File 1391

TO: DIVISION OF INSPECTIONS DATE: 10-20-87

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Chesapeake Construction Co. Inc.

BUILDING APPLICATION NUMBER: 87281B0680

SUBDIVISION: Seneca Farms SEC: 3 BLOCK LOT: 25

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-25

221 Dunmore Dr., Great Falls, VA 22066

HEALTH DEPARTMENT PERMIT # 129-87-1140

SEWAGE DISPOSAL PERMIT ISSUED FOR: Dwelling (HFO)

WELL PERMIT ISSUED FOR: Dwelling

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

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:

ENTERED MAY 23 1989

SEWAGE DISPOSAL SYSTEM

APPROVED: 5-18-89

ENTERED MAY 18 1989

WATER SUPPLY SYSTEM

APPROVED 5-23-89

Dennis A. Hill
(SIGNATURE)

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

ENTERED

FHD-EH-3 10/80

5 BDRMS Corrected
5/17/89 SG.

SPECIAL HANDLING

REGISTERED

## Aggressive Index Calculations

| | |
|---|---|
| A = Total Alkalinity | 45 |
| H = Ca hardness | 30 |
| pH = | 7 |
| AI = pH + Log (AH) | 10.13033377 |

| | |
|---|---|
| AI = 10-11.9 | Moderately Corrosive |
| AI >= 12 | Non-corrosive |

**Commonwealth of Virginia**
**Department of Health**

SEWAGE DISPOSAL SYSTEM OPERATIONS

**Health Department Identification No.** 129-87-1140
FAIRFAX CO. **Health Department**

CHESAPEAKE CONSTRUCTION CO. INC. is hereby granted permission to

OPERATE AN ON SITE SEWAGE DISPOSAL SYSTEM located at

221 Donmore Dr., Great Falls, VA 22066

in accordance with the provisions of the regulations of the Board of Health of the Commonwealth of Virginia governing

SEWAGE HANDLING & DISPOSAL

authorized by Section(s) 32.1 of the Code of Virginia (1950) as amended.

VARIANCES GRANTED

X NONE ___ SEE ATTACHED

SPECIAL CONDITIONS

X NONE ___ SEE ATTACHED

5-23-89
Effective Date

NONE
Expiration Date

This permit is issued 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 operating permit does not imply or guarantee that the sewage disposal system will function for any specified period of time.

Dennis A. Hill
Health Official

DENNIS A. HILL, R.S.,
SANITARIAN SUPERVISOR

TEST FORM CHS-202-C

# Completion Statement

**Commonwealth of Virginia**
**State Department of Health**

Health Department Identification Number 129-87-1140

FAIRFAX County Health Department

Name of Company/Corporation/Individual: B & J Air Construction

Address: B & J Air Construction Co. 11661 Stonevlew Sq. #202 Reston Va. 22091 Telephone: 860-4621

Owner's Name CHESAPEAKE CONSTRUCTION CO.

Owner's Address 2016 MADRILLON RD, VIENNA, VA 22180

Location of Installation: Lot 25 Block NA

Section: 3 Subdivision: SENECA FARMS

Other: 221 DONMORE DR

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 2-8-88 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

8/17/88
Date

Joseph H. Air
Signature and Title

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

[4] F.D.V. KEY PROVIDED TO OWNER J.H.A.

# Sewage Disposal System Construction Permit

PAGE ____ OF ____

**Commonwealth of Virginia**
**Department of Health**

FAIRFAX County Health Department

Health Department Identification Number 109-87-1140

Map Reference 2-2-002-25

## General Information

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. N/A

Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:

Owner CHESAPEAKE CONSTRUCTION CO. INC. Telephone 356-7132

Address 2016 Madrillon Rd., Vienna, VA 22180

For a Type 1 Sewage disposal system which is to be constructed on/at 221 Donmore Dr., Great Falls, VA 22066

Subdivision SENECA FARMS Section/Block 3 Lot 25

Actual or estimated water use T50 GPD / 5 BEDROOMS

| DESIGN | NOTE: INSPECTION RESULTS |
|---|---|
| **Water supply, existing:** (describe) NA<br>**To be installed:** class 2C<br>cased 20' grouted 20' | **Water supply location:** Satisfactory yes ☒ no ☐<br>comments<br>G.W.2 Received: yes ☒ no ☐ not applicable ☐ |
| **Building sewer:**<br>4" I.D. PVC 40, or equivalent.<br>Slope 1.25" per 10' (minimum).<br>☒ Other 4" PER FOOT | **Building sewer:** yes ☑ no ☐ comments<br>Satisfactory |
| **Septic tank:** Capacity 1875 gals. (minimum).<br>☐ Other | **Pretreatment unit:** yes ☑ no ☐ comments<br>Satisfactory TAPP 1875 |
| **Inlet-outlet structure:**<br>PVC 40, 4" tees or equivalent.<br>☐ Other | **Inlet-outlet structure:** yes ☑ no ☐ comments<br>Satisfactory |
| **Pump and pump station:**<br>No ☒ Yes ☐ describe and shown design.<br>if yes: | **Pump & pump station:** yes ☐ no ☐ comments<br>Satisfactory N/A |
| **Gravity mains:** 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.<br>☒ Other FLOW DIVERSION VALVE (FDV) | **Conveyance method:** yes ☑ no ☐ comments<br>Satisfactory |
| **Distribution box:**<br>Precast concrete with 6 ports.<br>☒ Other 2 three | **Distribution box:** yes ☑ no ☐ comments<br>Satisfactory |
| **Header lines:**<br>Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum.<br>☐ Other | **Header lines:** yes ☑ no ☐ comments<br>Satisfactory |
| **Percolation lines:**<br>Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.<br>☐ Other | **Percolation lines:** yes ☐ no ☐ comments<br>Satisfactory |
| **Absorption trenches:**<br>Square ft. required 600: depth from ground surface to bottom of trench 24"; aggregate size 1";<br>Trench bottom slope 2" PER 100FT;<br>center to center spacing 6FT; trench width 24"<br>Depth of aggregate 24";<br>Trench length 100'; Number of trenches 6 | **Absorption trenches:** yes ☐ no ☐ comments<br>Satisfactory<br><br>Date 5/10/89 Inspected and approved by:<br>Sanitarian |

