

TO DEPT. OF PUBLIC WORKS ENVIRONMENTAL SERVICES - (DPWES)
RESIDENTIAL INSPECTIONS BRANCH - (OBRS)

FILE UNDER

FROM: HEALTH DEPARTMENT/ENVIRONMENTAL SERVICES SECTION

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

DATE: 10/13/2005

OWNER'S NAME: MICHAEL & ELIZABETH GAFFNEY

BUILDING APPLICATION NUMBER:

SUBDIVISION: SENECA FARMS SEC: 2 BLOCK: LOT: 3

TAX MAP IDENTIFICATION: 2-2-002-3

PROPERTY ADDRESS: 319 SENECA RD, GREAT FALLS, VA 22066

HEALTH DEPARTMENT PERMIT#: 129 - 05 - 1090

PERMIT ISSUED FOR: ☐ SEWAGE DISPOSAL ☒ WELL ☐ OTHER

TO SERVE: ☒ RESIDENTIAL ☐ COMMERCIAL

☐ OTHER - DESCRIBE:

SPECIAL HANDLING

SEWAGE DISPOSAL SYSTEM DESIGNED FOR: BEDROOMS OR GPD
(ALL PERMITS FOR DWELLING ARE DESIGNED TO INCLUDE AUTOMATIC WASHER AND GARBAGE DISPOSAL)

REMARKS: WELL ONLY

THE ABOVE TO BE FAXED TO PERMITS DIVISION (OBRS) AND ORIGINAL TO BE ATTACHED WITH PERMIT.

NOTIFICATION OF FINAL APPROVAL

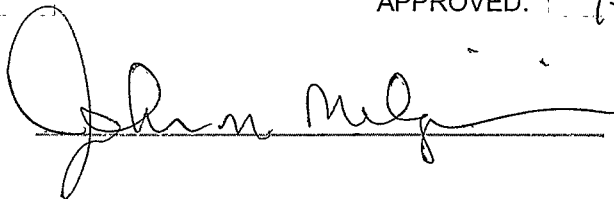
SEWAGE DISPOSAL SYSTEM

APPROVED: EXISTING

WATER SUPPLY SYSTEM

APPROVED: 9-13-2006

SIGNATURE:



UPON FINAL APPROVAL, ONE COPY TO BE FAXED TO RESIDENTIAL INSPECTIONS BRANCH, ORIGINAL TO BE ATTACHED ON TOP OF FILE

NUMBER OF BEDROOMS AT FINAL INSPECTION:

STICKER PLACED: INITIALS:

**FDV (CHECK ONE) ☐ YES ☐ NO



UNDER

1390

TO: DIVISION OF INSPECTIONS

FROM: HEALTH DEPARTMENT

Henry Bogak

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

OWNER'S NAME: SEVILLE, Wm. K. & Shirley A.

BUILDING APPLICATION NUMBER: None

SUBDIVISION: Seneca Farms SEC: 2 BLOCK LOT: 3

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-3

319 Seneca Rd., Great Falls, Va. 22066

HEALTH DEPARTMENT PERMIT # 80-016

SEWAGE DISPOSAL PERMIT ISSUED FOR: Existing Dwelling

WELL PERMIT ISSUED FOR:

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

REMARKS: TO CONNECT EXISTING DWELLING TO NEW SEPTIC SYSTEM

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

APPROVED: 4-22-80

APPROVED:

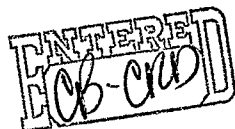
(SIGNATURE)

ENTERED APR 23 1980

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

W49/3-8-80

FHD-EH-3



SPECIAL HANDLING

File

1390

TO: DIVISION OF INSPECTIONS

DATE: 5-16-88

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Steve J. Hogoboom

BUILDING APPLICATION NUMBER: 88137B0180

SUBDIVISION: Seneca Farms SEC: 2 BLOCK LOT: 3

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-3

319 Seneca Rd., Great Falls, VA 22066
HEALTH DEPARTMENT PERMIT # 129-88-0443

SEWAGE DISPOSAL PERMIT ISSUED FOR: Existing

WELL PERMIT ISSUED FOR: Existing

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

REMARKS: To connect the new septic tank to the existing dwelling

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

APPROVED: 8-14-89

APPROVED: 8 EXISTING

ENTERED AUG 14 1989

Dennis A. Hill
(SIGNATURE)

