Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number 03-100-1389

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

Date Oct 6, 2004 Local Health Department Accomack County

Owner Nancy Hall Address 2141 Fleming Rd Greenbackville, VA 23356 Phone

Exact Location of Premises

Subdivision Section/Block Lot

Class of nonpublic drinking water well. 1) Class III A ✓
2) Class III B
3) Class III C
4) Other

Date of installation 11/3/03

CONSTRUCTION INFORMATION

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

1. Water well completion report filed as required by Sec. 2.18 Yes ☑ No ☐
2. Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations.
   Building Sewer 50'+ Pretreatment Unit 50'+
   Conveyance System 50'+ Subsurface Soil Absorption System 50'+
   (nearest point). Property Line 25' Other
   Site graded where necessary to divert water away from well? Yes ☑ No ☐ N/A ☐
3. Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).
   Total depth of well 220 feet. Type of casing PVC
   Depth of casing 200 feet. Diameter of casing 4 inches.
   Casing extends inches above ground 12. Exterior space sealed with neat cement grout to a depth of 20 feet. Screens constructed of
   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 adapter used? Yes ☑ No ☐ N/A ☐
   Properly installed? Yes ☑ No ☐ N/A ☐ Proper venting? Yes ☑ No ☐ N/A ☐
4. Quantity: Yield and drawdown determined by continuous pumping of hours. Drawdown 20 feet. Yield Unknown GPM. Type of storage.
5. Quality: Sample tap provided at entry into system? Yes ☐ No ☑ Samples(s) collected? Yes ☐ No ☐ Results of samples. Satisfactory ☑ Unsatisfactory ☐ (attach copy of results of 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 meets ☑ does not meet ☐ the requirements of the Private Well Regulations.

Remarks:

Date Oct 6, 2004 Signed Cathy Plant
Sanitarian

Date Oct. 14, 2004 Signed Robert E Savage
Supervisory Sanitarian

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

C.H.S. 204 Revised 9/90

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
ACCOMACK COUNTY Health Department

Health Department Identification Number 03-100-1389
Map Reference 4((A))12

General Information

Water Supply System: New ____ Repair XX 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 NANCY HALL Telephone ____
Address 2141 FLEMING RD. GREENBACKVILLE, VA For a Type NA Sewage Disposal System or Well to be constructed on/at FLEMING RD., GREENBACKVILLE
Subdivision ____ Section/Block ____ Lot ____ Actual or estimated water use NA

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) dEEP WELL **To be installed:** class IIIA cased 100' MIN. grouted 20' MIN.	**Water supply location:** Satisfactory yes ☑ no ☐ comments JCD 9-21-04 Completion Report G. W. 2 Received: yes ☑ no ☐ not applicable ☐
Building sewer: ____ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ____	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity ____ gals. (minimum). ☐ Other ____	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ____	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory
Pump and pump station: No ☐ Yes ☐ describe and show design. if yes: ____	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ____	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with ____ ports. ☐ Other ____	**Distribution box:** yes ☐ no ☐ comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other ____	**Header lines:** yes ☐ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ____	**Percolation lines:** yes ☐ no ☐ comments Satisfactory
Absorption trenches: Square ft. required ____: depth from ground surface to bottom of trench ____; aggregate size ____: Trench bottom slope ____; center to center spacing ____; trench width ____ Depth of aggregate ____; Trench length ____; Number of trenches ____	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory Date July 2, 2004 Inspected and approved by: Cathy Pleasants Sanitarian

