UNDER 1390

H021K

TO: DIVISION OF INSPECTIONS DATE: 9/7/76

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Thomas A. Ritter

BUILDING APPLICATION NUMBER: B0802

SUBDIVISION: Seneca Farms SEC: 2 BLOCK: _____ LOT: 13

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-13

231 Seneca Rd.,Great Falls

SEWAGE DISPOSAL PERMIT # 76-904

ISSUED FOR : Dwelling

WELL PERMIT ISSUED FOR: Dwelling

SEWAGE DISPOSAL SYSTEM DESIGNED FOR ~~four~~ BEDROOMS
(ALL PERMITS FOR DWELLINGS ARE DESIGNED TO INCLUDE AUTOMATIC WASHER & GARBAGE DISPOSAL)

RESTRICTIONS: _____

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

NOTIFICATION OF FINAL APPROVAL: ENTERED FEB 2 3 1978

SEWAGE DISPOSAL SYSTEM

APPROVED: 2-14-78 FDV

ENTERED FEB 1 4 1978

WATER SUPPLY SYSTEM

APPROVED: 2-21-78

(SIGNATURE)

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

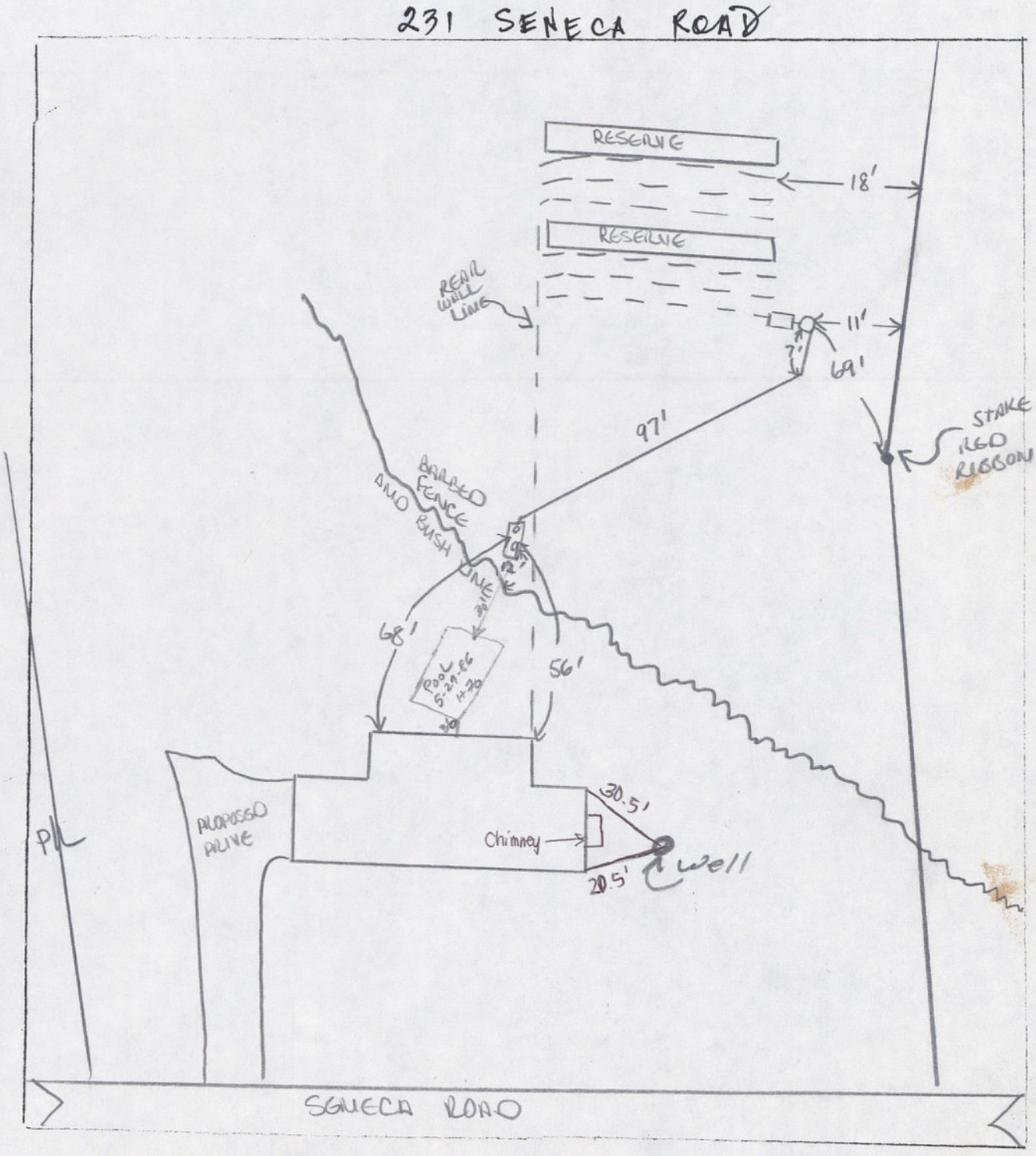
W49/3-18-74

ENTERED FEB CRP

PERMIT # 76-904 LOCATION: 2-2-002-13

Subdivision or Tax Map Ref.

