map# 16-(A)-53 - Holy Cross Abbey
2. That we have fully complied with the provisions of Section 184-15, Disinfection and testing prior to use, of the Clarke County Well Ordinance, and have followed the proper water sampling procedures as defined by the Clarke County Health Department for the well which approval for the operation is requested.

By: Mary Bry - Bry & Sons Pump Service Inc.
Applicant

SUBSCRIBED AND SWORN TO before me, at the undersigned Notary Public in and for the Commonwealth of Virginia At Large, this 29th day of May, 2002

GIVEN under my hand and seal this 29th day of May, 2002. My commission expires 3-31-2003

NOTARY PUBLIC Bail E. Rhoden

(SEAL)

\\Dell\plandocs\DENICE\Well Affidavit.doc

← To Rt 603

Cool Spring Rd.

Info Center

3
D

Existing Spring
(not in use - ruins)
House

100'

W

250'

Pond

Holy Cross Monastery

← Abandoned?
* GW-2?

7/31/02

RMF

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID 40817

To Be Completed By The Applicant

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

Owner: Holly Cross Abbey Address: 901 Coul Springs Ln Phone: 955-4461
Berkeley Va

Agent: Michael Dinkels Address: Phone: 955-1425
23 Monks

Directions of Property

Subdivision Section Block Lot

Other Property Identification TAX MAP # 16-A - 54

Dimension/size of Lot/Property

Other Application Information

I. Building/facility New Existing
Intermittent Use Yes No If yes, describe

II. Residential Use Yes No
Termite Treatment Yes No
 Single Family Multi-family see below
(Number of Bedrooms) (Number of Units)

Basement Yes No
Fixtures in Basement Yes No

III. Commerical Use Yes No Describe: 23 Monks Live There
Commerical/Wastewater Yes No Number of Patrons
Number of Employees

If yes, give volumes and describe

IV. Water Supply: Public New Existing
 Private New Existing

Describe:

V. Proposed Sewage Disposal Method: Existing

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.

Holly Cross Abbey by Michael Dinkels 4/18/05
Signature of Owner/Agent Date

Sewage Disposal System Operation Permit

16-A-54-24

Commonwealth of Virginia
Department of Health

Health Department

Identification No. SD-85-86

Clarke Co.

Health Department



Tax Map No. 16 54 24

Holy Cross Abbey

is Hereby Granted Permission

to Operate a (Type) 1 Sewage Disposal System Having a Design Capacity of 100 gpd, at
Rt. 7 E. from Berryville to Rt. 603 before crossing Shenandoah River follow 603 to entrance
to Monastery, Porter's House

SUBDIVISION	SECTION/BLOCK	LOT
N/A	N/A	N/A

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

with Previously Issued permits _____

Dated 6-12-85

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

11-12-85

Effective Date

Cyphar H. Hook, R.S.

Recommended (Sanitarian)

[Signature]

Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number SD 85-86

C. Lark Co. Health Department

Name of Company/Corporation/Individual: Buckley-Lages, Inc.

Address: Martinsburg, Pk. Winchester 260 Telephone: 662-4924

Owner's Name Holy Cross Abbey Porters House

Owner's Address Berryville, Va

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 6-12-85 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

11/12/85
Date

Paul J. Bolon
Signature and Title

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health



Health Department

Identification Number SD-85-86

Map Reference 16-54-24

Clarke Co. Health Department

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 Holy Cross Abbey Telephone 953-1425
Address Berryville, VA 22611
For a Type 1 Sewage disposal system which is to be constructed on at Holy Cross Abbey
property on E side of Administration Bldg.
Subdivision _____ Section/Block _____ Lot _____
Actual or estimated water use 100 gpd

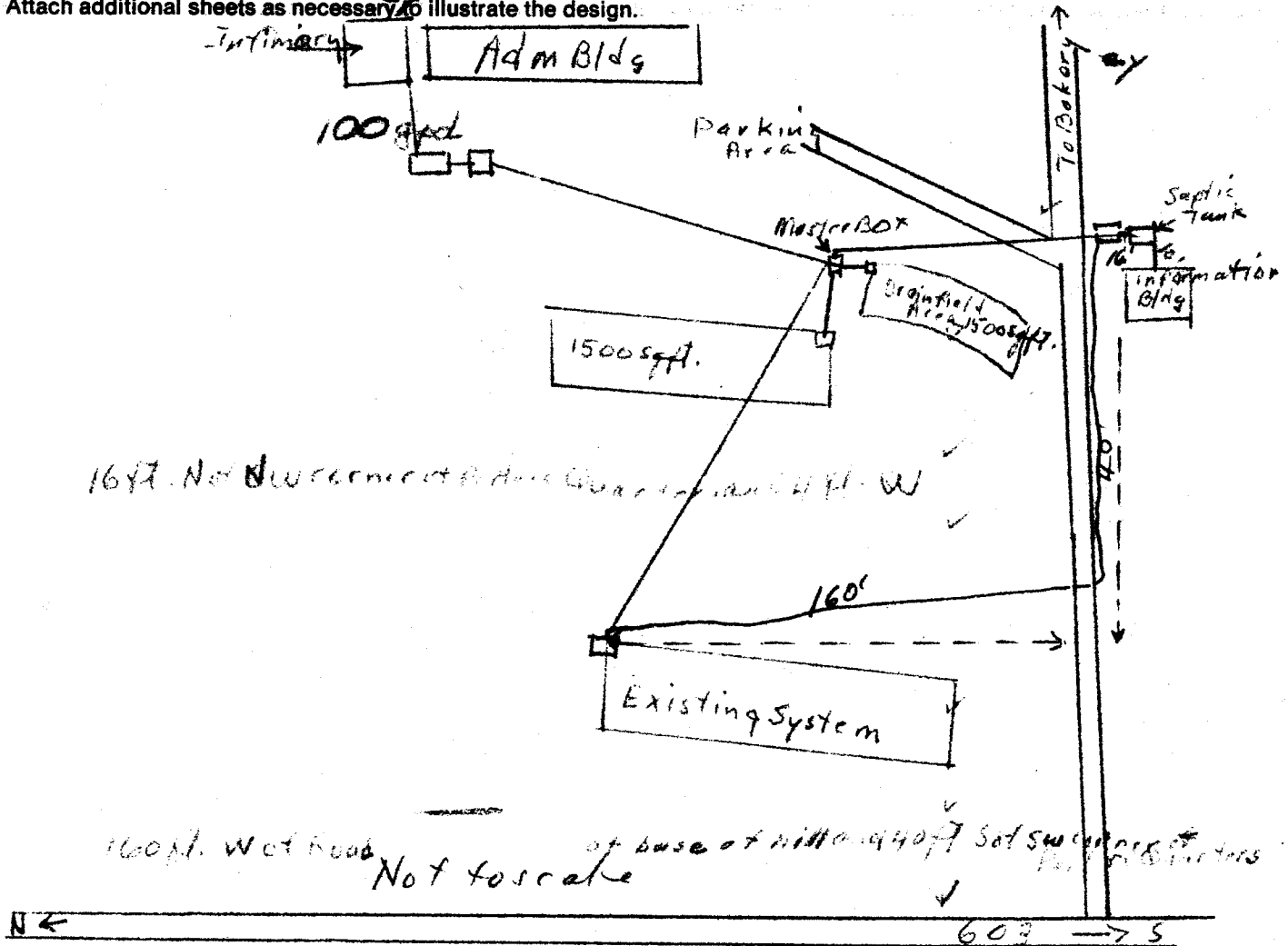
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) <u>Drill - well</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
To be installed: class _____ cased _____ grouted _____	
Building sewer: <u>4 inch</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>750</u> gals. (minimum). <input type="checkbox"/> Other <u>16 ft. N of SW corner of Paders</u>	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 _____	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
Gravity mains: 3" 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: <u>Septic tank to be connected</u> Precast concrete with _____ ports <u>to main line</u> <input type="checkbox"/> Other <u>160 ft. W of Road</u> <u>Box now in use</u>	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>at base of hill and 40 ft. S of SW corner of</u> <u>Paders Quarters</u>
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: 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 type="checkbox"/> no <input type="checkbox"/> 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 <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
	Date <u>11-8-85</u> Inspected and approved by: <u>C. Hook, R.S.</u> Sanitarian

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 ☐.

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Date: 6-12-85 Issued by: CE Hook, R.S.
Sanitarian

Date: 7-16-85 Reviewed by: H. B. Bledner

Supervisory Sanitarian

11-8-85

CE Hook, R.S.

This Construction
Permit Valid until
12-12-85

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 50-85-86

Map Reference 16-54-24

Health Department

Date Received 6/27/85

To Be Completed By The Applicant

Type sewage system: ☒ New Septic ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ Tank no ☒ Tie into existing drainage field

Owner Holy Cross Monastery Address Berryville, VA Phone 955-1425

Agent Howard Shockey & Sons, Inc. Address P. O. Box 2530 Phone 667-7700
Winchester, VA 22601

Directions to Property Route 7 East from Berryville to Route 603 before crossing the Shenandoah
River follow 603 until entrance to Holy Cross Monastery

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property _____

Other Application Information

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

II. Residential Use ☐ Yes ☒ No
Termite Treatment ☐ Yes ☒ No
☐ Single Family ☒ Multifamily Number of Units _____ Number of Bedrooms _____
Basement ☐ Yes ☒ No
Fixtures in Basement ☐ Yes ☒ No

III. Commercial Use ☒ Yes ☐ No Describe: Information Center

Commercial/Wastewater ☒ Yes ☐ No Number of Patrons _____ Number of Employees 2-3
If yes, give volumes and describe _____

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

V. Proposed Installation: ☒ Septic tank ☐ Other
If other, describe Tie into existing master distribution box

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.

