

**FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**

HD Number #80891985

Date of issue: 8/14/2020
Original Approval Date: 3/05/1979

Sewage Disposal System Operation Permit

Owner

Glenn & Karen Lamartin

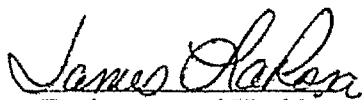
Property

301 Seneca Road

Great Falls, VA 22066

Map Reference: 2-2-002-11

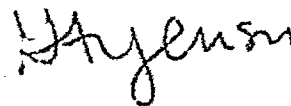
The above operator has made an application and in accordance with regulations of the Board of Health of the Commonwealth of Virginia is authorized by the Fairfax County Health Department to operate an Individual Onsite Sewage Disposal System with an actual or estimated water use of 5 Bedrooms or 750 Gallons per day.



Environmental Health
Specialist



Environmental Health
Supervisor



Gloria Addo Ayensu, M.D., MPH
Health Director



ORDER
1390

TO: DIVISION OF INSPECTIONS

DATE: 4/13/78

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Glenn and Karen Lamartin

BUILDING APPLICATION NUMBER: 4B0235

SUBDIVISION: Seneca Farms SEC: 2 BLOCK: LOT: 11

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-11

301 Seneca Road, Great Falls 22066

HEALTH DEPARTMENT PERMIT #: 78-273

SEWAGE DISPOSAL PERMIT ISSUED FOR: Dwelling

WELL PERMIT ISSUED FOR: Dwelling

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

RESTRICTIONS:

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

WATER SUPPLY SYSTEM

APPROVED: 3-5-79

APPROVED: 3-16-79

ENTERED MAR 05 1979

(SIGNATURE)

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

W49/3-18-74

ENTERED
ECB-CRP

301 Seneca Rd - Great Falls 22066

SENECA FARMS

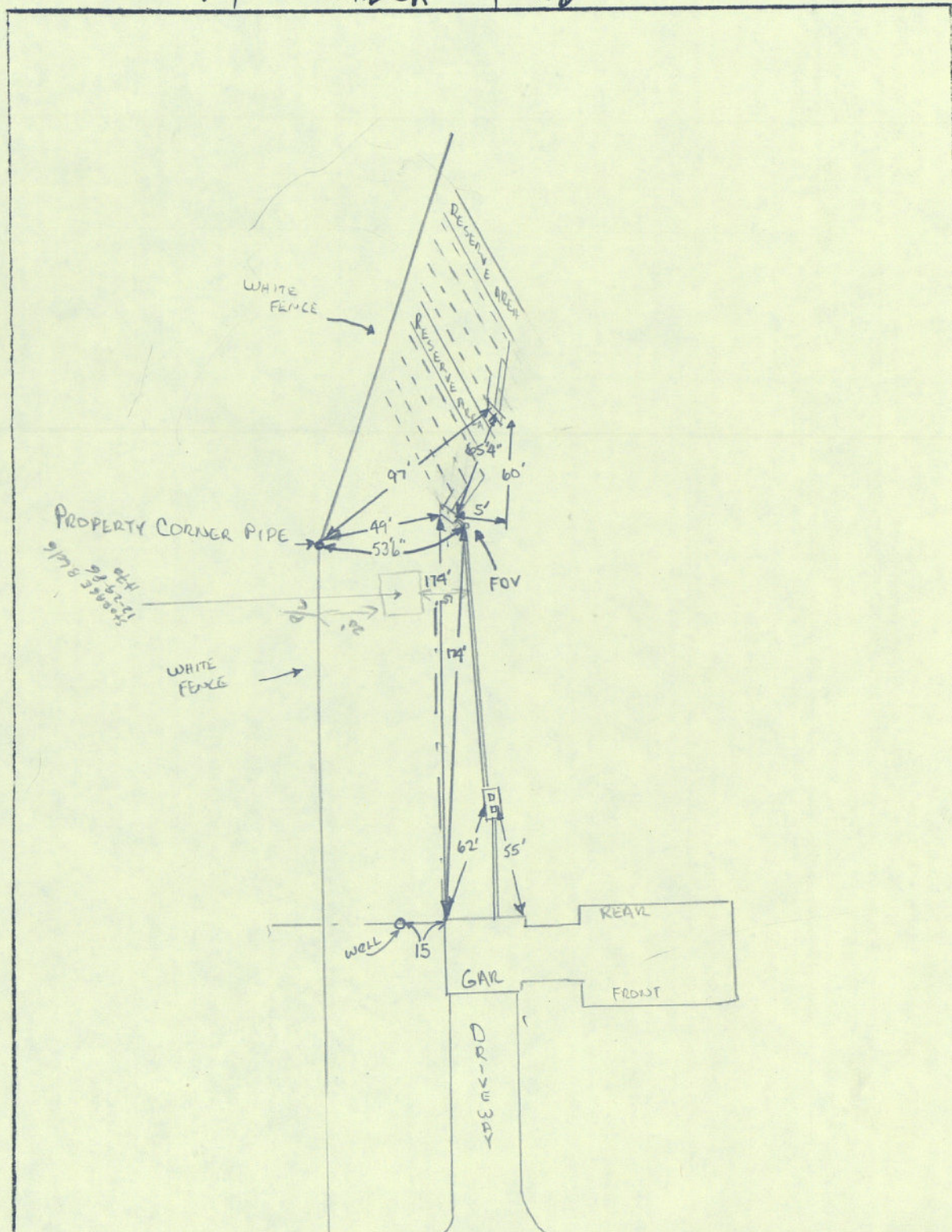
PERMIT # 78-273

LOCATION: TM: 2-2-002-11

(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

301 SENECA ROAD



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

ENVIRONMENTAL SERVICE SECTION
FOLLOW-UP REPORT

REGISTERED

OWNER'S NAME

Karen Jamartin

SUBDIVISION

Jeneca Farm

STREET ADDRESS

301 Jeneca Rd. Gt 22066

TAX MAP REFERENCE

2-2-002-11

File

UNDER

1390

860-1030 (O) 430-9442 (H)

DATE	RECORD OF REMARKS AND VISITS	RESCH	SAN.
2/27/89	Rt WS - Chemical - Lead (Use tap in front to right of family room door.)	3/2	RMS
3-2-89	No background information given and I did not reach the owner. Samples collected from outside tap as in the request for lead, iron, Ca Hardness, total alk. PH also for bacteriological analysis. I will try to contact the owner.	Hold for results	RMS
3-7-89	Mrs. Jamartin called me and said they had not had well tested about 10 years and that she had a son with learning disabilities. She wanted to rule out lead as a factor in this situation so she had made the request for a lead sample. The results are not back from the lab yet.	Hold	RMS
3-9-89	Lead result collected after 3 minute Run <0.001 mg/l. Still awaiting other chemical results.	Hold	RMS
3-16-89	Chemical results Iron 0.18 mg/l, PH 6.2 Lead (initial flow) 0.004 mg/l Total Alk. 16 mg/l Ca Hardness 15 mg/l, lead after 3 minutes 0.001 mg/l. Age index 8.58		
3-21-89	Left word for Mrs. Jamartin to call me.		RMS

FHD-EH-6

3-82 Mrs. Jamartin called back so I advised her of results per said results to owner.

file

RMS

SPECIAL HANDLING

WATER SUPPLY

County/City: Fairfax County

Date: _____ Case No. _____

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

Owner: Glen & Karen LaMartin Address: 7922 Springfield Vill Dr. Phone: 451-1690 H
(Mailing Address) 692-0375 O

Occupant: _____ Address: _____ Phone: _____
(Mailing Address)

Exact Location of Premises: 301 Seneca Road SENECA FARMS TM: 2-2-002-11 SEC 2 LOT 11
(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 _____ IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☒ No

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

INSPECTION FINDINGS

(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 260 feet.
Diameter 6.25 inches. Type of casing steel-13 (Describe)

Depth of casing 90 feet. Exterior space around casing sealed with ☒ Concrete grout to depth of 30+ feet.

☐ Poured in place ☒ Pumped in under pressure ☐ Other type backfill _____ to depth of _____ feet.

(Describe) casing extends 12 inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☒ Metal ☐ Other
_____ Opening in Cover watertight (Kind of Material)

☐ Yes ☐ No. If no, explain PITLESS ADAPTOR

(6) PUMP ☐ Shallow Well ☒ Deep Well. Length of Drop Pipe _____ feet. Well capacity 5.5 gallons per minute.
Size of Feeder Pipe 1.0 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 82 gallons. If gravity, is overflow pipe screened ☐ Yes ☐ No.

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

REMARKS: 0-47 dirt-shale, 47-260 ROCK

Date 3-15-79 Signed CO Jones Date 3-16-79 Approved W.H. Beyer
(Health Director)

Date _____ Approved _____ Date _____ Approved _____
(Reviewing Authority-Other Agency or Engineer)

DATE: 3-2-79

TO: DIVISION OF INSPECTION SERVICES
ELECTRICAL INSPECTIONS BRANCH

FROM: HEALTH DEPARTMENT

RE: NOTIFICATION OF INSPECTION

The underground wiring between the well and the house at the following
location was inspected on 3-2-79 and approved by this office:

coj

OWNERS NAME: Glen & Karen LaMartin

TAX MAP IDENTIFICATION AND ADDRESS:

TM: 2-2-002-11 SEC II Lot 11

301 Seneca Road Great Falls 22066

ENTERED MAR 16 1979

HEALTH DEPARTMENT PERMIT NUMBER:

#78-273

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Owner Glen & Karen LaMartin Address 7922 Springfield Vill Dr. Phone 451-1690 (H)
Springfield, Va. 22152 Mailing Address 692-0375 (O)
 Occupant _____ Address _____ (Mailing Address) Phone _____
 Exact Location of Premises 301 Seneca Road SENECA FARMS TM: 2-2-002-11 SEC II LOT 11
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☒ Yes ☐ No. Distance to nearest House Sewer 50' feet. Distance to nearest Sewage Disposal System 100' 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 _____ Size _____ Inches.
- (5) SEPTIC TANK
 Constructed of Precast Concrete "LANSON 1480" (Kind of Material)
 Inside Dimensions Length 2 feet. Width _____ feet.
 Liquid Depth _____ feet. Depth of Air Space _____ inches.
 Inside Fittings comply with requirements ☒ Yes ☐ No.
- (6) DISTRIBUTION BOX FDV
 Watertight and equal surcharge to each line by Water Test ☒ Yes ☐ No. Distribution Box provided with (2)(1) (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 976 square feet.
 Number of ditches 8 Length of ditches 61 feet.
 Grade of ditches Minimum 2 Inches per 100 feet.
 Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No
 Type aggregate used CRUSHED STONE
 Depth of aggregate under Tile 32 inches
 Total depth of aggregate 40 inches
 Depth of backfill over aggregate 12 TO 18 inches
- (8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☐ Yes ☐ No. Was Surface Drainage required ☐ Yes ☐ No. If Yes, has this been provided ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☐ Not required.
- (9) Are follow-up inspections necessary ☐ Yes ☐ No.

BULL RUN FGV SET ON #2

Septic Tank Contractor: L. P. HAWES Address _____ Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by FAIRFAX CO Health Department.
 Date 3-2-79 Signed BO Jones (Sanitarian) Date 3-5-79 Approved W H Berg (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: _____

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 10/11/78 Case No. _____

Owner Glen & Karen LaMartin Address 7922 Springfield Vill Dr. Phone 451-1690
Springfield, Va. 22152

Occupant _____ Address _____ Phone _____
 (Mailing Address)

Exact Location of premises 301 Seneca Road SENECA FARMS TM: 2-2-002-11 SEC II LOT 11
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption 800 gal. per day
 Actual ☒ Potential ☐ Bedrooms 4 Garbage Disposal Unit ☒ Yes ☐ No (☐ Actual ☐ estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved ☐ Yes ☐ No Other _____
 (To be installed) Class _____ Cased * ft. to be grouted * ft. * AS PER COUNTY CODES
 (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 1-10 ☒ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☒ Yes ☐ No Rate 10060"
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

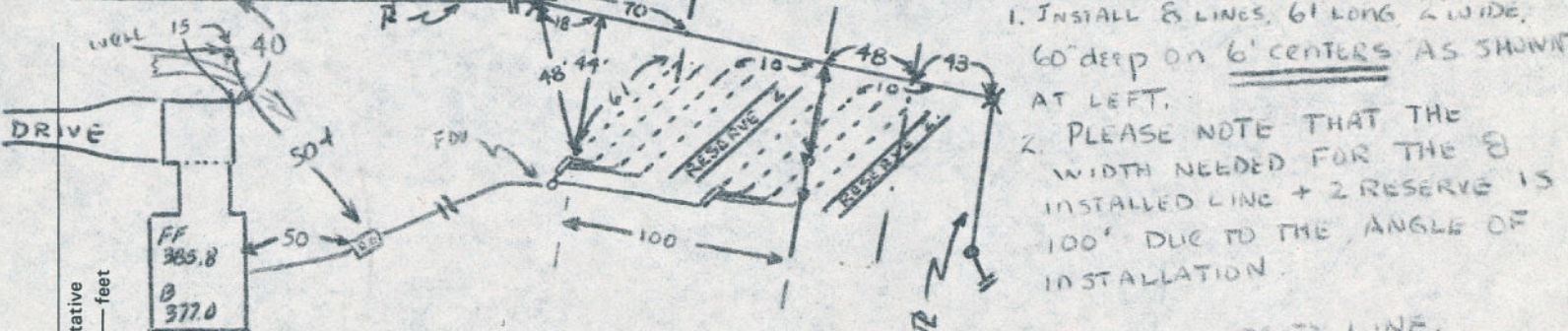
(3) HOUSE SEWER LINE Size _____ inches. Type of material required _____. Distance from Water Supply _____ feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of PRE-CAST CONCRETE Material _____ Liquid Capacity 1480 gallons.
 Inside Dimensions Length _____ feet. Width _____ feet. Liquid Depth _____ feet. Depth of Air Space _____ feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 976 + 480R Type aggregate required blue stone
 Depth of aggregate from base of tile to bottom of ditches 32 inches. Allowable fall 2 to 4 inches 100'

(5) Total aggregate minimum depth 40 inches or more. Depth of drainfield to be 60 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. INSTALL 8 LINES, 6' LONG, 2' WIDE, 60" DEEP ON 6' CENTERS AS SHOWN AT LEFT.
 2. PLEASE NOTE THAT THE WIDTH NEEDED FOR THE 8 INSTALLED LINE + 2 RESERVE IS 100' DUE TO THE ANGLE OF INSTALLATION.

3. NOTE: NO LINE IS TO START MORE THAN 44' OFF SIDE PROPERTY LINE.
 4. INSTALL A FLOW DIVERSION VALVE AND DIST. BOXES SO THAT RESERVE LINES MAY BE UTILIZED AT A LATER DATE.
 5. WELL TO BE 50' FROM TANK, 15' FROM HOUSE, NOT IN SWALE.
 6. MAXIMUM COVER IS TO BE TWENTY (20) INCHES.
 7. INSTALL BOTH SYSTEMS IN ACCORDANCE WITH FAIRFAX CO. CODES.
 8. CALL FOR WATER SAMPLE AND FINAL GRADE CHECK WHEN READY FOR APPROVAL.

Signature _____ Representative _____ Owner _____
 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 10/11/78 Approved WAB Date 10/11/78 Signed GO Jones
 LHS - 121 REV. 12/71 (Reviewing Authority) (Sanitarian or Health Director)
 Virginia State Department of Health

DUPLICATE

PERMIT # 78-273

LOCATION: Seneca Farms 2-2-002-11

Subdivision or Tax Map Ref.

PART I

WATER SUPPLY INSPECTION REPORT (To Supplement LHS 143)

Well Installed By TROUT Pump Installed By TROUT

1. GROUT INSPECTED 11-14-78 CH
Date Sanitarian

11. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED . . . 3-2-79 cg
Date Sanitarian

III. TYPE OF INSTALLATION: ☒ PITLESS ADAPTER ☐ PIT ☐ SURFACE 3-2-79 cy
(4" Drain) (Drain) App. Date Sanitarian

IV. STORAGE TANK. 3-2-79 cg
Date Sanitarian

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

V. INITIAL WATER SAMPLE COLLECTED. 3-6-79 col
Date Sanitarian

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
3-6-79	WSS ditch still open	HOLD	WJ
3-9-79	WS < 10 (need LOGS) owner told	HOLD	WJ
3-15-79	LOG 10	Appd	g

PART II

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To Supplement LHS 141)

[illegible]

MAR 15 1979

WATER WELL COMPLETION REPORT

OWNER
NAME: Mu Glen La Martin PHONE: 451-1690
STREET: 7922 Springfield Dr.
CITY: Spring Field, VA. 22152 STATE VA. ZIP 22170
WATER SUPPLY CONTRACTOR: William H. Trout PHONE 450-4450
ADDRESS: RT. 2 Sterling City VA. Zip 22170
WELL PROPERTY LOCATION: Address 301 Seneca Rd. City Seneca Zip 22170
Tax Map No. 2-2-002-11 SUBDIVISION Seneca Farms Sect 16 + 11

1. WELL DATA: Type Rig DHAAH
Total depth (feet) 260
Depth to bedrock 47 Type bedrock blueshale
Date started 11-78 completed 11-78
Type well: drilled X, bored , Other
Class well: I , IIA , IIB X, Other
Well: new X, reworked , deepened
Well use: Home X, Agriculture
Public , Industry
Commercial , Exploration
Recharge , Heat Pump
Other

6. WATER DATA: Temperature °F
Static water level (unpumped level-measured) 47
Stabilized pumping water level (measured)
Downdraw (pumping level minus static level)
Yield (stabilized) 5 1/2 gpm
Water zones: From 40 ft. To 241 ft.
From ft. To ft.
From ft. To ft.
From ft. To ft.
Water analysis? NO Where
Physical appearance of water. Clear

2. PUMP:
Type Submersible Date Installed 2-79
Location Well
Rated capacity 10 at 60 head PSI
Rated horsepower 1/2 Intake depth 160 ft.