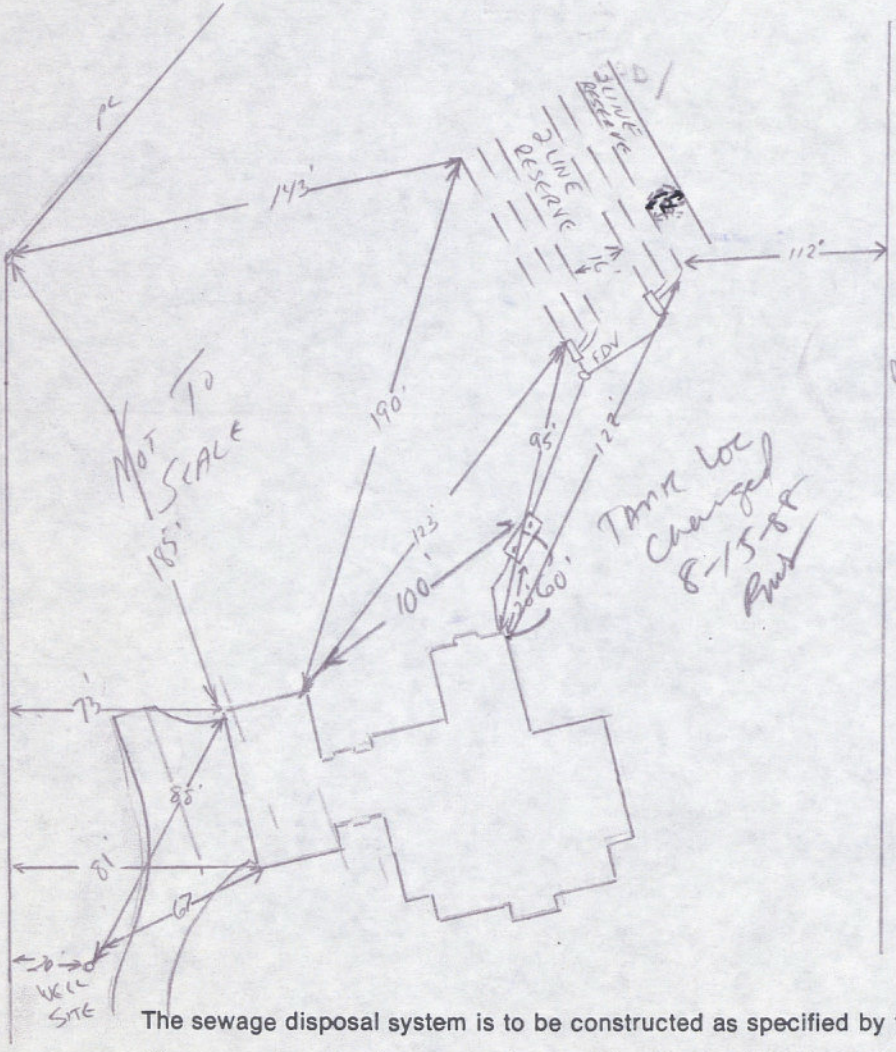
C.H.S. 202A Revised 6/84

Health Department
Identification Number 129-87-1140

**Schematic drawing of sewage disposal system and topographic features.** 2-2-002-25 PAGE 2 OF 2

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, 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, pump station, 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.

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design. per plat approved 10-20-87




1. Grade per site plan approved by this office.
2. Install system as shown; a minimum of 10' from trees, property lines, and utility lines. X
3. Maximum backfill over system is not to exceed 20".
4. It is the contractors responsibility to meet all OSHA regulations relating to deep excavations.
5. House sewer line must be inspected by this Department to a point 5' from the dwelling.
6. Flow Diversion Valve (FDV) key must be provided to owner prior to occupancy.
7. Upon completion of final grading and well (if applicable), call this office for final inspection(s) a minimum of 30 days prior to request for residential use permit.
8. Install system in accordance with all applicable State Regulations and County Codes.

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.

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: 2-8-88 Issued by: _____ R.S.
Sanitarian

Date: 2-11-88 Reviewed by: Dennis A. Hill
Supervisory Sanitarian

This Construction Permit Valid until 2-8-93

---

If FHA or VA financing

Reviewed by Date _____ _____ Date _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B Revised 6/84



FILE COPY

2/10/89 Dennis A. Hill SMR

# Record Of Inspection—Nonpublic Drinking Water Supply System

**Commonwealth of Virginia**
**Department of Health**

Use of form required only when water supply constructed in conjunction with an on-site sewage disposal system, or when FHA, VA financing is involved.

Health Department I.D. Number 129-87-1140

F.H.A. or V.A. Case Number If Applicable

Map Reference: 2-2 | 002 | 25

Date 2-16-88 Local Health Department FAIRFAX CO.