Mark A. Palmer (Howard Shockey & Sons Inc.)
Signature of owner/agent

6/7/85

Date

inu. out
= 450.83

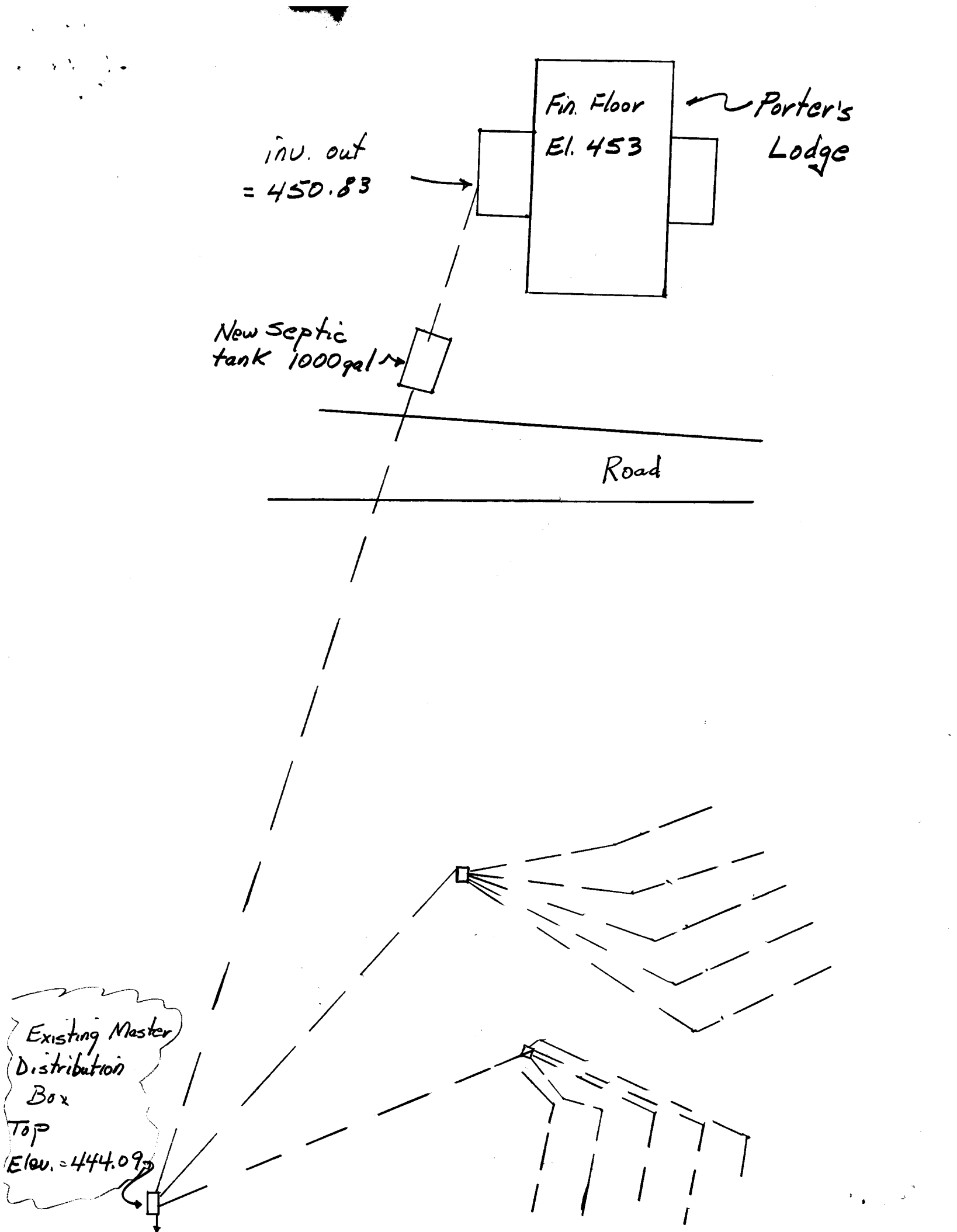
Fin. Floor
El. 453

Porter's
Lodge

New Septic
tank 1000 gal

Road

Existing Master
Distribution
Box
Top
Elev. = 444.09



EXISTING MASTER
DISTRIBUTION BOX
TOP ELEV. 451.04
INV. 450.37

11/7/85

Holy Cross Abbey
New Porter Lodge

NOTE: Clean Outs 4" Under Grass
By Brother Michael. Locator Tape
Around Top of Clean Out Plugs

NEW 1,000 GALLON SEPTIC TANK

2+73.87

INV. = 451.09

PORTER'S LODGE

CONCRETE WALK

4" Sch 40

175'

Clean Out 16"

450.45

2+37 CLEAN OUT
INV. = 450.37

0+00 EXISTING DISTRIBUTION BOX
INV. IN = 438.81

0+75 CLEAN OUT
CHANGE GRADE INV. = 439.98

4" Sch 40

1+50.32 CLEAN OUT
E GRADE INV. = 448.64

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. _____

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

(Certification of Completion/County Permit)

County/City

Chicks

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 Holy Cross Abbey
• Well Designation or Number _____
Address _____

Phone _____
• Drilling Contractor Payne Well Drilling, Inc.
Address Rt. 2 Box 668
Winchester, Virginia 22601
Phone 662-4857

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

Date started June 20/85 • Date completed June 21/85 Type rig Portuguese

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. 16
Subdivision _____
Section _____
Block _____
Lot _____
Class Well I IIA
IIB _____ IIIA _____ IIIB _____
IIIC _____ IIID _____ IIIE _____

- I. WELL DATA: New ☒ Reworked _____ Deepened _____
- Total depth 435 ft.
 - Depth to bedrock 18 ft.
 - Hole size (Also include reamed zones)
 - 10 inches from 0 to 30 ft.
 - 6 1/8 inches from 30 to 425 ft.
 - _____ inches from _____ to _____ ft.
 - Casing size (I.D.) and material
 - 6 1/4 inches from 0 to 30 ft.
Material Steel
Wt. per foot 13.75 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 30 ft. Type Portland
 - From _____ to _____ ft. Type 9 bags

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 400 To 402
From 412 To 414 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 _____

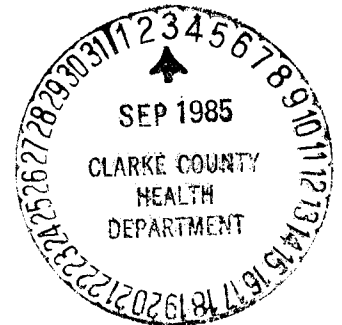
BWCM No.

10. DRILLERS LOG (use additional Sheets if necessary)

11.

DEPTH (feet)		TYPE OF ROCK OR SOIL	REMARKS
From	To	(color, material, fossils, hardness, etc.)	(water, caving, cavities, broken, core, shot, (etc.)

**Drilling
Time
(Min.)**



Signature Dary Wayne (Seal), Date 6-26-85
(Well driller or authorized person) License No. 034362

Sewage Disposal System Operation Permit

16-A-54-14

Commonwealth of Virginia
Department of Health

Health Department

Identification No. SD-84-29

Clarke County

Health Department



Tax Map No. 16 54 14

16 unit quarters

Holy Cross Abbey is Hereby Granted Permission
to Operate a (Type) II Sewage Disposal System Having a Design Capacity of ~~2400~~ 1200 gpd, at
N side of 603 N of 7 about 2.5 mi.

SUBDIVISION	SECTION/BLOCK	LOT
N/A	N/A	N/A

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

with Previously Issued permits _____

Dated 4-11-84

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

8-14-86

Effective Date

King W. Little
Recommended (Sanitarian)

C.M.G. Buttery, M.D.

Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number

SD - 84 - 29

Clarke County Health Department

Name of Company/Corporation/Individual:

Buckley - Lages

Address:

Telephone:

662-4924

Owner's Name

Holy Cross Abbey

Owner's Address

Rt. 2 Box 253 Berryville, VA 22611

Location of Installation: Lot

Block

Section:

Subdivision:

Other:

N. Side of 603 N. of 7 about 2.5 mi

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 4-11-84 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

8-7-86

Date

Scott Milburn

Signature and Title

SEPTIC TANK PERMIT UPDATE FORM

121 COUNTY

SANITARIAN ID

0895

HEALTH DEPT ID

SD-84-29

TAX MAP ID

16-54-14

USE FOR CHANGE OF OWNER:

NAME:

ADDRESS

DATE INITIAL SITE VISIT

DATE DISAPPROVED

DATE ISSUED

(CIRCLE) NEW REPAIR EXPANDED CONDITIONAL RENEWAL

(CIRCLE) TYPE I II III IV ESTIMATED PERC RATE 60- 120? YES NO

CIRCLE IF:

INACTIVE

WITHDRAWN

IF SPECIAL SYSTEM, CIRCLE APPLICABLE:

LP

CIR

ESM

EXP

SF

SEPTIC SYSTEM COMPLETED

8-7-86

OPERATION PERMIT

8-14-86

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Clark Co. Health Department



Health Department

Identification Number SD-84-29-

Map Reference 16-54-14

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 Holy Cross Abbey Telephone 955-1425

Address R. 2, Box 253, Berryville, Va. 22611

For a Type II Sewage disposal system which is to be constructed on/at N side of 603 N of 7 about 2.5 mi

Subdivision _____ Section/Block _____ Parcel 84

Actual or estimated water use 2400 gpd

DESIGN

Water supply, existing: (describe) _____

To be installed: class II drilled well cased CLASS II 50H, grouted 50H.