3. WELLHEAD:
Type well seal Pitless adapter
Pressure tank gal., Loc. xtrol 203 basement
Sample tap X
Well vent , Pressure relief valve X
Gate valve X, Check valve (when required) X
Elec. disconnect switch on power supply X

4. TEMPORARY DISINFECTION:
Well disinfected X (yes), (no), Date

Disinfectant used HTH
Amount Contact Time 24
(Hours)

5. ABANDONMENT:
Well abandoned (yes), X (no), Date
Casing: None , Pulled X (yes) (no)
Plugging material
Plugged intervals

Does well have natural flow (yes), (no) X gpm
7. HOLE SIZE 11 Inches from 0 to 50 ft.
Inches from to ft.
Inches from to ft.
8. REAMING Inches from to ft.
Inches from to ft.
Inches from to ft.
Inches from to ft.
9. CASING Inches from to ft.
Material Steel
Wt. per foot 13 or wall thickness ft.
Inches from 0 to 90 ft.
Material
Wt. per foot or wall thickness ft.
Inches from to ft.
Material
Wt. per foot or wall thickness ft.

10. GRAVEL PACK From to ft.
From to ft.
From to ft.
11. SCREENS Inches from to ft.
Inches from to ft.
Inches from to ft.
Type Size Openings
12. GROUT 0 to 50+ to
Type No. bags cement 22

(Over)

OK

Name: _____

GEOLOGIC DATA:

13. DRILL CUTTINGS: State law requires sending well cuttings to State Water Control Board unless exempted. Sample bags provided free upon request. Contact nearest regional office.
Cuttings taken (yes) ☒ (no), Exemption (yes) _____ (no), From no bags
Cuttings sent to State Water Control Board (yes) _____ (no), Where _____
14. PUMPING TEST: When a pumping test is conducted, State law requires sending pumping test log to State Water Control Board. See State Water Control Board RULES of the BOARD or GUIDE for WATER WELL CONTRACTORS and GROUNDWATER USERS for required methods.
Pumping test made (yes) _____ (no). If "yes", attach pump test log.
15. GEOPHYSICAL LOGS: Geophysical logs made (yes) _____ (no) ☒, Type _____
Please attach copy.

301 SENECA ROAD

16. DRILLERS LOG				17. Estimated Drilling Time (Min.)
DEPTH (Feet)		TYPE OF ROCK OR SOIL	REMARKS	
From	To	(Color, material, fossils, hardness, etc.)	(Water, caving, cavities broken, core, shot, (etc.))	
0	47	clnt + shale		
47	260	rock blue stone		

18. WATER SERVICE PIPE:
Checked under 60 p.s.i. for _____ minutes.
Pipe size 1 inches; Material PVC
19. 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.

Submit one copy of each Water Well Report to:

1. Fairfax County Health Department
Division of Environmental Health
4080 Chain Bridge Road
Fairfax, Virginia 22030
Telephone 691-2201

2. State Water Control Board
Northern Virginia Regional Office
5515 Cherokee Avenue, Suite 404
Alexandria, Virginia 22312
Telephone 750-9111

Signature [Signature], Date 3-15-79
(Well driller or authorized person)

License No. _____

A P P L I C A T I O N

Install or ~~Repair~~ Water Supply System

Plat	Subd	Blk.	Lot
2-2	2		11

PROPERTY IDENTIFICATION: SENECA FARMS 2
SUBDIVISION SEC.

REVIEWED BY: JMS DATE: 7-13-7
REVIEWED BY: --- DATE: ---

Design SDS for 4 B.R

78' 293

As Shown on Plat
No Variation

REFERRAL FORM

Sanitarian's Area

Seneca Farms Sec 2

Tax Map Reference

2-2 Lot 11

From

LAMartin

Date

8-17

Address

301 Seneca Rd., N. 7. 22066

Phone

430-9442

Subject:

new home. odor of sewage in back yard
manic

Memo Taken By

Jane

Referred To

Case

for investigation. wed. 8/22 @ 1P.M.

Action Taken:

Owner said she smelled a "sewer" odor last week for 3 days in the backyard (not in the area of the tank or drainfield). In talking to her + investigating I found no signs of a septic problem. I suggested that it could have been something at someone else's home or stagnant air that was localized in that area.

Recommendations:

I recommended that if she smells this odor again or suspects a problem with the drainfield that she call this office.

Date

8/22/79

Signed

E.J. Case

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number _____

Map Reference 2-2-002-11

Health Department

Date Received 12/29/86

To Be Completed By The Applicant

Type sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Owner Glenn F. Lamartin Address 301 Seneca Rd Phone 430-9442
Great Falls Va

Agent _____ Address _____ Phone _____

Directions to Property 3 miles North on Seneca Rd (Rt. 602)
From intersection of Rt. 193 & Rt. 7

Subdivision Seneca Farms Section 2 Block _____ Lot 11

Other Property Identification dutch colonial residence

Dimensions/size of Lot/Property 2+ acres

Other Application Information

I. Building/facility

Intermittent Use

☒ New
☐ Yes

☐ Existing

☐ No If yes, describe: storage building

II. Residential Use

Termite Treatment

☐ Yes

☒ No

☐ Yes

☐ No

☐ Single Family

☐ Multifamily

Number of Units _____

Number of Bedrooms 4

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: well

☐ Private

☒ Existing

V. Proposed Installation:

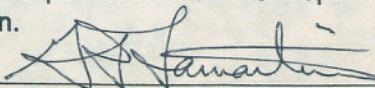
If other, describe none

☐ Septic tank and drainfield

☐ Other

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.



Signature of owner/agent

12/29/86
Date

12/29/86

Health Dept. I.D.# _____ Tax Map # 2-2-002-11 Date CHS200 Received _____
Subdivision Seneca Farms Section 2 Lot 11
Property Address 301 Seneca Rd. G.F. Zip Code 22066

R) Residence (New)

No. of bedrooms/potential bedrooms shown on plans _____ Den _____
Bath in basement _____ Basement finished _____ Unfinished _____

Sewage Disposal: Public _____ Onsite _____ Other _____
Onsite: Type I _____ II _____ III _____ IV _____
Type II, have pump plans been submitted? Yes _____ No _____ Date _____
Type III, give details _____

Water Supply: (PU) Public _____ (PR) Ind. Well _____ Other (specify) _____
Individual Well: V.P.C. No. N _____ E _____

R) Residence, Existing (Additions)

Plan of proposed addition reviewed? Yes ☒ No _____
No. of existing bedrooms in dwelling 4 Number of bedrooms to be added 0
Total number of bedrooms upon completion 4
Existing SDS permits on file: Yes ☒ No _____ Date approved 3-5-79
Addition to onsite sewage disposal system required? Yes _____ No ☒
If yes, give details _____

Describe rooms in addition DETACHED STORAGE BUILDING 24'x24'

Water supply: (PU) Public _____ (PR) Ind. well ☒ Approved Yes _____ No _____
Other (specify) _____

C) Commercial

Type of facility _____ New _____ Existing _____
Existing SDS permit on file Yes _____ No _____ Date approved _____
No. of Employees _____ Estimated daily water usage _____ gal/day.
Addition to existing SDS required? Yes _____ No _____
Specify additional water usage _____

Water Supply New _____ Existing _____ Non-Community Yes _____ No _____ (PU)Public _____
C No. N _____ E _____

Design Information

Infiltration Rate _____ Depth _____ Septic tank (gallons) _____
Absorption field (linear feet) _____ Reserve Area Required? Yes _____ No _____
If yes, linear feet _____ Amount of proposed grading in drainfield area _____
Building Permit No. 8636330800 A.S. Receipt No. _____ S.T. Receipt No. _____
Remarks Okay - see as built for LOC
Reviewed by H. Owen Date 12-29-86 Title Seneca

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL SERVICES SECTION
10777 MAIN STREET, SUITE 102B
FAIRFAX, VA 22030

REGISTERED

EVALUATION REPORT (Must be accompanied by Application)

Property Address: 301 Seneca Road, Great Falls, VA 22066 Tax Map 2 - 2 / 002 / / 11

Owner Glenn Lamartin

The opinions given are rendered without knowledge of some of the individual parts of The Sewage Disposal System and Water Supply System, and apply only to the Date and Time the opinions are made. We can not guarantee the future performance of The Sewage Disposal System and/or Water Supply System.

Water Supply: Public Private: X Public Water Available: Yes No X Well Type: Drilled

Meets Min. Construction Stds: Yes X No If no, Explain

Sample Collected: Yes X No Bacteriological Results: Satisfactory X Unsatisfactory

The Water Supply Systems Appears to be: Satisfactory X Unsatisfactory

REMARKS:

Sewage Disposal System: Public Private X Public Sewer Available: Yes No X Year System Installed: 1979

Septic Tank and Dist. Box(es) Uncovered: Yes No X If Yes, are they Satisfactory: Yes No

Is There An Effluent Pump System: Yes No X If Yes, Is It Satisfactory Yes No Not Inspected

Flow Diversion Valve: Yes X No N/A Trees, Driveways, Swimming Pools, etc., Over System Yes No X
(Flow Diversion valve must be turned once a year)

Design Capacity (Per Available Records)

Existing: Per Owner X Per Inspection

Number of Bedrooms 4

Automatic Washer

Garbage Disposal

Yes X No

Yes X No

Yes X No

Yes X No

Recommend pumping septic tank in 1995 of the septic tank once every five (5) years. The owner of the property is required to provide written notification and proof to this Department each time the tank is pumped.

On The Date of The Evaluation

X Sewage disposal system appears to be functioning satisfactorily and with proper maintenance is not likely to create an insanitary condition.

 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/or Local Regulations.

 Sewage Disposal System Appears to be Unsatisfactory and is Malfunctioning as Follows:

 Sewage Surfacing

 Sewage (wastewater) Piped to Ground Surface

 Sewage Backing Up In House Plumbing

 Other (See Remarks)

REMARKS

Evaluation of the Water Supply System or Sewage Disposal System is Based on Health Department Records, Owner's Statements, and a Visual On-Site Inspection.

DATE OF EVALUATION 2-3-92 SANITARIAN John Grims

DATE OF REVIEW 2-7-92 SUPERVISOR Bill Jones

ENVIRONMENTAL SERVICES SECTION
REFERRAL FORM

OWNER'S NAME Glenn Hamartin
SUBDIVISION Seneca Farms
STREET ADDRESS 301 Seneca Rd.
8020 Dog Spring Great Falls
VA
TAX MAP REFERENCE 2-2-002-11 2206

REFERRAL FROM: ROS DATE RECEIVED: 3-11-92

ADDRESS _____ PHONE: _____

SUBJECT: Update to SBR Design

RECEIVED BY WMS

REFERRED TO WMS FOR INVESTIGATION

DATE	INVESTIGATION REPORT	RESCH	SAN
3-11-92	New update form not in print yet. However, existing SDS has Lawson 1480 gal Needs. 1500 gal. ^{OK PUTCP} Dranfield size 976 ft and for 10 RATE Design for SBR needs 900 ft - OK System has a FDV, is non-commercial, house build after 1973, and based on recent evaluation 2-3-92 by JG there was nothing built over SDS and system was functioning satisfactory. Recommend approval for update to SBR		FILE Complete Marty Shannon

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number

Map Reference 2-2-002-11

COUNTY OF FAIRFAX

Health Department

Date Received

To Be Completed By The Applicant

Type sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☒

Owner GENN LAMARTIN Address 301 SENECA ROAD Phone 430-9442

GREAT FALLS, VA. 22066

Agent W. Bradley Anderson Address 8020 DAYSPRING CT. Phone 569-8222

SPRINGFIELD, VA. 22153

Directions to Property 3 miles OUT SENECA Rd. House on Right.

Subdivision SENECA FARMS Section 2 Block Lot 11

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

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 Construction - Add 1 B.R. & BATH & Study

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.

W. Bradley Anderson
Signature of owner/agent

3/11/92
Date

TO: INSPECTION SERVICES DIVISION
DIVISION OF ENVIRONMENTAL MANAGEMENT

FROM: HEALTH DEPARTMENT/ENVIRONMENTAL SERVICES SECTION

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

DATE: 3-11-92

OWNER'S NAME: Glenn Lamartin

BUILDING APPLICATION NUMBER: 92071B0050

SUBDIVISION: Seneca Farms SEC: 2 BLOCK: LOT: 11

TAX MAP IDENTIFICATION: 2-2-002-11

PROPERTY ADDRESS: 301 Seneca Rd., Great Falls, VA 22066

HEALTH DEPARTMENT PERMIT #: NA

PERMIT ISSUED FOR: ☐ SEWAGE DISPOSAL ☐ WELL ☒ OTHER

TO SERVE: ☒ RESIDENTIAL ☐ COMMERCIAL ☐ OTHER DESCRIBE:

To add a bathroom. NO CHANGE IN NUMBER OF BEDROOMS.

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

REMARKS:

THE ABOVE TO BE FAXED TO PERMITS BRANCH AND ORIGINAL TO BE ATTACHED WITH PERMIT.

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

WATER SUPPLY SYSTEM

APPROVED:

APPROVED:

SIGNATURE

UPON FINAL APPROVAL, ONE COPY TO BE FAXED TO COMBINATION INSPECTION BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.

NUMBER OF BEDROOMS AT FINAL INSPECTION:

STICKER PLACED: INITIALS:
DATE

Fairfax County Soil Evaluation Form

Fairfax County Health Department, Division of Environmental Health

General Information

Date: 08-12-2020Project # 202000506Applicant: Karen and Glenn LamartinTelephone No. 571-296-7845Address: 301 Seneca Rd, Great Falls, VA 22066Owner: Karen and Glenn LamartinAddress: 301 Seneca Rd, Great Falls, VA 22066Location 301 Seneca Rd, Great Falls, VA 22066Subdivision Seneca FarmsBlock/Section Sec. 2Lot 11

Site Assessment

1. Purpose of Soil Evaluation: New SDS ☐, 100% Reserve ☐, Relocation ☐, Other Voluntary upgrade
2. Position in Landscape Satisfactory: Yes ☒ No ☐ Describe Backslope/Sideslope
3. Site Slope 4%
4. Is Site Impacted by Private Water Wells? Yes ☐ No ☒ Describe Existing well 100'+ away
5. Topographic Limitations to Site: Yes ☐ No ☒ Describe _____

Soil Evaluation Information Summary

6. Depth to H.E.S.W.T. (Redoximorphic Soil Features): Yes ☐ No ☒ Describe _____
7. Depth to Impervious Soil Materials and/or Bedrock: Yes ☐ No ☒ Describe _____
8. Free Water Present: Yes ☐ No ☒ Describe: _____

Soil Evaluation Conclusion

Site Approved: Yes ☒ No ☐ Describe _____ (If Yes, Complete this Section)

9. Percolation Test Required: Yes ☐ No ☒ Depth (Inches) _____

a) How many Test Holes: 1975 test shows measured 10 rate

10. If Test Rate is Estimated: Estimated Rate (mpi): 10 MPI+ Depth (inches): 60"

Name and title of evaluator James LaRosa

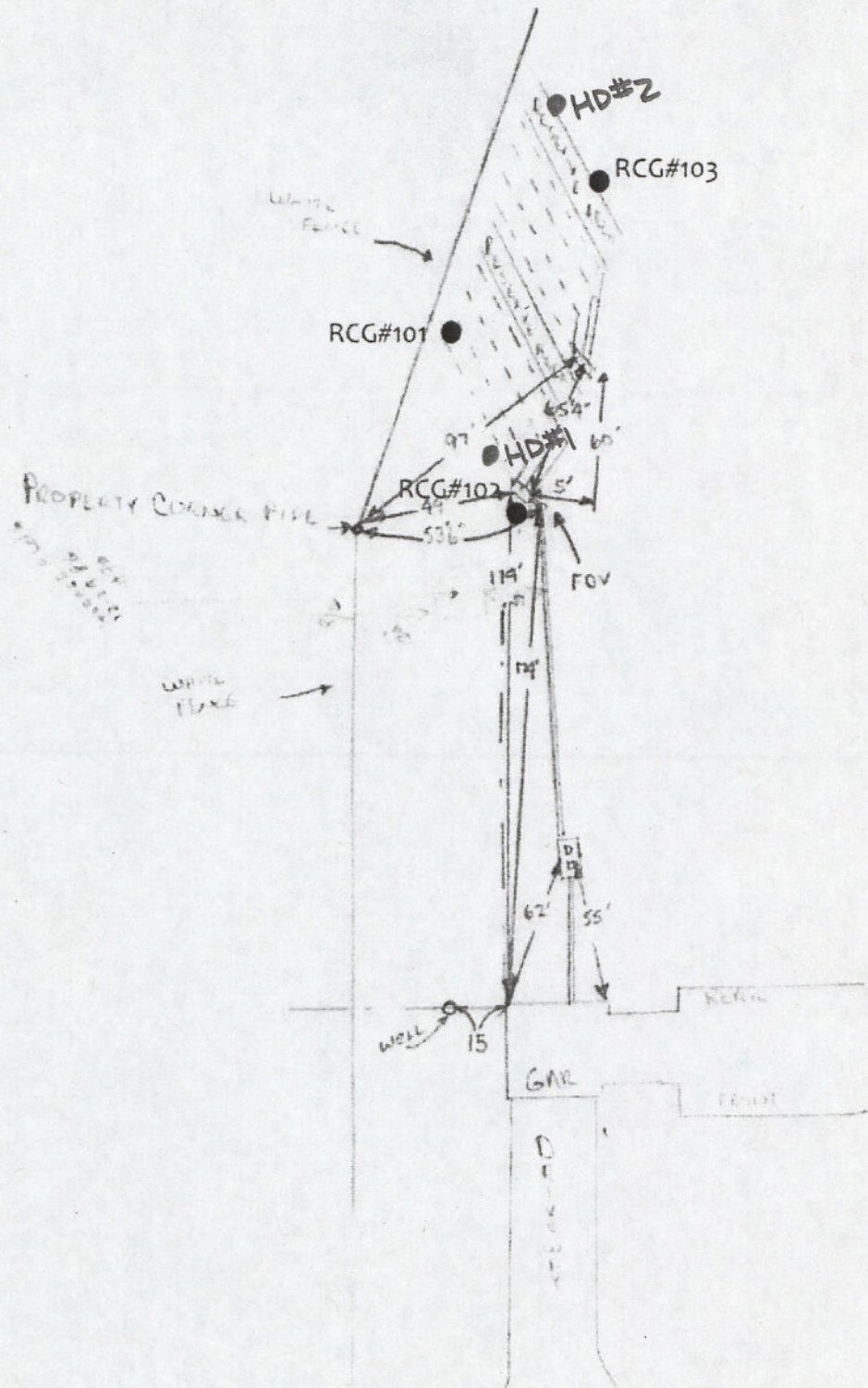
E.H. Specialist

Signature James LaRosa

Profile Description

Health Department Identification No. 202000506

Page 2 of 3[illegible]



