

Completion Statement

Commonwealth of Virginia
State Department of Health

T.M. 26-128N
Health Department
Identification Number 151-98-377

Name of Company/Corporation/Individual: LANCASTER CITY Health Department
A.B. "Buz" Lewis

Address: _____ Telephone: _____

Owner's Name DONALD + Carol Williams

Owner's Address 459 Shiloh School Road - Kilmarnock, Va. 22482

Location of Installation: Lot #14 Block _____

Section: _____ Subdivision: WESTVIEW

Other: VSH 3 KILMARNOCK, R/T 200, R/T 222, R/T 632 ONE MILE ON RIGHT

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

9-20-99

Date

Buz Lewis

Signature and Title

C.H.S. 203 Rev. 4/83

Sewage Disposal System Operation Permit

Commonwealth of Virginia SEPTIC TANK
Department of Health

Health Department
Identification No. 151-98-377
LANCASTER CITY Health Department



Tax Map No. 26-128 "N"

DONALD + CAROL WILLIAMS - KILMARNOCK, VA. 22482 is hereby granted permission to operate a (Type) II Sewage Disposal System Having a Design Capacity of 3 BRM - 450 gpd, at VSH 3 KILMARNOCK, R/T 200, R/T 222, R/T 632 ONE MILE ON RIGHT

SUBDIVISION	SECTION/BLOCK	LOT
<u>WESTVIEW</u>		<u>#14</u>

This permit is issued in accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) PART IV of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with previously issued permits SAME Dated 11/19/97

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

9/20/99
Effective Date

[Signature]
Recommended (Sanitarian)

[Signature]
Approved (State Health Commissioner)

C.H.S. 205 Rev. 4/83

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
 Department of Health
 LANCASTER CO. Health Department

Health Department
 Identification Number 151-96-377
 Map Reference 26-128-N

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 Donna & Craig Williams Telephone 435-9876
 Address 459 Shiloh School Rd, Kilmarnock For a Type II Sewage Disposal System or Well to be constructed on/at VSH3 Kilmarnock, RT 200, RT 222, RT 632, 1 mi on Right
 Subdivision West View Section/Block _____ Lot 14 Actual or estimated water use 450 gpd

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>N/A</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
To be installed: class <u>II A</u> cased <u>100+</u> grouted <u>20+</u>	Building sewer: <u>2/20/99</u> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Building sewer: <u>4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Septic tank: Capacity <u>1800+</u> gals. (minimum). <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Pump & pump station: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> describe and show design. if yes: _____	Conveyance method: yes <input checked="" 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 checked="" type="checkbox"/> Other <u>2" PVC SCH 40 FOREMAIN</u>	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>3/2/99</u>
Distribution box: Precast concrete with <u>8</u> ports. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>3/2/99</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 _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>3/2/99</u>
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory <u>(18-22" installed) 3/2/99</u>
Absorption trenches: Square ft. required <u>900</u> ; depth from ground surface to bottom of trench <u>18"</u> ; aggregate size <u>1/2-1 1/2"</u> ; Trench bottom slope <u>1-2" / 50'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>50</u> ; Number of trenches <u>6</u>	Date <u>9/20/99</u> Inspected and approved by: _____ Sanitarian



