## 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.

Specialist

**Environmental Health** 

Supervisor

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

TO: DIVISION OF INSPECTIONS

DATE: 1390

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Glenn and Kar	en Lamartin
BUILDING APPLICATION NUMBER: 4B	0235
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  (ALL PERMITS FOR DWELLINGS ARE DESIGNED DISPOSAL)  RESTRICTIONS:	Four BEDROOMS D TO INCLUDE AUTOMATIC WASHER AND GARBAGE
	CATE EACH TIME A PERMIT IS ISSUED. ONE COPY PY TO ELECTRICAL INSPECTION BRANCH, RETAIN
NOTIFICATION OF FINAL APPROVAL:	
SEWAGE DISPOSAL SYSTEM	WATER SUPPLY SYSTEM
APPROVED: 3-5-79	APPROVED: 3-16-29
' ENTERED MAR 0 5 1070	1 AR

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

W49/3-18-74





LOCATION: TM: 2-2-002-11

(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

CENECA ROAD 301 PROPERTY CORNER PIPE FOV WHITE FENCE REAK GAR FRONT DRIVE

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

ENVIRONMENTAL SERVICE BECTION OWNER'S NAME Karen Tramartin FOLLOW-UP REPORT SUBDIVISION Deneca Yarm STREET ADDRESS 301 Wexcea UNDER GH 22066 390 TAX MAP REFERENCE 860-1030 SAN. RESCH DATE RECORD OF REMARKS AND VISITS RMS 3-2-89 background information give id not reach the owner. Samples iale top as in the request ham outs analysis bacteriological Rms Contact theoun Helel Hold for result martin Called me and 3-7-89 hadthivell tested about 10 years she had a son with She would to rule out lead as a factor in so she had made the request for The results are not back from Hold collected after 3 minute Rem 60.001 mg/1 -9-89 RING Hold Still awaiting other chemical 3-16-89 Chemical results (initial flow) 0.004 majl Tat Alk idness 15 mg/l lead after 3 minutes In mo famaiten In her of worlts a Tameritin Called hack so file results to onne

SPECIAL HANDLING

WATER SUPPLY

Fairfax County Date\_ Case No. -Proposed Public Non - Public Drinking Record of Inspection Quasi - Public Glen & Karen LaMartin 7922 Springfield Vill Dr. (Mailing Address) Occupant\_ \_Phone \_ Address (Mailing Address) Exact Location 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 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 Driven Well Existing FROM Drilled Well Bored Well Motel Dug Well Other\_ - FOR | Home Trailer Court Restaurant 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\_ LIS PUBLIC WATER SUPPLY AVAILABLE SEWAGE DISPOSAL BY PUBLIC SEWER COMMUNITY SYSTEM INDIVIDUAL SYSTEM ON SITE. INSPECTION FINDINGS (1) WATERSHED Surface Drainage away from source in all directions (5) WATER SOURCE COVER 

Concrete Metal \_ Opening in Cover watertight Yes 🗌 No. Distance Source from possible causes of contami-(Kind of Material) ☐ Yes ☐ No. If no, explain PITLESS ADAPTED nation Sewer Line \_\_\_\_\_feet. Type of material used in Sewer \_Septic Tank \_\_\_\_\_feet. (Describe) (6) PUMP Shallow Well Deep Well. Length of Drop Pipe feet. Well capacity gallons per minute.

Size of Feeder Pipe \_\_\_\_\_\_ inches. Seepage Pit \_\_\_\_feet. Subsurface Absorption Field (nearest point) \_\_\_\_\_feet. Other\_ Note any serious obstacles in watershed on back of form. (2) TYPE OF SOIL FORMATION 

Tight Clay Limestone (7) PUMP LOCATION In Well Over Well ☐ Sandstone ☐ Other — If offset, does watertight casing extend to Pump 🗌 Yes 🗌 No (Describe) Pump room located \_\_\_\_\_\_feet from Well. (3) CLASSIFICATION OF WELL ☐ Type - 1 . ☐ Type - 2A ☐ Type - 2B ☐ Type - 3 ☐ Other Pump room drained by gravity through 4 - inch or larger pipe to (4) CONSTRUCTION DETAILS Total depth 260
Diameter inches. Type of casing surface to ground [ Yes [ No. Pump platform of concrete or other impervious material, at least 4 inches thick at casing, Depth of casing 90 feet. Exterior space around casing sealed with Concrete grout to depth of feet. 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 ☐ Poured in place The Pumped in under pressure ☐ Other type (8) TYPE OF STORAGE Pressure Gravity. Capacity 82 \_to depth of \_\_\_ gallons. If gravity, is overflow pipe screened [ Yes [ No. inches above ground. casing extends\_ THIS WATER SUPPLY SYSTEM KIS Recommended by FAIRFAX CO Div. Engineering Is not 47-260 ROCK Approved Health Department REMARKS: 0-47 dirt - SHALE Approved (Reviewing Authority-Other Agency or Engineer) Approved

Virginia State Health Department LHS - 143 Rev. 3/74

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:
	Co	

OWNERS NAME: Glen & Karen LaMartin	
TAX MAP IDENTIFICATION AND ADDRESS:	TM: 2-2-002-11 SEC II Lot 11
TAX MAP THENTIFICATION AND ADDRESS.	301 Seneca Road Great Falls 22066
ENTERED MAR 1 6 1979	
HEALTH DEPARTMENT PERMIT NUMBER:	<b>∳78-273</b>

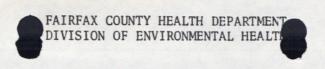
# RECORD O NSPECTION-SEWAGE DISPOSO. SYSTEM

		Date Case No. 1442
Owner Glen & Karen LaMartin		Springfield Vill Dr. Phone 451-1690 (H)
X	Spring	692-0375 (9)
Occupant	Address	(Mailing Address)
Exact Location 301 Seneca Road of Premises	SENECA FARMS	TM: 2-2-002-11 SEC II LOT 11
of Premises 304 Date 100		d Name, Section or Lot No.)
		LY INSPECTION
Installed according to Permit Design Disposal System 100†	Yes No. Distance to feet. (Use Form	nearest House Sewer
	SEWAGE DISPOSAL	SYSTEM INSPECTION
	No. Distance from feet.	(6) DISTRIBUTION BOX FOV Watertight and equal surcharge to each line by Water Test Yes No. Distribution Box provided with (Number) extra outlets for future use.
(2) INSTALLATION AND DESIGN Installed according to Permit Design Have additional Household Appliances b Automatic Washer Garbage Other	een added NOT on Permit:	(7) SUBSURFACE ABSORPTION FIELD  Total Area in bottom of ditches
(Describe)		Maximum inches per 100 feet. Has system been
(3) SOIL CONDITION  Are there soil conditions now evident whi satisfactory as designed: Yes adjustments required under "Remarks" by the HOUSE SEWER LINE	No. If Yes, show	checked by instruments (Level) Yes No Type aggregate used CYUSAE STORE  Depth of aggregate under Tile inches Total depth of aggregate 12 To 18 inches inches
Installed Yes No. Type	of materialInches.	(8) SURFACE DRAINAGE Storm Drains from House and Basement flowing away from Subsur-
(5) SEPTIC TANK Constructed of Pacific Concerc	TE " LANSON 1480"	face Drainage Field: Yes No. Was Surface Drainage required Yes No. If Yes, has this been provided Yes No. Has area been drained by lowering
Inside Dimensions Lengthfee		Ground Water Table: Yes No. Not required.
Liquid Depthfeet. Depth of .  Inside Fittings comply with requirement		(9) Are follow-up inspections necessary  Yes No.
	Quic Ru	N FOV SET ON #2
Septic Tank L. P. HAWES	Address	Phone
This Sewage Disposal System (Is) (ISNO) App	proved by FAIRFAX	60 Health Department.
Date 3-2-79 Signed 60 Jos	(Sanitarian)	Date 5-7 Approved W & Berger (Weath Director)
DateApproved		Approved
	Advisory Sanitarian)	(Reviewing Authority - Other Agency)
With proper maintenance, approved Sew occurs to the system. Remarks:	age Disposal systems may be ex	expected to function satisfactorily, provided no overloading or physical damage
		The state of the s
	F. Santa	

PERMIT TO INSTAL	REPAIR,   REASONS FOR REJECTION
(1) Void after (12) tuelly months	Y SEWAGE DISPOSA SYSTEM X
(3) Automatically cancelled should fact	utomatically cancelled when site conditions are changed from those shown on permit.  slater become known that a potential hazard would be created by continuing installation.
	FHA/VA Yes No Date Case No.
Owner Glen & Karen LaMartin	Address 7922 Springfield Vill Dr. Phone 451-1690
Owner	Address /922 Springfield VIII br. Phone 431-1690 Springfield dilli Waddre 22152
Occupant	Address Phone 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.)
FOR: Dwelling Other	Automatic Washing Machine Yes No Consumption 600 gal. per day
Actual Potential Bedrooms	Garbage Disposal Unit Yes No ( Actual estimated Water)
WATER CLIRRY VIEWS A CO.	Yes No
(1) WATER SUPPLY (Existing) Class Cased	ApprovedOther
· · · · · · · · · · · · · · · · · · ·	KNO LEK COCK!!
SOIL STUDY Naturally drained, suitable by si	d by positive evidence Class III is to be considered as to be installed.)
(2)	(If Known) 100/60"
Estimated Percolation Rate 1-10 X 11 (Minutes per inch)	-25 26-50 > 51 Percolation Test Required Yes No Rate (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles inches	(estimate over 4 ft.) OTHER
Surface drainage required Yes No	OTHER DRAINAGE
(3) HOUSE SEWER LINE Sizeinches. Ty	pe of material required Distance from Water Supply feet.
A DETAILS OF CONSTRUCTION W	- Dec-cast concepta
(4) DETAILS OF CONSTRUCTION Watertight S Inside Dimensions Length	eptic Tank of PRE-CGS CONCRETE Material Liquid Capacity TOO gallons.  Widthfeet. Liquid Depthfeet. Depth of Air Spacefeet.
	er of square feet required 916 + 480 R Type aggregate required blue of the
Depth of aggregate from base of tile to bottom	22
(5) Total aggregate minimum depth 40 inch	
	t; distance from well to drainfield 100+ feet.
Rough Sketch of Premises (including adjacent pr	operties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems,
Trees, and Other Possible Sources of Contaminati	ovof Water Supplies, by Indicating Distances and Slope with regard to one another.  1. INSTALL & LINES, 61 LONG & WIDE
west 15 3 40	141 PA FIRST 48 JUST 60 DEEP ON 6 CENTERS AS SHO
TV.	48 7 7 7 7 8 103
Sive I sou	PLEASE NOTE THAT THE S
100 M	
	i part of the state of the stat
FF 7-50	100 DUE TO THE ANGLE OF
365.8	No INSTALLATION
ative   Barrior   Feet	
C Americans	START MORE THAN 44 OF SIDE PROPERTY LINES
3 NOTE : NO LINE IS T	ERSION VALVE AND DIST. BOXES SO THAT RESERVE LINES
& A THISTALL A FLOW DIV	
MAY BE UTILIZED	AT A LATER DATE . NOT IN SWALE .
5 WELL TO BE SOFTIOM	PANK, 15 From House, NOT IN SIN ALE.
15 y warmen to found a 1	cm RE Twenty (20) Ments.
TAKETAL BATH SYSTE	as we accordance with the
B CALL FOR WATER SAMP	LE AND FINAL BRADE CHECK WHEN READY FOR APPROVAL.
0	feet
stallation is ready for inspection. If any Sewage	Health Department, Phone 61 201 when in-
Covered at the direction of the Health Director or	nis agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF ions require Health Department approval before being made.
Based on the above information, the undersigned	
Bato 11 7 Approved MASSEY	MA Date Will Bigned 60 Janear
LHS - 121 REV. 12/71 (Review	ing Authority) (Sanitarian or Health Director)

.,				
PERMIT #	78-273	LOCATION: Senec	a 2-2-002 sion or Tax Map Re	-11
PART I				
	WATER SUPPLY INSPECTION F			
Well Instal	led By TROUT	_Pump Installed B		
I.GROUT	NSPECTED			Sanitarian
II.PIPE &	ELECTRIC WIRE FROM WELL TO	STORAGE TANK APP	ROVED 3.2.79	anitarian
III.TYPE OF	F INSTALLATION: X PITLES	S ADAPTER PIT (4" Drain)	SURFACE 3-2-79 (Drain) App. Date	Sabitaria
IV.STORAGE	TANK			eg .
Gate Va Check	Sample Tap and Backflow Prevention	d Elec.		Samitarian
V. INITA	AL WATER SAMPLE COLLECTED			e col
DATE	RECORD OF ADDITIONAL RE		DISPOSITION	Santtaria
3-6-79	WSS dutch stell open		HOLD	w
3-9-79	WS < 10 Freed LOGS	5 Jowner told	HOLD	of
3-15-79	409 10		Appl	1 20
PART II			1 4 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	SEWAGE DISPOSAL SYSTEM INS	PECTION REPORT (To	Supplement LHS 14	1)
DATE	RECORDS OF REMARKS AND	VISITS	DISPOSITION	SANITARIAN
2-1-79	Entire SDS OK TO Y		Horo	JMM
2-2-79	SDS BFID; FG PRETTY	GODD; KUNDING	HOUD FG WITH HID	JMM
3-2-79	FG OK		appel	107
12-29-86	approve BIP for St 24'x 24' 02 Shor	orage Bulde		#70
-				

,,,



#### WATER WELL COMPLETION REPORT

STREET: 7922 Spring Field OV.  CITY: Spring Field, VA. 22152 STATE ZIP  WATER SUPPLY CONTRACTOR: William H. TROUT PHONE 450-44.  ADDRESS: RT. 2 STERling VA. 22  City State Zip	
WATER SUPPLY CONTRACTOR: William H. TROUT PHONE 450-443  ADDRESS: BT. 2 STERLING UA. 23	
ADDRESS: RT. 2 STERLING VA. 23	
ADDRESS: RT. 2 5TER/ING UA. 23 City 1 State Zip	50
City / State 210	2170
WELL PROPERTY LOCATION: Address 301 Seneca Rd.	
Tax Map No. 2-2-002-1/ SUBDIVISION Scient Forms Sect 16	,
1. WELL DATA: Type Rig OHAH  Total depth (feet)  Depth to bedrock  Date started  Type well:drilled  Class well: I ,IIA ,IIB , Other  Well: new /, reworked ,deepened  Well use: Home / , Agriculture  Public , Industry  Commerical , Exploration  Recharge , Heat Pump  Other  6. WATER DATA: Temperature F  Static water level (umpumped level-measure Downdraw (pumping water level (measure Downdraw (pumping level minus static level (stabilized) S/2  Water zones: From ft. To ft.  Water analysis?	ed)
2. PUMP:  Type Sobrasible Date Installed 2-79  Location Well  Rated capacity 10 at 60 head psr 8. REAMING Inches from to Rated horsepower 1, Intake depth 160 ft.  The SIZE // Inches from to Inches from	no)
3. WELLHEAD:  Type well seal Policis planter  Pressure tank gal., Loc. Virol 203 basen.  Sample tap X,  Well vent , Pressure relief valve (when required X Elec. disconnect switch on power supply Inches from to Material  Material Steel  Wt.per foot or wall thick with the pressure from to Material  Inches from to Material	kness ft
4. TEMPORARY DISINFECTION:  Well disinfected X (yes), (no), Date  Disinfectant used ATH  Amount Contact Time 24  Wt.per foot or wall thick  From to  From to	ft. ft.
5. ABANDONMENT: Inches from to	ft. ft.