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

ENTERED
C. Brown

FHD-EH-3

10/80

SPECIAL HANDLING

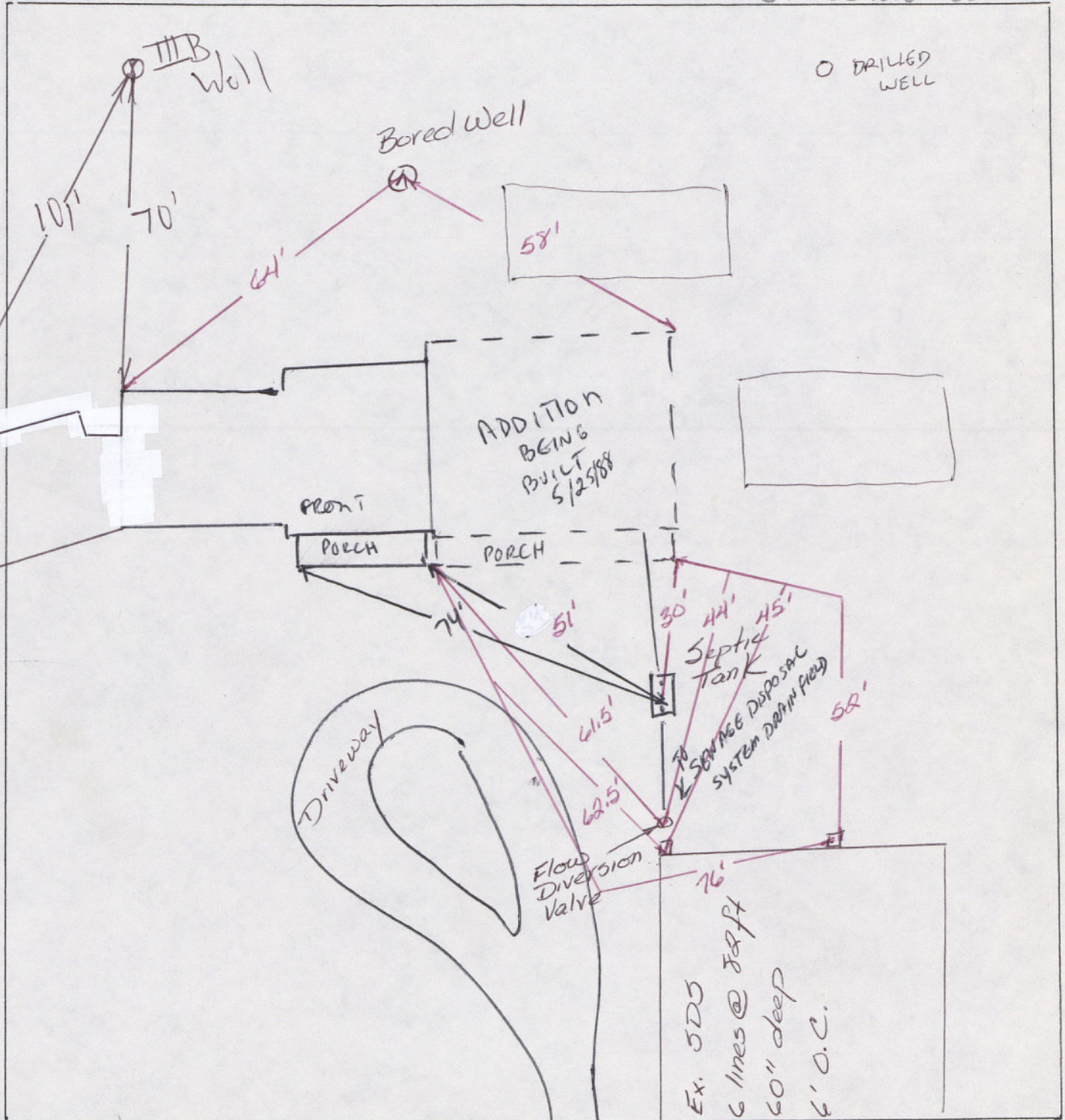
FAIRFAX/FALLS CHURCH HEALTH DISTRICT
FAIRFAX, VIRGINIA

PERMIT # 129-88-0443

TM: 2-2-002-3
LOCATION SENECA FARMS, SEC 2, Lot 3
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

