FILED UNDER 2-2

TO: DIVISION OF INSPECTIONS DATE: 8-6-81

FROM: HEALTH DEPARTMENT REGISTERED

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

OWNER'S NAME: Eugene Babb

BUILDING APPLICATION NUMBER:

SUBDIVISION: SEC: BLOCK LOT: 8

TAX MAP IDENTICICATION AND ADDRESS: 2-2-001-8

315 Seneca Road, Great Falls, VA 22066

HEALTH DEPARTMENT PERMIT # 81-307

SEWAGE DISPOSAL PERMIT ISSUED FOR: Existing

WELL PERMIT ISSUED FOR: Dwelling

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

REMARKS: To replace the old well

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.

SPECIAL HANDLING

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

APPROVED:

N/R

3 Systems

WATER SUPPLY SYSTEM

APPROVED: 9/15/81

(SIGNATURE)

ENTERED SEP 15 1981

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

W49/3-8-80

FHD-EH-3

ENTERED CB

SPECIAL HANDLING

TO: DIVISION OF INSPECTIONS DATE 3-13-73

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME Mr. Jonathan Blake

BUILDING APPLICATION NUMBER K5179

LOCATION _____ LOT 5 SECTION _____ SUBDIVISION _____

OTHER IDENTIFYING INFORMATION 315 Seneca Rd. ~~2-001-5~~ 2-2-001-8

SEPTIC TANK PERMIT ISSUED FOR X DWELLING

_____ OTHER

WELL PERMIT ISSUED FOR _____ DWELLING

_____ OTHER

SEPTIC TANK DESIGNED FOR 4 BEDROOMS

_____ AUTOMATIC WASHER

_____ GARBAGE DISPOSAL

_____ OTHER

Relocate Washer

Additional Bedrm.
One Bath
One utility rm.

THE ABOVE TO BE COMPLETED IN QUADRUPLICATE EACH TIME A SEPTIC TANK AND/OR WELL PERMIT IS ISSUED. ONE COPY TO PLUMBING INSPECTION BRANCH. ONE COPY TO ELECTRICAL INSPECTION BRANCH. RETAIN 2 WITH SEPTIC TANK AND/OR WELL PERMIT.

NOTIFICATION OF FINAL INSPECTIONS

DATE OF FINAL INSPECTION-SEPTIC TANK

APPROVED _____

DISAPPROVED _____

DATE OF FINAL INSPECTION-WELL

APPROVED _____

DISAPPROVED _____

DISAPPROVED FOR THE FOLLOWING REASONS: _____

SIGNED _____

COMPLETE TWO COPIES AFTER EACH FINAL INSPECTION WHETHER APPROVED OR DISAPPROVED. ONE COPY TO ZONING, HOUSING AND LICENSING BRANCH. ONE COPY TO SEPTIC TANK INSPECTION FORM.

IDENTIFYING INFORMATION AT TOP OF THIS FORM MUST BE COMPLETED.

W 49

File 2-2

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

Owner's Name: Neil GRASSO

Tax Map: 2 - Z / 1 / 1 - 18 (Map / Grid / Sub / Block / Lot)

Street Address: 315 Seneca Rd

Subdivision: N/A

City, State, Zip: Great Falls, VA 22066

Phone #:

DATE	COMMENTS	RESCH DATE	INITIALS
7-20-06	Completed Soil Study and S/L. Suitable soil above el. drainfield est. 25 m.pi @ 45" depths		
	Designed 3BR, 711A Req'd, 6 lines @ 60'		
	900 gallon S.T min. req'd to replace ex. tank as it has a large tree right next to it. Ex tank		
	to be pumped, and filled in.		
7-31-06	Issue Permit	8-17-06	WMS
08/17/06	Called owner. Left message on		
	both phone lines to check status		
	of repair. F/U	09/18/06	HW
09/19/06	called owner on both lines.		
	Everything is in the ground. but		
	is still uncovered. Insp scheduled		
	w/ SM on 9/25/06	09/25/06	HW
9/25/06	Met Hall & Sons onsite. SDS ok to BF. Hold for		
	effluent filter to be installed and for FG. Scheduled.	10/3/06	SM
10/3/06	Contractor cancelled. Not ready for insp.	10/16/06	SM
10/16/06	Met w/ Hall & Sons. FG and effluent filter ok -		
	Repairs approved	FA C	SM

REV. 10-90
FHD-EH-6

ONSITE SEWAGE & WATER COMPLAINT REPORT

Date Rec'd 6/14/06 Area: North FILE NO: _____

Subdivision: Seneca

Tax Map #: 2-2- 001-008

Location of Complaint 315 Seneca Rd (Street) Great Falls, VA (City) 22066 (Zip)

Received by SM [ ] Letter [X] Telephone [ ] In Person

Person Responsible For Premises Neil Grasso (Name) _____ (Address) Phone Number (c) 202 744 2343 / 703 450 4420

Complainant Great Falls Septic (Address) Phone Number 444-5600

Specific Details Of Complaint Great Falls Septic to meet w/ EHS onsite. to evaluate system. Owner would like to attend inspection — Please call

REGISTERED

Verbal given: _____

To Be Investigated by DM Date Assigned 6/20

RESULTS OF INVESTIGATION

Was Complaint Justified? [X] Yes [ ] No

(Show Dates and Results of Investigation and Re-investigation Below.)

129-06-0551

DATE	COMMENTS	FOLLOW-UP DATE	INITIALS
6/20/06	Met David Hott onsite — 40 year old 1+ SDS backflowing into dbox. Advised David to uncover SP to verify. TAR SS to be sch'd w/ WMS on 7/10. Owner wishes to regrade existing lines deeper to minimize loss of trees. David to provide backhoe. Per owner, house originally a 3BR w/ washing machine.	7/11/06	

Final Disposal: [X] Abatement Aaron A 10/16/06

Signature of EHS Date

[ ] Other _____

Reviewed By: _____ Date 10/17

FHD-CRS-2 Rev. 10/02

MALFUNCTION INVESTIGATION TRACKING

****

FDV TYPE

B = Bull Run
F = Franklin
H = Hancor
N = None
O = Other

ABSORPTION FIELD

T = Trenches
P = Pits
B = Beds
M = Mounds
N = None
O = Other
PR = Pit Privy

METHOD OF CORRECTION

CPS = Connection to Public Sewer
MR = Mechanical Repairs
O = Other
PAH = Pump and Haul
PAR = Partial Field Replacement
SPD = Special Design System
T = Temporary
TAR = Total Field Replacement

REASON FAILURE

DA = Damage After Approval
DBD = Distribution Box Deteriorated
DBO = Distribution Box Other
DBOU = Distribution Box Out of Level
DD = Design Deficiency
FDV = Flow Diversion Valve
FIMA = Faulty Installation - Malfunction
FIME = Faulty Installation - Mechanical
ID = Improper Depth
IM = Inadequance Maintenance
O = Other
PIP = Piping Broken, Crushed, Other
PL = Poor Landscape Position
PSA = Pump System Appurtenances
PUMP = Pumps Only
SC = Soil Conditions,water Table, hard pan, etc
SCL = Soil Clogging
ST = Septic Tank Fittings
STPD = Septic Tank/Pump Chamber Deterioration, Collapse

****

SEWAGE DISP (PR) PU NONE

WTR: SP (PR) PU NC NONE

YEAR SYSTEM INSTALLED TAR - 2006
(if estimated indicate w/ EST)

ABSORPTION FIELD trenches

DETAILS 6 LINES @ 60 FEET

MAL COMMENT 1 _____

_____

MAL COMMENT 2 _____

_____

DEPTH 45" SQFT 711

TANK SIZE 900 FDV TYPE Bull Run

RESERVE USED YES (NO)

NEW/REPLACEMENT _____

PUMP MAKE/MODEL _____

TYPE FAILURE MEC (MAL)

REASON FAILURE sfgs

PERMIT ISSUED (YES) NO

METHOD OF CORRECTION TAR

*IF CHANGES ARE MADE TO THE EXISTING DRAINFIELD PLEASE ADD CHANGES IN APPROPRIATE BLANKS, OTHERWISE LEAVE BLANK.

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 129-06-0551

Fairfax Co. Health Department

Name of Company/Corporation/Individual: Hott : Sons

Address: x x x Telephone:

Owner's Name Neil Grasso E

Owner's Address 315 Seneca Rd

Location of Installation: Lot 8 Block —

Section: — Subdivision: —

Other: TM: 2-2-001-8

I hereby certify that the onsite sewage disposal system has been ~~installed and completed~~ repaired in accordance with the construction permit issued (date) 7-31-06 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

10-16-06
Date

Signature and Title

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

FDU D.H.

