TO: DIVISION OF INSPECTIONS DATE: 10-10-80

FROM: HEALTH DEPARTMENT 1390

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

OWNER'S NAME: Ramesh Bakshi

BUILDING APPLICATION NUMBER: 8009B1623

SUBDIVISION: Seneca Farms SEC: 2 BLOCK ____ LOT: 15

TAX MAP IDENTICICATION AND ADDRESS: 2-2-002-15

227 Seneca Road, Great Falls, VA 22066

HEALTH DEPARTMENT PERMIT # 80-538

SEWAGE DISPOSAL PERMIT ISSUED FOR: Dwelling

WELL PERMIT ISSUED FOR: Dwelling

SEWAGE DISPOSAL SYSTEM DESIGNED FOR 4 BEDROOMS
(ALL PERMITS FOR DWELLINGS ARE DESIGNED TO INCLUDE AUTOMATIC WASHER AND GARBAGE DISPOSAL)

REMARKS:

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

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

APPROVED: 7-14-81

ENTERED JUL 14 1981

WATER SUPPLY SYSTEM

APPROVED: 8-31-81

(SIGNATURE)

ENTERED AUG 31 1981

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

W49/3-8-80

FHD-EH-3

ENTERED EH-CHD

SPECIAL HANDLING

File 1390

[redacted]VIRONMENTAL SERVICES SECTI[redacted]N
FOLLOW-UP REPORT

Owner's Name BAKSHI, RAMESH

Tax Map: 2 - 2 / 002 / 15 (Map / Grid / Sub / Block / Lot)

Street Address 227 SENECA RD

Subdivision SENECA FARMS

City, State, Zip GREAT FALLS VA 22066

Phone # 450-5052

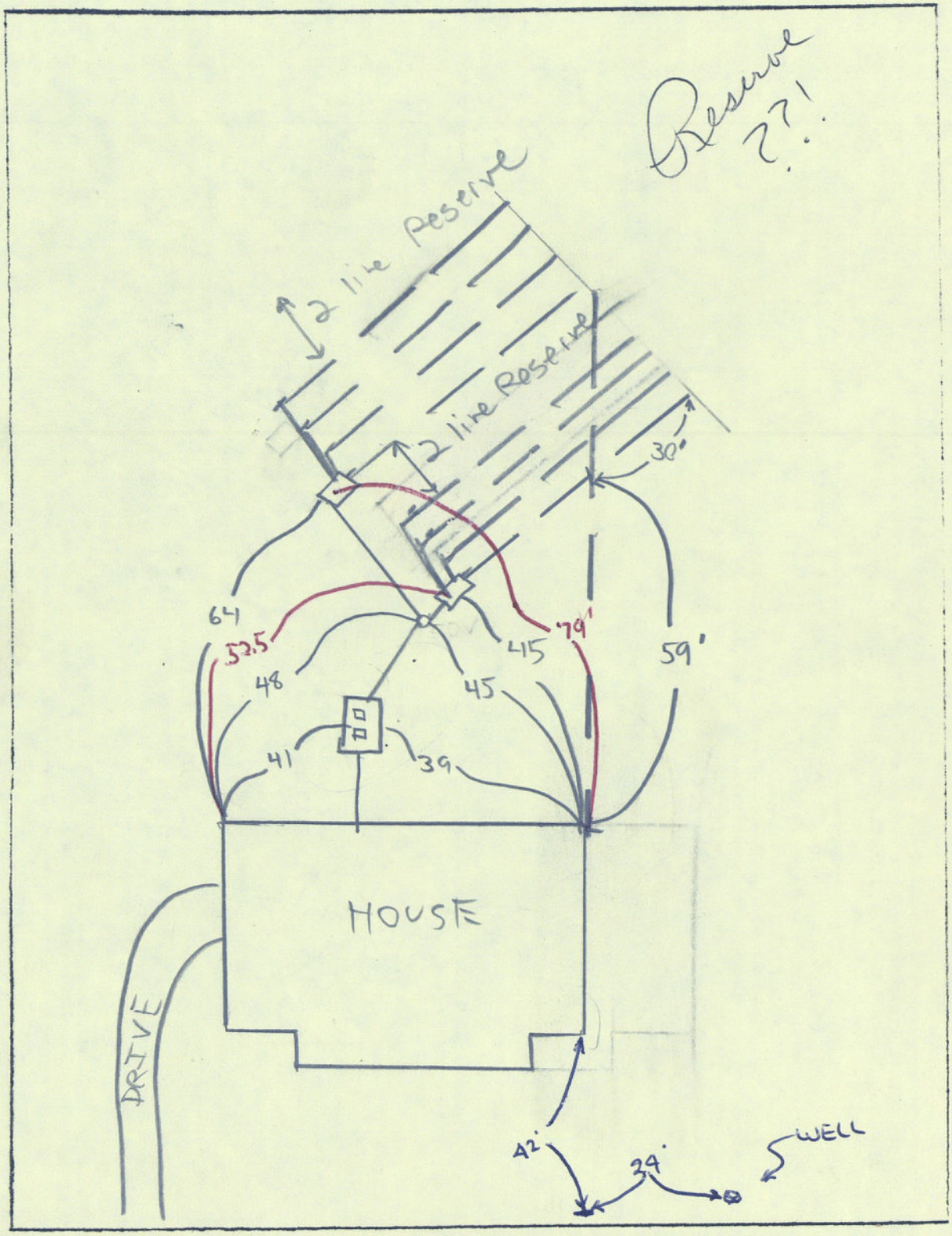
DATE	COMMENTS	RESCH DATE	INITIALS
10-16-92	WATER SAMPLE IS POSITIVE ACCORDING TO THE LAB		
	I NOTIFIED THE HOMEOWNER WHO WILL DISINFECT		
	THE WELL IMMEDIATELY.	10-22-92	KRW
10-20-92	RECIEVED A CALL FROM MR. BAKSHI WHO NEEDS		
	EVALUATION ASAP. HE THINKS HE CAN GET GOOD		
	WATER SAMPLE RESULTS BY FRIDAY; - RIGHT,		
	OWNER WILL GET A PRIVATE LAB TO SAMPLE		
	THE WATER I TOLD HIM THAT WE STILL		
	NEED TO COLLECT THE TWO WATER SAMPLES.		
	OK TO TO RELEASE 4-SALE WITH UNSATISFACTORY		
	WATER SUPPLY SYSTEM. WATER SAMPLES HAVE BEEN		
	SCHEDULED WITH J. DICKSON FOR OCT 22		
	AND OCT 29th RELEASE 4-SALE EVALUATION	SCHEDULED 10-22-92	KRW
10-22-92	WS #1 collected Scheduled →	Hold #2	JHD
10-29-92	WS #2 collected, Hold for both results. #1 Sat.'s/owner informed.	Hold results	JHD
11/5/92	WS #2 is Satisfactory. Owner informed Please Mail Results.	FILE	JHD

REV. 10-90
FHD-EH-6

PERMIT #: 80-538 LOCATION: SENCA FARMS TM: 2-2-2-15
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

