Fairfax County Health Department
Division of Environmental Health
ONSITE SEWAGE AND WATER SECTION
PERMIT TO REPAIR ONSITE SEWAGE SYSTEM

Health Department # 80891080 **Tax Map #** 2-2-001-3A **Date** 12/13/2021

Owner Garrett **Phone** 540 270-0629

Property Address 209 Seneca Road Great Falls, VA 22066

Subdivision _____ **Sec./Block** _____ **Lot** 3A

Type of System Conventional Gravity **System Design** 3 Bedroom/ ___

Owner/Agent _____ **Phone** _____

Mailing Address _____

For: ☒ Dwelling ☐ Commercial Property ☐ Other, describe: _____

This permit authorizes the following repairs:

☐ Replace and/or repair sewer line.

☐ Replace _____ malfunctioning effluent pump(s) with pump(s) rated at a minimum of 40 gpm @ _____ feet of TDH and a maximum of 80 gpm @ _____ feet of TDH. Pumps must be equivalent to originally approved pumps.

☐ Replace electrical junction box on the pump chamber.

☐ Replace septic tank lid and/or pump chamber lid.

☐ Replace or repair pump control box.

☐ Replace or repair force main.

☒ Replace and/or repair conveyance line and/or header lines

☐ Replace damaged flow diversion valve and/or valve stem.

☐ Replace ___ malfunctioning pump chamber float(s) and/or ___ gate valve(s) and/or ____ check valve(s) and/or piping. Reset drawdown between on and off float to ____ inches.

☒ Replace and/or reparge 1 damaged distribution box (es).

☒ Replace outlet and/or inlet tee(s).

☐ Other: _____

Comments: _____

Note: Repairs must be made in accordance with all applicable State Regulations and County Codes. All repairs must be inspected by the Fairfax County Health Department upon completion. Contact the Fairfax County Health Department at 703-246-2201 to arrange for an inspection date.

Further repairs may be required to the Onsite Sewage System if problems are identified during repairs and/or inspections. This Onsite Sewage System repair is null and void if conditions are changed from those shown on the repair permit. No part of any repair shall be covered until inspected, corrections made if necessary, and approved, by the Health Department or unless expressly authorized by the Health Department. Any part of any repair which has been covered prior to approval shall be uncovered, upon the direction of the Department.

Date: 12/13/2021 **Issued by:** John Dickson, REHS II
Environmental Health Specialist

Date: 12/16/2021 **Repairs Approved by:** Lauren Yerrick
Environmental Health Specialist

Date: 12/17/21 **Reviewed by:** _____
Environmental Health Supervisor

EHO21-12/10
REV. 9-2018 V2

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number: 80891080

Fairfax County Health Department

Name of Company/Corporation/Individual: Great Falls Septic Service Inc

Address: 380 Burnt Factory Rd Stephenson, VA 22656 Telephone: 540-545-7075

Property Owner's Name: W. E. Garrett

Property Owner's Address: 209 Seneca Road, Great Falls, VA 22066

Location of Installation: Subdivision: 1 Section: _____ Block: _____ Lot: 4

Property Address: 209 Seneca Road, Great Falls, VA 22066

I herby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) Dec. 13, 2021 and is in compliance with Part V (12VAC5-610-660 et seq.) of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Dec. 16, 2021
Date

Joshua Hott #1944002147
Signature and License Number

This form contains personal information subject to disclosure under the Freedom of Information Act.

Revised: September 19, 2019

[illegible]bing Department- ~~2-[illegible]-3~~ 2-2-221 3A
Existing House

DATE 26 February 1968

TO: DIVISION OF INSPECTIONS

FROM: HEALTH DEPARTMENT

RE: NOTIFICATION OF ISSUANCE OF SEPTIC TANK PERMIT AND/OR WELL PERMIT

OWNER'S NAME W.E.Garrett

BUILDING APPLICATION NUMBER Existing House

LOCATION: LOT 3A SECTION ((1)) SUBDIVISION Map 2

OTHER IDENTIFYING INFORMATION 209 Seneca Road

SEPTIC TANK FERMIT ISSUED FOR X DWELLING Existing

_____ OTHER

WELL PERMIT ISSUED FOR _____ DWELLING

_____ OTHER

SEPTIC TANK DESIGNED FOR 3 BEDROOMS

Y AUTOMATIC WASHER

Y GARBAGE DISPOSAL

_____ OTHER

THE ABOVE IS TO BE COMPLETED IN QUADRUPLICATE EACH TIME A SEPTIC TANK PERMIT IS ISSUED. 2 COPIES TO DIVISION OF INSPECTIONS, 2 TO BE RETAINED WITH SEPTIC TANK PERMIT AND/OR WELL PERMIT.

NOTIFICATION OF FINAL INSPECTION OF SEPTIC TANK AND/OR WELL

DATE OF FINAL INSPECTION OF SEPTIC TANK	DATE OF FINAL INSPECTION OF WELL
APPROVED 5-22-68	APPROVED
NOT APPROVED NO FDV	NOT APPROVED

NOT APPROVED FOR THE FOLLOWING REASONS:

ENTERED
CB map

SIGNED _____

TWO COPIES TO BE COMPLETED AFTER EACH FINAL INSPECTION WHETHER APPROVED OR NOT. ONE COPY TO DIVISION OF INSPECTIONS -- ONE TO SEPTIC TANK INSPECTION FORM.

THE IDENTIFYING INFORMATION AT TOP OF THIS FORM MUST ALSO BE COMPLETED.

W-49

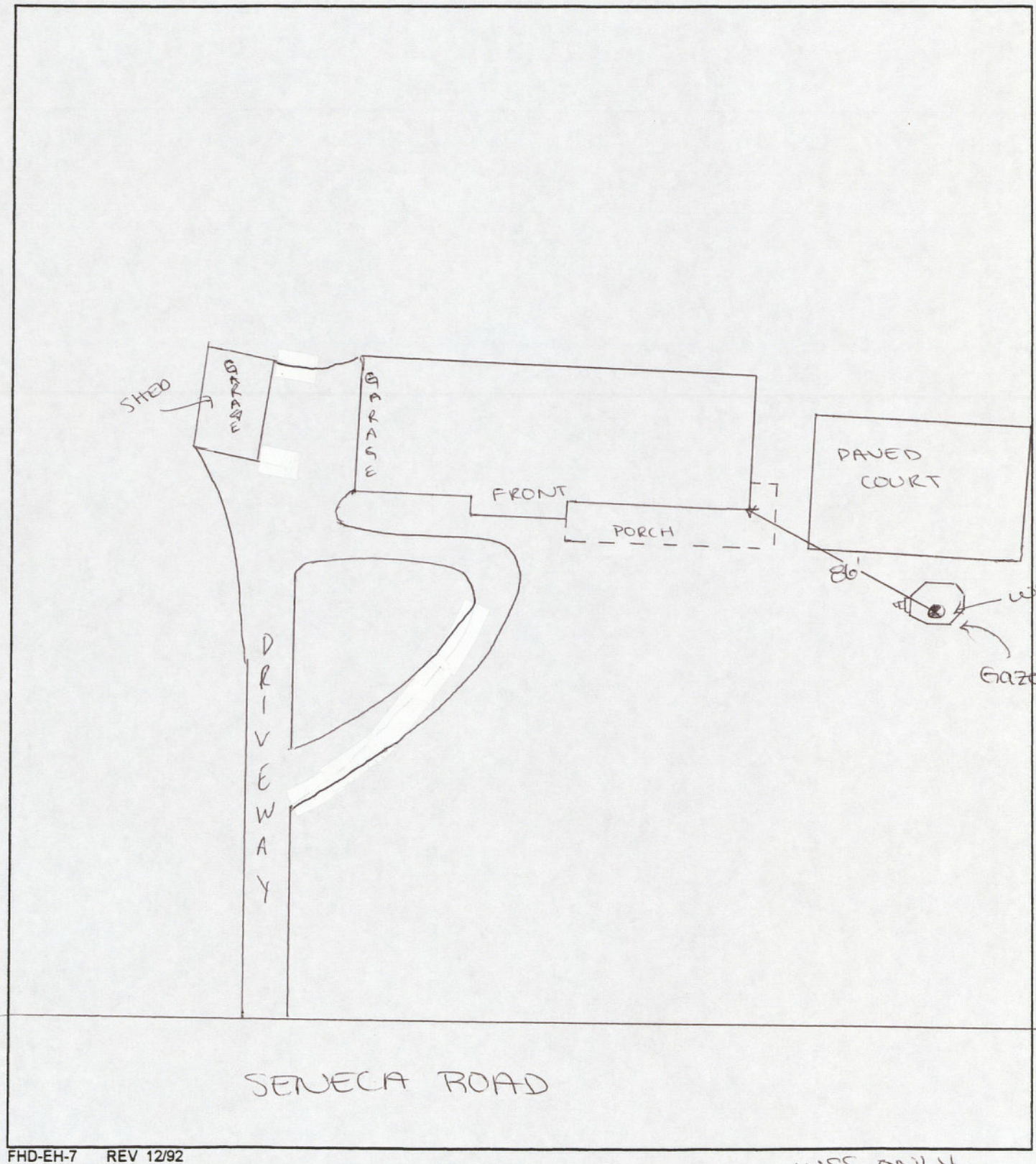
FAIRFAX COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL SYSTEM/WELL WATER SUPPLY AS-BUILT