OWS 202A

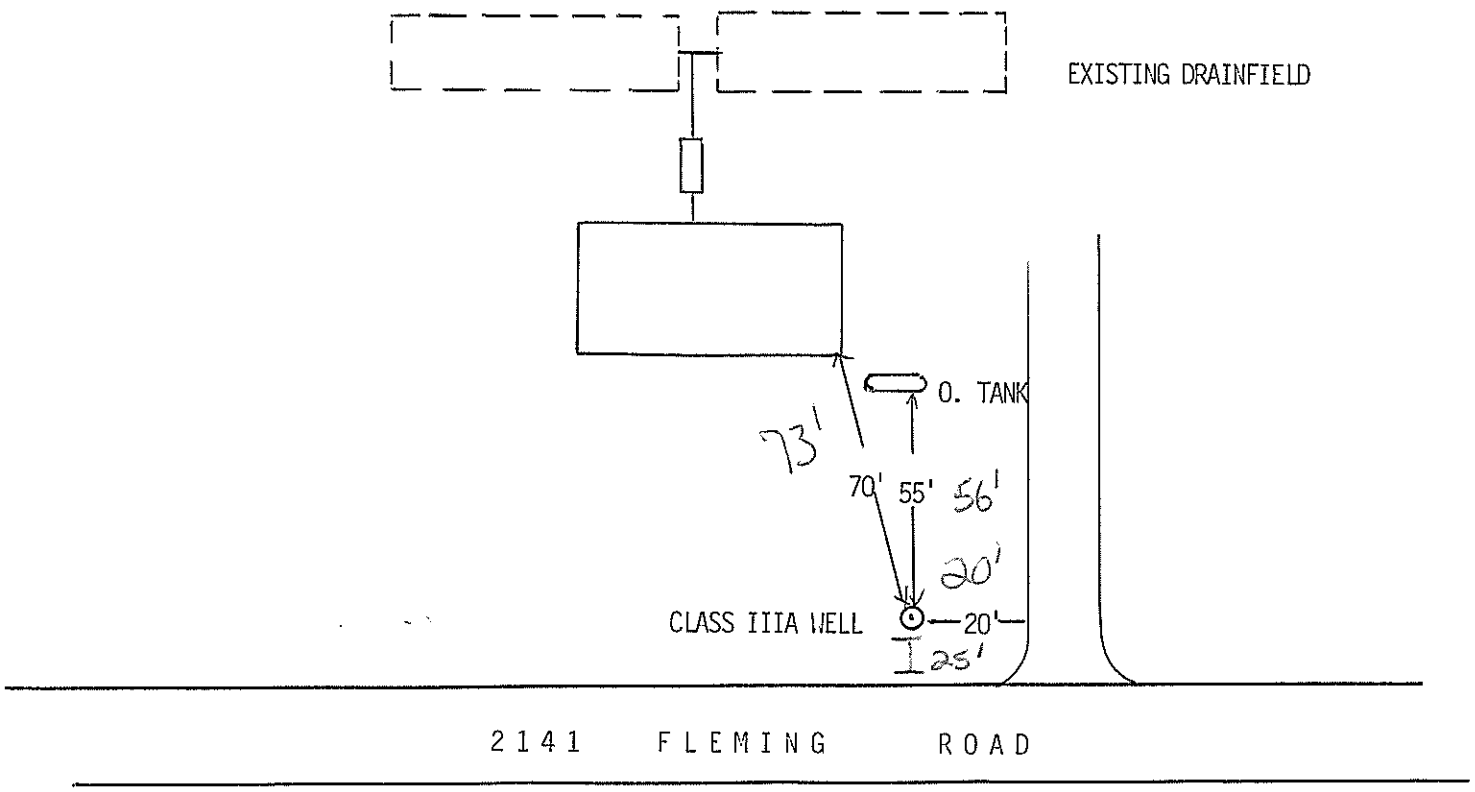
OK Esent 11/18/03

Health Department Identification Number 03-100-1389

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

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

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



This sewage disposal system and/or water supply is to be constructed as specified by the permit X 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: NOV 7, 2003 **Issued by:** _____ Sanitarian

Date: 11/12/03 **Reviewed by:** _____ Supervisory Sanitarian

This Construction Permit Valid until MAY 7, 2007

If FHA or VA financing

Reviewed by Date 10/14/04 _____ Supervisory Sanitarian **Date** _____ _____ Regional Sanitarian

C.H.S. 202B

03-100-1389

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Nancy Hall
Address 2141 Fleming Road
Greenbackville, VA
Phone
Location SEE ATTACHED MAP