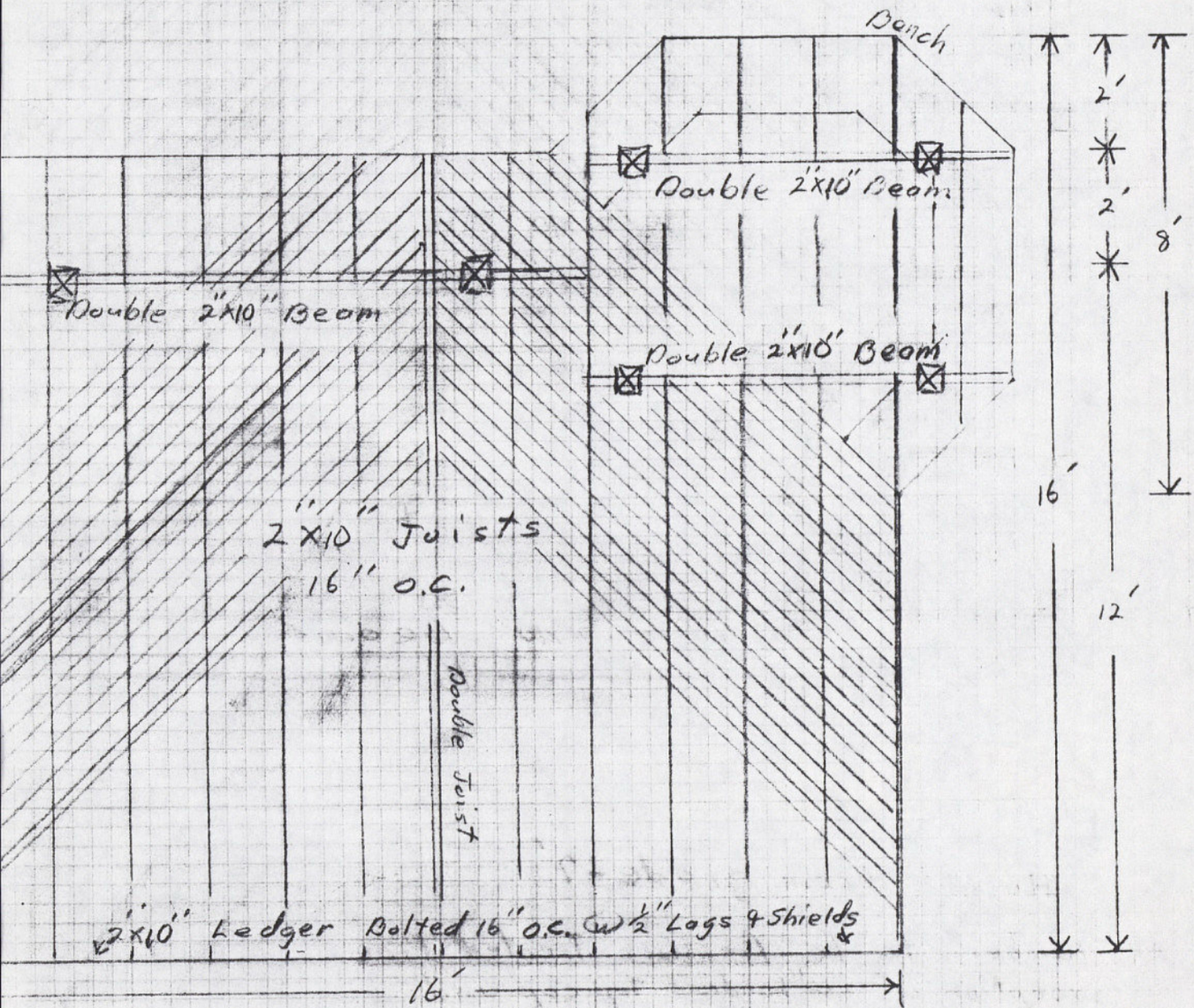
227 Seneca Rd



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

eptic
ank

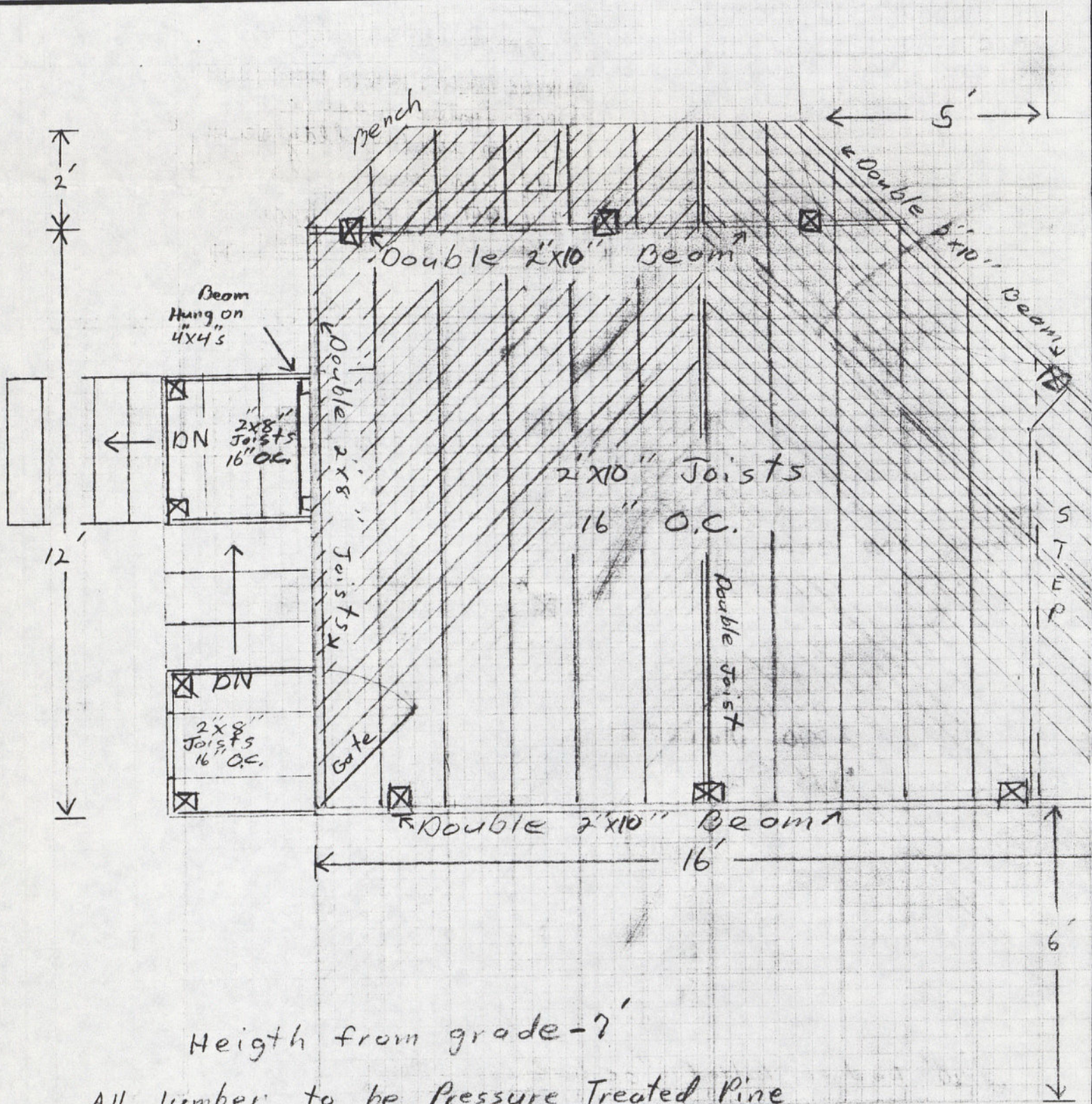
REJECTED FOR REASONS NOTED
FAIRFAX COUNTY HEALTH DEPARTMENT
Deck footers must be
5' from existing bldg sewer &
10' from existing tank
3-16-89 Date
Health Official



ickett Rail
lush w
deck pattern
ecks

Bakshi Residence		
SCALE: 1" = 3/8"	APPROVED BY:	DRAWN BY CH
DATE: 5/20/88	Virginia Craftsmen	REVISED
227 Seneca Rd		
Great Falls, Va. 22066		DRAWING NUMBER 1 of 1

HEALTH DEPARTMENT COPY



Heigth from grade - ?'

All lumber to be Pressure Treated Pine
@ exception of 2"x6" handrail top cap and 2"x6"s on benches which will be Redwood
All decking to be No. I grade lumber
All columns to be 6"x6"s notched and double bolted
All hardware galvanized.
All footers to be 16" X 16" X 24" and to virgin soil, @ exception of landing footers which will be 12"X12"X24" and to virgin soil

Standard
upper dec
existing s
Herring bo
on both

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

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
(3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA ☐ Yes ☐ No Date 10/18/80 Case No.

Owner Ramesh Bakshi Address 7011 96th Ave., Seabrook, MD 20801 (Mailing Address) Phone 864-5600 Ext.2149 577-0526

Occupant Address (Mailing Address) Phone

Exact Location of premises 227 Seneca Rd., Great Falls, VA 22066 SENECA FARMS TM: 2-2-002-15
(Subdivision, Street or Road Name, Section or Lot No.)

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

(1) WATER SUPPLY (Existing) Class Approved Yes ☐ No ☐ Other Va. Plane Coordinates
(To be installed) Class Cased * ft. to be grouted * ft. 505,000 N
2,334,000 E --
*PER COUNTY CODES (Unless supported by positive evidence Class III is to be considered as to be installed.)