Tax Map ID: 2-2-001-3A

Street Address: 209 Seneca Rd

Subdivision: N/A

City, State, Zip: Great Falls VA 22066



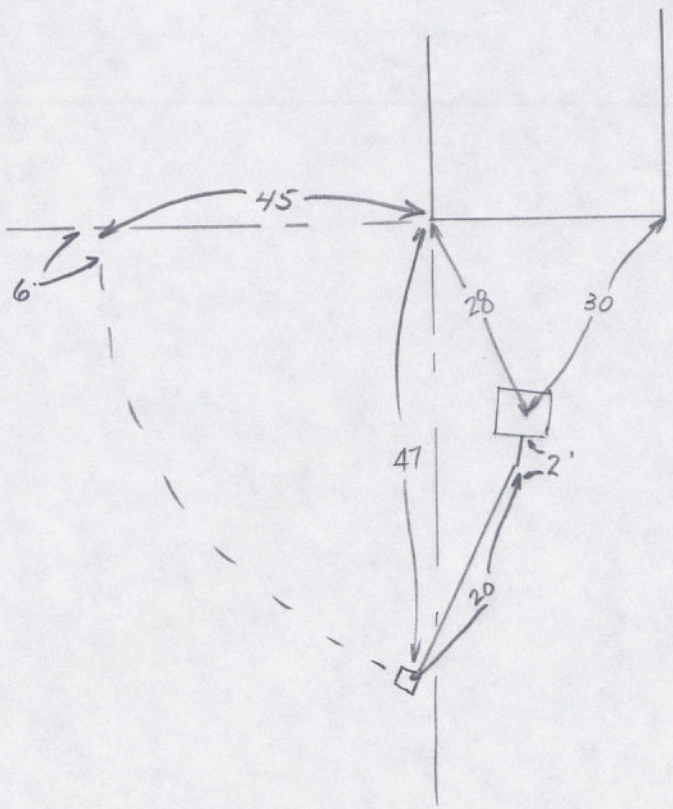
FHD-EH-7 REV 12/92

WSS ONLY
HLW 04/03/07

PERMIT #_____ LOCATION: 2-2-001-3A
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

209 Seneca Rd



Sketch to show location of septic tank flow diversion valve distribution boxes and well.

File 002-2

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

Owner's Name Garrett?

Tax Map: 2 - 2 / 0011 / - / 3A
Map Grid Sub Block Lot

Street Address 209 Seneca Rd

Subdivision N/A

City, State, Zip Great Falls VA 22066

Phone #

DATE	COMMENTS	RESCH DATE	INITIALS
04/03/07	Site visit. well located under a gazebo. Gazebo floor comes out for access to the wss. Owner states he hasn't had a problem w/ the wss. wss GPS'd & asbuilt created.	File C	HrV

REV. 10-90
FHD-EH-6

PERMIT # _____ LOCATION: 2-2-001-3A
Subdivision or Tax Map Ref.

PART I

WATER SUPPLY INSPECTION REPORT (To Supplement LHS 143)

Well Installed By _____ Pump Installed By _____

I. GROUT INSPECTED . . . . . _____ _____
Date Sanitarian

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED . . _____ _____
Date Sanitarian

III. TYPE OF INSTALLATION: /_/PITLESS ADAPTER/_/PIT /_/SURFACE _____ _____
(4"Drain) (Drain) App.Date Sanitarian

IV. STORAGE TANK. . . . . _____ _____
Date Sanitarian

Gate Valve___ Sample Tap and Elec.Dis. Switch_____
Check Valve___ Backflow Preventer____ Press.Relief Valve____

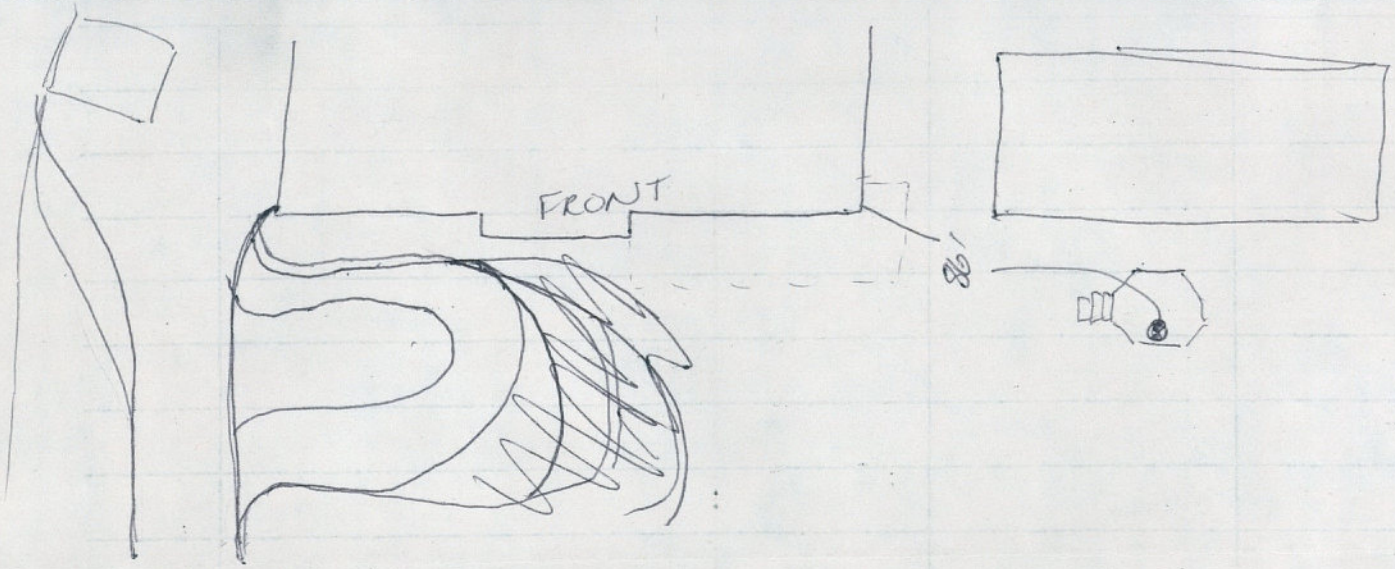
V. INITIAL WATER SAMPLE COLLECTED. . . . . _____ _____
Date Sanitarian

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN

PART II

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To Supplement LHS 141)

DATE	RECORDS OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
8-28-79	Visited property and found unapproved pipe in ditch. Told owner to replace pit. No other work completed on system	Hold	JMM
10-3-79	No show for 1:00 pm SOS ✓, Grease trap installed but needs top. Distribution box appears to be installed properly. Pipe in ditch is OK but we need to ✓ grade and pipe needs to have 4" of gravel over top	Hold	JMM
	Tried to call Owner but could not get an answer at Home	Hold	JMM
1-23-80	TRAP IS IN USE, DOES HAVE A TOP. PIPE IS CORRECT TYPE BUT HAS NOT BEEN CHECKED GRADE WISE AND STILL NEEDS 8" more gravel - over AND AROUND IT. DITCH IS OPEN - LEAVES HAVE COVERED PIPE - DIRT HAS FALLEN IN. NO ONE HOME.	LETTER SENT	cj
1-30-80	Ms. Garrett called to discuss letter. Gave her Dranesville Septic Svc name to complete Grease trap Re 2-10-80		cj


FRONT

PERMIT # _____ LOCATION: 2-2-001-3A
Subdivision or Tax Map Ref.

PART I . WATER SUPPLY INSPECTION REPORT (To Supplement LHS-143)

Well Installed By _____ Pump Installed By _____

I. GROUT INSPECTED..... _____ _____
Date Sanitarian

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED _____ _____
Date Sanitarian