Owner CHESAPEAKE CONSTR. CO. Address 2016 Madrillon Rd. Vienna 22180 Phone 356-7132

Exact Location of Premises 221 Donmore Dr., Great Falls, VA 22066

Subdivision SENECA FARMS Section/Block 3 Lot 25

Class of nonpublic drinking water well.

1) Class III
2) Class III
3) Class III
4) Class III
5) Other

A. (drilled well) ☐
B. (bored well) ☐
C. (jetted well) ☐
D. (dug well) ☐
E. 2B DRILLED ☒

Date of installation 3-16-88

Dominion

## CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e.) well log, etc., so note.

1. Water well completion report filed as required by 18.02.07. Yes ☐ No ☐
2. Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
   Building Sewer 50'+ Pretreatment Unit 50'+ Conveyance System 50'+ Subsurface Soil Absorption System 100'+ (nearest point). Property Line 154 Other NA.
   Site graded where necessary to divert water away from well? Yes ☐ ☐ No n.a. ☒
3. Construction, General: (see Section 18.02.05, and 18.02.02)
   Total depth of well 310 feet. Type of casing STEEL Depth of casing 71 feet. Diameter of casing 6 inches. Casing extends 12 inches above ground. Exterior space around casing sealed with neat cement grout to a depth of 30 feet. Screens constructed of N/A
   free of rough edges and irregularities, with positive watertight seal between screen and casing? ☐ yes no ☐ n.a. ☒ Well head and opening to the interior protected? yes ☑ no ☐ Type of well seal Vent Well Cap
   Pitless adapter used? yes ☐ no ☐ n.a. ☐ Properly installed? yes ☐ no ☐ n.a. ☐ Proper venting? yes ☑ no ☐ n.a. ☐
4. Quantity: Yield and drawdown determined by continuous pumping of N/A hours. Drawdown N/A feet. Yield 4/2 GPM. Type of storage V-260 A.O. SMITH.
5. Quality: Sample tap provided at entry into system? yes ☑ no ☐ Sample(s) collected? yes ☑ no ☐
   Results of samples. Satisfactory ☐ Unsatisfactory ☐ (attach copy of results to this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply is approved. ☐

Remarks: 0-20 BROWN SANDY SOIL, 20-68 BROWN SHALE, 68-130 BROWN SCHIST, 130' to 310' BLUE SCHIST

Date 5-19-89 Signed Tim Staley R.S.

Date 5-23-89 Signed Dennis A. Hill (DMM) Sanitarian

Supervisory Sanitarian

Date _____ Signed _____

Regional Sanitarian (If V.A. or F.H.A.)

C.H.S. 204 Rev. 4/83

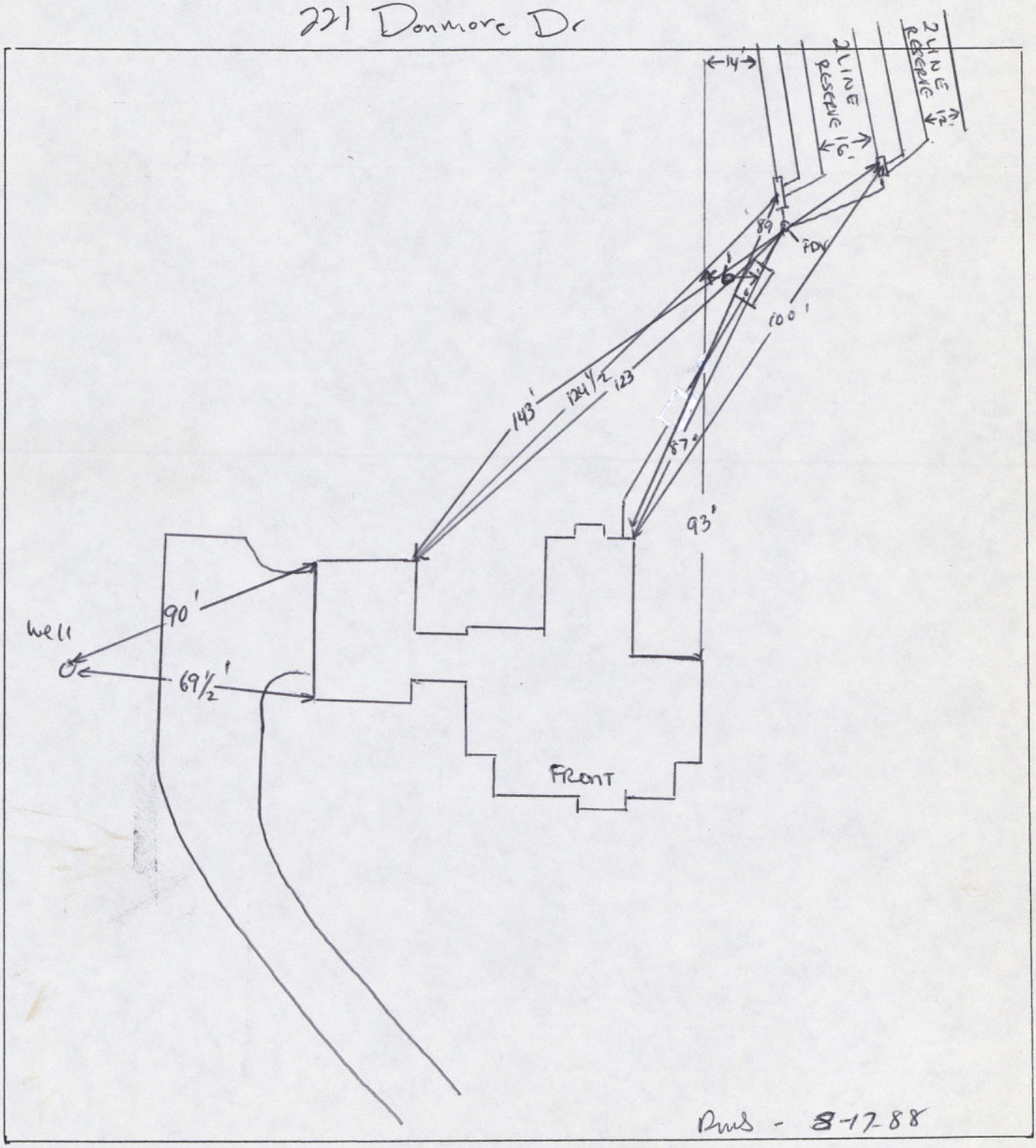
[redacted]FAX/FALLS CHURCH HEALTH [redacted]TRICT
FAIRFAX, VIRGINIA

