File UNDER 1391

TO: DIVISION OF INSPECTIONS DATE: 9-16-82

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Melvin E. Thompson

BUILDING APPLICATION NUMBER: 82256B0670

SUBDIVISION: Seneca Farms SEC: 3 BLOCK LOT: 24

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-24

217 Donmore Drive, Great Falls., VA 22066

HEALTH DEPARTMENT PERMIT # 82-297

SEWAGE DISPOSAL PERMIT ISSUED FOR: Dwelling: (MS)

WELL PERMIT ISSUED FOR: Dwelling

SEWAGE DISPOSAL SYSTEM DESIGNED FOR Three 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: 2/17/83 (FDV)

WATER SUPPLY SYSTEM

APPROVED: 2/17/83

W H Berger
(SIGNATURE)

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

ENTERED CB-CM

FHD-EH-3 10-80

SPECIAL HANDLING

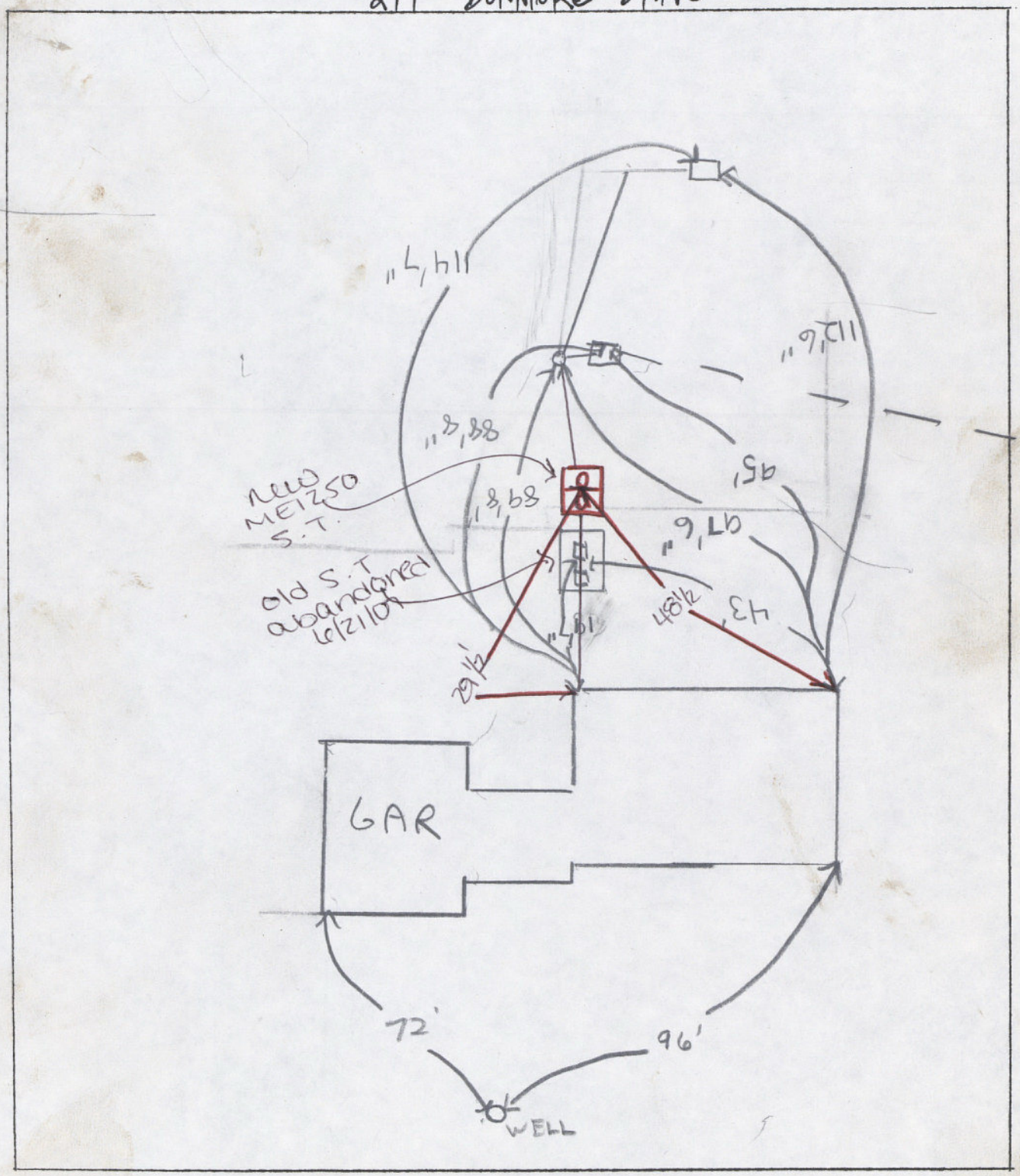
FAIRFAX/FALLS CHURCH HEALTH DISTRICT
FAIRFAX, VIRGINIA

TM: 2-2-002-24

PERMIT # 82-297 LOCATION SENECA FARMS Lot 24
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

217 DONMORE DRIVE



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

FHD-EH-7 9-81 TAPP 1125

File 1391

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

Owner's Name Melvin Thompson

Tax Map: 2 - 2 / 002 / — / 24 (Map / Grid / Sub / Block / Lot)

Street Address 217 Donmore Dr

Subdivision Seneca Farms Sec. 3

City, State, Zip Great Falls VA 22066

Phone # 703 444 7062

DATE	COMMENTS	RESCH DATE	INITIALS
06/21/07	Met Stewarts Septic onsite. They		
	installed a ME 1250 MT S.T.		
	w/ a Zoeller 5000 Filter. OK to		
	BF. GPS'd ST + DF. Check FG on		
	6/26/07	6/26/07	HW
6/26/07	FG OK - OK to approve.	Filed	HW

REV. 10-90
FHD-EH-6

ON-SITE SEWAGE & WATER COMPLAINT REPORT

Date Rec'd 5-11-07 Area: 1 FILE NO: 1391

Subdivision: Seneca Farms Sec 3

Tax Map #: 2-2-002-24

Location of Complaint 217 Dunmore Dr (Street) Great Falls (City) 22066 (Zip)

Received by Thompson [ ] Letter [✓] Telephone [ ] In Person

Person Responsible For Premises Melvin Thompson (Name) (Address) Phone Number

Complainant Stewarts Septic (Address) Phone Number 703-777-4177

Specific Details Of Complaint House being sold. Per contractor, ST deteriorated & needs replacement. Locate new ST site & issue permit if necessary

Verbal given:

To Be Investigated by G. Garber Date Assigned 5-15-07

REGISTERED

RESULTS OF INVESTIGATION

Was Complaint Justified? [✓] Yes [ ] No

(Show Dates and Results of Investigation and Re-investigation Below.) 129-07-0426

DATE	COMMENTS	FOLLOW-UP DATE	INITIALS
5/15/07	Met Stewarts Septic Service onsite. Septic Tank		
	has slightly deteriorated on outlet end of tank ST		
	also is partially under existing sidewalk so owner		
	wishes to replace ST. FU	6/13/07 ✓	GG
06/13/07	Stewarts haven't done any work		
	yet. Left message for owner.	7/16/07 ✓	HW