Building sewer: 4 inch I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum).
☐ Other _____

Septic tank: Capacity 2400 gals. (minimum).
☐ Other _____

Inlet-outlet structure: PVC 40, 4" tees or equivalent.
☐ Other _____

Pump and pump station: No ☐ Yes ☒ describe and shown design. if yes: or biphon bell

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☐ Other _____

Distribution box: 4-7 hole boxes Precast concrete with 5 ports. master box
☐ Other _____

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 _____

Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other _____

Absorption trenches: Square ft. required 7200; depth from ground surface to bottom of trench 30 in; aggregate size 1/2-1 1/2 in; Trench bottom slope 2-4 in. / 100 ft.; center to center spacing 10 ft.; trench width 3 ft.

NOTE: INSPECTION RESULTS

Water supply location: yes ☒ no ☐ comments Satisfactory

Building sewer: yes ☒ no ☐ comments Satisfactory

Pretreatment unit: yes ☐ no ☐ comments Satisfactory Only 1750 Gal. Tank, water meter

Inlet-outlet structure: yes ☒ no ☐ comments Satisfactory Has been installed to determine actual amount of water use. If actual water use is above 875 G.P.D. an additional tank must be installed.

Pump & pump station: yes ☒ no ☐ comments Satisfactory J.W.

Conveyance method: yes ☒ no ☐ comments Satisfactory Force main 4"

Distribution box: yes ☒ no ☐ comments Satisfactory manifold for L.P.D.

Header lines: yes ☒ no ☐ comments Satisfactory ✓

Percolation lines: yes ☒ no ☐ comments Satisfactory

Absorption trenches: yes ☒ no ☐ comments Satisfactory

Date 8-7-86 Inspected and approved by:

J. J. White
Sanitarian

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Clarke Co. Health Department



Health Department

Identification Number 30-84-29

Map Reference 16-54-14

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 Holy Cross Abbey Telephone 955-1425
Address R-26, Box 253, Berryville, Va
For a Type II Sewage disposal system which is to be constructed on/at 2 mi N of 7 E
on 603 on E side
Subdivision _____ Section/Block _____ Lot _____
Actual or estimated water use 1200 gpd

DESIGN

Water supply, existing: (describe) _____

To be installed: class II Drilled well
cased 50 ft. grouted 50 ft.

Building sewer:
4 inch I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other _____

Septic tank: Capacity 1200 gals. (minimum).
☐ Other _____

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
☐ Other _____

Pump and pump station:
No ☐ Yes ☒ describe and shown design.
if yes: _____

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☐ Other _____

Distribution box: 1 master dist box 3 ports
Precast concrete with 2 sub. dist. boxes 8 ports each
☐ Other _____

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 _____

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other _____

Absorption trenches:
Square ft. required 3456; depth from ground surface to bottom of trench 30 in.; aggregate size 1/2-1 1/2 in
Trench bottom slope 2-4 in. / 100 ft.
center to center spacing 10 ft.; trench width 24 in.

NOTE: INSPECTION RESULTS

Water supply location: yes ☐ no ☐ comments
Satisfactory

Building sewer: yes ☐ no ☐ comments
Satisfactory

Pretreatment unit: yes ☐ no ☐ comments
Satisfactory

Inlet-outlet structure: yes ☐ no ☐ comments
Satisfactory

Pump & pump station: yes ☐ no ☐ comments
Satisfactory

Conveyance method: yes ☐ no ☐ comments
Satisfactory

Distribution box: yes ☐ no ☐ comments
Satisfactory

Header lines: yes ☐ no ☐ comments
Satisfactory

Percolation lines: yes ☐ no ☐ comments
Satisfactory

Absorption trenches: yes ☐ no ☐ comments
Satisfactory

Date _____ Inspected and approved by: _____

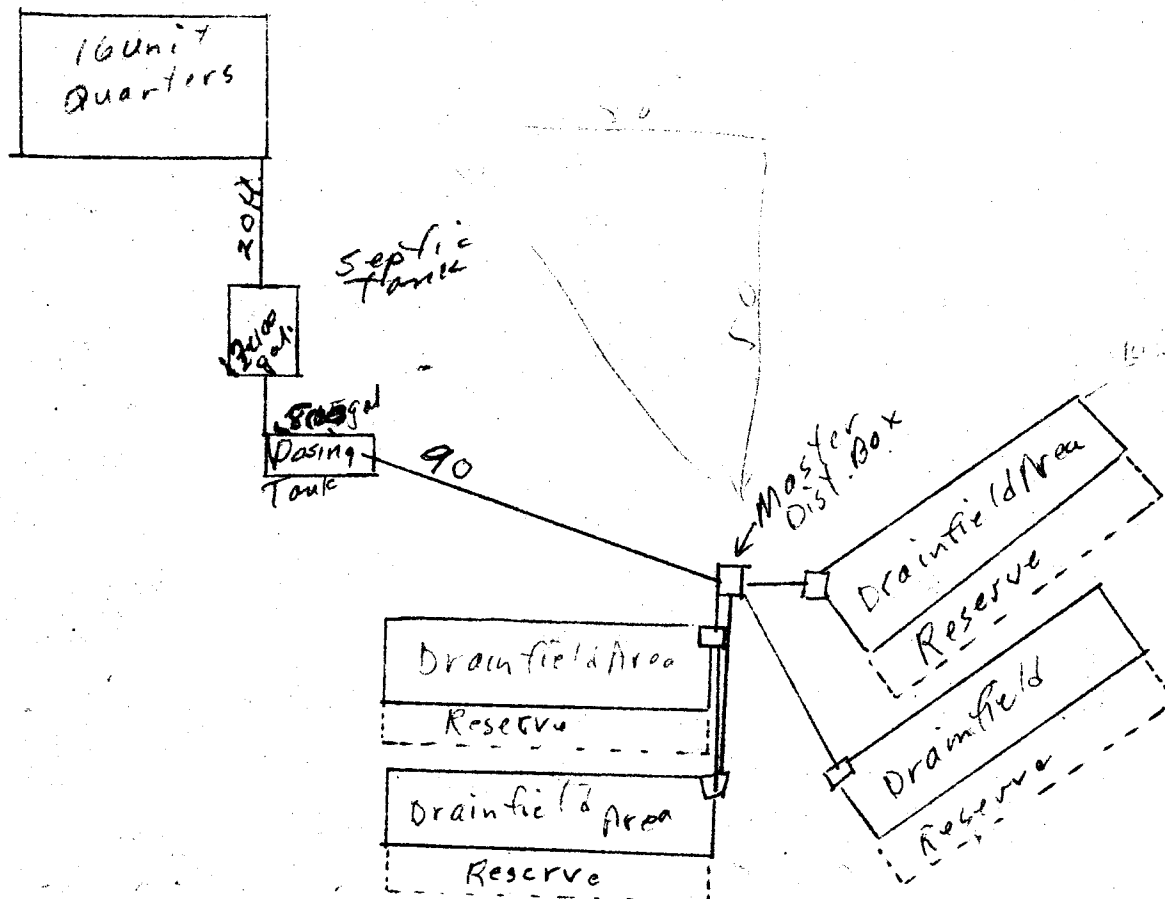
Sanitarian

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. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

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: 4-11-84 Issued by: C. Hook, R.S.
Sanitarian

Date: 7-16-85 Reviewed by: H. Bender
Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Clarke Co.

Health Department



Health Department
Identification Number
Map Reference

SD-84-29
16-54-14

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 Holy Cross Abbey Telephone 955-1425
Address Rt. 2, Box 253, Berryville, Va. 22611
For a Type II Sewage disposal system which is to be constructed on/at 603 N of 7 on
Esplanade 2 mi at Holy Cross Abbey
Subdivision _____ Section/Block _____ Lot _____
Actual or estimated water use 1200 gpd

DESIGN

Water supply, existing: (describe) _____

To be installed: class II Drilled well
cased 50 ft. grouted 50 ft.

