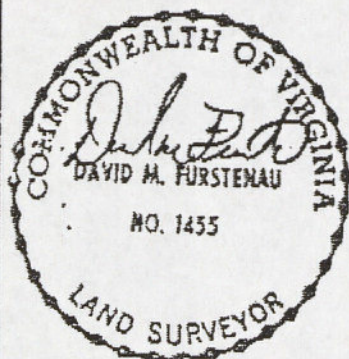


FAIRFAX COUNTY HEALTH DEPARTMENT
APPROVED

mm 11-13-2017
for
Sarah B. Johnson
Zoning Administrator



SENECA ROAD
60' R/W

HOUSE LOCATION SURVEY
LOT 16 - SECTION 2
SENECA FARM
FAIRFAX COUNTY, VIRGINIA

16
2.04748 AC.

SIZE

APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT

Portico Location

11/13/17

Date

Health Official

2 STORY
BRICK FRAME
DWELLING
215

CONSTRUCT A PORTICO
ROOF OVER THE EXISTING
MASONRY FRONT PORCH.
4' x 10.58'

DATE: APRIL 25, 1985

SCALE: 1"=100'

JOB NO: 85-01-0361

PURCHASER: DICE

SELLER: TOOHAY

DOVE & ASSOCIATES

3977 CHAINBRIDGE ROAD
FAIRFAX, VIRGINIA 22030 (703) 385-7414

ENGINEERING
PLANNING
SURVEYING

FILE

UNDER

1390

TO: DIVISION OF INSPECTIONS

DATE: 10/20/76

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Claude C. Dimmette

BUILDING APPLICATION NUMBER: B0272

SUBDIVISION: Seneca Farms SEC: 2 BLOCK: LOT: 16

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-16

225 Seneca Road

SEWAGE DISPOSAL PERMIT # 76-1058

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
& GARBAGE DISPOSAL)

RESTRICTIONS:

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

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

WATER SUPPLY SYSTEM

ENTERED SEP 27 1977

APPROVED:

6-6-77

FDV

APPROVED:

9-26-77

6-20-77

(SIGNATURE)

W H Beyer

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

W49/3-18-74

ENTERED
OCT 6-00
1977

P

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 80891090

Fairfax County Health Department

Name of Company/Corporation/Individual: FIVE STAR Septic Service

Address: Reston VA. Telephone: 703-716-0707

Owner's Name MARGA DICE

Owner's Address 225 Seneca Rd., Great Falls VA. 22066

Location of Installation: Lot 16 Block _____

Section: 2 Subdivision: Seneca Farms

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 3-11-10 Aspelin and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

5/15/10
Date

Justin Venturi
Signature and Title



Fairfax County Health Department
Division of Environmental Health
ONSITE SEWAGE AND WATER SECTION
PERMIT TO REPAIR ONSITE SEWAGE DISPOSAL SYSTEM

Health Department # 80891090 Tax Map # 2-2-002-16 Date 3/11/2010

Owner Jack Dice W. Trust c/o Marga Dice Phone (703) 444-3596

Address 225 Seneca Road, Great Falls VA 22066

Address of Premises 225 Seneca Road, Great Falls VA 22066

Subdivision Seneca Farms Sec./Block 2 Lot 16

Type of System I System Design 4BR

For: ☒ Dwelling ☐ Commercial Property ☐ Other, describe: _____

This permit authorizes the following repairs:

- | | |
|--|--|
| ☐ Replace and/or repair sewer line. | ☐ Replace or repair force main. |
| ☐ Replace _____ malfunctioning effluent pump(s) with pump(s) rated at a minimum of 40 gpm @ _____ feet of TDH and a maximum of 80 gpm @ _____ feet of TDH. Pumps must be equivalent to originally approved pumps. | ☐ Replace and/or repair conveyance line and/or header lines |
| ☐ Replace septic tank and/or pump chamber in the same location. | ☐ Replace damaged flow diversion valve and/or valve stem. |
| ☐ Replace electrical junction box on the pump chamber. | ☐ Replace _____ malfunctioning pump chamber float(s) and/or _____ gate valve(s) and/or _____ check valve(s) and/or piping. Reset drawdown between on and off float to _____ inches. |
| ☐ Replace septic tank lid and/or pump chamber lid. | ☒ Replace and/or repace <u>2</u> damaged distribution box(es). |
| ☐ Replace or repair pump control box. | ☐ Replace outlet and/or inlet tee(s). |
| | ☐ Other. |

Comments: _____

Note: Repairs must be made in accordance with all applicable State Regulations and County Codes. All repairs must be inspected by the Fairfax County Health Department upon completion. Contact the Fairfax County Health Department at 703-246-2201 to arrange for an inspection date.