Final Disposal: [✓] Abatement Hanna Willmore Signature of EHS 6/26/07 Date

[ ] Other _____ John M. Mulgrew Reviewed By: 6/26/2007 Date

TYPE FAILURE: (MEC) / MAL *REASON FAILURE:* STPD *METHOD OF CORRECTION:* MR

COMPLAINT: GW IR (MECH) NFAS ODOR PP PT SBU SFGS STRE WTR O

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 129-07-0426

Fairfax Co. Health Department

Name of Company/Corporation/Individual: Stewarts Septic

Address: Oakland's RD Telephone: 703 771 7559

Owner's Name Melvin Thompson

Owner's Address 217 Donmore Dr. Great Falls VA 22066

Location of Installation: Lot 24 Block —

Section: 3 Subdivision: Seneca Farms

Other: TM# 2-2-002-24

I hereby certify that the onsite sewage disposal system has been ~~installed~~ repaired and completed in accordance with the construction permit issued (date) 5/18/07 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

6-21-07
Date

Signature and Title

C.H.S. 203 Rev. 4/83

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

Health Department # 129-07-0428 Tax Map # 002-2/0002/0000/0024 Date 05/11/2007

Owner MELVIN THOMPSON Phone ( ) -

Address 217 DONMORE DRIVE GREAT FALLS VA 22066

Address of Premises 217 DONMORE DR GREAT FALLS VA 22066

Subdivision SENECA FARMS Sec./Block 3 Lot 24

Type of System I System Design 3 Bedrooms

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

This permit authorizes the following repairs:

☐ Replace and/or repair sewer line.

☐ 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 septic tank and/or pump chamber in the same location.

☐ Replace electrical junction box on the pump chamber.

☐ Replace septic tank lid and/or pump chamber lid.

☐ Replace or repair pump control box.

☐ Replace or repair force main.

☐ Replace and/or repair conveyance line and/or header lines

☐ Replace damaged flow diversion valve and/or valve stem.

☐ 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 and/or reparge ____ damaged distribution box(es).

☐ Replace outlet and/or inlet tee(s).

☐ Other.

Comments: Install a minimum 900 gallon Septic Tank directly downhill from existing Septic Tank.

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: 5/18/07 Issued by: Greg Barber
Environmental Health Specialist

Date: 06/26/07 Repairs Approved: Tana Wilmot
Environmental Health Specialist

Date: 6/26/2007 Reviewed by: John Nelson
Environmental Health Supervisor

SDS Contractor: Stewarts Septic

File 1391

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

Owner's Name: Melvin Thompson

Tax Map: 7 - 2 / 002 / ___ / 24 (Map - Grid - Sub - Block - Lot)

Street Address: 217 Donmore Drive

Subdivision: Seneca Farms, Sec. 3

City, State, Zip: Great Falls, Va 22066

Phone #: 703 444 7062

DATE	COMMENTS	RESCH DATE	INITIALS
4/21/06	WS Bact result received. Coliform absent. Owner		
	notified by phone. Hold for Fee & Chem results	5/2/06	JL
4/26/06	Please mail results once chem received	File C	JL
5/2/06	Chem results received. AI = 10.09, moderately		
	corrosive. Other parameters normal range.		
	Owner notified by phone. SEND RESULTS	File C	JL

REV. 10-90
FHD-EH-6

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

OWNER'S NAME Thompson

SUBDIVISION Seneca Farms Lot 3

STREET ADDRESS 217 Donmore Dr.

TAX MAP REFERENCE 2-2-092-24

DATE	RECORD OF REMARKS AND VISITS	RESCH	SAN.
1/17/83	Builder requested that well permit be issued seperately from SDS permit. OK per WHB. Issue permit	Hold	RK
1/18/83	Gave builder permission to start well. Mail permit		RK
1/27/83	Issued WSS & SDS permit. Permit of 1/18/83 is void. Hold permit for pickup	Hold	RK
2/1/83	Collected W.S. ST, tight line from ST to DB, and line #1 OK to BF	2/2/83	RK
2/2/83	Entire SDS OK to BF	3/8/83	RK
2/8/83	System has been BF'D. Have not received well log. Advised builder	3/8/83	RK
2/10/83	Received well log - OK. Was able to probe field - 18-22" at BF. Have not received completion statement from contractor. Contractor will submit. Approve WSS.	3/8/83	RK
2/15/83	Received completion s[illegible]	SDS	RK
4/13/06	RTWS $20.00 Fee Due w/MAT	4/17/06	ZC
4/17/06	Drilled well in rock appears satisfactory. Collected WS Bact & WS Chem. Hold for fee payment & results	4/24/06	JL

FHD-EH-6 3-82

SENECA FARMS
FAIRFAX COUNTY, VIRGINIA

Scale: 1" = 40'

Aug. 31, 1982
Revised Sept. 9, 1982

James H. Guynn
Certified Surveyor
Arlington, Virginia

This survey was prepared without the benefit of a title report and may not necessarily show all encumbrances on the property.