Tax Map ID
VDH Permit
VWCB Permit
VWCB ID
County AccomacK County

* Well Data *

General Information
Drilling Method
Depth to Bedrock
Static Water Level 20'
Well Disinfected (Y or N) Y

Date Completed 11-03-03
Yield 1200 (GPM) (GPH)
Stabilized Water Level 40'
Disinfectant Used Chlorine

Total Depth of Well 220'
Length of Test
Natural Flow (Rate)
Amount Used

Casing
From 0 To 130'
Size 4" Material PVC
Weight/Schedule Sch. 40

From 130' To 200'
Size 2" Material PVC
Weight/Schedule Sch. 40

From To
Size Material
Weight/Schedule

Gravel Pack
From To

From To

From To

Grout
From 0 To 20
Bore Hole Size
Type Cement
Method

From To
Bore Hole Size
Type
Method

From To
Bore Hole Size
Type
Method

Water Zones or Screened Intervals
From 200' To 220'
Mesh Size 60 Diam
From To
Mesh Size Diam

From To
Mesh Size Diam
From To
Mesh Size Diam

From To
Mesh Size Diam
From To
Mesh Size Diam

* Use Data *

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

* Abandonment Information *

Bored or Dug Wells
Casing Removed, Y or N?:
If Y, Depth to which casing was removed:
Depth and Type of Fill:
Source of Fill
Bentonite Plugs: From to From to

Wells other than Bored Wells
Casing removed, Y or N?
Depth to which casing was removed:
Applicable, depth(s), and type of gravel/sand fill:
Source of gravel or sand:
XXCement: From to From to

Method of permanently marking location:

03-100-1389

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks

(User additional Sheets if necessary)

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit a
further that the well complies with all applicable state and local regulations, ordinances and laws.

Name BOGGS WATER & SEWAGE, INC.
Address P. O. BOX 333
MELFA, VA. 23410
Phone 804/787-4000

Drillers Signature Nathan L. Royston
Date 11-13-03 Representing Boggs Water & Sewage, Inc.
Virginia Contractors License Number Class A 012466 2701

03-100-1389

BACTERIOLOGICAL CERTIFICATE OF ANALYSIS.

SAMPLE № 63902

(See reverse side for instructions)

MID-ATLANTIC LABORATORIES, INC.

State Certified
Environmental Laboratory
Va Lab I.D. #00215 MD Cert #215
WV Lab I.D. # 9926, NC Lab ID #51704
14294 Big Timber Road
King George, Va. 22485

TEL: 804-742-5577

DATE/TIME COLLECTED		COLLECTED BY	AGENCY/COMPANY
2/12/04	A M 2:30 P M	Paul Justis	Boggs Water & Sewage, Inc.

FAX RESULTS TO:	FAX #	DAYTIME TEL #
	757/787-4553	757/787-4000

PLEASE PRINT NAME & MAILING ADDRESS BELOW

SEND REPORT TO

NAME Boggs Water & Sewage, Inc.
STREET P. O. Box 333
Nelfa, VA 23410
CITY STATE ZIP

OWNER & ADDRESS OF WATER SUPPLY

NAME Nancy Hall
STREET
CITY Greenbackville, STATE VA ZIP 23356

IF PUBLIC SYSTEM OR NEW WELL, COMPLETE BELOW

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

FORM OF PAYMENT

☐ CHECK ☐ MONEY ORDER # 60721
☐ CUSTOMER ACCOUNT Boggs

TO BE COMPLETED BY LAB ONLY

	DATE	TIME	BY
RECEIVED IN LAB	2/13/04	1000 AM PM	Pam
COMPLETED	2-14-04	1000 AM PM	ANALYST

METHOD

☒ ONPG-MUG (24-HR) ☐ MPN
☐ ONPG-MUG (18-HR) (Bacterial Count)
☐ OVER 30 HRS. (May be invalid)

RESULTS

BOX MARKED WITH "X" INDICATES YOUR RESULTS (EXPLANATION AT RIGHT)