Building sewer:
4 inch I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other _____

Septic tank: Capacity 1500 gals. (minimum).
☐ Other _____

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
☐ Other _____

Pump and pump station:
No ☐ Yes ☒ describe and shown design.
if yes: Low Pressure Septic System based on

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☐ Other _____

Distribution box:
Precast concrete with _____ ports.
☐ Other _____

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 _____

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other _____

Absorption trenches:
Square ft. required 3456; depth from ground surface to bottom of trench _____; aggregate size _____; Trench bottom slope _____; center to center spacing _____; trench width _____

NOTE: INSPECTION RESULTS

Water supply location: yes ☐ no ☐ comments
Satisfactory

Building sewer: yes ☐ no ☐ comments
Satisfactory

Pretreatment unit: yes ☐ no ☐ comments
Satisfactory

Inlet-outlet structure: yes ☐ no ☐ comments
Satisfactory

Pump & pump station: yes ☐ no ☐ comments
Satisfactory

Conveyance method: yes ☐ no ☐ comments
Satisfactory

Distribution box: yes ☐ no ☐ comments
Satisfactory

Header lines: yes ☐ no ☐ comments
Satisfactory

Percolation lines: yes ☐ no ☐ comments
Satisfactory

Absorption trenches: yes ☐ no ☐ comments
Satisfactory

Date _____ Inspected and approved by: _____

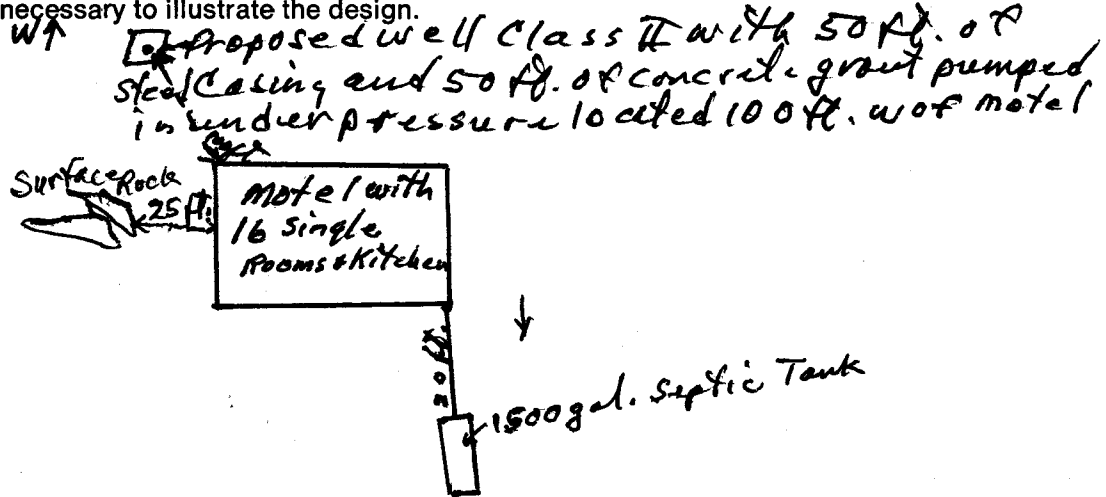
Sanitarian

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. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

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: 6-18-85 Issued by: C. G. Hook, R. S.
Sanitarian

Date: 7-16-85 Reviewed by: H. S. Sander
Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department
Identification Number
Tax Map Number

SD-84-29
16-54-14

General Information

Date 4-11-84 Clarke Co. Health Department
Applicant Holy Cross Abbey Telephone No. 955-1425
Address R. 2, Box 253, Berryville, Va 22611
Owner Same as above Address Same as above
Location 7 E to 603, N 2.5 mi. E to end of road
Subdivision Block/Section parcel 84
Lot

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe
2. Slope 0-10 %
3. Depth to rock/impervious strata Max >42 in Min. 42 in 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 ☒
No ☐ Estimated rate 80 min/ inch
7. Percolation test performed Yes ☒ Number of percolation test holes 7
No ☐ Depth of percolation test holes 30 in
Average percolation rate 95 min/in.

Name and title of evaluator: C. C. Hook

Signature: C. C. Hook, R.S.

Department Use

- ☒ Site Approved: Drainfield to be placed at 30 in. depth at site designated on permit.
- ☐ 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

Date of Evaluation 4-6-84Profile Description
SOIL EVALUATION REPORTHealth Department
Identification No. SD-84-29Page 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	0-10	Brown silt loam top soil	III
	B	10-36	Brownish red silty clay	IV
	C	36-42	Red silty clay	IV
2				
3				
4				
5				
6				
7				

all test holes similar to No. 1

Remarks:

Install drainfield at depth of 24 inches in B Horizon

1. 1 Class II Drilled well
 50 ft. casing and 50 ft.
 concrete grout pumped in under pressure

16 Room Motel
Quarters

16 Room Bldg.

Septic tank

1400 gal.

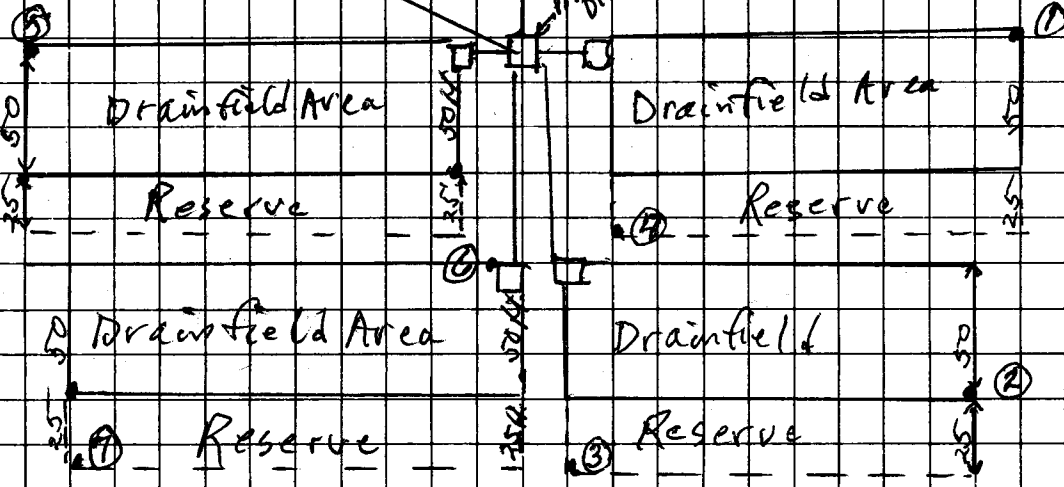
Boil Siphon

865 gal.

Septic tank

1400 gal.
1400 gal.
1400 gal.

Master Dist. Box



Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department
Identification Number SD-84-29
Tax Map Number 16-54-14

General Information

Date 4-6-84 Clarke Co. Health Department
Applicant Holy Cross Abbey Telephone No. 955-1425
Address R. 2, Box 253, Berryville, Va. 22611
Owner Same as above Address Same as above
Location ZE to G03, N 2 mi on E side
Subdivision — Block/Section — Lot —

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe _____
2. Slope 0-10 %
3. Depth to rock/impervious strata Max. >42in Min. 42in 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 ☒
No ☐ Estimated rate 30 min/ inch
7. Percolation test performed Yes ☒ Number of percolation test holes _____
No ☐ Depth of percolation test holes 30 in.
Average percolation rate 9.5 min/in.

Name and title of evaluator: Cl. Hook, Sanitarian

Signature: Cl. Hook, R.S.

Department Use

- ☒ Site Approved: Drainfield to be placed at 30 in. depth at site designated on permit.
- ☐ 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 _____

Road N to Bakery →

↑ 100 ft
Class II Drilled Well
Surface Rock

16 Single Rooms with Kitchen

150 ft

↓ 20 ft
Septic Tank

200 ft

Surface Rock
150 ft
100 ft

①

④

⑤

② 100 ft

150 ft

⑥

5 ft
⑦

Not to scale

DESIGN REPORT
HOLY CROSS MONASTARY
Low Pressure Septic System

16 Bedrooms - 16 Persons

16 persons @75 G.P.D./Person = 1200 G.P.D.

Percolation Rate = 95 min/in. from table 12.3 95 min/in. = 288 sq. ft. per 100 G.P.D.

288 X 12 = 3456 Sq. Ft. $3456 \div 2$ (width) = 1728 L.F. Trench

1728 LF = 36 Lines @48' @6' Separation O.C.

Use $1\frac{1}{4}$ " Diameter Laterals

Use 3/16" Diameter Holes at 5' O.C.

Total Number of Holes = 36 Lines @9 Holes Per Line = 324

324 Holes @0.42 GPM/Hole = 136 GPM

Required Pump Capacity

Volume of Drainfield Piping

$1\frac{1}{4}$ " PVC 36 X 48 X $\frac{6.4}{100}$ = 111 Gal.

Volume of 3" Manifold Piping 218 Ft.

$218 \times \frac{36.7}{100}$ = 80 Gal.

Total System Volume = 191 Gal. 7 X 191 = 1337 Gal/Dose

Trench Area = 3456 Sq. Ft.

Dose Volume = 1337 Ga.

$1337 \div 7.48$ = 179 Cu. Ft.