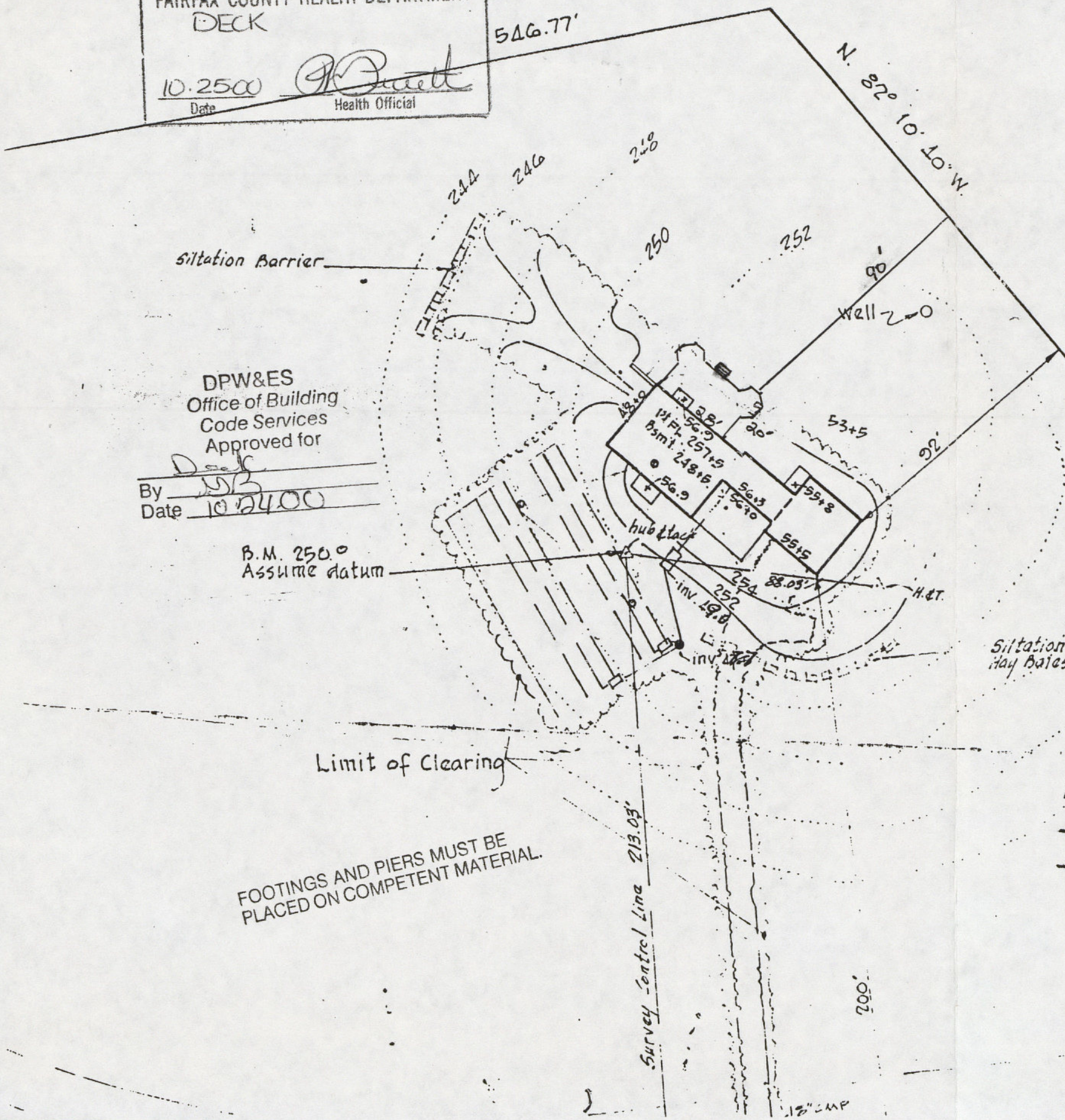
NOTICE REQUIRED

Contractors shall notify operators who maintain underground utility lines in the area of proposed excavation or blasting at least two working days, but not more than ten working days prior to commencement of excavation or demolition in accordance with Section 10(a) of Chapter 6B of the Fairfax County Code. Names and telephone numbers of the operators of underground utility lines in Fairfax County appear below. These numbers may also be used to served emergency connotion notice as required by Section (15b) of Chapter 6B of the Code.

Columbia Gas Pipeline Co.	759-2115
Plantation Pipeline Co.	780-3350
Colonial Pipeline Co.	273-5525
Commonwealth Tele. Co.	(703)670-3118
Tri County Electric Co-op.	(703)777-2041
Falls Church Water Service	(703)532-0800
Fairfax City Water Service	273-7900
Town of Vienna Water Service	938-8007 ex 241
Town of Herndon DPW	437-1000
Washington Gas Light Co.	MISS UTILITY (301)559-0100
Transco Gas Pipeline Co.	
Chesapeake & Pot. Tel. Co.	
Va. Elec. & Power Co.	
Fairfax Co. Water Authority	
Fairfax Co. San. Sewer Div.	
Prince William Elec. Co-op.	
Columbia Gas of Va.	
A.T.&T. Co.	

APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
DECK
10.25.00 Date
Health Official

DPW&ES
Office of Building
Code Services
Approved for Deck
By
Date 10.24.00



FOOTINGS AND PIERS MUST BE PLACED ON COMPETENT MATERIAL.

APPROVED
10-24-00
Zoning Administrator

INITIAL APPROVAL
SEP 21 1982
Orvin G. Yates
ZONING ADMINISTRATOR

APROVED FOR GRADING
this Sheet
Date 9-21-82
TYPE IV

COMMONWEALTH OF VIRGINIA
JAMES H. GUYNN
CERTIFICATE NO.

APPROVED

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: 217 DONMORE DRIVE, GREAT FALLS, VIRGINIA 22066 **Tax Map–** 2 - 2 / 002 / ___ / 23

Owner MELVIN & JOYCE E. THOMPSON

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: 1983

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	3	3
Automatic Washer	Yes ✓ No ____	Yes ✓ No ____
Garbage Disposal	Yes ✓ No ____	Yes ____ No ✓

Recommend pumping septic tank in 19 91

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 3/5/91 SANITARIAN R/HT

DATE OF REVIEW 3/12/91 SUPERVISOR Dennis A. Hill DAH

Wed 4 Thurs 13
9630 1/12 9:30 1/6 RK

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

File UNDER

OWNER'S NAME Thompson

SUBDIVISION Seneca Farms Lot 3

STREET ADDRESS 217 Donmore Dr.

TAX MAP REFERENCE 2-2-002-24

DATE	RECORD OF REMARKS AND VISITS	RESCH	SAN.
12/28/82	Area appears suitable for perc test with soil profiles as follows. Approximate locations on plat.		
	Soil Study #1A		
	0-8 Dark yellowish brown loam		
	8-24 Strong brown silty clay loam		
	24-30 Above w/ frequent schist fragments mod. tight		
	30-40 Strong brown and yellowish red silt loam, mod tight w/ frequent schist fragments		
	40-55 Strong brown and yellowish red silt loam friable		
	55-64 Yellowish brown and yellowish red silt loam with frequent schist frag		
	64-76 Yellowish brown with some yellowish red silt loam with few schist frag.		
	Soil Study #2A		
	0-8 Dark yellowish brown loam		
	8-20 Strong brown silty clay loam		
	20-30 Strong brown silt loam		
	30-36 Yellowish red and strong brown with frequent schist		
	36-77 Reddish yellow and yellowish red silt loam w/ black moddling, friable		

FHD-EH-6 3-82

Recommend Perc depth of 52" Hold RK

PERMIT # _____ LOCATION _____
Subdivision or Tax Map Ref.

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

Well Installed By Lawson Pump Installed By Fowler

I. GROUT INSPECTED..... 1/24/83 (Date) RK (Sanitarian)

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED 1/26/83 (Date) RK (Sanitarian)
ASTMD 2241 NSF-pw PVC 1120 12/3 Type UF

III. TYPE OF INSTALLATION: [ ] / PITLESS ADAPTOR [ ] / PIT [✓] / SURFACE (4"Drain)(Drain) 1/26/83 (Date) RK (Sanitarian)
sanitary seal 600 GAL

IV. STORAGE TANK..... 82 gal..... 1/26/83 (Date) RK (Sanitarian)

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

V. INITIAL WATER SAMPLE COLLECTED..... 2/1/83 (Date) RK (Sanitarian)

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
1/28/83	Received well log	Hold	RK

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

DATE	RECORD OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
10/29/82	1-5' of excess backfill over upper ½ of drainfield. Owner wants to keep as is for landscape purposes. Advised builder must remove all backfill (emphasized no cut can be made in this process) and reschedule layout. Or, he may pay fee and schedule soil study to see if drainfield may be moved down hill. Advised him that resubmission would be required if drainfield is shifted, and repere may be required.	Hold	RK
11-4-82	Mr. Tuck came in + wanted to move the drainfield area. I told him he would have to submit profile holes + pay a fee of $30.00 M. L.		
12/16/82	Contractor cancelled. He will reschedule	Hold	RK

FHD-EH-13 10-80

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 82-297

Fairfax Health Department

Date Feb. 15, 1983

Name of Company/Corporation/Individual: Triple R Const. Co. Inc.