☒ NO COLIFORM BACTERIA WERE *DETECTED* IN THIS SAMPLE- -therefore this sample PASSES THE POTABILITY TEST required by the Environmental Protection Agency (EPA)

☐ TOTAL COLIFORM BACTERIA WERE DETECTED IN THIS SAMPLE—therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA). For further information or recommended action, contact your local or state Health Department, drinking water division

☐ TOTAL COLIFORM AND *E. coli* (FECAL COLIFORM) BACTERIA WERE DETECTED IN THIS SAMPLE—therefore this sample DOES NOT PASS THE POTABILITY TEST required by the Environmental Protection Agency (EPA). ***NOTE. The presence of E. coli bacteria indicates a potentially serious health threat.*** For further information or recommended action, contact your local or state Health Department, drinking water division.

☐ OTHER: _____

FEB-14-04 04:58 PM MID. ATLANTIC LAB 8044425690 P.02

25.00

0400

updated 11/2/03 JJS/sm

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

Repair Well

Health Department ID 03-100-1389

TAX MAP# 4((A))12

To Be Completed By The Applicant

11/3/03

Type of sewage system: N/A ___ New ___ Repair ___ Expanded ___ Conditional

FHA/VA yes ___ no ✓ Case No ___

Owner Nancy Hall Address 2141 Fleming Rd. Greenbackville, Va. 23356 Phone 824-0864

Agent Boggs Water + Sewer, Inc. Address P.O. Box 333 Melfa Va. 23410 Phone 787-4000

Directions of Property Fleming Rd. - Last House on E. Side before Md. State Line

Subdivision ___ Section ___ Block ___ Lot ___

Other Property Identification White Ranch

Dimension/size of Lot/Property Part of 10 Acre Parcel

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 (Number of Bedrooms 3) ___ Multi-family (Number of Units 1)
- Basement ✓ Yes ___ No
- Fixtures in Basement ___ Yes ✓ No

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

If yes, give volumes and describe ___

IV. Water Supply: ___ Public ✓ Private ___ New ___ New ___ Existing ✓ Existing

Describe: 2" D.W.

V. Proposed Sewage Disposal Method: N/A

Onsite Sewage Disposal System: ___ Septic Tank Drainfield ___ LPD ___ Mound ___ Other

Public Sewerage System proposed replacement D.W.

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.

Nathan L. Hunter (Boggs W+S) 11/3/03

Signature of Owner/Agent Date

CHS 200

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 100-84-047

Accomack County Health Department

Date 3/16/84

Name of Company/Corporation/Individual: Boggs Water & Sewage, Inc.

Address: P.O. Box 333, Melfa, Virginia 23410 Telephone: 804-787-4000

Owner's Name Mrs. Nancy Hall

Owner's Address P.O. Box 54, Greenbackville, Virginia 23356

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: Rt. 679 at MD line

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 2/29/84 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

F. B. Killmon, Jr. (M.D.)
Signature and Title

APR 2 6

B.W.E. 29-1

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Tax Map No. 4((A))12

Health Department Identification No. 100-84-47

Accomack Health Department

Nancy Hall is Hereby Granted Permission to Operate a (Type) 1 Sewage Disposal System Having a Design Capacity of 300 gpd, at Rt. 678 at Md. line east side

SUBDIVISION	SECTION/BLOCK	LOT

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 _____

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

2-29-84
Effective Date

Don L. Turner
Recommended (Sanitarian)

Approved (State Health Commissioner)

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

APR 2 6

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

_____ Health Department

Health Department Identification Number 100-84-47
Map Reference 4 ((A)) 12

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 ~~Peter~~ Nancy Hall Telephone _____

Address Box 54 / Brunkenbuttle

For a Type 1 Sewage disposal system which is to be constructed on/at Rt 679 at mel line