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED



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

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

376-3678

Date 9/7/76 Case No. _____

Owner Thomas R. Ritter Address 626 Seneca Rd., Great Falls, Va Phone 450-4086
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 231 Seneca Rd, Great Falls Seneca Farms Sec. 2 Lot 13 2-2-002-13
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

#4

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION (a) 2

(1) LOCATION
Allotted Area adequate ☒ Yes ☐ No. Distance from nearest lot lines 15'6" feet. Trees 10+ feet.
Water Supplies _____ feet. Buildings 100+ feet.

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

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

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

(5) SEPTIC TANK
Constructed of TAPP 1500 PRECAST CONCRETE.
(Kind of Material)
Inside Dimensions Length _____ feet. Width _____ feet.
Liquid Depth _____ feet. Depth of Air Space _____ inches.
Inside Fittings comply with requirements ☒ Yes ☐ No.

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

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 984 square feet.
Number of ditches 6 Length of ditches 82 feet.
Grade of ditches Minimum 2 Inches per 100 feet.
Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No
Type aggregate used BROKEN STONE 1/2-1" DIAM.
Depth of aggregate under Tile 24 inches
Total depth of aggregate 32 inches
Depth of backfill over aggregate 17-22" 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.

PERRY FOX SET ON #2.

Septic Tank Contractor: C+N EXCAVATING Address _____ Phone _____

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

Date 2/13/78 Signed [signature] (Sanitarian) Date 2-14-78 Approved [signature] (Health Director)

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

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

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

WATER SUPPLY

County/City Fairfax Co., Va. Date 9/7/76 Case No. _____

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

Owner Thomas A. Ritter Address 626 Seneca Rd, Great Falls, Va. (Mailing Address) Phone 450-4086

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of Premises 2-2-002-1B3 2310 Seneca Rd., Grat Falls , Va. Seneca Farms Sec. 2 Lot 13
(Subdivision, Street or Road Name, Section or Lot No.)

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

TYPE SOURCE PROPOSED: _____

TOTAL PROPOSED ULTIMATE CONNECTIONS: _____

TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES) SERVED: _____

TOTAL PROPOSED PRESENT CONNECTIONS: X

TOTAL PROPOSED PRESENT POPULATION SERVED: _____

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

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

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

SOURCE OF INFORMATION _____ IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☒ No

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

RUNYON / RUNYON

INSPECTION FINDINGS

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

(2) TYPE OF SOIL FORMATION ☐ Tight Clay ☐ Limestone ☐ Sandstone ☐ Other 61' RED DIRT 219 BLUE STONE (Describe)

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

(4) CONSTRUCTION DETAILS Total depth 280 feet. Diameter 6" inches. Type of casing STEEL (Describe) Depth of casing 93 feet. Exterior space around casing sealed with ☒ Concrete grout to depth of 50 feet. ☐ Poured in place ☐ Pumped in under pressure ☐ Other type backfill _____ (Describe) to depth of _____ feet. casing extends 12 inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☒ Metal ☐ Other _____ (Kind of Material) Opening in Cover watertight ☐ Yes ☐ No. If no, explain Surface pit 1" drain

(6) PUMP ☐ Shallow Well ☒ Deep Well. Length of Drop Pipe ____ feet. Well capacity 4 gallons per minute. Size of Feeder Pipe 1.5 inches.

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

(8) TYPE OF STORAGE ☒ Pressure ☐ Gravity. Capacity 82 = gallons. If gravity, is overflow pipe screened ☐ Yes ☐ No.

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

REMARKS: _____

Date 2/15/78 Signed C.O. Jones Date 2-21-78 Approved W H Berger (Health Director)

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

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

PERMIT TO INSTALL ☒ REPAIR, ☐ REASONS FOR REJECTION ☐
WATER SUPPLY ☒ SEWAGE DISPOSAL SYSTEM ☒

C-1 6/4/75 FDV

(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 9/7/76 Case No.

Owner Thomas A. Ritter Address 636 Seneca Rd, Great Falls, Va. 22066 Phone 450-4086
(Mailing Address)

Occupant Address Phone
(Mailing Address)

Exact Location of premises 231 Seneca Rd. Seneca Farms Sec. 2 Lot 13 2-2-002-13
(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 4 Garbage Disposal Unit ☒ Yes ☐ No (☐ Actual ☐ estimated Water)

Additional wastes

(1) WATER SUPPLY (Existing) Class Approved Yes ☐ No ☐ Other
(To be installed) Class Cased 4 ft. to be grouted 4 ft. As per COUNTY codes

(Unless supported by positive evidence Class III is to be considered as to be installed.)

(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☒ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☒ Yes No ☐ Rate 10 @ 52 (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles inches (estimate over 4 ft.) OTHER
Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE

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

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of pre-cast concrete Material Liquid Capacity 1480 gallons.
Inside Dimensions Length feet. Width feet. Liquid Depth feet. Depth of Air Space feet.