Address: 10213 Lonesome Rd. Nokesville Telephone: 594-2453

Owner's Name Melvin E. Thompson

Owner's Address 1020 Middle St., Bath, Maine 04530

Location of Installation: Lot 24 Block 3

Section: Subdivision: Seneca Farms

Other: 2-2 002 24

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) Jan. 27, 1983 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

Ellen K. Thomas, Sec.
Signature and Title

B.W.E. 29-1

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department Identification No. 82-297

Fairfax County Health Department

Tax Map No. 2-2-002-24

Melvin E. Thompson is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 600 gpd, at 217 Donmore Dr., Great Falls, VA 22066

Seneca Farms	3	24
Subdivision	Section/Block	Lot

This permit is Issued in Accordance with the Provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 8-12 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and with Previously Issued Permits for a 3 bedroom house Dated 1/27/83 with the Understanding that the Owner and/or any Subsequent Owner will Operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted. Issuance of an Operation Permit does not Imply or Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

Variances Granted ☑ None ☐ See Attached

Special Conditions ☑ None ☐ See Attached

Recommended R. Kent
Sanitarian

Effective Date 2/15/83

Approved
State Health Commissioner

B.W.E. 22-1

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Map Reference: 2-2 | 002 | 24

82-297
Health Department Identification Number

New ☑ Expanded ☐ Modified ☐ Conditional ☐

Fairfax County Health Department

FHA ☐ VA ☐ Case No. NA

Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01 by:

Melvin E. Thompson — Applicant
207-921-2265 — Telephone
1020 Middle St., Bath, Maine 04530 — Address

A construction permit is hereby issued to:

Melvin E. Thompson — Owner
207-921-2265 — Telephone
1020 Middle St., Bath, Maine 04530 — Address

For a Type I sewage disposal system which is to be constructed on/at 217 Donmore Dr., Great Falls, VA 22066

Location of Property

Seneca Farms — Subdivision
3 — Section/Block
24 — Lot

The sewage disposal system is to be constructed as specified by the permit ☑ or attached plans and specifications ☐

This sewage disposal system construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

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

Date: 1/26/83 Issued by: R. Kutt — Sanitarian

Date: 1/27/83 Reviewed by: [signature] — Supervisory Sanitarian

---

Date: 2/15/83 Inspected and Approved by R. Kutt — Sanitarian

~~If FHA or VA Financing~~

Reviewed By Date 2/17/83 [signature] — Supervisory Sanitarian

Date _____ _____ — Regional Sanitarian

B.W.E. 21-1

Page 2 of 3

82-297
Health Department Identification Number

Melvin E. Thompson
Owner

1020 Middle St., Bath, Maine

NA
Case Number

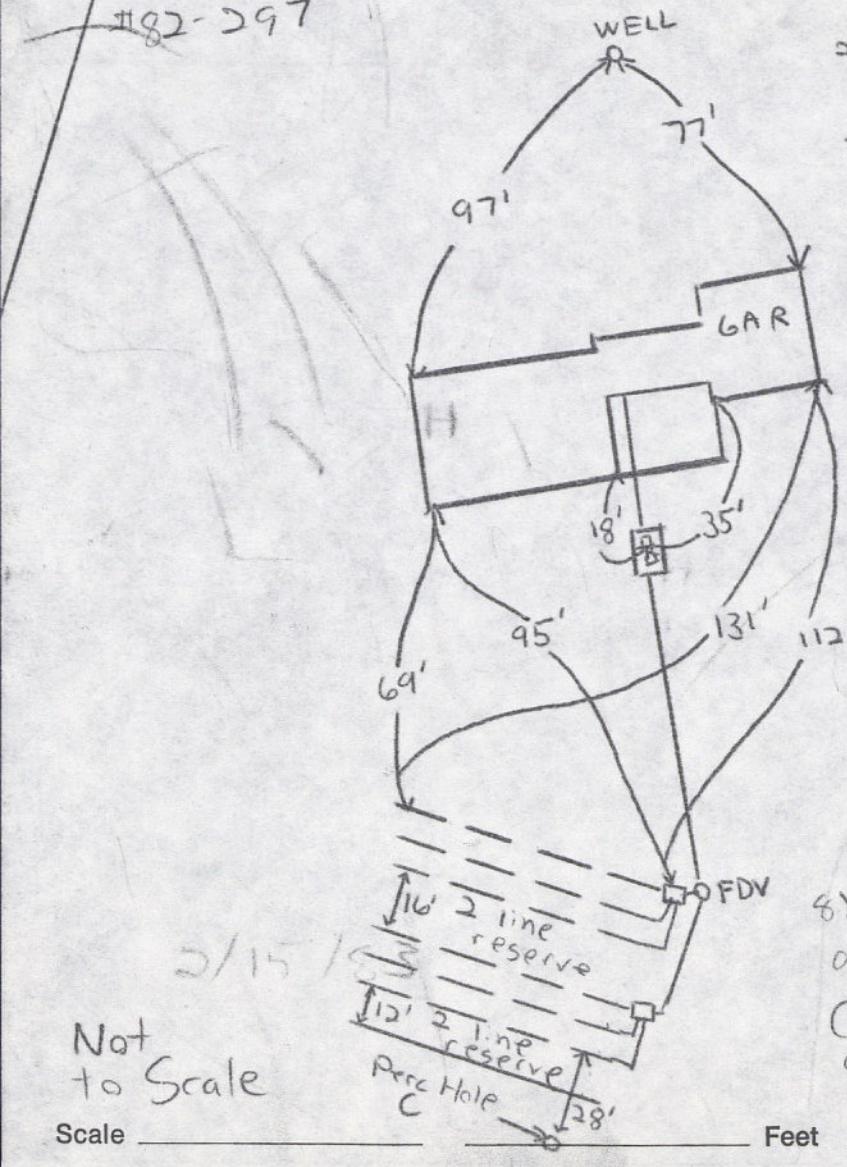
04530
Address

Schematic drawing of sewage disposal system and topographic features.

Show the lot lines of the building lot and building site, sketch of property showing all topographic features (natural features and manmade), all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the sewage disposal system shall show sewer lines, pretreatment unit, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be located on the same lot show all sources of pollution within 100 feet.

Attach additional sheets as necessary to illustrate the design.

#82-297



Not to Scale

Scale _____ Feet

1) Minimal grading is required
2) Install 6 lines, 60' long, 52" deep, 2' wide on 6' centers.
3) Install a Flow Diversion Valve
4) Perc hole "C" must be staked and visible during installation and all inspections
5) Maximum earth cover over system must not exceed 20".
6) Install well in area shown at left.
7) Reccomend calling for final grade inspection, when ready for approval, and water sample, at least 30 days before occupancy request.
8) Install both systems per applicable State and County Codes.
9) This permit replaces permit of 1/18/83 for well installation only.

B.W.E. 21-2

82-297
Health Department Identification Number

Melvin Thompson
Owner

1020 Middle St.
Bath, Maine, 04530
Address

NA
Case Number

Triple R Construction

Inspection Comments

Design

1. WATER SUPPLY: (Existing) Yes ☐ No ☑
(to be installed) Class III A Cased NA Grouted NA

2. BUILDING SEWER: Size 4" min. I.D.; Material Schedule 40 Plastic
Minimum Slope 1.25 Inches in 10 feet

3. PRE-TREATMENT UNIT: Type Septic Tank Material Precast Concrete
Liquid Capacity 1125 gallons
Free board space 12 inches
Inside dimensions Length NA ft. - Width NA ft.
Depth NA ft.
Inlet-Outlet Structure Type Sanitary T Material Schedule 40 Plastic
Size 4" I.D.