319 Seneca Rd.



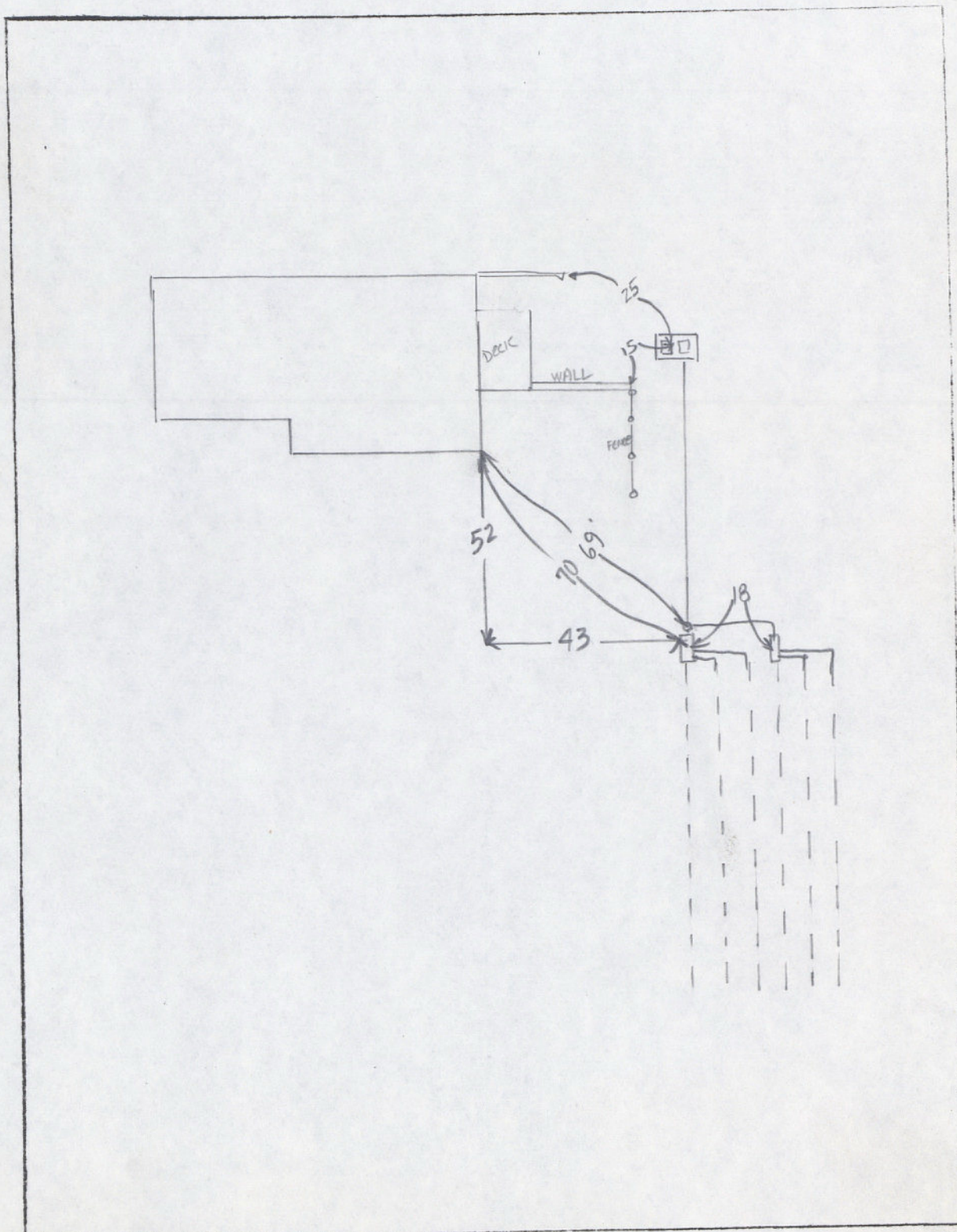
Sketch and show location of septic tank flow diversion valve distribution boxes and well.