Not To Scale

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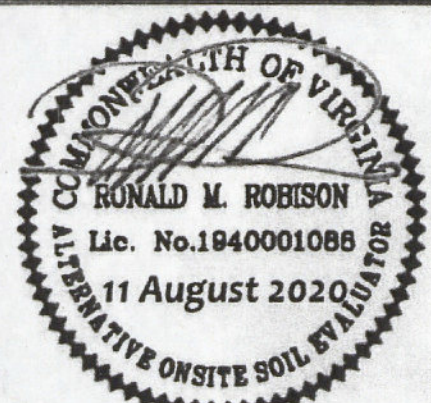
RCG

SKETCH PLAN SENECA FARMS SECTION 2 LOT 11

301 Seneca Road Great Falls, Virginia 22066
Fairfax County Tax Map#2-2-((2))-11

ROBISON CONSULTING GROUP, LLC

12541 Basswood Drive Manassas, Virginia 20112
email rrobison@robisoncg.com phone 703.901.4141





**ONSITE SEWAGE DISPOSAL SYSTEM AND/OR WELL CONSTRUCTION
PERMIT APPLICATION**

COUNTY OF FAIRFAX

AUG 05 2020

Property Address: 301 Seneca Road

Property City and Zip Code: Great Falls, Virginia 22066

Tax Map Number: 2-2-((2))-11

Residential ☒ **Commercial** ☐

Is this a private sector WWSP/OSE/PE submission? Yes ☒ No ☐ Is the WWSP/OSE/PE package with cover sheet attached? Yes ☒ No ☐

Is this application submitted under 163.6? Yes ☐ No ☒ If installing in an RPA have you included a waiver from LDS? Yes ☐ No ☒

Does this property serve as your (owner) principal place of residence? Yes ☒ No ☐ Multiple sites? Yes ☐ No ☒

PERMIT OR SERVICE REQUESTED

- | | | |
|---|---|---|
| ☐ Individual Drinking Water Supply | ☐ Certification Letter | ☐ Pump and Haul |
| ☐ Irrigation Well | ☒ Construction Permit | ☒ Voluntary Upgrade |
| ☐ Well Abandonment | ☐ Repair of Existing System | ☐ Minor Modification |
| ☐ Geothermal Well | ☐ Subdivision | ☐ Courtesy Inspection |
| ☐ Well Repair | ☐ Convert Existing Well | |

Number of Bedrooms:

Basement Plumbing Fixtures? Yes ☒ No ☐

Is this a Replacement Well? Yes ☐ No ☒

Foundation Chemically Treated? Yes ☒ No ☐ Borate? Yes ☐ No ☒

WATER SUPPLY

Is the water supply:

Public ☐ Private ☒

SEWAGE DISPOSAL

Is the sewage disposal:

Public ☐ Private ☒

APPLICANT

Name: Karen and Glenn Lamartin

Mailing Address: 301 Seneca Road

Phone: (571) 296-7845

Great Falls, Virginia 22066

Email: glenn.lamartin@verizon.net

PROPERTY OWNER

Name: Karen and Glenn Lamartin

Mailing Address: 301 Seneca Road

Phone: (571) 296-7845

Great Falls, Virginia 22066

Email: glenn.lamartin@verizon.net

IF COMMERCIAL PROPERTY

Estimated Daily Water Usage (GPD):

GPD calculations submitted: Yes ☐ No ☐

SUMMARY OF PROPOSED WORK

Bedroom Capacity Upgrade based upon recalculation of area required

vs. the actual area installed/existing.

I give permission to Fairfax County Health Department to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

Signature

Print Name Ronald M. Robison, AOSE, LPSS

Date

08/01/2020

Property Owner ☐ **Agent** ☒

For Department Use Only

Approved by _____ Remarks _____ Approval Date _____

Certification Approval Date _____ HSEPTIC 80891085 HWELL _____ Project # _____

Date Lot Approved _____ Type System _____ # of Bedrooms _____ GPD _____

Perc Rate _____ Depth _____ Septic Tank Gallons _____ Active Lin.Ft. _____ Reserve Lin.Ft. _____

Building Permit Number _____ Fee Amount 425 Receipt Number 918569

08012020

REQUIRED DOCUMENTATION

The required documentation for each application type is listed below. Please provide all documentation and fees at the time the application is submitted. Please initial that pertinent documentation has been provided. Thank you.

Certification Letter

Applicant Initials

1. Site and Soil Evaluation Report
2. Surveyed property plat (3 copies) - to include:
 - a. Metes and Bounds of property
 - b. Soil profile hole locations, perc or K-Sat hole locations
 - c. Proposed well location and well specifications (when a private well is proposed)
 - d. Within 200 feet of the absorption area the following must be shown: existing or proposed wells, springs, cisterns or sewage disposal systems, existing or proposed buildings
 - e. Information on proposed treatment level, proposed trench bottom area and proposed sewage volume and flow
 - f. Proposed perimeter of soil absorption area, including reserve area if required
 - g. All recorded easements
3. Perc or K-Sat results or Perc Waiver Request
4. If permeability limiting feature is less than 18" from ground surface, the following must be provided:
 - a. Verification that the site is not flooded during the wet season
 - b. Demonstration that there is sufficient hydraulic gradient to move the applied effluent off the site
 - c. Water mounding calculations
5. Fee provided
 - a. Sewage Disposal System with flow of 1000 GPD or less

\$310.00 VDH cert letter fee
\$10.00 VDH indemnification fee
\$200.00 County SDS application fee
Total \$520.00 per site
 - b. Sewage Disposal System with flow greater than 1000 GPD

\$1390.00 VDH cert letter fee
\$10.00 VDH indemnification fee
\$200.00 County SDS application fee
Total \$1600.00 per site

Repair of Existing System

Applicant Initials

1. Completed Malfunction Assessment Form ☐ Check box if **not** applicable
2. Site and Soil Evaluation Report ☐ Check box if **not** applicable
3. Surveyed Property Plat (3 copies) - to include: ☐ Check box if **not** applicable
 - a. Metes and Bounds of property
 - b. Soil profile hole locations, perc or K-Sat hole locations
 - c. Well location when a private well exists
 - d. Complete SDS design (including elevations)
 - e. Identify all (existing or proposed) drinking water sources, buildings, and sewage disposal systems within 200 feet of the absorption area
4. Perc or K-Sat results or Perc Waiver Request ☐ Check box if **not** applicable
5. Alternative system design/hydraulic plans ☐ Check box if **not** applicable
6. Water mounding calculations if distance to restriction is less than 18" ☐ Check box if **not** applicable
7. Pump plans (3 sets) ☐ Check box if **not** applicable
8. Fee Provided
 - a. Sewage Disposal System $\leq$ 1000 GPD **\$225.00** with OSE/PE documentation, **\$425.00** w/o OSE/PE documentation
 - b. Sewage Disposal System > 1000 GPD **\$1400** with OSE/PE documentation

REQUIRED DOCUMENTATION

Construction Permit

Applicant Initials

Is this a revised design package? Yes ☐ No ☒

1. Site and Soil Evaluation Report
2. If new dwelling or renovation is proposed complete architectural drawings are required.
3. If Site Grading Plan is required by LDS, provide 1 approved or proposed copy.
4. If Site Grading Plan is **not** required by LDS, 3 copies of a surveyed property plat must be provided, all to include:
 - a. Metes and Bounds of property
 - b. Soil profile hole locations, perc or K-Sat hole locations ☒ Check box if **not** applicable
 - c. Proposed well location and well specifications (when a private well is proposed)
 - d. Complete construction drawing/design of proposed sewage system, including all elevations.
5. Within 200 feet of the absorption zone or treatment unit the following must be shown:

existing or proposed wells, springs, cisterns or sewage disposal systems, existing or proposed buildings
6. Perc or K-Sat results or Perc Waiver Request
7. Alternative system design/hydraulic plans ☒ Check box if **not** applicable
8. If permeability limiting feature is less than 18" from ground surface, the following must be provided:
 - a. Verification that the site is not flooded during the wet season
 - b. Demonstration that there is sufficient hydraulic gradient to move the applied effluent off the site
 - c. Water mounding calculations
9. Pump plans (3 sets) if applicable
10. Is the proposed sewage disposal system an alternative design? Yes ☐ No ☒
11. Fee provided

a. If application is within 18 months of receiving a certification letter, no fee is required unless #10 is yes, then add \$200

b. If applying under 11a., provide certification letter.

c. Sewage Disposal System with flow of 1000 GPD or less **\$215.00** VDH Construction Permit fee
\$10.00 VDH indemnification fee
\$200.00 County SDS application fee **Total \$425.00**
 If #10 is "yes" add **\$200.00** County alternative SDS review fee
Total \$625.00 per site

d. Sewage Disposal System with flow greater than 1000 GPD **\$1390.00** VDH Construction Permit fee
\$10.00 VDH indemnification fee
\$200.00 County SDS application fee **Total \$1600.00**

If you are submitting your SGP to HD instead of LDS, provide a min of 4 copies and add \$85.00

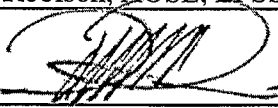
If #10 is "yes" add **\$200.00** County alternative SDS review fee
Total \$1800.00 per site

Minor Modification

A minor modification may include, but is not limited to, relocation of sewer line, force main, conveyance line, etc. to meet set back to proposed construction such as an addition or pool; tie in new sewer line for proposed addition (e.g. pool house) to be connected to existing sewer line; relocation of septic tank and/or pump chamber. The following must be provided when a minor modification will be made:

1. Surveyed Property Plat (3 copies) - to include:
 - i. Metes and Bounds of property
 - ii. Well location when a private well exists
2. Architectural Plans, if applicable
3. Pump Plans (3 sets if applicable)
4. Fairfax County Building Permit Application
5. Fee provided
 - a. VDH minor modification fee **\$100.00**
 - b. If associated with a building permit review - add **\$85.00**

REQUIRED DOCUMENTATION

Individual Drinking Water Well	Geothermal Well	Irrigation Well	Convert Existing Well	Applicant Initials
1. Surveyed property plat (3 copies) to include: _____ a. Metes and Bounds of property _____ b. Proposed well location and well design package _____ c. Sanitary survey showing any obvious source of toxic or dangerous substances within 200ft of the proposed private well _____ d. All recorded easements _____ 2. Fee provided - \$500.00 If this is a replacement well at the applicant's primary residence , no fee is required _____				
Well Abandonment	Applicant Initials	Well Repair	Applicant Initials	
1. Completed 1st page of this application _____		Completed 1st page of this application with detailed summary of proposed work _____		
2. IF NOT primary residence, add \$500.00 fee _____				
Pump and Haul			Pump and Haul application must be signed and initialed by property owner	
			Owner's Initials	
1. Copy of contract with a licensed Sewage Handling Contractor _____ 2. Copy of VDH Pump and Haul application _____ 3. Detailed construction schedule for completion of permanent disposal site ☐ Check box if not applicable _____ 4. Proof of Bonding ☐ not required if <u>emergency</u> pump and haul _____ 5. Completed Malfunction Assessment Form (if application is due to malfunctioning system) _____ 6. Plans, specifications, fees and other data as required by the Health Department _____ 7. Owner gives FCHD permission to inspect property during normal business hours for duration of the pump and haul _____				
Voluntary Upgrade			Applicant Initials	
1. Completed 1st page of this application <u>RM</u> _____			3. Fee provided ≤ 1000 GPD - \$225 _____ >1000 GPD - \$1400 _____	
2. Call 703-246-2201 to schedule a consultation				
Courtesy Inspection			Applicant Initials	
1. Site and Soil Evaluation Report _____ 2. Describe the site or soil feature you have identified as marginal or questionable: _____ _____ _____ 3. What is the question to be discussed? _____ _____ _____				
Certification Statement				
If the certification statement on the evaluation and/or design contains the references to the Fairfax County Code (as below) in addition to 610, 613, and 630 then the evaluator/designer does not have to complete this section.				
I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the applicable provisions of the Fairfax Code, Chapter 68.1: the Individual Sewage Disposal Facilities Code, Fairfax Code, Chapter 70.1: Private Well Water Ordinance, the Sewage Handling and Disposal Regulations (12 VAC54-610), the Private Well Regulations (12 VAC5-630), the Regulations for Alternative Onsite Sewage Systems (12 VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.				
☒ The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11				
Print name		<u>Ronald M. Robison, AOSE, LPSS</u>	License#	<u>1940001088</u>
			Date	<u>08/01/2020</u>
WWSP/OSE/PE Signature				



SENECA FARMS SECTION 2 LOT 11

301 Seneca Road

Great Falls, Virginia 22066

Fairfax County Tax Map #2-2-((2))-11

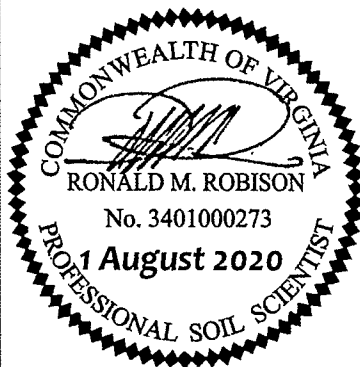
Fairfax County, Virginia

COUNTY OF FAIRFAX

AUG 05 2020



**AOSE Construction Permit Application Package
For the Recalculation/Upgrade
of the Bedroom Capacity for the
Existing Conventional Wastewater System Design
1 August 2020**



Prepared by:

ROBISON CONSULTING GROUP, LLC

12541 Basswood Drive

Manassas, Virginia 20112

Phone (703) 901-4141

rrobison@robisoncg.com

Owner:

Karen and Glenn Lamartin

301 Seneca Road

Great Falls, Virginia 22039

Phone (571) 296-7845

glenn.lamartin@verizon.net



SENECA FARMS SECTION 2 LOT 11

301 Seneca Road Great Falls, Virginia 22066

Fairfax County Tax Map #2-2-((2))-11

1 August 2020

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<u>PAGE</u>	<u>DESCRIPTION</u>
1	Narrative for Overview of Application
2-5	FCHD Application for Voluntary/Bedroom Upgrade Permit
6	VDH Coversheet for Application for Voluntary/Bedroom Upgrade Permit
7	VDH Application for Voluntary/Bedroom Upgrade Permit
8-10	VDH Condition Assessment Report
11	VDH Abbreviated Design for ACTIVE Area Bedroom Upgrade to 5 Bedrooms
12	VDH Abbreviated Design for RESERVE Area Bedroom Upgrade to 5 Bedrooms
13	RCG Sketch Plan Showing Existing Conditions
14	Survey of Property prepared by Richard F. Graft dated 03-05-1979
15-35	FOIA Information and Existing Records Reviewed for property

rrobison@robisoncg.com

The proposed re-calculation of the bedroom capacity utilizes the established 10MPI design rate at 57" which requires approximately 180 Ft² per bedroom, i.e., 900 Ft² for a five (5) bedroom capacity system. As noted in the Background above, the existing system includes approximately 976 Ft² of drainfield trench area, i.e., 76 Ft² more than required. The 100% Reserve Area as established includes approximately 488 Ft² of area via the dedicated (integral) four (4) trenches at 61'. Using a method of pre-treatment of effluent (TL3 w/ disinfection), the Reserve Area exceeds the required area for a 100% Reserve Area, i.e., 400 Ft² by approximately 88 Ft².

**ONSITE SEWAGE DISPOSAL SYSTEM AND/OR WELL CONSTRUCTION
PERMIT APPLICATION****Property Address:** 301 Seneca Road**Property City and Zip Code:** Great Falls, Virginia 22066**Tax Map Number:** 2-2-((2))-11**Residential** ☒ **Commercial** ☐Is this a private sector WWSP/OSE/PE submission? Yes ☒ No ☐ Is the WWSP/OSE/PE package with cover sheet attached? Yes ☒ No ☐Is this application submitted under 163.6? Yes ☐ No ☒ If installing in an RPA have you included a waiver from LDS? Yes ☐ No ☒Does this property serve as your (owner) principal place of residence? Yes ☒ No ☐ Multiple sites? Yes ☐ No ☒**PERMIT OR SERVICE REQUESTED**☐ Individual Drinking Water Supply☐ Irrigation Well☐ Well Abandonment☐ Geothermal Well☐ Well Repair☐ Certification Letter☒ Construction Permit☐ Repair of Existing System☐ Subdivision☐ Convert Existing Well☐ Pump and Haul☒ Voluntary Upgrade☐ Minor Modification☐ Courtesy Inspection

Number of Bedrooms: Four (4) Existing/Five (5) Proposed

WATER SUPPLY**SEWAGE DISPOSAL**Basement Plumbing Fixtures? Yes ☒ No ☐

Is the water supply:

Is the sewage disposal:

Is this a Replacement Well? Yes ☐ No ☒Public ☐ Private ☒Public ☐ Private ☒Foundation Chemically Treated? Yes ☒ No ☐ Borate? Yes ☐ No ☒**APPLICANT****Name:** Karen and Glenn Lamartin**Mailing Address:** 301 Seneca Road**Phone:** (571) 296-7845

Great Falls, Virginia 22066

Email: glenn.lamartin@verizon.net**PROPERTY OWNER****Name:** Karen and Glenn Lamartin**Mailing Address:** 301 Seneca Road**Phone:** (571) 296-7845

Great Falls, Virginia 22066

Email: glenn.lamartin@verizon.net**IF COMMERCIAL PROPERTY**

Estimated Daily Water Usage (GPD):

GPD calculations submitted: Yes ☐ No ☐**SUMMARY OF PROPOSED WORK**

Bedroom Capacity Upgrade based upon recalculation of area required

vs. the actual area installed/existing.