THIS PERMIT IS NOT TRANSFERABLE

Health Department
 Identification Number 151-98-377
 TM# 26-128-N

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

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

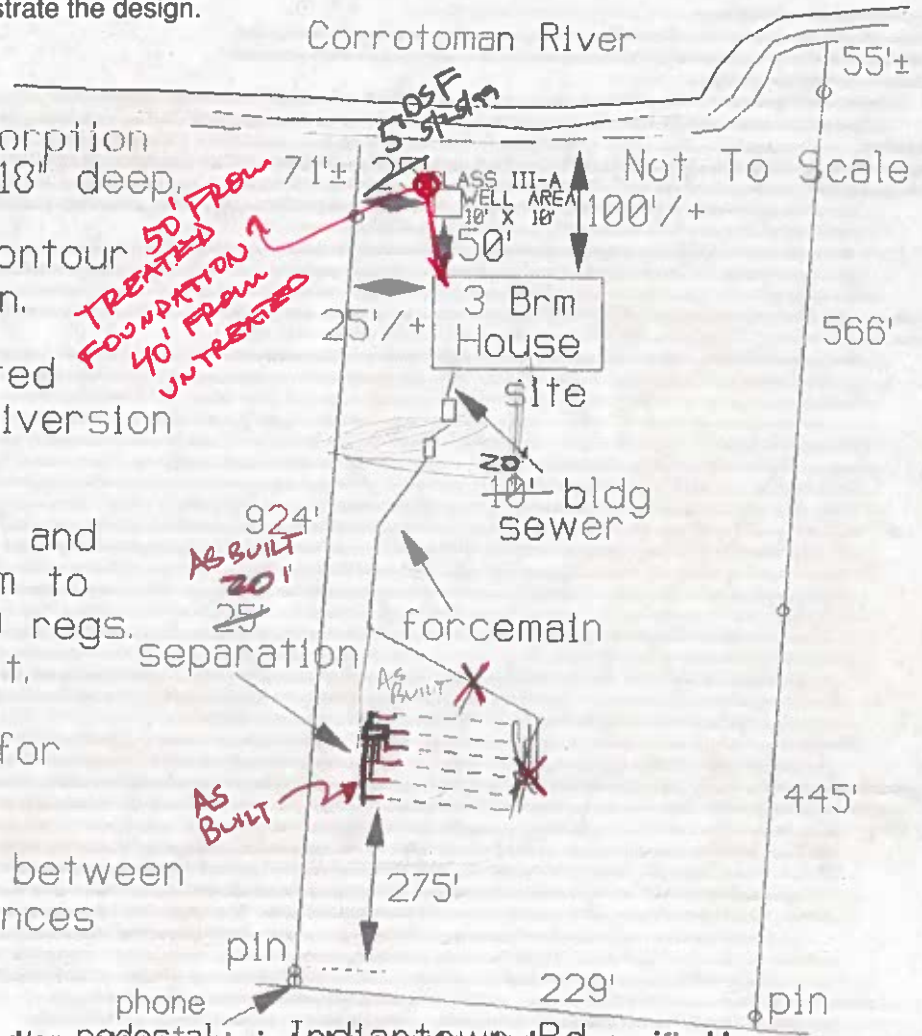
The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.

Construct 6-50' x 3' absorption trenches on 9' centers, 18" deep.
 Construct trenches on contour and in the location shown.
 Soil crown the constructed drainfield as an aid in diversion of surface water.

Pump, pump station, alarm and all controls must conform to Section 4.23 of S H & D regs. See page 3 of the permit.

Set the pump drawdown for 6" per dosing cycle.

Maintain 10'/+ separation between sewage system appurtenances and all utility lines.



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: 11/25/98 Issued by: Norris Cowen Sanitarian
 Date: 12-8-98 Reviewed by: M. S. [Signature] Supervisory Sanitarian