III. TYPE OF INSTALLATION: / /PITLESS ADAPTOR / /PIT / /SURFACE _____ _____
(4"Drain) (Drain) Date Sanitarian

IV. STORAGE TANK..... _____ _____
Date Sanitarian

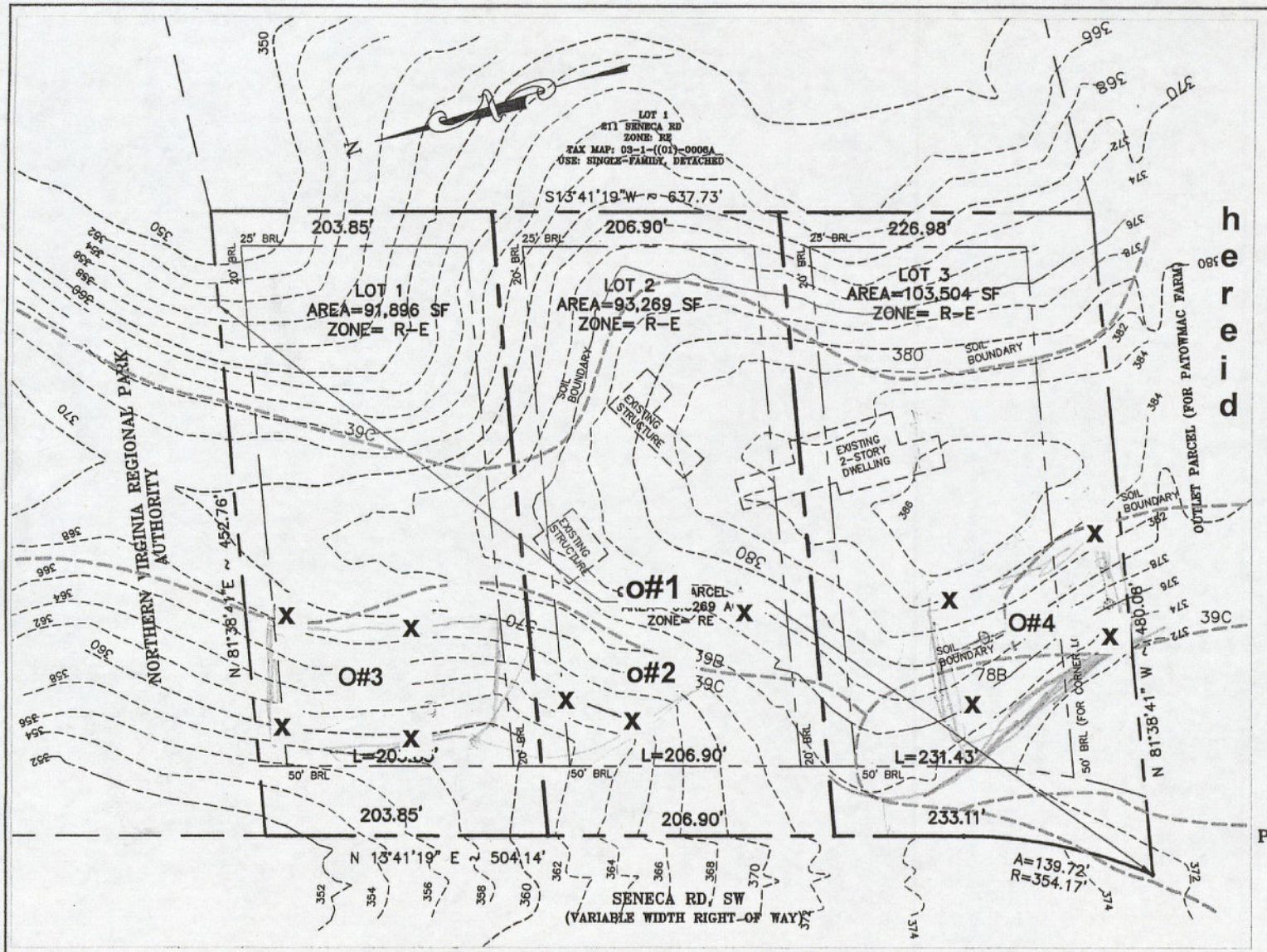
Gate Valve__ Sample Tap and Elec.Dis. Switch__
Check Valve__ Backflow Preventer__ Press.Relief Valve__

V. INITIAL WATER SAMPLE COLLECTED..... _____ _____
Date Sanitarian

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN

PART II SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To Supplement LHS-141)

DATE	RECORDS OF REMARKS AND VISITS #2	DISPOSITION	SANITARIAN
3-7-80	MS. GARRETT IS HAVING A HARD TIME FINDING		
	A CONTRACTOR WHO WILL "FINISH" THE SMALL		
	JOB SENT LIST OF LICENSED CONTRACTORS	Rec'd 4-7-80	cj
4-8-80	NO WORK DONE - REC'D 6-9-80	Rec'd 6-9-80	cj
4-18-80	Entire System OK TO BF	✓ BF	cj



Survey

Field locate the profile holes #1, #2, #3 and #4.

Stake all locations marked x on the plan

PHIC SCALE

50 0 25 50 100

(IN FEET)
1 INCH=50 FT.

PLAT SHOWING SIMPLE SUBDIVISION
FOR
LOT 3A, JEFEFRSON
LOT 33 & LOT 34
209 SENECA RD
GREAT FALLS, VA 22066
DRANESVILLE DIST. #1

SCALE: 1"=50', DATE: JULY 23, 2021

PREPARED BY

GeoEnv Engineers
Civil, Environmental & Geotechnical Engineers
10875 Main Street, Suite 213
Fairfax, VA 22030
Tel. 703.591.7170
Fax. 703.591.7074
www.geoenv1.com

SHEET 1 OF 1

LOT SHAPE FACTOR CALCULATIONS				
LOT #	LOT PERIMETER, P (LF)	LOT AREA, A (SF)	LOT SHAPE FACTOR (P^2/A)	REMARKS
1	1,313	91,896	25.09 < 35	O.K.
2	1,319	93,269	25.09 < 35	O.K.
3	1,393	103,504	25.09 < 35	O.K.

DENSITY CALCULATIONS		
Total area of 3 LOTS=	6.6269 ACRES	
Total # of lots=	3 DU	
Density (Max.) =	3/6.6269	0.453 DU/AC < 0.5 DU/AC (O.K.)

LOT #	LOT AREA (MIN. REQUIRED) SQ FT	LOT AREA (Provided) SQ FT	ACRE	LOT TYPE	LOT WIDTH REQUIRED (FT)	LOT WIDTH PROVIDED (FT)	REMARKS
1	75,000	91,896	2.1096	INTERIOR	200	203.85	O.K.
2	75,000	93,269	2.1412	INTERIOR	200	206.9	O.K.
3	75,000	103,504	2.3761	INTERIOR/ CORNER	200 / 226	231.43	O.K.
ROW DEDICATION	-	-	-	-	-	-	
TOTAL AREA		288,668	6.6269				

SETBACK REQUIRMENTS FOR R-E ZONE:

FRONT= 50 FT.
SIDE= 20 FT.
REAR= 25 FT.

TO: DIVISION OF INSPECTIONS DATE: 6-27-88

FROM: HEALTH DEPARTMENT

RE: NOTIFICATION OF ISSUANCE OF SPETIC TANK PERMIT AND/OR WELL PERMIT

OWNER'S NAME: Wilbur E. Garrett

BUILDING APPLICATION NUMBER: 88179B0810

SUBDIVISION: _____ SEC: _____ BLOCK ____ LOT: 3A

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-001-3A

209 Seneca Rd., Great FAlls, VA 22066

HEALTH DEPARTMENT PERMIT # N/A

SEWAGE DISPOSAL PERMIT ISSUED FOR: Existing

WELL PERMIT ISSUED FOR: Existing

SEWAGE DISPOSAL SYSTEM DESIGNED FOR Three BEDROOMS
(ALL PERMITS FOR DWELLINGS ARE DESIGNED TO INCLUDE AUTOMATIC WASHER AND GARBAGE DISPOSAL)

REMARKS: To add a bathroom in addition.

THE ABOVE TO BE COMPLETED IN QUADRUPLICATE EACH TIME A PERMIT IS ISSUED. ONE COPY TO PLUMBING INSPECTION BRANCH. ONE COPY TO ELECTRICAL INSPECTION BRANCH. RETAIN TWO COPIES WITH PERMIT.

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

APPROVED: _____

WATER SUPPLY SYSTEM

APPROVED _____

_____
(SIGNATURE)

UPON FINAL APPROVAL, ONE COPY TO BE FORWARDED TO PLUMBING INSPECTION BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.

FHD-EH-3 10/80

TO: DIVISION OF INSPECTIONS

DATE: 2-2-[illegible] UNDER

REGISTERED

FROM: HEALTH DEPARTMENT

RE: NOTIFICATION OF ISSUANCE OF SEPTIC TANK PERMIT AND/OR WELL PERMIT

OWNER'S NAME: W. E. Garrett

BUILDING APPLICATION NUMBER: ---

SUBDIVISION: _____ SEC: ____ BLOCK: _____ LOT: 3A

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-001-3A

209 Seneca Road, Great Falls 22066

HEALTH DEPARTMENT PERMIT #: -----

SEWAGE DISPOSAL PERMIT ISSUED FOR: ----

WELL PERMIT ISSUED FOR: -----

SEWAGE DISPOSAL SYSTEM DESIGNED FOR ------ BEDROOMS
(ALL PERMITS FOR DWELLINGS ARE DESIGNED TO INCLUDE AUTOMATIC WASHER AND GARBAGE DISPOSAL)

RESTRICTIONS: "Extend waterline to barn and install sink in barn.....to be connected to grease trap"

THE ABOVE TO BE COMPLETED IN QUADRUPLICATE EACH TIME A PERMIT IS ISSUED. ONE COPY TO PLUMBING INSPECTION BRANCH. ONE COPY TO ELECTRICAL INSPECTION BRANCH. RETAIN TWO COPIES WITH PERMIT

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

APPROVED: 4-22-80

Grease trap for Barn

WATER SUPPLY SYSTEM

APPROVED: _____

(SIGNATURE)

UPON FINAL APPROVAL, ONE COPY TO BE FORWARDED TO PLUMBING INSPECTION BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.