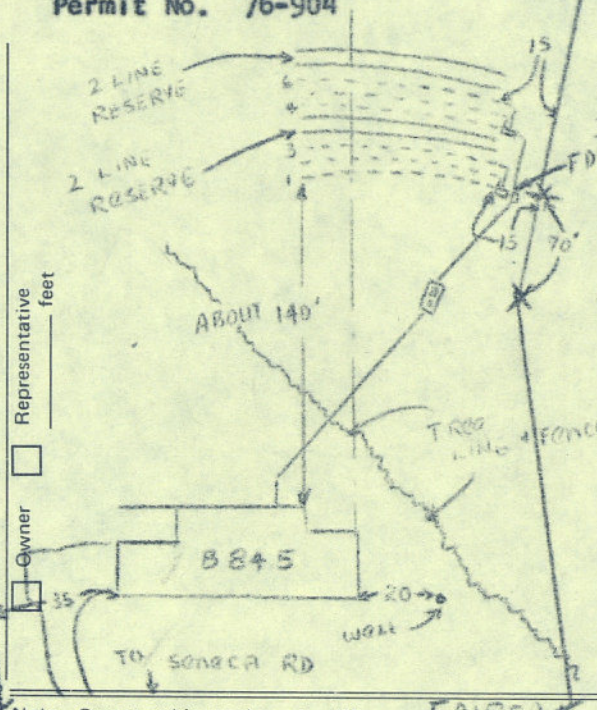
SUBSURFACE ABSORPTION FIELD Number of square feet required 376 + 438 Type aggregate required Crushed stone

(5) Depth of aggregate from base of tile to bottom of ditches 24 inches. Allowable fall 2 to 4 inches. /100'
Total aggregate minimum depth 32 inches or more. Depth of drainfield to be 52 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.

Permit No. 76-904



1. Property line MUST be staked at 2 points marked X (as shown at 4 ft.)
2. Install 6 lines 82' long, 2' wide 52" deep on 6' centers.
3. Line #1 to start 10' below point on P.L. line ¢ 15' from ¢ and end about 140' from house rear wall. Run line along contour so NO cut is needed. (curve it)
4. Leave 16' of undisturbed soil between #3 & #4 for 2 reserve lines
5. Install a flow diverter valve.
6. Install tank so maximum BF (cover) is 20".
7. Install dist. boxes so risers may be used later.
8. Install well 20' from house - even with front wall line
9. Install both systems in accordance with Fairfax co codes
10. Call for final grade check when ready for approval
11. Call for water sample when system installed & connected to house kitchen tap.

Signature

Note: Owner or his agent must notify FAIRFAX CO. Health Department, Phone 691-2201 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date 9/7/76 Approved (Reviewing Authority) Date 12-6-76 Signed (Sanitarian or Health Director)

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

TRIPLICATE

PERMIT # 76-904 LOCATION: 2-2-002-13
Subdivision or Tax Map Ref.

PART I

WATER SUPPLY INSPECTION REPORT (To Supplement LHS 143)

Well Installed By RUNYON Pump Installed By RUNYON

I. GROUT INSPECTED . . . Observed Grout . . . . . 12-23-76 (Date) J.M.M. (Sanitarian)

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED . . 1/26/78 (Date) cof (Sanitarian)

III. TYPE OF INSTALLATION: / /PITLESS ADAPTER/ /PIT /✓/SURFACE 2/13/78 (4"Drain) (Drain) App. Date cof (Sanitarian)

IV. STORAGE TANK. . . . . +FG . . . . . 2/13/78 (Date) cof (Sanitarian)

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

V. INITIAL WATER SAMPLE COLLECTED. . . . . +FG . . . . . 2/13/78 (Date) cof (Sanitarian)

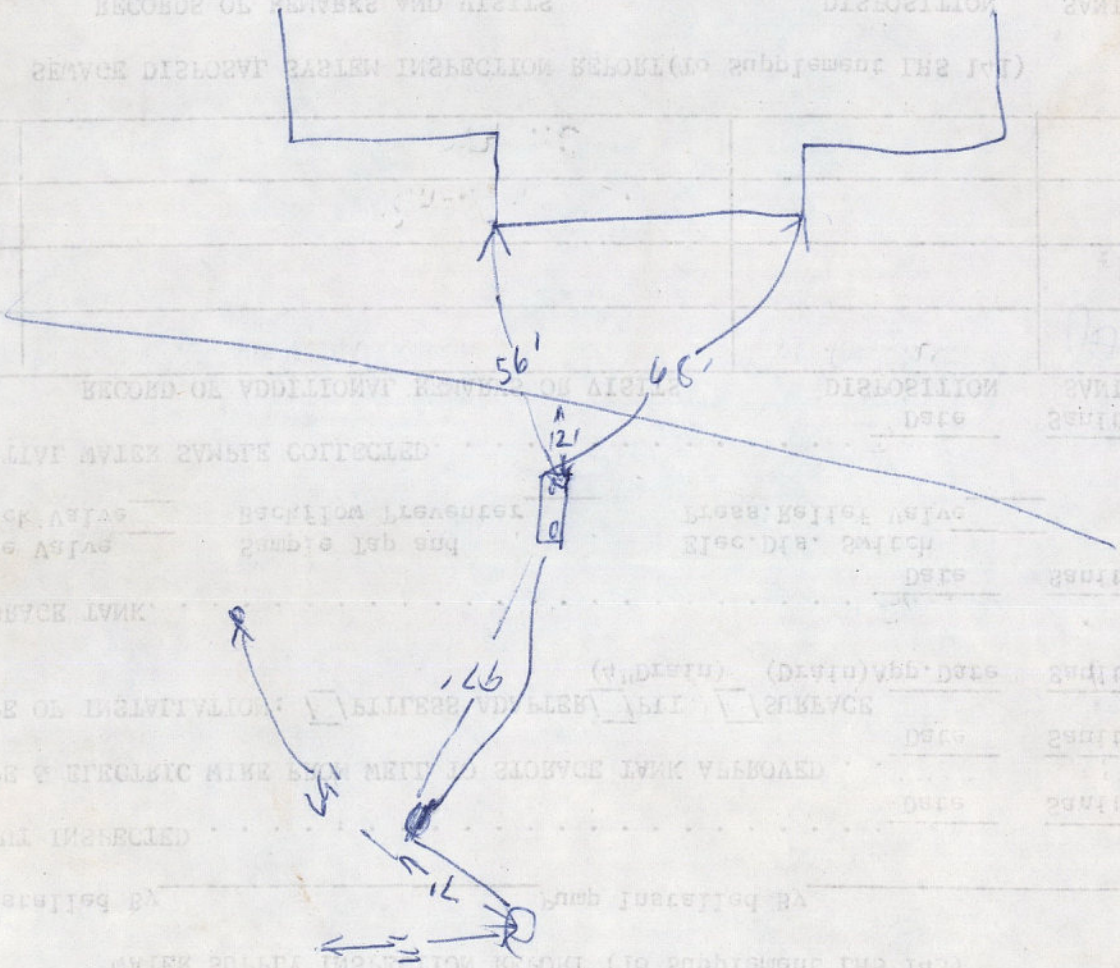
DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
12-14-76	NO WORK YET DONE ON WELL.	HOLD FOR CALL	
1-25-78	NOT READY for ditch insp	HOLD	cof
2-15-78	WS NEG. I TOLD Ms RITTER TO GET		
	RUNYON TO SEND BOTH LOGS	HOLD	cof