Further repairs may be required to the Sewage Disposal System if problems are identified during repairs and/or inspections. This sewage disposal system repair is null and void if conditions are changed from those shown on the repair permit.

No part of any repair shall be covered until inspected, corrections made if necessary, and approved, by the Health Department or unless expressly authorized by the Health Department. Any part of any repair which has been covered prior to approval shall be uncovered, upon the direction of the Department.

Date: 03-11-10 Issued by: Kurt D. Aspelin *KD Aspelin*
Environmental Health Specialist

Date: 3-15-10 Repairs Approved: Kurt Aspelin
Environmental Health Specialist

Date: 3-15-10 Reviewed by: Mark A. Johnson
Environmental Health Supervisor

File

LINDER

1390

SUBDIVISION

STREET ADDRESS

TAX MAP REFERENCE

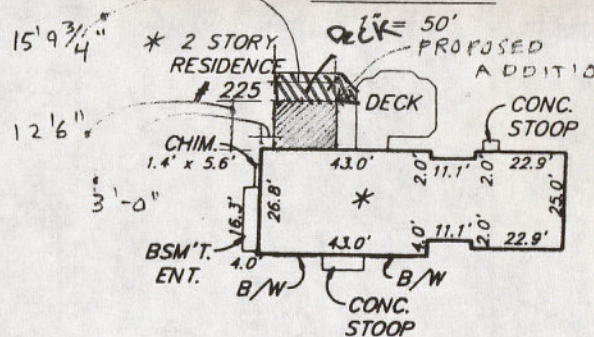
H: 444-3596

O. 223-3703

SAN. (3290)

SENECA FARM SECTION 3

HOUSE DETAIL



LOT 18

LOT 46

S 12°44'56" W 50.00'
S 46°14'41" W 147.31'
I.P.F.
I.P.F.
I.P.F.

LOT 16
2.047 ACRES

STABLE

35.9'

24.0'

48.3'

99.8'

N 47°35'15" W

461.43'

430.37'

S 46°15'26" E

4' WOOD FENCE

SEE DETAIL

WELL

ASPHALT D/W

I.P.F.

I.P.F.

N 47°05'33" E 201.08'

SENECA ROAD RTE. 602

60' R/W

TOTAL EARTH DISTURBED BY
THIS LOT SHALL NOT EXCEED
2500 SQ. FT.

EXCAVATED MATERIAL SHALL BE
REMOVED FROM SITE

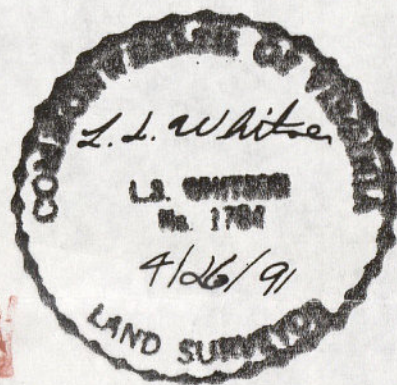
HOUSE LOCATION SURVEY
LOT 16 SECTION 2

SENECA FARM
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VIRGINIA

APPROVED

2-18-04

William E. Shoup
Zoning Administrator



I.P.F. - DENOTES IRON PIPE FOUND.

This plat has been prepared without benefit of a title report and does not therefore necessarily indicate all encumbrances on the property. Fence locations are approximate only and do not certify as to ownership. This survey is not to be used for the construction of fences or any other improvements.