W-9/3-18-74

P

DO NOT Record

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 7-27-78 Case No. _____

Owner GARRETT, W. F. Address 209 Seneca Rd. Great Falls (Mailing Address) Phone 450-4160

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of premises 209 Seneca Road, Great Falls, Va. 22066 2-2-001-3A
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other SINK IN BARN Automatic Washing Machine ☐ Yes ☒ No Consumption _____ gal. per day
Actual ☐ Potential ☐ Bedrooms _____ Garbage Disposal Unit ☐ Yes ☒ No (☐ Actual ☐ estimated Water)
Additional wastes FOR WINERY WASTES - SINK ONLY

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

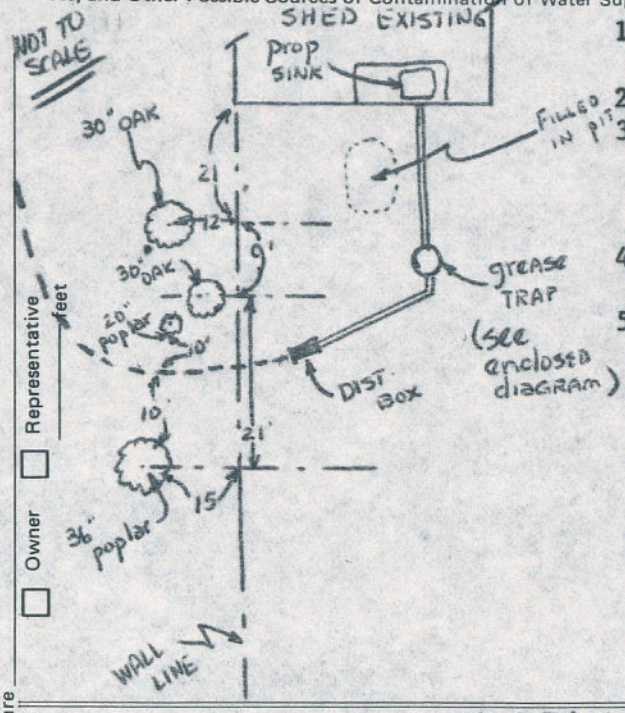
(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification _____ (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☒ 11-25 ☐ 26-50 ☐ >51 ☐ Percolation Test Required ☐ Yes No ☒ Rate 10@36" (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size _____ inches. Type of material required _____. Distance from Water Supply _____ feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of GREASE TRAP. Material _____ Liquid Capacity NA gallons.
Inside Dimensions Length NA feet. Width NA feet. Liquid Depth NA feet. Depth of Air Space NA feet.
SUBSURFACE ABSORPTION FIELD Number of square feet required 100 Type aggregate required BLUE STONE

(5) Depth of aggregate from base of tile to bottom of ditches 8 inches. Allowable fall #1 to 2 inches.
Total aggregate minimum depth 16 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.



1. This permit is issued for a sink to serve the "winery" to be installed in the existing shed/barn.
2. Install grease trap as shown on enclosed diagram.
3. Install 1 line, 50' long, 2' wide, 36" deep, in area shown.....trying to run on grade (by curving line) and keep ten (10) feet off both 20" poplar and 36" poplar.
4. Call for inspection of final grade when ready for approval.
5. Install system in accordance with Fairfax Co. Codes.

_____ feet

Signature

Note: Owner or his agent must notify FAIRFAX CO. Health Department, Phone 691-2201 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 7-28-78 Approved W H Bean (Reviewing Authority) Date 7/27/78 Signed C O Jones (Sanitarian or Health Director)

LHS - 121 REV. 12/71
Virginia State Department of Health

DUPLICATE

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 7-27-78 Case No. _____

Owner GARRETT, W. E. Address 209 Seneca Rd. GF. 22066 Phone 450-4160
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 209 Seneca Road, Great Falls, Va. 22066 2-2-001-3A
(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.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION
Allotted Area adequate ☒ Yes ☐ No. Distance from nearest lot lines 10+ feet. Trees 10+ feet.
Water Supplies 100+ feet. Buildings 20+ 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 2 1/4" ABS SCH 40 Size _____ Inches.

(5) SEPTIC TANK
Constructed of NONE
(Kind of Material)
Inside Dimensions Length _____ feet. Width _____ feet.
Liquid Depth _____ feet. Depth of Air Space _____ inches.
Inside Fittings comply with requirements ☐ Yes ☐ No.

(6) DISTRIBUTION BOX
Watertight and equal surcharge to each line by Water Test ☒ Yes ☐ No. Distribution Box provided with (2) extra outlets for future use.
(Number)

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 100 square feet.
Number of ditches 1 Length of ditches 50 feet.
Grade of ditches Minimum 1 Inches per 100 feet.
Maximum 2 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No
Type aggregate used blue stone
Depth of aggregate under Tile 8 inches
Total depth of aggregate 16 inches
Depth of backfill over aggregate 20 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: OWNER + VIENNA SEPTIC Address _____ Phone _____

This Sewage Disposal System (Is) (Is Not) Approved by FAIRFAX CO Health Department.
GREASE TRAP

Date 4/22/80 Signed Ed Jones (Sanitarian) Date 4/22/80 Approved W H Burgess (Health Director)

Date _____ Approved _____ (Advisory Sanitarian) Date _____ Approved _____ (Reviewing Authority — Other Agency)

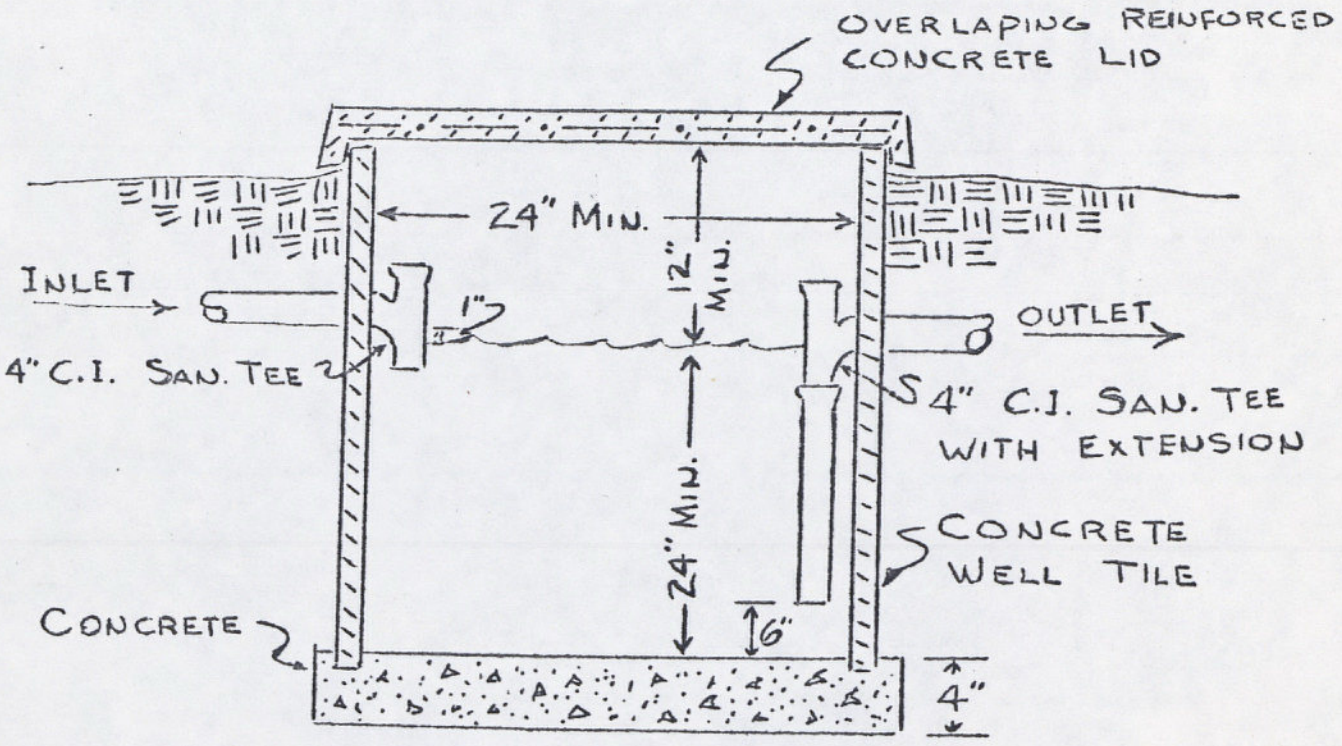
With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

Virginia Department of Health
LHS - 141 Rev. 12/71

OFFICE COPY

REXRODE

GREASE TRAP DETAIL



SECTION

In Lieu of concrete well tile, the Grease Trap may be constructed of cinderblock and made waterproof by parging inside with ½ inch cement and sand mixture. Similar dimensions should be used.

Grease traps should be checked frequently and cleaned as necessary.