PART II

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To Supplement LHS 141)

DATE	RECORDS OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
12-10-76	CHECKED LINES 1, 2, 3, 4, 5, AND 6 - ALL O.K. TO BF.	HOLD FOR CALL	
12-13-76	CHECKED TANK TEES, ELL, D. BXS, TEE LINES ALL OK. TO BF EXCEPT LOWER D. BX.	HOLD FOR	
	WHICH COULD NOT BE LEVELED DUE TO NO MUD LEFT.	CALL	
12-14-76	CHECKED LOWER D. BX - O.K. TO BF. BF OVER SDS WAS NOT CHECKED BECAUSE OF ROUGHNESS +	RECHECK	
	PILES OF DIRT BUT BF OVER TANK SMOOTH + RUNNING 31". BOXED BLOW TO REMOVE	FINAL	(12.17.76) Milgrim
	EXCESS + FINAL GRADE A.S.A.P WITH MAX. 20" BF.	GRADE 1 WK	
12-17-76	NO CHANGE FROM ABOVE COMMENTS, INFORMED CONTRACTOR	Resch 1 WK or with grout for Lot 12	J.M.M.
12-21-76	NO CHANGE IN SDS - BF VERY ROUGH AND PILES OF DIRT ON OR NEAR SDS	RECHECK WELL GROUT	
12-23-76	NO CHANGE IN SDS - BF VERY ROUGH AND PILES OF DIRT ON OR NEAR S.D.S.	RECHECK 1 WKS Held	J.M.M.
4-13-77	Bring FG Now Well ✓ with WSS	HOLD	cof
2-13-78	FG OK	Appd	cof
5-29-86	approved Building permit for in ground pool see as built for LOC		ltp

②	~~76~~ $69\frac{1}{4}$	$70\frac{3}{4}$	72
③	76	77	79
④	$69\frac{1}{2}$	$70\frac{1}{2}$	$71\frac{1}{2}$
⑤	$76\frac{1}{4}$	$77\frac{1}{2}$	79
⑥	81	$83\frac{1}{4}$	$84\frac{1}{4}$
①	$65\frac{1}{4}$	67	68
⑦			
⑧			



C-1

APPLICATION

[✓] FOR PERMIT TO:
[✓] Install or Repair Sewage Disposal System
[✓] Install or Repair Water Supply System

[ ] APPROVAL OF BUILDING APPLICATION FOR (Specify): _____

MAP REFERENCE

Plat	Subd.	Blk.	Lot
2-2	002		13

STREET ADDRESS: 231 Seneca Rd Great Falls

PROPERTY IDENTIFICATION: Seneca Farms 2
SUBDIVISION Sec.

OWNER'S NAME Thomas A. Ritter Phone (H) 450-4086 (O) same

OWNER'S ADDRESS 636 Seneca Rd Great Falls Va 22066
Street City & State Zip Code

CONTRACTOR'S NAME _____ Phone _____

CONTRACTOR'S ADDRESS _____
Street City & State Zip Code

RELEASE PERMIT TO: OWNER ✓ BUILDER: _____

NEW DWELLING: No. of Bedrooms 4 Den YES (yes/no) Bath in Basement NO (yes/no)

12-6-76 changed to 4 infield of large MBR (2 checked off)

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

Water Supply : Public ___ Private Well ✓ Other ___ (describe)

ADDITIONS TO EXISTING DWELLINGS: No. of bedrooms presently in house: ___
No. of bedrooms to be added: ___

Describe other rooms in addition: _____

Method of Sewage Disposal: Public Sewer ___ Septic Tank ___ Other ___ (Describe)

Water Supply: Public ___ Private Well ___ Other ___ (Describe)

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

APPLICANT SIGNATURE: [signature] DATE: 9-2-76

****

TO BE FILLED IN BY HEALTH DEPARTMENT Building Permit Appl.No. B6082

Perc Rate 10 Depth 52 S.T.P.R. No. B0 02698 AM 6-4-75
Septic Tank 1480 Gallons. Absorption Field 488 linear Feet.
Replacement area required, ✓ (yes/no), 244 linear Feet.