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

FAIRFAX COUNTY Health Department

Health Department Identification Number 129-06-0551

Map Reference 002-2000/0000/0008

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 NEIL J GRASSO Telephone (202) 744-2343
Address 315 SENECA ROAD GREAT FALLS VA 22066 For a Type I Sewage Disposal System or Well to be constructed on/at 315 SENECA ROAD GREAT FALLS VA 22066
Subdivision N/A Section/Block ___ Lot 8 Actual or estimated water use 3BR/450 gpd

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) Existing drilled well / 3C **To be installed:** class N/A cased N/A grouted N/A	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other	**Building sewer:** yes ☒ no ☐ comments Satisfactory
Septic tank: Capacity 900 gals. (minimum). ☒ Other	**Pretreatment unit:** yes ☒ no ☐ comments Satisfactory ME MFR 1250 941
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☒ Other Commercial outlet Tee Filter Required.	**Inlet-outlet structure:** yes ☒ no ☐ comments Satisfactory Zalw MAKE 5000 model #
Pump and pump station: No ☒ Yes ☐ describe and show design. if yes:	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory MFR Model #
Gravity mains: 3" 4" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☒ Other Flow Diversion Valve	**Conveyance method:** yes ☒ no ☐ comments Satisfactory Bell K- FDV Section # 2
Distribution box: Precast concrete with 3 ports. ☒ Other 2 Boxes	**Distribution box:** yes ☒ no ☐ comments Satisfactory plastic daf
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 25 @ 45" m.p.i
Absorption trenches: Square ft. required 711 : depth from ground surface to bottom of trench 45" ; aggregate size .5"-1.5" : Trench bottom slope 2"-4" per 100' ; center to center spacing 6' ; trench width 2' Depth of aggregate 25" ; under pipe 17" Trench length 600' ; Number of trenches 6	**Absorption trenches:** yes ☒ no ☐ comments Satisfactory BF 14-21" Date 10/16/06 Inspected and approved by: 10/17/2006 Sanitarian

C.H.S 202A

SDS Contractor / Hoff Sons

Tax map # 2-2-001-8 Health Department # 129-06-0551

Address 315 Seneca Rd. Great Falls VA. 22066

COMMENTS /SPECIAL REQUIREMENTS

- Install 4 lines @ 60' (L) as shown
- Stay out of existing drainfield foot print.
- Call Health Dept. if proposed drainfield will not fit in area shown.
- Remove all trees within 10' of any part of system.
- Commercial outlet tee filter Required.

Date: 7-31-06 Issued by: Marty Shannon
Environmental Health Specialist

☒ When checked → NOT TO SCALE
ORIGINAL LOCATION OF SDS HAS CHANGED AND IS SHOWN BY DRAWN AND NUMBERED DISTANCES ON GRADING PLAN

☐ When checked only → Scale equals ___ " = ___ '
1" ▬▬ 20', 25', 30', 40', 50', 60'
Scale used

NORTH ARROW

Tax map # 2-2-001-8 Health Department # 129-06-0551

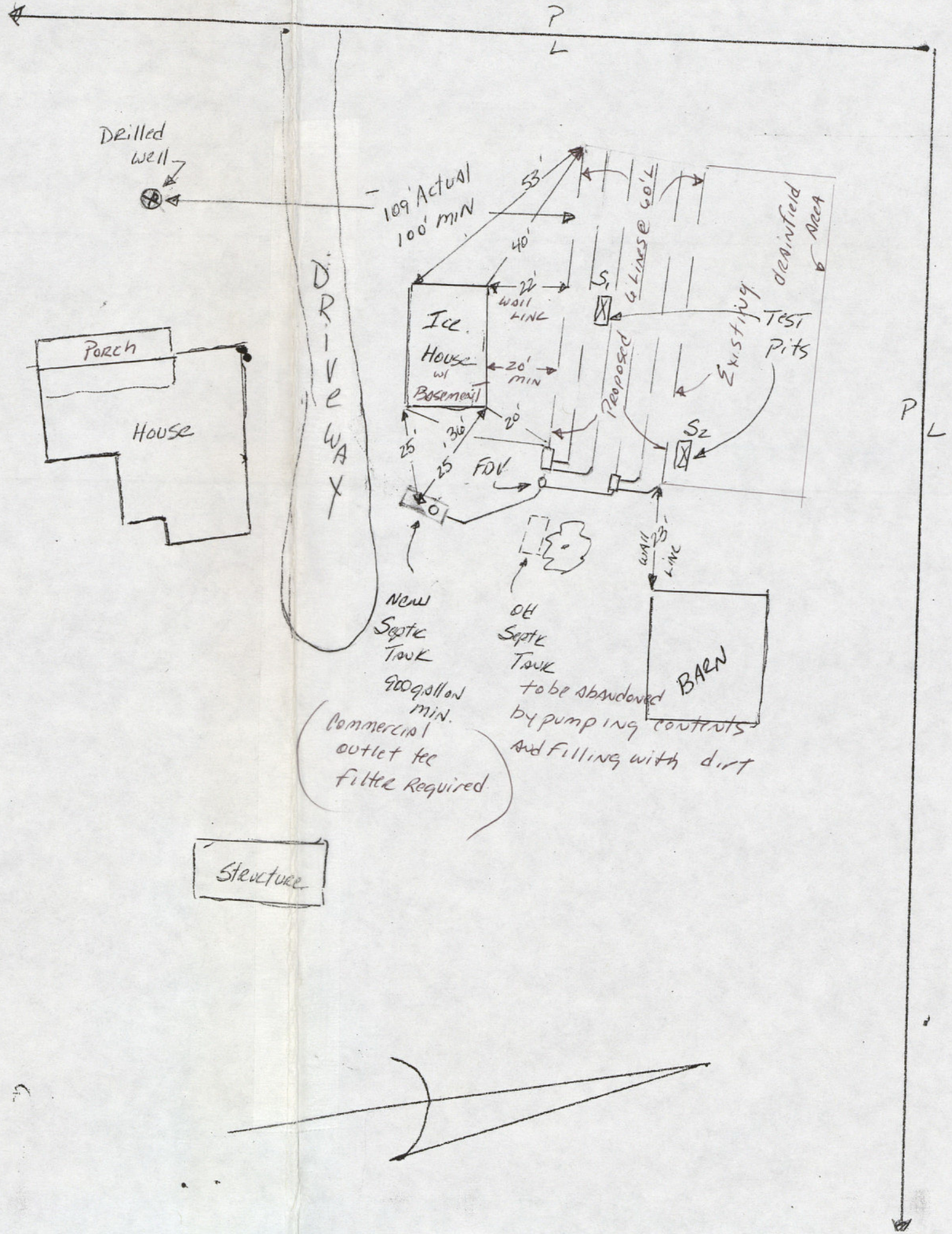
SITE PLAN/ GRADING PLAN APPROVAL DATE: N/A

PERMIT APPROVAL
Date: 7-31-06 Issued by: Marty Shannon
Environmental Health Specialist

THIS CONSTRUCTION PERMIT VALID UNTIL N/A

Date: 7/31/2006 Reviewed by: John Mely
Environmental Health Supervisor

Page 2 of 3



TAX MAP # 2-2-001-8

Health Department Identification Number 129-06-0551

Schematic drawing of sewage disposal and/or water 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, drawing is **NOT** to scale.

• See Page 2 of permit for diagram of sewage disposal system.

1. Grade per site approved by this office.
2. Install system as shown; a minimum of 10' from trees, property lines and utility lines.
3. Maximum backfill over system is not to exceed 20".
4. It is the contractors responsibility to meet all OSHA regulations relating to deep excavations.
5. House sewer line must be inspected by this Department to a point 3' from the dwelling.
6. Flow Diversion Valve (FDV) key must be provided to owner prior to occupancy.
7. *UPON COMPLETION OF FINAL GRADING AND WELL (if applicable), CALL THIS OFFICE (246-2201) FOR FINAL INSPECTION(S) A MINIMUM OF 30 DAYS PRIOR TO REQUEST FOR RESIDENTIAL USE PERMIT.*
8. Install system in accordance with all applicable State Regulations and County code.
9. Install an access manhole on the outlet port of the septic tank for inspection and sludge removal. The manhole must have a removable water tight and air tight cover installed flush with or above the ground surface and marked sewer.
10. Section 68-1-29 of the Fairfax County Code *requires* pumping of the septic tank once every five years. The owner of the property is *required* to provide written notification and proof to this Department each time the tank is pumped.
11. Do not install system during periods of wet weather and/or rain events.

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 (c) conditions are changed on the drainfield site.

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 department. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary upon the direction of the Department.