8-27-67

FAIRFAX COUNTY HEALTH DEPARTMENT

January 24, 1980
Certified Mail # 877462

Mr. & Mrs. W.E. Garrett
209 Seneca Road
Great Falls, VA 22066

Re: Unapproved Grease Trap at 209 Seneca Road, Great Falls, VA 22066
Tax Map 2-2-001-3A

Dear Mr. & Mrs. Garrett:

An inspection by Mr. C. Jones, Sanitarian, on January 23, 1980, at the above address revealed that the grease trap installation as shown on the permit issued July 27, 1978, has not been completed or inspected and had been put in use without approval of the system.

This condition is in violation of Section 68-1-19 of the Code of the County of Fairfax, Virginia and must be corrected in the following manner within thirty (30) days of receipt of this notice.

1. Remove all leaves, dirt, debris from ditch and install eight (8) more inches of gravel.

2. Set drain pipe on one inch fall per twenty-five (25) feet. (Two (2) inch total fall for fifty (50) foot ditch).

3. Set Pipe between grease trap and distribution box in gravel on original earth (no fill dirt allowed).

4. Backfill entire system within twenty-four (24) hours after inspection by this office.

5. Call for inspection within thirty (30) days.

If you desire further information please contact this office.

Very truly yours,

W.H. Berger, R.S.
Supervising Sanitarian
Environmental Services Section

WHB:COJ/cg

REFERRAL FORM

Sanitarian's Area _____

Tax Map Reference 2-2-001-3A

From W. E. Garrett Date 7/24/78

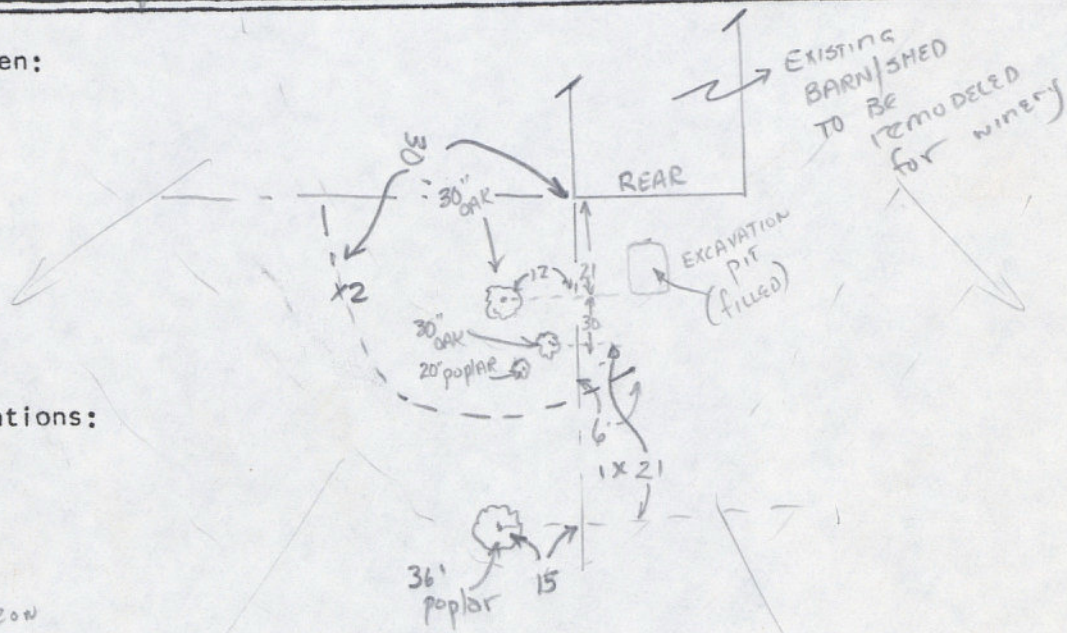
Address 209 Seneca Road Phone 450-4160

Subject: Soil study for sink waste at the barn. See Berger before going out.

Memo Taken By yfa.

Referred To Jones for investigation. 7/27 DEF

Action Taken:



Recommendations:

X1 = 0-18 A HORIZON
X2 - 19-24 B
X 25-48 GOOD, PINKISH VERY FRIABLE

X2 = same

Rec 1 line, 75' long. 36" deep + grease trap.

Date 7-27-78 Signed CO Jones

G-3

EXT HO 1n TO BN & INSTALL SINK IN BARN

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

Date 4/12/68 Case No. _____

Owner Mr. Wilbur E. Garrett Address 209 Seneca Road, Gr.Falls,Va Phone 329-4160
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 209 SENECA ROAD, GREAT FALLS, VIRGINIA 2-A01-3A
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

- ☐ INSTALL
  - ☐ Water Supply System
  - ☐ Sewage Disposal System
  - ☐ Septic Tank
- ☑ REPAIR
  - ☐ Water Supply System
  - ☑ Sewage Disposal System
  - ☐ Septic Tank

FOR

☑ Dwelling ☐ Other _____

Actual or potential Bedrooms 3 Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine ☑ Yes ☐ No Garbage Disposal unit ☑ Yes ☐ No

Health Department recommends _____ Additional wastes _____

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.

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 _____
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

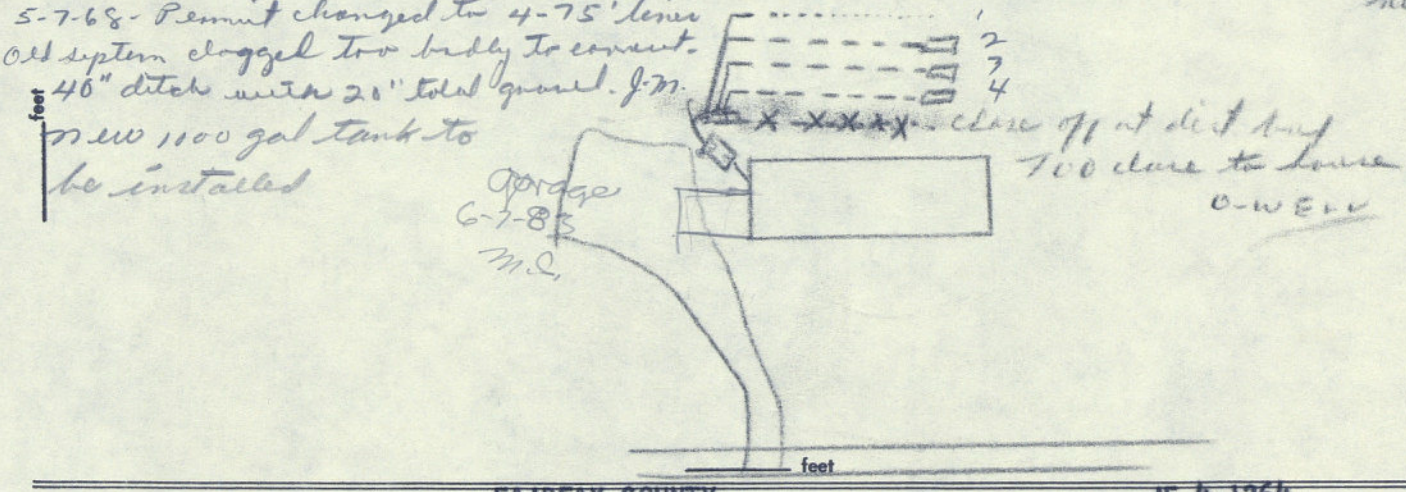
(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of Existing 4 Septics - _____ (Kind of Material). Inside Dimensions Length _____ feet. Width _____ feet. Liquid Depth _____ feet. Depth of Air Space _____ feet. Liquid Capacity _____ gallons.

(4) HOUSE SEWER LINE Size _____ inches. Type of material required _____. Distance from Water Supply _____ feet.

(5) SUBSURFACE 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 inches to 2½ inches. Depth of aggregate from base of tile to bottom of ditches _____ inches. See below
Total aggregate must equal minimum depth of 13 inches or more.
Soil Cover over tile not to exceed _____ inches. Distance from well to septic tank _____ feet; distance from well to draintile field 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.

Add 1- new line same length as existing lines. 26" total gravel and 46" total depth.
add 10 ft to all existing lines - Make 5 ft deep with 40" total gravel. check dist. by if not installed. Install one and add tight lines as necessary.
5-7-68 - Permit changed to 4-75' lines
Old system clogged too badly to convert.
46" ditch with 20" total gravel. J.M.



Note: Owner or his agent must notify FAIRFAX COUNTY Health Department, Phone JE 4-1264 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 4-12-68 Approved J. Merriman, Jr. M.D. Date 4-12-68 Signed J Marion
(Reviewing Authority) (Sanitarian or Health Director)

LHS - 121 Rev. 1-65
Virginia State Department of Health

DUPLICATE

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM 2-001-3A

Date 4/16/68 Case No.

Owner Mr. Wilbur E. Garrett Address 209 Seneca Road, Gr. Falls, Va Phone 329-4160
(Mailing Address)

Occupant Address Phone
(Mailing Address)

Exact Location of Premises 209 Seneca Road, Great Falls, Virginia
(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.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION
Allotted Area adequate ☒ Yes ☐ No. Distance from nearest lot lines feet. Trees feet.
Water Supplies feet. Buildings feet.