REMARKS: Sky roof above Lot #3

REVIEWED BY: JMB DATE: 9-7-76
REVIEWED BY: _____ DATE: _____

76-904

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

File UNDER 1390

EVALUATION REPORT OF INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 231 Seneca Rd., Great Falls, Va. TM: 2-4-2-13 SENECA FARMS SEC.2 (Tax Map or Subdivision)

OWNER Richard Hozik & Vicki Winpisinger PHONE: 450-5374

ADDRESS Same ZIP: 22066

EVALUATION REQUESTED BY: Vicki Winpisinger DATE: 7/17/80 PHONE: 450-5374 223-6164

SEND REPORT TO Owners

****

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

DUG WELL ____ BORED WELL ____ DRILLED WELL XX OTHER ____

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

REMARKS: ____

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

Number of bedrooms existing 4 Number of bedrooms system designed for 4

Automatic washer installed	YES XX NO ____	System designed for auto. washer	YES XX NO ____
Garbage disposal installed	YES XX NO ____	System designed for disposal	YES XX NO ____
Trees, driveways, swimming pools etc., over the drainfield			YES ____ NO XX
Dwelling continuously occupied prior to evaluation (How Long? 30 days plus)			YES XX NO ____

Occupancy Confirmed by: Ms. Winpisinger

ON THE DATE OF EVALUATION:

XXX Sewage disposal system appears to be functioning satisfactorily.

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

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

____ Other (See Remarks)

REMARKS: Obtain a Flow Diversion Valve Handle and turn valve to other side.

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

DATE OF EVALUATION 7/28/80 SANITARIAN CQ Jones

DATE OF REVIEW 8/5/80 SUPERVISOR [signature]

Rev. 8/79

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 231 Seneca Road, Great Falls, Va 22066 — Seneca Farms Sec. 2, 2-4-002-13 (Tax Map or Subdivision)

OWNER Richard Hozik PHONE:

ADDRESS Same ZIP:

EVALUATION REQUESTED BY: Linda Braley DATE: 3-2-83 PHONE: 430-1000, 759-3315

SEND REPORT TO Flow General Inc., 7655 Old Springhouse, McLean, Va 22102
Attn: Jack W. Walker

****

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

DUG WELL ____ BORED WELL ____ DRILLED WELL X OTHER ____

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

REMARKS:

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

Number of bedrooms existing 4 Number of bedrooms system designed for 4
Automatic washer installed YES X NO ___ System designed for auto. washer YES X NO ____
Garbage disposal installed YES X NO ___ System designed for disposal YES X NO ____
Trees, driveways, swimming pools etc., over the drainfield YES ____ NO X
Dwelling continuously occupied prior to evaluation (How Long? 30 + days) YES X NO ____
Occupancy Confirmed by: Mr. Jack Walker

ON THE DATE OF EVALUATION:

X* Sewage disposal system appears to be functioning satisfactorily.

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

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

____ Other (See Remarks)

REMARKS: *Flow diversion valve access pipe must be cleared of debris. Cap and threaded coupling must both be replaced.

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

DATE OF EVALUATION 3-3-83 SANITARIAN R. Kuhn

DATE OF REVIEW 3/10/83 SUPERVISOR W. H. Berge

Rev. 8/79 WHB:FRK:dd

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 2318 Seneca Rd., Great Falls, Va 22066 — Seneca Farms Sec. 2, 2-2-002-13 (Tax Map or Subdivision)

OWNER Jon P. Edfors PHONE:

ADDRESS ZIP:

EVALUATION REQUESTED BY: Helen L. Susko DATE: 4-3-85 PHONE: 978-7473

SEND REPORT TO Town & Country Realtors, 4205 Evergreen Lane, Annandale, Va 22003
Attn: Helen L. Susko

****

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

DUG WELL ____ BORED WELL ____ DRILLED WELL X OTHER ____

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

REMARKS:

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

Number of bedrooms existing 4 Number of bedrooms system designed for 4
Automatic washer installed YES X NO ____ System designed for auto. washer YES X NO ____
Garbage disposal installed YES X NO ____ System designed for disposal YES X NO ____
Trees, driveways, swimming pools etc., over the drainfield YES ____ NO X
Dwelling continuously occupied prior to evaluation (How Long? ____) YES ____ NO X
Occupancy Confirmed by: Helen Susko

ON THE DATE OF EVALUATION:

____ Sewage disposal system appears to be functioning satisfactorily.

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

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

X Other (See Remarks)

REMARKS: Dwelling must be continuously occupied at least 30 days prior to the evaluation of the sewage disposal system.

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

DATE OF EVALUATION 4-17-85 SANITARIAN Ron Staley R.S.