4. CONVEYANCE METHOD: Type Gravity Material Plastic 1500 lb. crush
Size 4" min. I.D., Slope 1" per 10'

5. DISTRIBUTION BOX: Material precast concrete
Number Ports Required 5 per box

6. HEADER LINES: Material Plastic 1500 lb. crush
Size 4" I.D., Slope 1" per 10'

7. PERCOLATION LINES: Type Gravity Material Perforated Plastic (1000lb crush)
Size 4" I.D., Slope 1" per 10'

8. ABSORPTION TRENCHES: Number Square Feet Required 732
Depth from ground surface to bottom of ditch 52"
Type aggregate required gravel (½-2½")
Depth of aggregate from base of tile to bottom of ditch 24"
Total depth of aggregate 32"
Slope in bottom of ditch 2-4" per 100
Number of ditches required 6 length of ditches 60'
Width of ditch 2'

To be inspected and approved by FX. CO Plumbing Insp. Branch

Tapp 1125
2/1/83 ✓ RK

2/1/83 ✓ RK

2/1/83 ✓ RK

2/2/83 ✓ RK

2/2/83 ✓ RK

2

2/1/83
line 1 OK to BF RK

2/2/83
lines 2-6 OK to BF RK

2/10/83 F.G. Sat is 18-22"

B.W.E. 21-3

WATER SUPPLY

County/City Fairfax Date _____ Case No _____

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

Owner Melvin E. Thompson Address C/O Bernard M. Carlton, Inc. 45 S. King St., Leesburg, VA (Mailing Address) 22075 Phone 777-1855

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of Premises 217 Donmore Dr., Great Falls, VA 22066 SENECA FARMS TM: 2-2-002-24
(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 NA FOR ☑ Home ☐ Restaurant ☐ Trailer Court ☐ Motel
☐ Service Station ☐ Other NA

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.

Lawson / Fowler

INSPECTION FINDINGS

(1) WATERSHED Surface Drainage away from source in all directions ☐ Yes ☐ No. Distance Source from possible causes of contamination Sewer Line NA feet. Type of material used in Sewer Line NA (Describe) Septic Tank 50T feet.
Seepage Pit NA feet. Subsurface Absorption Field (nearest point) 100 feet. Other NA 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 200 feet. Diameter 6 inches. Type of casing steel (Describe)
Depth of casing 54 feet. Exterior space around casing sealed with ☑ Concrete grout to depth of 50T feet.
☐ Poured in place ☑ Pumped in under pressure ☐ Other type backfill NA (Describe) to depth of NA feet.
casing extends 12 inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☐ Metal ☑ Other sanitary seal (Kind of Material) Opening in Cover watertight ☑ Yes ☐ No. If no, explain NA

(6) PUMP ☐ Shallow Well ☐ Deep Well. Length of Drop Pipe _____ feet. Well capacity 9 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 NA 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 FX. CO. ☐ Div. Engineering ☑ Health Department

REMARKS: 0-30 Dirt / Soft Bluestone
30-200 Bluestone

Date 2/10/83 Signed D.V.W. Date 2/17/83 Approved _____ (Health Director)

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

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

1391

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): NEW HOUSE

MAP REFERENCE PLAT	SUBD	BLK.	LOT
2-2	(2)	X	24

POST OFFICE AND STREET ADDRESS: 217 DONMORE DRIVE ~~BRANSWICK, VA.~~

SENECA FARMS SUBDIVISION #3 SEC. #24 LOT

OWNER'S NAME MR. + MRS. MELVIN E. THOMPSON PHONE (H) (207) 443-4810 (O) (207) 921-2265

OWNER'S ADDRESS 1020 MIDDLE ST., BATH, MAINE 04530
Street City & State Zip Code

CONTRACTOR'S NAME BERNARD M. CARLTON, INC. PHONE (703) 777-1855

CONTRACTOR'S ADDRESS 45 S. KING ST., LEESBURG, VA. 22075
Street City & State Zip Code

RELEASE PERMIT TO: OWNER _____ BUILDER ✓

NEW DWELLING: No. of Bedrooms 3 Den NO Bath in Basement No
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)

82-297

Water Supply: Public __ Private Well __ Other _____
(Describe)

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

APPLICANT SIGNATURE: Robert M. Lucht DATE 9/16/82

****

TO BE FILLED IN BY HEALTH DEPARTMENT +35.00 due. Building Permit Appl. No. 8227 56 B0670
W.S.S.P.R. No. 00429 pd 9/21/82 kw
Perc Rate 10 Depth 56 S.T.P.R. No. 02743
Septic Tank 1125 Gallons Absorption Field 366 linear feet.
Replacement area required _____, 183 linear feet.

REMARKS: ahas tested

REVIEWED BY: _____ DATE _____

REVIEWED BY: _____ DATE _____

FHD-EH-1 9/80

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Page _____ of _____

Health Department
Identification Number _____

Tax Map No. 2-2 ((2)) 24

Date Dec 1, 1982 Fairfax County Health Department

Applicant Bernard Carlton Telephone No. 471-6857

Owner of Property Melvin & Joyce Tompson

Address 1020 Middle St. Bath Maine 04530

Location of Property off Donmore Drive, Great Falls

Subdivision Seneca Farms Section 3

Block - Lot 24

City or County Fairfax Physiographic Province Piedmont

Name and Title of Evaluator Robert S. Fields Soil Consultant

Date November 29, 1982 Signature Robert S Fields

Vegetation Blue grass Slope NE Sideslope 6%

Parent Material If Known schist

Note:

Location of Profile Holes

Sketch of area investigated including all structural features i.e. sewage disposal systems, wells, etc., within 100 feet of site (See Section 4) and reserve site.