(2) INSTALLATION AND DESIGN
Installed according to Permit Design ☐ Yes ☐ No
Have additional Household Appliances been added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal
☐ Other
(Describe)

(3) SOIL CONDITION
Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☐ No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE
Installed ☐ Yes ☐ No. Type of material
Size Inches.

(5) SEPTIC TANK
Constructed of Conc
(Kind of Material)
Inside Dimensions Length feet. Width feet.
Liquid Depth feet. Depth of Air Space inches.
Inside Fittings comply with requirements ☒ Yes ☐ No.

(6) DISTRIBUTION BOX
Watertight and equal surcharge to each line by Water Test ☐ Yes ☐ No. Distribution Box provided with
(Number)
extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches square feet.
Number of ditches Length of ditches feet.
Grade of ditches Minimum Inches per 100 feet.
Maximum inches per 100 feet. Has system been checked by instruments (Level) ☐ Yes ☐ No
Type aggregate used
Depth of aggregate under Tile inches
Total depth of aggregate inches
Depth of backfill over aggregate inches

(8) SURFACE DRAINAGE
Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☐ Yes ☐ No. Was Surface Drainage required ☐ Yes ☐ No. If Yes, has this been provided ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☐ Not required.

(9) Are follow-up inspections necessary ☐ Yes ☐ No.

Septic Tank Contractor: Address Phone

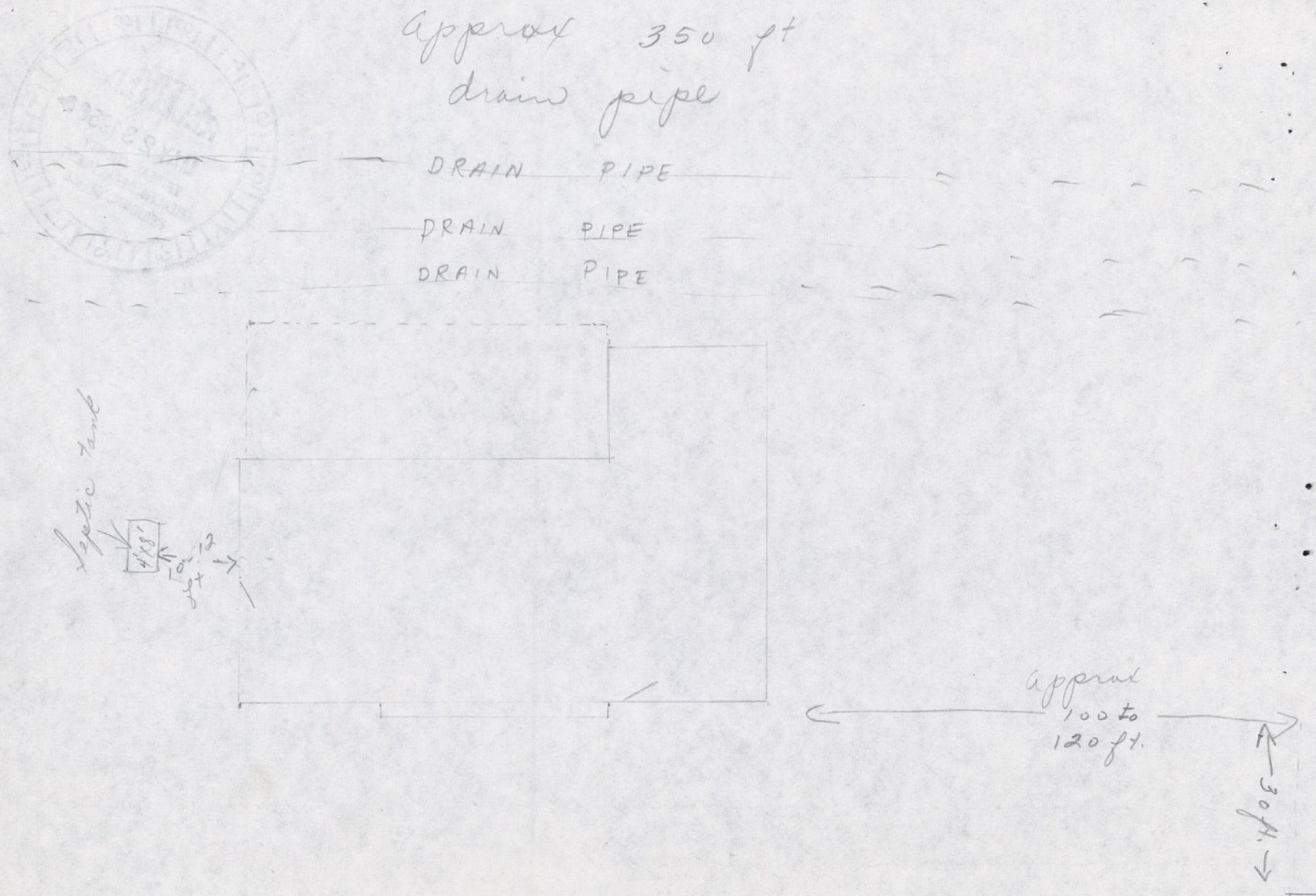
This Sewage Disposal System (Is) (Is Not) Approved by Health Department.

Date Signed
(Sanitarian)
Date Approved
(Health Director)

Date Approved
(Advisory Sanitarian)
Date Approved
(Reviewing Authority — Other Agency)

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

Virginia Department of Health
LHS - 141 Rev. 11-57



Mrs. W. E. Garrett


RECEIVED
MAY 23 1968
FAIRFAX COUNTY
HEALTH DEPARTMENT
REGIONAL OFFICE

TO: DIVISION OF INSPECTIONS DATE: OCTOBER 15, 1979

FROM: HEALTH DEPARTMENT

RE: NOTIFICATION OF ISSUANCE OF SEPTIC TANK PERMIT AND/OR WELL PERMIT

OWNER' NAME: BIL GARRETT

BUILDING APPLICATION NUMBER: _____

SUBDIVISION: _____ SEC: ____ BLOCK: _____ LOT: 3A

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-001-3A 209 Seneca Road

Great Falls, Virginia 22066

HEALTH DEPARTMENT PERMIT # _____

SEWAGE DISPOSAL PERMIT ISSUED FOR: existing

WELL PERMIT ISSUED FOR: existing

SEWAGE DISPOSAL SYSTEM DESIGNED FOR _____ BEDROOMS
(ALL PERMITS FOR DWELLINGS ARE DESIGNED TO INCLUDE AUTOMATIC WASHER AND GARBAGE DISPOSAL)

REMARKS: Install tub, water closet and vanity

THE ABOVE TO BE COMPLETED IN QUADRUPLICATE EACH TIME A PERMIT IS ISSUED. ONE COPY TO PLUMBING INSPECTION BRANCH. ONE COPY TO ELECTRICAL INSPECTION BRANCH. RETAIN TWO COPIES WITH PERMIT.

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

APPROVED: _____

WATER SUPPLY SYSTEM

APPROVED: _____

_____
(SIGNATURE)

UPON FINAL APPROVAL, ONE COPY TO BE FORWARDED TO PLUMBING INSPECTION BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.

W49/5-14-79

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number _____
Map Reference _____

_____ Health Department

Date Received 9/25/86

To Be Completed By The Applicant

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

Owner W. E. & Lucille Garrett Address 209 Seneca Rd Phone 450-4160
Great Falls, Va. 22066

Agent _____ Address _____ Phone _____

Directions to Property _____

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: _____

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

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

V. Proposed Installation: ☒ Septic tank and drainfield ☐ Other
If other, describe Storage area for tractor-addition to existing workshop