$179 \div 3456$ = 0.052 Ft. = 0.62 In. 0.62 in. depth in trench

This is less than 2" and is acceptable on - off cycle of pump
set to pump 1337 gal. 9.8 min run @136 GPM

TDH = Static Head + Friction Head Loss + Pressure Head (1') Static Head = 12 Ft. (734 to 746)

Friction Loss

Pump Station Loss (assumed) 1'

Head Loss in Forced Main @136 GPM 370 4" PVC 2- 90° Bends @10.1' Equivalent

1 - 22 $\frac{1}{2}$ " @4.7 ft. equivalent 1 - Tee @ 20.2 ft. equivalent

Total Forced Main Length = 416 Ft.

$$\text{Head Loss} = 0.85 + \left(\frac{11}{25} \times .32 \right) = 0.85 + 0.14 = 0.99 \quad 0.99 \times 4.16 = 4.11 \text{ Ft.}$$

$$\text{TDH} = 12 \text{ Ft.} + 4.11 + 1' = 17.11 \text{ Ft.}$$

1750 Gal Cistern

$$\text{I.D.} = 112" \times 55" \times 73" \text{ HI.} = 9.33 \times 4.58 = 42.76 \text{ Sq. Ft.}$$

$$1337 \text{ Gal.} = 179 \text{ Cu. Ft.} \quad 179 \div 42.76 = 4.18 \text{ Ft. Run Cycle}$$

$$\text{Use SK 100} = 146 \text{ GPM @ } 17.11 \text{ TDH}$$

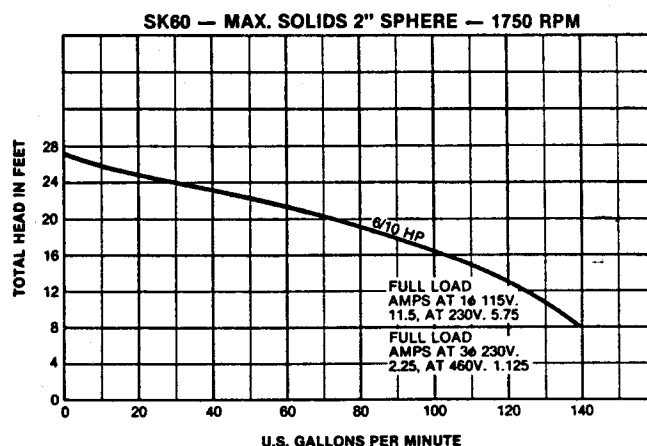
$$324 \text{ Holes @ } 146 \text{ GPM} = 0.45 \text{ GPM/Hole}$$

$$0.45 = 1.18 \text{ Ft. Head in Lines}$$

Features and Performance (continued)

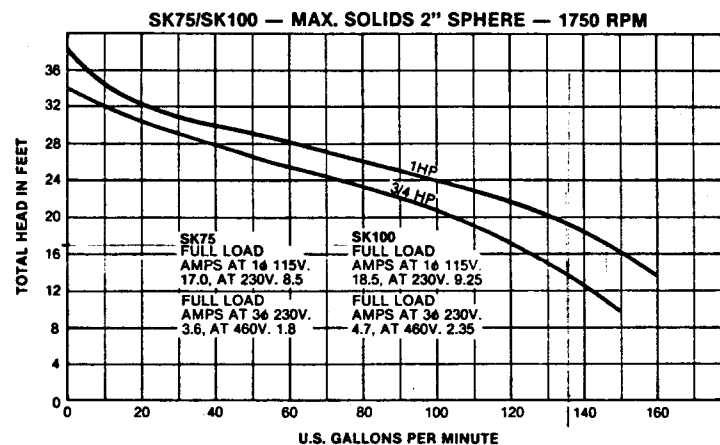
SK60

- Non-clog, two-vane, semi-open impeller passes 2-inch solids.
- Pump-out vanes on rear shroud of impeller prevent stringy material and grit from building up in the seal area.
- Heavy-duty, oil-filled motor has superior cooling and bearing lubrication for longer life.
- Thermal overload protection is built into motor windings.
- Pressure sensitive diaphragm switch is sealed in watertight housing for protection against liquids and foreign materials.
- Automatic pumps are shipped ready for operation after attaching discharge pipe and plugging in the cord.
- 2-inch or 3-inch NPT discharge.
- Field serviceable.
- Choice of automatic or manual in cast iron or bronze.



SK75/SK100

- Higher capacity 3/4 HP (SK75), 1 HP (SK100) pumps for sewage services.
- Non-clog, two-vane, semi-open impeller.
- Spring loaded mechanical seal with carbon and ceramic faces.
- Cast iron motor housing and pump casing.
- Heavy-duty stainless steel shaft.
- Heavy-duty, oil-filled motor has superior cooling and bearing lubrication for extended service life.
- Corrosion-resistant stainless steel fasteners facilitate field repair even after years of service.
- 2-inch or 3-inch NPT discharge.
- Choice of cast iron or bronze construction.



COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

•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 *Holy Cross Abbey*
• Well Designation or Number _____
Address _____
Phone _____
• Drilling Contractor *Hayne Well Drilling Inc.*
Address *Box 668*
Winchester, Virginia 22601
Phone *662-4967*

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of *N 7 East, River bridge from left 1 1/2 to*
(If possible please include map showing location marked) *Abbey on right.*
Date started *June 17 '85* • Date completed *June 18 '85* Type rig *Rotary*

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 _____

1. WELL DATA: New ☒ Reworked _____ Deepened _____
• Total depth *425'* ft.
• Depth to bedrock *3'* ft.
• Hole size (Also include reamed zones)
• *10* inches from *0* to *50* ft.
• *6 1/8* inches from *50* to *425* ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• *6 1/4* inches from *0* to *50'* ft.
Material *Steel*
Wt. per foot *13.85* or wall thickness *1.88* 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 *7 bags*

2. WATER DATA • Water temperature _____ OF
• Static water level (unpumped level-measured) _____ ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield *30* gpm after _____ hours
Natural Flow: Yes ☒ No _____ flow rate _____ gpm
Comment on quality _____
3. WATER ZONES: From *412* To *415*
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 _____

BWCM No.

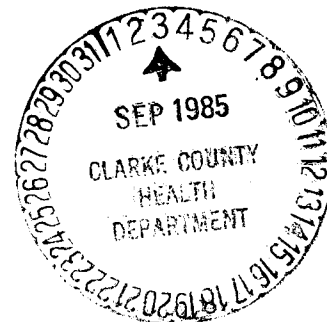
10. DRILLERS LOG (use additional Sheets if necessary)

11.

12. DIAGRAM OF WELL CONSTRUCTION
(with dimensions)

**Drilling
Time
(Min.)**

--	--	--	--

Distance to nearest pollutant source 100 ft. Type _____

Distance to nearest property line	ft.	Building	ft.
-----------------------------------	-----	----------	-----

**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

**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**

**West Central Reg. Off.
Executive Park
5312 Peters Creek Road
Roanoke, Va. 24019
708-982-7432**

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

minutes. Pipe size _____ inches. Material _____

Installer _____

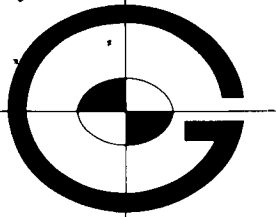
Date _____

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.

Signature Larry Wayne (Seal), Date _____

(Well driller or authorized person) 22/3/22

License No 034262



GREENWAY ENGINEERING AND SURVEYING CO., INC.

RT. 6 - BOX 152C / 3 MILES EAST ON ROUTE 50
WINCHESTER, VIRGINIA 22601

TELEPHONE 662-4186

August 11, 1986

Comm. of Va. Dept of Health
Clarke County Office
5 East Main Street
Berryville, Va.

Att: J. Whitmer

RE: Holy Cross Monastery Low Pressure Septic System

Dear Mr. Whitmer:

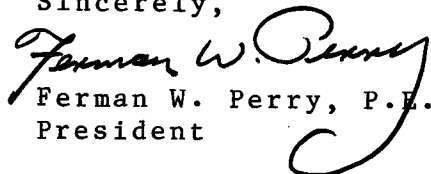
The low pressure septic system recently installed at the Holy Cross Monastery Guest House has been substantially completed in accordance with the plans prepared by this firm and dated April 26, 1985.

A 1750 gallon cistern was installed in lieu of the 1500 gallon septic tank shown on the plan. It was also necessary to substitute a 1 1/2 H.P. pump for the 1 H.P. specified on the plans in order to obtain the proper head on the lateral drain lines. This is probably due to use of 2" pipe and fittings in the pump chamber and to the addition of 90° ell's at the connection of the laterals to the feeder line.

This will not, however, affect the operation of the system since the proper head has been obtained.

Since the plans were submitted, a question has been raised about the adequacy of the 1500 gallon septic tank (contractor informs me that a 1750 gallon cistern was used) to provide 48 hour detention for this facility. It was agreed by the owner, the Health Dept., the contractors involved and us that a water meter will be installed and a decision will be made on this issue after a normal daily usage is established.

Sincerely,


Ferman W. Perry, P.E.
President

RECORD OF INSPECTION SEWAGE DISPOSAL SYSTEM

TAX MAP
16

Date 7-1-58 Case No. _____

Owner Cistercian Monastery Address Berryville, Va. Phone _____
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises _____
(Subdivision, Street or Road Name, Section or Lot No.)

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.)