I give permission to Fairfax County Health Department to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

Signature**Print Name** Ronald M. Robison, AOSE, LPSS**Date**

08/01/2020

Property Owner ☐**Agent** ☒**For Department Use Only**

Approved by _____ Remarks _____ Approval Date _____

Certification Approval Date _____ HSEPTIC _____ HWELL _____ Project # _____

Date Lot Approved _____ Type System _____ # of Bedrooms _____ GPD _____

Perc Rate _____ Depth _____ Septic Tank Gallons _____ Active Lin.Ft. _____ Reserve Lin.Ft. _____

Building Permit Number _____ Fee Amount _____ Receipt Number _____

REQUIRED DOCUMENTATION	
The required documentation for each application type is listed below. Please provide all documentation and fees at the time the application is submitted. Please initial that pertinent documentation has been provided. Thank you.	
Certification Letter	Applicant Initials
1. Site and Soil Evaluation Report	
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a. Metes and Bounds of property	
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c. Proposed well location and well specifications (when a private well is proposed)	
d. Within 200 feet of the absorption area the following must be shown: existing or proposed wells, springs, cisterns or sewage disposal systems, existing or proposed buildings	
e. Information on proposed treatment level, proposed trench bottom area and proposed sewage volume and flow	
f. Proposed perimeter of soil absorption area, including reserve area if required	
g. All recorded easements	
3. Perc or K-Sat results or Perc Waiver Request	
4. If permeability limiting feature is less than 18" from ground surface, the following must be provided:	
a. Verification that the site is not flooded during the wet season	
b. Demonstration that there is sufficient hydraulic gradient to move the applied effluent off the site	
c. Water mounding calculations	
5. Fee provided	
a. Sewage Disposal System with flow of 1000 GPD or less	\$310.00 VDH cert letter fee \$10.00 VDH indemnification fee \$200.00 County SDS application fee Total \$520.00 per site
b. Sewage Disposal System with flow greater than 1000 GPD	\$1390.00 VDH cert letter fee \$10.00 VDH indemnification fee ☐ \$200.00 County SDS application fee ☐ Total \$1600.00 per site
Repair of Existing System	Applicant Initials
1. Completed Malfunction Assessment Form	Check box if not applicable
2. Site and Soil Evaluation Report	Check box if not applicable
3. Surveyed Property Plat (3 copies) - to include:	Check box if not applicable
a. Metes and Bounds of property	☐
b. Soil profile hole locations, perc or K-Sat hole locations	☐
c. Well location when a private well exists	☐
d. Complete SDS design (including elevations)	☐
e. Identify all (existing or proposed) drinking water sources, buildings, and sewage disposal systems within 200 feet of the absorption area	☐
4. Perc or K-Sat results or Perc Waiver Request	☐ Check box if not applicable
5. Alternative system design/hydraulic plans	Check box if not applicable
6. Water mounding calculations if distance to restriction is less than 18"	Check box if not applicable
7. Pump plans (3 sets)	Check box if not applicable
8. Fee Provided	
a. Sewage Disposal System ≤ 1000 GPD	\$225.00 with OSE/PE documentation, \$425.00 w/o OSE/PE documentation
b. Sewage Disposal System > 1000 GPD	\$1400 with OSE/PE documentation

☐ ☒ REQUIRED DOCUMENTATION	Applicant Initials
Construction Permit	
Is this a revised design package? Yes No	
1. Site and Soil Evaluation Report	[Signature]
2. If new dwelling or renovation is proposed complete architectural drawings are required.	[Signature]
3. If Site Grading Plan is required by LDS, provide 1 approved or proposed copy.	[Signature]
4. If Site Grading Plan is not required by LDS, 3 copies of a surveyed property plat must be provided, all to include:	[Signature]
a. Metes and Bounds of property	
b. Soil profile hole locations, perc or K-Sat hole locations	Check box if not applicable
c. Proposed well location and well specifications (when a private well is proposed)	
d. Complete construction drawing/design of proposed sewage system, including all elevations.	
5. Within 200 feet of the absorption zone or treatment unit the following must be shown:	
existing or proposed wells, springs, cisterns or sewage disposal systems, existing or proposed buildings	[Signature]
6. Perc or K-Sat results or Perc Waiver Request.	[Signature]
7. Alternative system design/hydraulic plans	Check box if not applicable
8. If permeability limiting feature is less than 18" from ground surface, the following must be provided:	
a. Verification that the site is not flooded during the wet season	[Signature]
b. Demonstration that there is sufficient hydraulic gradient to move the applied effluent off the site	[Signature]
c. Water mounding calculations	[Signature]
9. Pump plans (3 sets) if applicable	[Signature]
10. Is the proposed sewage disposal system an alternative design? Yes No	[Signature]
11. Fee provided	
a. If application is within 18 months of receiving a certification letter, no fee is required unless #10 is yes, then add \$200	
b. If applying under 11a., provide certification letter.	
c. Sewage Disposal System with flow of 1000 GPD or less	\$215.00 VDH Construction Permit fee \$10.00 VDH indemnification fee \$200.00 County SDS application fee Total \$425.00
If #10 is "yes" add	\$200.00 County alternative SDS review fee Total \$625.00 per site
d. Sewage Disposal System with flow greater than 1000 GPD	\$1390.00 VDH Construction Permit fee \$10.00 VDH indemnification fee \$200.00 County SDS application fee Total \$1600.00
If #10 is "yes" add	\$200.00 County alternative SDS review fee Total \$1800.00 per site
If you are submitting your SGP to HD instead of LDS, provide a min of 4 copies and add \$85.00	
Minor Modification	
A minor modification may include, but is not limited to, relocation of sewer line, force main, conveyance line, etc. to meet set back to proposed construction such as an addition or pool; tie in new sewer line for proposed addition (e.g. pool house) to be connected to existing sewer line; relocation of septic tank and/or pump chamber. The following must be provided when a minor modification will be made:	
1. Surveyed Property Plat (3 copies) - to include:	
i. Metes and Bounds of property	[Signature]
ii. Well location when a private well exists	[Signature]
2. Architectural Plans, if applicable	[Signature]
3. Pump Plans (3 sets if applicable)	[Signature]
4. Fairfax County Building Permit Application	[Signature]
5. Fee provided	[Signature]
a. VDH minor modification fee \$100.00	[Signature]
b. If associated with a building permit review - add \$85.00	[Signature]

REQUIRED DOCUMENTATION

Individual Drinking Water Well	Geothermal Well	Irrigation Well	Convert Existing Well	Applicant Initials
1. Surveyed property plat (3 copies) to include: a. Metes and Bounds of property b. Proposed well location and well design package c. Sanitary survey showing any obvious source of toxic or dangerous substances within 200ft of the proposed private well d. All recorded easements				
2. Fee provided - \$500.00 If this is a replacement well at the applicant's primary residence , no fee is required				
Well Abandonment	Applicant Initials	Well Repair	Applicant Initials	
1. Completed 1st page of this application		Completed 1st page of this application with detailed summary of proposed work		
2. IF NOT primary residence, add \$500.00 fee				
Pump and Haul				Owner's Initials
Pump and Haul application must be signed and initialed by property owner				
1. Copy of contract with a licensed Sewage Handling Contractor				
2. Copy of VDH Pump and Haul application				
3. Detailed construction schedule for completion of permanent disposal site				☐ Check box if not applicable
4. Proof of Bonding ☐ not required if <u>emergency</u> pump and haul				
5. Completed Malfunction Assessment Form (if application is due to malfunctioning system)				
6. Plans, specifications, fees and other data as required by the Health Department				
7. Owner gives FCHD permission to inspect property during normal business hours for duration of the pump and haul				
Voluntary Upgrade				Applicant Initials
1. Completed 1st page of this application <u>RR</u>		3. Fee provided ≤ 1000 GPD - \$225		
2. Call 703-246-2201 to schedule a consultation		>1000 GPD - \$1400		
Courtesy Inspection				Applicant Initials
1. Site and Soil Evaluation Report				
2. Describe the site or soil feature you have identified as marginal or questionable:				
3. What is the question to be discussed?				
Certification Statement				
If the certification statement on the evaluation and/or design contains the references to the Fairfax County Code (as below) in addition to 610, 613, and 630 then the evaluator/designer does not have to complete this section.				
I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the applicable provisions of the Fairfax Code, Chapter 68.1: the Individual Sewage Disposal Facilities Code, Fairfax Code, Chapter 70.1: Private Well Water Ordinance, the Sewage Handling and Disposal Regulations (12 VAC54-610), the Private Well Regulations (12 VAC5-630), the Regulations for Alternative Onsite Sewage Systems (12 VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.				
☒ The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11				
Print name <u>Ronald M. Robison, AOSE, LPSS</u>		License# <u>1940001088</u>		Date <u>08/01/2020</u>
WWSP/OSE/PE Signature <u></u>				

OSE/PE Report For:

Construction
PermitRepair
PermitVoluntary Upgrade
PermitCertification
LetterSubdivision
Approval

Property Location:

911 Address: 301 Seneca Road City: Great FallsLot 11 Section N/A Subdivision SENECA FARMSGPIN or Tax Map # 2-2-((2))-11 Health Dept ID # _____Latitude 39°02' 41.29" N Longitude 77° 20' 16.10" W

Applicant or Client Mailing Address:

Name: Karen and Glenn LamartinStreet: 301 Seneca RoadCity: Great Falls State Virginia Zip Code 22066

Prepared by:

OSE Name Ronald M. Robison, AOSE, LPSS License # 1940001088Address ROBISON CONSULTING GROUP, LLC 12541 Basswood DriveCity Manassas State Virginia Zip Code 20112

PE Name _____ License # _____

Address _____

City _____ State _____ Zip Code _____

Date of Report 1 August 2020

Date of Revision #1 _____

OSE/PE Job # RCG20200609

Date of Revision #2 _____

Contents/Index of this report (e.g., Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.)

SEE TABLE OF CONTENTS

Certification Statement

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the *applicable provisions of the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), the Regulations for Alternative Onsite Sewage Systems (12VAC5-613)* and all other applicable laws, regulations and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.



The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

I recommend that a (select one): construction permit ☒ certification letter ☐ subdivision approval ☐ be (select one) Issued ☒
 repair permit ☐ voluntary upgrade ☒ Denied ☐

OSE/PE Signature  Date 1 August 2020

Commonwealth of Virginia

Application for: ☒ Sewage System ☐ Water Supply

VDH Use only
Health Department ID# _____
Due Date _____

Owner Karen and Glenn Lamartin

Phone _____

Mailing Address 301 Seneca Road

Phone (571) 296-7845

Great Falls, Virginia 22066

Fax _____

Agent Ronald M. Robison, AOSE

Phone (703) 901-4141

Mailing Address ROBISON CONSULTING GROUP, LLC

Phone _____

12541 Basswood Drive Manassas, Virginia 20112

Fax _____

Site Address 505 Seneca Road Great Falls, Virginia 22066

Email rrobison@robisoncg.com

Directions to Property: Route 7 West to Georgetown Pike (right); Proceed to Seneca Road (left); Proceed to #301 on right.

Subdivision SENECA FARMS Section 2 Block N/A Lot 11

Tax Map 2-2-((2))-11 Other Property Identification 301 Seneca Road Dimension/Acreage of Property 2.0 AC

Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) **only when ready to build.**

☒ Certification Letter ☒ Construction Permit ☒ Voluntary Upgrade ☐ Repair Permit

Proposed Use:

Single Family Home (Number of Bedrooms 5¹) Multi-Family Dwelling (Total Number of Bedrooms _____)

Other (describe) ¹Existing Four (4) Bedroom Recalculated to be a Five (5) Bedroom System

Basement? ☒ Yes ☐ No Walk-out Basement? ☒ Yes ☐ No Fixtures in Basement? ☒ Yes ☐ No

Conditional permit desired? ☐ Yes ☒ No If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited Occupancy ☐ Intermittent or seasonal use ☐ Temporary use not to exceed 1 year

Do you wish to apply for a betterment loan eligibility letter? ☐ Yes ☒ No *There is a \$50 fee for determination of eligibility.

Water Supply

Will the water supply be ☐ Public or ☒ Private? Is the water supply ☒ Existing or ☐ Proposed?

If proposed, is this a replacement well? ☐ Yes ☒ No If yes, will the old well be abandoned? ☐ Yes ☒ No

Will any buildings within 50' of the proposed well be termite treated? ☒ Yes ☐ No

All Applicants

Is this a private sector OSE/PE application? ☒ Yes ☐ No If yes, is the OSE/PE package attached? ☒ Yes ☐ No

Is this property indeed to serve as your (owners) principal place of residence? ☒ Yes ☐ No

In order for VDH to process your application for a sewage system you must attach a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage sites must be clearly marked and the property sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

[Signature]
Signature of Owner/ Agent

1 August 2020

Date

ROBISON CONSULTING GROUP, LLC

12541 Basswood Drive Manassas, Virginia 20112

(703) 901-4141 rrobbison@robisoncg.com

Form 14

VDH Use Only.

HDIN: _____

VPDES GP: _____

Condition Assessment

Owner and Application Information	Repair ☐ Voluntary Upgrade ☒
Name: Karen and Glenn Lamartin	Phone Number: (571) 296-7845
Address: 301 Seneca Road Great Falls, Virginia 22066	
Email: glenn.lamartin@verizon.net	

System Location		
Address: 301 Seneca Road Great Falls, Virginia 22066		
Tax Map/GPIN #: 2-2-((2))-11		
Subdivision: SENECA FARMS	Section: 2	Block: N/A Lot: 11
Directions: Rt 7 West to Georgetown Pike (Go Right); Proceed to Seneca Road (Go Left); Lot on the Right at 301 Seneca Road.		

System File Information	
Permit Type: ☒ Onsite Disposal	☐ Stream Discharging System
Property Type: RESIDENTIAL	
Permitted Design Flow: 600 gpd	Permitted #Bedrooms: Four (4)
System Type: ☒ Conventional ☐ Alternative If Alternative, Treatment Mfg. & Model:	
Dispersal Method: ☒ Gravity ☐ Pump to Gravity ☐ LPD ☐ Drip	
Dispersal Media: ☒ Gravel ☐ Gravelless Material ☐ Tire Chips ☐ Sand	
Gravelless Type:	Notes:
☒ Attach a Copy of As-built drawing or drawing of system layout	

Existing System Evaluation	
Failure Observed or reported by owner: ☐ Yes ☒ No: ☐ Backup into home ☐ Effluent on the ground surface	
If failure observed or reported by owner, REPAIR permit REQUIRED .	
Number of Occupants: Two (2)	Date System Installed: February 1979
Current Use: RESIDENTIAL	Current Number of Bedrooms: Four (4)
Has property been occupied during previous 30 day period? ☒ Yes ☐ No	
Garbage Disposal: ☒ Yes ☐ No Water Softener: ☐ Yes ☒ No Jacuzzi/Hot Tub: ☐ Yes ☒ No	
Date of Last Septic Tank Pump Out: July 2020 Date of Last Operator Visit July 2020	

Component Status (place check under appropriate box)					
Component	Present	Inspected	Functional	Non-Functional	Observations/Comments
Sewer Line	☒		☒		Existing and not inspected.
Septic Tank	☒	☒	☒		Existing. Inspected during/after pump-out.
Septic Tank Tees	☒	☒	☒		Existing. Inspected during/after pump-out.
Treatment Unit					None
Pump Chamber					None
Pump					None
Disinfection					None

Form 14

Conveyance Line	✓		✓	Existing and not inspected.
D-Box	✓		✓	Two (2) Existing D-boxes; not inspected.
Splitter Manifold	✓		✓	Flow Diversion Valve; not inspected.
Header Trench	✓		✓	Existing and not inspected.
Dispersal Pipe	✓		✓	Existing and not inspected.
Dispersal media	✓	✓	✓	Existing and not inspected.
Dispersal Field	✓	✓	✓	Existing and was probed - all lines dry.
Other				
Other				

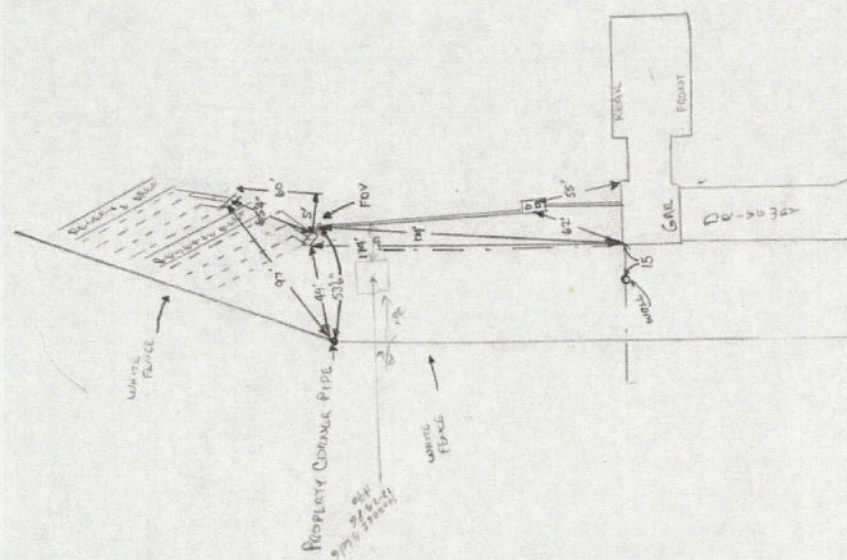
Additional Analyses

Analysis	Needed	Conducted	Observations/Comments
Flow			
Wastewater Sample			
Dye Test			
Other			

Additional Comments and Observations:

Application is submitted in order to upgrade the existing wastewater system based on the current regulations to a five (5) bedroom system. The existing system is functioning satisfactorily, and the volume of the existing septic tank is adequate for the upgrade design as well.

Sketch, if applicable:



Form 14

Page ____ of ____

Recommended Action: ☐ Voluntary Upgrade

If Voluntary Upgrade,

Describe recommended action(s) and the 'improvement' associated with the voluntary upgrade:

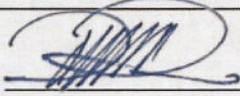
Application is submitted in order to upgrade the existing wastewater system based on the current regulations to a five (5) bedroom system. The existing system is functioning satisfactorily, and the volume of the existing septic tank is adequate for the upgrade design as well.