olly

Name:				
GEOLO	GIC DATA:			
	Cuttings to Cuttings	ample bags provided free upon taken $(yes) X(no)$ , Exemption sent to State Water Control I	Board (yes) (no), Where	onal office.
	to State Wate WATER WELL CO Pumping to	er Control Board. See State ONTRACTORS and GROUNDWATER US est made (yes), (no). If '	"yes", attach pump test log.	
15.		LOGS: Geophysical logs made tach copy.	7	
16.	DRILLERS LOG	301 SEV	ECA ROAD	17. Estimated
	(Feet)	TYPE OF ROCK OR SOIL	REMARKS	Drilling
From	То	(Color, material, fossils, hardness, etc.)	(Water, caving, cavities broken, core, shot, (etc.)	Time (Min.)
6	4/7	dut ysholu		
47		roch bluston		
	200	10011 2102 S/ON		and the second of
		n taled out or identify recalls		
			2007/400	
				A STATE OF THE STA
			in the second second	
		and the state of t		THE LAND STREET
18.	WATER SERVICE			and the second of the
		der Op.s.i for minutes.  / inches; Material ////;	19. I certify that the inform herein is true and correct well and/or system has be and constructed in accord	t and that this en installed
Submi	t one conv of	f each Water Well Report to:	requirements for well con specified in compliance w county or independent cit	ith appropriate
Jubili	c one copy of	t each water well keport to.	and the laws and rules of	
1.	Division of	nty Health Department Environmental Health	of Virginia.	
	4080 Chain H	Bridge Road rginia 22030		- / 00
	Telephone 69	The second secon	Signature Man Man (Well driller or author	Date 3-/5-79
2.		Control Board rginia Regional Office		
	5515 Cheroke	ee Avenue, Suite 404 Virginia 22312	License No.	Control Control Control
	Telephone 75			

	tall or Repair Sewage Disposal System tall or Repair Water Supply System
11131	arr disheperi water suppry system
APPROVAL OF BUILDING APPLICATION FOR (S	specify): Sware Farmy pursuing
MAP REFERENCE	301 ( Max /2 a)
Plat Subd Blk. Lot STREE	ET ADDRESS: (AST 168 SEVERA RO
2-2 2 11 propi	ERTY INDENTIFICATION: SENECA FARMS Z
FROM	SUBDIVISION SEC.
- /	
OWNER'S NAME GLENN/KAREN LATTERT Photo	ne (H) 457-1690 (0) 692-0375
- OWNER'S ADDRESS 7922 SPRINGFIELD VIL	1. DR. SARINGFIELD, UP 22152
Street	City & State
CONTRACTOR'S ADDRESS 4105 MAPLE Street	ST. FAIRFAY A. 22030 City & State 7ip Code
TEL 430-6441	
RELEASE PERMIT TO: OWNER: BUIL	DER: KER CONST.
NEW PUELLING N. S. P. J. W. J. D.	Bath in Basement Kin
NEW DWELLING: No. of Bedrooms 13 De	yes/no Public Sewer Septic Tank Other (describe
Method of Sewage Disposal:	Public Sewer Septic Tank Other (describe
Water Supply:	Public Private Well V Other
SEPTIC FIELD TO BE FOR	(desci i bi
	pedrooms presently in house:
No. of	nedrooms to be added:
Describe other rooms in addit	ion:
Method of Sewage Disposal: Po	ublic Sewer Septic Tank Other (describe
Water Supply:	Public Private Well Other
	(descri's
COMMERCIAL USE: No of Employees	Estimated daily water use Gal/day.
- 505/11RR	2200 / 11/2
ign S For 4 D. APPLICANT SI	GNATURE DATE: 4/5/78
TO BE FILLED IN BY HEALTH DEPARTMENT	Building Permit Appl. No 7804 13 0235
Perc Rate 10 Depth 60	488 STPR NO. 02698 PU 6-4-75
Septic Tank /125 Gallons. Absorption Field	- C
Replacement area required,	244, 163: linear Feet 4-62
4 Cyes/no	
DEMARKS: A Cham on (a)	
As Show Tion	REVIEWED BY. AB DATE 4-13.78
BEMARKS. As Shown on Plat	REVIEWED BY DATE

REFERRAL FORM

	Sanitarian's Area Sexeca farmer Sec 2
	Tax Map Reference 2-2 Lot
From LAMARTIN	Date 8-17
	4.7.22666 Phone 430-9442
Subject.	
whome odar of &	seewage en back yard
murch -	
Memo Taken By  Referred To	for investigation. Wed. 8/22 @ 19
Referred To Case	for investigation. Wed. 8/22 @ 1
Action Taken: Our said she	smelled a "sewer" odor last week for
Occupied (not in	the area of the torre or drainfield
3 days in the backeyour (1107 th	doo signs & a septie
	" I AND A LIGHT AN
2 to the to her & investigas	ting I found to be an something
Intalking to her & investigate	it could have been something
Intalking to her & investiges grothen. I suggested that	it could have been something it could have been something
Intalking to her & investiges problem. I suggested that someone elses home or sta	it could have been something ignored air that was localized
Intalking to her of investiges  prollen. I suggested that  someone elses home or sta  area.	it could have been something ignored air that was localized a
Intalking to her of intrest of problem. I suggested that someone elses home or sta area.	it could have been something
Intalking to her of intrest of problem. I suggested that someone elses home or started area.  Recommendations:	it could have been something ignored air that was localized a grant air that was localized again the short should that show that show the short should that show the short show that should that show the short should be shown to show that show the short should be shown to show that show the short should be shown to show the short show the short show the short show that show the short short short show the short short short show the short
Intalking to her of intrest of problem. I suggested that someone elses home or started area.  Recommendations:	it could have been something ignored air that was localized a grant air that was localized that she had she had she
Intalking to her of intrees of problem. I suggested that someone elses home or started area.  Recommendations:  I recommended that a problem will	it could have been something ignored air that was localized a grant air that was localized that she had she had she
Intalking to her of intrees of problem. I suggested that someone elses home or started area.  Recommendations:  I recommended that a problem will	it could have been something ignored air that was localized (
Intalking to her of intrest of problem. I suggested that someone elses home or started area.  Recommendations:	it could have been something ignored air that was localized a grant air that was localized of she
Intalking to her of intrees of problem. I suggested that someone elses home or started area.  Recommendations:  I recommended that a problem will	it could have been something ignored air that was localized a grant air that was localized again the short should that show that show the short should that show the short show that should that show the short should be shown to show that show the short should be shown to show that show the short should be shown to show the short show the short show the short show that show the short short short show the short short short show the short
Intalking to her of intrees of problem. I suggested that someone elses home or started area.  Recommendations:  I recommended that a problem will	it could have been something ignored air that was localized a grant air that was localized that she had she had she
Intalking to her of intrees of problem. I suggested that someone elses home or started area.  Recommendations:  I recommended that a problem will	it could have been something ignored air that was localized of growth air that was localized of she
Intalking to her of intrees of problem. I suggested that someone elses home or started area.  Recommendations:  I recommended that a problem will	it could have been something ignored air that was localized of growth air that was localized of the short should that show that should that should be again tield that should be a should

#### Application for a Sewage Disposal System Construction Permit Commonwealth of Virginia Health Department For Department Use Only Department of Health Identification Number Map Reference 2-2-002-1 Date Received Health Department To Be Completed By The Applicant □ New ☐ Expanded ☐ Conditional Type sewage system: ☐ Repair FHA/VA ves no Address 301 Space Rd Agent Address Directions to Property 3 miles North on Seneca Rd From intersection of Rt. 193 Section Block \_\_ colonial dutch residence Other Property Identification 2+acres Dimensions/size of Lot/Property \_ Other Application Information I. Building/facility M New ☐ Existing If yes, describe: storage building Intermittent Use ☐ Yes □ No II. Residential Use ☐ Yes M No **Termite Treatment** ☐ Yes □ No \_ Number of Bedrooms ☐ Single Family Basement ☐ Yes □ No Fixtures in Basement ☐ Yes □ No III. Commercial Use Y No ☐ Yes Describe: Commercial/Wastewater Number of Patrons \_\_\_\_ Number of Employees \_ ☐ Yes □ No If yes, give volumes and describe Describe: wel IV. Water Supply: ☐ Public ☐ New ☐ Private P Existing V. Proposed Installation: □ Septic tank and drainfield none If other, describe \_ 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.

Signature of owner/agent

rplementary sheet to be attached to stem construction permit).	State form CHS-200 (Appl	ation for a sevage disposal
ealth Dent. I.D.#	Tax Map # 2-2-002-	Date CHS200 Received /84
ealth Dept. I.D.#  abdivision, Senera Farma	Section 2	Lot //
roperty Address 30/ Senera Rd.	îF.	Zip Code 22066
( # # # # # # # # # # # # # # # # # # #	********	***********
R) Residence (New)		
o. of bedrooms/potential bedrooms sho th in basement Basement fini		hed
wage Disposal: PublicOnsi		
Type II, have pump plans been submi-	tted? Yes No	Date
Type III, give details	•	
ter Supply: (PU) Public (PR) dividual Well: V.P.C. No. N	Ind. Well Oth	er (specify)
****	**********	*************
) Residence, Existing (Additions)		
an of proposed addition reviewed? Yet of existing bedrooms in dwelling	Wumber of bedroom	s to be added O
tal number of bedrooms upon completic isting SDS permits on file: Yes	No Date	enproved 3-5-79
dition to onsite sewage disposal syst	em required? Yes	No /
yes, give details	,em required. res	
scribe rooms in addition DETACHE	& STORAGE BUIL	Ldin6 24 x 24
ter supply: (PU) Public (PR)	Ind. well	Approved YesNo
mer (specify)		
**************	**************	*********************
) Commercial		
pe of facility	1	New Existing
isting SDS permit on file Yes		
of Employees Estimated dai		
dition to existing SDS required? Yes		
ecify additional water usage		
	N City Vos	No (PU)Public
ter Supply New Existing C No. N E	Non-community les_	
. No. N		
*****************	********	*****************
sign Information		
c Rate Depth	Septic tank (salle	ons)
c Rate Depth	Reserve Area Required	1? Yes No .
yes, linear feet Amou	nt of proposed grading i	in drainileid area
lding Permit No 8636360800 a.S. Rece	ipt No. S.T. Rec	ceipt No
erks okay recarbuilt for ieved by H. Owla Det	or Loc	
ieved by H. Owen Dat	e 12-29-86 Title	Jen Son

# FAX COUNTY HEALTH DEPARTMENT ISION OF ENVIRONMENTAL HEALT 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 //
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: PublicPrivate: Public Water Available: Yes No _X
Meets Min. Construction Stds: Yes X No If no, Explain
Sample Collected: Yes No Bacteriological Results: Satisfactory Unsatisfactory
The Water Supply Systems Appears to be: Satisfactory Unsatisfactory
REMARKS:
Sewage Disposal System: Public Private _XPublic Sewer Available: Yes No _XYear System Installed:
Septic Tank and Dist. Box(es) Uncovered: Yes No If Yes, are they Satisfactory: Yes No
Is There An Effluent Pump System: Yes No If Yes, Is It Satisfactory Yes No Not Inspected
Flow Diversion Valve: Yes No N/A Trees, Driveways, Swimming No. S, etc., Over System Yes No
Design Capacity (Per Available Records) Existing: Per Owner 🖫 Per Inspection 🗆
Number of Bedrooms Automatic Washer Garbage Disposal  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.  Sewage disposal system appears to be functioning satisfactorily and with proper maintenance is not likely to create 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 Visual On-Site Inspection.
DATE OF EVALUATION SANITARIAN
DATE OF REVIEW 2-7-92 SUPERVISOR 60 Janua 25

# ENVIRONMENTAL SERVI SECTION REFERRAL FORM

OWNER'S NAME	Glenn hamartin	
SUBDIVISION _	Seneca Farms.	
STREET ADDRESS	301 Seneca Rd. Great Great	Y Talls
TAX MAP REFERE	NCE 2-2-002-11	2204

REFERRAL FROM: ROS	DATE RECEIVED: 3-11-92
ADDRESS	PHONE:
SUBJECT: Update to 5BR 1	005190
RECEIVED BY WMS	
REFERRED TO WMS F	OR INVESTIGATION

DATE	INVESTIGATION REPORT	RESCH	SAN
-11-92	New update form nut in print yet.		
	Needs. 1500 gol. Dramfield surge 976 th and	e	
	FOR IDRATE DESIGN FOR SBR NEEDS 900 # -OK		
	Syptem has a FDV, is mon-commercal,		
	house bruld after 1973, and based in		
	recent evaluation 2-3-92 by JG there		
	was nothing built over SDS and system		
	was functioning satisfactory. Recomme	nd	
d	approval for Epdate to 5BR	complete	martyx
			0

#### Application for a Sepage Disposal System Construction Permit Commonwealth of Virginia Health Department For Department Use Only **Department of Health** Identification Number COUNTY OF FAIRFAX Map Reference RECEIVED Health Department Date Received To Be Completed By The Applicant Type sewage system: ☐ New ☐ Expanded ☐ Conditional ☐ Repair FHA/VA yes no 🛛 Address 301 SENECA KOAD Phone 430 - 944 AMARTIL GREAT FALLS , VA , 22066 Agent W. BRAD & Address 8020 DASPRING CT Phone 569-8222 Directions to Property 3 Miles OUT SEHECA Rd. Subdivision SOMECA FARMS. Section 2 Block 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 1 No Single Family Multifamily Number of Units. **Basement** ☐ Yes □ No Fixtures in Basement T Yes NO III. Commercial Use ☐ Yes □ No Describe Commercial/Wastewater Number of Patrons. Number of Employees ☐ Yes □ No If yes, give volumes and describe \_ IV. Water Supply: Public Public Describe: □ New M Private ☐ Existing V. Proposed Installation Septic tank and drainfield Study If other, describe Cors matin 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. Signature of owner/agent C.H.S. 200 Revised 4/83

TO:	INSPECTION SERVICES DIV	
FROM:	HEALTH DEPARTMENT/ENVIR	RONMENTAL SERVICES SECTION
	NOTIFICATION OF ISSUAN WELL PERMIT	CE OF SEPTIC TANK PERMIT AND/OR
DATE:	3-11-92	
OWNER'S N	Glenn Lamartin	
BUILDING	APPLICATION NUMBER:	92071B0050
		SEC: 2 BLOCK: LOT: 11
	DENTIFICATION: 2-2-00	
		Rd., Great Falls, VA 22066
	CPARTMENT PERMIT #: NA	
PERMIT IS	SUED FOR: [ ] SEWAGE DI	ISPOSAL [ ] WELL [X] OTHER
TO SERVE:	[X] RESIDENTIAL [ ] C	COMMERCIAL [ ] OTHER DESCRIBE:_
To	add a bathroom. NO CHANGE IN	N NUMBER OF BEDROOMS.
	SPOSAL SYSTEM DESIGNED FOR DWELLINGS ARE DESIGNED TO INCLUDE AUT	FOR Four BEDROOMS OR GPD OMATIC WASHER AND GARBAGE DISPOSAL)
REMARKS:		
THE ABOVE TO BE	E FAXED TO PERMITS BRANCH AND ORIGINAL T	O BE ATTACHED WITH PERMIT.
	NOTIFICATION OF	FINAL APPROVAL:
SEWAGE DI	SPOSAL SYSTEM	WATER SUPPLY SYSTEM
APPROVED:		APPROVED:
		SIGNATURE
LIDON FINAL ADDD	OCUAL ONE CODY TO BE EAVED TO COMBINATIO	
UPON FINAL APPR	OVAL, ONE COPT TO BE PAXED TO COMBINATIO	N INSPECTION BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.
		NUMBER OF BEDROOMS AT FINAL INSPECTION:
		STICKER PLACED: INITIALS:





# Fairfax County Soil Evaluation Form

Fairfax County Health Department, Division of Environmental Health

General Information				
Date: 08-12-2020 Project # 202000506				
Applicant: Karen and Glenn Lamartin Telephone No. 571-296-7845				
Address: 301 Seneca Rd, Great Falls, VA 22066				
Owner: Karen and Glenn Lamartin Address: 301 Seneca Rd, Great Falls, VA 22066				
Location 301 Seneca Rd, Great Falls, VA 22066				
Subdivision Seneca Farms Block/Section Sec. 2 Lot 11				
Site Assessment				
1. Purpose of Soil Evaluation: New SDS ☐, 100% Reserve ☐, Relocation ☐, Other <u>Voluntary</u> <u>upgrade</u>				
<ol> <li>Position in Landscape Satisfactory: Yes           No □ Describe Backslope/Sideslope     </li> <li>Site Slope 4%</li> </ol>				
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				
B. 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):				
Name and title of evaluator James LaRosa E.H. Specialist				
Signature Vames Kakosa				