This Construction Permit Valid until 5/25/2000

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

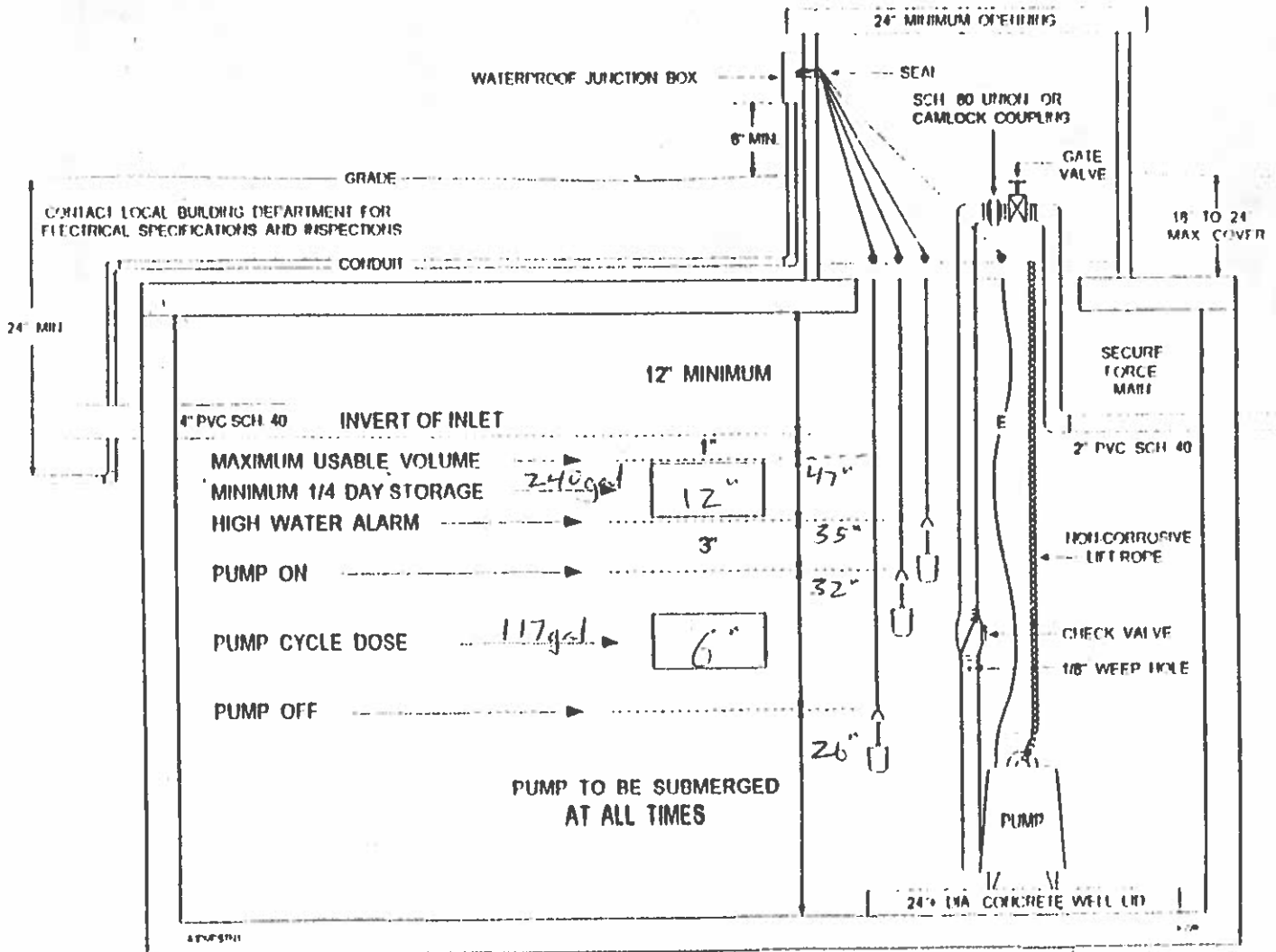
PUMP CHAMBER SIZE IN GALLONS 1000

GALLONS PER CYCLE 117

DRAWDOWN IN INCHES 6

MAXIMUM PUMP CYCLE TIME: (GALLONS PER CYCLE / 21 GPM): 5 MINS, 37 SECS

- PUMP MUST PROVIDE 21 GPM MINIMUM AT SYSTEM HEAD.
 - THE PUMP STATION MUST BE PROVIDED WITH CONTROLS FOR AUTOMATICALLY STARTING AND STOPPING THE PUMP BASED ON WATER LEVEL.
 - THE ELECTRICAL MOTOR CONTROL CENTER AND MASTER DISCONNECT SWITCH SHALL BE PLACED IN A SECURE LOCATION ABOVE GRADE AND REMOTE FROM THE PUMP STATION.
 - EACH MOTOR CONTROL CENTER SHALL BE PROVIDED WITH A MANUAL OVERRIDE SWITCH.
 - A HIGH WATER ALARM WITH REMOTE SENSING AND ELECTRICAL CIRCUITRY SEPARATE FROM THE MOTOR CONTROL CENTER CIRCUITRY SHALL BE PROVIDED.
 - THE ALARM SHALL BE AUDIOVISUAL AND SHALL ALARM IN AN AREA WHERE IT MAY BE EASILY MONITORED (LIVING AREA)
 - ALL ELECTRICAL CONNECTIONS SHALL BE HARDWIRED IN THE ELECTRICAL JUNCTION BOX
 - ALL PIPING SHALL BE OF THE PRESSURE TYPE WITH PRESSURE FITTINGS THAT ARE CHEMICALLY FUSED
 - DO NOT USE ANY COMPRESSION FITTINGS. USE GLUE OR SCREW FITTINGS ONLY.
 - USE AN OPEN FACED CENTRIFUGAL PUMP DESIGNED TO PUMP SEWAGE.
 - PUMP CHAMBER MUST BE LEVEL AND WATERTIGHT.
- USE AN APPROVED PUMP CHAMBER ONLY.



Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Use of form required only when water supply constructed in conjunction with an on-site sewage disposal system, or when FHA, VA financing is involved.