Subdivision _____ Section/Block _____ Lot _____

Actual or estimated water use 300

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class II-2 cased 100 ft grouted 20 ft	**Water supply location:** yes ☑ no ☐ comments Satisfactory
Building sewer: 4 I.D. PVC 40, or equivalent. Slope 1.25″ per 10′ (minimum). ☐ Other _____	**Building sewer:** yes ☑ no ☐ comments Satisfactory
Septic tank: Capacity 750 gals. (minimum). ☐ Other _____	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC 40, 4″ tees or equivalent. ☐ Other _____	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☒ Yes ☐ describe and shown design. if yes: _____	**Pump & pump station:** yes ☐ no ☑ comments Satisfactory
Gravity mains: 3″ or larger I.D., minimum 6″ fall per 100′, 1500 lb. crush strength or equivalent. ☐ Other _____	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with 5 ports. ☐ Other _____	**Distribution box:** yes ☑ no ☐ comments Satisfactory
Header lines: Material: 4″ I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2′ into absorption trench. Slope 2″ minimum. ☐ Other _____	**Header lines:** yes ☑ no ☐ comments Satisfactory
Percolation lines: Gravity 4″ plastic 1000 lb. per foot bearing load or equivalent, slope 2″ 4″ (min. max.) per 100′. ☐ Other _____	**Percolation lines:** yes ☑ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 400: depth from ground surface to bottom of trench 24 in; aggregate size 5-1.5: Trench bottom slope 2-4 in / 100 ft; center to center spacing 8 ft; trench width 24 in MAR 6	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory Date 3/29/84 APR 26 Inspected and approved by: _____ Sanitarian

Health Department Identification Number 100-84-047

Schematic drawing of sewage disposal system and topographic features. PAGE ____ OF ____

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.

See attached site plan sketch

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: 2/29/84 Issued by: Don Turner
Sanitarian

Date: 3-5-84 Reviewed by: F. C. Jones
Supervisory Sanitarian

~~If FHA or VA financing~~

Reviewed by Date 3-23-84 F. C. Jones Date _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B Revised 4/83

MAR 6

Form GW-2
1978-10,000

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. 100-84-047

(Certification of Completion/County Permit)

3-21 PD, Hearin

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

SWCB Permit _____
County Permit _____
Certification of inspecting official:
This well does _____ does not _____ meet code/low requirements.
S. _____
Date _____
For Office Use

County/City Accomack
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 Nancy Hall
• Well Designation or Number _____
Address P.O. Box 54
Greenbackville, VA 23356
Phone 824-4244

• Drilling Contractor Boggs Water & Sewage, Inc.
Address P.O. Box 333
Melfa, Virginia 23410
Phone 787-4000

Tax Map I.D. No. _____
Subdivision _____
Section _____
Block _____
Lot _____
Class Well: I _____, IIA _____, IIB _____, IIIA _____, IIIB _____, IIIC _____ IIID _____ IIIE _____

WELL LOCATION: _____(feet/miles _____direction) of _____
and _____feet/miles _____(direction) of _____
(If possible please include map showing location marked) – see attached drawing

Date started _____ • Date completed 3/14/84 Type rig _____

I. WELL DATA: New ____ Reworked ____ Deepened ____
• Total depth 215 ft.
• Depth to bedrock _____ ft.
• Hole size (Also include reamed zones)
• _____ inches from _____ to _____ ft.
• _____ inches from _____ to _____ ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 4 inches from 0 to 70 ft.
Material PVC
Wt. per foot _____ or wall thickness _____ in.
• 2 inches from 70 to 200 ft.
Material PVC
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)
• 2 inches from 200 to 215 ft.
• Mesh size 60 Type PVC
• _____ 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 20 ft., Type concrete
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ °F
• Static water level (unpumped level-measured) 18.5 ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield 25 gpm after 1 hours
Natural Flow: Yes ____ No ____, flow rate. _____ g pm
Comment on quality _____

3. WATER ZONES: From _____ To _____
From _____ To _____, From _____ To _____
From _____ To _____, From _____ To _____

4. USE DATA:
Type of use: Drinking X, 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 Sub. • Rated H.P. 1/2,
• Intake depth 58 • 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 _____

OVER

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 100-84-047

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

Map Reference: 4 | A | 12

Date 3/14/84 Local Health Department Accomack

Owner Nancy Hall Address P.O. Box 54 Greenbackville Phone 824-4244

Exact Location of Premises Va Rt-679 - 1/4 mile S of Md. line

Subdivision _____ Section/Block _____ Lot _____

Class of nonpublic drinking water well.