Date: 7-31-04 **Issued by:** Marty Shannon
Environmental Health Specialist

Date: 7-31-2006 **Reviewed by:** John M. Mulf
Environmental Health Supervisor

This Construction Permit Valid until N/A

Soil Evaluation Form [redacted] [redacted]E 1 OF -------

Commonwealth of Virginia
Department of Health

Health Department
Identification Number _____
Tax Map Number 2-2/1//8

General Information

Date 7/10/2006 FAIRFAX COUNTY Health Department

Applicant _____ Telephone No. _____

Address _____

Owner Neil Grasso Address 315 Seneca Road

Location Great Falls, VA 22066

Subdivision _____ Block/Section _____ Lot 8

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe NE FACING Side Slope
2. Slope 3-5 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None ✓
4. Depth to seasonal water table (gray mottling or gray color) No ☒ Yes ☐ 76' inches
5. Free water present No ☒ Yes ☐ 76' range in inches
6. Soil percolation rate estimated Yes ☒ Texture group ☐ I ☒ II ☐ III ☐ IV
   No ☐ Estimated rate _____ min/in
7. Percolation test performed Yes ☐ Number of percolation test holes _____
   No ☐ Depth of percolation test holes _____
   Average percolation rate _____

Name and title of evaluator MARTY SHANNON E.H. Specialist, Sr.

Signature Marty Shannon

Department Use

☒ Site Approved: Drainfield to be placed at 45 " depth at site designated on permit

☐ Site Disapproved: Comments: Repair

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 watertable.
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 _____

Profile Description

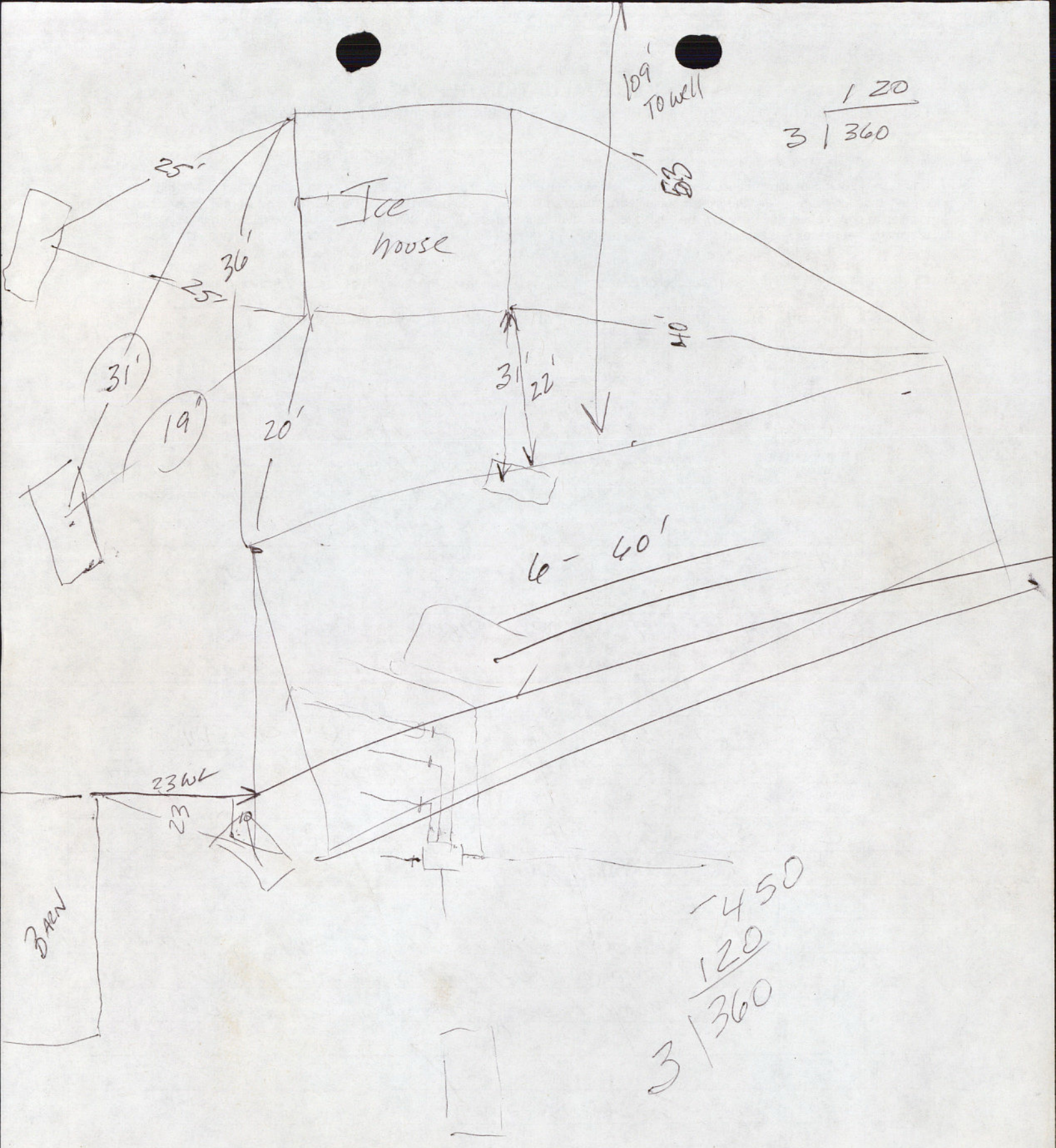
SOIL EVALUATION REPORT

Date of Evaluation 7/10/2006 Health Department Identification No. __

Where the local health department conducts the soil evaluation the location of the 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 ☐ See Construction permit ☐ See sketch on the reverse side or page attached to this form

Hole #	Horizon	Depth (in.)	Description of, color, texture, etc.	Texture Group
			315 Seneca Road TM: 2-2/1//8 Examined 2 backhoe pits. Top profile pit #1 is above existing drainfield.. lower pit #2 excavated partly into lowest drainfield line Found suitable soil @ 45" w/ estimated 20 m.p.i Existing SDS has clay tile & block cinders	
S_1	A	0-4	7.5YR 5/3 Br LOAM	
	P		friable, moist	II
	BA	4-8	7.5YR 5/6, 5/8 str Br	
			Si loam moist, friable.	III
	B_1	8-27	5YR 5/6 ~~Si~~ Si Cl LOAM.	
			2-3 MSBK moist	~~III~~
	C	27-18/4	5YR 5/6 Sandy LOAM	
1845			friable Loose	II
		(cont)	The clay pipe is full of sludge. Replacement needed. There appears to be enough area just above existing 4 lines w/ 6 lines @ 6.0'	
S_2			Same as S_1	

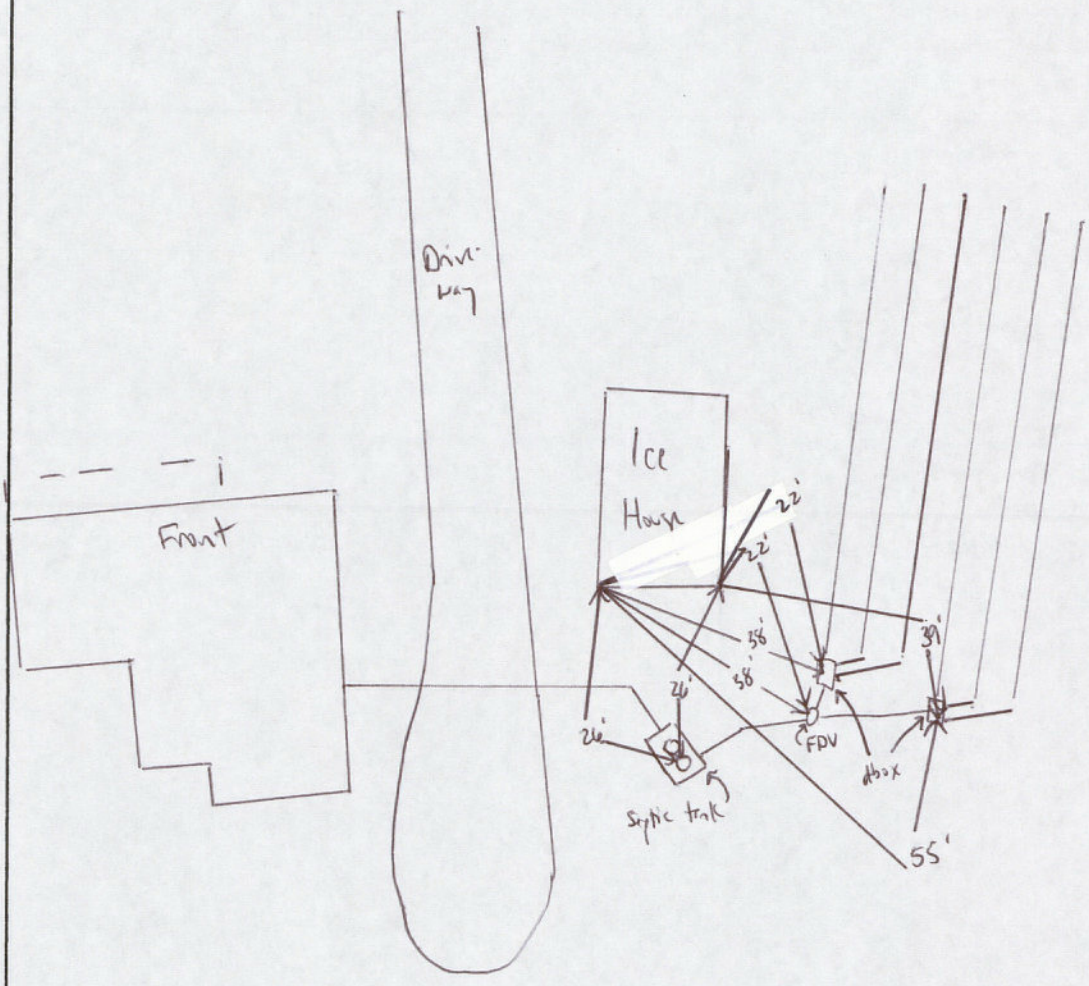

109' TO well
25'
36'
25'
Ice house
40
31'
19'
20'
31'
22'
6 - 40'
23 WL
BARN
450
120
360
3