FLOOD ZONE: C
COMMUNITY NO: 515525 C

PANEL: 2
DATE: 5-14-76

DATE: APRIL 26, 1991

SCALE: 1" = 100'

JOB NO: 91-01-0287

PURCHASER: REFINANCE

OWNER: DICE

DOVE & ASSOCIATES

11050 RANDOM HILLS ROAD
SUITE 750
FAIRFAX, VIRGINIA 22030
703-385-7414

3078 SHAWNEE DRIVE
PO. BOX 2033
WINCHESTER, VIRGINIA 22601
703-667-1103

ARCHITECTS
ENGINEERS
PLANNERS
SURVEYORS

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 10 20 76 Case No. _____
 Owner Claude C. Dimette Address Rt. # 1 Box 116D, Aldie, Va. 22001 Phone 327 6750
 (Mailing Address)
 Occupant _____ Address _____ Phone _____
 (Mailing Address)
 Exact Location of Premises Seneca Farms Sec. # 2 LOT # 16 2-2-002-16 225 Seneca
 (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 10' feet. Trees 10' feet. Water Supplies 100' feet. Buildings 20' feet.
- (2) INSTALLATION AND DESIGN
 Installed according to Permit Design ☒ Yes ☐ No
 Have additional Household Appliances been added NOT on Permit:
☐ Automatic Washer ☐ Garbage Disposal
☐ Other _____ (Describe)
- (3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☒ No. If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE
 Installed ☐ Yes ☐ No. Type of material _____ Size _____ Inches.
- (5) SEPTIC TANK
 Constructed of pre-cast 1400 (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 6 Length of ditches 61 feet. Grade of ditches Minimum 3.0 Inches per 100 feet. Maximum _____ inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No. Type aggregate used blue stone
 Depth of aggregate under Tile 8 inches. Total depth of aggregate 16 inches. Depth of backfill over aggregate 20-23 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.

FDV set #1

Septic Tank Contractor: RENT Address _____ Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by FAIRFAX COUNTY Health Department.
 Date 6-3-77 Signed John M. Milgum Date 6-6-77 Approved L.H. Boyer
 (Sanitarian) (Health Director)
 Date _____ Approved _____ Date _____ Approved _____
 (Advisory Sanitarian) (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: _____

Duplicate Records.

WATER SUPPLY

County/City Fairfax Date 10/20/76 Case No. _____

☐ Proposed
☒ Record of Inspection

☐ Public
☐ Quasi-Public

☒ Non-Public Drinking

Owner Claude C. Dimmette Address Rt. 1 Box 116D Aldie, Va. 22001 Phone 327 6750
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)
Exact Location of Premises Seneca Farms Sec. #2 Lot #16 2-2-002-16
(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 ON-SITE INSPECTION; WALL LOGS IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☒ No
SEWAGE DISPOSAL BY ☐ PUBLIC SEWER ☐ COMMUNITY SYSTEM ☒ INDIVIDUAL SYSTEM ON SITE.

INSPECTION FINDINGS

TROUT: TROUT
(1) WATERSHED Surface Drainage away from source in all directions
☒ Yes ☐ No. Distance Source from possible causes of contamination Sewer Line 50' feet. Type of material used in Sewer Line _____ (Describe) Septic Tank 80' feet.
Seepage Pit _____ 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 0-52 SHALE + CLAY
(3) CLASSIFICATION OF WELL ☐ Type - 1 ☐ Type - 2A
☐ Type - 2B ☐ Type - 3 ☐ Other 52-260 (Describe) ROCK
(4) CONSTRUCTION DETAILS Total depth 260 feet.
Diameter 6" inches. Type of casing STEEL (Describe)
Depth of casing 70 feet. Exterior space around casing sealed with ☒ Concrete grout to depth of 50 feet.
☐ Poured in place ☒ Pumped in under pressure ☐ Other type backfill _____ to depth of _____ feet.
(Describe) casing extends 12" inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☒ Metal ☐ Other
(Kind of Material) Opening in Cover watertight
☒ Yes ☐ No. If no, explain PITLESS ADAPTER
(6) PUMP ☐ Shallow Well ☒ Deep Well. Length of Drop Pipe _____ feet. Well capacity 5 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 42 gallons. If gravity, is overflow pipe screened ☐ Yes ☐ No.

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

REMARKS: _____

Date 9/26/77 Signed 60 Jones Date 9-26-77 Approved W.H. Berger
(Health Inspector)

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

PERMIT TO INSTALL ☒ REPAIR, ☐ REASONS FOR REJECTION ☐ FDV WATER SUPPLY ☒ SEWAGE DISPOSAL SYSTEM ☒ C-1 PD. 6/4/75

- (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 10/20/76 Case No. _____

Owner Claude C. Dimmette Address RT 1, Box 116D Aldie, Va. 22001 Phone 327 6750
 (Mailing Address)

Occupant _____ Address _____ Phone _____
 (Mailing Address)

Exact Location of premises Seneca Farms SEC #2 LOT # 16 2-2-002-16
 (Subdivision, Street or Road Name, Section or Lot No.)