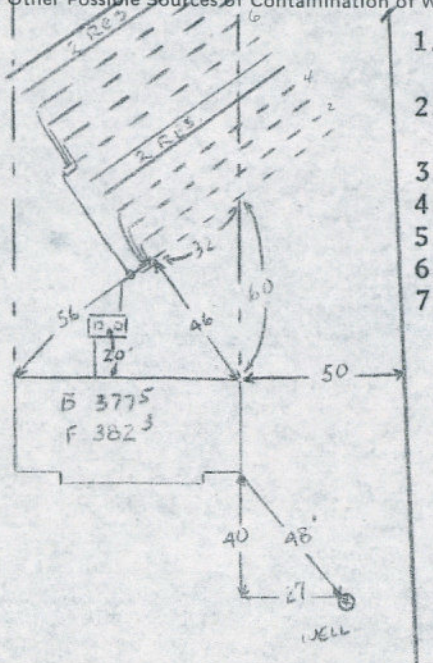
(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☒ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☒ Yes No ☐ Rate 10@56 (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles inches (estimate 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.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required 976 Type aggregate required blue stone
Depth of aggregate from base of tile to bottom of ditches 28 inches. Allowable fall 2 to 4 inches.
Total aggregate minimum depth 36 inches or more. Depth of drainfield to be 56 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.



Representative ☐ Owner ☐ feet

1. Install 8 lines, 61' long, 2' wide, 56" deep AFTER cut on 6' centers as shown at left.
2. Install a flow diversion valve and dist. boxes so that reserve may be used at a later date.
3. Install well where shown.
4. Maximium cover is to be twenty (20) inches.
5. Divert any/all surface water away from/off of septic system.
6. Install both systems in accordance with Fairfax Co. Codes.
7. Call for final grade inspection and water sample at least Thirty (30) days PRIOR to RUP request.

feet

#80-538

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 10/18/80 Approved (Reviewing Authority) Date 10/17/80 Signed (Sanitarian or Health Director)

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

DUPLICATE

PERMIT # 80-538

LOCATION 2-2-002-15 Seneca Farms Sec. 2
Subdivision or Tax Map Ref.

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

Well Installed By DOMINION Pump Installed By Dominion

I. GROUT INSPECTED OBSERVED GROUT TO SURFACE 4-27-81 (Date) JMM (Sanitarian)

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED 5-20-81 (Date) [illegible] (Sanitarian)

III. TYPE OF INSTALLATION: X/ PITLESS ADAPTOR __ PIT __ SURFACE
(4"Drain) (Drain) 5-20-81 (Date) [illegible] (Sanitarian)

IV. STORAGE TANK.... X TROL 82 gal. = 5-20-81 (Date) [illegible] (Sanitarian)

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

V. INITIAL WATER SAMPLE COLLECTED.... in part + FG ✓ 7-13-81 (Date) cof (Sanitarian)

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
5-26-81	PKW LOGS IN	HOLD	cof
7-20-81	WS POST · owner well re-chlorinate	# V7-27	cof
7-27-81	Took WS (MPN) #1	HOLD	cof
7-31-81	WS >16. owner to chlorinate	HOLD	cof

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

DATE	RECORDS OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
10-17-80	OK as shown - issued	HOLD	cof
4/14/81	lines #6, DBs, + Tank ok + ok to		
	BF, need to ✓ last 2 lines only	Hold	RK
4-20-81	Lines 7,8 OK TO BF. H2O FG ✓	HOLD	[illegible]
4-27-81	SDS FG VERY ROUGH	Hold H_2O	JMM
5-20-81	FG still very rough w/ mats ✓ w/ H2O	HOLD	[illegible]
7-13-81	FG BASICALLY OK.	Appd	cof
8-10-81	Took #1 MPN	HOLD	cof
8-17-81	Took #2 MF	HOLD	cof
8-24-81	Took #3 MPN repeat	HOLD	cof

FHD-EH-13

WATER SUPPLY

County/City Fairfax Date _____ Case No _____

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

Owner Ramesh Bakshi Address 7011 96th Ave., Seabrook, MD 20801 (Mailing Address) Phone 864-5600 Ext. 2149 577-0526

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of Premises 227 Seneca Rd., Great Falls, VA 22066 SENECA FARMS TM: 2-2-2-15
(Subdivision, Street or Road Name, Section or Lot No.)

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

TYPE SOURCE PROPOSED: _____

TOTAL PROPOSED ULTIMATE CONNECTIONS: _____

TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES) SERVED: _____

TOTAL PROPOSED PRESENT CONNECTIONS: _____

TOTAL PROPOSED PRESENT POPULATION SERVED: _____

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

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

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

SOURCE OF INFORMATION WELL LOG & INSPECTION IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☒ No

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

INSPECTION FINDINGS

DOMINION/Dominion

(1) WATERSHED Surface Drainage away from source in all directions ☒ Yes ☐ No. Distance Source from possible causes of contamination Sewer Line 50+ feet. Type of material used in Sewer Line CND (Describe) Septic Tank 50' feet.
Seepage Pit N/A feet. Subsurface Absorption Field (nearest point) 100+ feet. Other _____ feet.
Note any serious obstacles in watershed on back of form.

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

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

(4) CONSTRUCTION DETAILS Total depth 330 feet. Diameter 6 1/4 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 pitless adapter (Kind of Material) Opening in Cover watertight ☐ Yes ☐ No. If no, explain _____

(6) PUMP ☐ Shallow Well ☒ Deep Well. Length of Drop Pipe _____ feet. Well capacity 2 gallons per minute. Size of Feeder Pipe _____ inches.

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

(8) TYPE OF STORAGE ☒ Pressure ☐ Gravity. Capacity 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: 0'-85' DIRT
85'-92' TRASH ROCK
92'-105' TRASH ROCK & SHISH
105'-330' SHISH

Date 8/28/81 Signed CO Jones Date 8/31/81 Approved _____ (Health Director)

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

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

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date _____ Case No. _____

Owner Ramesh Bakshi Address 7011 96th St., Seabrook, MD 20801 (Mailing Address) Phone 864-5600 Ext. 2149 577-0526 454-9157

Occupant _____ Address _____ (Mailing Address) Phone 450-5052

Exact Location of Premises 227 Seneca Rd., Great Falls, VA 22066 SENECA FARMS TM: 2-2-2-15
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

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

SEWAGE DISPOSAL SYSTEM INSPECTION

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

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

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

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

(5) SEPTIC TANK
Constructed of precast concrete 1460 (Kind of Material)
Inside Dimensions Length _____ feet. Width _____ feet.
Liquid Depth _____ feet. Depth of Air Space _____ inches.
Inside Fittings comply with requirements ☑ Yes ☐ No.

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

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 976 square feet.
Number of ditches 8 Length of ditches 61 feet.
Grade of ditches Minimum 2 Inches per 100 feet.
Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☐ Yes ☐ No.
Type aggregate used Crushed Stone
Depth of aggregate under Tile 28 inches
Total depth of aggregate 36 inches
Depth of backfill over aggregate 20 (15-20) inches

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

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

Septic Tank Contractor: Roy Thomas Address _____ Phone _____

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

Date 7-13-81 Signed [illegible] (Sanitarian)

Date 7/14/81 Approved [illegible] (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: Bull Run FDV 1

Virginia Department of Health
LHS-141 Rev. 1/76

Form GW-2
1975-10,000

MAY - 4 1981

COMMONWEALTH OF VIRGINIA

WATER WELL COMPLETION REPORT

• BWCM No. _____

(Certification of Completion/County Permit)

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

227 Seneca Rd

County/City _____

County/City Stamp

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

• Virginia Plane Coordinates
_____ N
_____ E
Latitude & Longitude
_____ N
_____ W
• Topo. Map No. _____
• Elevation _____ ft.
• Formation _____
• Lithology _____
• River Basin _____
• Province _____
• Type Logs _____
• Cuttings _____
• Water Analysis _____
• Aquifer Test _____

• Owner Ramesh Bakshi
• Well Designation or Number ~~Eakx~~ Charleton-Ridge
Address 10403 Balls Ford Rd.
~~Manassas, Va. 22110~~
Phone ~~368-9209~~

• Drilling Contractor DOMINION WELL COMPANY
Address 10335 Balls Ford Road
Manassas, Virginia 22110
Phone 361-9126

Tax Map I.D. No. 2-2-002-15
Subdivision Senca Farms
Section _____
Block _____
Lot 15
Class Well: I _____, IIA _____, IIB _____, IIIA _____, IIIB x, IIIC _____ IIID _____ IIIE _____