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

Tax Map ID: 2-2-001-8 Street Address: 315 Seneca Rd

Subdivision: N/A City, State, Zip: Great Falls, VA 22066

Not to Scale



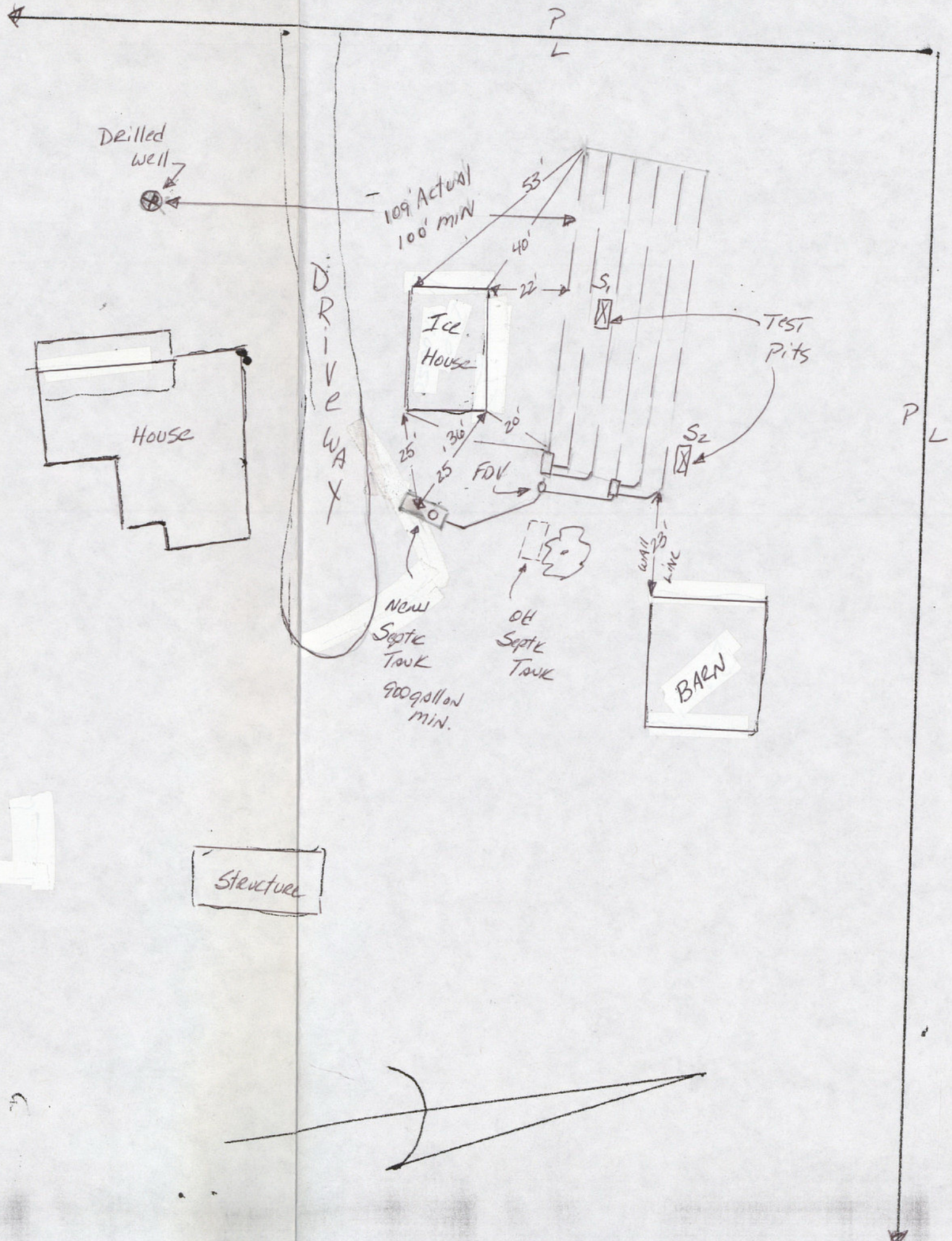
SDS - Repaired

Sm 9/25/06

FHD-EH-7 REV 12/92

Field Copy

Dave



Completion State

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 179-99-1415

Ex. CO. Health Department

Name of Company/Corporation/Individual: Great Falls Septic

Address: P.O. BOX 1418 STERLING VA Telephone: 444-5600

Owner's Name Neil Grasso

Owner's Address 315 Seneca Rd; Great Falls VA 22066

Location of Installation: Lot 2-2-001-8 Block

Section: Subdivision: MA

Other:

I hereby certify that the onsite sewage disposal system has been ~~installed and completed~~ REPAIRED in accordance with the construction permit issued (date) 10/4/99 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

2-29-00
Date

Jennifer E. Crane
Signature and Title

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

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FAIRFAX COUNTY Health Department

Health Department Identification Number 129-99-1415
Map Reference 2-2-001-8

General Information

Water Supply System: New ____ Repair ____ Public ____ FHA ____ VA ____ Case No. ____ EXISTING X
Sewage Disposal System: New ____ Repair X 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 NEIL & KAREN GRASSO Telephone ____
Address SAME AS BELOW For a Type I Sewage Disposal System or Well to be constructed on/at 315 SENECA ROAD, GREAT FALLS, VIRGINIA 20066
Subdivision N/A Section/Block 8 Lot 8 Actual or estimated water use No Records

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) IIIB DRILLED WELL **To be installed:** class ____ cased ____ grouted ____	**Water supply location:** Satisfactory yes ☐ no ☐ comments 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 SEE PAGE 2 OF 2	**Building sewer:** yes ☑ no ☐ comments Satisfactory
Septic tank: Capacity Unknown gals. (minimum). ☒ Other EXISTING REMOVE ROOT	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☑ Other Replace deteriorated tees	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☐ Yes ☐ describe and show design. if yes: NA	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory NA
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☑ Other SEE PAGE 2 OF 2	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with ____ ports. ☒ Other Recommend uncovering distribution box for inspection & likely replacement	**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 NA
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 NA
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:** NA yes ☐ no ☐ comments Satisfactory APPROVAL OF REPAIRS ONLY Date 3/10/00 Inspected and approved by: R.M. 3-2-2000 Sanitarian

C.H.S 202A GREAT FALLS SEPTIC SERVICE

Health Department
Identification Number 129-99-1415
TM# 2-2-001-8

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 PERMIT AUTHORIZES THE FOLLOWING REPAIRS

1. Replace the deteriorated inlet and outlet tees in septic tank providing 1" positive fall thru tank AND AS MUCH OF CONVEYANCE LINE AS NECESSARY TO REACH SOLID PIPING.
2. Install a sewer clean-out prior to septic tank, on existing building sewer line.
3. Strongly recommend uncovering and inspecting the distribution box, due to the age of the box it may be deteriorated and out of level. Recommend removal of evergreen tree as roots have comprimized the systems function.
4. Call for an inspection when repairs are completed.