See Attached Sketch

Scale _____

W.E. 28-1

BEN[redacted]SON, DeBELL, ELKIN & [redacted]TITUS

13924 Braddock Road, P.O. Box 429
Centreville, Virginia 22020

50-S Edwards Ferry Rd., P.O. Box 83
Leesburg, Virginia 22075

SOIL PROFILE DATA SHEET

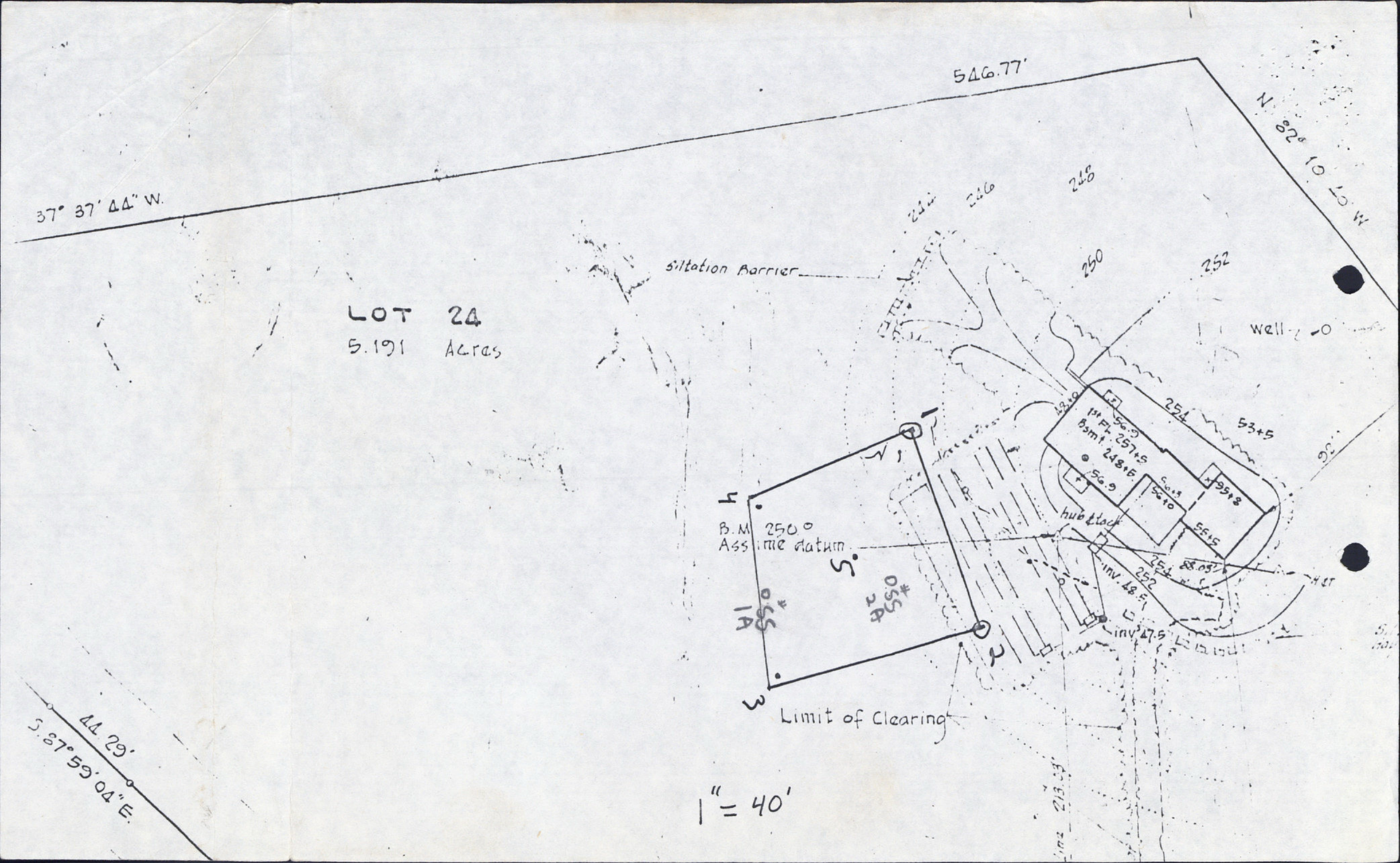
Preliminary Lot No. ____
Final Lot No. 24

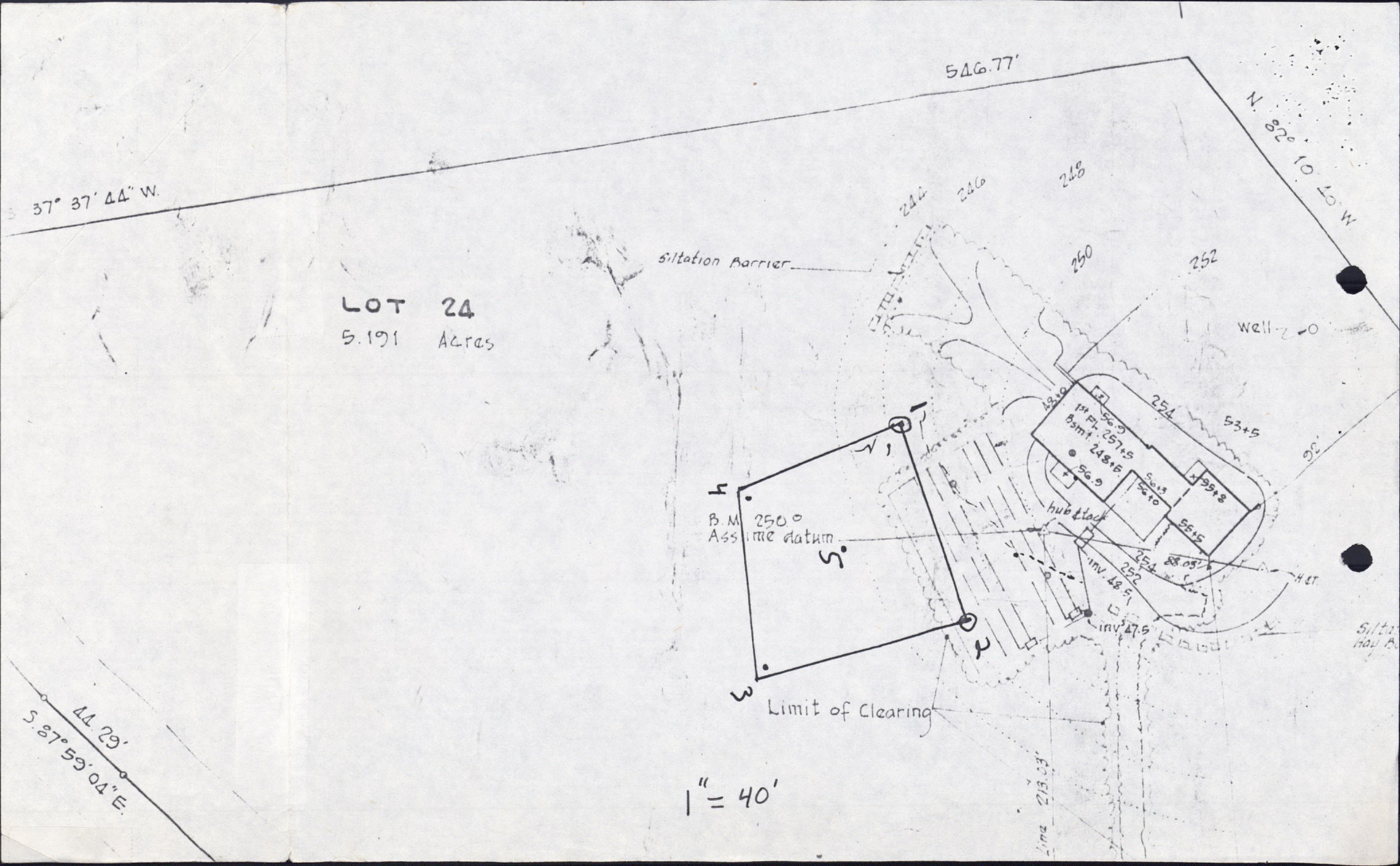
Hole No.	Horizon	Depth "in"	Color	Texture + Class	Consistence
1	A_2	0-8	St.BR	SiL-3	V.friable
	B_{2t}	8-24	4R	SiCL-3	firm
	C_1	24-75	4R, R4 Multicolored	FSL-2	loose - some MOD dense fragments
2	A_2	0-8	St.BR	SiL-3	V.friable
	B_{2t}	8-18	4R	SiCL-3	firm
	C_1	18-75	R4, 4R St.BR	FSL-2	loose - some MOD dense fragments
3	A_2	0-8	St.BR	SiL-3	V.friable
	B_{2t}	8-24	4R	SiCL-3	firm
	C_1	24-75	R, 4R, R4	FSL-2	loose
4	A_2	0-8	St.BR	SiL-3	V.friable
	B_{2t}	8-30	4R	SiCL-3	firm
	C_1	30-75	St.BR 4R, R4	FSL-2	loose - some MOD dense fragments
5	A_2	0-8	St.BR	SiL-3	V.friable
	B_{2t}	8-36	St.BR	SiCL-3	firm
	C_1	36-75	St.BR, R4 4R	FSL-2	loose

I hereby certify that the above information is correct to the best of my knowledge and belief.