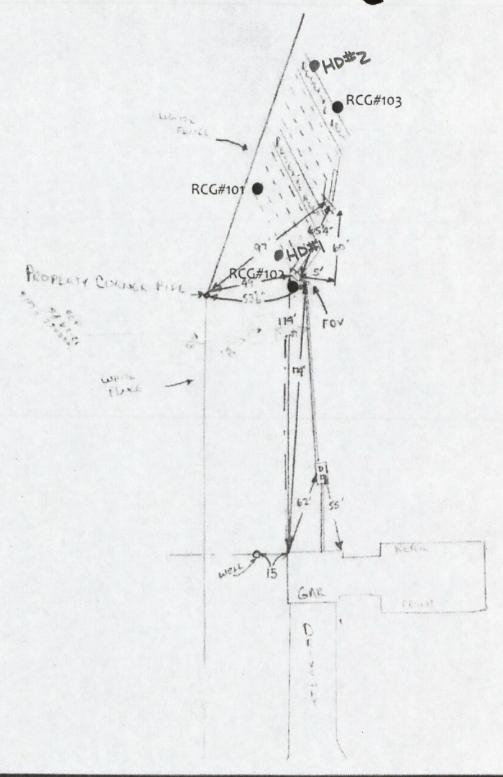
# Profile Description SOIL EVALUATION REPORT

Date of Evaluation 08-12-2020

Health Department Identification No. 202000506

Page 2 of 3

Hole #	Horizon	Depth (in.)	Description of, color, texture, etc.	Texture Group
1 BOR.	Α	0-6"	7.5YR 4/6, loam	IIB
	Bt	6"-22"	5YR 4/6, light silty clay loam	111
	BC	22"-35"	5YR 5/8 loam, micaceous	IIB
e Ale	С	35"-81"	10YR 7/8, 5YR 5/8, 2.5Y 6/8, black (lithochromic), micaceous, loose, silt loam/fine sandy loam	IIB/IIA
3 BOR.	Α	0-7"	7.5YR ¾, loam/silt loam	IIB/III
	Bt	7"-24"	5YR 5/8, clay loam	III
	Bt2	24"-34"	7.5YR 4/6, silty clay loam	III
	С	34"-81"	10YR 7/8, 5YR 5/8, 2.5Y 6/8, black (lithochromic), micaceous, loose, silt loam/fine sandy loam	111/114
		MARK.		



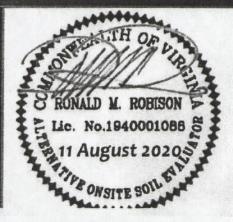
Not To Scale

# 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



ROG

©Robison Consulting Group, LLC 2017



### ONSITE SEWAGE DISPOSAL SYSTEM AND/OR WELL CONSTRUCTIONOUNTY OF FAIRFAX **PERMIT APPLICATION**

			G <b>0 5</b> 2020
Property Address: 301 Seneca Road			
Property City and Zip Code: Great Falls, Virgin		(A)D	
<b>Tax Map Number:</b> 2-2-((2))-11	· · · · · · · · · · · · · · · · · · ·	sidential 🛛 C	ommercial 🗆
Is this a private sector WWSP/OSE/PE submission? Yes ☒ No ☐ ☐	s the W/WSD/OSE/DE nackage	with cover sheet att	ached? Ves V No
Is this application submitted under 163.6? Yes ☐ No ☒ If installi			
Does this property serve as your (owner) principal place of residence		e sites? Yes \(\Boxed{\text{No}}\) No	·
	VICE REQUESTED	siles: les 🗀 No	<u> </u>
	ion Letter	Pump and Hau	
	tion Permit	Voluntary Upg	
	f Existing System	Minor Modifica	
Geothermal Well Subdivisi		Courtesy Inspe	
h-manual h-manual	Existing Well	courtesy map	CCGOII
Number of Bedrooms:		CEWACE DISPO	SAL I
	WATER SUPPLY	SEWAGE DISPOS	
	Is the water supply: Public □ Private ☒	Is the sewage disp Public Priv	ate 🛛
-oundation Chemically Treated? Yes ☒ No ☐ Borate? Yes		Public L. Priv	ale 🔼
	ICANT		
Name: Karen and Glenn Lamartin	Mailing Address: 301 Sen	eca Road	
Phone: (571) 296-7845	Great Fa	lls, Virginia 2206	56
Email: glenn.lamartin@verizon.net		•	
PROPER	TY OWNER	<del> </del>	
Name: Karen and Glenn Lamartin	Mailing Address: 301 Ser	eca Road	•
Phone: (571) 296-7845	Great F	alls, Virginia 220	66
Email: glenn.lamartin@verizon.net			
F COMMERCIAL PROPERTY Estimated Daily Water Usage (	GPD): GPD ca	lculations submitted:	Yes \( \sum \text{No} \( \sum \)
	city Upgrade based upor	· · · · · · · · · · · · · · · · · · ·	
vs. the actual area installed/existing.	ony opgrado based apor	- I Total Guidello II GI	area required
give permission to Fairfax County Health Department to enter on purpose of processing this application—and to perform quality assur	to the property during normal ance checks of evaluations ar	business hours for t d designs until an	the
operation permit is approved.			
Signature ####	Print Name Ronald M	. Robison, AOSE	, LPSS
Date 08/01/2020 Property Ow	ner 🗌 Agent 🛛		
or Department Use Only		<del>.</del>	
Approved by Remarks	Approva	l Date	
Certification Approval Date HSEPTIC 80891085		ect #	
Date Lot Approved Type System	# of Bedrooms	ССС #	— GPD
Perc Rate Depth Septic Tank Gallons	Active Lin.Ft.	Boson	<u> </u>
	1100	<u> </u>	e Lin.Ft.
Suilding Permit Number Fee Amou	int <u>425</u> Receipt	Number ( C.C	

REQUIRED DO	CUMENTATION	
The required documentation for each application type is listed the application is submitted. Please initial that pertinent documents the application is submitted.	below. Please provide all documentation mentation has been provided. Thank you	and fees at the time
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 i	s 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 a	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, t	he 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 th	e applied effluent off the site	
c. Water mounding calculations		
5. Fee provided		
a. Sewage Disposal System with flow of 1000 GPD or less \$310.0	0 VDH cert letter fee	
\$10.00	VDH indemnification fee	
\$200.0	O County SDS application fee	
	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	
\$200.0	O County SDS application fee	
	1600.00 per site	
Repair of Existing System		Applicant Initials
1. Completed Malfunction Assessment Form Check box i	f <b>not</b> applicable	
2. Site and Soil Evaluation Report	f <b>not</b> applicable	
3. Surveyed Property Plat (3 copies) - to include:   Check box i	f <b>not</b> applicable	
a. Metes and Bounds of property b. Soil profile hole loc	ations, perc or K-Sat hole locations	
c. Well location when a private well exists d. Complete SDS desi	gn (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 <b>not</b> applicable	
5. Alternative system design/hydraulic plans	Check box if <b>not</b> applicable	
6. Water mounding calculations if distance to restriction is less than 18"	Check box if <b>not</b> applicable	
7. Pump plans (3 sets)	Check box if <b>not</b> applicable	
8. Fee Provided		<del> </del>
· · · · · · · · · · · · · · · · · · ·	mentation, <b><u>\$425.00</u></b> w/o OSE/PE documentat	cion
b. Sewage Disposal System > 1000 GPD <b>\$1400</b> with OSE/PE docum	entation	

	REQUI	RED DOCUMENTATION	
Construction Permit	==		Applicant Initials
Is this a revised design package? Yes	No 🔀		7.do
1. Site and Soil Evaluation Report			- ANA
2. If new dwelling or renovation is proposed			- KA
3. If Site Grading Plan is required by LDS, p		or proposed copy.  Inveyed property plat must be provided, all to include:	- <del> </del>
a. Metes and Bounds of property	os, a copies of a su	rveyed property plat must be provided, all to include:	1/1/
b. Soil profile hole locations, perc or K-Sa	t hole locations	. Check box if <b>not</b> applicable	
c. Proposed well location and well specific		<del></del>	
d. Complete construction drawing/design			
5. Within 200 feet of the absorption zone of			
		psal systems, existing or proposed buildings	
6. Perc or K-Sat results or Perc Waiver Requ		osal systems, existing or proposed buildings	THE
7. Alternative system design/hydraulic plans		neck box if <b>not</b> applicable	TAND
8. If permeability limiting feature is less tha			7A+>
a. Verification that the site is not flooded	=		R.D
b. Demonstration that there is sufficient h	nydraulic gradient to	o move the applied effluent off the site	- MA
c. Water mounding calculations			- RAK
9. Pump plans (3 sets) if applicable			
10. Is the proposed sewage disposal system	n an alternative des	sign? Yes 🗌 No 🔀	
11. Fee provided		•	
a. If application is within 18 months	of receiving a cer	tification letter, no fee is required unless #10 is y	es, then add \$200
b. If applying under 11a., provide certifica	ition letter.	•	
c. Sewage Disposal System with flow of 10	000 GPD or less	\$215.00 VDH Construction Permit fee	
		\$10.00 VDH indemnification fee	
		\$200.00 County SDS application fee Total \$425.0	
	If #10 is "yes" add	\$200.00 County alternative SDS review fee	
		<u>Total \$625.00 per site</u>	
d. Sewage Disposal System with flow great	ter than 1000 GPD	\$1390.00 VDH Construction Permit fee	
		<b>\$10.00</b> VDH indemnification fee ,	
		\$200.00 County SDS application fee Total \$1600.	<u> </u>
If you are submitting your SGP to HD instead	If #10 is "yes" add	\$200.00 County alternative SDS review fee	
of LDS, provide a min of 4 copies and add \$85.00		Total \$1800.00 per site	
Minor Modification			
A minor modification may include, but is no	t limited to, relocati	ion of sewer line, force main, conveyance line, etc. to me for proposed addition (e.g. pool house) to be connected	et set back to proposed
	ber. The following	must be provided when a minor modification will be made	
i. Metes and Bounds of property			
ii. Well location when a private well ex	ists		
2. Architectural Plans, if applicable			
3. Pump Plans (3 sets if applicable)			•••
4. Fairfax County Building Permit Application	n		•
5. Fee provided			
a. VDH minor modification fee <b>\$100.00</b>	-		
b. If associated with a building permit rev	/iew - add <b>\$85.00</b>		

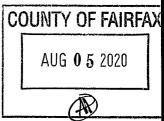
REQUIRED DOCUMENTATION	
Individual Drinking Water Well Geothermal Well Irrigation Well Convert Existing Well	Applicant Initials
1. Surveyed property plat (3 copies) to include:	
a. Metes and Bounds of property	
b. Proposed well location and well design package	
c. Sanitary survey showing any obvious 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	d
Well Abandonment Applicant Initials Well Repair	Applicant Initials
1. Completed 1st page of this application Completed 1st page of this	
2. <b>IF NOT</b> primary residence, add <b>\$500.00</b> fee application with detailed summary of proposed work	
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 <u>VDH</u> Pump and Haul application	
3. Detailed construction schedule for completion of permanent disposal site   Check box if <b>not</b> application.	ble
4. Proof of Bonding not required if emergency 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 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 Fairfa 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 Code, Chapter 68.1: the Individual Sewage Disposal Facilities Code, Fairfax Code, Chapter 70.1: Private Well Water Ordi Handling and Disposal Regulations (12 VAC54-610), the Private Well Regulations (12 VAC5-630), the Regulations for Al Sewage Systems (12 VAC5-613) and all other applicable laws, regulations and policies implemented by the Virginia Department Certify that I currently possess any professinoal license required by the laws and regulations of the Commonweal	inance, the Sewage ternative Onsite artment of Health. I
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 enginee	ering, specifically the
exemption in Code of Virginia Section 54.1-402.A.11	,
Print name Ronald M. Robison, AOSE, LPSS License# 1940001088	Date 08/01/2020
WWSP/OSE/PE Signature	

RCG

# SENECA FARMS SECTION 2 LOT 11 301 Seneca Road

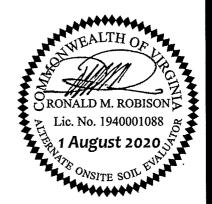
Great Falls, Virginia 22066

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



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

# RCG

# **SENECA FARMS SECTION 2 LOT 11**

301 Seneca Road Great Falls, Virginia 22066 Fairfax County Tax Map #2-2-((2))-11 1 August 2020

# **TABLE OF CONTENTS**

<u>PAGE</u>	DESCRIPTION
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. Greft dated03-05-1979
15-35	FOIA Information and Existing Records Reviewed for property

ATION PACKAGE FOR BEDROOM UPGRADE 301 Seneca Road Great Falls, Virginia 22066 1 August 2020 Page 1 of 35

### ROBISON CONSULTING GROUP, LLC

12541 Basswood Drive Manassas, Virginia 20112 P. 703.590.9404 C. 703.901.4141 rrobison@robisoncg.com

# WASTEWATER SYSTEM REPAIR NARRATIVE SENECA FARMS SECTION 2 LOT 11

301 Seneca Road, Virginia 22066 Fairfax County Tax Map#2-2-((2))-11 1 August 2020

The existing system was designed and permitted in 1978 and installed in 1979 (02-01-1979). The bedroom capacity of the system was based upon the regulations in place at that time and utilized a consumption noted as a four (4) bedroom equivalent. According to the permit, a percolation test was part of the system design, and a design percolation rate for the sizing of the drainfield trench area was shown as a 10MPI rate at 60". The area is specified in the permit of record and is approximately 976 square feet of trench area installed with a trench bottom depth of 60" inches below existing grade. The design includes eight (8) trenches that are two (2) feet wide and approximately 61 feet long. Therefore, the installed system was in fact 976Ft2. The existing system is served by a 1,480-gallon septic tank, a flow diversion valve and two (2) distribution boxes. The system has been inspected by a licensed wastewater system operator and installer who has determined that the existing septic tank and distribution boxes are in satisfactory condition, and that drainfield trenches are functioning satisfactorily. All trenches have been probed as well and each trench noted as being free of saturation. The Owners desire to evaluate and recalculate the installed area and reserve area to establish a bedroom capacity of the system based on current regulations and requirements.

#### PROPOSED RECALCULATION OF BEDROOM CAPACITY

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 are 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.