FOLLOW ALL APPLICABLE FAIRFAX COUNTY CODES AND STATE REGULATIONS

This sewage disposal system and/or water supply is to be ~~constructed~~ REPAIRED 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: 10/1/1999 **Issued by:** _____ C.P.S.S., R.E.H.S.
Sanitarian

Date: 10/4/1999 **Reviewed by:** John M. Mulgrew
Supervisory Sanitarian

This Construction Permit Valid until 12/31/1999

3-2-2000 John M. Mulgrew

If FHA or VA financing

Reviewed by Date _____ _____ **Date** _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B

FILE COPY

ENVIRONMENTAL SERVICES SECTION COMPLAINT REPORT

RECEIVED

Area: 1

Subdivision: —

Tax Map # 2-2-001-8

Location of Complaint: 315 SENECA RD GREAT FALLS 22066
(Street) (City) (Zip)

Received By: L. HILSENBECK FAX ✓ [] Letter [] Telephone [] In Person

Person Responsible for Premises: NEIL & KEREN GRASSO SAME (Name) (Address) Phone Number:

Complainant: GREAT FALLS SEPTIC (Name) (Address) Phone Number: 444 5800

Specific Details of Complaint: ✓ MALF, ROOTS IN TANK and INLET & OUTLET Tees
— inlet + outlet tees need replacement
— recommend uncovering DB

REGISTERED

To Be Investigated By: JOHN DICKSON Date Assigned: 10-1-99

RESULTS OF INVESTIGATION

Was Complaint Justified? [✓] Yes [] No
(Show Dates and Results of Investigation and Re-investigation Below.)

DATE	COMMENTS	FOLLOW-UP DATE	INITIALS
10-1-99	Old S.D.S.: S.T. has a large pine/spruce tree 4' from sidewall — some roots @ top tank. G.F. Septic has removed most roots in tank, as I cannot see any. Proceed w/ inlet + outlet tee repair and Sewer Cleanout installed satisfactorily 10' from S.T..		
	Recommend DB inspection and Tee removal & repairs	Hold	
11/2/99	SOS BFS. Asked GFS to schedule insp. ASAP 12-1-99 and GFS	F/U 10-28-99 12/22/99 JD	

129-99-1415

Final Disposal: [✓] Abatement — Signature of EHS — Date 12/22/00

[] Other _____ — Reviewed By: — Date 3/2/2000

FDH-EH-134 REV. 2/96

MECH (S.T.)

File _____

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

Owner's Name Neil + Kerri Grasso

Tax Map: 2 - 2 / 001 / / 9 (Map / Grid / Sub / Block / Lot)

Street Address 315 Seneca Rd

Subdivision _____

City, State, Zip Great Falls, VA 22066

Phone # _____

DATE	COMMENTS	RESCH DATE	INITIALS
12-16-99	Met with Great Falls Septic, S.t. + Clean out Not uncovered for inspection, reschedule inspection for another time	1-3-00	RH
1/10/2000	G.F.S. Not licensed, this work was done in 1999. No call no show.	GFS notified 1/10/2000 2/10/2000	DAH
1-31-00	Snow day — rescheduled — inspect in + out tees and sign off. Case dragging too long!	GFS notified 2/10 KG	JD
2-10-00	Met Great Falls Septic on site, Clean out is not uncovered for our inspection, Tees were not uncovered For H.D. inspection again, Contractor must have Both tees + replaced BS line/clean out Exposed for any approvals of this repair, Notified owner who was Away from house at FAILED repair time. reschedule	2-22-00	KG
2-22-00	Notified G.F. Septic of repair inspection, G.F. called back to cancell - not ready will reschedule, components have not been uncovered	3-8-00 morn	KG
2/29/00	Clean out uncovered, fall across tees satisfactory. D box NOT uncovered as recommended in permit. File		PK
3/3/00	Approve repairs. Tree was not removed as recommended in permit	FILE C	FK

REV. 10-90
FHD-EH-6

[redacted] Well 1 [redacted]

BASIC REGISTRATION

FILE: 2-2

Tax Map: 2 - 2 / 001 / - / 8 Address: 315 Seneca Rd.

City: G.F. 22066

Subdivision: n/a

Section: n/a Lot: 8

WELL DATA Well 1

8. Date Permit Issued: 9-14-81 Well 1 (10-15-86 well 2)

11. Date Constructed: 8-13-81 well 1 (1-13-87 well 2)

14. Well Construction: DR well 1 & 2

BO = Bored BUR = Buried
DR = Drilled DUG = Dug
N = None O = Other
SP = Spring A = Abandonment

15. Classification: III B well 1, II B well 2

IIIA = Pvt Drilled, 100' casing, 20' grout
IIIB = Pvt Drilled, 50' casing, 50' grout
IIIC = Pvt Drilled other than IIIA & IIIB
IV = Non Potable Pvt
NCWWS = Non-Community

16. Casing Diameter (in): 6.25 Well 1, 6" well 2

17. Depth Well (ft): 500 Well 1, 265 ft. well 2

18. Casing Depth (ft): 94 well 1, 50' well 2 or 61' ft.

19. Depth Grout (ft): 50 + Well 1, 0-55 ft. well 2, 2-2-87 well 2

21. Yield (gpm): .75 well 1, 20 well 2

24. Date Well Log Rec'd: 8-26-81 well 1

25. Date Pump Log Rec'd: 9-1-81 Well 1, 2-2-87 Well 2

*26. Date Well Appd: 9-15-81 well 1, 12-20-90 well 2

SEWAGE DISPOSAL SYSTEM DATA

14. DT:C:PMT: CND

*16. Date SDS Appd: CND

21. Bedrooms Designed: 5

22. Clotheswasher: ✓

23. Garbage Disposal: ✓

25. Absorption Field: CND

B = Beds M = Mounds
N = None O = Other
P = Pits PR= Privy
T = Trenches

27. Depth (in): CND

28. SQ FT: CND

30. Tank Size: CND

31. FDV Type: CND

B = Bull Run F = Franklin
H = Hancor N = None
O = Other

SIGNED: SS

DATE: 12/4/91

REV: ces

* MUST BE ANSWERED

A:DATASHEET.FM

WATER SUPPLY

County/City: Fairfax County Date Case No.

☐ Proposed ☐ Public ☒ Non-Public Drinking
☒ Record of Inspection ☐ Quasi - Public

Owner Eugene Babb Address 315 Seneca Rd. Great Falls, VA 22066 (Mailing Address) Phone 430-1460

Occupant Address (Mailing Address) Phone

Exact Location of Premises 315 Seneca Road Great Falls, VA 22066 2-2-001-8
(Subdivision, Street or Road Name, Section or Lot No.)

TYPE CUSTOMERS: ☐ Community ☐ Industrial ☐ Recreational ☐ Other:

TYPE SOURCE PROPOSED:

TOTAL PROPOSED ULTIMATE CONNECTIONS:

TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES) SERVED:

TOTAL PROPOSED PRESENT CONNECTIONS:

TOTAL PROPOSED PRESENT POPULATION SERVED:

* Notify Division of Engineering (Regional Engineer) of impending development of a Public Water Supply.

AN INDIVIDUAL WATER SUPPLY ☒ New ☐ Existing FROM ☒ Drilled Well ☐ Driven Well ☐ Bored Well
☐ Dug Well ☐ Other FOR ☒ Home ☐ Restaurant ☐ Trailer Court ☐ Motel
☐ Service Station ☐ Other

If a new supply, inspect for compliance with standards. If an existing supply, furnish as much information as may be available.

SOURCE OF INFORMATION LOG + INSP. IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☒ No

SEWAGE DISPOSAL BY ☐ PUBLIC SEWER ☐ COMMUNITY SYSTEM ☒ INDIVIDUAL SYSTEM ON SITE.

INSPECTION FINDINGS

DOMINION / Dominion

(1) WATERSHED Surface Drainage away from source in all directions ☒ Yes ☐ No. Distance Source from possible causes of contamination Sewer Line feet. Type of material used in Sewer Line (Describe) Septic Tank feet. Seepage Pit feet. Subsurface Absorption Field (nearest point) feet. Other feet.
Note any serious obstacles in watershed on back of form.

(2) TYPE OF SOIL FORMATION ☐ Tight Clay ☐ Limestone ☐ Sandstone ☐ Other (Describe)

(3) CLASSIFICATION OF WELL ☐ Type - 1 ☐ Type - 2A ☐ Type - 2B ☐ Type - 3 ☐ Other

(4) CONSTRUCTION DETAILS Total depth 500 feet. Diameter 6.25 inches. Type of casing Steel (Describe) Depth of casing 94 feet. Exterior space around casing sealed with ☒ Concrete grout to depth of 50+ feet. ☐ Poured in place ☒ Pumped in under pressure ☐ Other type backfill (Describe) to depth of feet. casing extends 12 inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☑ Metal ☐ Other (Kind of Material) Opening in Cover watertight ☐ Yes ☐ No. If no, explain pitless adapter

(6) PUMP ☐ Shallow Well ☐ Deep Well. Length of Drop Pipe feet. Well capacity .75 gallons per minute. Size of Feeder Pipe inches.

(7) PUMP LOCATION ☑ In Well ☐ Over Well ☐ Offset. If offset, does watertight casing extend to Pump ☐ Yes ☐ No Pump room located feet from Well. Pump room drained by gravity through 4 - inch or larger pipe to surface to ground ☐ Yes ☐ No. Pump platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions, sloped to drain; ☐ Yes ☐ No. Pump mounting watertight ☐ Yes ☐ No. Sanitary Well Seal in casing and properly vented ☐ Yes ☐ No.