Owner must provide signature to following statement:

As the owner, I have not observed any sewage on the ground or experienced a backup of sewage into my home.

Name: _____ Signature: _____

Date: _____

Form Completed By:Name: Ronald M. Robison, AOSE, LPSS Signature: Date: 1 August 2020Professional License Type and Number: AOSE License #1940001088

RCG

Abbreviated Design Form

This form is for use with gravity, pump to gravity, enhanced flow, and low pressure distribution (LPD) sewage system designs and when applying for a certification letter or subdivision approval.

This abbreviated design covers the ☐ primary and reserve area, ☒ only the primary area, ☐ only the reserve area (check one) for 301 Seneca Road Great Falls, Virginia 22066 (property ID).

[TM#2-2-((2))-11]

Design Basis

Total length of available area: 65' Total width of available area: 80'
Estimated Perc. Rate: 10 MPI at 60 in. (depth) Number of bedrooms (or GPD): Five (5)
Conveyance Method¹: Gravity Distribution method² (specify): Gravity via D-Box
Dispersal system basis³ Table 5.4 of SHDR LGMI required? No (Yes/No)
Effluent quality required: Primary (Primary, Secondary, Advanced Secondary)
Square feet per bedroom: 180 Ft² Total trench bottom area required: 900 Ft²

¹Gravity, pump, siphon

²Enhanced flow, LPD, or Drip Dispersal

³Table 5.4 of SHDR or identify the GMP used

Area Calculations

Number of trenches 8 (Note if a pad is used) Length of pad or trenches: 61'
Width of pad or trenches: 2' Center to center spacing: 6'
Reserve required? Yes Percent reserve area required: 100%
Total width of absorption area required 44' Total trench bottom area provided: 976 Ft²

The required width is calculated by multiplying the center-to-center spacing by one less than the number of trenches and adding 1 trench width plus any required reserve area. If the topography is not uniform across the length of the site the trenches will need to flare apart on one end to maintain contour. When this occurs it is necessary to use a center-to-center spacing that accounts for the flair or the installer will not be able to fit the system within the approved area. It is perfectly acceptable to have more area available, especially up and down the slope, than is required.

Abbreviated Design Form

This form is for use with gravity, pump to gravity, enhanced flow, and low pressure distribution (LPD) sewage system designs and when applying for a certification letter or subdivision approval.

This abbreviated design covers the ☐ primary and reserve area, ☐ only the primary area, ☒ only the reserve area (check one) for 301 Seneca Road Great Falls, Virginia 22066 (property ID).

[TM#2-2-((2))-11]

Design Basis

Total length of available area: 65' Total width of available area: 40'
 Estimated Perc. Rate: 10 MPI at 60 in. (depth) Number of bedrooms (or GPD): Five (5)
 Conveyance Method¹: Gravity Distribution method² (specify): Gravity via D-Box
 Dispersal system basis³ 12 VAC 5-610 and 613 LGMI required? No (Yes/No)
 Effluent quality required: Advanced Secondary¹ (Primary, Secondary, Advanced Secondary)
 Square feet per bedroom: 80 Ft² Total trench bottom area required: 400 Ft² Minimum

¹Gravity, pump, siphon

²Enhanced flow, LPD, or Drip Dispersal

³Table 5.4 of SHDR or identify the GMP used

¹Loading Rate = 2.5 GPD/Ft²

Area Calculations

Number of trenches 4 (Note if a pad is used) Length of pad or trenches: 61'
 Width of pad or trenches: 2' Center to center spacing: 6'
 Reserve required? Yes Percent reserve area required: 100%
 Total width of absorption area required 20' Total trench bottom area provided: 488 Ft²

The required width is calculated by multiplying the center-to-center spacing by one less than the number of trenches and adding 1 trench width plus any required reserve area. If the topography is not uniform across the length of the site the trenches will need to flare apart on one end to maintain contour. When this occurs it is necessary to use a center-to-center spacing that accounts for the flair or the installer will not be able to fit the system within the approved area. It is perfectly acceptable to have more area available, especially up and down the slope, than is required.

Site and Soil Evaluation Report

VDH Use Only

HDIN: _____

RCG

General Information

Date: 11 August 2020 Fairfax County Health Department
 Owner: Catherine M. Mathews Phone: (571) 296-7845
 Owner Address: 301 Seneca Road Great Falls, Virginia 22066
 Property Address: 301 Seneca Road Great Falls, Virginia 22066
 Tax Map/GPIN #: 2-2-((2))-11
 Subdivision: SENECA FARMS Section: 2 Block: N/A Lot: 11

Soil Information Summary

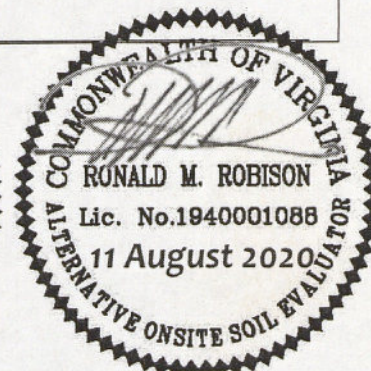
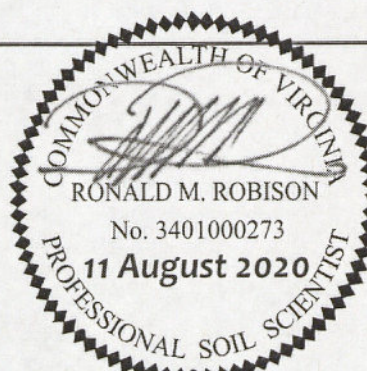
1. Position in landscape satisfactory: ☒ Yes ☐ No Describe landscape position: South sloping sideslope.
2. Slope: 4 %
3. Depth to rock/impervious strata: Max. _____ in. Min. _____ in. ☒ Not observed
4. Free Water Present: ☐ Yes ☒ No Range in inches: None Observed
5. Depth to seasonal water table (gray mottling or gray color): _____ inches ☒ Not observed
6. Soil percolation rate estimated: ☒ Yes ☐ No Estimated rate: 10 min/in at 36 inches depth
 Texture Group: ☐ I ☒ II ☐ III ☐ IV
7. Percolation test performed: ☐ Yes ☒ No If yes, provide additional data on percolation test results.
 Name and title of evaluator: Ronald M. Robison, AOSE, LPSS
 Signature: _____

☒ Site approved: Eight Existing Trenches (2' Wide) (describe dispersal area, e.g. absorption trenches) dispersing _____ (proposed level of treatment at time of evaluation) to be placed at 36 (inches) depth at site designated on permit. Site provides a total of 976 square feet of absorption area for primary and reserve (if applicable).

☐ Site disapproved: Reasons for rejection (check all that apply)

1. ☐ Position in landscape subject to flooding or periodic saturation.
2. ☐ Insufficient depth of suitable soil over hard rock.
3. ☐ Insufficient depth of suitable soil to seasonal water table.
4. ☐ Rates of absorption too slow.
5. ☐ Insufficient area of acceptable soil for required absorption area, and/or reserve area.
6. ☐ Proposed system too close to well.
7. ☐ Other (specify) _____

This form contains personal information subject to disclosure under the Freedom of Information Act.
 Revised 12/1/2014



Date of Evaluation: 11 August 2020

Profile Description

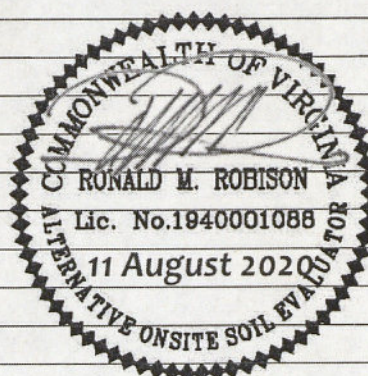
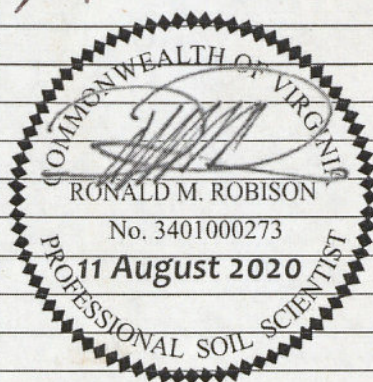
SOIL EVALUATION REPORT

Property ID: TM# 2-2-((2))-11 (301 Seneca Road)

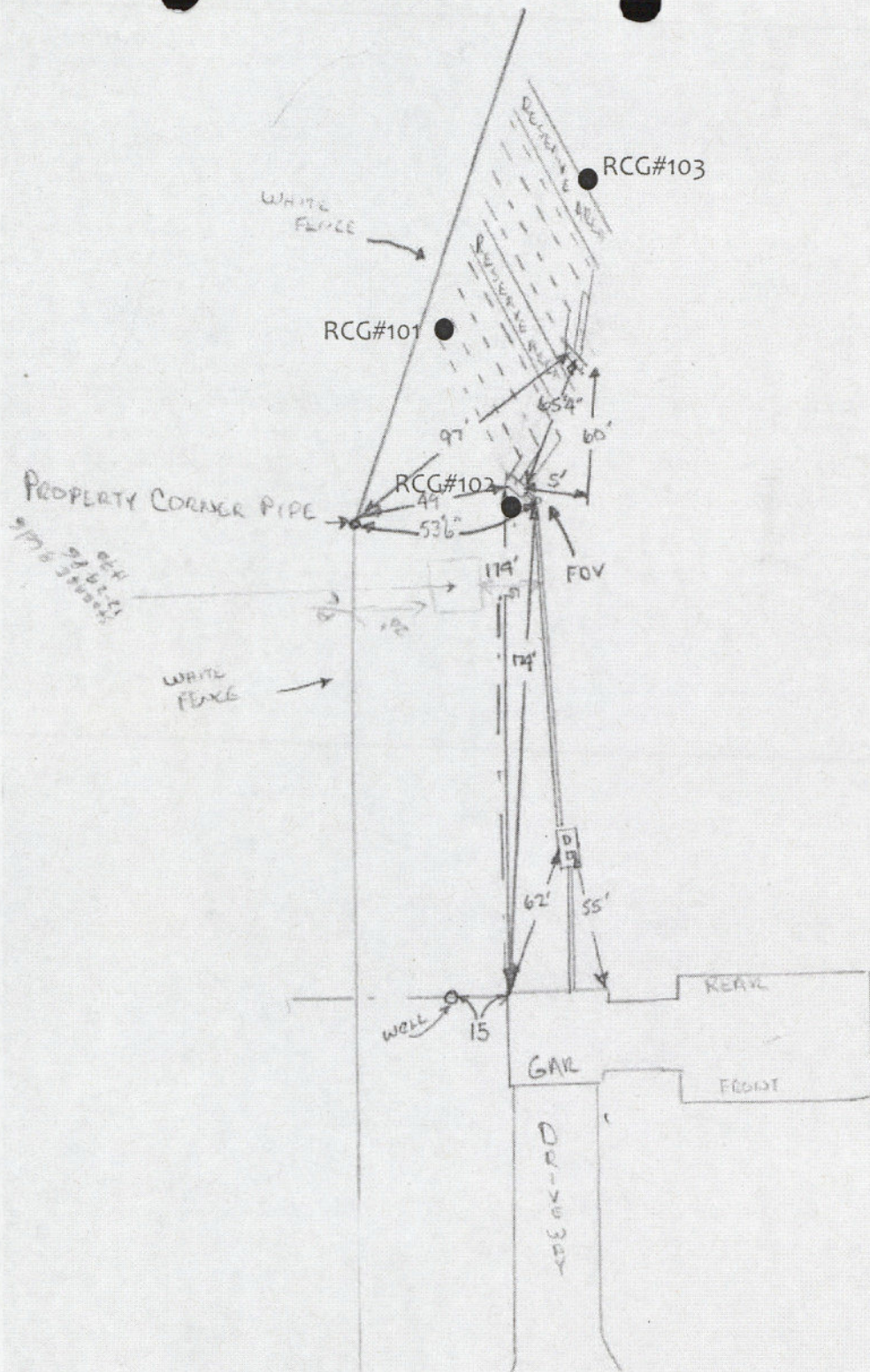
Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private Onsite Soil Evaluator or Professional Engineer, location of profile holes and sketch of the area investigated including all structural features (i.e. sewage disposal systems, wells, etc.) within 100 feet of the site and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

☒ See application sketch ☐ See Construction Permit ☐ See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of color, texture, etc.	Texture Group
101	Ae	0-06"	Dark Brown (7.5YR 3/4) Loam, Slightly Moist	II
	Bt	06-23"	Reddish Brown (5YR 5/4) with Strong Brown (7.5YR 5/6) Loam, Dry	II
	C1	23-40"	Yellowish Brown (10YR 5/6) Fine to Coarse Sand Loam with occasional quartz, Friable, Dry	Ila
	C2	40-72"	Reddish Brown (5YR 4/4) and Strong Brown (7.5YR 4/6) Friable Fine Sand Loam, Loose, Dry	Ila
102	Ae	0-06"	Dark Brown (7.5YR 3/4) Loam, Slightly Moist	
	Bt	06-30"	Yellowish Brown (10YR 5/6) Silt Loam to Light Clay Loam, Friable, Slightly Moist	II-III
	C1	30-48"	Yellowish Brown (10YR 5/6) with Strong Brown (7.5YR 4/6) Friable to Loose, Dry	Ila
	C2	48-72"	Reddish Brown (5YR 4/4) to Yellowish Brown (10YR 5/6) and Strong Brown (7.5YR 4/6) Silt Loam to Fine Sand Loam, Friable, Dry - Some Quartz in Bottom of Boring	Ila
103	Ae	0-06"	Dark Yellowish Brown (10YR 4/6) Silt Loam, Friable, Dry	II
	Bt	06-24"	Strong Brown (7.5YR 4/6) Silty Clay Loam, Firm to Friable, Slightly Moist	II-III
	C1	24-52"	Yellowish Brown (10YR 5/6) with Strong Brown (7.5YR 4/6) Silt Loam to Fine Sand Loam, Dry	Ila
	C2	52-72"	Reddish Brown (5YR 4/4) and Yellowish Red (5YR 5/6) Fine Sand Loam, Loose, Dry	Ila



REMARKS:



Not To Scale

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SKETCH PLAN **SENECA FARMS SECTION 2 LOT 11**

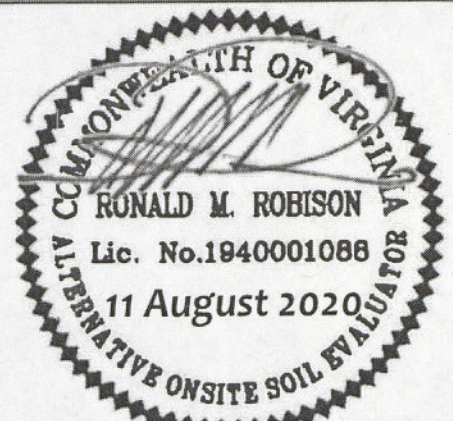
301 Seneca Road Great Falls, Virginia 22066
 Fairfax County Tax Map#2-2-((2))-11

ROBISON CONSULTING GROUP, LLC

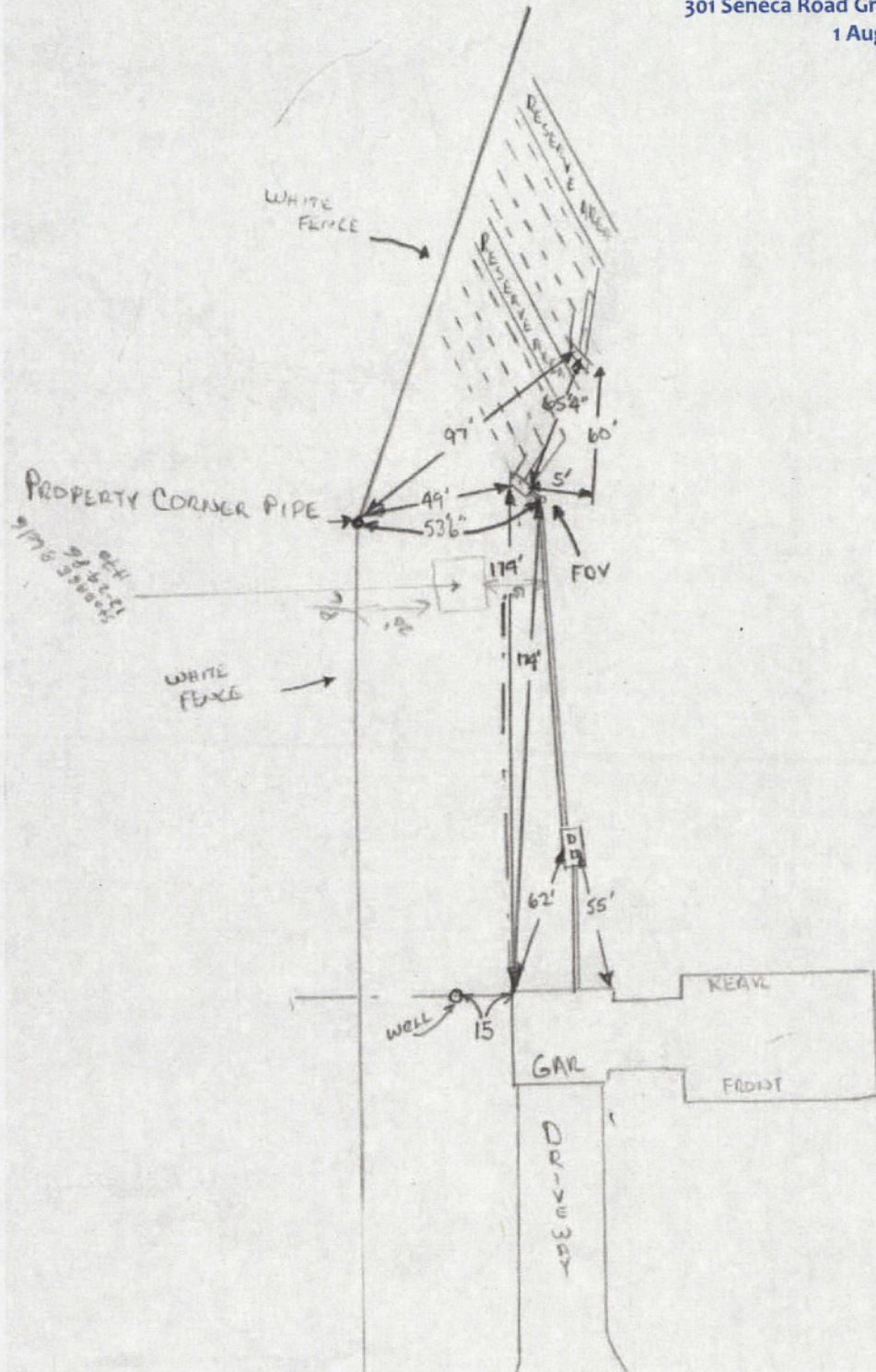
12541 Basswood Drive Manassas, Virginia 20112

email rrobison@robisoncg.com

phone 703.901.4141



RCG



Not To Scale

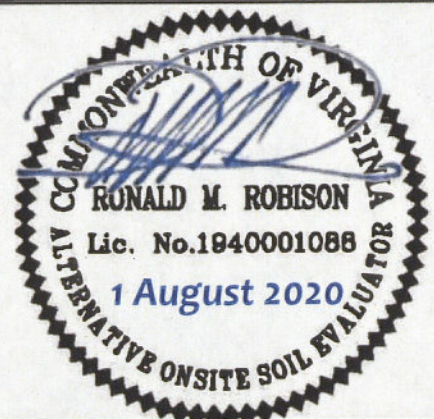
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SKETCH PLAN SENECA FARMS SECTION 2 LOT 11