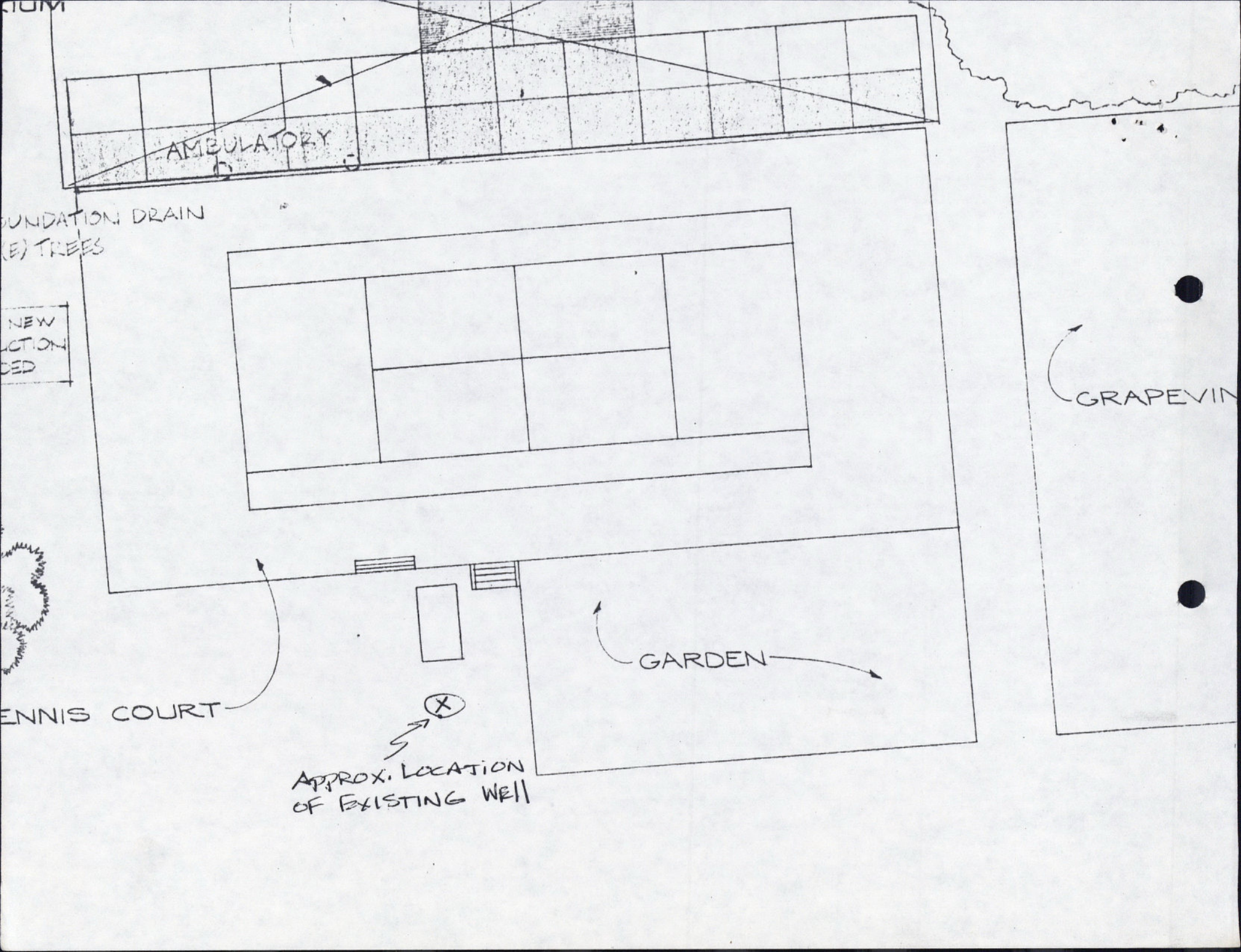
SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or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

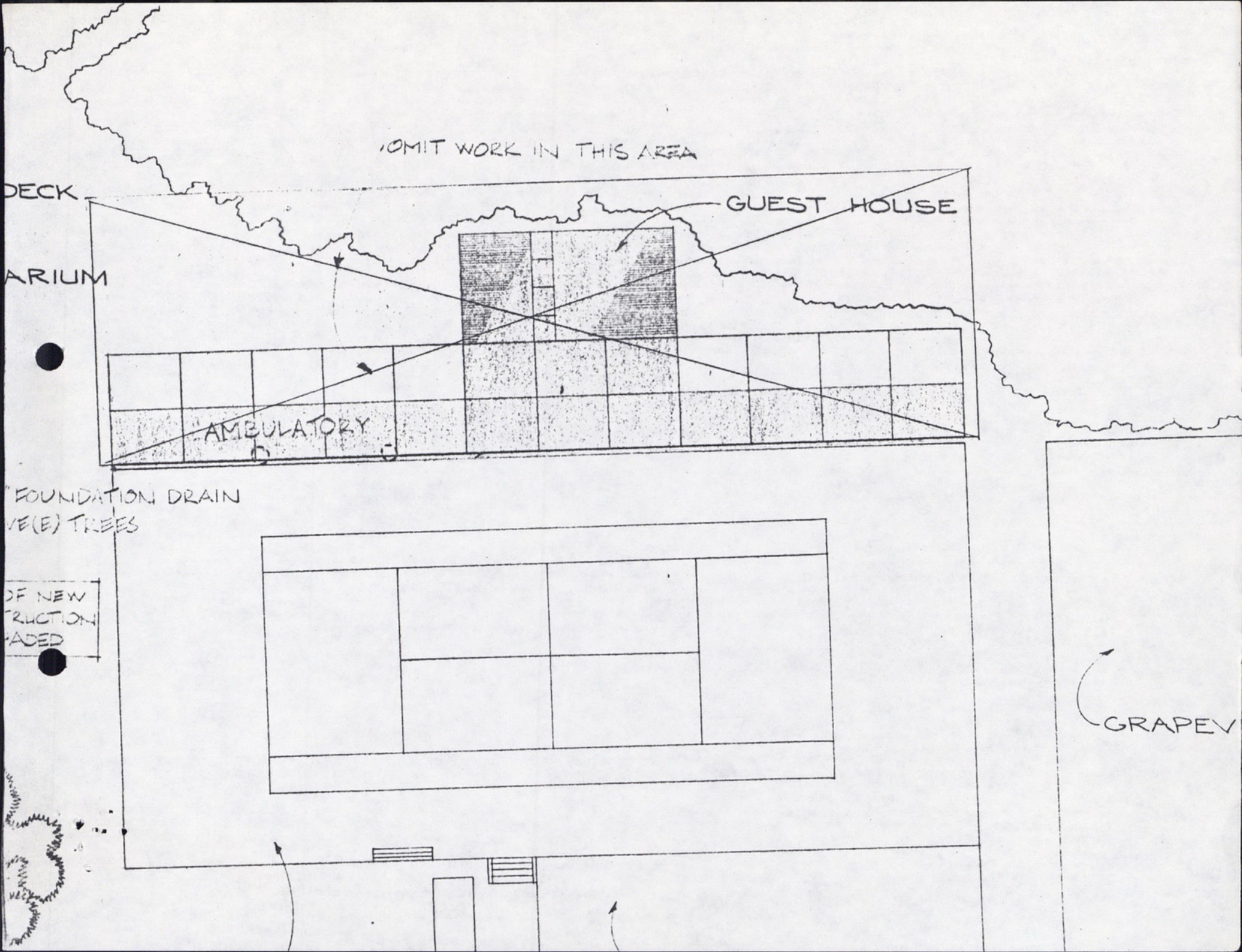
The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

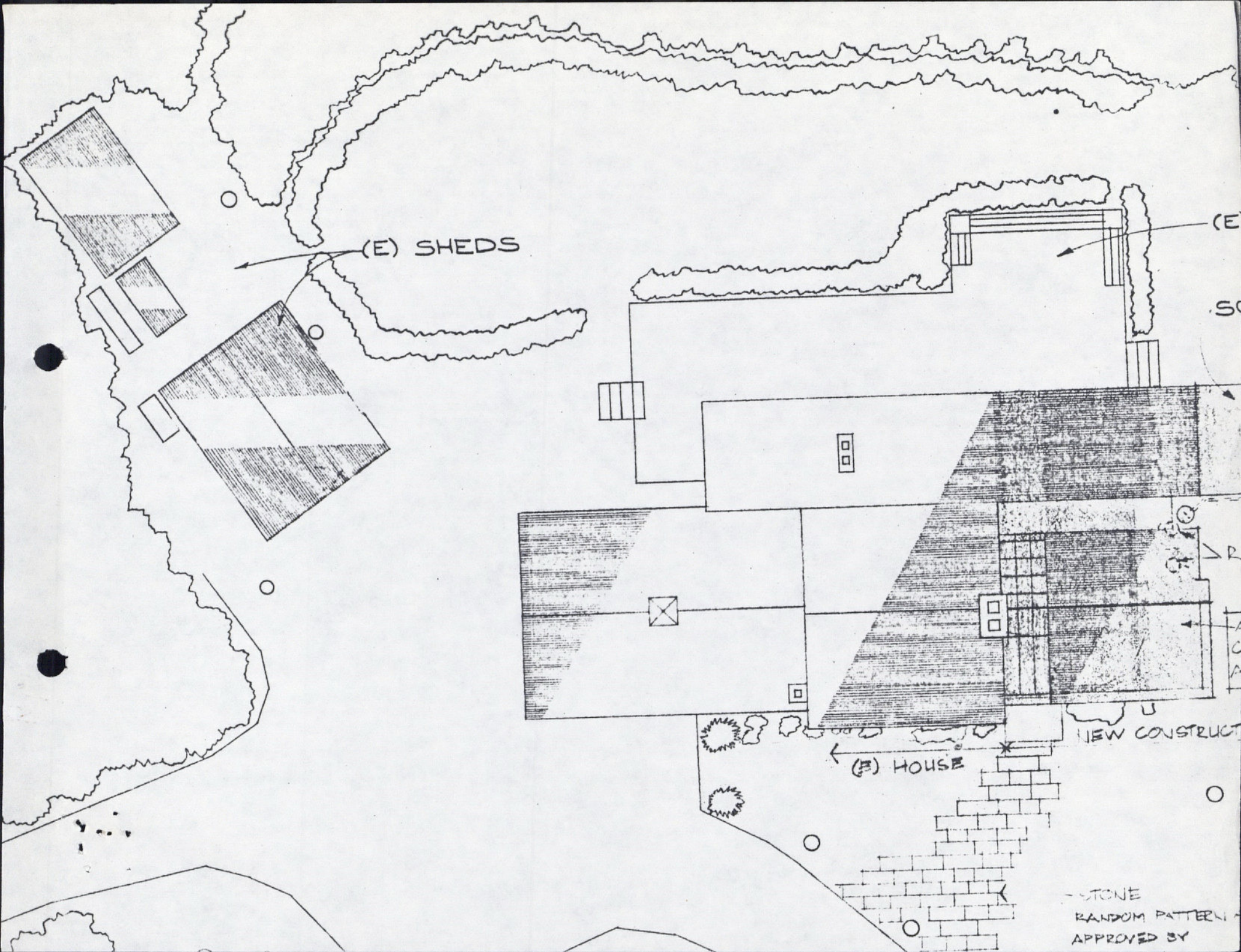
Lucille Garrett
Signature of owner/agent