1) Class III	A. (drilled well)	☐
2) Class III	B. (bored well)	☐
3) Class III	C. (jetted well)	☐
4) Class III	D. (dug well)	☐
5) Other	E. 2A	☒

Date of installation _____

CONSTRUCTION INFORMATION

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

1. Water well completion report filed as required by 18.02.07. Yes ☒ No ☐
2. 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 60 Conveyance System 70 Subsurface Soil Absorption System 70 (nearest point). Property Line 90 Other _____.
   Site graded where necessary to divert water away from well? Yes ☒ ☐ No n.a. ☐
3. Construction, General: (see Section 18.02.05, and 18.02.02)
   Total depth of well 215 feet. Type of casing PVC. Depth of casing 200' feet. Diameter of casing 2 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 60 mesh PVC 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 adapter used? yes ☒ no ☐ n.a. ☐ Properly installed? yes ☒ no ☐ n.a. ☐ Proper venting? yes ☐ no ☐ n.a. ☐
4. Quantity: Yield and drawdown determined by continuous pumping of 1 hours. Drawdown 7½ feet. Yield 25 GPM. Type of storage _____.
5. 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: _____

Date 4/2/84 Signed [signature] Sanitarian

Date 4-23-84 Signed F. C. Jones Supervisory Sanitarian

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

C.H.S. 204 Rev. 4/83

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number 100-84-047
Tax Map Number 4 ((A)) 12

General Information

Date 2/24/84 — Accomack Health Department

Applicant Mrs Nancy Hall Telephone No. _____

Address Box 54 Greenbackville Va

Owner Same Address _____

Location west to new home in field Rt 679 at tel. line.

Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes ☑ No ☐ Describe _____

2. Slope 0-1 %

3. Depth to rock/impervious strata Max. N/A Min. _____ None _____

4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☑ 48 inches

5. Free water present No ☒ Yes ☐ _____ range in inches

6. Soil percolation rate estimated Yes ☑ Texture group I (II) III IV
   No ☐ Estimated rate _____ min/ inch

7. Percolation test performed Yes ☐ Number of percolation test holes _____
   No ☒ Depth of percolation test holes _____
   Average percolation rate _____

Name and title of evaluator: D Turner

Signature: Dora L Turner

Department Use

☒ Site Approved: Drainfield to be placed at 24 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 _____

C.H.S. 201A Revised 4/83

MAR 6

Date of Evaluation 2/29/84

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. 100-84-047

Page 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 pro**file** 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	B	0-48	Tan sandy loam	TT
	C	48-52	Tan & grey mottles Sloam	TT
2 & 3	Same as 1			

Remarks:

C.H.S. 201B Revised 4/83

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Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number 100-84-047
Map Reference 4 (A-1) 12

Accomack Health Department

Date Received 2-28-84

To Be Completed By The Applicant

Type sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☒

Owner Mrs. Nancy Hall Address P.O. Box 54 Greenbackville, VA. Phone _____

Agent Boggs Water + Sewage, Inc Address P.O. Box 333 Melfa, VA 23410 Phone 787-4000

Directions to Property Route #679 - Eastside - few hundred yards from the Maryland Line.