Robert S Fulds

Date November 29, 1982


546.77'
37° 37' 44" W.
N 82° 10' 45" W.
LOT 24
5.191 Acres
Siltation Barrier
250
252
254
well
1st Fl. 257±5
Bsmt. 248±5
53±5
B.M. 250.0
Assume datum
hydrant
INV. 48.5
INV. 47.5
Limit of Clearing
44.29'
S 87° 59' 04" E.
1" = 40'


546.77'
37° 37' 44" W.
N. 82° 10' 40" W.
Siltation Barrier
LOT 24
5.191 Acres
244
246
248
250
252
Well
1st Fl. 257+5
Bsmt. 248+6
254
53+5
56.9
56+3
56+0
55+8
55+5
hub stack
B.M. 250.0
Assume datum
inv. 48.51
inv. 47.5
88.05'
4 ST
Limit of Clearing
1
2
3
4
5
44.29'
S. 87° 59' 04" E.
1" = 40'

Soils Evaluation Percolation Test Data

Commonwealth of Virginia
Department of Health

File UNDER _____ Sheet ____ of ____

Owner Thompson, Joyce
Address 1020 Middle Street
Bath, Maine 04530
Phone 471-6857

Health Department Identification Number _____ Health Department

Property Identification
Tax Map # 2-2-002-24
Subdivision SENECA FARMS SEC. 3 24
Lot Section Block
Subdivision File # 1391
Other 217 Downes Dr.

Required Test / Time (HRS.)
Saturation = ST ____ ____
Shrink Swell = SS ____ ____
Percolation = P ____ ____
Date of Test Wed. 1/12 @9:30 w. RK

Report Results To:
Name _____
Address _____
Phone _____

Weather _____ Temp. _____

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
HOLE DIA. IN INCHES	HOLE DEPTH	TYPE TEST	HOLE NO.	TIME BEGUN / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	RATE MIN. PER INCH	REMARKS*
4"	52	Perc	A 43.5	9:54 / 37.5	10:24 / DRY	10:25 / 37.5	10:35 / 41	10:45 / 43	10:55 / DRY	--	--	--	--	--	5	
"	50	"	B 43	9:56 / 37	10:25 / DRY	10:26 / 37.5	10:36 / 40	10:36 / 41.5	10:57 / DRY	--	--	--	--	--	6.66	10 @ 52
"	51	"	C 44.5	10:00 / 38.5	10:30 / DRY	10:31 / 38.5	10:41 / 40.5	10:51 / 41.5	11:01 / 43	11:11 / 44	DRY	--	--	--	10	
				--	--	--	--	--	--	--	--	--	--		
				--	--	--	--	--	--	--	--	--	--		
				--	--	--	--	--	--	--	--	--	--		
				--	--	--	--	--	--	--	--	--	--		

*Specify if water added

Use back of form for proposed layout, lot lines and hole locations

Recommendations Area appears suitable for SDS installation

Sanitarian R K [illegible]
Signature of Sanitarian

STATEMENT: These percolation tests were conducted as specified in the Sewage Handling and Disposal Regulation and are accurate.

_____
Signature of tester/owner/agent

B.W.E. 30-1

D
A
SS#2

12"
D
B
SS#5

C
4'
SS#3

Soils Evaluation Percolation Test Data

Commonwealth of Virginia
Department of Health

Owner Melvin + Joyce Thompson
Address 1020 Middle St.
Bath, Maine 04530
Phone

DM Run

Sheet 1 of

Health Department Identification Number

Health Departmer

Report Results To:
Name Bernard Carlton
Address 45 S. King St.
Leesburg Va
Phone 471-6857

Property Identification
Tax Map # 2-2((2))24
Subdivision Seneca Farms Sec 3, Lot 24
Lot Section Block
Subdivision File #
Other

Weather Cloudy Temp. 45±

Required Test Time (HRS.)
Saturation = ST 4
Shrink Swell = SS
Percolation = P
Date of Test 1/11/83

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
HOLE DIA. IN INCHES	HOLE DEPTH	TYPE TEST	HOLE NO.	TIME BEGUN / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	TIME / DEPTH TO WATER	RATE MIN. PER INCH	REMARKS*
5	52/46	ST	A	9:25 / 32 0	9:55 / Dry/31 0	10:25 / 44 0/32 0	10:55 / 43 1/31 2	11:25 / 41 3/30 2	11:55 / 39 4/30	12:25 / 39 0/30 4	12:55 / 38 0/31 0	1:25 / 38 4	--	--		
5	51/45	ST	B	9:27 / 31 0	9:57 / Dry/31 0	10:27 / Dry/30 4	10:57 / Dry/30 0	11:27 / 42 0/30 0	11:57 / 41 0/29 4	12:27 / 40 4/29 5	12:57 / 40 0/29 4	1:27 / 39 4	--	--		
5	53/46	ST	C	9:29 / 30 0	9:59 / Dry/32 0	10:29 / 44 0/31 0	10:59 / 40 0/31 0	11:29 / 40 2/30 0	11:59 / 39 4/30 0	12:29 / 39 0/29 4	12:59 / 38 0/30 0	1:29 / 38 2	--	--		
				--	--	--	--	--	--	--	--	--	--	--		
				--	--	--	--	--	--	--	--	--	--	--		
				--	--	--	--	--	--	--	--	--	--	--		
				--	--	--	--	--	--	--	--	--	--	--		

VII-2

*Specify if water added

Use back of form for proposed layout, lot lines and hole locations

Recommendations

Sanitarian
Signature of Sanitarian

STATEMENT: These percolation tests were conducted as specified in the Sewage Handling and Disposal Regulations and are accurate.

Robert D Fuller
Signature of tester/owner/agent

1/11/83

B.W.E.-30-1

Form GW-2
1978-10,000.