LICATION PACKAGE FOR BEDROOM UPGRADE 301 Seneca Road Great Falls, Virginia 22066 RUCTION 1 August 2020 Page 2 of 35

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

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  IE 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.  If 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.  Print Name Ronald M. Robison, AOSE, LPSS  Date 08/01/2020 Property Owner Agent Solution Approval Date  Project # Mell Project # Approval Date  HSEPTIC HWELL Project # GPD  Date Depth Septic Tank Gallons Active Lin.Ft. Reserve Lin.Ft.	Property Addre	ess: 301 Seneca	Road	··					
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 \ No \   If installing in an RPA have you included a waiver from LDS? Yes \ No \ Does this population submitted under 163.6? Yes \ No \ No \ Department of the property serve as your (owner) principal place of residence? Yes \ No \ Multiple sites? Yes \ No \ Department of SERVICE REQUESTED    Individual Drinking Water Supply	Property City a	Property City and Zip Code: Great Falls, Virginia 22066							
St his application submitted under 163.6? Yes  No    If installing in an RPA have you included a waiver from LDS? Yes  No    No    Does this property serve as your (owner) principal place of residence? Yes  No    Multiple sites? Yes  No    No    PRRNITO & SERVICE REQUESTED	Tax Map Numb	er: 2-2-((2))-11			Re	sidential 🛛	Commerci	al 🔲	
St his application submitted under 163.6? Yes  No    If installing in an RPA have you included a waiver from LDS? Yes  No    No    Does this property serve as your (owner) principal place of residence? Yes  No    Multiple sites? Yes  No    No    PRRNITO & SERVICE REQUESTED	Is this a private sector WWSI	P/OSE/PE submission	? Yes 🛛 No 🗌	Is the WWSP/O	SE/PE package	with cover sheet at	ttached? Yes	⊠ No□	
Does this property serve as your (owner) principal place of residence? Yes No   Multiple sites? Yes   No   Multiple sites? Yes   No   PERMIT OR SERVICE REQUESTED		· <del>····································</del>							
Individual Drinking Water Supply									
Irrigation Well			PERMIT OR SE	RVICE REQUES	TED				
Geothermal Well   Subdivision   Courtesy Inspection   Courtesy Inspection   Geothermal Well   Subdivision   Courtesy Inspection   Courtesy Inspection   Geothermal Well   Subdivision   Courtesy Inspection   Courtesy Inspect	Individual Drir	king Water Supply	Certifica	ition Letter		Pump and Ha	aul		
Geothermal Well   Subdivision   Courtesy Inspection   Well Repair   Convert Existing Well   Sewage Disposal   State water supply: Is the sewage disposal: Is this a Replacement Well?   Yes   No   Borate? Yes   No   Public   Private   Public   Provate   Public   Public   Provate   Public   Public   Provate   Public   Public   Public   Public   Provate   Public   Pu	Irrigation Well		Constru	ction Permit					
Well Repair				- ·	m	Minor Modific	cation		
Number of Bedrooms: Four (4) Existing/Five (5) Proposed Basement Plumbing Fixtures? Yes No   Is the water supply: Is the sewage disposal: Public   Private   Private   Private   Public   Private   Priv	Geothermal W	ell	<del></del>			Courtesy Ins	pection		
Is the water supply:   Is the sewage disposal:   Public   Private   Public   Public   Private   Public   Private   Public   Private   Public   Public   Public   Private   Public   Public   Public   Public   Public   Public   Public   Publi	Well Repair		Convert	Existing Well				_	
Stitis a Replacement Well?   Yes   No   Borate? Yes   No   No   Borate? Yes   No   No   Borate? Yes   No   Mailing Address: 301 Seneca Road			Proposed	AND DESCRIPTION OF THE PROPERTY OF THE PARTY				]	
Name: Karen and Glenn Lamartin   Mailing Address: 301 Seneca Road					• • •		·		
Name: Karen and Glenn Lamartin  Mailing Address: 301 Seneca Road  Phone: (571) 296-7845  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 \ SummARRY oF PROPOSED WORK  Bedroom Capacity Upgrade based upon recalculation of area required ws. the actual area installed/existing.  If give permission to Fairfax County Health Department to enter onto the property during normal business hours for the surprose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.  Print Name Ronald M. Robison, AOSE, LPSS  Date 08/01/2020 Property Owner Agent   Print Name Ronald M. Robison, AOSE, LPSS  Date 08/01/2020 Property Owner Agent   Property Owner Agent   Approval Date Project #  Date Lot Approved Type System # of Bedrooms GPD Active Lin.Ft.  Date Lot Approved Depth Septic Tank Gallons Active Lin.Ft. Reserve Lin.Ft.	· · · · · · · · · · · · · · · · · · ·				Private 🖾	Public L Pr	ivate 🖾		
Name: Karen and Glenn Lamartin    Mailing Address: 301 Seneca Road	roundation Chemically Treate	ed? Yes IXI No L				·····			
Phone: (571) 296-7845  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  EFCOMMERCIAL PROPERTY  Estimated Daily Water Usage (GPD): GPD calculations submitted: Yes \( \Dailing \) No \( \Dailing \)  SUMMARY OF PROPOSED WORK  Bedroom Capacity Upgrade based upon recalculation of area required  vs. the actual area installed/existing.  If 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.  Print Name Ronald M. Robison, AOSE, LPSS  Date 08/01/2020 Property Owner Agent Separation Approved by Remarks  Approved by Remarks Approved Date HSEPTIC HWELL Project #  Date Lot Approved Type System # of Bedrooms GPD  Perc Rate Depth Septic Tank Gallons Active Lin.Ft. Reserve Lin.Ft.	No	~ .	AFF						
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  IE 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 ws. the actual area installed/existing.  It 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 opperation permit is approved.  Print Name Ronald M. Robison, AOSE, LPSS  Date 08/01/2020 Property Owner Agent Septic Tank Gallons Active Lin.Ft. Reserve Lin.Ft.  Approved by Remarks Approved Type System # of Bedrooms GPD  Perc Rate Depth Septic Tank Gallons Active Lin.Ft. Reserve Lin.Ft.	Name: Karen and Glenn	Lamartin		Mailing Addre	ess: 301 Ser	neca Road			
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  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.  If 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 approved.  Signature  Print Name Ronald M. Robison, AOSE, LPSS  Date 08/01/2020  Property Owner Agent   Approval Date  Lettification Approval Date  HSEPTIC HWELL Project #  Date Lot Approved Depth Septic Tank Gallons Active Lin.Ft. Reserve Lin.Ft.	Phone: (571) 296-7845				Great Fa	alls, Virginia 220	066		
Mailing Address: 301 Seneca Road	Email: glenn.lamartin@	verizon.net							
Phone: (571) 296-7845  Email: glenn.lamartin@verizon.net    GPD calculations submitted: Yes			PROPER	TY OWNER					
Email: glenn.lamartin@verizon.net    Commercial property   Estimated Daily Water Usage (GPD):   GPD calculations submitted:   Yes   No	Name: Karen and Glenn	Lamartin		Mailing Addr	ess: 301 Sei	neca Road			
SUMMARY OF PROPOSED WORK   Bedroom Capacity Upgrade based upon recalculation of area required	Phone: (571) 296-7845				Great F	alls, Virginia 22	.066		
Bedroom Capacity Upgrade based upon recalculation of area required  vs. the actual area installed/existing.  If 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.  Print Name Ronald M. Robison, AOSE, LPSS  Date 08/01/2020 Property Owner Agent   Approved by Remarks Approved by Remarks Approval Date  Detertification Approval Date HSEPTIC HWELL Project #  Date Lot Approved Depth Septic Tank Gallons Active Lin.Ft. Reserve Lin.Ft.	Email: glenn.lamartin@	verizon.net							
Bedroom Capacity Upgrade based upon recalculation of area required  vs. the actual area installed/existing.  If 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.  Print Name Ronald M. Robison, AOSE, LPSS  Date 08/01/2020 Property Owner Agent   Approved by Remarks Approved by Remarks Approval Date  Detertification Approval Date HSEPTIC HWELL Project #  Date Lot Approved Depth Septic Tank Gallons Active Lin.Ft. Reserve Lin.Ft.	IF COMMERCIAL PROPER	TY Estimated Da	aily Water Usage (	(GPD):	GPD ca	alculations submitte	d: Yes □	No □	
Agent Septic Tank Gallons Active Lin.Ft.  Reserve Lin.Ft.  Reserve Lin.Ft.  Reserve Lin.Ft.  Reserve Lin.Ft.		<u> </u>			l				
Approved by Remarks HSEPTIC HWELL Project # Certification Approved Type System # of Bedrooms GPD  Perc Rate Depth Septic Tank Gallons Active Lin.Ft. Reserve Lin.Ft.				o F8			1		
purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.  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.									
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.	purpose of processing this a	pplication and to per	tment to enter or form quality assu	rance checks of	evaluations a	nd designs until an			
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.	Signature			Print Nam	e Ronald M	I. Robison, AOS	E, LPSS		
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.	Date 08	8/01/2020	Property Ov	vner 🗌 Ag	ent 🛛				
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.	For Department Use Only	·							
Date Lot Approved     Type System     # of Bedrooms     GPD       Perc Rate     Depth     Septic Tank Gallons     Active Lin.Ft.     Reserve Lin.Ft.	Approved by Rema	rks			Approv	al Date			
Perc Rate Depth Septic Tank Gallons Active Lin.Ft Reserve Lin.Ft.	Certification Approval Date	HSEPTIC	***************************************	HWELL	Pro	ject #			
	Date Lot Approved	Type Sys	tem	# of Be	drooms	_	GPI	)	
	Perc Rate Depth	Seption	Tank Gallons	A	ctive Lin.Ft.	Rese	rve Lin.Ft.		
	Building Permit Number				Receipt	Number			

	ı	
V		

REQUIR	ED DOCUMENTATION	
The required documentation for each application type is the application is submitted. Please initial that pertinen	listed below. Please provide all documentation to the documentation has been provided. Thank you.	and fees at the time
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 priva	ate well is proposed)	
d. Within 200 feet of the absorption area the following must b	pe shown: existing or proposed wells,	
springs, cisterns or sewage disposal systems, existing or pi	roposed 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 reserv	e 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 s	surface, the following must be provided:	•
a. Verification that the site is not flooded during the wet seaso	on	
. 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 $\ensuremath{GPD}$	\$1390.00 VDH cert letter fee	
	\$10.00 VDH indemnification fee	
	\$200.00 County SDS application fee	
	<u>Total \$1600.00 per site</u>	
Repair of Existing System		Applicant Initials
Completed Malfunction Assessment Form     Che	eck box if <b>not</b> applicable	
2. Site and Soil Evaluation Report Ch	eck box if <b>not</b> applicable	
3. Surveyed Property Plat (3 copies) - to include: Ch	eck box if <b>not</b> 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,		of the absorption area
4. Perc or K-Sat results or Perc Waiver Request	Check box if <b>not</b> applicable	
5. Alternative system design/hydraulic plans	Check box if <b>not</b> applicable	
6. Water mounding calculations if distance to restriction is less	than 18" Check box if <b>not</b> applicable	•
7. Pump plans (3 sets)	Check box if <b>not</b> applicable	
8. Fee Provided		· · · · · · · · · · · · · · · · · · ·
a. Sewage Disposal System ≤ 1000 GPD <b>\$225.00</b> with OSI	E/PE documentation, <b><u>\$425.00</u></b> w/o OSE/PE documentat	ion
b. Sewage Disposal System > 1000 GPD <b>\$1400</b> with OSE/	PE documentation	

LICATION PACKAGE FOR BEDROOM UPGRADE 301 Seneca Road Great Falls, Virginia 22066 1 August 2020 Page 4 of 35

	X KEQUII	KED DOCUMENTATION	
Construction Permit			Applicant Initials
	No		z.b
1. Site and Soil Evaluation Report			ANK.
2. If new dwelling or renovation is proposed	•		- RAF
3. If Site Grading Plan is required by LDS, pr		or proposed copy.  rveyed propertaplat must be provided, all to include:	
a. Metes and Bounds of property		ric) cu propor	
b. Soil profile hole locations, perc or K-Sat	hole locations	Check box if <b>not</b> applicable	
c. Proposed well location and well specific	ations (when a priv	vate well is proposed)	
d. Complete construction drawing/design	of proposed sewag	e system, including all elevations.	•
5. Within 200 feet of the absorption zone or	treatment unit the	following must be shown:	
		osal systems, existing or proposed buildings	
6. Perc or K-Sat results or Perc Waiver Requ	- N		Ref.
7. Alternative system design/hydraulic plans		neck box if <b>not</b> applicable	RE
8. If permeability limiting feature is less than	n 18" from ground	surface, the following must be provided:	
a. Verification that the site is not flooded of	during the wet seas	son	Ref.
<b>9.</b> Demonstration that there is sufficient h	•		RE
c. Water mounding calculations	, areano grantino de		TAKE T
9. Pump plans (3 sets) if applicable			₹« <del>‡</del>
10. Is the proposed sewage disposal system	an alternative dec	sian? Yes No	<b>TAP</b>
11. Fee provided	i dii dicerridave des	ign: 103 /10	
· ·	of receiving a cer	tification letter, no fee is required unless #10 is y	res then add \$200
b. If applying under 11a., provide certificat	_	anadon letter, no ree is required unless #20 is y	cs, then add \$200
c. Sewage Disposal System with flow of 10		\$215.00 VDH Construction Permit fee	
,		\$10.00 VDH indemnification fee	
		\$200.00 County SDS application fee Total \$425.0	n Rot
·	If #10 is "yes" add	\$200.00 County alternative SDS review fee	
		Total \$625.00 per site	
d. Sewage Disposal System with flow greate	er 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	If #10 is "yes" add	\$200.00 County alternative SDS review fee	
of LDS, provide a min of 4 copies and add \$85.00	<u> </u>	Total \$1800.00 per site	
Minor Modification			
A minor modification may include, but is not	: limited to, relocati	ion of sewer line, force main, conveyance line, etc. to me for proposed addition (e.g. pool house) to be connected	et set back to proposed
relocation of septic tank and/or pump chaml	ber. The following	must be provided when a minor modification will be ma	
1. Surveyed Property Plat (3 copies) - to incl	lude:		
i. Metes and Bounds of property     ii. Well location when a private well exit	ctc		
Architectural Plans, if applicable	303		•
3. Pump Plans (3 sets if applicable)			
4. Fairfax County Building Permit Application	1		
5. Fee provided			
a. VDH minor modification fee <b>\$100,00</b>			·
b. If associated with a building permit revi	iew - add \$85.00		

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

of 35

	REQUIRE	D DOCUME	NTATION	<b>J</b>	1 Au	gust 2020 Page
Individual Drinking Water Well	Geothermal Well	Irrigation	Well Co	nvert Existing Wel	I A	pplicant Initials
1. Surveyed property plat (3 copies) to in-	clude:					
a. Metes and Bounds of property						
b. Proposed well location and well desig	n package					
c. Sanitary survey showing any obvious within 200ft of the proposed private v	<del>-</del>	rous substanc	es			
d. All recorded easements						
2. Fee provided - <b>\$500.00</b> If this is a 1	replacement well at th	ne applicant	's primary re	esidence, no fee is re	quired	
Well Abandonment	Applicant In		Well Re		<del></del>	Applicant Initials
Completed 1st page of this application			Completed 1	st page of this		
2. IF NOT primary residence, add \$500.	.00 fee		application v	vith detailed proposed work		. , , , , , , , , , , , , , , , , , , ,
	Pump and Haul application	n must be sig			.   7	Owner's Initials
Copy of contract with a licensed Sewage		ii iiiust be sig	neu anu mua	led by property owner	· L`	OVVIICE O TITULOS
Copy of VDH Pump and Haul application	-					
		nacal cito	Г	Check box if <b>not</b> ap	pplicable	
3. Detailed construction schedule for com		-	_		· p	
3	d if <u>emergency</u> pump and					
5. Completed Malfunction Assessment Fo						
<ul><li>6. Plans, specifications, fees and other da</li><li>7. Owner gives FCHD permission to inspe</li></ul>				on of the numn and h	aul	
Voluntary Upgrade	ect property during norma	ai business no	ouis for durati	on the pump and no		Applicant Initials
	764 3 Es	a arouidad v	1000 CDD #3	225	<u> </u>	Applicante Imagis
<ol> <li>Completed 1st page of this application</li> <li>Call 703-246-2201 to schedule a</li> </ol>		•	1000 GPD - <b>\$2</b>			
	CONSULTATION		000 GPD - <b>\$1</b> 4			
Courtesy Inspection					<u></u>	Applicant Initials
1. Site and Soil Evaluation Report						• • • • • • • • • • • • • • • • • • • •
2. Describe the site or soil feature you ha	eve identified as marginal	l or questiona	ble:			
3. What is the question to be discussed?						
		··- ·· · · · · · · · · · · · · · · · ·				
		-				
Contiguation Chatanant   If the	certification statement on the	evaluation and	l/or design cont	ains the references to the	Fairfax Co	ounty Code (as below) i
Certification Statement addition	on to 610, 613, and 630 then	the evaluator/	designer does n	ot have to complete this s	section.	
I hereby certify that the evaluations and/ Code, Chapter 68.1: the Individual Sewa Handling and Disposal Regulations (12 V Sewage Systems (12 VAC5-613) and all of further certify that I currently possess an	ge Disposal Facilities Cod AC54-610), the Private V other applicable laws, reg ny professinoal license red	le, Fairfax Co Well Regulatio gulations and quired by the	de, Chapter 79 ons (12 VAC5- policies imple laws and regu	0.1: Private Well Wate 630), the Regulations mented by the Virginia ulations of the Commo	r Ordinan for Altern a Departm	ce, the Sewage native Onsite nent of Health. I
issued by the applicable agency charged  The work attached to this					ngineering	,, specifically the
exemption in Code of Virg	jinia Section 54.1-402.A.	11				
Print name Ronald M. Rob	oison, AOSE, LPS	<u>S</u>	_ License	# <u>1940001088</u>	Dat	te 08/01/2020
(	AMM )	ı				
WWSP/OSE/PE Signature	4711	>				