BAKERY

SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION:
Alloted Area Adequate: ☒ Yes ☐ No. Distance from nearest Lot Lines _____ feet. Trees _____ feet. Water Supplies 300 feet. Buildings 75 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: CAST IRON Size 4 Inches.
- (5) SEPTIC TANK:
Constructed of CONCRETE
(Kind of Material)
Inside Dimensions: Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 12 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 1 (Number) extra outlets for future use.
- (7) SUB-SURFACE ABSORPTION FIELD:
Total Area in Bottom of Ditches 600 square feet. Number of Ditches 4 Length of Ditches 75 feet. Grade of Ditches: Minimum 1 1/2 Inches per 100 feet. Maximum 2 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No. Type Aggregate Used BROKEN STONE. Depth of Aggregate Under Tile 6 inches. Total Depth of Aggregate 13 inches. Depth of Backfill Over Aggregate 18-24 inches.
- (8) SURFACE DRAINAGE:
Storm Drains from House and Basement Flowing Away from Sub-Surface 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: PERRY ENG. CO. Address WINCHESTER, VA. Phone MO 2-3891

This System (Is) (~~is~~) Approved by CLARKE CO. Health Department.

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

Date 2-10-59

Date 2/19/59

Date _____

Date _____

Signed Robert C. Forbes
(Sanitarian)

Approved S. C. Nottingham, M.D.
(Health Director)

Approved _____
(Advisory Sanitarian)

Approved _____
(Reviewing Authority — Other Agency)

☒ New Installation
☐ Repairs

Date 7/1/58

**PERMIT TO INSTALL OR REPAIR
WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM**

TM (16)

Owner St. Francis Monastery Address Berkeley, Va. Phone _____
(Must be filled in) (Mailing Address)
Occupant _____ Address _____ Phone _____
(Mailing Address)
Contractor _____ Address _____ Phone _____
(Mailing Address)

Location of Premises _____
(Subdivision, Street or Road Name or Number, Section, Lot No.)

Directions _____
Owner _____

Desires to: ☒ Install ☐ Repair ☐ Water Supply System: Type _____
☐ Sewage Disposal System: ☐ Septic Tank ☐ Other _____
Lot Size: Width 60 Ft. Depth 10 Ft.

FOR: ☐ Single Dwelling Unit ☐ Multiple Dwelling Unit Total No. Bed Rooms _____ Estimated or Actual Water Consumption _____ Gal.

SEPTIC TANK SYSTEM ☐ Ordinary Household Sewage & Wastes ☐ In Addition Wastes from Automatic Washing Machine ☐ Garbage Disposal Device
FOR DISPOSAL OF: ☐ Additional Living Quarters (Explain) _____ ☐ Other Bakery (Explain) _____

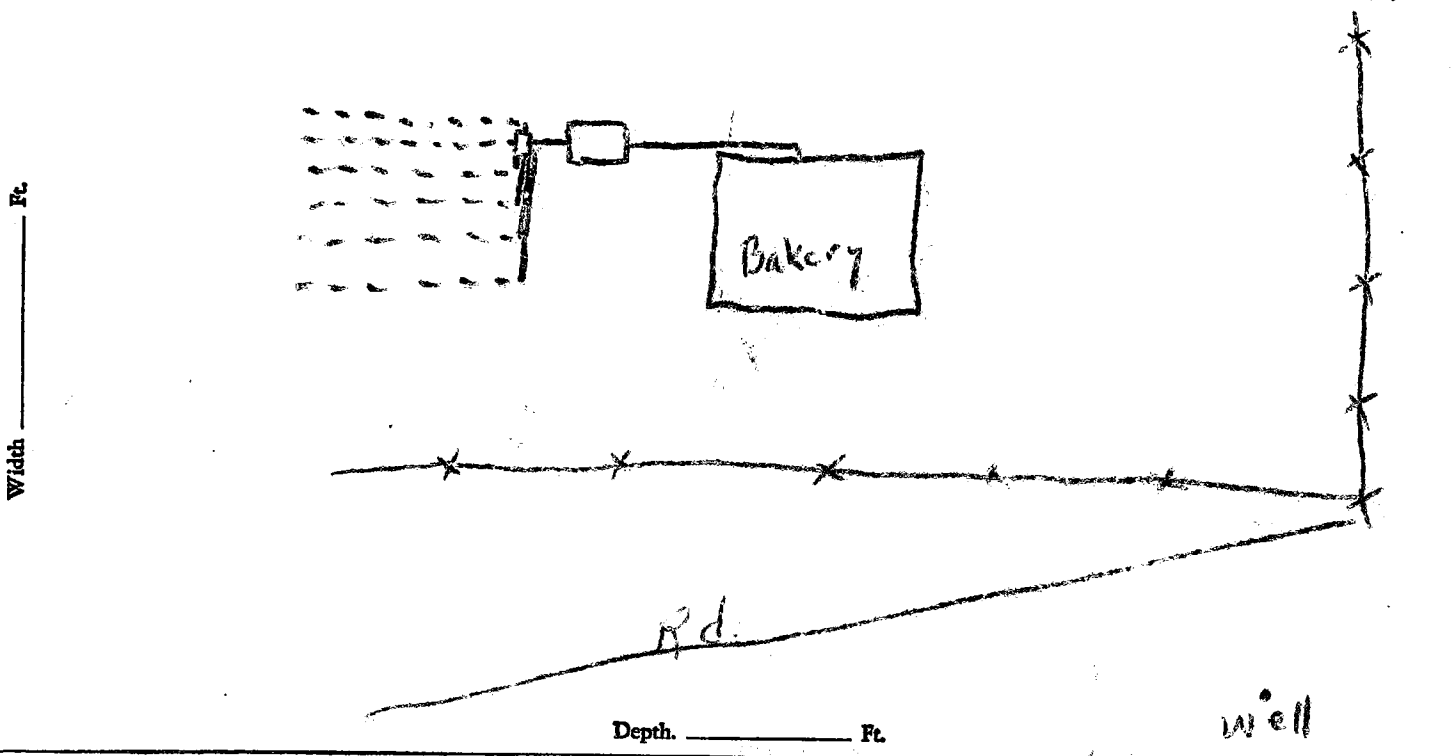
Health Department: ☐ Recommends ☐ Rejects: Water Supply System
☒ Recommends ☐ Rejects: Sewage Disposal System

Reasons for Rejection and Recommended Alternatives: _____

DETAILS OF RECOMMENDED SEPTIC TANK SYSTEM

Kind of Material for Tank: ☐ Concrete ☐ Other _____
Size of Tank: Length 8 Ft. Width 4 Ft. Depth 5 Ft. Capacity 1000 Gallons
Subsurface Drainage Field: No. of Ditches 6 Exact Length 50 Width of Ditches _____
Depth of Filter Material 4 Ft. of Each Ditch 4.5 Ft. Ditches _____
From Base to Cover Tile 12 Inches Depth of Water Table _____ Ft. Surface Drainage Required _____ Inches Linear Ft.
Percolation Tests Required ☐ No. of Holes _____ Results _____
Signed _____ Date 7/2/58
(Sanitation Officer)

Rough Sketch of Premises Showing Location of Buildings, Water Supply System, Sewage Disposal System and other Pertinent Details



Note: This is a Permit to Construct or Repair Subject to Inspection. (Owner or his Agent) must Notify Clarke Co. Health Department when Installation is ready for Inspection. If any Septic Tank or Part thereof is covered before being inspected by the Health Department, it shall be uncovered by the owner at the direction of the Health Officer or his Agent.
LHS 121—50M Virginia State Department of Health

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Owner Holy Cross Abby Address R. 2, Berryville, Va. Date 7/6/79 Case No.
 (Mailing Address) Phone 955-1425
 Occupant _____ Address _____ (Mailing Address) Phone _____
 Exact Location of Premises Battle-town Dist. 7E to 603, N 3 mi to entrance, to end of
 (Subdivision, Street or Road Name, Section or Lot No.) Rd.

Spring 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 farm feet. Trees 15 feet. Water Supplies 200 feet. Buildings 75 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 Schedule 40 plastic Size 4 Inches.
- (5) SEPTIC TANK
 Constructed of concrete (Kind of Material)
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 12 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 2 extra outlets for future use. (Number)
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 3000 square feet. Number of ditches 10 Length of ditches 100 feet. Grade of ditches Minimum 2 Inches per 100 feet. Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No. Type aggregate used Crushed stone. Depth of aggregate under Tile 6 inches. Total depth of aggregate 13 inches. Depth of backfill over aggregate 12-4B 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: Buckley Lages, Inc. Address Winchester, Va. Phone 662-4924
 This Sewage Disposal System (Is) (Is Not) Approved by Clarke Co. Health Department
 Date 7/6/79 Signed C. G. Hook (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: Septic tank 9 ft. S. of Septic tank man. master dist. box 230 ft. S.E. of septic tank and 43 ft. 4 7/8 in line with E side of Mansion and 65 ft. SW of maple and 59 ft. S.E. of Maple on W side of Mansion and 46 ft. from sub. box to maple on E side of Mansion
 Virginia Department of Health
 LHS-141 Rev. 1/76

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

- (1) Void 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 6/1/78 Case No. _____
 Owner Holy Cross Abbey Address R. 2, Berryville, Va. Phone _____
 (Mailing Address)

Occupant _____ Address _____ Phone _____
 (Mailing Address)

Exact Location of premises Battle town Dist. 7E to 603, N 4 mi. on N.E. side of rd to Brick Galt. Posts
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☐ Dwelling ☐ Other Infirmery and Cafeteria Automatic Washing Machine ☐ Yes ☐ No Consumption 2000 gal. per day
 Actual ☐ Potential ☒ Bedrooms 4 Garbage Disposal Unit ☐ Yes ☐ No (☐ Actual ☒ estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class III Approved ☐ Yes ☐ No Other _____
 (To be installed) Class _____ Cased _____ ft. to be grouted _____ ft.