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

DIRECTIONS: See Reverse

Date started 4/22/81 • Date completed 4/23/81 Type rig air ~~rtø~~ rotary

I. WELL DATA: New x Reworked _____ Deepened _____
• Total depth 330 ft.
• Depth to bedrock 85 ft.
• Hole size (Also include reamed zones)
• 10 inches from 0 to 92 ft.
• 6 1/8 inches from 92 to 330 ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 6 5/8 inches from 0 to 93 ft.
Material steel
Wt. per foot 13 or wall thickness .188 in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• Screen size and mesh for each zone (where applicable)
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• Gravel pack
• From _____ to _____ ft.
• From ~~45~~ to _____ ft.
• Grout
• From 0 to ~~50 x 20~~ ft., Type pressure
• From _____ to _____ ft., Type 25 bags

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

3. WATER ZONES: From 151 To 152
From 281 To 283 . From _____ To _____
From _____ To _____ . From _____ To _____

4. USE DATA:
Type of use: Drinking x, Livestock Watering _____,
Irrigation _____ Food processing _____, Household x,
Manufacturing _____, Fire safety ____, Cleaning _____,
Recreation _____, Aesthetic _____, Cooling or heating _____,
Injection ____, Other _____
• Type of facility: Domestic ____x, Public water supply _____,
Public institution _____, Farm _____, Industry _____,
Commercial _____, Other _____

5. PUMP DATA: Type _____ • Rated H.P. _____,
• Intake depth _____ • Capacity _____ at _____ head

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

7. DISINFECTION: Well disinfected _____ yes _____ no
Date _____, Disinfectant used _____
Amount _____, Hours used _____

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

OF

OVER

Owner _____ BWCM No. _____

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

10. DRILLERS LOG (use additional Sheets if necessary)				11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet) From	DEPTH (feet) To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)	Drilling Time (Min.)	
0	88	Dirt			
88	92	Trash Rock			
92	105	Trash Rock & Schist			
105	330	Schist			

DIRECTIONS: Rt. 66 East to Rt. 29/211 R to Rt. 28 L to Sterling Blvd. R to Rt. 7 R to Rt. 193 L to Seneca Rd. L to 227 on R just before end of Seneca Rt.

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

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches, Material _____
Installer _____
Date _____

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Harold W Brown (Seal), Date 4-29-81
(Well driller or authorized person)
License No. _____

State Water Control Board Regional Offices

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

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

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

Tidewater Reg. Off.
287 Pembroke Office Park
Suite 310 Pembroke No. 2
Va. Beach, Va. 23462
804-499-8742

West Central Reg. Off.
Executive Park
5312 Peters Creek Road
Roanoke, Va. 24019
703-982-7432

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

MAY 26 1981

Form GW-2
1:[illegible]-10,000

COMMONWEALTH OF VIRGINIA

WATER WELL COMPLETION REPORT

• BWCM No. _____

(Certification of Completion/County Permit)

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

227 Seneca Rd

SWCB Permit _____
County Permit Fairfax

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

County/City _____

County/City Stamp

• Virginia Plane Coordinates
_____ N
_____ E
Latitude & Longitude
_____ N
_____ W
• Topo. Map No. _____
• Elevation _____ ft.
• Formation _____
• Lithology _____
• River Basin _____
• Province _____
• Type Logs _____
• Cuttings _____
• Water Analysis _____
• Aquifer Test _____

• Owner Ramesh Bakshi
• Well Designation or Number Charleton-Ridge Homes, Inc.
Address 10403 Balls Ford Rd.
Manassas, Va. 22110
Phone 368-9209

• Drilling Contractor DOMINION WELL COMPANY
Address 10335 Balls Ford Road
Manassas, Virginia 22110
Phone 631-0266

Tax Map I.D. No. 2-2-002-15
Subdivision Seneca Farms
Section _____
Block _____
Lot 15
Class Well: I _____, IIA _____, IIB _____, IIIA _____, IIIB _____, IIIC _____ IIID _____ IIIE _____

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

Date started _____ • Date completed _____ Type rig _____

I. WELL DATA: New ____ Reworked ____ Deepened ____
• Total depth _____ ft.
• Depth to bedrock _____ ft.
• Hole size (Also include reamed zones)
• _____ inches from _____ to _____ ft.
• _____ inches from _____ to _____ ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• Screen size and mesh for each zone (where applicable)
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• Gravel pack
• From _____ to _____ ft.
• From _____ to _____ ft.
• Grout
• From _____ to _____ ft., Type _____
• From _____ to _____ ft., Type _____

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

3. WATER ZONES: From ____ To ____
From ____ To ____, From ____ To ____
From ____ To ____, From ____ To ____

4. USE DATA:
Type of use: Drinking ____, Livestock Watering ____,
Irrigation ____ Food processing ____, Household ____,
Manufacturing ____, Fire safety ____, Cleaning ____,
Recreation ____, Aesthetic ____, Cooling or heating ____,
Injection ____, Other _____
• Type of facility: Domestic ____, Public water supply ____,
Public institution ____, Farm ____, Industry ____,
Commercial ____, Other _____

5. PUMP DATA: Type Jacuzzi • Rated H.P. 3/4!
• Intake depth 300' • Capacity 5 at 40 head

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

7. DISINFECTION: Well disinfected x yes ____ no
Date 5/18/81, Disinfectant used 3 cupsHTH Chlorine
Amount 3 cups, Hours used 24

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

cf

OVER

Owner _____ BWCM No. _____

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

10. DRILLERS LOG (use additional Sheets if necessary)

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

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)

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

14. WATER SERVICE PIPE: Checked under 60 p.s.i. for 5 minutes. Pipe size 1" inches, Material POLY
Installer _____
Date _____

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Harold M Brew (Seal), Date 5-21-81
(Well driller or authorized person)
License No. _____

State Water Control Board Regional Offices

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

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

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

Tidewater Reg. Off.
287 Pembroke Office Park
Suite 310 Pembroke No. 2
Va. Beach, Va. 23462
804-499-8742

West Central Reg. Off.
Executive Park
5312 Peters Creek Road
Roanoke, Va. 24019
703-982-7432

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

P.I.C. N. 5051000
E. 233,000

FAIRFAX COUNTY [redacted]LTH DEPARTMENT - DIVISION OF [redacted]IRONMENTAL HEALTH

APPLICATION

[X] FOR PERMIT TO: [X] (Install) or Repair Sewage Disposal System

[X] (Install) or Repair Water Supply System

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

MAP REFERENCE

Plat	Subd.	Blk.	Lot
2	2	2	15

POST OFFICE AND STREET ADDRESS: 227 SENECA RD

SENECA FARMS SUBDIVISION 2 SEC. 15 LOT

OWNER'S NAME RAMESH BAKSHI Phone (H) (301) 577-0526 (O) (301) 864-5600/x2149

OWNER'S ADDRESS 7011 96TH AVE Street SEABROOK City & State MD 20801 Zip Code

CONTRACTOR'S NAME OWNER Phone SEE ABOVE

CONTRACTOR'S ADDRESS SEE ABOVE Street City & State Zip Code

RELEASE PERMIT TO: OWNER ✓ BUILDER ____

NEW DWELLING: No. of Bedrooms 4 Den ____ yes/no Bath in Basement ____ yes/no

Potential bedroom would as study Desire 4 bedrooms

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: ____

80-538

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: ✓ORISBakshi DATE 9/30/80

****

TO BE FILLED IN BY HEALTH DEPARTMENT

Building Permit Appl. No. 8009 B1623

W.S.S.R. No. 835-00133 9/20/80 kw

S.T.P.R. No. 02698 Pd 6-4-75

Perc Rate 10 Depth 56

Septic Tank 1481 Gallons Absorption Field 486 linear feet.

Replacement area required YES, 2414 linear feet.

REMARKS: no lower than high test hole.

REVIEWED BY: M.L DATE 10-9-80

REVIEWED BY: ____ DATE ____

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 227 Seneca Road, Great Falls, Va 22066 — Seneca Farms Sec. 2, 2-2-002-15 (Tax Map or Subdivision)

OWNER Remesh Bakshi — PHONE: 864-5600 Ext. 2149

ADDRESS Same — ZIP:

EVALUATION REQUESTED BY: Owner — DATE: 3-7-83 — PHONE:

SEND REPORT TO Hold for pick up.