DATE OF REVIEW 4/30/85 SUPERVISOR

Rev. 8/79 DAH:RMS:dd

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 238 Seneca Rd., Great Falls, Va 22066 — Seneca Farms 2-2-002-13 (Tax Map or Subdivision)

OWNER Wayne & Linda Neely PHONE:

ADDRESS Same ZIP:

EVALUATION REQUESTED BY: Helen Susko DATE: 4-3-85 PHONE: 978-7473

SEND REPORT TO Town & Country Realtors, 4205 Evergreen Lane, Annandale, Va 22003
Attn: Helen L. Susko

****

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

DUG WELL ____ BORED WELL ____ DRILLED WELL X OTHER ____

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

REMARKS: *Well water supply approved April 1985.

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

Number of bedrooms existing 4 Number of bedrooms system designed for 4
Automatic washer installed YES X NO ___ System designed for auto. washer YES X NO ___
Garbage disposal installed YES X NO ___ System designed for disposal YES X NO ___
Trees, driveways, swimming pools etc., over the drainfield YES ___ NO X
Dwelling continuously occupied prior to evaluation (How Long? 30 days) YES X NO ___
Occupancy Confirmed by: Linda Neely

ON THE DATE OF EVALUATION:

X Sewage disposal system appears to be functioning satisfactorily.

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

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

___ Other (See Remarks)

REMARKS: Flow diversion valve access tube needs a new cap.

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

DATE OF EVALUATION 8-1-85 SANITARIAN R. S. Hatley R.S.

DATE OF REVIEW 8-5-85 SUPERVISOR

Rev. 8/79 DAH:RMS:dd

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number
Map Reference 2-2-002-13

Fx Co Health Department

Date Received 5-29-86

To Be Completed By The Applicant

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

Owner Wayne Neely Address 231 Seneca Rd. Great Falls Va. Phone 430-7890

Agent Hawaiian Pool + Spa Address 6130 Richmond Hwy Alex. Va. 22303 Phone 768-0251

Directions to Property 231 Seneca Rd, Great Falls Va 22066

Subdivision Seneca Farms Section 2 Block _____ Lot 13

Other Property Identification _____

Dimensions/size of Lot/Property 2-2-002-13

Other Application Information

I. **Building/facility** ☐ New ☐ Existing
Intermittent Use ☐ Yes ☐ No If yes, describe: _____

II. **Residential Use** ☒ Yes ☐ No
Termite Treatment ☐ Yes ☐ No
☐ Single Family ☐ Multifamily Number of Units ___ Number of Bedrooms ___
Basement ☐ Yes ☐ No
Fixtures in Basement ☐ Yes ☐ No

III. **Commercial Use** ☐ Yes ☐ No Describe: _____

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

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

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

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

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

Barbara F. O'Connor
Signature of owner/agent

5-29-86
Date

C.H.S. 200 Revised 4/83

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

EVALUATION REPORT (Must be accompanied by Application)

REGISTERED

Property Address: 231 Seneca Road, Great Falls, VA 22066 **Tax Map–** 2 - 2 / 002 / ___ / 13

Owner Wayne Neely

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

Water Supply: Public ____ Private: ✓ Public Water Available: Yes ____ No ✓ Well Type: Drilled

Meets Min. Construction Stds: Yes ✓ 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 ✓ Public Sewer Available: Yes ____ No ✓ Year System Installed: 1978

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 Pools, etc., Over System Yes ____ No ✓
(Flow Diversion valve must be turned once a year)

	Design Capacity (Per Available Records)	**Existing: Per Owner ☐ Per Inspection ☒**
Number of Bedrooms	4	4
Automatic Washer	Yes ✓ No ____	Yes ✓ No ____
Garbage Disposal	Yes ✓ No ____	Yes ✓ No ____

Recommend pumping septic tank in 1990

On The Date of The Evaluation

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

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

____ Sewage Disposal System Appears to be Unsatisfactory and is Malfunctioning as Follows:
- ____ Sewage Surfacing
- ____ Sewage (wastewater) Piped to Ground Surface
- ____ Sewage Backing Up In House Plumbing

____ Other (See Remarks)

REMARKS ____

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

DATE OF EVALUATION 11-2-89 SANITARIAN Ronald A. Howell Jr.

DATE OF REVIEW 11-8-89 SUPERVISOR Dennis A. Wilson

FEB 17 1978

WATER SUPPLY LOG

NEW xx REPAIR

OWNER Thomas A. Ritter DATE 2/13/78 PHONE

OWNER'S ADDRESS 636 Seneca Road, Great Falls, Virginia 22066
(Street) (City and State - Zip Code)

WATER SUPPLY CONTRACTOR R. R. Runyon PHONE 430-6000

CONTRACTOR'S ADDRESS 12108 Sugar Land Road, Herndon, Virginia 22070
(Street) (City and State - Zip Code)

LOCATION Seneca Farms Sec. 2, Lot 13 2-2-002-13
(Subdivision) (Section) (Block) (lot)

231 SENECA ROAD

INFORMATION TO BE SUPPLIED BY WATER SUPPLY CONTRACTOR

WELL DATA:

Date Construction Started 11-17-76 (Indicate Weight for Metal Casing)

1. Type of Well: Drilled X Bored __ Dug __ 2. Casing Material ____ Wt/Ft. ____
3. Casing Diameter 6" 4. Total Length of Casing Installed 93
5. Depth of Grouting 61 Ft. Number Bags Cement Used 30
6. Strainer or Screens: Type ____ Diameter ____ Length ____ Size of Openings ____
7. Standing Water Level (Depth below Ground Surface When Not Pumping) 40
8. Yield of Well 4 G.P.M.
9. Elevation of Water Surface When Pumped at Designated Rate 270
10. Number of Hours Pumped at Stipulated Rate During Test 3
11. Physical Appearance of Water at End of Pumping Test clear
12. Log of Materials Encountered During Drilling (Indicate Depth of Various Strata)
    61' Red Dirt
    219' Bluestone
    Total Depth of Well 280'
13. Depth to Water Bearing Formation 270 Ft.