301 Seneca Road Great Falls, Virginia 22066
 Fairfax County Tax Map#2-2-((2))-11

ROBISON CONSULTING GROUP, LLC

12541 Basswood Drive Manassas, Virginia 20112
 email rrobison@robisoncg.com phone 703.901.4141





REFERENCE:

D.S. 2282
P. 720

APPROVED

3-11-92

[Signature]
Zoning Administrator

FINAL SURVEY

MARCH 5, 1979

CERTIFIED CORRECT

[Signature]

CERTIFIED LAND SURVEYOR 462



PLAT

LOT 11 - SECTION TWO

SENECA FARM

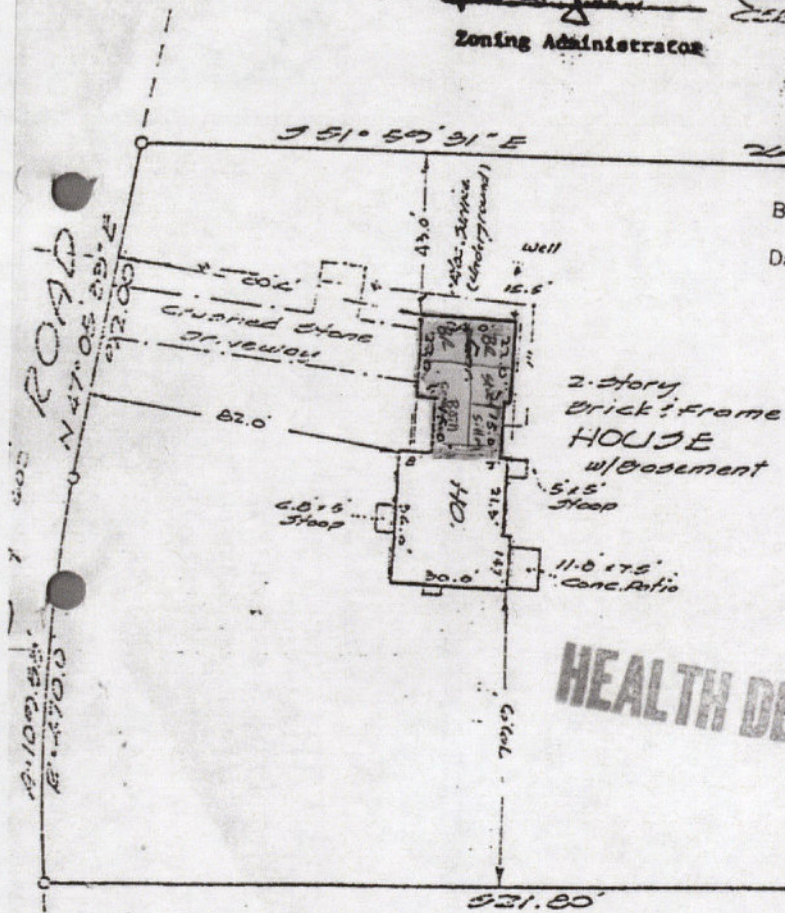
GRANESVILLE DISTRICT
FAIRFAX COUNTY, VA.

SCALE: 1"=40'

R.F. GREFF & ASSOCIATES
FAIRFAX, VA.

APPROVED
2nd Story
DIVISION OF
INSPECTION SERVICES

BY *[Signature]*
Date 3-11-92



APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
3-11-92 *[Signature]*
Date Health Official

LOT 11

2.0565 AC.

HEALTH DEPARTMENT COPY

Address:
301 Seneca Road

LOT 10

TO: DIVISION OF INSPECTIONS

DATE: 4/13/78

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Glenn and Karen Lamartin

BUILDING APPLICATION NUMBER: 4B0235

SUBDIVISION: Seneca Farms SEC: 2 BLOCK: LOT: 11

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-11

301 Seneca Road, Great Falls 22066

HEALTH DEPARTMENT PERMIT # 78-273

SEWAGE DISPOSAL PERMIT ISSUED FOR: Dwelling

WELL PERMIT ISSUED FOR: Dwelling

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

RESTRICTIONS:

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

WATER SUPPLY SYSTEM

APPROVED: 3-5-79

APPROVED: 3-16-79

ENTERED MAR 05 1979

(SIGNATURE)

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

W:9/3-18-74

ENTERED
ECB-crep

ENVIRONMENTAL SERVICE SECTION
FOLLOW-UP REPORT

REGISTERED

OWNER'S NAME

Karen Jamartin

SUBDIVISION

Seneca Farm

STREET ADDRESS

301 Seneca Rd Gt 22066

TAX MAP REFERENCE

2-2-002-11

File

UNDER

1390

860-1030 (0) 430-9442 (H)

DATE	RECORD OF REMARKS AND VISITS	RESCH	SAN.
2/27/89	Rt WS - Chemical - Lead (Use tap in front to right of family room door.)	3/2	RMS
3-2-89	No background information given and I did not reach the owner. Samples collected from outside tap as in the request for lead, iron, Ca Hardness, total alk. PH also for bacteriological analysis. I will try to contact the owner.	Hold	RMS
3-7-89	Ms. Jamartin called me and said they had not had well tested about 10 years and that she had a son with learning disabilities. She wanted to rule out lead as a factor in this situation so she had made the request for a lead sample. The results are not back from the lab yet. Back results satis.	Hold	RMS
3-9-89	Lead result collected after 3 minute Run <0.001 mg/l Still awaiting other chemical results	Hold	RMS
3-16-89	Chemical results Iron 0.18 mg/l PH 6.2 Lead (initial flow) 0.004 mg/l Tot Alk. 16 mg/l Ca Hardness 15 mg/l, lead after 3 minutes 0.001 mg/l. Ags index 8.58		
3-21-89	Sloft word for ms Jamartin to call me		RMS

FHD-EH-6

3-82 Ms Jamartin called back so I advised her of results per send results to owner.

file

RMS

SPECIAL HANDLING

WATER SUPPLY

County/City Fairfax County

Date _____ Case No. _____

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

Owner Glen & Karen LaMartin Address 7922 Springfield Vill Dr. Phone 451-1690 H
(Mailing Address) 692-0375 O

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 301 Seneca Road SENECA FARMS TM: 2-2-002-11 SEC 2 LOT 11
(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 _____ IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☒ No

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

INSPECTION FINDINGS

TROUT / TROUT

(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 260 feet.
Diameter 6.25 inches. Type of casing steel - 13 (Describe)
Depth of casing 90 feet. Exterior space around casing sealed with ☒ Concrete grout to depth of 50+ feet.
☐ Poured in place ☒ Pumped in under pressure ☐ Other type backfill _____ to depth of _____ feet.
(Describe) casing extends 12 inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☒ Metal ☐ Other
_____ Opening in Cover watertight
(Kind of Material) POLESS ADAPTOR

☐ Yes ☐ No. If no, explain _____

(6) PUMP ☐ Shallow Well ☒ Deep Well. Length of Drop Pipe _____ feet. Well capacity 5.5 gallons per minute.
Size of Feeder Pipe 1.0 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 82 gallons. If gravity, is overflow pipe screened ☐ Yes ☐ No.

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

REMARKS: 0-47 dirt-shale, 47-260 rock

Date 3-15-79 Signed to Jones Date 3-16-79 Approved W.H. Beyer
(Health Officer)

Date _____ Approved _____ Date _____ Approved _____
(Reviewing Authority-Other Agency or Engineer)

DATE: 3-2-79

TO: DIVISION OF INSPECTION SERVICES
ELECTRICAL INSPECTIONS BRANCH

FROM: HEALTH DEPARTMENT

RE: NOTIFICATION OF INSPECTION

The underground wiring between the well and the house at the following
location was inspected on 3-2-79 and approved by this office:

*cg*OWNERS NAME: Glen & Karen LeMartin

TAX MAP IDENTIFICATION AND ADDRESS:

TM: 2-2-002-11 SEC II Lot 11301 Seneca Road Great Falls 22066

ENTERED MAR 10 1979

HEALTH DEPARTMENT PERMIT NUMBER:

#78-273

Owner Glen & Karen LaMartin Address 7922 Springfield Vill Dr. Date _____ Case No. 430-7442
Springfield, Va. 22152 Phone 451-1690 (H)
 Occupant _____ Address _____ Phone 692-0375 (O)
 (Mailing Address)

Exact Location of Premises 301 Seneca Road SENECA FARMS TM: 2-2-002-11 SEC II LOT 11
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☒ Yes ☐ No. Distance to nearest House Sewer 50+ feet. Distance to nearest Sewage Disposal System 100+ 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 _____ Size _____ Inches.
- (5) SEPTIC TANK
 Constructed of Precast Concrete "LANSON 1480"
 (Kind of Material)
 Inside Dimensions Length 2 feet. Width _____ feet.
 Liquid Depth _____ feet. Depth of Air Space _____ inches.
 Inside Fittings comply with requirements ☒ Yes ☐ No.
- (6) DISTRIBUTION BOX FDV
 Watertight and equal surcharge to each line by Water Test ☒ Yes ☐ No. Distribution Box provided with (2)(3) extra outlets for future use. (Number)
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 476 square feet.
 Number of ditches 8 Length of ditches 61 feet.
 Grade of ditches Minimum 2 Inches per 100 feet.
 Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No
 Type aggregate used CRUSHED STONE
 Depth of aggregate under Tile 32 inches
 Total depth of aggregate 46 inches
 Depth of backfill over aggregate 12 TO 18 inches
- (8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☐ Yes ☐ No. Was Surface Drainage required ☐ Yes ☐ No. If Yes, has this been provided ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☐ Not required.
- (9) Are follow-up inspections necessary ☐ Yes ☐ No.

BULL RUN FDV SET ON #2

Septic Tank Contractor: L. P. HAWES Address _____ Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by FAIRFAX CO Health Department.
 Date 3-2-79 Signed 60 Jones (Sanitarian) Date 3-5-79 Approved W H Berg (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: _____

PERMIT TO INSTALL ☒ REPAIR, ☐ REASON 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 10/11/78 Case No. _____

Owner Glen & Karen LaMartin Address 7922 Springfield Vill Dr. Phone 451-1690
Springfield, Va: 22152

Occupant _____ Address _____ Phone _____
 (Mailing Address)

Exact Location of premises 301 Seneca Road SENECA FARMS TM: 2-2-002-11 SEC II LOT 11
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption 800 gal. per day
 Actual ☒ Potential ☐ Bedrooms 4 Garbage Disposal Unit ☒ Yes ☐ No (☐ Actual ☐ estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved ☐ Yes ☐ No Other _____
 (To be installed) Class _____ Cased * ft. to be grouted * ft. *** AS PER COUNTY CODES**

(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 1-10 ☒ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☒ Yes ☐ No Rate 10060"
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

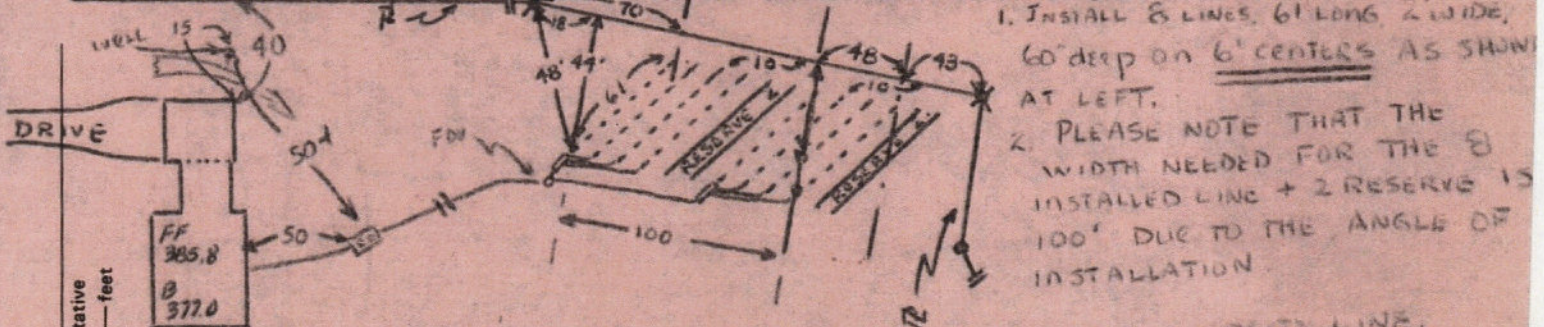
(3) HOUSE SEWER LINE Size _____ inches. Type of material required _____ Distance from Water Supply _____ feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of PRE-CAST CONCRETE Material _____ Liquid Capacity 1480 gallons.
 Inside Dimensions Length _____ feet. Width _____ feet. Liquid Depth _____ feet. Depth of Air Space _____ feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 976 + 480R Type aggregate required blue stone
 Depth of aggregate from base of tile to bottom of ditches 32 inches. Allowable fall 2 to 4 inches 100'

(5) Total aggregate minimum depth 40 inches or more. Depth of drainfield to be 60 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. INSTALL 8 LINES, 61' LONG, 2" WIDE, 60" DEEP ON 6' CENTERS AS SHOWN AT LEFT.
2. PLEASE NOTE THAT THE WIDTH NEEDED FOR THE 8 INSTALLED LINE + 2 RESERVE IS 100' DUE TO THE ANGLE OF INSTALLATION.

3. NOTE: NO LINE IS TO START MORE THAN 44' OFF SIDE PROPERTY LINE.
4. INSTALL A FLOW DIVERSION VALVE AND DIST. BOXES SO THAT RESERVE LINES MAY BE UTILIZED AT A LATER DATE.
5. WELL TO BE 50' FROM TANK, 15' FROM HOUSE, NOT IN SWALE.
6. MAXIMUM COVER IS TO BE TWENTY (20) INCHES.
7. INSTALL BOTH SYSTEMS IN ACCORDANCE WITH FAIRFAX CO. CODES.
8. CALL FOR WATER SAMPLE AND FINAL GRADE CHECK WHEN READY FOR APPROVAL.

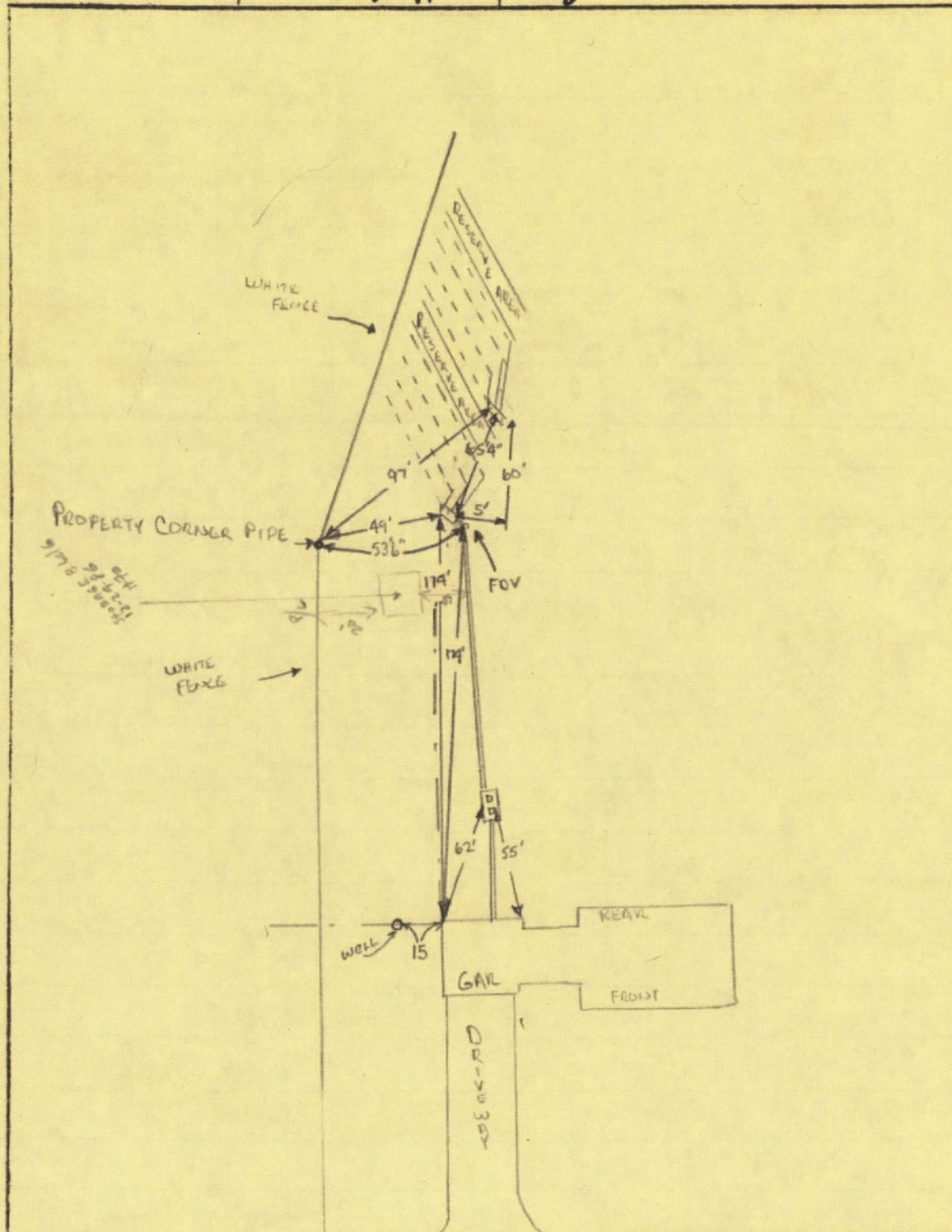
Signature _____ Date 10/11/78 Approved [Signature] (Reviewing Authority)
 Note: Owner or his agent must notify FAIRFAX CO. Health Department, Phone 691-2201 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, 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 10/11/78 Approved [Signature] (Reviewing Authority) Date 10/11/78 Signed [Signature] (Sanitarian or Health Director)
 LHS - 121 REV. 12/71 Virginia State Department of Health

DUPLICATE

LOCATION:

301 CENECA ROAD



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

LOCATION: Seneca Farms 2-2-002-11

Subdivision or Tax Map Ref.