PERMIT # 129-87-1140

2-2-002-25
LOCATION SENECA FARMS SEC 3 LOT 25
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

221 Donmore Dr




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

FHD-EH-7 9/81

PERMIT # 129-87-1140

221 Dunmore Drive
LOCATION 2-2-002-25 SENECA-FARMS SEC. 3
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. Start ..... 3-24-88 RMS
Date Sanitarian

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED ____ Sea Coy
Date Sanitarian

III. TYPE OF INSTALLATION: /X/ PITLESS ADAPTOR / / PIT / / SURFACE
(4" Drain) (Drain) 3/9/88 RMS
Date Sanitarian

IV. STORAGE TANK... V-260 ... A.O. Smith ..... 9-9-88 RMS
Date Sanitarian

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

V. INITIAL WATER SAMPLE COLLECTED ..... 5-11-89 RMS
Date Sanitarian

| DATE | RECORD OF ADDITIONAL REMARKS OR VISITS | DISPOSITION | SANITARIAN |
|---|---|---|---|
| 3-31-88 | Received Well Log | Hold | RMS |
| 9-16-88 | Received Pump Log | Hold | RMS |
| 5-1989 | WS Sats Approve WSS | Appr WSS | RMS |
| | | | |

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

| DATE | RECORD OF REMARKS AND VISITS | DISPOSITION | SANITARIAN |
|---|---|---|---|
| 8-15-88 | The builder asked to move tank | | |
| | to accommodate swale between tank | | |
| | and house. Changed made. | Hold | RMS |
| | Puts tank near original proposed loc. | | |
| 8-17-88 | Entire System ready to Cover | Hold F.G. | RMS |
| 3-16-89 | Approve B/P | | |
| 3/29/89 | Approved revision to B/P | | RK |
| 5-11-89 | Grade on headerditch line is 5'6" | | |
| | too much. Builder advised to have contractor | Hold | RMS |
| 5-17-89 | FG OKay, BDRMS Connected | | |
| | SDS Approved - Hold H2O Result. Hold | | SG |

FHD-EH-13 10-80

Form GW-2
1978-10,000

# COMMONWEALTH OF VIRGINIA

## WATER WELL COMPLETION REPORT

*(Certification of Completion/County Permit)*

• BWCM No. MAR 28 1988

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

SWCB Permit _____
County Permit 129-87-1140

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

*County/City* Fairfax

*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 Chesapeake Construction
• Well Designation or Number _____
Address 2016 Mudrillon Road
Vienna, VA. 22180
Phone 703-442-4877

• Drilling Contractor ~~DOMINION WELL COMPANY~~
Address ~~361-3443 Manassas 361-9126~~
~~1 800 523-2977~~
Phone _____

Tax Map I.D. No. 2-2-002-25
Subdivision _____
Section _____
Block 221 Donmore Dr.
Lot 25
Class Well: I _____, IIA _____, IIB X, IIIA _____, IIIB _____
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 3-16-88 • Date completed 3-16-88 Type rig air rotary

**1. WELL DATA:** New X Reworked _____ Deepened _____
• Total depth 310 ft.
• Depth to bedrock 68 ft.
• Hole size (Also include reamed zones)
• 10 inches from 0 to 71 ft.
• 6-1/8 inches from 71 to 310 ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 6¼ inches from +1 to 71 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 _____ to _____ ft.
• Grout
• From 0 to 50 ft., Type pressure
• From _____ to _____ ft., Type 24 bags

**2. WATER DATA** • Water temperature _____ °F
• Static water level (unpumped level-measured) 25 ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield 4.5 gpm after 1 hours
Natural Flow: Yes _____ No X, flow rate. _____ gpm
Comment on quality clear

**3. WATER ZONES:** From 190 To 195
From _____ To _____ 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 _____

OVER

Owner [redacted] 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 | To | TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.) | REMARKS (water, caving, cavities, broken, core, shot, (etc.) | Drilling Time (Min.) | |
| 0 | 20 | Brown Sandy Soil | | | |
| 20 | 68 | Brown Shale | | | |
| 68 | 130 | Brown Shist | | | |
| 130 | 310 | Blue Shist | | | |
| | | Directions - Rt 234 N to Rt 66 E to Rt 28 N (R) to Sterling Blvd. (R) to Rt 7 (R) to Rt 193 (L) to Seneca Rd. (L) to Richland Grove (R) to Donmore Drive (L) to Lot 25/#221 on (R) | | | |