****

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 5 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? 1.5 + years) YES X NO ____
Occupancy Confirmed by: Mrs. Bhatia

ON THE DATE OF EVALUATION:

____ Sewage disposal system appears to be functioning satisfactorily.

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

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

____ Other (See Remarks)

REMARKS:

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

DATE OF EVALUATION 3/16/83 SANITARIAN R. Kut

DATE OF REVIEW 3/16/83 SUPERVISOR [signature]

Rev. 8/79 WHB:FRK:dd

ENVIRONMENTAL SERVICES SECTION
REFERRAL FORM

OWNER'S NAME Ramesh Bakshi
SUBDIVISION Seneca Farms
STREET ADDRESS 227 Seneca Rd
TAX MAP REFERENCE 2-2-002-15
450-5052

REFERRAL FROM: Clarence Harris DATE RECEIVED: 3-8-89
ADDRESS _____ PHONE: 759-6394
SUBJECT: Bld # 89067B0600
Check Asbuilt measurement on septic tank for a proposed deck installation.

RECEIVED BY KRW
REFERRED TO RMS 3/10 FOR INVESTIGATION

DATE	INVESTIGATION REPORT	RESCH	SAN
3-10-89	Field measurements were made to verify the "as built" measurements. Ref to tech Svc From drawings submitted the deck location is not clear. Contractor was not present.	~~Tech Svc~~ Tech Svc	~~Cwf~~ Cwf
3/16/89	BP # 89067B0600 is REJECTED since proposed deck will not have footers >10' from tank or 5' from bldg sewer.	Tech Svc	Cwf

FHD-EH-5 11-81

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

REGISTERED

EVALUATION REPORT (Must be accompanied by Application)

Property Address: 227 SENECA ROAD, GREAT FALLS, VA 22066 **Tax Map–** 2 - 2 / 002 / ___ / 15

Owner RAMESH & REETA BAKSHI

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

Water Supply: Public ____ Private: X Public Water Available: Yes ____ No X Well Type: DRILLED

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

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

The Water Supply Systems Appears to be: Satisfactory X Unsatisfactory ____

REMARKS: ____

Sewage Disposal System: Public ____ Private X Public Sewer Available: Yes ____ No X Year System Installed: 1981

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

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

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

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

Recommend pumping septic tank in 19 93

On The Date of The Evaluation

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

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

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

____ Other (See Remarks)

REMARKS ____

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

DATE OF EVALUATION 10-17-90 SANITARIAN Kevin R Wastler

DATE OF REVIEW 10-24-90 SUPERVISOR Dennis A. Hill

HLR

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)

Property Address: 227 Seneca Road, Great Falls, VA 22066 **Tax Map–** 2 - 2 / 002 / ___ / 15

Owner RAMESH AND REETA BAKSHI

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

Water Supply: Public ____ Private: X Public Water Available: Yes ____ No X Well Type: DRILLED

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

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

The Water Supply Systems Appears to be: Satisfactory ____ Unsatisfactory X

REMARKS: WELL HAS BEEN DISINFECTED AND WATER SAMPLES ARE PENDING

Sewage Disposal System: Public ____ Private X Public Sewer Available: Yes ____ No X Year System Installed: 1981

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

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

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

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

Recommend pumping septic tank in 1992 Section 68-1-29 of the Fairfax Code requires pumping of the septic tank once every five (5) years. The owner of the property is required to provide written notification and proof to this Department each time the tank is pumped