(8) TYPE OF STORAGE ☑ Pressure ☐ Gravity. Capacity XTROL-252 gallons. If gravity, is overflow pipe screened ☐ Yes ☐ No.

THIS WATER SUPPLY SYSTEM ☒ Is ☐ Is not ☐ Recommended ☒ Approved by FAIRFAX CO. ☐ Div. Engineering ☒ Health Department

REMARKS: 0-84 Soil & Decomposable
84-110 Hard Decomposable
110-500 Schist

Date 9/14/81 Signed C.D. Jones Date 9/15/81 Approved (Health Director)

Date Approved Date Approved (Reviewing Authority—Other Agency or Engineer)

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 8/6/81 Case No. _____

Owner Eugene Babb Address 315 Seneca Rd. Great Falls, VA Phone _____
(Mailing Address)

Occupant _____ Address _____ 22066 Phone _____
(Mailing Address)

Exact Location of premises 315 Seneca Road Great Falls, VA 22066 2-2-001-8
(Subdivision, Street or Road Name, Section or Lot No.)

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

(1) WATER SUPPLY (Existing) Class _____ Approved Yes ☐ No ☐ Other Va. Planes Coordinates N 503,000
(To be installed) Class _____ Cased ✳ ft. to be grouted ✳ ft. E 2,329,000

✳ Asper Fx. Co. Code (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 _____ (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

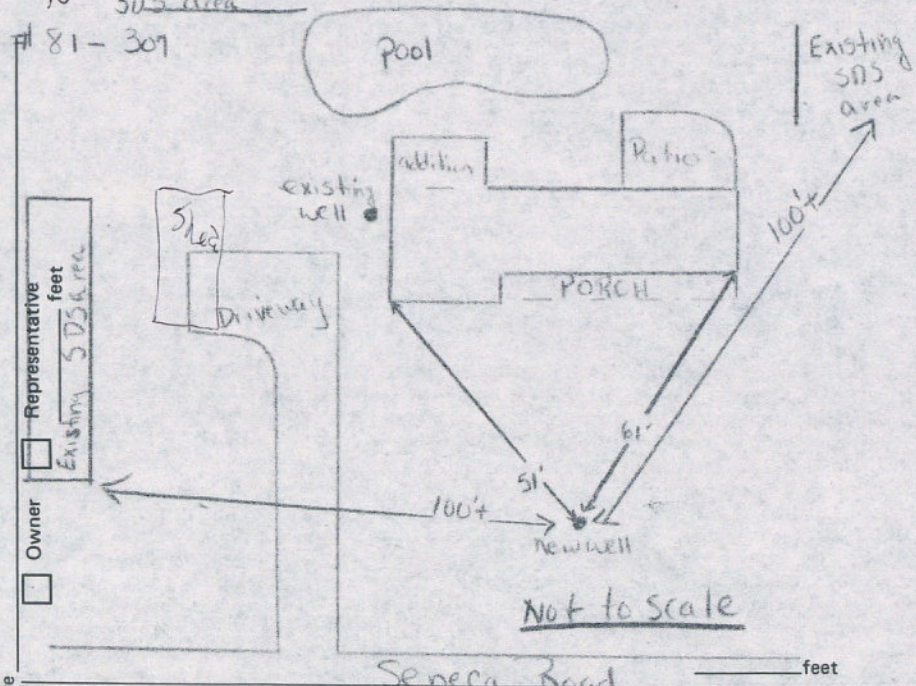
(3) HOUSE SEWER LINE Size _____ inches. Type of material required _____. Distance from Water Supply _____ feet.

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

SUBSURFACE ABSORPTION FIELD Number of square feet required _____ Type aggregate required _____

(5) Depth of aggregate from base of tile to bottom of ditches _____ inches. Allowable fall _____ to _____ inches.
Total aggregate minimum depth _____ inches or more. Depth of drainfield to be _____ inches from surface of original ground.
Distance from well to septic tank _____ feet; distance from well to drainfield _____ 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.



This permit authorizes the installation of a new well to replace the existing bored well:

1. This office has not records on the location of the sewage disposal systems. Therefore, the locations shown are approximate and as per a sketch that Mr. Babb has showing these locations.

2. If the sewage disposal systems are found to be closer than 100' from the well location, contact this office immediately.

3. Grout well in accordance with Fairfax County Code.

4. All work must be in accordance with applicable Fairfax County Code.

Signature

Note: Owner or his agent must notify Fairfax County 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.

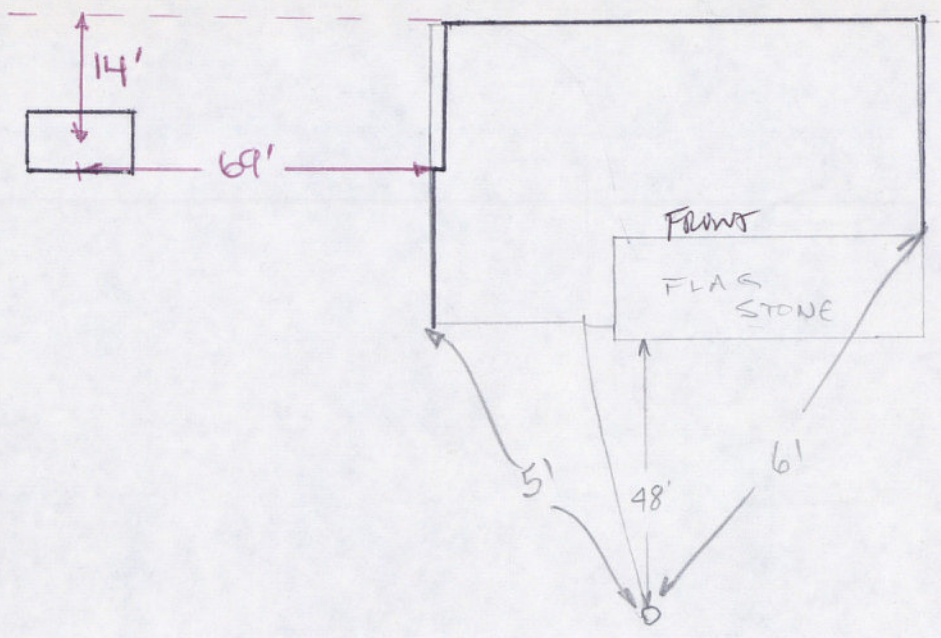
Date 8/6/81 Approved _____ (Reviewing Authority) Date 6/6/81 Signed _____ (Sanitarian or Health Director)

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

DUPLICATE

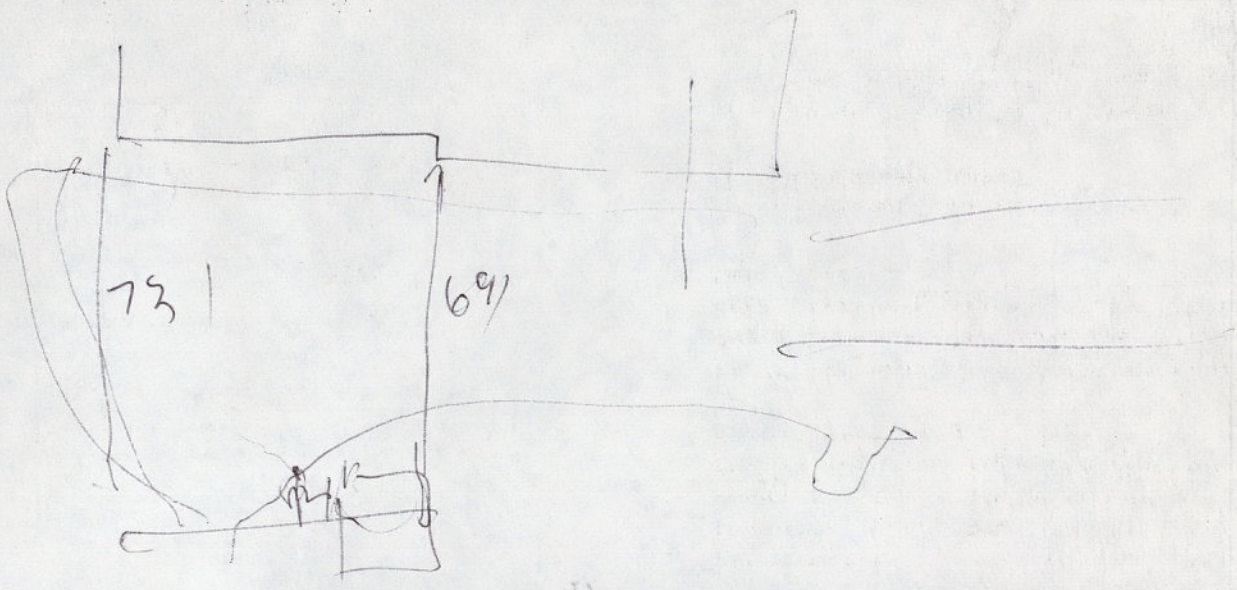
PERMIT #_____ LOCATION 2-2-001-8 315 Seneca Rd.
Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED



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

FHD-EH-7 3-80


73 1
69 1

PERMIT #_____ LOCATION 2-[illegible]-001-8 315 Seneca Rd.
Subdivision or Tax Map Ref.