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 [signature] (Seal), Date 3-25-88
(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

Form GW-2
1978-10,000

9-9

COMMONWEALTH OF VIRGINIA

SEP 14 1988

# 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

SWCB Permit _____
County Permit 129-87-1140

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

*For Office Use*

County/City Fairfax

*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 Chesapeake Construction
• Well Designation or Number _____
Address 2016 Madrillon Rd.
Vienna, Va. 22180
Phone 442-4877

• Drilling Contractor _____
Address DOMINION WELL COMPANY
361-3443 Manassas 361-9126
Phone 1-800-523-2977

Tax Map I.D. No. 2-2-002-25
Subdivision _____
Section _____
Block 221 Donmore Dr.
Lot 25
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 _____

**1. 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: _____ gpm
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 280 • Capacity 5 at 40 head

**6. WELLHEAD:** Type well seal pitless adapter
Pressure tank 84.9 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 9-1-88, Disinfectant used HTH Chlorine
Amount 3 cups, Hours used 24

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

9-16-88 Rec'd

OVER

Owner [redacted] 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) | | TYPE OF ROCK OR SOIL | REMARKS | | |
| From | To | (color, material, fossils, hardness, etc.) | (water, caving, cavities, broken, core, shot, (etc.) | Drilling Time (Min.) | |
| | | | | | |

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 P.E. Continuous length, no splices, electrical
Date wire is 12 gauge UF, and is continuous with no underground splices.

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 _____ (Seal), Date 9-12-88
(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

1391

COMMONWEALTH OF VIRGINIA/FAIRFAX COUNTY HEALTH DEPARTMENT

PERMIT APPLICATION/NEW CONSTRUCTION

(X) SEWAGE DISPOSAL SYSTEM (X) WELL PERMIT

To Be Completed By the Applicant - PLEASE TYPE OR PRINT CLEARLY

Owner Chesapeake Const Co Inc Address 2016 Madrillon Rd Phone 356-7132
Vienna ZIP 22180

Agent Sharon Scarce Address _____ Phone 830-1379
830-6054
ZIP _____

Subdivision Seneca Farms Sec 3 Block _____ Lot 25

Property Address 221 Dunmore DR Tax Map 2-2((2))25
Donmore Rd.

( ) Residental
Sewage: (X)Septic Tank ()Public ()Other _____ ()Basement REGISTERED
Number of potential bedrooms 4 Plumbing in Basement ()Yes ()No

Water: (X)Well ()Public ()Other _____

( ) Commercial
Sewage: ()Septic Tank ()Public ()Other _____ EST # of Patrons _____
Estimated Daily Water usage _____ Gallons Number of Employees _____

Water: ()Well ()Public ()Non-Community ()Other ____

I give permission to the Health Department to enter onto the property described for the purpose of processing this application. I also state that the Estimated Daily Water Usage or the Maximum Number of Potential Bedrooms for the dwelling or Building will not to exceed 4 bedrooms or _____ gallons per day.

SIGNATURE Sharon Scarce PRINT NAME Sharon Scarce

Date 10-8-87 ()Owner (X)Agent

==========

For Department Use ONLY HMIS _____

DATE LOT APPROVED 1-9-76 Type system 1 Design for 5 BR or Gals per Day _____
Perc Rate 10 Depth 52 Septic Tank Gals 1885 Absorption Field 1460 (Lin.Ft) Reserve Area 730 (Lin.Ft)
Building Permit No 87281 B0680 Well Receipt # 02153 pd Septic Receipt 02743
Remarks: ~~# well to be~~ 11/17/87 Ew
OK on Tested

Reviewed by H. Owen Title Senior Sanitarian Date 10-20-87

HD:ID:NC: [redacted]

TO: DIVISION OF INSPECTIONS DATE: 3-29-89

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Chesapeake Construction Co.

BUILDING APPLICATION NUMBER: 87281B0680

SUBDIVISION: Seneca Farms SEC: 3 BLOCK LOT: 25

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-25

221 Donmore Dr., Great Falls, VA 22066

HEALTH DEPARTMENT PERMIT #: N/A

SEWAGE DISPOSAL PERMIT ISSUED FOR: Existing

WELL PERMIT ISSUED FOR: Existing

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

REMARKS:

To add two bathrooms in basement and second floor.

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:

WATER SUPPLY SYSTEM

APPROVED

(SIGNATURE)