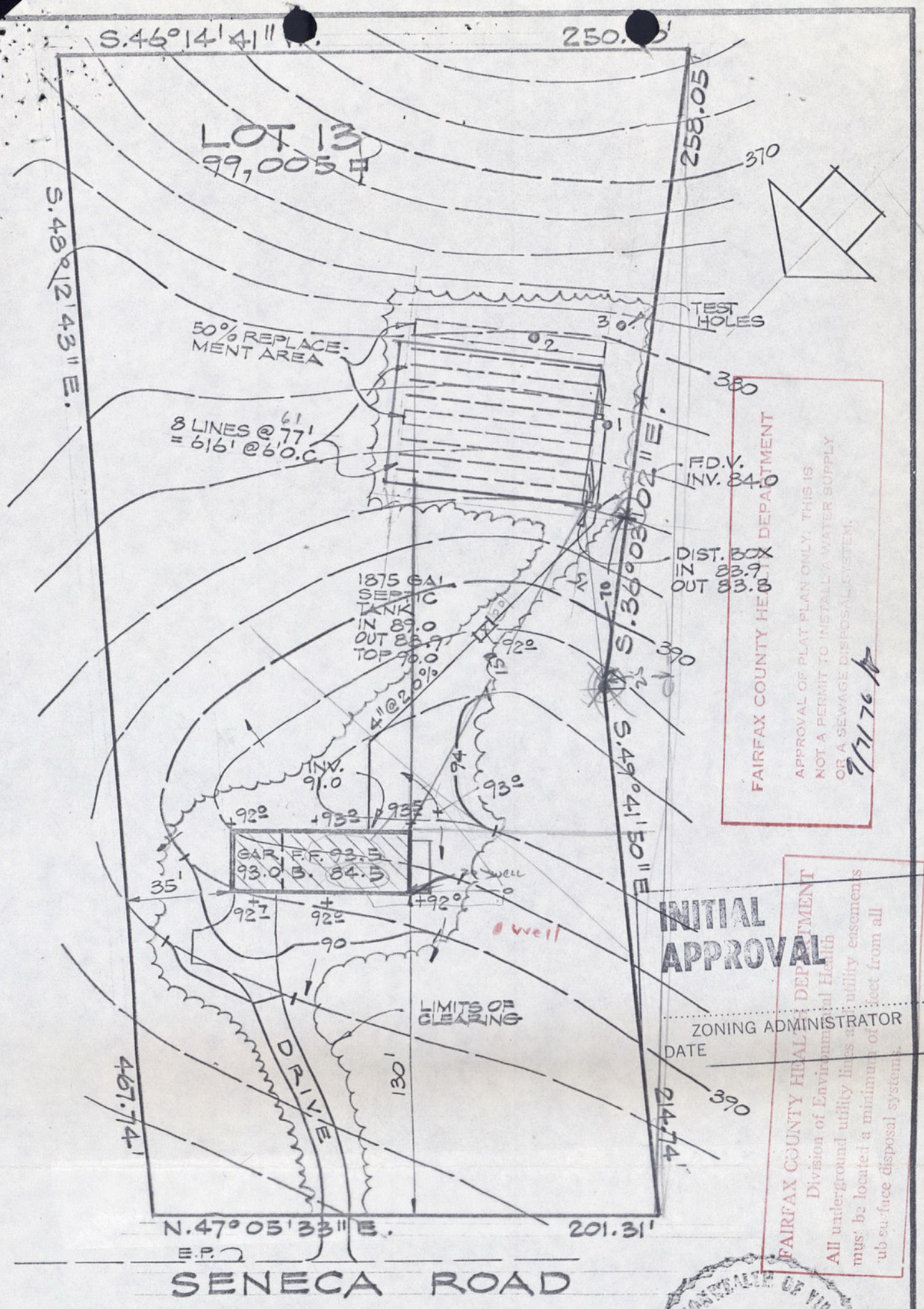
PUMP DATA:

14. Type of Pump Installed Submersible
15. Pumping Rate 5 G.P.M. @ 50 T.D.H. or P.S.I
16. Type of Well Seal Steel 17. Location of Pump Well
18. Pressure Tank: Size 82 Gals. Location Basement
19. Well Supplied with Following Appurtenances:
    A. Sample Tap Yes
    B. Well Vent Yes
    C. Pressure Relief Valve Yes
    D. Gate Valve Yes
    E. Check Valve Where Required Yes
    F. Electrical Disconnect Switch on the Pump Power Supply Yes
20. Date Pump Installed 1-26-78
21. System Disinfected 1-26-78

Signed: R R Runyon
Water Supply Contractor

PLEASE RETURN COMPLETED FORM IMMEDIATELY TO HEALTH DEPARTMENT TO FACILITATE APPROVAL OF SUPPLY

W-45 Rev.