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

Well Installed By Domenion Pump Installed By Dominion

I. GROUT INSPECTED..... 8-14-81 cof
Date Sanitarian

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED 8-21-81 cof
Date Sanitarian

III. TYPE OF INSTALLATION: /✓/ PITLESS ADAPTOR /__/ PIT /__/ SURFACE
(4"Drain)(Drain) 8-21-81 cof
Date Sanitarian

IV. STORAGE TANK..... 8-21-81 cof
Date Sanitarian

Gate Valve ✓ Sample Tap and Elec. Dis. Switch ✓
Check Valve ___ Backflow Preventer ✓ Press. Relief Valve ✓

V. INITIAL WATER SAMPLE COLLECTED..... 8-27-81 cof
Date Sanitarian

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
8-12-81	Well not completed yet ✓ 8-17 @ 9:30	grout HOLD	cof
9-2-81	No One At Home ✓ 9-8-81	HOLD	cof
9-8-81	Collected W.S. Hold 4 results	Hold	Grey

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

DATE	RECORD OF REMARKS AND VISITS	DISPOSITION	SANITARIAN

FHD-EH-13 10-80

ENVIRONMENTAL SERVICES SECTION
- FOLLOW-UP REPORT

OWNER'S NAME Eugene Babb

SUBDIVISION

STREET ADDRESS 315 Seneca Rd.

TAX MAP REFERENCE 2-2-001-8

PE: 430-1460

DATE	RECORD OF REMARKS AND VISITS	RESCH	SAN.
8-3-81	Request Permit to drill new well to replace old well - Take application & have it filled out & signed at time of Layout NO Fee!	Orig. 8/4	Gail
8-4-81	Arrived on site to find a location for a new well. Mr. Babb was not sure where the existing SDS is however he had a sketch showing approximate locations (as shown on permit) also I found the sewer line leaving house & it would be uphill to come into the front yard therefore it is unlikely that an SDS is located in front. Therefore, I located the new well in the front yard, I do not anticipate any problems with location.		GCP
	Letter dated 4-10-72 indicate that there are 3 separate sewage systems on this property.		GCP

FHD-EH-6 3-81

Form GW-2
1978-10,000

SEP - 1 1981

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

SWCB Permit _____
County Permit Fairfax

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

County/City _____

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 Eugene Babb
• Well Designation or Number _____
Address 315 Seneca Rd.
Great Fall, Va. 22066
Phone 430-1460

• Drilling Contractor _____
Address _____
_____
Phone _____

Tax Map I.D. No. 2-2-001-8
Subdivision _____
Section _____
Block Seneca Rd.
Lot 8
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)

Date started _____ • Date completed _____ Type rig _____

1. WELL DATA: New ____ Reworked _____ Deepened _____
• Total depth _____ 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
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ 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 _____ to _____ ft., Type _____
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ °F
• Static water level (unpumped level-measured) _____ ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield _____ gpm after _____ 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 _____, 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 Jacuzzi • Rated H.P. ~~3/4~~ 1 ,
• Intake depth 483' • Capacity 5 at 40 head

6. WELLHEAD: Type well seal Pitless Adapter
Pressure tank X gal., Loc. Basement
Sample tap X, Measurement port X
Well vent X, Pressure relief valve X
Gate valve X, Check valve (when required) X
Electrical disconnect switch on power supply X

7. DISINFECTION: Well disinfected X yes _____ no
Date 8-18-81, Disinfectant used HTH Chlorine
Amount 2 cups, Hours used 24

8. ABANDONMENT (where applicable) • yes ____ no ____
Casing pulled yes ____ no ____ not applicable _____
Plugging grout From _____ to _____ material _____

cof

OVER

Owner _____ BWCM No. _____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)

DEPTH (feet) From	DEPTH (feet) To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)	11. Drilling Time (Min.)

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)

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

14. WATER SERVICE PIPE: Checked under 60 p.s.i. for 5 minutes. Pipe size 1 inches, Material Poly
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 Harold W Bow (Seal), Date 8-24-81
(Well driller or authorized person)
License No. _____

State Water Control Board Regional Offices

Valley Reg. Off.
116 North Main Street
P. O. Box 268
Bridgewater, Va. 22812
703-828-2595

Piedmont Reg. Off.
4010 West Broad Street
P. O. Box 6616
Richmond, Va. 23230
804-257-1006

Southwest Reg. Off.
408 East Main Street
P. O. Box 476
Abingdon, Va. 24210
703-628-5183

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
703-982-7432

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

Form GW-2
1978-10,000

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

COMMONWEALTH OF VIRGINIA

AUG 26 1981

WATER WELL COMPLETION REPORT

• BWCM No. _____

(Certification of Completion/County Permit)

SWCB Permit _____
County Permit Fairfax

Certification of inspecting official:
This well does _____ does not _____ meet code/low requirements.
S. _____
Date _____

For Office Use

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 Eugene Babb
• Well Designation or Number _____
Address 315 Seneca Rd., Great Falls
Phone 430-1460

• Drilling Contractor Dominion Well Co.
Address 10335 Balls Ford Rd., Manassas
Phone 631-0266

Tax Map I.D. No. 7-2-001-8
Subdivision _____
Section _____
Block Seneca Rd.
Lot 8
Class Well: I _____, IIA _____, IIB _____, IIIA _____, IIIB X

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

Date started 8-11-81 • Date completed 8-13-81 Type rig Air Rotary

1. WELL DATA: New X Reworked _____ Deepened _____
• Total depth 500 ft.
• Depth to bedrock 87 ft.
• Hole size (Also include reamed zones)
• 10 inches from 0 to 94 ft.
• 6 1/8 inches from 94 to 500 ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 6 5/8 inches from 0 to 94 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 _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• Gravel pack
• From _____ to _____ ft.
• From _____ to _____ ft.
• Grout
• From 0 to 50 ft., Type Pressure
• From _____ to _____ ft., Type 28 Bags

2. WATER DATA • Water temperature _____ °F
• Static water level (unpumped level-measured) 50 ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield 3/4 gpm after 1 hours
Natural Flow: Yes _____ No X, flow rate: _____ g pm
Comment on quality Clear

3. WATER ZONES: From 100 To 101
From 480 To 481 . From _____ To _____
From _____ To _____ . From _____ To _____

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 X, 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 _____

COF

OVER

Owner _____ BWCM No._____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)				11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet) From	To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)	Drilling Time (Min.)	
0	84	Soil & brown shale			
84	110	Hard brown shale			
110	500	Shisch			
		/Directions: Hee E to Rt. 29/211, R to Rt. 7, R to Rt. 193, to 315 on R almost oo end Richland Grove Rd.)			Rt. 28, L to Sterling Blvd., L to immed. L on Seneca Rd., of rd. (2nd drive on R past

State Water Control Board Regional Offices

Valley Reg. Off.
116 North Main Street
P. O. Box 268
Bridgewater, Va. 22812
703-828-2595

Piedmont Reg. Off.
4010 West Broad Street
P. O. Box 6616
Richmond, Va. 23230
804-257-1006

Southwest Reg. Off.
408 East Main Street
P. O. Box 476
Abingdon, Va. 24210
703-628-5183

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
5306 A Peters Creek Road
Roanoke, Va. 24019
703-563-0354

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

13. Well lot dedicated? _____; Size _____ ft. X _____ ft.; Well house?_____
Distance to nearest pollutant source _____ ft., Type_____
Distance to nearest property line _____ ft., Building _____ft.

14. 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 Harold W Brown (Seal), Date 8-18-81
(Well driller or authorized person)

License No._____

FOLLOW UP SHEET

TEL. 431-3755

NAME Mr. Blake

LOCATION 315 Seneca Rd -

~~2-001-5~~ 2-2-001-8

DATE 3-16-72

REMARKS AND RECOMMENDED ACTION: check S.T. system for some problem 1000 gal tank for bathroom, kitchen & disposal to a master tank & drain field - Water to dry Well

SIGNED J.M. SANITARIAN

DATE 3-20-72

2 additional Bedroom & 1 bath - total of 5 B.R. any one of 3 system

REMARKS AND RECOMMENDED ACTION: Write letter if system overflows new system for total home to be installed J.M. or if home should be sold Total new system - Soil is good material select behind swimming Pool. Mrs Blake said it would be June before they are sure about plans - She will call if they go ahead with plans. J.M.