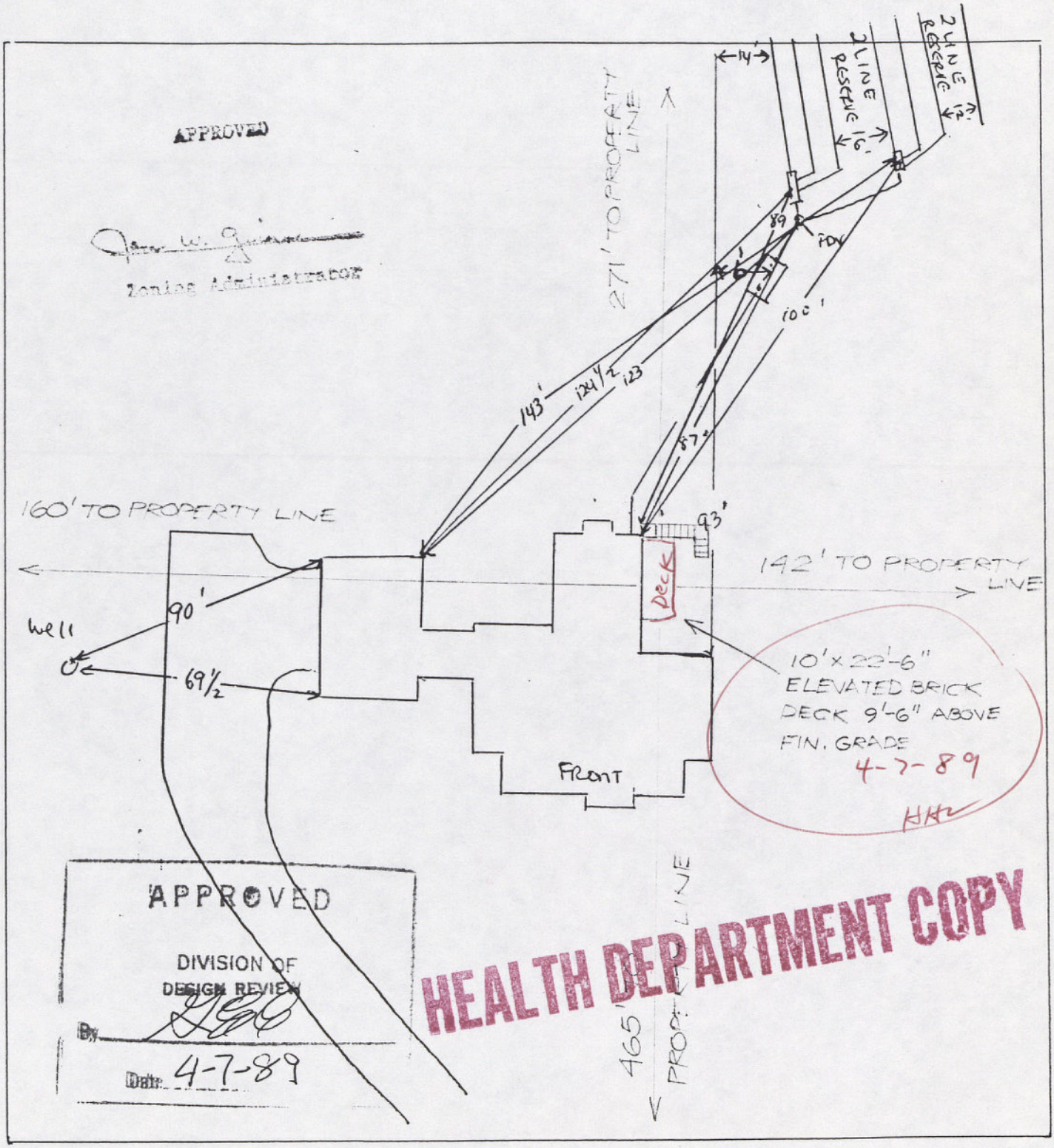
UPON FINAL APPROVAL, ONE COPY TO BE FORWARDED TO PLUMBING INSPECTION BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.

FHD-EH-3 10/80

PERMIT # 129-87-1140

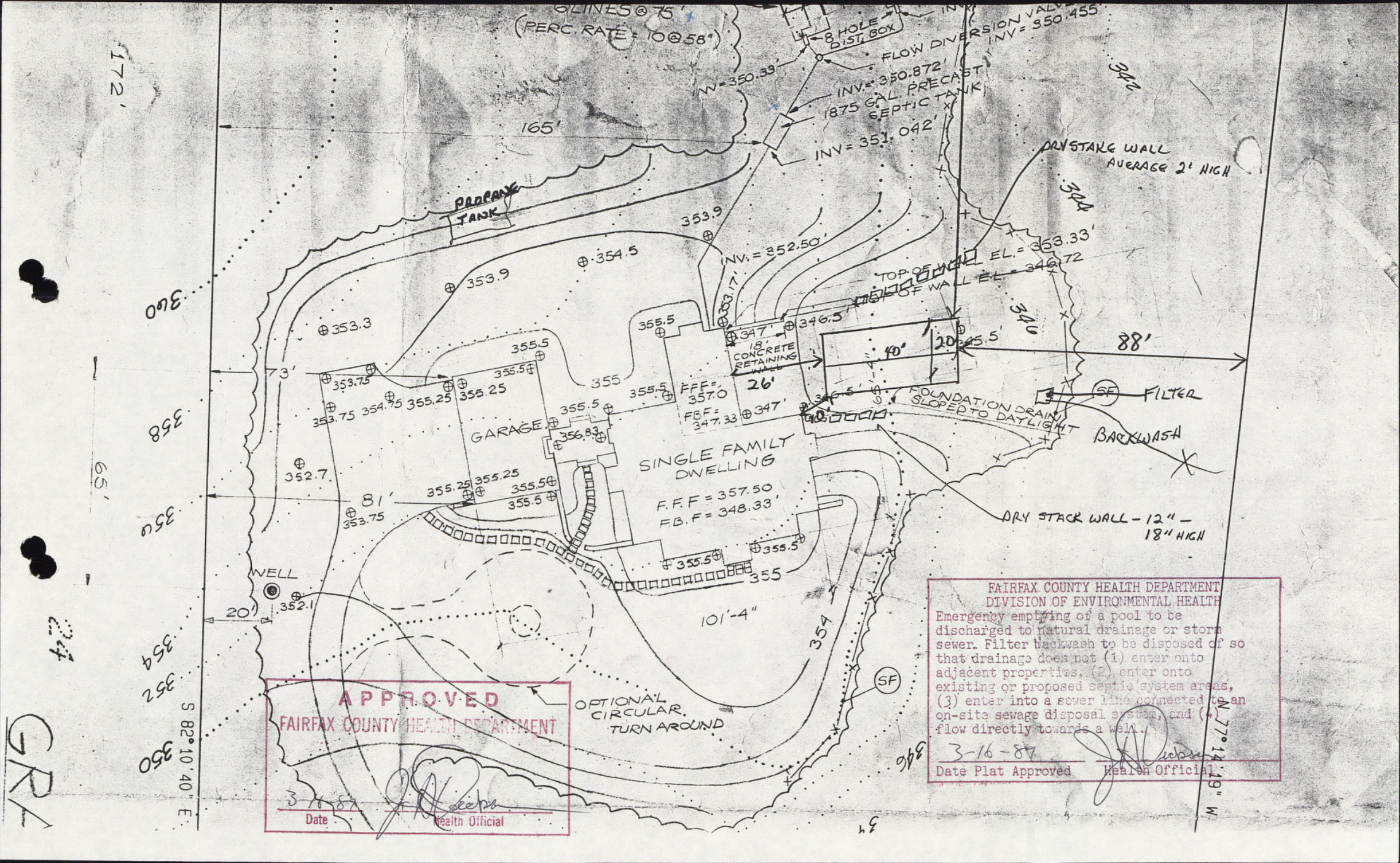
2-2-002-25
LOCATION SENECA FARMS SEC 3 LOT 25
(Subdivision or Tax Map Ref.