FAIRFAX COUNTY HEALTH DEPARTMENT
APPROVAL OF PLAT PLAN ONLY. THIS IS NOT A PERMIT TO INSTALL A WATER SUPPLY OR A SEWAGE DISPOSAL SYSTEM.
9/7/76

INITIAL APPROVAL
ZONING ADMINISTRATOR
DATE

FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
All underground utility lines and utility easements must be located a minimum of 10 feet from all subsurface disposal systems.

COMMONWEALTH OF VIRGINIA
JAMES A. SMITH
CERT. NO. 4448
CERTIFIED PROFESSIONAL ENGINEER

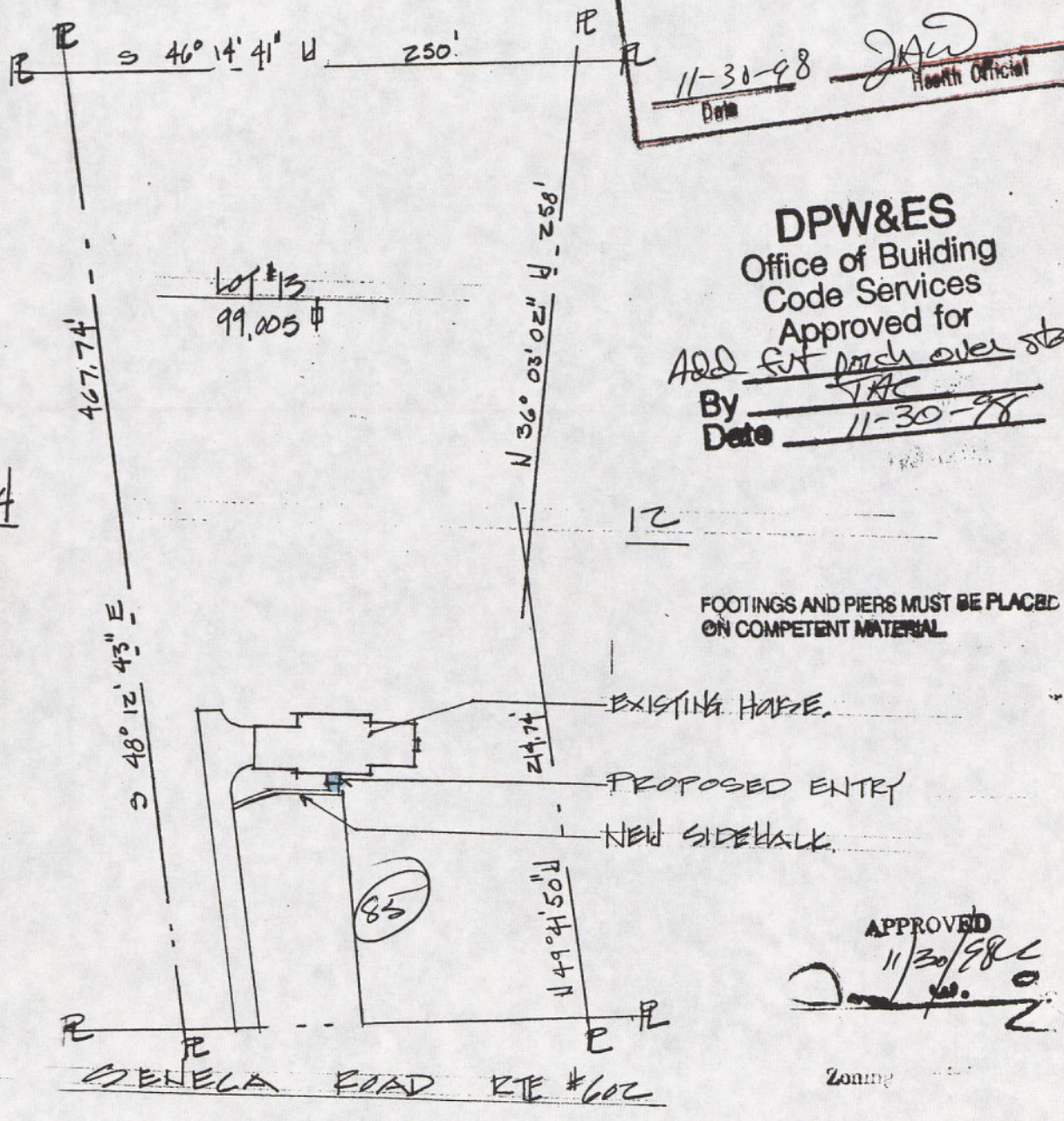
GRADING PLAN
LOT 13 SECTION 2
SENECA FARMS
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VA.

DATE 8-31-76	JAMES A. SMITH and ASSOCIATES CIVIL ENGINEERS — LAND SURVEYORS McLEAN / VIRGINIA	CERTIFIED CORRECT, James A. Smith
SCALE 1" = 50'		

HEALTH DEPARTMENT COPY

APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
11-30-98 Date
Health Official

DPW&ES
Office of Building
Code Services
Approved for
Add cut porch over stoop
By TAC
Date 11-30-98



FOOTINGS AND PIERS MUST BE PLACED ON COMPETENT MATERIAL.

APPROVED
11/30/98

Zoning

LOT 13, SECTION 2
SENECA FARMS