Health Department
I.D. Number 151-98-377

F.H.A. or V.A. Case Number
If Applicable

Map Reference

26 - 128 "N"

Date _____ Local Health Department LANCASTER

Owner Mr + Mrs. Donald Williams Address 459 Shiloh School Road R. L. Marnock, Va. 22482 Phone (804) 435-9876

Exact Location of Premises VSH3 K. L. MARNOCK, R/T 200, R/T 200, R/T 632 ONE MILE ON RIGHT.

Subdivision _____ Section/Block _____ Lot _____

Class of nonpublic drinking water well.

1) Class III	A. (drilled well)	<input checked="" type="checkbox"/>
2) Class III	B. (bored well)	<input type="checkbox"/>
3) Class III	C. (jetted well)	<input type="checkbox"/>
4) Class III	D. (dug well)	<input type="checkbox"/>
5) Other	E. _____	<input type="checkbox"/>

Date of installation 5/25/99

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e.) well log, etc., so note.

- Water well completion report filed as required by 18.02.07. Yes No
- Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
Building Sewer 50' Pretreatment Unit 50' Conveyance System 50' Subsurface Soil Absorption System 50' (nearest point). Property Line _____ Other _____
Site graded where necessary to divert water away from well? Yes No n.a.
- Construction, General: (see Section 18.02.05, and 18.02.02)
Total depth of well 589 feet. Type of casing PVC. Depth of casing 579 feet. Diameter of casing 4x2 inches. Casing extends inches above ground 12". Exterior space around casing sealed with neat cement grout to a depth of 20' feet. Screens constructed of 2" #20 mesh free of rough edges and irregularities, with positive watertight seal between screen and casing? yes no n.a.
Well head and opening to the interior protected? yes no Type of well seal pitless
Pitless adapter used? yes no n.a. Properly installed? yes no n.a. Proper venting? yes no n.a.
- Quantity: Yield and drawdown determined by continuous pumping of ? hours. Drawdown ? feet.
Yield 55 GPM. Type of storage ?
- Quality: Sample tap provided at entry into system? yes no Sample(s) collected? yes no
Results of samples. Satisfactory Unsatisfactory (attach copy of results to this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply is approved.

Remarks: From Drilled Report

Date 9/28/99

Signed [Signature]
Sanitarian

Date _____

Signed _____
Supervisory Sanitarian

Date _____

Signed _____
Regional Sanitarian (If V.A. or F.H.A.)

Uniform Water Well Completion Report

Owner DONALD & CAROL WILLIAMS
 Address _____
 Phone _____
 Location WESTVIEW

Tax Map ID 26-128-M
 VDH Permit 147-98327
 WVCB Permit _____
 WVCB ID _____
 County LANEASTER

* Well Data *

General Information

Drilling Method ROTARY
 Depth to Bedrock _____
 Static Water Level 75'
 Well Disinfected (Y or N) Y

Date Completed 5-25-99
 Yield 55 (GPM)
 Stabilized Water Level _____
 Disinfectant Used HCH

Total Depth of Well 589'
 Length of Test _____
 Natural Flow (Rate) _____
 Amount Used 2 CUPS

Casing

From 0 to 240
 Size 4" Material PVC
 Weight/Schedule 40

From 240 to 554
 Size 2" Material PVC
 Weight/Schedule 40

From 554 to 574
 Size 2" Material PVC
 Weight/Schedule 20

Gravel Pack

From _____ to _____

From _____ to _____

From _____ to _____

Grout

From 0 to 20'
 Bore Hole Size 2 1/2"
 Type CEMENT
 Method _____

From _____ to _____
 Bore Hole Size _____
 Type _____
 Method _____

From _____ to _____
 Bore Hole Size _____
 Type _____
 Method _____

Water Zones or Screened Intervals

From 574 to 589
 Mesh Size 20 Diam. 2"
 From _____ to _____
 Mesh Size _____ Diam. _____

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

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

* Use Data *

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

The information contained here is true and correct and this well was installed and constructed in accordance with all applicable state and local regulations, ordinances and laws.

Name Fetterolf Well Drilling
 Address HCR 611 Box 678
Topping, VA 23169
 Phone (804) 758-4050 FAX (804) 758-3513

Drillers Signature Bennie Fetterolf Date 7-26-99 Representing Fetterolf Well Drilling
 Virginia Contractors License Number 2705003029