# -RCG-

# AOSE CONSTRUCTION PERMIT ACLICATION PACKAGE FOR BEDROOM UPGRADE 301 Seneca Road Great Falls, Virginia 22066 1 August 2020 Page 6 of 35

**OSE/PE Report For:** 

Construction Repair Permit	Voluntary Upgrade Permit	Certification Subdivision Letter Approval		
Property Location: 911 Address: 301 Seneca Road		<sub>City:</sub> Great Falls		
	Subdivision SENEC			
0.0 ((0)) 44	Health Dept ID #			
	Longitude 77 <sup>0</sup>	i		
Applicant or Client Mailing Address:  Name: Karen and Glenn Lamartin				
Street: 301 Seneca Road	N.C. winds	00000		
City: Great Falls	<sub>State</sub> Virginia	Zip Code 22066		
Prepared by:  OSE Name Ronald M. Robison, AOSE, LF  Address ROBISON CONSULTING GROU				
	<sub>State</sub> Virginia			
PE Name		<u> </u>		
Address				
City		Zip Code		
Date of Report 1 August 2020	Date of Re	vision #1		
OSE/PE Job # RCG20200609	Date of Re	vision #2		
Contents/Index of this report (e.g., Site Evaluation Sur	nmary, Soil Profile Descriptions,	Site Sketch, Abbreviated Design, etc.)		
SEE TABLE OF CONTENTS				
Certification Statement I hereby certify that the evaluations and/or designs contain the Sewage Handling and Disposal Regulations (12 VAC5-613 Alternative Onsite Sewage Systems (12VAC5-613) and all or Department of Health. I further certify that I currently poss Commonwealth that have been duly issued by the applicable of the exemption in Code of Virginia Section 54.1-40 I recommend that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the second of the commonwealth that a (select one): construction permit to the commonwealth that a construction permit to the construction permit to the commonwealth that a construction permit to the construction permit to the construction permit	1.0), the Private Well Regulations ther applicable laws, regulations ess any professional license requile agency charged with licensure and ucted under an exemption to 12.A.11	(12 VAC5-630), the Regulations for and policies implemented by the Virginia lired by the laws and regulations of the to perform the work contained herein.  the practice of engineering, specifically		
OSE/PE Signature	Date	1 August 2020		

AOSE CONSTRUCTION PERMIT API

ATION PACKAGE FOR BEDROOM UPGRADE

301 Seneca Road Great Falls, Virginia 22066

# Commonwealth of Virginia

1 August 2020 Page 7 of 35 VDH Use only Application for: ✓ Sewage System □ Water Supply Health Department ID# Due Date Owner Karen and Glenn Lamartin Phone (571) 296-7845 Mailing Address 301Seneca Road Great Falls, Virginia 22066 Phone (703) 901-4141 Agent Ronald M. Robison, AOSE Mailing Address ROBISON CONSULTING GROUP, LLC 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. \_ Section 2 Block N/A Lot 11 Subdivision SENECA FARMS Other Property Identification 301 Seneca Road Dimension/Acreage of Property 2.0 AC Tax Map 2-2-((2))-11 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. Voluntary Upgrade Repair Permit Construction Permit ✓ Certification Letter Proposed Use: Single Family Home (Number of Bedrooms  $5^{1}$ ) Multi-Family Dwelling (Total Number of Bedroom Recalculated to be a Five (5) Bedroom System Multi-Family Dwelling (Total Number of Bedrooms Other (describe) Fixtures in Basement Yes No Basement? Yes No Walk-out Basement? Yes No If yes, which conditions do you want? Conditional permit desired? ■Yes No 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 Is the water supply Existing or Proposed? Will the water supply be Public or ✓Private? If yes, will the old well be abandoned? Yes No If proposed, is this a replacement well? Yes No Will any buildings within 50' of the proposed well be termite treated? Yes No All Applicants If yes, is the OSE/PE package attached? 

✓ Yes 

No Is this a private sector OSE/PE application? 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

Signature of Owner/ Agent

1 August 2020

Date

LICATION PACKAGE FOR BEDROOM UPGRADE 301 Seneca Road Great Falls, Virginia 22066

1 August 2020 Page 8 of 35

## ROBISON CONSULTING GROUP, LLC

12541 Basswood Drive Manassas, Virginia 20112

(703) 901-4141 rrobison@robisoncg.com

Disinfection

Form 14				<del>                                     </del>		ī
					VDH Use Only.	
<b>Condition As</b>	caccma	mt		HDII	N:	
Condition As	30331110	ш		VPD	ES GP:	
Owner and Applicat	ion Inform	ation Repa	ir √Voluntar	y Upgrade		
Name: Karen and				Phone Nun	nber: (571) 296-	7845
Address: 301 Sene	ca Road	Great Falls.	Virginia 22		(3) - ( = 5 -	7-17
Email: glenn.lama	artin@ve	rizon.net	<b>Q</b>			
System Location						
Address: 301 Sene	eca Road	Great Falls	s. Virginia 2	2066		
Tax Map/GPIN #: 2-	2-((2))-11	<u> </u>	<del>// / / / / / / / / / / / / / / / / / /</del>	2000		
Subdivision:SENECA			Blo	ck: N/A	Lot: 11	
					n the Right at 301 Seneca Road.	
				· · · · · · · · · · · · · · · · · · ·		
System File Informa	tion					
Permit Type: 🗹 On		al 🔲	Stream Disch	arging System	1	
Property Type: RES				0 0		
Permitted Design Flo	ow:	600 gpd			drooms: Four (4)	
System Type: Y Co	nventional	☐ Alternati	ve If Alternati	ive, Treatment	Mfg. & Model:	
Dispersal Method:	☑ Gravity	□ Pump to	Gravity 🔲	LPD 🗖 Drip	)	
Dispersal Media:	Gravel	☐ Gravelless	Material	Tire Chips D	☐ Sand	
Gravelless Type:		Notes	3:			
☑ Attach a Copy of A	As-built dra	wing or drawi	ng of system la	iyout		•
<b>Existing System Eva</b>	luation					
			,			
Failure Observed or re	eported by o	owner: 🗆 Yes	🖫 🗹 No: 🗖 Ba	ckup into hon	ne   Effluent on the ground s	surface
If failure observed or	reported by	owner REPA	IR nermit RE	OTHRED.		
1			-	_	P - L	
Number of Occupants	:: <u>I WO (</u>	2)	Date S	ystem Installe	d: February 1979	
			<b>C</b>	: 37 1 £T	Equr(4)	
Current Use: KESIL	ENHAL		Curren	it Number of i	Bedrooms: Four (4)	
Has property been occ	i-d damie		daurenia do R	7 V N	T_	
has property been occ	cupiea aurn	ng previous 50	day periou?	M Yes L I	No	
Garhage Dienosal	Vac II	No Water	Softanar	Vac W No.	Jacuzzi/Hot Tub:	V No
Garbage Disposar.	1 169 -	ino maios	Softener.	108 110	Jacuzzi/Hot Luo. 🗀 105	E NO
Date of Last Sentic Ta	ank Piimn (	nite July 20	Date α	of Last Operate	or Visit July 2020	
Dutt of Later September 2.	ame i amip	, <u> </u>	20	T Dubi Operation	or vibit <u>Jary 2020</u>	
Component Status (p	lace check	under appropr	riate box)			
Component	Present	Inspected	Functional	Non-	Observations/Comments	
				Functional		
Sewer Line	<b>\</b>		<b>V</b>		Existing and not inspected.	,
Septic Tank		<b>\</b>	<i></i>		Existing linspected during/after	nump-out.
Septic Tank Tees	<b>V</b>	<b>V</b>	<b>V</b>		Existing. Inspected during/after	
Treatment Unit					None	pump vace
Pump Chamber	7				None	
Pump			<u> </u>		None	

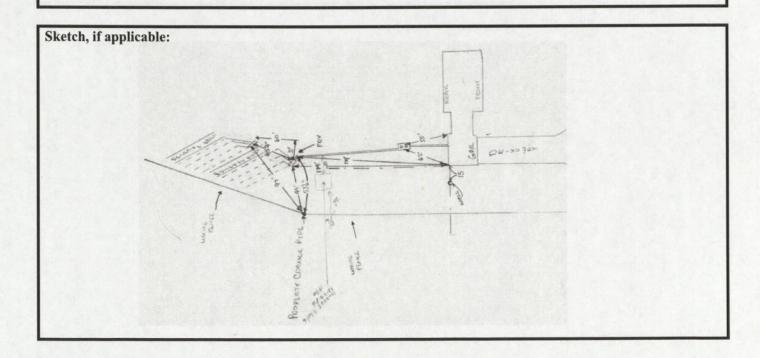
None

T

Form 14

OIIII 1 T				1480_01
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			<b>一位,这种</b>	
Other			Calmidan 2 fery	
<b>Additional Analyses</b>				
Analysis	Needed	Conducted	Observations/Co	omments
Flow	THE REAL PROPERTY.			
Wastewater Sample				
Dye Test				
Other				
			THE PERSON NAMED IN	

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.



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 2020

Professional License Type and Number: AOSE License #1940001088

**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): <u>Five (5)</u>
Conveyance Method <sup>1</sup> : <b>Gravity</b> Dis	stribution method <sup>2</sup> (specify): <b>Gravity via D-Box</b>
Dispersal system basis <sup>3</sup> Table 5.4 of SHDR	LGMI required? No (Yes/No)
Effluent quality required: Primary	(Primary, Secondary, Advanced Secondary)
Square feet per bedroom: 180 Ft <sup>2</sup>	Total trench bottom area required: 900 Ft <sup>2</sup>
<sup>1</sup> Gravity, pump, siphon <sup>2</sup> Enhanced flow, LPD, or Drip Dispersal <sup>3</sup> Table 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 required44'	Total trench bottom area provided: 976 Ft <sup>2</sup>
The required width is calculated by multiplying the conferenches and adding 1 trench width plus any requiracross the length of the site the trenches will need to this occurs it is necessary to use a center-to-center spanot be able to fit the system within the approved area available, especially up and down the slope, than is re-	red reserve area. If the topography is not uniform flare apart on one end to maintain contour. When acing that accounts for the flair or the installer will. It is perfectly acceptable to have more area

## **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 Method <sup>1</sup> : <b>Gravity</b>	Distribution method <sup>2</sup> (specify): <b>Gravity via D-Bo</b> x
Dispersal system basis <sup>3</sup> 12 VAC 5-610 a	nd 613 LGMI required? No (Yes/No)
Effluent quality required: Advanced Se	econdary <sup>1</sup> (Primary, Secondary, Advanced Secondary)
Square feet per bedroom: 80 Ft²	Total trench bottom area required: 400 Ft² Minimum
<sup>1</sup> Gravity, pump, siphon <sup>2</sup> Enhanced flow, LPD, or Drip Dispersal <sup>3</sup> Table 5.4 of SHDR or identify the GMP used	<sup>1</sup> Loading Rate = 2.5 GPD/Ft <sup>2</sup>

Area Calculations		
Number of trenches (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	Total trench bottom area provided: _	488 Ft <sup>2</sup>
The required width is calculated by multiplying the conference and adding 1 trench width plus any required across the length of the site the trenches will need to fit this occurs it is necessary to use a center-to-center spannot be able to fit the system within the approved area, available, especially up and down the slope, than is re-	ed reserve area. If the topography is not lare apart on one end to maintain contacting that accounts for the flair or the it.  It is perfectly acceptable to have more	ot uniform our. When nstaller will

# -RCG-

## Site and Soil Evaluation Report

	VDH Use Only	
HDIN: _		

General Information							
Date: 11 August 2020 Fairfax County Health Departmen	ıt						
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							
<ol> <li>Position in landscape satisfactory: ■ Yes □ No Describe landscape position: South sloping sideslope</li> <li>Slope: 4 %</li> <li>Depth to rock/impervious strata: Max in. Min in. ■ Not observed</li> </ol>							
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 evaluate 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 square feet of absorption area for primary and							
reserve (if applicable).							
☐ Site disapproved: Reasons for rejection (check all that apply)							
<ol> <li>Position in landscape subject to flooding or periodic saturation.</li> <li>Insufficient depth of suitable soil over hard rock.</li> <li>Insufficient depth of suitable soil to seasonal water table.</li> <li>Rates of absorption too slow.</li> <li>Insufficient area of acceptable soil for required absorption area, and/or reserve area.</li> <li>Proposed system too close to well.</li> <li>Other (specify)</li> </ol>							
This form contains personal information subject							

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

RONALD M. ROBISON
No. 3401000273
711 August 2020

RUNALD M. ROBISON
Lic. No.1940001088
11 August 2020

LE ONSITE SOIL

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.

Hole #	Horizon	Depth (Inches)	See Construction Permit		
101			Dark Brown (7.5YR 3/4) Loam, Slightly Moist	Group	
	Bt	06-23"	Reddish Brown (5YR 5/4) with Strong Brown (7.5YR 5/6) Loam, Dry	- 11	
	C1	23-40"	Yellowish Brown (10YR 5/6) Fine to Coarse Sand Loam with occasional quartz, Friable, Dry		
	C2	40-72"	Reddish Brown (5YR 4/4) and Strong Brown (7.5YR 4/6) Friable Fine Sand Loam, Loose, Dry	lla	
CLUS VILLE	Balling Her	816	MALL LONG		
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	11-111	
	C1	30-48"	Yellowish Brown (10YR 5/6) with Strong Brown (7.5YR 4/6) Friable to Loose, Dry	lla	
	C2	48-72	Reddish Brown (5YR 4/4) to Yellowish Brown (10YR 5/6) and Strong Brown (7.5YR 4/6)	lla	
		81"	Silt Loam to Fine Sand Loam, Friable, Dry - Some Quartz in Bottom of Boring		
103	Ae	0-06"	Dark Yellowish Brown (10YR 4/6) Silt Loam, Friable, Dry	- 11	
	Bt	06-24"	Strong Brown (7.5YR 4/6) Silty Clay Loam, Firm to Friable, Slightly Moist	11-111	
	C1	24-52"	Yellowish Brown (10YR 5/6) with Strong Brown (7.5YR 4/6) Silt Loam to Fine Sand Loam, Dry	lla	
	C2	52-72	Reddish Brown (5YR 4/4) and Yellowish Red (5YR 5/6) Fine Sand Loam, Loose, Dry	lla	
		81	0/		
		P	0/6/200		
			SALTH OF VIOLE STATE		
			RONALD M. ROBISON ROBISON ROBISON		
			No. 3401000273 Lic. No.1940001088		
			611 August 2020 2 11 August 2020		
			Con the same		
			ONSITE SOL		
			*******		
REMA	RKS:				

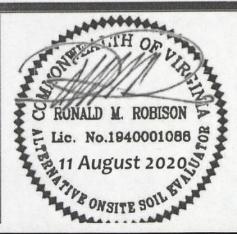
RCG#103 WHITE RCG#10 PROPERTY CORNER PIPE WATE GAYL 0