On The Date of The Evaluation

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

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

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

____ Other (See Remarks)

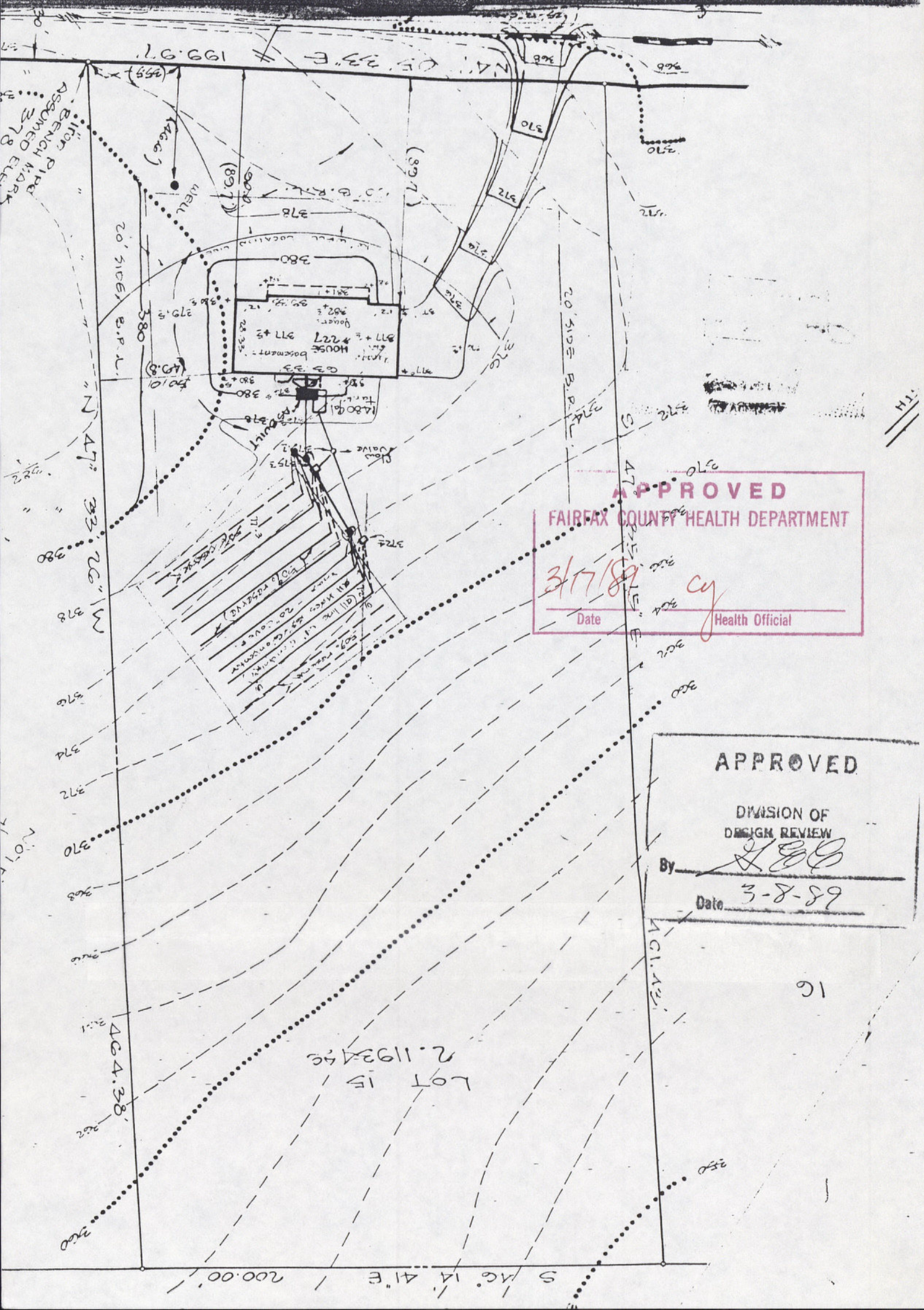
REMARKS ____

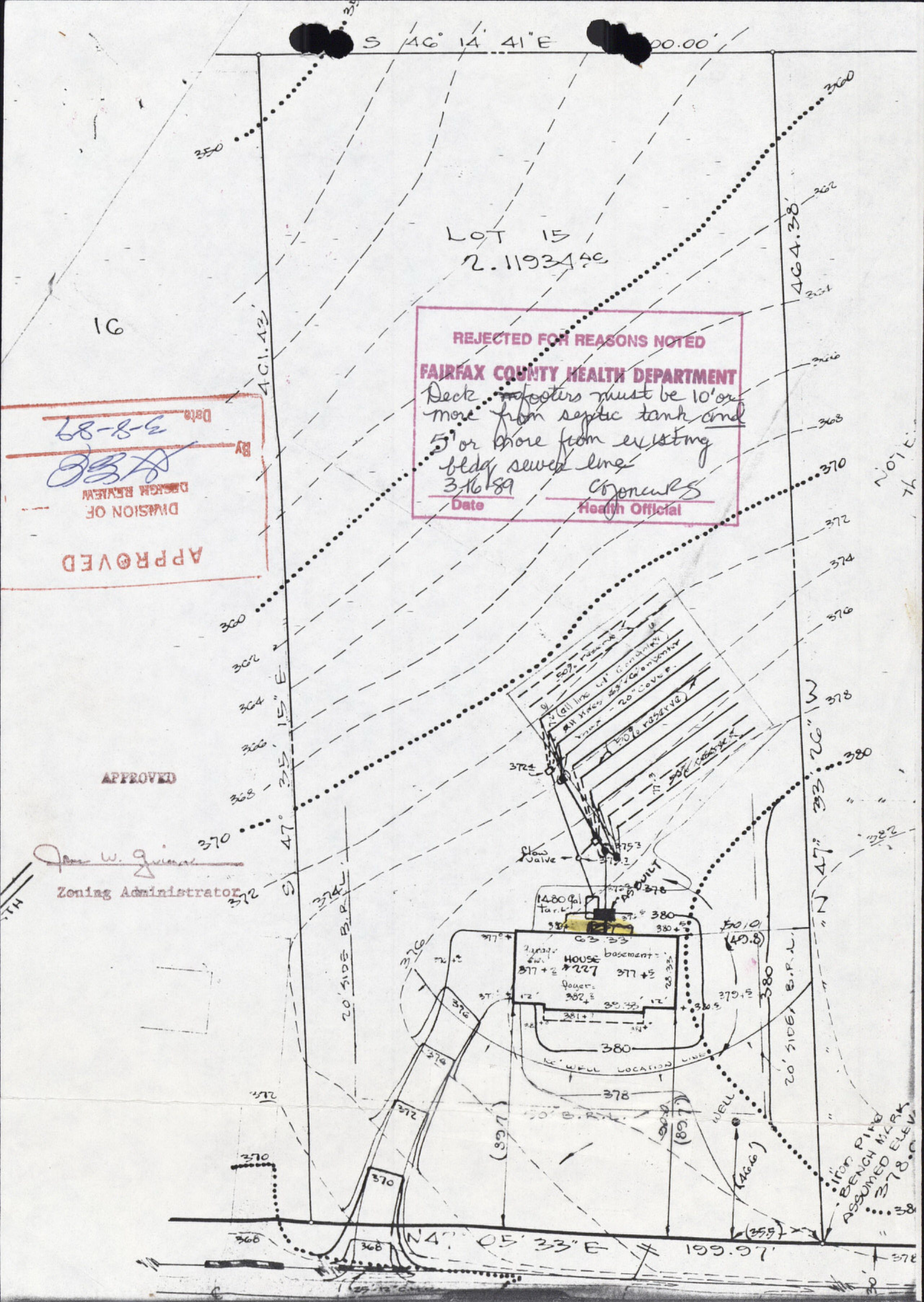
Evaluation of the Water Supply System or Sewage Disposal System is Based on Health Department Records, Owner's Statements, and a Visual On-Site Inspection.

DATE OF EVALUATION 10-13-92 SANITARIAN K. R. Watts

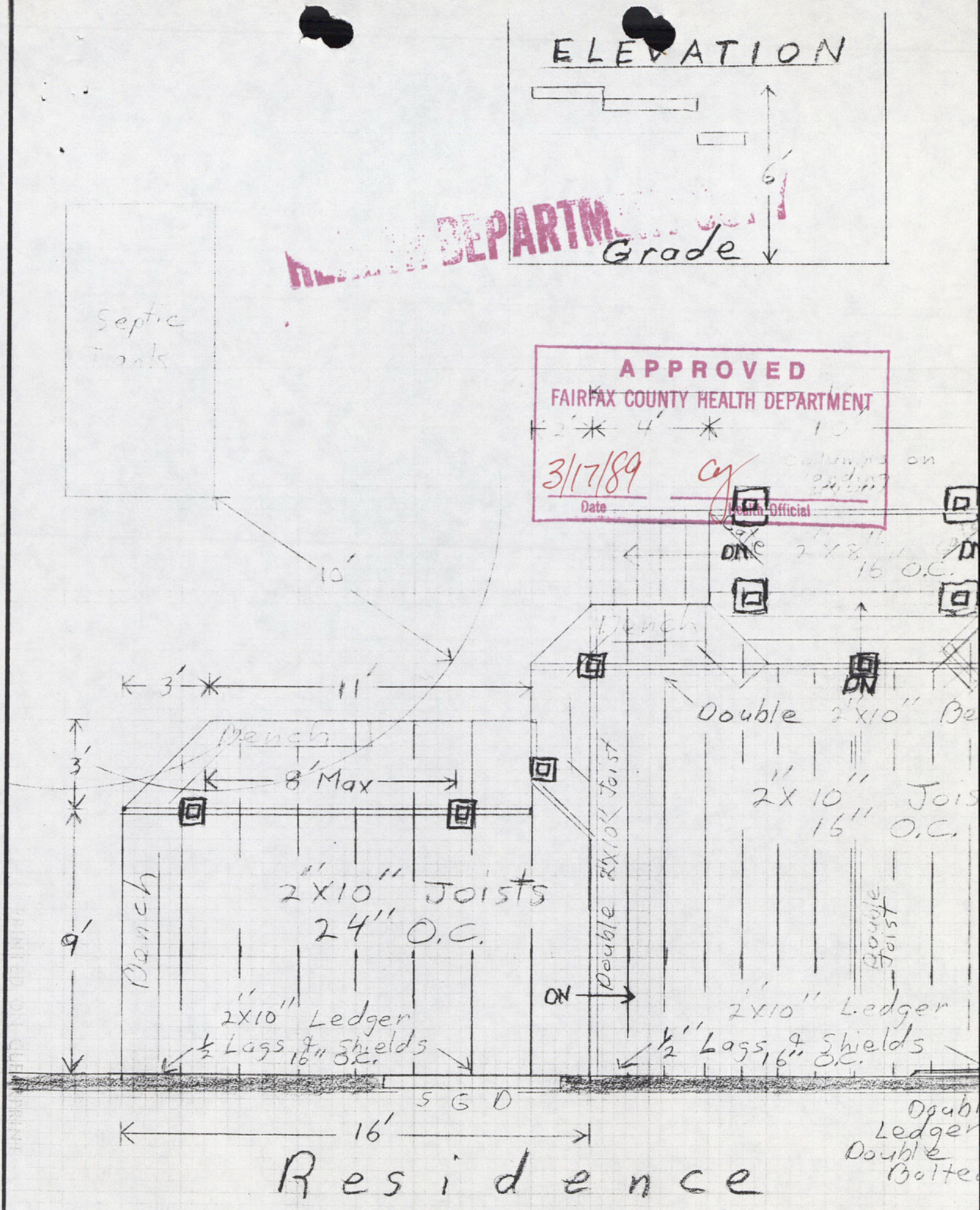
DATE OF REVIEW 10-20-92 SUPERVISOR C.D. Jones

HEALTH DEPARTMENT COPY





S 46° 14' 41" E
LOT 15
2.11934 ac
16
461.43'
464.38'
S 47° 35' 15" E
N 47° 33' 26" W
N 47° 05' 33" E
199.97'
REJECTED FOR REASONS NOTED
FAIRFAX COUNTY HEALTH DEPARTMENT
Deck footers must be 10' or more from septic tank and 5' or more from existing bldg sewer line
3/16/89
Date
Health Official
APPROVED
DIVISION OF DESIGN REVIEW
By
Date 3-8-89
APPROVED
Zoning Administrator
20' SIDE B.R.L.
20' SIDE B.R.L.
HOUSE #227
basement
1480 gal. tank
63.33'
AS BUILT
Flow Valve
WELL
Iron Pipe BENCH MARK ASSUMED ELEV. 378.0



HEALTH DEPARTMENT COPY

All lumber to be pressure treated pine @ exception of Top cap of benches and handrail, which will be 2"X6" redwood.