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED




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

FHD-EH-7 9/81

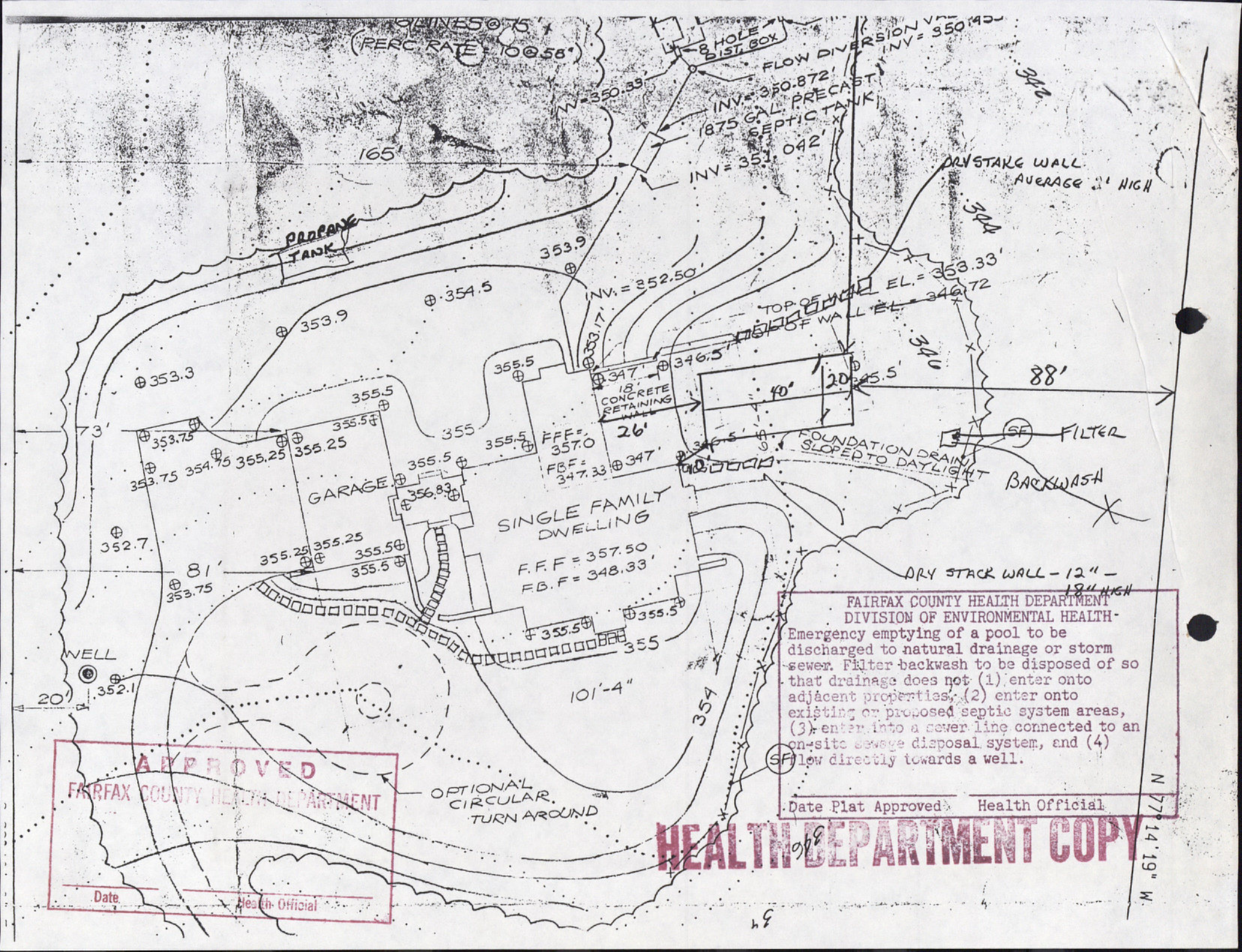



APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
3-16-87
Date
Health Official

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

Emergency emptying of a pool to be discharged to natural drainage or storm sewer. Filter backwash to be disposed of so that drainage does not (1) enter onto adjacent properties, (2) enter onto existing or proposed septic system areas, (3) enter into a sewer line connected to an on-site sewage disposal system, and (4) flow directly towards a well.