## SKETCH PLAN SENECA FARMS SECTION 2 LOT 11

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

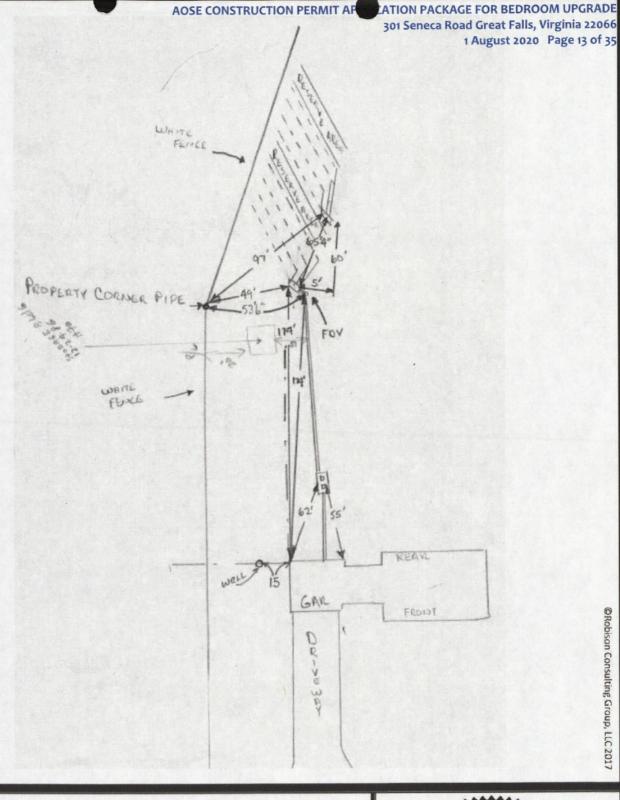
## ROBISON CONSULTING GROUP, LLC

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



©Robison Consulting Group, LLC 2017

RCG-

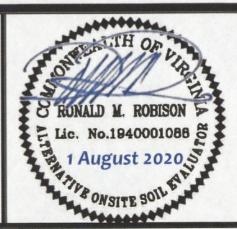


## SKETCH PLAN SENECA FARMS SECTION 2 LOT 11

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

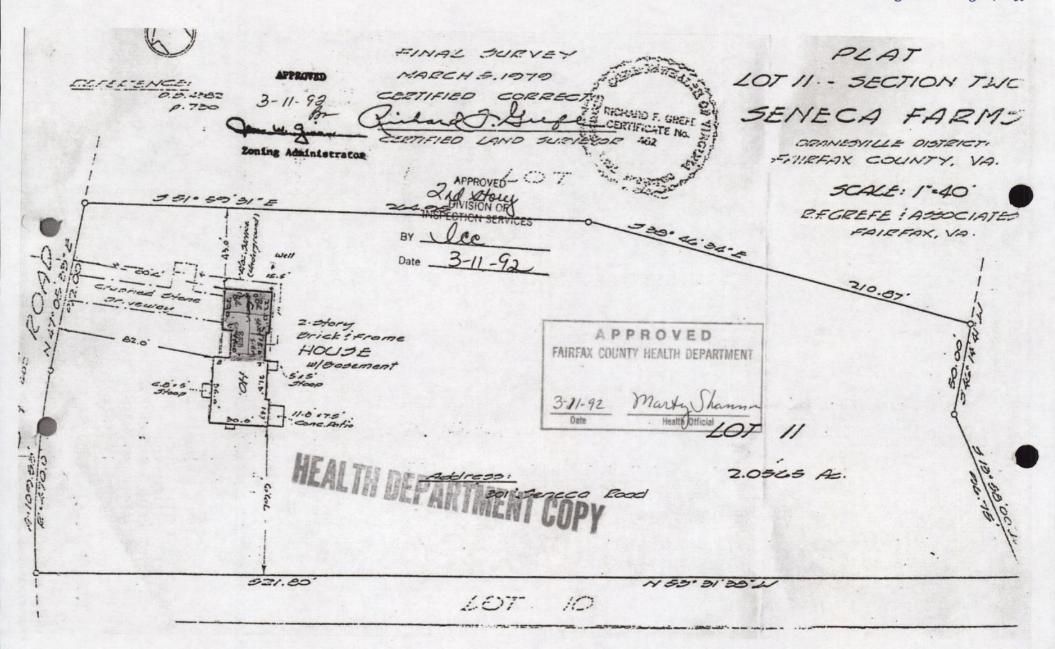
## ROBISON CONSULTING GROUP, LLC

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



ROG

**Not To Scale** 



### AOSE CONSTRUCTION PERMIT API

ATION PACKAGE FOR BEDROOM UPGRADE 301 Seneca Road Great Falls, Virginia 22066 1 August 2020 Page 15 of 35

DIVISION OF INSPECTIONS

4/13/78 DATE:

FROM:

HEALTH DEPARTMENT

RE:

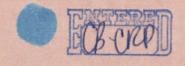
NOTIFICATION OF ISSUANCE OF SEPTIC TANK PERMIT AND/OR WELL PERMIT

OWNER'S NAME: Glenn and Kare	en Lamartin						
BUILDING APPLICATION NUMBER: 480	0235						
SUBDIVISION: Seneca Farms							
TAX MAP IDENTIFICATION AND ADDRESS:							
	301 Seneca Road, Great Falls 22066						
HEALTH DEPARTMENT PERMIT #	78-273						
SEWAGE DISPOSAL PERMIT ISSUED FOR:							
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:							
	TATE EACH TIME A PERMIT IS ISSUED. ONE COPY BY TO ELECTRICAL INSPECTION BRANCH. RETAIN						
NOTIFICATION OF FINAL APPROVAL:							
SEWAGE DISPOSAL SYSTEM	WATER SUPPLY SYSTEM						
APPROVED: 3-5-29							
' ENTERED MAR 0 5 CCO	(SIGNATURE)						

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

149/3-18-74





301 Seneca Road Great Falls, Virginia 22066 1 August 2020 Page 16 of 35

ENVIRONMENTAL SERVICE SECTION REFORT

OWNER'S NAME Katery

Paren Hamartin

UNDER 1390

SUBDIVISION Jeneca Yarm

STREET ADDRESS 301 Junea Rd Qy 22066

TAX MAP REFERENCE 2-2-002-11

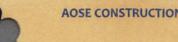
	860-1030 (0) 1	130-9	442(H
DATE	RECORD OF REMARKS AND VISITS	RESCH	SAN.
2/27/89	Rt Ws - Chemical - Lead	3/2	RMS
	Use tap in front to right of family		
	room door.)		
3-2-89	no background information given		
	and I did not reach the owner Samples		
	Pollected from outside tap as in the request	1/1/2	
	for lead, Sion, Ca Hardness totalk. PA		4.16
	also for bacteriological analysis. Jailty to		
	Contact theorem Holdfor results.	Holel	Rms
5-7-89	ms. Jamaitin Called me and said		
	they had not hadthivell tested about 10 years		
	and That she had a son with learning distribution		
	She would to rule out lead as a factor in	-Analys	
	this setuation so she had made the request for		
	a level sample. The results are not back from	11.1	0.1-
2	the lob yet Bock results Satis	Hold	Eng
3-9-89	head result collected after 3 minute Rem 20.001Mg	Hold	ens
11, 90	Still awaiting other chemical results	Hoco	1
7600	Chamical results Sion 0.18 mg PH 6.2		100
	Tead (initial flow) 0.004 mg/l Tat Alk. 16mg/		
	Os Hordness 15 mg/l lead after 3 minutes 0.001		
3-2189	Sloff word for me Samarten for call me		Enf
HD-EH-6		worlts lile	Rind



WATER SUPPLY

AOSE CONSTRUCTION PERMIT AP ATION PACKAGE FOR BEDROOM UPGRADE 301 Seneca Road Great Falls, Virginia 22066 1 August 2020 Page 17 of 35

County/City Patrfax County		Date	Case No.
Proposed  Record of Inspe	ection	Public Quasi - Public	Non-Public Drinking
Owner Glen & Karen LaMartin		Springfield Vill D	Phone 451-1690 H 692-0375 0
Occupant Exact Location Seneca Road SENECA		(Mailing Address) 2-2-002-11 SEC 2	Phone
of Fleilises		eet or Road Name, Section o	
TYPE CUSTOMERS: Community  TYPE SOURCE PROPOSED: TOTAL PROPOSED ULTIMATE CONNECTIONS: TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES TOTAL PROPOSED PRESENT CONNECTIONS: TOTAL PROPOSED PRESENT POPULATION SERVED:	S) SERVED:		
* Notify Division of Engineering (Regional Engineer) of in			生, 医微点性 化二氯甲基甲基酚
AN INDIVIDUAL WATER SUPPLY  Dug Well  Service Station  Other	FOR Home		☐ Driven Well ☐ Bored Well ☐ Trailer Court ☐ Motel
If a new supply, inspect for compliance with standards. I	If an existing supply,	turnish as much information a IS PUBLIC WATER SU OMMUNITY SYSTEM	
TROUT / TROUT	INSPECTION		
(1) WATERSHED Surface Drainage away from source in  Yes No. Distance Source from possible cau nation Sewer Line feet. Type of material Line Septic Tank	used in Sewer	(Kind of Mater ☐ Yes ☐ No. If no,	Opening in Cover watertight explain PRESS ADAPTER
Seepage Pitfeet. Subsurface Absorption point)feet. Other Note any serious obstacles in watershed on back of f  (2) TYPE OF SOIL FORMATION     Tight Clay	form.	(7) PUMP LOCATION	Deep Well. Length of Drop Pipe gallons per minute.  In Well Over Well Offset.
□ Sandstone □ Other □ (Describe)  (3) CLASSIFICATION OF WELL □ Type - 1 □ Type - 2B □ Type - 3 □ Other  (4) CONSTRUCTION DETAILS Total depth 260  Diameter □ 1000 per of casing 200  Depth of casing 90 feet. Exterior space sealed with □ Concrete grout to depth of □ Poured in place □ Pumped in under pressure backfill □ to depth of □ casing extends □ inches above ground.	Upscribel cargund casing feet.  Other type	Pump room located Pump room drained by surface to ground or other impervious ma extending at least 24 Yes No. Pum Sanitary Well Seal in ca (8) TYPE OF STORAGE	gravity through 4 - inch or larger pipe to Yes No. Pump platform of concrete terial, at least 4 inches thick at casing, inches in all directions, sloped to drains p mounting watertight Yes No. sing and properly vented Yes No. Pressure Gravity, Capacity overflow pipe screened Yes No.
THIS WATER SUPPLY SYSTEM IS	Recommended  Approved  REK	by FAIRFAX CO	Div. Engineering Health Department
X 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		2-11-29	1.1180
DateApproved	D	ate Approved	(Reviewing Authority-Other Ajency or





	•	r	•		
				-	
			w,	н	

DIVISION OF INSPECTION SERVICES

ELECTRICAL IMSPECTIONS 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:

OWNERS NAME: Gien & Karen Lamartin	
TAX MAP IDENTIFICATION AND ADDRESS:	TM: 2-2-002-11 SEC II Lot 11
	301 Seneca Road Great Falls 22066
ENTERED MAR 1 C 1979	
	410.072
HEALTH DEPARTMENT PERMIT NUMBER:	€78-273

## RECORD O NSPECTION-SEWAGE DISPOS SYSTEM August 2020 Page 19 of 35

AOSE CONSTRUCTION PERMIT AP ATION PACKAGE FOR BEDROOM UPGRADE

Owner Glen & Keren LaMartin 7922	Date Case No 14472
Address	Springfield Vill Dr. Phone 451-1690 (H) ngfielding Wadres 22152 Phone 692-0375 (0)
OccupantAddress	Phone
Exact Location 301 Seneca Road SENECA PARMS (Subdivision, Street or Road)	(Mailing Address)  TM: 2-2-002-11 SEC II LOT 11  and Name. Section or Lot No.)
Installed according to Permit Design Yes No. Distance to Disposal System (Use For	PLY INSPECTION  o nearest House Sewer 50 feet. Distance to nearest Sewage m LHS-143 for Detailed inspection of Water Supply Reference Materials.)
Allotted Area adequate nearest lot lines feet. Water Supplies feet. Buildings feet.  Water Supplies feet. Buildings feet.  (2) INSTALLATION AND DESIGN Installed according to Permit Design feet. 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 Kind of Material feet. Width feet. Liquid Depth feet. Depth of Air Space inches. Inside Fittings comply with requirements Yes No.	SYSTEM INSPECTION  (6) DISTRIBUTION BOX TOW  Watertight and equal surcharge to each line by Water Test  Yes No. Distribution Box provided with (1/2)  extra outlets for future use.  (7) SUBSURFACE ABSORPTION FIELD  Total Area in bottom of ditches square feet.  Number of ditches Length of ditches feet.  Grade of ditches Minimum Inches per 100 feet. Has system been checked by instruments (Level) Yes No  Type aggregate used Yes No.  Type aggregate used inches  Depth of aggregate 12 To 18 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.
Septic Tank L. P. HAWES Address	Phone  Data 5-2 Approved W HBerge
DateApproved(Advisory Sanitarian)	DateApproved
The second secon	

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

PERMIT TO INST  WATER SUF  Y  SEWAGE DISPOSA  101 Sepeca Road Great Falls, Virginia 22066  (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 Case No.  Glen & Karen LaMartin  Add. 7922 Springfield Vill Dr. 104 451-1690
Owner Glen & Karen LaMartin Address 7922 Springfield Vill Dr. Phone 451-1690 Springfield Vill Dr. Phone 451-1690
Occupant Address Phone
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 600 gal. per day  Actual Potential Bedrooms Garbage Disposal Unit Yes No (Actual estimated Water)  Additional wastes
(1) WATER SUPPLY (Existing) Class Approved Other
(I) (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)
(Unless supported by positive evidence Class III is to be considered as to be installed.)  SOIL STUDY Naturally drained, suitable by sight X Yes No Technical Classification
(2) Estimated Percolation Rate 1-10  11-25  26-50  > 51  Percolation Test Required  Yes No Rate (Minutes per inch to nearest 10 minutes)  Depth to Grey Mottles inches (estimate over 4 ft.) OTHER  Surface drainage required Yes No OTHER DRAINAGE
(3) HOUSE SEWER LINE Sizeinches. Type of material required Distance from Water Supplyfeet.
(1) DETAILS OF CONSTRUCTION Watertight Septic Tank of DRE-COST CONCRETE Material Liquid Capacity 480 gallons.
Inside Dimensions Lengthfeet. Widthfeet. Liquid Depthfeet. Depth of Air Spacefeet.
SUBSURFACE ABSORPTION FIELD Number of square feet required 216 480 R Type aggregate required blue office
(5) Depth of aggregate from base of tile to bottom of ditches inches.  Allowable fall to the inches of 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 & Lines 61 Long & Lin
AT LEFT.  PLEASE NOTE THAT THE SI
THE SOUND TO THE ANGLE OF
THE STOP TO LINE.
3. NOTE: NO LINE IS TO START MORE THAN 44 OH SIDE HAT RESERVE LINES  4. INSTALL A FLOW DIVERSION VALVE AND DIST. BOXES SO THAT RESERVE LINES  MAY BE UTILIZED AT A LATER DATE:  5 WELL TO BE SOFFOMTANK, 15' from HOUSE, NOT IN SIN ALE.
5 WELL TO BE SOFT OMTANK, IS THOM HOUSE, INCHES: 6 MAXIMIUM COVER IS TO BE TWENTY (20) INCHES:
The Taken Oat Special of Accordance with
B CALL FOR WATER SAMPLE AND FINAL BRADE CHECK WHEN READY FOR APPROVAL.
feet
Note: Owner or his agent must posity FAIRFAX (D. Health Department, Phone 691-2201 when in-
stallation 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

ATION PACKAGE FOR BEDROOM UPGRADE 01 Seneca Road Great Falls, Virginia 22066

301 Sen Rd Great Fally as 22066 Page 21 of 35

. SENECA FARMS

PERMIT # 78-273

boxes and well.