All columns to be 6"X6"s

All decking to be 2"X6"s

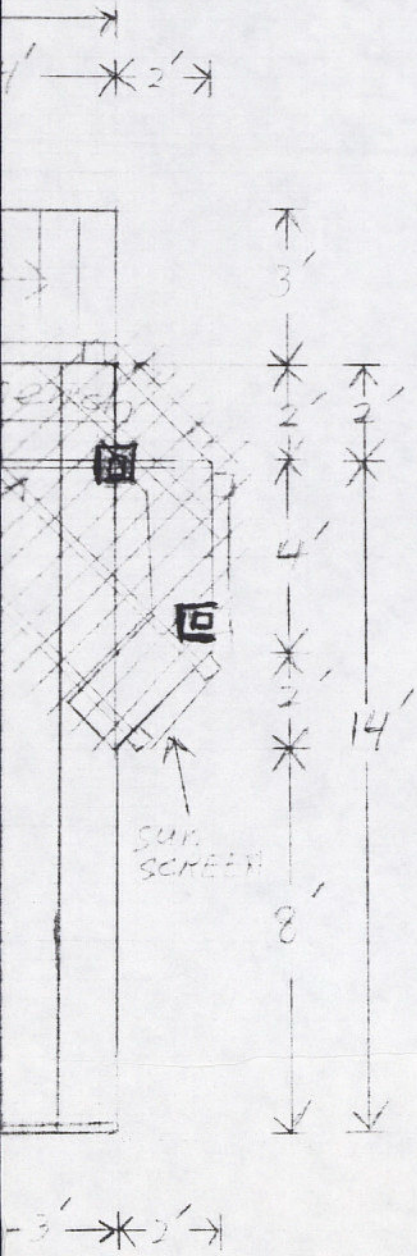
Standard Pickett handrail (Min 36" high, 4"X4"s double bolted @ ½" carriage bolts, 2"X4" cross members 2X2" picketts (Max 6" spacing) redwood top cap).

Footers 16"X16"X24"

Max Rise on stairs 8"

All deck framing 2"X10"

All hardware galvanized



APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
3/17/89 CJK
Date Health Official

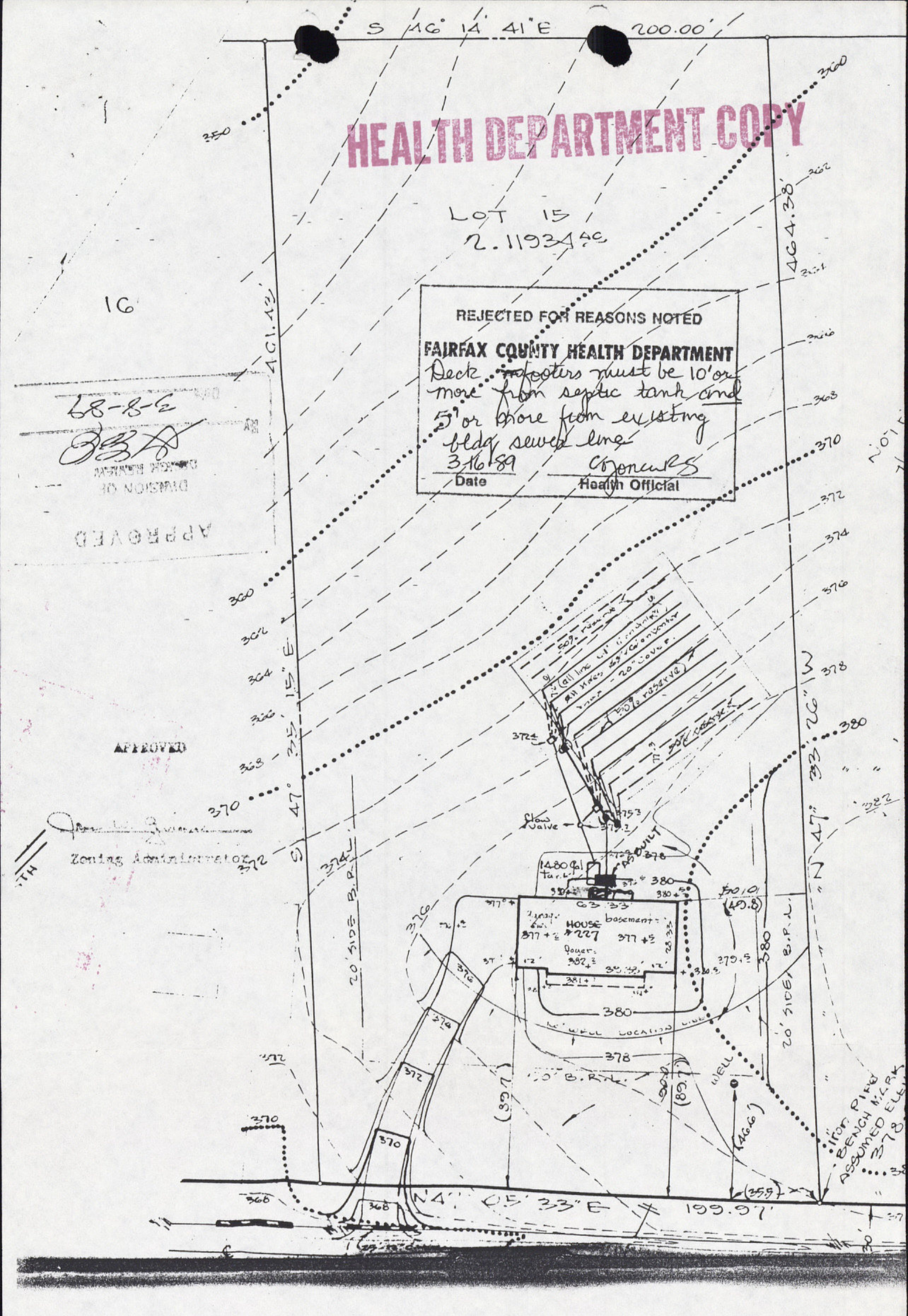
Sundeck

Bakshi Residence

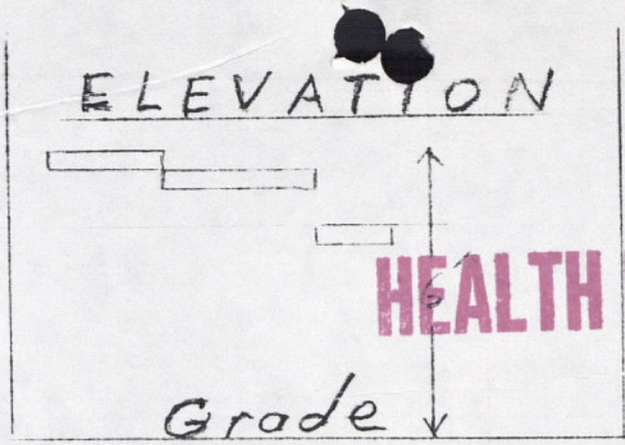
SCALE: 1'-¼"	APPROVED BY: Virginia Craftsman	DRAWN BY CH
DATE: 3/16/89		REVISED

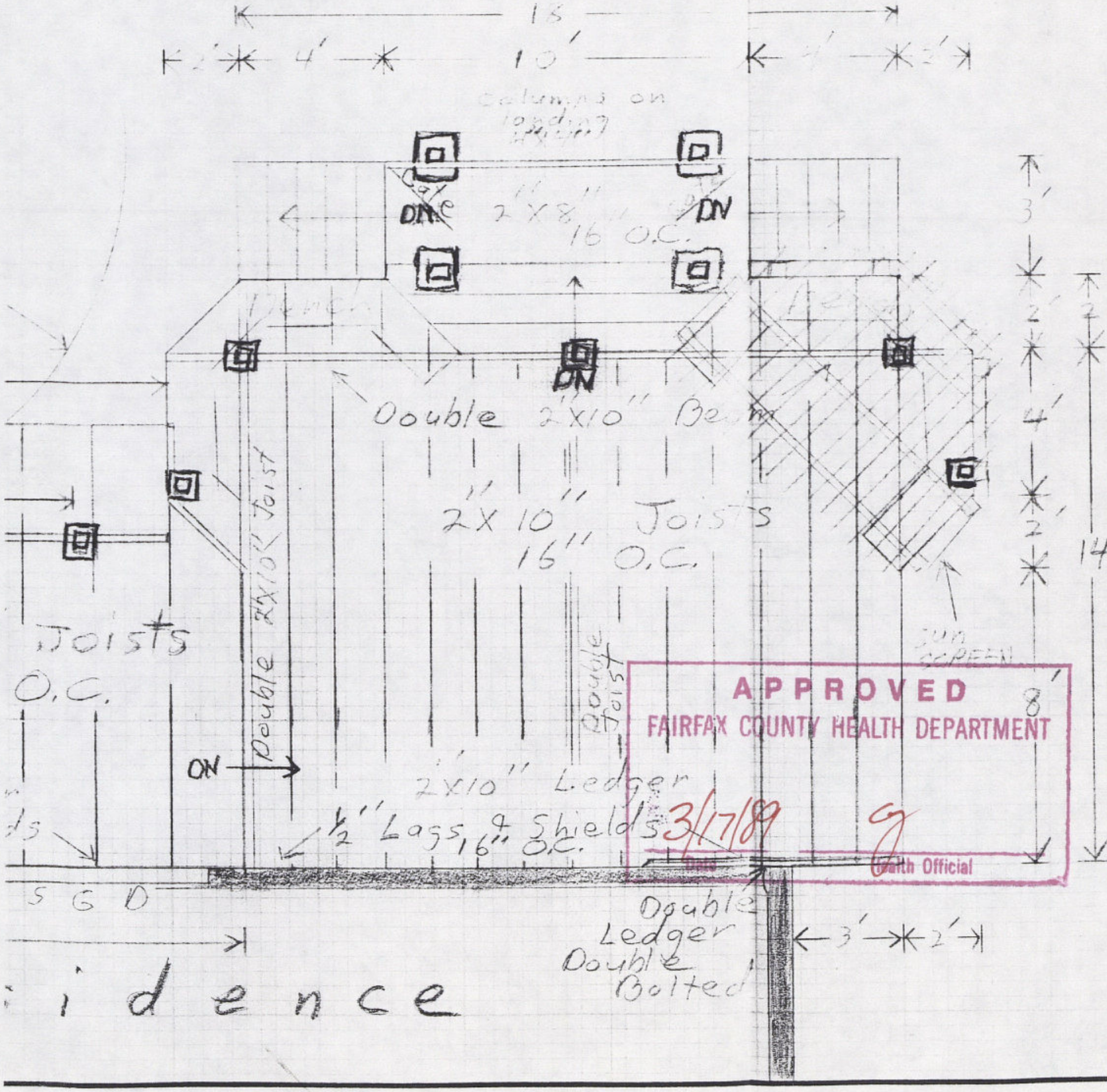
227 Seneca Rd.