SIGNED SANITARIAN

DATE

REMARKS AND RECOMMENDED ACTION:

SIGNED SANITARIAN

DATE

REMARKS AND RECOMMENDED ACTION:

SIGNED SANITARIAN

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 315 Seneca Rd., Great Falls, Va 22066 2-2-001-8 (Tax Map or Subdivision)

OWNER Eugene N. Babb PHONE: 430-1460

ADDRESS ZIP:

EVALUATION REQUESTED BY: Owner DATE: 5-3-85 PHONE:

SEND REPORT TO Va Homes Ltd., 1354 Old Chain Bridge Rd., McLean, Va 22101
Attn: Linda Martin

****

WATER SUPPLY: PUBLIC ____ PRIVATE X PUBLIC WATER AVAILABLE YES ____ NO X

DUG WELL ____ BORED WELL ____ DRILLED WELL X OTHER ____

THE WATER SUPPLY SYSTEM APPEARS TO BE: SATISFACTORY X UNSATISFACTORY ____

REMARKS:

SEWAGE DISPOSAL: PUBLIC ____ PRIVATE X PUBLIC SEWER AVAILABLE YES ____ NO X

Number of bedrooms existing 4 Number of bedrooms system designed for Could Not Determine (CND)
Automatic washer installed YES X NO ____ System designed for auto. washer YES CND NO ____
Garbage disposal installed YES X NO ____ System designed for disposal YES CND NO ____
Trees, driveways, swimming pools etc., over the drainfield YES ____ NO X
Dwelling continuously occupied prior to evaluation (How Long? 30 days +) YES X NO ____
Occupancy Confirmed by: Linda Martin, Realtor

ON THE DATE OF EVALUATION:

X Sewage disposal system appears to be functioning satisfactorily.

____ Sewage disposal system appears to be functioning satisfactorily. However based upon the above information, the potential loading of the system is in excess of design and does not meet State and local regulations.

____ Sewage disposal system appears to be malfunctioning as follows:
____ Sewage surfacing
____ Sewage (waste water) piped to ground surface.
____ Sewage backing up in house plumbing.

____ Other (See Remarks)

REMARKS: Exact location of the three sewage disposal systems could not be determined, however, no obvious signs of malfunction were observed. Due to age and lack of information about the septic systems it could not be determined if they are adequate for a 4 bedroom house with washer and garbage disposal.

EVALUATION OF THE WATER SUPPLY SYSTEM (INCLUDING BACTERIOLOGICAL ANALYSIS) AND/OR SEWAGE DISPOSAL SYSTEM IS BASED ON RECORDS, IF AVAILABLE, AND A VISUAL SURFACE INSPECTION.

DATE OF EVALUATION 5-14-85 SANITARIAN

DATE OF REVIEW 5-17-85 SUPERVISOR

DAH:RMS:dd

Rev. 8/79

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 315 SENECA RD., GREAT FALLS, VA. 22066 2-2-001-8 (Tax Map or Subdivision)

OWNER Neil Grasso PHONE: 444-1433

ADDRESS ZIP:

EVALUATION REQUESTED BY: Owner DATE: 07/15/86 PHONE:

SEND REPORT TO Owner

****

WATER SUPPLY: PUBLIC ____ PRIVATE X PUBLIC WATER AVAILABLE YES ____ NO X

DUG WELL ____ BORED WELL ____ DRILLED WELL X OTHER ____

THE WATER SUPPLY SYSTEM APPEARS TO BE: SATISFACTORY X UNSATISFACTORY ____

REMARKS:

SEWAGE DISPOSAL: PUBLIC ____ PRIVATE X PUBLIC SEWER AVAILABLE YES ____ NO X

Number of bedrooms existing 4 Number of bedrooms system designed for No Records Could not determine
Automatic washer installed YES X NO ____ System designed for auto. washer YES ____ NO (CND)
Garbage disposal installed YES X NO ____ System designed for disposal YES ____ NO (CND)
Trees, driveways, swimming pools etc., over the drainfield YES ____ NO X
Dwelling continuously occupied prior to evaluation (How Long? 30+ days) YES X NO ____
Occupancy Confirmed by: Mrs. Grasso

ON THE DATE OF EVALUATION:

X Sewage disposal system appears to be functioning satisfactorily.

____ Sewage disposal system appears to be functioning satisfactorily. However based upon the above information, the potential loading of the system is in excess of design and does not meet State and local regulations.

____ Sewage disposal system appears to be malfunctioning as follows:
____ Sewage surfacing
____ Sewage (waste water) piped to ground surface.
____ Sewage backing up in house plumbing.

____ Other (See Remarks)

REMARKS:

EVALUATION OF THE WATER SUPPLY SYSTEM (INCLUDING BACTERIOLOGICAL ANALYSIS) AND/OR SEWAGE DISPOSAL SYSTEM IS BASED ON RECORDS, IF AVAILABLE, AND A VISUAL SURFACE INSPECTION.

DATE OF EVALUATION 07/30/86 SANITARIAN Ed Pippin Ed Pippin

DATE OF REVIEW 8/5/86 SUPERVISOR Dennis A. Hill Dennis A. Hill, R.S.

DAH:ELP:ftn

Rev. 8/79

3/

REFERRAL FORM

Sanitarian's Area _____

Tax Map Reference 2-2-001-8 ~~22-1-8~~

Babb

From Eugene Babb Date 8/14/78

Address 315 Seneca Rd. Phone 430-1460

Subject: Fr. Fork, Va. 22066

Routine W.A.

Memo Taken By gmk

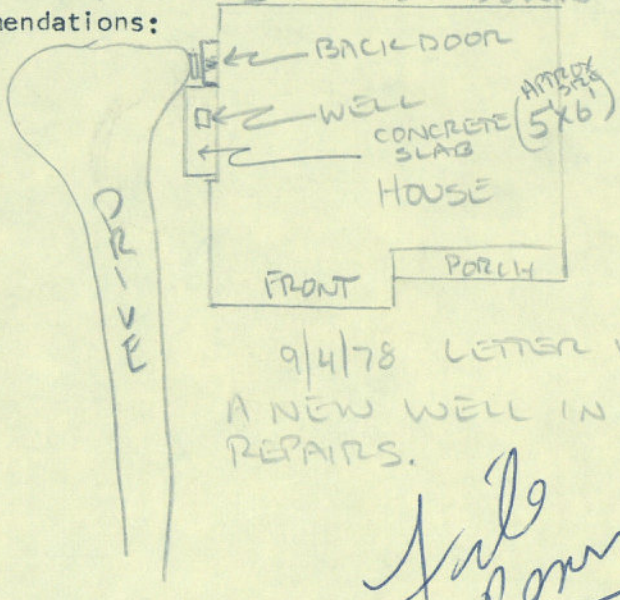
Referred To 8/22 1:00 for investigation

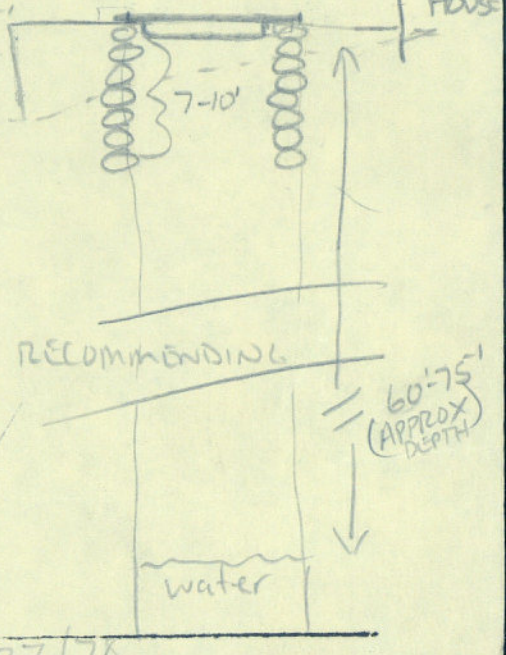
Strough.

Action Taken: ~~N.S.~~ TAKEN — WELL IS A BORED WELL 36" IN DIAMETER APPROXIMATELY 75' DEEP (TO WATER). IT IS TOPPED WITH A FLAT CONCRETE SLAB (APPROX. 8-10" THICK) WITH A FLUSH FITTING LID. THIS IS LOCATED NEXT TO THE HOUSE JUST TO THE RIGHT OF THE BACK DOOR. CASING IS OF STONE AND EXTENDS 7-10' DOWN THE WELL.

Recommendations:

THERE IS NO GROUT OR APRON. THE LID IS NOT WATER TIGHT.





9/4/78 LETTER WRITTEN RECOMMENDING A NEW WELL IN STEAD OF REPAIRS.

Signed AVS 8/22/78

Date _____

G-3