LOCATION: TM: 2-2-002-11
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

CENECA ROAD 301 FLITTEE PROPERTY CORNER PIPE FOV WHITE FLIXE GAR FROM OR Sketch to show location of septic tank flow diversion valve distribution

CATION PACKAGE FOR BEDROOM UPGRADE

301 Seneca Road Great Falls, Virginia 22066 LOCATION: Seneca Seneca 2-2-1 August 2020 Page 22 of 35
Subdivision or Tax Map Ref. 78-273 PERMIT #

PART I

WATER SUPPLY INSPECTION REPORT (To Supplement LHS 143)

Well Instal	led By TROUT Pump Installed B		
1.GROUT 1	INSPECTED		crf
II.PIPE &	ELECTRIC WIRE FROM WELL TO STORAGE TANK APP	PROVED 3-2-79	Sanitarian onitarian
III.TYPE OF	F INSTALLATION: PITLESS ADAPTER PIT (4" Drain)	SURFACE 3-2-79 (Drain) App. Date	Saditarian
IV. STORAGE	E TANK	<u>3-z-79</u>	Samitarian
Gate Va Check \	Sample Tap and Elec.  Valve A Backflow Preventer Press	Dis. Switch	_
	HAL WATER SAMPLE COLLECTED	Date	Sanitarian
DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
3-6-79	WSS dutch still open	HOLD	W.
3-9-79	ws <10 (need LOGS) owner told	HOLD	July 1
3-15-79	60G W	Appl	1
STREET, STREET			
PART II	SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To	Supplement LHS 14	1)
	SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (TO	DISPOSITION	SANITARIAN
:	RECORDS OF REMARKS AND VISITS		
DATE	Contine SOS OK TO BF	DISPOSITION	SANITARIAN
DATE 2-1-79	RECORDS OF REMARKS AND VISITS  Good SOS OK TO BF  SDS BFIX; FG PRETTY GODD, RUNDING  12" TO 18"	HOLD FG WITH HID	SANITARIAN
DATE 2-1-79 2-2-79	RECORDS OF REMARKS AND VISITS  GITTURE SOS OK TO BF  SDS BFILL; FC PRETTY GODA, RUNDING  12" TO 18"	HOLD FG WITH HID	SANITARIAN JMM
DATE  2-1-79  2-2-79  3-2-79	RECORDS OF REMARKS AND VISITS  Good SOS OK TO BF  SDS BFIX; FG PRETTY GODD, RUNDING  12" TO 18"	HOLD FG WITH HID	SANITARIAN  JMM  JMM
DATE  2-1-79  2-2-79  3-2-79	RECORDS OF REMARKS AND VISITS  Good SOS OK TO BF  SDS BFIX; FG PRETTY GODD, RUNDING  12" TO 18"	HOLD FG WITH HID	SANITARIAN  JMM  JMM
DATE  2-1-79  2-2-79  3-2-79	RECORDS OF REMARKS AND VISITS  Good SOS OK TO BF  SDS BFIX; FG PRETTY GODD, RUNDING  12" TO 18"	HOLD FG WITH HID	SANITARIAN  JMM  JMM
DATE  2-1-79  2-2-79  3-2-79	RECORDS OF REMARKS AND VISITS  Good SOS OK TO BF  SDS BFIX; FG PRETTY GODD, RUNDING  12" TO 18"	HOLD FG WITH HID	SANITARIAN  JMM  JMM
DATE  2-1-79  2-2-79  3-2-79	RECORDS OF REMARKS AND VISITS  Good SOS OK TO BF  SDS BFIX; FG PRETTY GODD, RUNDING  12" TO 18"	HOLD FG WITH HID	SANITARIAN  JMM  JMM
DATE  2-1-79  2-2-79  3-2-79	RECORDS OF REMARKS AND VISITS  Good SOS OK TO BF  SDS BFIX; FG PRETTY GODD, RUNDING  12" TO 18"	HOLD FG WITH HID	SANITARIAN  JMM  JMM
DATE  2-1-79  2-2-79  3-2-79	RECORDS OF REMARKS AND VISITS  Good SOS OK TO BF  SDS BFIX; FG PRETTY GODD, RUNDING  12" TO 18"	HOLD FG WITH HID	SANITARIAN  JMM  JMM

### WATER WELL COMPLETION REPORT

OWNER NAME: Mr. Glen La MANTIN	PHONE: 451- 1690
STREET: 7922 Spring Field Ov.	
CITY: Spring Field, VA. 22152	STATE ZIP
WATER SUPPLY CONTRACTOR: William H. TI	PHONE 450-4450
ADDRESS: RT. 2 STERling	1 State 2ip
WELL PROPERTY LOCATION: Address 30/ Senes	ca Rd.
Street	City
Tax Map No. 2-2-002-11 SUBDIVI	SION SCHOOL FAVES SECTE 6 + 11
1. WELL DATA: Type Rig DHAH  Total depth (feet) 260  Depth to bedrock 47 Type bedrock blassow  Date started 1-72 completed 7-78  Type well: drilled 1, bored , Other  Class well: I , IIA , IIB , Other  Well: new 1, reworked , deepened  Well use: Home 1, Agriculture  Public , Industry  Commerical , Exploration  Recharge , Heat Pump  Other  2. PUMP:  Type 5-5-20-25-16 Date Installed 2-79  Location 10-61  Rated capacity 10 at 60 head 157  Rated horsepower 1, Intake depth 160 ft.  3. WELLHEAD:  Type well seal Phose plants 10-20-3 base  Pressure tank gal., Loc. 1-10-16-05	Downdraw (pumping level minus static level) Yield (stabilized)  Water zones: From 16t. To 16t.  From 16t. To 16t.  From 16t. To 16t.  Water analysis? Where  Physical appearance of water.  Does well have natural flow (yes), (no) yym  7. HOLE SIZE // Inches from to 16t.  Inches from to 16t.  Inches from to 16t.  8. REAMING Inches from to 16t.  I
Sample tap *, Well vent , Pressure relief valve *	Inches from 0 to 90 ft.  Material
Gate valve V, Check valve (when required V Elec. disconnect switch on power supply	Wt. per foot or wall thicknessft  Inches from toft  Material
4. TEMPORARY DISINFECTION: Well disinfected \( \text{(yes), (no), Date} \)	Wt.per foot or wall thickness
Disinfectant used #T# Contact Time 2# (Hours)  5. ABANDONMENT:	10. GRAVEL PACK From to ft.  From to ft.  From to ft.  Inches from to ft.  Inches from to ft.
Well abandoned (yes), (no), Date Casing: None , Pulled (yes) (no)	Inches from to ft. Type Size Openings
Plugging material Plugged intervals	12. GROUT 0 to 50t, to Type No. bags cement 22

olly

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

county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

(Well driller or authorized person)

License No.

FAIRFAX COULT HEALTH DEPARTMENT - DIVISION

ATION PACKAGE FOR BEDROOM UPGRADE
301 Seneca Road Great Falls, Virginia 22066
ENVIROMENTA August 2020 Page 25 of 35

## APPLICATION

FOR PERMIT TO: Install or Repair Sewage Disposal System
Install or Repair Water Supply System
APPROVAL OF BUILDING APPLICATION FOR (Specify): Sweet Farmy protung
MAP REFERENCE 301 ( Posto A)
Plat   Subd   Blk. Lot   STREET ADDRESS: (ASTREET RO
2-2 2 PROPERTY INDENTIFICATION: SENER FARMS Z
SUBDIVISION SEC.
11 / 1000ATH WALT 1190 101 192-0775
OWNER'S NAME GLENN/KAREN LATINATIONE (H) 451-1690 (0) 692-0375
- OHNER'S ADDRESS 7922 SPENGFIELD VILL DR. SPENGFIELD, UN 22152 Street City & State Zip Code
CONTRACTOR OF ADDRESS (1) TO THE ST FLAGENT US 22030
CONTRACTOR'S ADDRESS 4/05 MAPLE ST. FAIRFAY VA. 22030 Street City & State 7ip Code
(TEL 430-6441)
RELEASE PERMIT TO: OWNER: BUILDER: KER CONST.
MEW DWELLING: No. of Bedrooms 43 Den No Bath in Basement Ren ves/no
yes/no yes/no Other
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:
assert to other rooms in oderers.
Method of Sewage Disposal: Public Sewer Septic Tank Other
(describe
Water Supply: PublicPrivate WellOther(descrit-
COMMERCIAL USE: No of Employees Estimated daily water use Gal/day.
ENS 1 188 21 100 1
APPLICANT SIGNATURE AND DATE: 4/5/78
TO BE FILLED IN BY HEALTH DEPARTMENT Building Permit Appl. No 7804 B 0235
Perc Rate 10 Depth 60 488 S.T.P.R. No. 02698 Pd 6-4-75 Septic Tenk 1/25 Gallons. Absorption Field 366 linear Feet 8-62
Replacement area required, 244, 163: linear Feet 4-62
Cyes/no
9 DEMARKS. A Chan on Plat
As Show Tion REVIEWED BY. 18 DATE 4-13.78
As Shown on Plat  No World aton  REVIEWED BY:  DATE: 4-13.78  REVIEWED BY:  DATE  DATE



AOSE CONSTRUCTION PERMIT AFTER TION PACKAGE FOR BEDROOM UPGRADE on Seneca Road Great Falls, Virginia 22066 1 August 2020 Page 26 of 35

## REFERRAL FORM

	Sereca former Sec 2
	Tax Map Reference 2-2 Lot 11
From LAMARTIA	Date 8-17
	1.7.22666 Phone 430-9442
Subject.	
1	ewage in back you
ew tome. That is so	ewast in
/ read	
Memo Taken By Jane	
Referred To Case	for investigation. Wed. 8/22 @ 18.1
Referred to	
Action Taken: Dumes said she &	meded a "sewer" odor last week for
Oconte ma	the area of the torres drainfield)
3 days in the backeyour (not in	ing I found no signs & a septice in I could have been something of it could have been something of
in vertigest	ing I found no suffer of
Intalking to her & that	could have been sometan
scallen: I suggested that	it is in that was localized in
I also have or star	ghour all
Joneone en	it could have been something of ground air that was localized on
	, III and a contract
Recommendations:	of she shells that she
Recommendations:  O recommended that	the drainfield in
or suspects a problem will	
call this office.	
0 '	
Date 8 22 179	staned D. Care
pare Oloviii	signed
G-3	

## Application for a Sey ge Disposal System onstruction Permit 66

Commonwealth of Virginia Department of Health	For Department		Health Departmen Identification Num Map Reference	2-2-002-11
	Health Departme	ent	Date Received	13/39/86
	To Be Compl	eted By The Applica	ant	<b>在</b> 有数学生。
FHA/VA yes F	New Repa		Expanded	☐ Conditional
Owner Glenn +. L	amartin Add	ress 301 Se	neca Rd	_ Phone _ 430 - 9442
		Great t	Falls Va	
Agent	Add	ress		Phone
Directions to Property 3	miles North	on Senec	a Rd (Rt.	602)
- From inters	section of RE	193 & R	(.)	
Subdivision Seneca far	'MS Sec	ction 2	Block	Lot
Other Property Identification	dutch colo	onial resider	100	
Dimensions/size of Lot/Proper	ty 2+acre	5		
Other Application Information	/			
I. Building/facility Intermittent Use	New ☐ Yes ☐	☐ Existing ☐ No If yes, de	scribe: stor	age building
II. Residential Use Termite Treatment	☐ Yes ☐ Single Family		Imber of Units	Number of Bedrooms 4
Basement Fixtures in Basement		□ No □ No		
III. Commercial Use	☐ Yes	No Describe:		
Commercial/Wastewater If yes, give volumes and d		□ No Number	of Patrons	Number of Employees
IV. Water Supply:	□ Public □ Private	☐ New Desc ☐ Existing	ribe: well	
V. Proposed Installation: If other, describe	none	☐ Septic tank and	I drainfield	□ Other
PLAN driveways, undergrou and springs within 20 or estimated.	nd utilities, adjacent soi 0 feet radius of the cent	il absorption syster er of the proposed	ns, bodies of wate building or drainfi	or existing structures and er, drainage ways, and wells eld. Distances may be paced
The property lines and build pography. I give permission to this application.	the Department to ent	er onto the proper	rty described for	the purpose of processing
- XII Van	nature of owner/agent			12/21/66 Date

Signature of owner/agent

ipplementary sheet to be atta to State Construction Applementary sheet to be atta
stem construction permit).  1 August 2020 Page 28-01 39/
ralth Dept. L.D.# Date CHS200 Received 10
obdivision, Senera Farme Section 2 Lot //
operty Address 30/ Seneral Rd., GF., Zip Code 22066
[#####################################
t) Residence (New)
of hedrooms (not ential hedrooms shown on plans Den
th in basement Basement finished Unfinished
wage Disposal: Public Onsite Other
site: Type I II IV
Type II, have pump plans been submitted? YesNoDate Type III, give details
ter Supply: (PU) Public (PR) Ind. Well Other (specify)
dividual Well: V.P.C. No. N E
******************************
) Residence, Existing (Additions)
an of proposed addition reviewed? YesNo
of existing bedrooms in dwelling Wumber of bedrooms to be added
tal number of bedrooms upon completion
isting SDS permits on file: Yes No Date approved 3-5-79
dition to onsite sewage disposal system required? Yes No yes, give details
Jes, Bive details
scribe rooms in addition DETACHEd STORAGE BUILDING 24 X 24
ter supply: (PU) Public (PR) Ind. well Approved Yes No her (specify)
· · · · · · · · · · · · · · · · · · ·
Commercial
sting SDS permit on file Yes No Date approved Existing
of Projectors Potingted doily voter users
of Employees
cify additional water usage
er Supply New Existing Non-Community Yes No (PU)Public E
:我我想要教教教院教育教育教育教育教育教育教育教育教育教育教育教育教育教育教育教育教育教
ign Information
c Rate Depth Septic tank (sallons)
c Rate Depth Septic tank (gallons) No roption field (linear feet) Reserve Area Required? Yes No
yes, linear feet Amount of proposed grading in drainfield area
lding Permit No 9636380800 a.S. Receipt No. S.T. Receipt No.
Erks okay - see as built for Loc
ieved by Holling Date 12-29-86 Title Sen Son
ieved by H. Owen Date 12-29-86 Title Sen Sen

### AOSE CONSTRUCTION PERMIT AP

RFAX COUNTY HEALTH DEPARTMENT 301 Seneca Road Great Falls, Virginia 22066 VISION OF ENVIRONMENTAL HEALT **ENVIRONMENTAL SERVICES SECTION** 10777 MAIN STREET, SUITE 102B

ATION PACKAGE FOR BEDROOM UPGRADE 1 August 2020 Page 29 of 35

REGISTERED

### FAIRFAX, VA 22030 **EVALUATION REPORT** (Must be accompanied by Application)

wner Glen	n Lamertin
System, and ap	ven are rendered without knowledge of some of the individual parts of The Sewage Disposal System and Water Supply only to the Date and Time the opinions are made. We can not guarantee the future performance of The Sewage n and/or Water Supply System.
	PublicPrivate: X Public Water Available: Yes No _X Well Type:No _X
	struction Stds: Yes X No If no, Explain
Sample Collecte	ed: Yes No Bacteriological Results: Satisfactory Unsatisfactory
The Water Supp	oly Systems Appears to be: Satisfactory Unsatisfactory
REMARKS:	
Sewage Dispose	al System: Public Private _XPublic Sewer Available: Yes No _XYear System Installed: Public Private Public Sewer Available: Yes No _XYear System Installed: Public Private Public Sewer Available: Yes No _XYear System Installed: Public Sewer Available: Yes No _XYear System Installed: Year System Year Sy
Septic Tank and	I Dist. Box(es) Uncovered: Yes No If Yes, are they Satisfactory: Yes No
Is There An Effl	uent Pump System: Yes No No Not Inspected No Not Inspected
Flow Diversion (Flow Dive	Valve: Yes No N/A Trees, Driveways, Swimming Pools, etc., Over System Yes No
	Design Capacity (Per Available Records)
Number of Bedr Automatic Wash Garbage Dispos	her Yes X No Yes X No No No No Section 68-1-29 of the Fairfax County Code requires pumping reprint tent in 1995 of the section tent once every five (5) years. The owner of
On The Date of	the property is required to provide written nutilibation and
X	Sewage disposal system appears to be functioning satisfactorily and with proper maintenance is not likely to create an insanitary condition.
7	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)
DEMARKS	Other (See Remarks)
REMARKS	
Evaluation of th Visual On-Site I	ne Water Supply System or Sewage Disposal System is Based on Health Department Records, Owner's Statements, and Inspection.
DATE OF EVAL	UATION 3-3-97 SANITARIAN John Grans
	SUPERVISOR GR. Janu RS

## AOSE CONSTRUCTION PERMIT A

CATION PACKAGE FOR BEDROOM UPGRADE 301 Seneca Road Great Falls, Virginia 220.66

ENVIRONMENTAL SERVICES SECTION REFERRAL FORM

OWNER'S NAME Glenn Lamartin

SUBDIVISION Seneca Farms.