(Unless supported by positive evidence Class III is to be considered as to be installed.)

(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification limestone - shale
 Estimated Percolation Rate 1-10 ☐ 11-25 ☐ 26-50 ☐ > 51 ☒ Percolation Test Required ☐ Yes ☐ No ☒ Rate _____
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☒ Yes ☐ No OTHER DRAINAGE _____

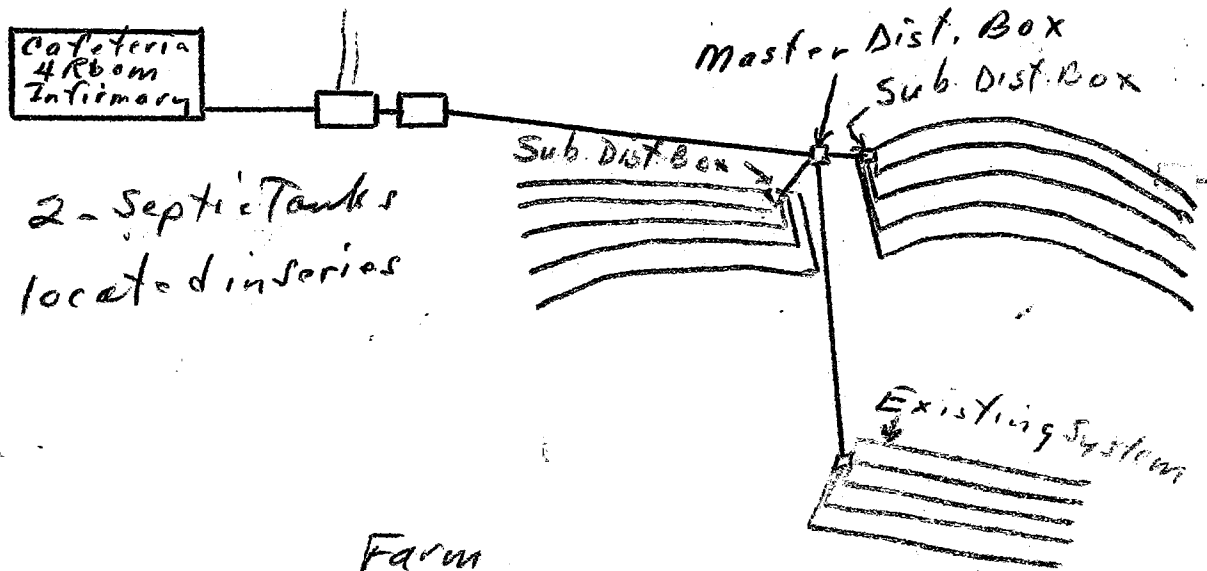
(3) HOUSE SEWER LINE Size 4 inches. Type of material required Cast Iron Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of precast concrete Material 2 tanks Liquid Capacity 2000 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 3000 Type aggregate required crushed 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 30 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 David E. McClure Date 6/1/78
 Representative ☒ Owner ☐

Note: Owner or his agent must notify Health Department, Phone 955-1033 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.
 Date _____ Approved _____ Date 6/1/78 Signed Ch. Clark
 (Reviewing Authority) (Sanitarian or Health Director)

PERMIT TO INSTALL OR REPAIR
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS

Date 4-5-60 Case No. _____

Owner Holy Cross Monastery Address Berryville, Va. Phone _____
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises _____
(Subdivision — Section — Lot No.) (Street, Road, Name or Number)

OWNER DESIRES TO: ☐ INSTALL ☒ REPAIR
☐ Water Supply System ☐ Water Supply System
☐ Sewage Disposal System ☒ Sewage Disposal System
☐ Septic Tank ☒ Septic Tank

Health Department Recommendation: that septic tank system be repaired as designed below

FOR: ☐ Dwelling ☒ Other
Actual or Potential Bedrooms _____ Actual or Estimated Water Consumption 3000 Gal. Per Day Automatic Washing Machine
☐ Yes ☒ No Garbage Disposal Unit ☐ Yes No ☒ Additional Wastes:

DETAILS OF RECOMMENDED SYSTEMS

WATER SUPPLY: Location to be approved by Sanitarian. Type:
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well
☐ Other _____ Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

SOIL STUDY: Naturally drained, suitable by sight ☐ Yes ☐ No
Technical Classification: _____

Rough Classification: ☐ Sandy ☐ Medium ☐ Clay ☐ Pipe Clay
Percolation Test Required: ☐ Yes ☐ No Rate _____
Minutes Per Inch Depth of Water Table _____ feet
(Estimated)

Surface Drainage Required: ☐ Yes ☐ No Area Drainage by
Lowering Ground Water Table Required: ☐ Yes ☐ No

DETAILS OF CONSTRUCTION: Watertight Septic Tank of
Concrete tank poured in place
(Kind of Material)

Inside dimensions:
Length _____ feet. Width _____ feet. Liquid capacity _____ Gallons.

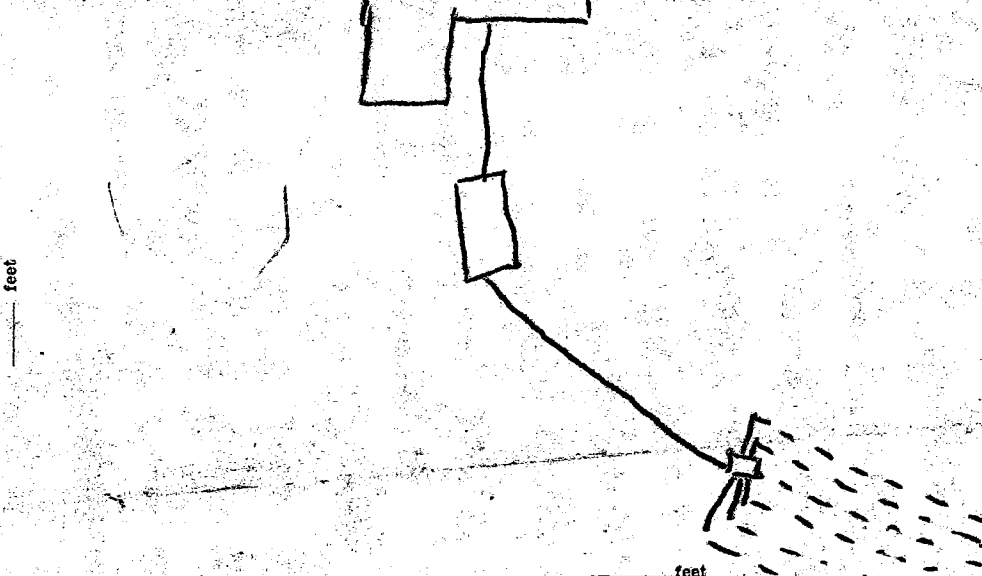
HOUSE SEWER LINE: Size _____ Inches. Type of material required _____ Distance from Water Supply _____ feet.

SUB-SURFACE ABSORPTION FIELD: Distribution Box required. Ditches of equal length required.

Number of square feet required _____ Type aggregate required: ☐ Broken Stone ☐ Gravel ☐ Slag. Size range from ½ inch to 2½ inches. Depth of aggregate from base of tile to bottom of ditches _____ inches.

Total aggregate must equal minimum depth of 13 inches or more.
Soil Cover over tile not to exceed _____ inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be _____ 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.



Note: Owner or his agent must notify Clarke Co. Health Department, Berryville 33 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.