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

(1) WATER SUPPLY (Existing) Class _____ Approved ☐ Yes ☐ No Other _____
 (To be installed) Class _____ Cased * ft. to be grouted * ft. *AS PER COUNTY CODES
 (Unless supported by positive evidence Class III is to be considered as to be installed.)

(2) SOIL STUDY Naturally drained, suitable by sight ☐ Yes ☐ No Technical Classification _____ (If Known)
 Estimated Percolation Rate 1-10 ☒ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☒ Yes ☐ No Rate 10 @ 57"
 (Minutes per inch) Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

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

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

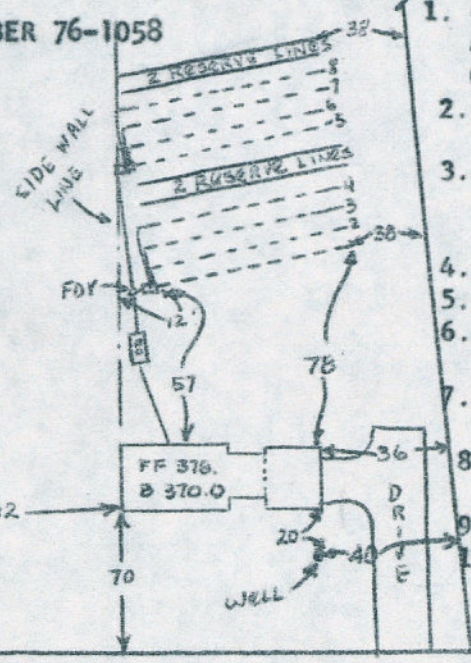
SUBSURFACE ABSORPTION FIELD Number of square feet required 976 + 488 Type aggregate required crushed stone

(5) Depth of aggregate from base of tile to bottom of ditches 8 inches. Allowable fall 2 to 4 inches. 100'
 Total aggregate minimum depth 16 inches or more. Depth of drainfield to be 36 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 NUMBER 76-1058

NOT TO SCALE



1. Grade as shown on approved grading plans dated 10-20-76 and call for grade inspection PRIOR to installation. Cut should be about 2' over entire system.
2. Install 8 lines, 61' long, 2' wide, 36" deep AFTER 2' cut on 6' centers.
3. Line #1 (top) to start 12' ~~past~~ side wall line about 57' from house rear wall and end 38' from side PL about 78' from house rear wall.
4. Install a Flow Diversion Valve.
5. Install dist. boxes so reserve may be used later.
6. Leave 16' (edge to edge) of undisturbed soil between line #4 and #5 for 2 reserve lines.
7. NO part of system should be installed past side wall line.
8. Install well 20' from garage corner and 40' from side PL.
9. Call for final grade check for approval when ready.
10. Call for water sample when system(water) is connected to house and disinfected.
11. Install both systems in accordance with Fairfax County codes.

Note: Owner or his agent must notify Environmental 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 1-4-77 Approved [Signature] Date 1-3-77 Signed [Signature]
 (Reviewing Authority) (Sanitarian or Health Director)

SEP 23 1977

WATER SUPPLY LOG

NEW ☒ REPAIROWNER C. Dinehe DATE _____ PHONE _____OWNER'S ADDRESS RT. 1 Box 1160 Aldie, VA. 22001
(Street) (City and State - Zip Code)WATER SUPPLY CONTRACTOR William H. Trout PHONE 450-4450CONTRACTOR'S ADDRESS RT. 2 Sterling, VA. 22170
(Street) (City and State - Zip Code)LOCATION Seneca Farms 16
(Subdivision) (Section) (Block) (lot)

INFORMATION TO BE SUPPLIED BY WATER SUPPLY CONTRACTOR

WELL DATA:

- Date Construction Started 3-77 (Indicate Weight for Metal Casing)
1. Type of Well: Drilled ☒ Bored ☐ Dug ☐ 2. Casing Material 13 Wt/Ft
3. Casing Diameter 6 1/2" I.D. 4. Total Length of Casing Installed 70
5. Depth of Grouting 50 Ft. Number Bags Cement Used 27
6. Strainer or Screens: Type _____ Diameter _____ Length _____ Size of Openings _____
7. Standing Water Level (Depth below Ground Surface When Not Pumping) 39
8. Yield of Well 5 G.P.M.
9. Elevation of Water Surface When Pumped at Designated Rate 80
10. Number of Hours Pumped at Stipulated Rate During Test 2 hrs.
11. Physical Appearance of Water at End of Pumping Test clear
12. Log of Materials Encountered During Drilling (Indicate Depth of Various Strat.)
0-52 dirt & shale
52-260 rock
- Total Depth of Well 260
13. Depth to Water Bearing Formation 240 Ft.

PUMP DATA:

14. Type of Pump Installed Submersible
15. Pumping Rate 10 G.P.M. @ 60 T.D.H. or P.S.I.
16. Type of Well Seal pitless adaptor 17. Location of Pump well
18. Pressure Tank: Size 1/2" x 202 Gals. Location basement
19. Well Supplied with Following Appurtenances:
- A. Sample Tap ☒
 - B. Well Vent ☒
 - C. Pressure Relief Valve ☒
 - D. Gate Valve ☒
 - E. Check Valve Where Required ☒
 - F. Electrical Disconnect Switch on the Pump Power Supply ☒
20. Date Pump Installed 4-77 back flow valve
21. System Disinfected yes

Signed: Will Trout

Water Supply Contractor

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

2-2-002-16

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

A hand-drawn site plan of a building layout. The plan shows a building with several rooms and a central area. Key features include:

- DRIVE**: A vertical road on the left side of the plan.
- WELL**: A small circular feature near the top left, with a cross inside.
- Dimensions**:
 - 20'5" (vertical distance from the well to a horizontal line)
 - 30'6" (diagonal distance from the well to a corner)
 - 72 (vertical distance from a horizontal line to the top of the building)
 - 20 (horizontal distance from the left side to a vertical line)
 - 90 (horizontal distance from a vertical line to the right side)
 - 42, 46, 55, 51, 12 (various small dimensions within the building footprint)
- Labels**:
 - G**: A large letter in the upper left room.
 - BAQW**: A label in a small box at the bottom left, with an arrow pointing to it.
- Other Features**:
 - A series of horizontal dashed lines in the lower right area.
 - Arrows indicating directions or flow within the building.

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

PERMIT # 76-1058

LOCATION: Seneca Farms 2-2-002-16
Subdivision or Tax Map Ref.

PART I

WATER SUPPLY INSPECTION REPORT (To Supplement LHS 143)

Well Installed By TROUT Pump Installed By TROUT

I. GROUT INSPECTED + FG Observed N.M. STOUT 4-14-77 J.M.M.
Date Sanitarian

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED 4-26-77 J.M.M.
Date Sanitarian

III. TYPE OF INSTALLATION: ☒ PITLESS ADAPTER ☐ PIT ☐ SURFACE 4-26-77 J.M.M.
(4" Drain) (Drain) App. Date Sanitarian

IV. STORAGE TANK. + FG 42 GALLON 4-26-77 J.M.M.
Date Sanitarian

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

V. INITIAL WATER SAMPLE COLLECTED. NEED LOGS 7-13-77 Cof
Date Sanitarian

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
3-9-77	WELL IS IN NOW - NO RECORD OF CALL FOR GROUT YET. (BLD. SAYS TROUT OUNGO)	HOLD FOR CALL	J.M.M.
4-14-77	WELL HAD TO LEAVE WELL SITE BEFORE GROUT TO GROUND SURFACE (ABOUT 20 FT. DOWN) GROUT WAS DIFFICULT TO "HOLD"	RESCHEDULE A.S.A.P.	J.M.M.
4-22-77	GROUT Lip	HOLD	Cof

PART II

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To Supplement LHS 141)