3-16-87
Date Plat Approved
Health Official


9 LINES @ 5'
(PERC RATE = 10@58")
8 HOLE DIST. BOX
FLOW DIVERSION
INV = 350.33'
INV = 350.872'
1875 GAL. PRECAST SEPTIC TANK
INV = 351.042'
DRYSTAKE WALL AVERAGE 3' HIGH
PROPANE TANK
353.9
354.5
353.9
353.3
INV. = 352.50'
353.17'
TOP OF WALL EL. = 353.33'
BOT OF WALL EL. = 346.72'
346.5'
347'
18" CONCRETE RETAINING WALL
40'
20'
345.5'
88'
73'
355.5
355
355.5
FFF = 357.0
FBF = 347.33
347'
26'
346.5'
FOUNDATION DRAIN SLOPED TO DAYLIGHT
SF
FILTER
BACKWASH
353.75
354.75
355.25
355.25
GARAGE
356.83
SINGLE FAMILY DWELLING
F.F.F = 357.50
F.B.F = 348.33'
352.7
81'
353.75
355.25
355.25
355.5
355.5
355.5
355.5
355
101'-4"
DRY STACK WALL - 12" - 18" HIGH
WELL
352.1
20'
354
SF
OPTIONAL CIRCULAR TURN AROUND
N 77° 14' 19" W.
346
APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
Date
Health Official
FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
Emergency emptying of a pool to be discharged to natural drainage or storm sewer. Filter backwash to be disposed of so that drainage does not (1) enter onto adjacent properties, (2) enter onto existing or proposed septic system areas, (3) enter into a sewer line connected to an on-site sewage disposal system, and (4) flow directly towards a well.
Date Plat Approved
Health Official
HEALTH DEPARTMENT COPY

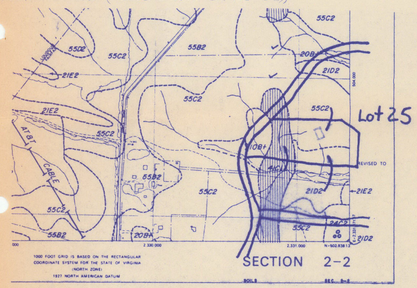




VICINITY MAP
1" = 2000'

# GRADING PLAN

(THIS GRADING PLAN IS BASED ON DATA FROM A BOUNDARY AND TOPOGRAPHIC SURVEY BY JOHN A. KEPHART (LAND SURVEYOR NO 1196))




SOILS MAP SOIL IN AREA OF DWELLING IS 55C2 (GLENELG SILT LOAM)

## GENERAL NOTES

1. THIS PLAT WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.
2. THE PROPERTY SHOWN HEREON IS LOCATED ON ASSESSMENT MAP 2-2 ((2)), PARCEL 25 AND IS CURRENTLY ZONED R-E.
3. CURRENT OWNER:
   CHESAPEAKE CONSTRUCTION COMPANY, INC.
   2016 MADRILLON ROAD
   VIENNA, VIRGINIA 22180
4. OWNER'S LEGAL REFERENCE: DEED BOOK 6753, PAGE 1851.

## EROSION & SEDIMENTATION CONTROL NOTES

1. CLEARED AREAS FOR THE DRIVEWAY SHALL BE PROMPTLY STABILIZED WITH GRAVEL TO ALLOW CONSTRUCTION TRAFFIC ACCESS TO THE BUILDING SITE.
2. OTHER DISTURBED AREAS WHICH ARE NOT STABILIZED OR BUILT UPON BY NOVEMBER 1ST ARE TO BE SEEDED WITH OATS OR RYE AND MULCHED WITH HAY OR STRAW.
3. EROSION AND SEDIMENTATION CONTROL MEASURES ARE TO BE PLACED PRIOR TO OR AS THE FIRST STEP IN GRADING.
4. ALL CONSTRUCTION SHALL CONFORM TO CURRENT FAIRFAX COUNTY STANDARDS AND SPECIFICATIONS




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 must be located a minimum of 10 feet from all subsurface disposal systems.

All water service lines must be located a minimum of 10 feet from all subsurface disposal systems

10-20-87 HD

CHESAPEAKE
CONST. CO. INC.
CLASS A GENERAL CONTRACTOR (356-7/32)

2016 MADRILLON RD. VIENNA, VA.

COMMONWEALTH OF VIRGINIA
STEPHEN ROBINSON
NO. 14602
PROFESSIONAL ENGINEER

BOUNDARY AND TOPOGRAPHIC SURVEY
LOT 25, SECTION 3
SECECA FARMS
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VIRGINIA

CLIENT CHESAPEAKE CONSTRUCTION CO., INC.

| NO | DESCRIPTION | REVIEW BY | APPROVED | DATE |
|---|---|---|---|---|

REVISIONS APPROVED BY DIVISION OF DESIGN REVIEW

HEALTH DEPARTMENT COPY

| K & C REVISIONS | DATE |
|---|---|
| TAX MAP | |

| | |
|---|---|
| DATE | SEPT. 9, 1987 |
| SCALE | 1" = 30' |
| DESIGNED BY | SCR |
| DRAWN BY | SCR |
| CHECKED BY | |
| SHEET | 1 OF 1 |
| K & C FILE NO | 87-041 |