was As Built
10/17/01

PERMIT # 2-2-002-3

LOCATION: 319 Seneca Rd
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

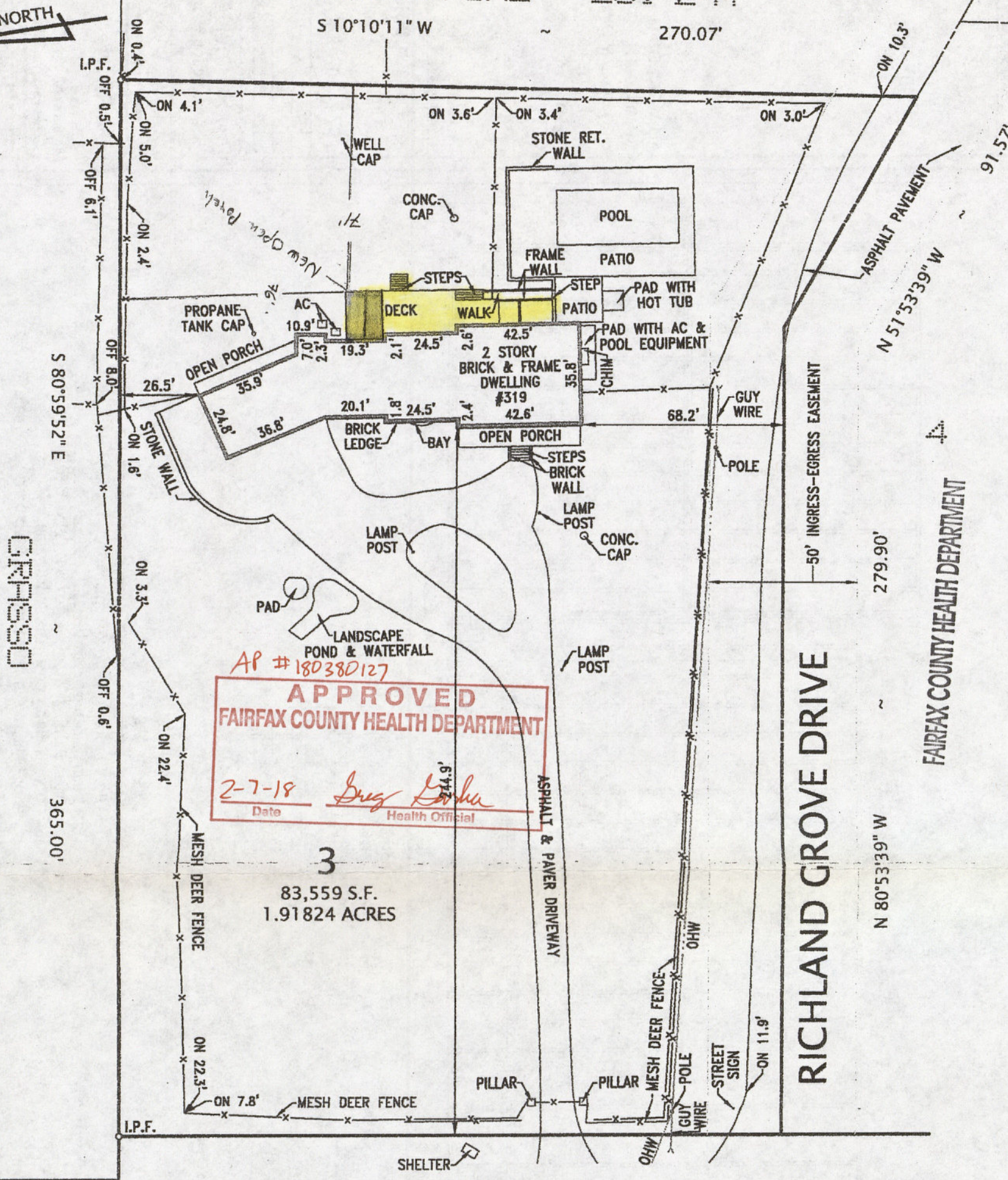


Sketch to show location of septic tank flow diversion valve distribution boxes and well.

NOTES: 1. FENCES ARE FRAME & WIRE UNLESS NOTED.
2. UTILITIES ARE UNDERGROUND.