WATER SUPPLY INSPECTION REPORT (To Supplement LHS 143)

Well Installed By TROUT Pump Installed By TROUT

I. GROUT INSPECTED 11-14-78 ch
Date Sanitarian

11. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED . . . 3-2-79 cdg

Date	Sanitarian
------	------------

III. TYPE OF INSTALLATION: ☒ PITLESS ADAPTER ☐ PIT ☐ SURFACE 3-2-79
(4" Drain) (Drain) App. Date Sanitarian

IV. STORAGE TANK. 3-2-79 cf
Date Sanitarian

Gate Valve <u>X</u>	Sample Tap and	Elec. Dis. Switch <u>X</u>
Check Valve <u>X</u>	Backflow Preventer <u>X</u>	Press. Relief Valve <u>X</u>

V. INITIAL WATER SAMPLE COLLECTED. 3-6-79 col
Date Sanitarian

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
3-6-79	WSS ditch still open	HOLD	WJ
3-9-79	WS < 1.0 (need LOGS) owner told	HOLD	WJ
3-15-79	LOG 10	Appd	WJ

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To Supplement LHS 141)

[illegible]

WATER WELL COMPLETION REPORT

OWNER
NAME: Mr. Glen La MARTIN PHONE: 451-1690
STREET: 7922 Springfield Dr.
CITY: Spring Field, VA. 22152 STATE VA. ZIP 22170
WATER SUPPLY CONTRACTOR: William H. Trout PHONE 450-4450
ADDRESS: RT. 2 STERLING City VA. State VA. ZIP 22170
WELL PROPERTY LOCATION: Address 301 Seneca Rd. City Seneca Zip 22170
Tax Map No. 2-2-002-11 SUBDIVISION Seneca Farms Sect 10 + 11

1. WELL DATA: Type Rig OHAN
Total depth (feet) 260
Depth to bedrock 47 Type bedrock blueshale
Date started 11-78 completed 11-78
Type well: drilled X, bored , Other
Class well: I , IIA , IIB X, Other
Well: new X, reworked , deepened
Well use: Home X, Agriculture
Public , Industry
Commerical , Exploration
Recharge , Heat Pump
Other

6. WATER DATA: Temperature °F
Static water level (umpumped level-measured) 47
Stabilized pumping water level (measured)
Downdraw (pumping level minus static level)
Yield (stabilized) 5 1/2 gpm
Water zones: From 240 ft. To 241 ft.
From ft. To ft.
From ft. To ft.
From ft. To ft.
Water analysis? NO Where
Physical appearance of water. clear

2. PUMP:
Type Submersible Date Installed 2-79
Location Well
Rated capacity 10 at 60 head PSI
Rated horsepower 1/2 Intake depth 160 ft.

3. WELLHEAD:
Type well seal P.t. loss adapter
Pressure tank gal., Loc. X Tru 203 basement
Sample tap X
Well vent , Pressure relief valve X
Gate valve X, Check valve (when required) X
Elec. disconnect switch on power supply X

4. TEMPORARY DISINFECTION:
Well disinfected X (yes), (no), Date
Disinfectant used HTH
Amount Contact Time 24 (Hours)

5. ABANDONMENT:
Well abandoned (yes), X (no), Date
Casing: None , Pulled (yes) (no)
Plugging material
Plugging intervals

Does well have natural flow (yes), (no) X gpm
7. HOLE SIZE 11 Inches from 0 to 50 ft.
Inches from to ft.
Inches from to ft.
8. REAMING Inches from to ft.
Inches from to ft.
Inches from to ft.
9. CASING Inches from to ft.
Material steel
Wt. per foot 13 or wall thickness
Inches from 0 to 90 ft.
Material
Wt. per foot or wall thickness
Inches from to ft.
Material
Wt. per foot or wall thickness
10. GRAVEL PACK From to ft.
From to ft.
From to ft.
11. SCREENS Inches from to ft.
Inches from to ft.
Inches from to ft.
Type Size Openings
12. GROUT 0 to 50+ to
Type No. bags cement 22

(Over)

OK

13. DRILL CUTTINGS: State law requires sending well cuttings to State Water Control Board unless exempted. Sample bags provided free upon request. Contact nearest regional office.

Cuttings taken (yes) X (no), Exemption (yes), (no), From no bags
Cuttings sent to State Water Control Board (yes) (no), Where

14. PUMPING TEST: When a pumping test is conducted, State law requires sending pumping test log to State Water Control Board. See State Water Control Board RULES of the BOARD or GUIDE for WATER WELL CONTRACTORS and GROUNDWATER USERS for required methods.

Pumping test made (yes), (no). If "yes", attach pump test log.

15. GEOPHYSICAL LOGS: Geophysical logs made (yes), X (no), Type
Please attach copy.

301 SENECA ROAD

17. Estimated

DEPTH (Feet)		TYPE OF ROCK OR SOIL	REMARKS	Drilling Time (Min.)
From	To	(Color, material, fossils, hardness, etc.)	(Water, caving, cavities broken, core, shot, (etc.)	
0	47	dirt + shale		
47	260	rock bl. stone		

18. WATER SERVICE PIPE:

Checked under 60 p.s.i for — minutes.

Pipe size 1 inches; Material PU;

19. 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.

Submit one copy of each Water Well Report to:

1. Fairfax County Health Department
Division of Environmental Health
4080 Chain Bridge Road
Fairfax, Virginia 22030
Telephone 691-2201
2. State Water Control Board
Northern Virginia Regional Office
5515 Cherokee Avenue, Suite 404
Alexandria, Virginia 22312
Telephone 750-9111

Signature _____

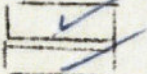
John A. Smith, Date 5-1-68
(Well driller or authorized person)

License No. _____

FAIRFAX COUNTY HEALTH DEPARTMENT - DIVISION OF ENVIRONMENTAL HEALTH

APPLICATION

☒ FOR PERMIT TO:



Install ~~or Repair~~ Sewage Disposal System

Install ~~or Repair~~ Water Supply System

☒ APPROVAL OF BUILDING APPLICATION FOR (Specify): SINGLE FAMILY DWELLING

MAP REFERENCE

Plat	Subd	Blk.	Lot
2-2	2		11

STREET ADDRESS: 301 (LOT 11) SENECA RD.

PROPERTY IDENTIFICATION: SENECA FARMS 2
SUBDIVISION SEC.

OWNER'S NAME GLENN/KAREN LATARTIN Phone (H) 451-1690 (O) 692-0375

OWNER'S ADDRESS 7922 SPRINGFIELD VILL DR, SPRINGFIELD, VA 22152
Street City & State Zip Code

CONTRACTOR'S ADDRESS 4105 MAPLE ST, FAIRFAX, VA 22030
Street City & State Zip Code

TEL 430-6441

RELEASE PERMIT TO: OWNER: _____ BUILDER: K&R CONST.

NEW DWELLING: No. of Bedrooms 43 Den NO Bath in Basement Rev in
yes/no yes/no
Method of Sewage Disposal: Public Sewer _____ Septic Tank ☒ Other _____
(describe)
Water Supply: Public _____ Private Well ☒ Other _____
(describe)

SEPTIC FIELD TO BE FOR 4 BEDROOMS

ADDITIONS TO EXISTING DWELLINGS: No. of bedrooms presently in house: _____
No. of bedrooms to be added: _____
Describe other rooms in addition: _____

Method of Sewage Disposal: Public Sewer _____ Septic Tank _____ Other _____
(describe)

Water Supply: Public _____ Private Well _____ Other _____
(describe)

COMMERCIAL USE: No. of Employees _____ Estimated daily water use _____ Gal/day.

Design SDS for 4 B.R.

APPLICANT SIGNATURE: [Signature] DATE: 4/5/78

TO BE FILLED IN BY HEALTH DEPARTMENT

Building Permit Appl. No. 7804 B0235

Perc Rate 10 Depth: 60 488 S.T.P.R. No. 02698 Pd 6-4-75
Septic Tank 1125 Gallons. Absorption Field 366 linear Feet 8-62
Replacement area required, 244.483 linear Feet 4-62

78-293

REMARKS:

As Shown on Plat
No Variation

REVIEWED BY: [Signature] DATE: 4-13-78
REVIEWED BY: _____ DATE: _____

REFERRAL FORM

Sanitarian's Area

Seneca Farms Sec 2

Tax Map Reference

2-2 Lot 11

From

LAMARTIN

Date

8-17

Address

301 Seneca Rd., G. F. 22066

Phone

430-9442

Subject:

new home. odor of sewage in back yard
mural

Memo Taken By

Jane

Referred To

Case

for investigation. Wed. 8/22 @ 1P.M.

Action Taken:

Owner said she smelled a "sewer" odor last week for 3 days in the backyard (not in the area of the house or drainfield). In talking to her & investigating I found no signs of a septic problem. I suggested that it could have been something at someone else's home or stagnant air that was localized in that area.

Recommendations:

I recommended that if she smells this odor again or suspects a problem with the drainfield that she call this office.

Date

8/22/79

Signed

E.J. Case

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number

Map Reference 2-2-002-11

Date Received 12/29/86

Health Department

To Be Completed By The Applicant

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

Owner Glenn F. Lamartin Address 301 Seneca Rd Phone 430-9442
Great Falls Va

Agent _____ Address _____ Phone _____

Directions to Property 3 miles North on Seneca Rd (Rt. 602)
From intersection of Rt. 193 & Rt. 7

Subdivision Seneca Farms Section 2 Block _____ Lot 11

Other Property Identification dutch colonial residence

Dimensions/size of Lot/Property 2+ acres

Other Application Information

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

II. Residential Use ☐ Yes ☒ No
Termite Treatment ☐ Yes ☐ No
☐ Single Family ☐ Multifamily Number of Units _____ Number of Bedrooms 4
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: well
☐ Private ☒ Existing

V. Proposed Installation: ☐ Septic tank and drainfield ☐ Other
If other, describe none

SITE Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and
PLAN 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.

Glenn F. Lamartin

Signature of owner/agent

12/29/86
Date

Health Dept. I.D.# _____ Tax Map # 2-2-002-11 Date CHS200 Received 8/28/20
Subdivision Seneca Farms Section 2 Lot 11
Property Address 301 Seneca Rd, GF. Zip Code 22066

1) Residence (New)

No. of bedrooms/potential bedrooms shown on plans _____ Den _____
Bath in basement _____ Basement finished _____ Unfinished _____

Sewage Disposal: Public _____ Onsite _____ Other _____
Onsite: Type I _____ II _____ III _____ IV _____
Type II, have pump plans been submitted? Yes _____ No _____ Date _____
Type III, give details _____

Water Supply: (PU) Public _____ (PR) Ind. Well _____ Other (specify) _____
Individual Well: V.P.C. No. N _____ E _____

2) Residence, Existing (Additions)

Each of proposed addition reviewed? Yes ✓ No _____
No. of existing bedrooms in dwelling 4 Number of bedrooms to be added 0
Total number of bedrooms upon completion 4
Existing SDS permits on file: Yes ✓ No _____ Date approved 3-5-79
Addition to onsite sewage disposal system required? Yes _____ No ✓
If yes, give details _____

Describe rooms in addition DETACHED STORAGE BUILDING 24' X 24'

Water supply: (PU) Public _____ (PR) Ind. well ✓ Approved Yes _____ No _____
Other (specify) _____

3) Commercial

Use of facility _____ New _____ Existing _____
Existing SDS permit on file Yes _____ No _____ Date approved _____
No. of Employees _____ Estimated daily water usage _____ gal/day.
Addition to existing SDS required? Yes _____ No _____
Specify additional water usage _____

Water Supply New _____ Existing _____ Non-Community Yes _____ No _____ (PU) Public _____
If No. N _____ E _____

Design Information

Inlet Rate _____ Depth _____ Septic tank (gallons) _____
Drainage field (linear feet) _____ Reserve Area Required? Yes _____ No _____
If yes, linear feet _____ Amount of proposed grading in drainfield area _____
Building Permit No. 8636330800 S.S. Receipt No. _____ S.T. Receipt No. _____
Remarks Okay - see as built for LOC
Reviewed by H. Owen Date 12-29-96 Title Sen Sen

AOSE CONSTRUCTION PERMIT APPLICATION PACKAGE FOR BEDROOM UPGRADE
FAIRFAX COUNTY HEALTH DEPARTMENT 301 Seneca Road Great Falls, Virginia 22066
DIVISION OF ENVIRONMENTAL HEALTH 1 August 2020 Page 29 of 35
ENVIRONMENTAL SERVICES SECTION
10777 MAIN STREET, SUITE 102B
FAIRFAX, VA 22030

REGISTERED

EVALUATION REPORT (Must be accompanied by Application)

Property Address: 301 Seneca Road, Great Falls, VA 22066 Tax Map- 2 - 2 / 002 / 11

Owner Glenn Lamartin

The opinions given are rendered without knowledge of some of the individual parts of The Sewage Disposal System and Water Supply System, and apply only to the Date and Time the opinions are made. We can not guarantee the future performance of The Sewage Disposal System and/or Water Supply System.

Water Supply: Public _____ Private: X Public Water Available: Yes _____ No X Well Type: Drilled
Meets Min. Construction Stds: Yes X No _____ If no, Explain _____
Sample Collected: Yes X No _____ Bacteriological Results: Satisfactory X Unsatisfactory _____
The Water Supply Systems Appears to be: Satisfactory X Unsatisfactory _____

REMARKS: _____

Sewage Disposal System: Public _____ Private X Public Sewer Available: Yes _____ No X Year System Installed: 1979
Septic Tank and Dist. Box(es) Uncovered: Yes _____ No X If Yes, are they Satisfactory: Yes _____ No _____
Is There An Effluent Pump System: Yes _____ No X If Yes, Is It Satisfactory Yes _____ No _____ Not Inspected _____
Flow Diversion Valve: Yes X No _____ N/A _____ Trees, Driveways, Swimming Pools, etc., Over System Yes _____ No X
(Flow Diversion valve must be turned once a year)

Design Capacity (Per Available Records)

Existing: Per Owner ☒ Per Inspection ☐

Number of Bedrooms 4

Automatic Washer

Yes X No _____

Yes X No _____

Garbage Disposal

Yes X No _____

Yes X No _____

Recommend pumping septic tank in 1995

Section 68-1-29 of the Fairfax County Code requires pumping of the septic tank once every five (5) years. The owner of the property is required to provide written notification and proof to this Department each time the tank is pumped.

On The Date of The Evaluation

- X Sewage disposal system appears to be functioning satisfactorily and with proper maintenance is not likely to create an insanitary condition.
- _____ 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/or Local Regulations.
- _____ Sewage Disposal System Appears to be Unsatisfactory and is Malfunctioning as Follows:
- _____ Sewage Surfacing
 - _____ Sewage (wastewater) Piped to Ground Surface
 - _____ Sewage Backing Up In House Plumbing
- _____ Other (See Remarks)

REMARKS: _____

Evaluation of the Water Supply System or Sewage Disposal System is Based on Health Department Records, Owner's Statements, and a Visual On-Site Inspection.

DATE OF EVALUATION 2-3-92 SANITARIAN John Grims

DATE OF REVIEW 2-7-92 SUPERVISOR Call Jones

ENVIRONMENTAL SERVICES SECTION
REFERRAL FORMOWNER'S NAME Glenn HamartinSUBDIVISION Seneca FarmsSTREET ADDRESS 301 Seneca Rd.
~~8020 Dog Spring~~ Great FallsTAX MAP REFERENCE 2-2-002-11VA
220REFERRAL FROM: ROS DATE RECEIVED: 3-11-92

ADDRESS _____ PHONE: _____

SUBJECT: Update to SBR DesignRECEIVED BY WMSREFERRED TO WMS FOR INVESTIGATION

DATE	INVESTIGATION REPORT	RESCH	SAN
3-11-92	New update form not in print yet. However, existing SDS has Lawson 1480 gal Needs. 1500 gal. ^{LOK BUI JCP} Dranfield size 976 ft and For 10 RATE Design for SBR needs 900 ft - OK System has a FDV, is non-commercial, house build after 1973, and based on recent evaluation 2-3-92 by JG there was nothing built over SDS and system was functioning satisfactory. Recommend approval for update to SBR		

FILE
Complete Marty Sham

Application for a Sewage Disposal System Construction Permit

AOSE CONSTRUCTION PERMIT APPLICATION PACKAGE FOR BEDROOM UPGRADE
301 Seneca Road Great Falls, Virginia 22066

August 2020 Page 3 of 35

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number

Map Reference 2-2-002-11

Date Received

Health Department

To Be Completed By The Applicant

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

Owner GENN LAMARTIN Address 301 SENECA ROAD Phone 430-9442
GREAT FALLS, VA, 22066

Agent W. Bradley Anderson Address 8020 DAYS PRING CT. Phone 569-8222
SPRINGFIELD, VA, 22153

Directions to Property 3 miles OUT SENECA Rd. House on Right

Subdivision Seneca Farms Section 2 Block _____ Lot 11

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
Basement ☐ Yes ☐ No
Fixtures in Basement ☐ Yes ☐ No
Number of Units _____
Number of Bedrooms 4

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 Construction - Add 1 B.R. & 1 BATH & Study

Additional notes: Add: 1 B.R.
Ex: 3
Total: 4
Number of Bedrooms = 4
Convert one (1) Bedroom to SITTING AREA.