DRAWING NUMBER



S 46° 14' 41" E 200.00'
HEALTH DEPARTMENT COPY
LOT 15
2.11934 AC
16
REJECTED FOR REASONS NOTED
FAIRFAX COUNTY HEALTH DEPARTMENT
Deck footers must be 10' or more from septic tank and 5' or more from existing bldg sewer line
3/16/89
Date
Health Official
APPROVED
DIVISION OF
APPROVED
Zoning Administrator
S 47° 35' 15" E
464.38'
N 47° 33' 26" W
20' SIDE B.R.L.
HOUSE #227
basement
foyer
1480 gal. tank
Flow valve
AS BUILT
50% reserve
30% reserve
10' WELL LOCATION LINE
WELL
50' B.R.L.
N 47° 05' 33" E 199.97'
Iron Pipe BENCH MARK ASSUMED ELEV. 378

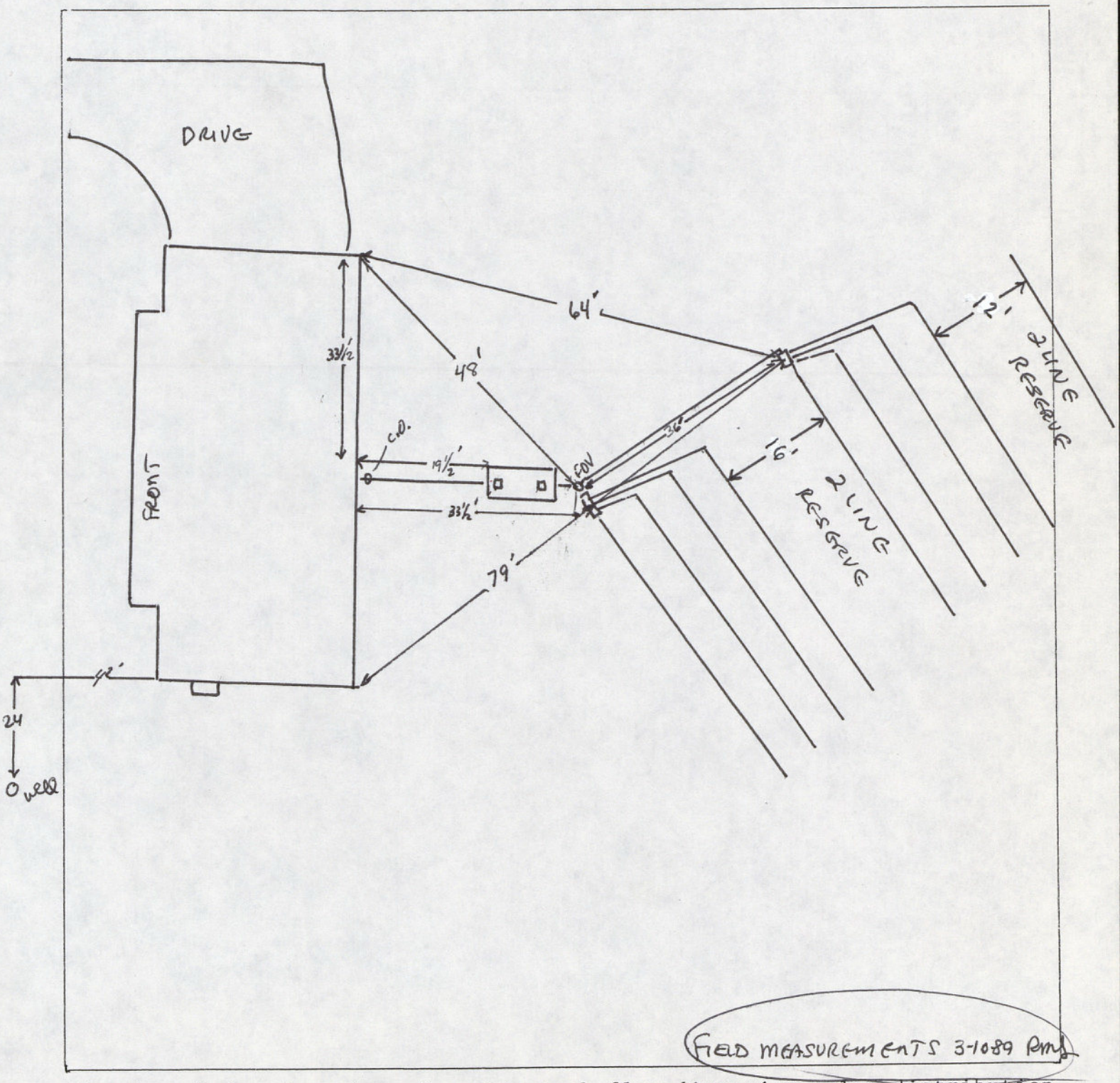




FAIRFAX/FALLS CHURCH HEALTH DISTRICT
FAIRFAX, VIRGINIA

PERMIT # _____ LOCATION 2-2-002 -15
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED



FIELD MEASUREMENTS 3-1089 RMJ

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

SITE & GRADING PLAN
LOT 15 SECTION 2
SENECA FARMS
SCALE 1" = 30'
SEPT. 25, 1980
DATUM - ASSUMED
C.I. = 2.0 FT.
Charles B. Shreve & Assoc.
Land Surveying
Herndon, Va.
471-4645
Septic System ~ 4 bedrooms
1. Construct 8 lines @ 68' = 544'
2. Reserve ~ 4 lines @ 68 = 272' 50%
3. all lines 6' on center - max 20" cover
4. percolation rate - 10 @ 56"
FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
Approval of plat plan only.
This is not a permit to install
a water supply or a sewage disposal
system.
All underground utility lines and utility easements
must be located a minimum of 4 feet from all
subsurface disposal systems.
All water service lines must be located a minimum
of 10 feet from all subsurface disposal systems.
M.B. 10-6-80
TRUE NORTH
LOT 15
2.1193 Ac.
Parcel "1-A"
1-A
16
S 46° 14' 41" E
200.00'
461.42'
464.38'
N 47° 35' 15" E
N 47° 33' 26" W
N 47° 05' 33" E
199.57'
SENECA ROAD
ROUTE # 602
HOUSE
RESERVE
Iron Pipe
BENCH MARK
ASSUMED ELEVATION
378.00
THE PROPERTY DELINEATED ON THIS PLAT IS LOCATED ON ASSESSMENT MAP No. 2-2-2-15 AND IS ZONED RE-2 AS OF THE DATE OF ITS APPROVAL
COMMONWEALTH OF VIRGINIA
CHARLES B. SHREVE
CERTIFICATE No.
64-17-3(a) 756
64-17-3(b) 169
LAND SURVEYOR