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property Approx. 100'X200'

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 2
Basement ☐ Yes ☒ No
Fixtures in Basement ☐ Yes ☒ No

III. Commercial Use ☐ Yes ☒ No Describe: _____

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

IV. Water Supply: ☐ Public ☒ New Describe: 4X2 Deep Well
☒ Private ☐ Existing

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

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

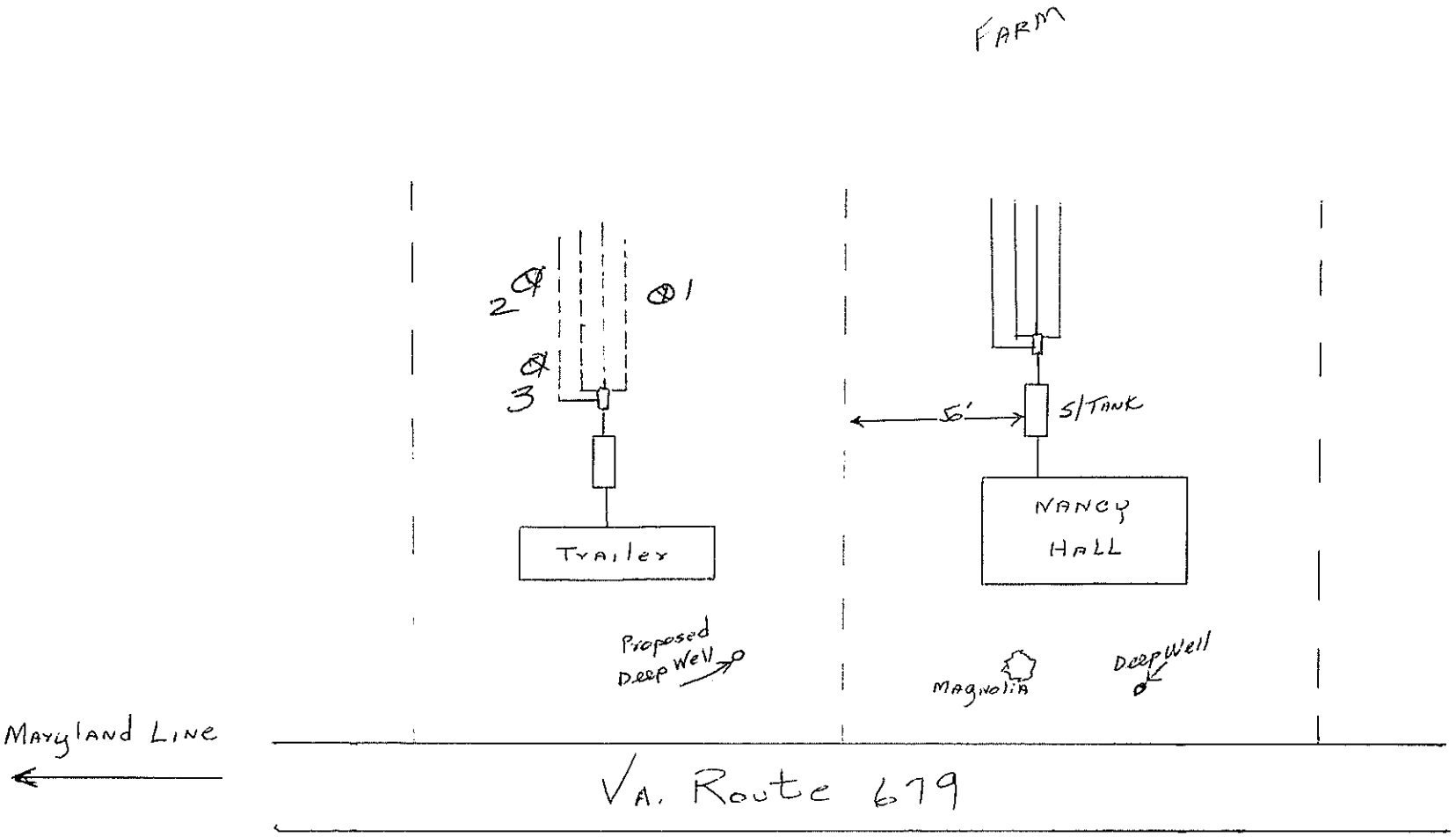
The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application. BOGGS WATER + SEWAGE, INC.

Signature of owner/agent

2/27/84
Date

C.H.S. 200 Revised 4/83

MAR 6



MAR 6

106-84-047