SITE Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and
PLAN 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.

W. Bradley Anderson
Signature of owner/agent

3/11/92
Date

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL SERVICES SECTION

SUPPLEMENT SHEET TO BE ATTACHED TO STATE FORM C. H. S. 200 REV. 4/83
(APPLICATION FOR A SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT).

Tax Map 2-2-002-11 Date CHS 200 Received RECEIVED MAR 11 1992

Subdivision Seneca Farms Section 2 Block Lot 11

Property Address 301 Seneca Rd 6F Zip Code 22066

Existing +3BR
Convert -1 BR TO S. Hing Room.
(R) RESIDENTIAL:
bedrooms: 5 design; # bedrooms: +2 added; # bedrooms: =4 total.

(C) COMMERCIAL:
Type of facility
of Employees: Existing ; Proposed/Added ; Total: .
Estimate daily water usage: Existing ; Proposed ; Total:

(A/R) ADDITION/REMODELING:
Plan of proposed Addition/Remodeling reviewed? Yes / No
DESCRIBE ADDITION/REMODELING:
Convert 1BR to sitting Room, Add 2BR, NO Foundation Expansion

Sewage Disposal: Public On-Site Other
On-Site: Type I II III IV
If Type II, have pump plans been submitted? Yes/No; Date
If Type III, give details:
Existing SDS permit on file: Yes / No; Date Approved: 3-11-92
Modification to Site SDS required? Yes / No.
If yes, give details:

Existing WSS permit on file: Yes / No; Date Approved: 3-5-79
Type (specify): Drill & C Public:
Modification to WSS required? Yes / No; If yes, give details:

DESIGN INFORMATION:
Fee Required: Yes / No; WSS/SDS Receipt
Perc Rate: Depth Septic tank (gallons)
Absorption field (linear feet) . Reserve Area Req'd? Yes / No
If yes, linear feet req'd: . Grading required? Yes / No
If yes, give details
Building Permit No: 92071 B0050
REMARKS:

Reviewed by: Mary Shannan Title: Sanitarian Date 3-11-92

TO: INSPECTION SERVICES DIVISION
DIVISION OF ENVIRONMENTAL MANAGEMENT

FROM: HEALTH DEPARTMENT/ENVIRONMENTAL SERVICES SECTION

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

DATE: 3-11-92

OWNER'S NAME: Glenn Lamartin

BUILDING APPLICATION NUMBER: 92071B0050

SUBDIVISION: Seneca Farms SEC: 2 BLOCK: LOT: 11

TAX MAP IDENTIFICATION: 2-2-002-11

PROPERTY ADDRESS: 301 Seneca Rd., Great Falls, VA 22066

HEALTH DEPARTMENT PERMIT #: NA

PERMIT ISSUED FOR: ☐ SEWAGE DISPOSAL ☐ WELL ☒ OTHER

TO SERVE: ☒ RESIDENTIAL ☐ COMMERCIAL ☐ OTHER DESCRIBE:

To add a bathroom. NO CHANGE IN NUMBER OF BEDROOMS.

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

REMARKS:

THE ABOVE TO BE FAXED TO PERMITS BRANCH AND ORIGINAL TO BE ATTACHED WITH PERMIT.

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

WATER SUPPLY SYSTEM

APPROVED:

APPROVED:

SIGNATURE

UPON FINAL APPROVAL, ONE COPY TO BE FAXED TO COMBINATION INSPECTION BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.

NUMBER OF BEDROOMS AT FINAL INSPECTION:

STICKER PLACED: DATE INITIALS:

SENECA ROAD
1/4" N 60° 2' 48" W 2.470.00'
1/4" N 47° 05' 33" E 392.00'

NOTES

1. ZONING - RE-2
2. LOT AREA - 2.0565 AC.
3. ADDRESS - 301 SENECA ROAD
4. TOPOGRAPHY - BY OTHERS
5. EX. CONTOURS - PROPOSED CONTOURS
6. THERE ARE NO TREES TO BE PROTECTED IN OR NEAR THE CONSTRUCTION AREA

REFERENCE:
D.B. 4382 P. 700
ASSESSMENT
MAP NO 2-2

MARCH 27, 1978
R.F. GREFF & ASSOCIATES
FAIRFAX, VA.

OWNER/APPLICANT
K.P. CONSTRUCTION CO.
FAIRFAX, VA.

FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health

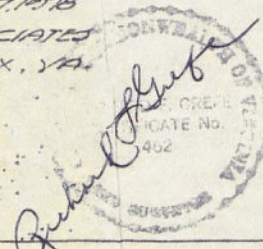
Approval of plat plan only.
This is not a permit to install
a water supply or a sewage disposal
system.

All underground utility lines and utility easements
must be located a minimum of 4 feet from all
subsurface disposal systems.

All water service lines must be located a minimum
of 10 feet from all subsurface disposal systems.

PLOT PLAN
LOT II SECTION TWO
SENECA FARMS
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VA.

SCALE: 1" = 30'



Fairfax County Soil Evaluation Form

Fairfax County Health Department, Division of Environmental Health

General Information

Date: 08-12-2020Project # 202000506Applicant: Karen and Glenn LamartinTelephone No. 571-296-7845Address: 301 Seneca Rd, Great Falls, VA 22066Owner: Karen and Glenn LamartinAddress: 301 Seneca Rd, Great Falls, VA 22066Location 301 Seneca Rd, Great Falls, VA 22066Subdivision Seneca FarmsBlock/Section Sec. 2Lot 11

Site Assessment

1. Purpose of Soil Evaluation: New SDS ☐, 100% Reserve ☐, Relocation ☐, Other Voluntary upgrade
2. Position in Landscape Satisfactory: Yes ☒ No ☐ Describe Backslope/Sideslope
3. Site Slope 4%
4. Is Site Impacted by Private Water Wells? Yes ☐ No ☒ Describe Existing well 100'+ away
5. Topographic Limitations to Site: Yes ☐ No ☒ Describe _____

Soil Evaluation Information Summary

6. Depth to H.E.S.W.T. (Redoximorphic Soil Features): Yes ☐ No ☒ Describe _____
7. Depth to Impervious Soil Materials and/or Bedrock: Yes ☐ No ☒ Describe _____
8. Free Water Present: Yes ☐ No ☒ Describe: _____

Soil Evaluation Conclusion

Site Approved: Yes ☒ No ☐ Describe _____ (If Yes, Complete this Section)

9. Percolation Test Required: Yes ☐ No ☒ Depth (Inches) _____

a) How many Test Holes: 1975 test shows measured 10 rate

10. If Test Rate is Estimated: Estimated Rate (mpi): 10 MPI+ Depth (inches): 60"

Name and title of evaluator James LaRosa

E.H. Specialist

Signature

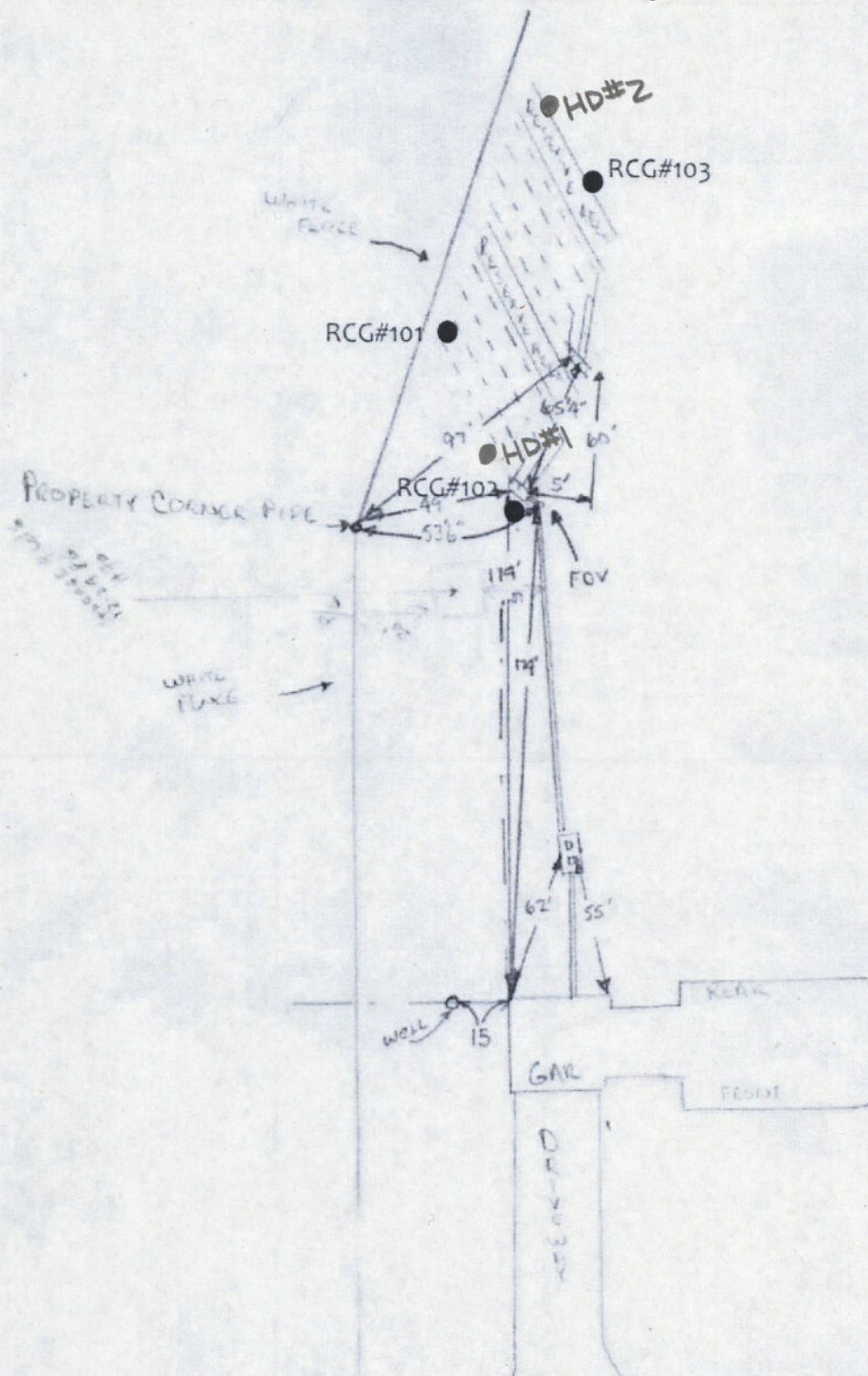
James LaRosa

SOIL EVALUATION REPORT

Date of Evaluation 08-12-2020Health Department Identification No. 202000506

Page 2 of 3

[illegible]



Not To Scale

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RCG

SKETCH PLAN

SENECA FARMS SECTION 2 LOT 11

301 Seneca Road Great Falls, Virginia 22066

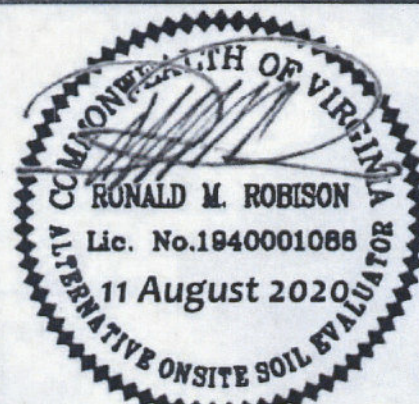
Fairfax County Tax Map#2-2-((2))-11

ROBISON CONSULTING GROUP, LLC

12541 Basswood Drive Manassas, Virginia 20112

email rrobison@robisoncg.com

phone 703.901.4141



FINAL SURVEY

MARCH 5, 1979

CERTIFIED CORRECT

CERTIFIED LAND SURVEYOR #62

PLAT

LOT 11 - SECTION TWO

SENECA FARMS

GRANESVILLE DISTRICT
FAIRFAX COUNTY, VA.

SCALE: 1"=40'

R.F. GREFE & ASSOCIATES
FAIRFAX, VA.

APPROVED

3-11-92

Zoning Administrator

APPROVED

2nd Story
DIVISION OF
INSPECTION SERVICES

BY lee

Date 3-11-92

APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT

3-21-92
Date

Marty Shannin
Health Official

LOT 11

2.0565 AC.

HEALTH DEPARTMENT COPY

Address:

301 Seneca Road

LOT 10

REFERENCE:

O.D. 4782
p. 730

S 51° 59' 31" E

S 39° 46' 34" E

210.87'

50.00'

S 13° 58' 00" E
51.76'

N 53° 31' 28" W

531.80'

Well
15.5'
43.0'
Crushed Stone
Dr. Viewout
60.0'

2-Story
Brick & Frame
HOUSE
w/ Basement

5x5'
Stoop

11.0 x 7.5'
Conc. Patio

6.0 x 5'
Stoop

H.O.

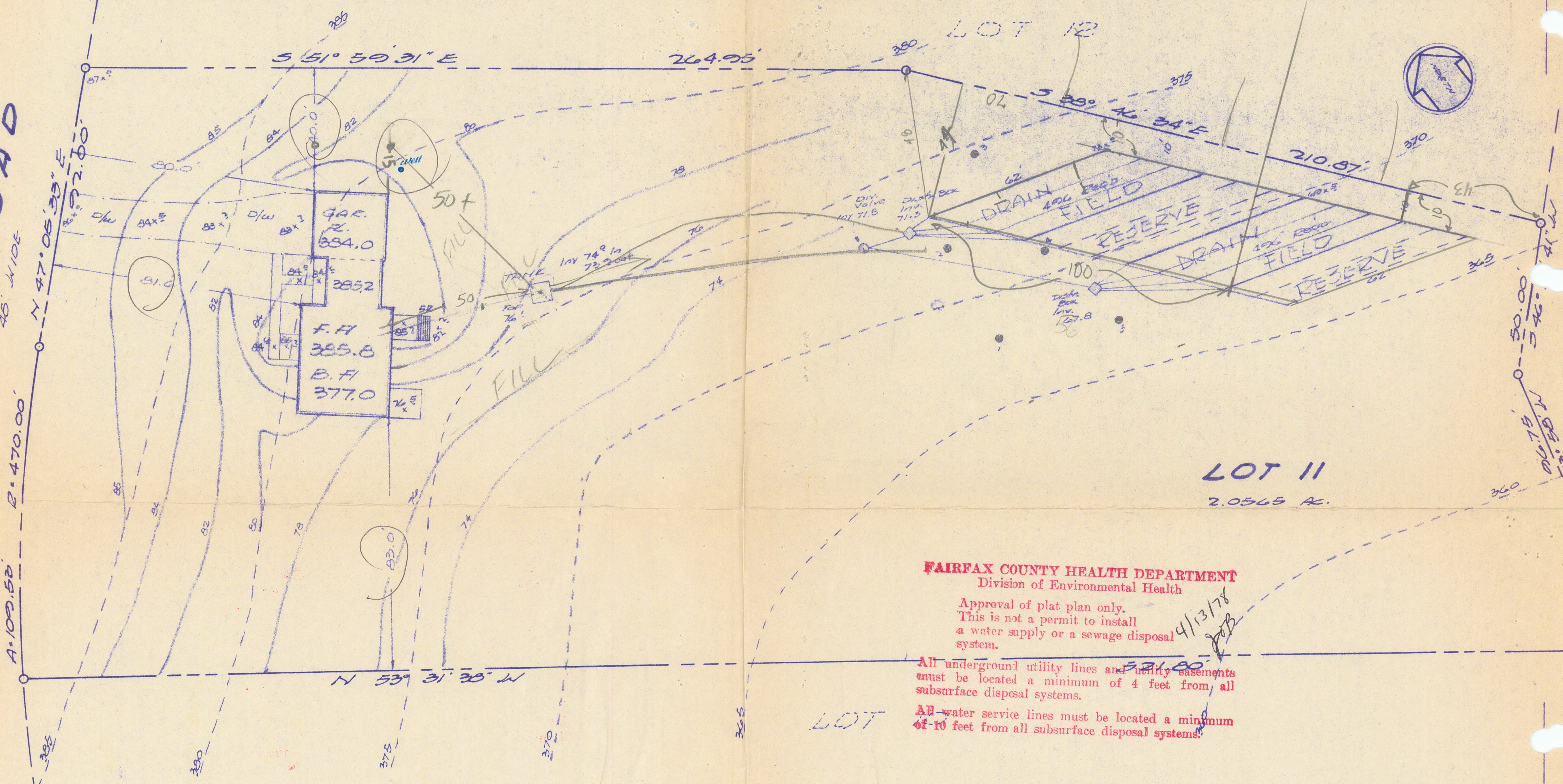
30.0'

Gravel

ROAD
N 47° 05' 29" E
52.00'

S 10° 00' 00" E
51.00'

SENECA ROAD
45' WIDE
VA. No 602
A=109.52' B=470.00'



NOTES:

1. ZONING - RE-2
2. LOT AREA - 2.0565 AC.
3. ADDRESS - 301 SENECA ROAD
4. TOPOGRAPHY by OTHERS
5. EX. CONTOURS - - - - -
PROP. CONTOURS
6. THERE ARE NO TREES to be PROTECTED
IN or NEAR THE CONSTRUCTION AREA

REFERENCE:
D.B. 4282 p. 720
ASSESSMENT
MAP No 2-2

MARCH 27, 1978
REGREFF & ASSOCIATES
FAIRFAX, VA.

OWNER-APPLICANT
K.F. CONSTRUCTION CO.
FAIRFAX, VA.

FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
Approval of plat plan only.
This is not a permit to install
a water supply or a sewage disposal
system.
All underground utility lines and utility easements
must be located a minimum of 4 feet from all
subsurface disposal systems.
All water service lines must be located a minimum
of 10 feet from all subsurface disposal systems.

PLOT PLAN
LOT 11 SECTION TWO
SENECA FARMS
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VA.
SCALE: 1" = 30'