Date _____ Signed _____
(Sanitarian or Health Director)

Date _____ Signed _____
(Reviewing Authority)

**PERMIT TO INSTALL OR REPAIR
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS
(VOID AFTER TWELVE (12) MONTHS)**

Date 6/20/05 Case No. _____
Owner Holly Cross Abby Address Berryville Va Phone _____
(Mailing Address)
Occupant _____ Address _____ Phone _____
(Mailing Address)

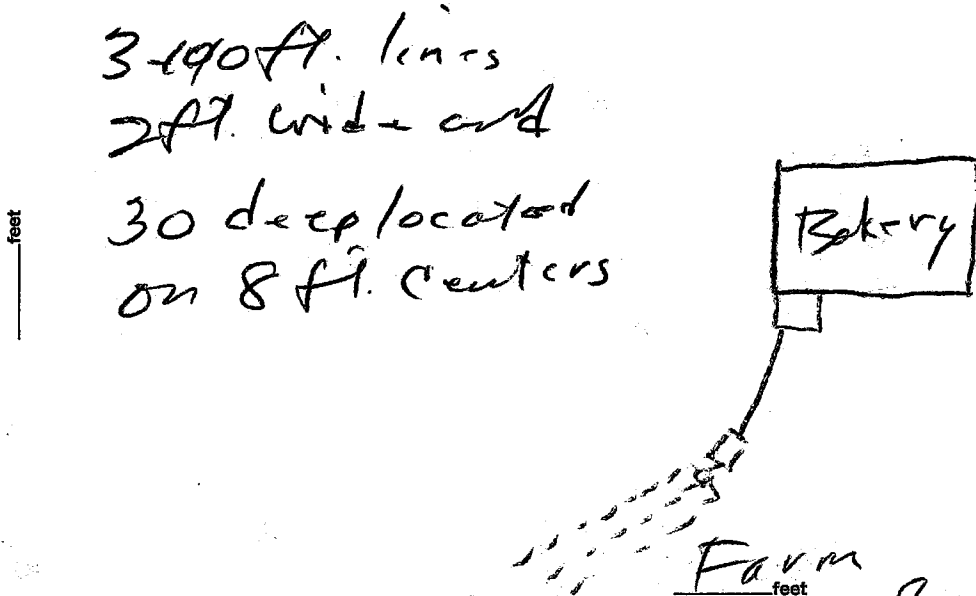
Exact Location of Premises Battletown Dist. 7 E. to Bridge, left, to Abby Rd. 1/2 mi. Right past House on left
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO
☒ INSTALL ☐ REPAIR
☒ Water Supply System ☐ Water Supply System
☒ Sewage Disposal System ☐ Sewage Disposal System
☒ Septic Tank ☐ Septic Tank
FOR ☒ Dwelling ☐ Other Bakery & Toilet
Actual or potential Bedrooms _____ Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine ☐ Yes ☒ No Garbage Disposal unit ☐ Yes ☒ No
Additional wastes _____
Health Department recommends that septic tank system be installed as designed below

DETAILS OF RECOMMENDED SYSTEMS

- (1) WATER SUPPLY Location to be approved by Sanitarian. Type ☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well ☐ Other _____ Cased _____ feet. pre cast concrete
(Kind of Material)
Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.
- (2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No
Technical Classification limestone
Rough Classification ☐ Sandy ☒ Medium ☐ Clay ☐ Pipe Clay. Percolation Test required ☐ Yes ☒ No, Rate _____ Minutes per inch. Depth of Water Table _____ feet (Estimated)
Surface drainage required ☐ Yes ☒ No Area Drainage by Lowering Ground Water Table required ☐ Yes ☒ No
- (3) DETAILS OF CONSTRUCTION Watertight Septic Tank of _____ (Kind of Material) Inside Dimensions _____ Length 8 feet.
Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 1000 gallons.
- (4) HOUSE SEWER LINE Size 4 inches. Type of material required cast iron Distance from Water Supply 1000 feet.
- (5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. Number of square feet required 600 Type aggregate required ☒ Broken Stone ☐ Gravel ☐ Slag. Size range from 1/2 inches to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.
Total aggregate must equal minimum depth of 13 inches or more. Soil Cover over tile not to exceed 18 inches. Distance from well to septic tank 1000 feet; distance from well to drain tile field 1000 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.



Note: Owner or his agent must notify Clarke Co. Health Department, Phone 33 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.
Date 6/20/05 Approved _____ (Reviewing Authority) Signed C.G. Stook (Sanitarian or Health Director)
LHS - 121 Rev. 1-64
Virginia State Department of Health

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 9/1/78 Case No. _____

Owner Holy Cross Abby Address R. 2, Berryville, Va. Phone _____
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Ba He town Dist. 7E & 603 N 2nd NE to Abbey on N side
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☒ Yes ☐ No. Distance to nearest House Sewer 150* feet. Distance to nearest Sewage Disposal System 150+ 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 farm feet. Trees 10 feet. Water Supplies 150 feet. Buildings 18 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 Schedule 40 plastic Size 4 Inches.

(5) SEPTIC TANK

Constructed of pre cast concrete
(Kind of Material)
 Inside Dimensions Length 8 feet. Width 3.5 feet.
 Liquid Depth 4 feet. Depth of Air Space 12 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 2 extra outlets for future use.
(Number)

(7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 300 square feet.
 Number of ditches 2 Length of ditches 50 feet.
 Grade of ditches Minimum 2 inches per 100 feet.
 Maximum 3 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No.
 Type aggregate used crush & stone
 Depth of aggregate under Tile 6 inches
 Total depth of aggregate 13 inches
 Depth of backfill over aggregate 12-18 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: Buckley-Layco, Inc. Address Winchester, Va. Phone 162-4924
 This Sewage Disposal System (Is) (Is Not) Approved by Clarke Co. Health Department

Date 9/1/78 Signed [Signature] (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: Septic tank 18 ft x 5 ft study; dist. box 12 ft. 5 ft septic tank

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

- (1) Void 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 8/1/78 Case No. _____

Owner Holy Cross Abbey Address R. 2, Berryville Phone 955-1425
 (Mailing Address)

Occupant _____ Address _____ Phone _____
 (Mailing Address)

Exact Location of premises Battletown Dist. 7E to 603, N 2 mi NE to Abbey
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☐ Dwelling ☐ Other Septic Tank Automatic Washing Machine ☐ Yes ☒ No Consumption 100 gal. per day
 Actual ☐ Potential ☐ Bedrooms 1 Garbage Disposal Unit ☐ Yes ☒ No (☐ Actual ☒ estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class III Approved ☒ ☐ Other _____
 (To be installed) Class _____ Cased _____ ft. to be grouted _____ ft.

(Unless supported by positive evidence Class III is to be considered as to be installed.)

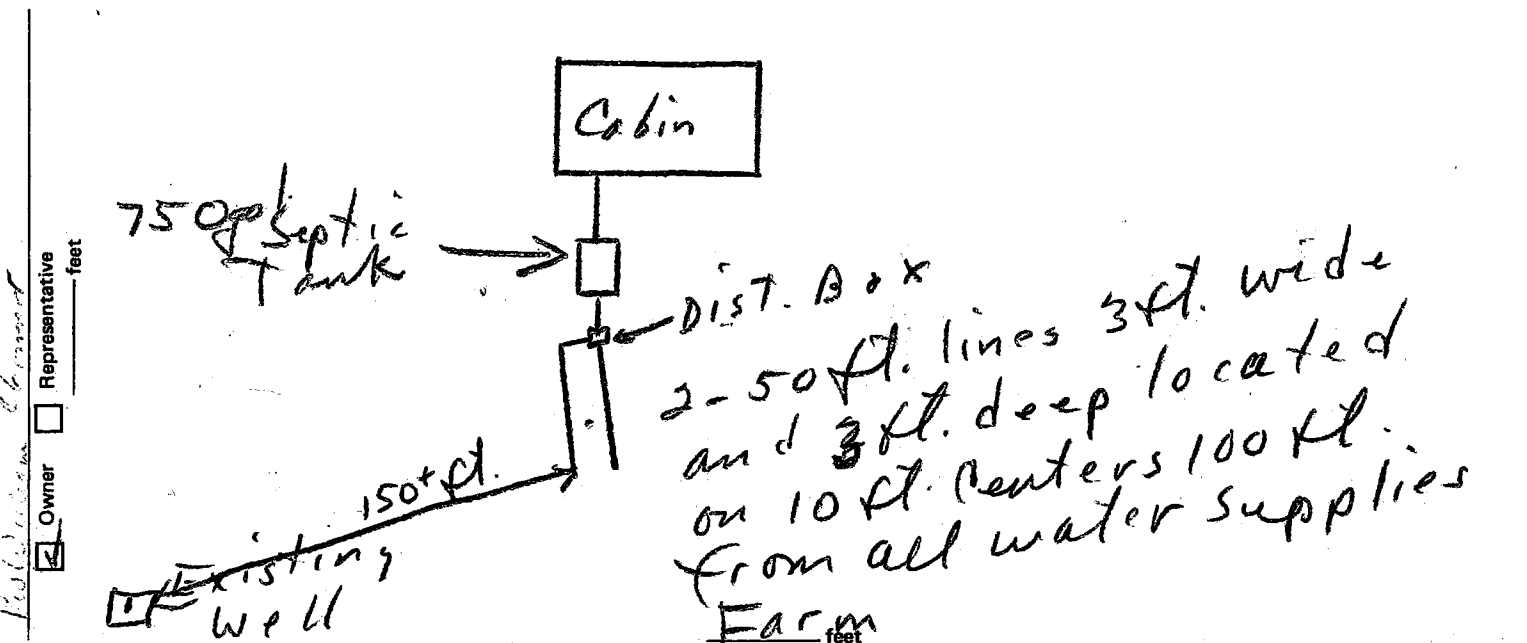
(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification Limestone
 (If Known)
 Estimated Percolation Rate 1-10 ☐ 11-25 ☐ 26-50 ☐ > 51 ☒ Percolation Test Required ☐ Yes ☒ No Rate _____
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____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

(3) HOUSE SEWER LINE Size 4 inches. Type of material required Cast Iron Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of precast concrete Material Liquid Capacity 750 gallons.
 Inside Dimensions Length 7 feet. Width 3.5 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 300 Type aggregate required crushed stone
 Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 4 inches.
 (5) 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.



Note: Owner or his agent must notify Health Department, Phone 955-1033 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.

Date _____ Approved _____ Date 8/1/78 Signed Clark
 (Reviewing Authority) (Sanitarian or Health Director)