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

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT
(Certification of Completion/County Permit)

FEB 10 1983
FEB 1 0 1983
FEB 10 1980 1983

• BWCM No. _____

SWCB Permit _____
County Permit _____
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 MELVAN THOMPSON
• Well Designation or Number _____
Address 217 DUNMORE DR
_____
Phone _____

• Drilling Contractor HARRY W LAWSON
Address 217 DUNMORE
RT 4 BOX 375 LEESBURG
Phone 777-3386

Tax Map I.D. No. _____
Subdivision _____
Section _____
Block _____
Lot _____
Class Well: I 1, 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)

2-1-24
Date started JAN 83 • Date completed JAN 83 Type rig DHH

1. WELL DATA: New ✓ Reworked ____ Deepened ____
- Total depth 200 ft.
- Depth to bedrock 30 ft.
- Hole size (Also include reamed zones)
  - 10 inches from 0 to 50 ft.
  - 6 inches from 50 to 200 ft.
  - _____ inches from _____ to _____ ft.
- Casing size (I.D.) and material
  - 6 inches from 0 to 54 ft.
  Material STEEL
  Wt. per foot 17# 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 0 to 50 ft., Type CEMENT
  - 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 9 gpm after 1 hours
Natural Flow: Yes ____ No ____, flow rate. _____ g pm
Comment on quality _____

3. WATER ZONES: From ____ To 160
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 _____ • 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 _____

RK 2.10.83

OVER

Owner THOMPSON 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	To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)	11. Drilling Time (Min.)
0	30	SHALE		
30	200	BLUE STONE		

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 _____ 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 Harry W Lawson (Seal), Date Feb 83
(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

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

WATER WELL COMPLETION REPORT

OWNER NAME: Melvin Thompson PHONE:

STREET: 217 Dun Modre Dr

CITY: Great Falls STATE Va ZIP 22066

WATER SUPPLY CONTRACTOR: James Lowder PHONE 703-822-5400

ADDRESS: PO Box 57 Lovettsville Va 22080
(City, State, Zip)

WELL PROPERTY LOCATION: Address 217 Dun Mor Great Falls 22066
(Street, City, Zip)

Tax Map No. 2-2-24 SUBDIVISION —

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

2. PUMP:
Type submersible Date Installed 1-25-83
Location in well
Rated capacity 8 at 50 head
Rated horsepower ¾ Intake depth 180 ft.

3. WELLHEAD:
Type well seal sanitary
Pressure tank gal., Loc. 82 gl basement
Sample tap yes
Well vent yes Pressure relief valve yes
Gate valve yes Check valve (when required) yes
Elec. disconnect switch on power supply yes

4. TEMPORARY DISINFECTION:
Well disinfected (yes), (no), Date 1-25-83
Disinfectant used Clorox
Amount 1 gal Contact Time 24 (Hours)

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

6. WATER DATA: Temperature ° F
Static water level (unpumped level-measured)
Stabilized pumping water level (measured)
Downdraw (pumping level minus static level)
Yield (stabilized) gpm
Water zones: From ft. To ft.
From ft. To ft.
From ft. To ft.
From ft. To ft.
Water analysis? Where
Physical appearance of water.

Does well have natural flow (yes), (no) gym

7. HOLE SIZE Inches from to ft.
Inches from to ft.
Inches from to ft.

8. REAMING Inches from to ft.
Inches from to ft.
Inches from to ft.

9. CASING Inches from to ft.
Material
Wt. per foot or wall thickness
Inches from to ft.
Material
Wt. per foot or wall thickness
Inches from to ft
Material
Wt. per foot or wall thickness

10. GRAVEL PACK From to ft.
From to ft.
From to ft.

11. SCREENS Inches from to ft.
Inches from to ft.
Inches from to ft.
Type Size Openings

12. GROUT to , to
Type No. bags cement

(Over)

RK 1/28/83

Name: James Fowler

GEOLOGIC DATA:

13. DRILL CUTTINGS: State law requires sending well cuttings to State Water Control Board unless exempted. Sample bags provided free upon request. Contact nearest regional office.
Cuttings taken__(yes)__(no), Exemption__(yes),__(no), From _____
Cuttings sent to State Water Control Board__(yes)__(no), Where _____

14. PUMPING TEST: When a pumping test is conducted, State law requires sending pumping test log to State Water Control Board. See State Water Control Board RULES of the BOARD or GUIDE for WATER WELL CONTRACTORS and GROUNDWATER USERS for required methods.
Pumping test made__(yes),__(no). If "yes", attach pump test log.

15. GEOPHYSICAL LOGS: Geophysical logs made__(yes),__(no), Type _____
Please attach copy.

16. DRILLERS LOG

DEPTH (Feet) From	DEPTH (Feet) To	TYPE OF ROCK OR SOIL (Color, material, fossils, hardness, etc.)	REMARKS (Water, caving, cavities broken, core, shot, (etc.)	17. Estimated Drilling Time (Min.)

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

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

Signature James Fowler, Date 1-25-83
(Well driller or authorized person)

License No. _____

Submit one copy of each Water Well Report to:

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

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

SITE PLAN

LOT 24, Section 3

SENECA FARMS

FAIRFAX COUNTY, VIRGINIA

Scale: 1" = 40'

Aug. 31, 1982

Revised Sept. 9, 1982

James H. Guynn
Certified Surveyor
Arlington, Virginia

J. H. Guynn

This survey was prepared without the benefit of a title report and may not necessarily show all encumbrances on the property.

COMMONWEALTH OF VIRGINIA
JAMES H. GUYNN
CERTIFICATE NO.
54-17-3 (a) 948
54-17-3 (b) 146
CERTIFIED LAND SURVEYOR

D.F. 546.77

S. 37° 37' 44" W.

N. 82° 10' 40" W.

LOT 24
5.191 Acres

Siltation Barrier

B.M. 250.0
Assume datum

Limit of Clearing

Siltation Barrier of Hay Bales or approved substitute

1st Fl. 257±5
Bsmt. 248±5
Sc. 3
Sc. 4
Sc. 5
Sc. 6
Sc. 7
Sc. 8
hub & tack
inv. 240
inv. 227
H.ST.
12" CMP
nail & edge pvmt.

Survey Control Line 213.03'

200'

Survey Control Line 155.59'

N. 40° 48' 36" E. 115.00'

Edge of pvmt.

R= 2955.02'

A= 190.60'

44.29'

S. 87° 59' 04" E.

Pipe

R= 417.38'

A= 373.02'

Pipe

R= 1191.59'

A= 208.43'

516.13'

DONMORE DRIVE

Lot 18

52-113

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.S. 9-16-82


SITE PLAN
LOT 24, Section 3
SENECA FARMS
FAIRFAX COUNTY, VIRGINIA
Scale: 1" = 40'
Aug. 31, 1982
Revised Sept. 9, 1982
James H. Guynn
Certified Surveyor
Arlington, Virginia
J. H. Guynn
This survey was prepared without the benefit of a title report and may not necessarily show all encumbrances on the property
Revised Jan. 21, 1983
Profile hole 1, 2, 3, 4 & 5 field located.
Perk hole A, B & C field located.
Proposed Septic field added.
Additional topography added.
J. H. Guynn
JAMES H. GUYNN
CERTIFICATE NO.
54-17-3 (a) 948
54-17-3 (b) 146
CERTIFIED LAND SURVEYOR
LOT 24
5.191 Acres
546.77'
S. 37° 37' 44" W.
N. 82° 10' 40" W.
516.13'
R: 255.02'
A: 190.60'
44.29'
S. 87° 59' 04" E.
Pipe
R: 417.38'
A: 373.02'
A: 293.43'
R: 1191.59
N. 40° 48' 36" E.
115.00'
155.59'
Survey Control Line
Edge of Pvmt.
nail edge pvmt.
15" CMP
Survey Control Line 213.03'
200'
DONMORE
DRIVE
Lot 18
Siltation Barrier
Siltation Barrier of Hay Bales or approved substitute
Limit of Clearing
Well
As Built Bsmt. 245.8
Profile #1
Profile #2
Profile #3
Profile #4
B.M. 250
Assume datum
Reserve
Inv. 249.2
Inv. 240.7
244
246
248
250
252
131'
69'
95'
115'
92'
FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
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1-26-83