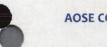
STREET ADDRESS 301 Seneca Rd. Greatfall

TAX MAP REFERENCE 2-2-002-11 220

REFERRAL FROM: ROS	<u>S</u> C	ATE RECEIVED: 3-11-92
ADDRESS		PHONE:
SUBJECT: Update to	SBR Design	
ECEIVED BY WMS		

DATE	INVESTIGATION REPORT	RESCH	SAN	
3-11-92	New update form nut in print yet.			
	Needs. 1500 gol. Branfield surge 976 th and	e		
	FOR IDRATE DESIGN FOR SBR NEEDS 900 # - OK			
	Siptem has a FDV, is mon-commercial,			
	house bruld after 1973, and based in			
	recent evaluation 2-3.92 by JG there			
	was nothing built over SDS and system			
	was functioning satisfactory. Recomme	nd		
THE RESIDENCE OF THE PARTY OF T	approval for Epidate to 5BR		marty	Sa
			0	

Application for a Se age Disposal System Health Department Commonwealth of Virginia For Department Use Only Identification Number Department of Health Map Reference . COUNTY OF FAIRL MA Date Received . - Health Department To Be Completed By The Applicant ☐ Expanded ☐ Conditional ☐ Repair Type sewage system: ☐ New FHA/VA yes | no X Address 301 SENECA ROAD Phone 430 - 9442 OWNER GENN LAMARTIAL GREAT FALLS 1 VA : 22066 Agent W. Branky Huderson Address 8020 DAYSPRING CT Phone 569-8222 Directions to Property 3 Miles OUT SENERA Rd. HOUSE ON RIGHT Subdivision Season Farms. Section 2 Block Lot Other Property Identification \_\_ Dimensions/size of Lot/Property \_ Other Application Information I. Building/facility ☐ New ☐ Existing Intermittent Use ☐ Yes □ No If yes, describe: \_ II. Residential Use ☐ Yes □ No **Termite Treatment** Yes 1 No Number of Bedrooms Multifamily Number of Units Single Family Basement ☐ Yes □ No Convert-one(1) Bedroom to Fixtures in Basement Yes DNO III. Commercial Use ☐ Yes □ No Number of Patrons \_\_\_\_ Number of Employees \_ Commercial/Wastewater ☐ Yes T No If yes, give volumes and describe \_ IV. Water Supply: □ New Public Public Describe: Private ☐ Existing Septic tank and drainfield Other BIZE BATH & STURY V. Proposed Installation If other, describe Cons marin 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. Signature of owner/agent C.H.S. 200 Revised 4/83



## AOSE CONSTRUCTION PERMIT AP ATION PACKAGE FOR BEDROOM UPGRADE 301 Seneca Road Great Falls, Virginia 22066 1 August 2020 Page 32 of 35

### 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 2-2-02-11	Date CHS 2	00 Receive	RECE	VED P	IAR I I J
Subdivision Geneca Farn	Section Section	on 2 B	Lock	_Lot_	11
Property Address 301 Se	ne ca Rol	GF	Zip	Code_	22066
*********	xisting +381	2	****	*****	*****
(R) RESIDENTIAL:	west - BR 7	5. Hing Room	1.	1	
# bedrooms 5 design;#	bedrooms: #	∠ added;#	bedrooms	5 = 7	total.
(C) COMMERCIAL:					
Type of facility	. Dwan	2/12222	·Tot	-1.	
# of Employees: Existing Estimate daily water us:	age: Existi	ng : Pro	posed	:Tota	1:
(A/R) ADDITION/REMODELIN	IG:				
Plan of proposed Addition DESCRIBE ADDITION/REMODE	TING.				
Convert 1BR to Sitting Room	n, Add ZBR	NO FOUN d.	Stin Ex	PAUSIO	v
On-Site: Type I II	III	1 0110	IV		
Sewage Disposal: Publi On-Site: Type I II_ If Type II, have pump p.	lans been s	ubmitted?	Yes/No;	Date	
If Type III, give detail Existing SDS permit on	S:	)/ No. Dod	A	2	11.97
Modification to Site SDS	required?	Yes N	o Approv	ea:	11 12
If yes, give details: _		100	2		
		)			2 6 86
Existing WSS permit on Type (specify): DRIVE	Public:	// No; Da	te Appro	ved: 2	5-17
Modification to WSS requ	ired? Yes	No; If y	es, give	detai	ls:
*********	******	******	*****	*****	*****
DESIGN INFORMATION:					
Fee Required: Yes / No;	WSS/SDS R	eceipt			
Perc Rate: Depth Absorption field (linear	S	Septic tank	k (gallor	ns)	
Absorption field (linear If yes, linear feet req'	feet)	_ Reserve	Area Re	g'd? Y	res / No
If yes, give details	u:	. Grading	require	ar res	/ NO
Building Permit No:	92071 B	0050	i alla di		
REMARKS:					
2 . 0/			la 1		
Reviewed by: Mary	anna	Title:	mitaria	Date	3-11-92
//					



## AOSE CONSTRUCTION PERMIT AP ATION PACKAGE FOR BEDROOM UPGRADE

301 Seneca Road Great Falls, Virginia 22066 1 August 2020 Page 33 of 35

INSPECTION SERVICES DIVISION TO:

DIVISION OF ENVIRONMENTAL MANAGEMENT

FROM:

HEALTH DEPARTMENT/ENVIRONMENTAL SERVICES SECTION

RE:

NOTIFICATION OF ISSUANCE OF SEPTIC TANK PERMIT AND/OR

WELL PERMIT

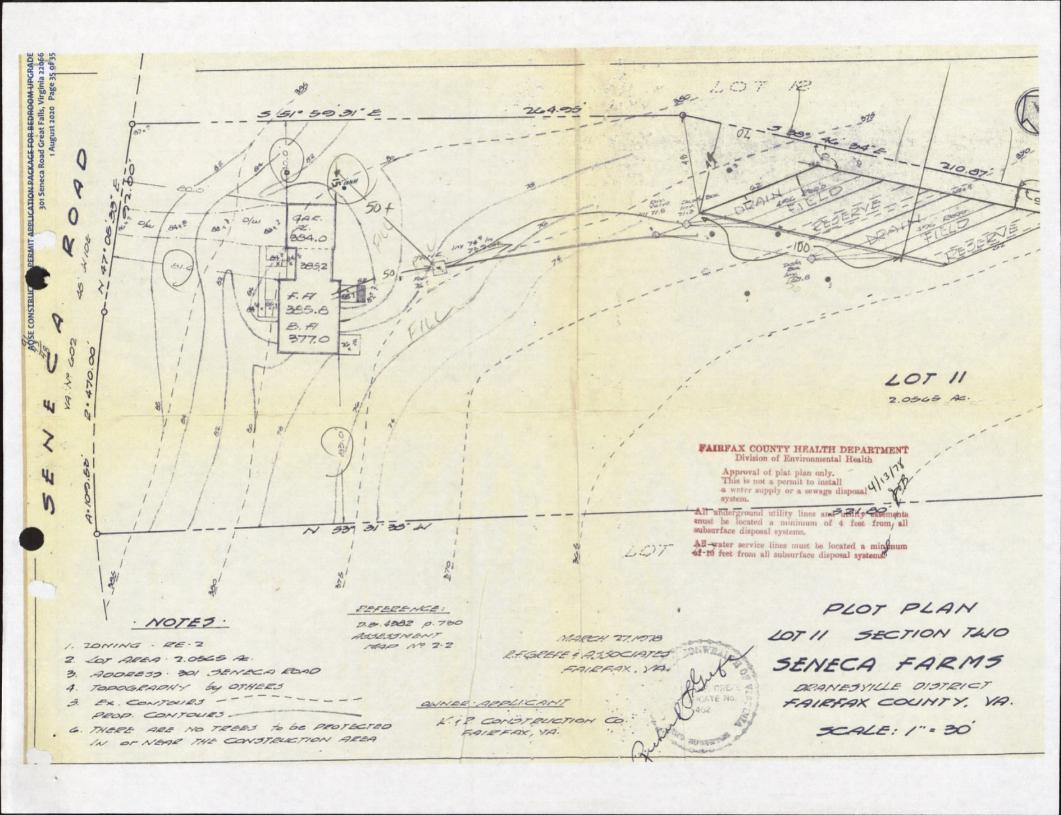
3-11-92 DATE:

OWNER'S NAME: Glenn Lamartin	
	92071 B0050
BUILDING APPLICATION NUMBER:	
SUBDIVISION: Seneca Farms	SEC: BLOCK: LOT: 11
TAX MAP IDENTIFICATION: 2-2-	-002-11
PROPERTY ADDRESS: 301 Seneca	a Rd., Great Falls, VA 22066
HEALTH DEPARTMENT PERMIT #: NA	
PERMIT ISSUED FOR: [ ] SEWAGE	DISPOSAL [ ] WELL [X] OTHER  COMMERCIAL [ ] OTHER DESCRIBE:_
To add a bathroom. NO CHANGE	IN NUMBER OF BEDROOMS.
SEWAGE DISPOSAL SYSTEM DESIGNED (ALL PERMITS FOR DWELLINGS ARE DESIGNED TO INCLUDE	FOR Four BEDROOMS OR GPD AUTOMATIC WASHER AND GARBAGE DISPOSAL)
REMARKS:	A Charles of the contract of t
THE ABOVE TO BE FAXED TO PERMITS BRANCH AND ORIGINA	AL 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 COMBINA	ATION INSPECTION BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.
	NUMBER OF BEDROOMS AT FINAL INSPECTION:
	STICKER PLACED: INITIALS:

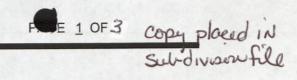
AOSE CONSTRUCTION PERMIT APPEICATION PACKAGE FOR BEDROOM UPGRADE
301 Seneda ROGA CONSTRUCTION PERMIT APPEICATION PACKAGE FOR BEDROOM UPGRADE
1 August 2020 Page 34 of 35

SUBD. SENECA FARMS	SEC. 2	FINAL PLAN APPROVED 11-6-75
TAX MAP 2	CENSUS TRACT 76.010	WATER SUPPLY INDIVIDUAL WELLS
SEPTIC TANK RECEIPT NO	02698 (ALL LOTS) pd 6	-4-75

	LOT NO. FINAL	ABSORPTION RATE	DEPTH	DATE TESTED	REMARKS	DATE BUILDING PERMIT APPROVE
	3				EXISTING HOUSE	
BRP	4	10	55."	6-25-75	start 10 off street and lo lot 5, grout well 50 feet.	4-15-77
BRP	5	10	52"	6-25-75	start 10 off street and 10 lot 4-grout well 50 feet	off
BRP	6.	10	58"	6-18-75	Ok as tested-grout well 50	
BRP		10	54"	6-18-75	Max. 4 bdrms.,no lower that on plat-grout well 50'	8-15-77
BRP		10	55"	6-18-75	Ok as tested-grout well 50 feet	773-76 \$
BRP	9.41	10	60"	6-18-75	start 10 off street and 10 property line-grout well 5	off 998 5012
BRP	10	10	60"	6-25-75	start 10° off street and lot 11 property line	10-23-76
BRP	11	10	60"	6-25-75	line - max. 4 bedrooms	Drainfreis 70 196 Outh Continues of moderates can 50
BR	12	10	55"	6-25-75	OK as tested	7-21-76
BR	13	10	52"	6-25-75	hole 10'above low test ho	es 9-7-7
BR	14	10	51"	6-25-75	no lower than test hole #3	10-20-26
BR -	15	10	56"	6-25-75	no lower than high test ho	e 10-9-80
BR	16	10	57"	6-25-75	no lower than 10 feet belo	hole #3
BRP	17	10	47"	6-25-75	lot 16-max. 3bdrms grout	well 50' 100 40
THE	PUMPING (	F SEWAGE EFFI	LUENT MA	Y BE REQUIRE	D	







## Fairfax County Soil Evaluation Form

Fairfax County Health Department, Division of Environmental Health

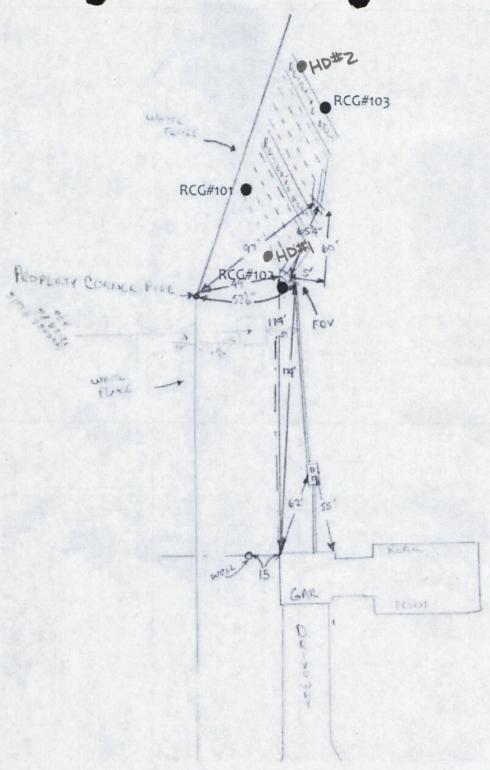
General Information							
Date: <u>08-12-2020</u>	Project # 202000506						
	Telephone No. <u>571-296-7845</u>						
Address: 301 Seneca Rd, Great Falls, VA 22066							
	ress: 301 Seneca Rd, Great Falls, VA 22066						
Location 301 Seneca Rd, Great Falls, VA 22066							
Subdivision Seneca Farms Block/Section Sec. 2	Lot <u>11</u>						
Site Assess	sment						
1. Purpose of Soil Evaluation: New SDS, 100% Res	serve  , Relocation  , Other  Voluntary						
upgrade							
2. Position in Landscape Satisfactory: Yes No	Describe Backslope/Sideslope						
3. Site Slope 4%	Describe Existing well 100'+ away						
<ul><li>4. Is Site Impacted by Private Water Wells? Yes □ N</li><li>5. Topographic Limitations to Site: Yes □ No ☒ De</li></ul>							
o. Topographic Limitations to Site. Tes   No   De	scribe						
Soil Evaluation Inform	nation Summary						
6. Depth to H.E.S.W.T. (Redoximorphic Soil Features):							
7. Depth to Impervious Soil Materials and/or Bedrock:							
8. Free Water Present: Yes ☐ No ☒ Describ							
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 Vames Kakesa							

Date of Evaluation 08-12-2020

Health Department Identification No. 202000506

Page 2 of 3

Hole #	Horizon	Depth (in.)	Description of, color, texture, etc.	Texture Group
1 BOR.	Α	0-6"	7.5YR 4/6, loam	IIB
	Bt	6"-22"	5YR 4/6, light silty clay loam	III
	BC	22"-35"	5YR 5/8 loam, micaceous	IIB
	С	35"-81"	10YR 7/8, 5YR 5/8, 2.5Y 6/8, black (lithochromic), micaceous, loose, silt loam/fine sandy loam	IIB/IIA
3 BOR.	Α	0-7"	7.5YR ¾, loam/silt loam	IIB/III
	Bt	7"-24"	5YR 5/8, clay loam	III
	Bt2	24"-34"	7.5YR 4/6, silty clay loam	III
	С	34"-81"	10YR 7/8, 5YR 5/8, 2.5Y 6/8, black (lithochromic), micaceous, loose, silt loam/fine sandy loam	111/114
SEA SE				
				Was in the



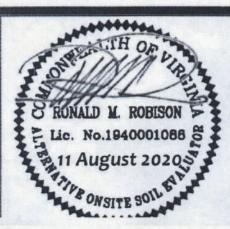
Not To Scale

## 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



**©Robison Consulting Group, LLC 2017** 

ROG