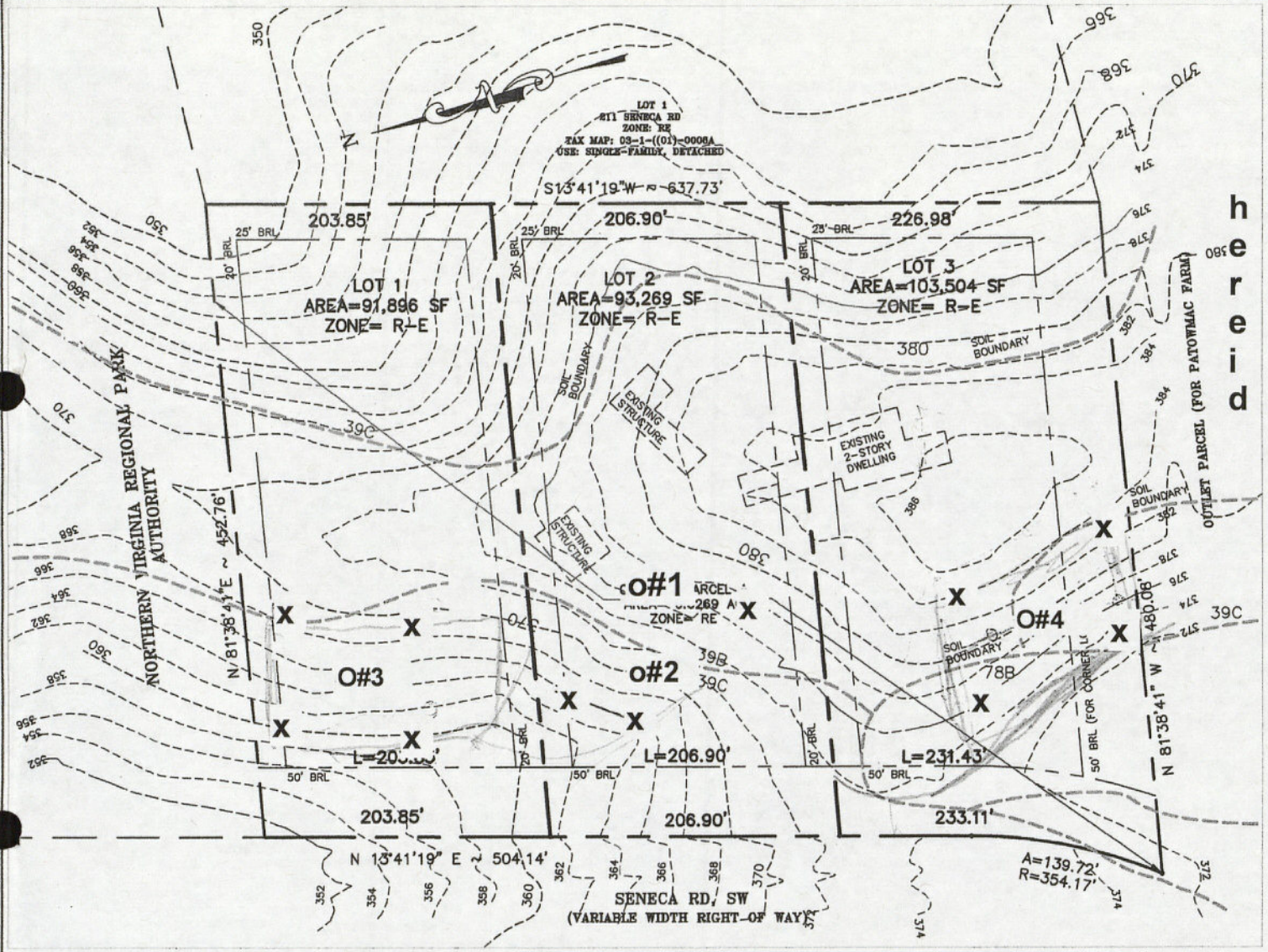
9/25/86
Date

C.H.S. 200 Revised 4/83


AMBULATORY
UNDATION DRAIN
(E) TREES
NEW
LCTION
CED
GRAPEVIN
ENNIS COURT
GARDEN
APPROX. LOCATION
OF EXISTING WELL


OMIT WORK IN THIS AREA
DECK
ARIUM
GUEST HOUSE
AMBULATORY
" FOUNDATION DRAIN
VE (E) TREES
OF NEW
TRUCTION
ADED
GRAPEV


(E) SHEDS
(E) HOUSE
NEW CONSTRUCT
STONE
RANDOM PATTERN
APPROVED BY



Survey

Field locate the profile holes #1, #2, #3 and #4.

Stake all locations marked x on the plan

PHIC SCALE

50 0 25 50 100

(IN FEET)
1 INCH=50 FT.

PLAT SHOWING SIMPLE SUBDIVISION
FOR
LOT 3A, JEFEFRSON
LOT 33 & LOT 34
209 SENECA RD
GREAT FALLS, VA 22066
DRANESVILLE DIST. #1

SCALE: 1"=50', DATE: JULY 23, 2021

PREPARED BY

GeoEnv Engineers
Civil, Environmental & Geotechnical Engineers
10875 Main Street, Suite 213
Fairfax, VA 22030
Tel. 703.591.7170
Fax. 703.591.7074
www.geoenv1.com

SHEET 1 OF 1

LOT SHAPE FACTOR CALCULATIONS				
LOT #	LOT PERIMETER, P (LF)	LOT AREA, A (SF)	LOT SHAPE FACTOR (P^2/A)	REMARKS
1	1,313	91,896	25.09 < 35	O.K.
2	1,319	93,269	25.09 < 35	O.K.
3	1,393	103,504	25.09 < 35	O.K.

DENSITY CALCULATIONS		
Total area of 3 LOTS=	6.6269 ACRES	
Total # of lots=	3 DU	
Density (Max.) =	3/6.6269	0.453 DU/AC < 0.5 DU/AC (O.K.)

LOT #	LOT AREA (MIN. REQUIRED) SQ FT	LOT AREA (Provided) SQ FT	ACRE	LOT TYPE	LOT WIDTH REQUIRED (FT)	LOT WIDTH PROVIDED (FT)	REMARKS
1	75,000	91,896	2.1096	INTERIOR	200	203.85	O.K.
2	75,000	93,269	2.1412	INTERIOR	200	206.9	O.K.
3	75,000	103,504	2.3761	INTERIOR/ CORNER	200 / 225	231.43	O.K.
ROW DEDICATION	-	-	-	-	-	-	
TOTAL AREA		288,668	6.6269				

SETBACK REQUIRMENTS FOR R-E ZONE:
FRONT= 50 FT.
SIDE= 20 FT.
REAR= 25 FT.

DETWEILER

S. 78° 54' E. ~ 1319.87'

FENCE ALONG R.

IRON PIPE SET

IRON PIPE SET

SPAULDING

S. 06° 47' W. ~ 648.26'

FENCE ALONG R.

SENECA ROAD
formerly Dellington Road

N. 16° 28' 47" E. ~ 525.29'

FENCE ALONG R.

BARN

SHED

GUEST HOUSE

CHICKEN HOUSE

SHED

SHEDS

20.49933 ACRES

270'

15'-6"

Prop. Addition

1½ story frame & part partial bsmt.

TO ROUTE #7

N. 33° 16' 28" E. ~ 136.20'

IRON PIPE SET

195'

IRON PIPE FOUND

FENCE

14' OUTLET ROAD

N. 79° 00' 14" W. ~ 1469.18'

OLD AXLE FOUND

NOTE -

BEARINGS SHOWN HEREON REFER TO THE MAGNETIC MERIDIAN ESTABLISHED IN A SURVEY BY JOSEPH BERRY AS RECORDED IN D.B. P^G, Pg. 570, JUNE 1904, LAND RECORDS OF FAIRFAX COUNTY, VIRGINIA.

PLAT SHOWING
SURVEY OF
ROBERT L. CONLY PROPERTY

FAIRFAX COUNTY, VIRGINIA

SCALE - 1" = 50' MAY 1958

J. D. PAYNE - CERTIFIED SURVEYOR,
ARLINGTON, VIRGINIA

certified correct:- J D Payne

Re-certified - Jan 20 1960
J D Payne