DATE	RECORDS OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
3-2-77	MAKE GRADE ✓ AND TOLD CONTRACT TO PROCEED WITH INSTALLATION OF SYSTEM	HOLD FOR CALL	J.M.M.
3-4-77	Entire SDS OK TO BF; TANK MAY HAVE 25"		
	BF on inlet end; 18" on lower end	RESCH BF	Cof (3-9-77)
3-9-77	CHECKED OF AND FINAL GRADE - BF RUNNING 17-22" ON FGLD - 0.11. - GRADING SMOOTH. OF ON TANK ROUGH + 23" DEEP. HUGE PILE OF DIRT AROUND SDS TO BE REMOVED. ADVISED BLD. ON SITE TO REMOVE DIRT AND EXCESS BF ON TANK	RESCHEDULE FINAL GRADE 2 WKS.	(3-23-77) J.M.M.
3-23-77	Re ✓ FG with WSS	HOLD	Cof
4-14-77	NO CHANGE FROM ABOVE-MENTIONED CONOMON- 3-9-77. ADVISED OWNER DIMMETTE WITH W.S.S. DITCH	RESCHEDULE	J.M.M. 4-22
4-26-77	NO CHANGE FROM ABOVE-MENTIONED NOTES, ADVISED OWNER DIMMETTE WHO SAID THEY NEEDED FINAL GRADING SOON.	RESCH WITH H ₂ O SAMPLE	J.M.M.
6-3-77	SDS ON FOR APPROVAL	Approved	J.M.M.

FAIRFAX COUNTY HEALTH DEPARTMENT - DIVISION OF ENVIRONMENTAL HEALTH

APPLICATION

☒ FOR PERMIT TO: ☒ Install or Repair Sewage Disposal System
☒ Install or Repair Water Supply System

☐ APPROVAL OF BUILDING APPLICATION FOR (Specify): _____

MAP REFERENCE

Plat	Subd.	Blk.	Lot
2-2	222		16

STREET ADDRESS: ²²⁵~~212~~ Seneca Rd Great Falls, Va.

PROPERTY IDENTIFICATION: Seneca Farms 2
SUBDIVISION Sec.

OWNER'S NAME Claude C. Dimmette Phone (H) 327-6750 (O) _____

OWNER'S ADDRESS Rt 1 Box 116 D Albie Va. 22001
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 No Bath in Basement Rough in
yes/no yes/no

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: Claude C. Dimmette DATE: 10/8/76

TO BE FILLED IN BY HEALTH DEPARTMENT Building Permit Appl. No. 60272

Perc Rate 10 Depth 57 S.T.P.R. No. 18-026946-4-75
Septic Tank 1460 Gallons. Absorption Field 488 linear Feet.
Replacement area required, 304 linear Feet.
yes/no

REMARKS: no lower than 10' below hole #3

REVIEWED BY: M. Shelton DATE: 10-20-76
REVIEWED BY: _____ DATE: _____

76-1058

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 225 Seneca Rd., Great Falls, Va 22066 Seneca Farms Sec. 2
2-2-002-16
(Tax Map or Subdivision)
OWNER Michael & Jean Toohey PHONE: _____
ADDRESS Same ZIP: _____
EVALUATION REQUESTED BY: Owner DATE: 3-11-85 PHONE: _____
SEND REPORT TO Owner

WATER SUPPLY: PUBLIC _____ PRIVATE X PUBLIC WATER AVAILABLE YES _____ NO X
DUG WELL _____ BORED WELL _____ DRILLED WELL X OTHER _____
THE WATER SUPPLY SYSTEM APPEARS TO BE: SATISFACTORY X UNSATISFACTORY _____

REMARKS: _____

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

Number of bedrooms existing 4 Number of bedrooms system designed for 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 X NO _____
Dwelling continuously occupied prior to evaluation (How Long? 30 days +) YES X NO _____
Occupancy Confirmed by: Mr. Larson, Realtor

ON THE DATE OF EVALUATION:

X Sewage disposal system appears to be functioning satisfactorily.

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

Sewage disposal system appears to be malfunctioning as follows:

 Sewage surfacing
 Sewage (waste water) piped to ground surface.
 Sewage backing up in house plumbing.

 Other (See Remarks)

REMARKS: Recommend that septic system area be fenced to protect it from horse traffic.

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 3-25-85 SANITARIAN [Signature]
DATE OF REVIEW 3-26-85 SUPERVISOR [Signature]

JAMES A. SMITH and ASSOC'S.
CIVIL ENGINEERS • LAND SURVEYORS
6623-A OLD DOMINION DRIVE
MCLEAN, VIRGINIA