SECTION ONE LOT 2-A

RECORD NORTH



AP #180380127
APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
2-7-18 *Dug Laha*
Date Health Official

3
83,559 S.F.
1.91824 ACRES

N 09°06'21" E 224.97'

SENECA ROAD

ROUTE #602 R/W VARIES

PLAT

SHOWING HOUSE LOCATION ON

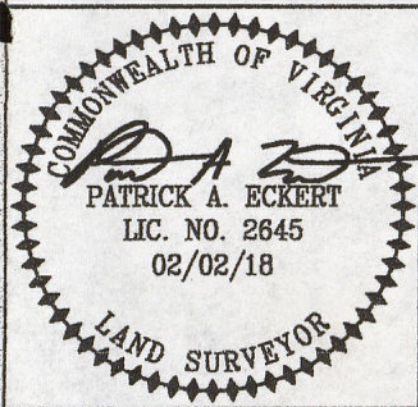
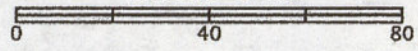
LOT 3 SECTION 2

SENECA FARMS

FAIRFAX COUNTY, VIRGINIA

SCALE: 1" = 40' FEBRUARY 1, 2018

GRAPHIC SCALE



THE POSITION OF THE EXISTING IMPROVEMENTS HAS BEEN ESTABLISHED BY AN ON SITE INSTRUMENT SURVEY AND UNLESS OTHERWISE SHOWN THERE ARE NO VISIBLE ENCROACHMENTS. UNDERGROUND UTILITIES NOT LOCATED.

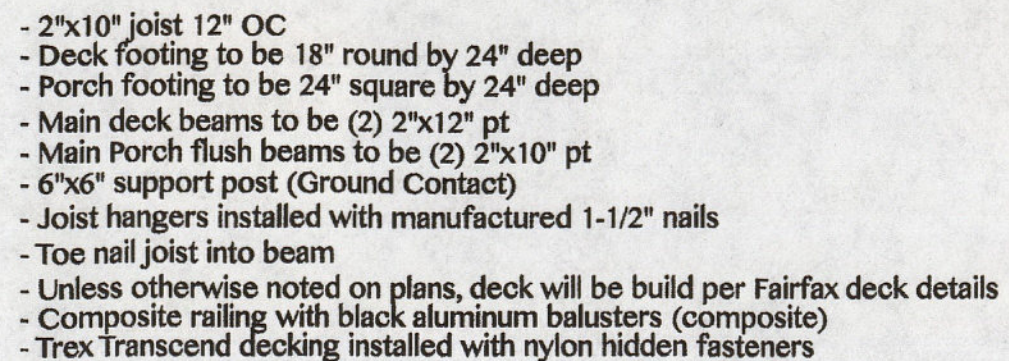
ORDERED BY:
GAFFNEY
CASE NAME:
MICHAEL GAFFNEY

PLAT PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT. THIS PLAT IS SUBJECT TO RESTRICTIONS AND EASEMENTS OF RECORD OR ESTABLISHED. NO CORNER MARKERS SET.

ALTERRA SURVEYS, INC.

11350 RANDOM HILLS ROAD #430
FAIRFAX, VIRGINIA 22030
TEL. NO. 703-520-1558
FAX NO. 703-995-4800
INBOX@ALTERRASURVEYS.COM

USER	REVDATE	FNAME
------	---------	-------



General Notes										
Framing										
ALL WORK SHALL COMPLY WITH VIRGINIA UNIFORM STATEWIDE BUILDING CODE.										
By: Roberto Arispe										
PROdeck Construction, LLC Deck-Porch-Patio www.ProDeckConstructionva.com 571-317-7301										
No.	Revision/Issue	Date								
PROdeck Construction LLC 4604 Starting Post Ct. Gainesville, VA 20155										
Gaffey 319 Seneca Rd. Great Falls, Va 22066										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Project</td> <td style="width: 40%; padding: 2px;">Sheet</td> </tr> <tr> <td style="padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Date</td> <td style="padding: 2px;">02-06-18</td> </tr> <tr> <td style="padding: 2px;">Scale</td> <td style="padding: 2px;">1/4" = 1'</td> </tr> </table> </td> <td style="width: 70%;"></td> </tr> </table>		Project	Sheet	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Date</td> <td style="padding: 2px;">02-06-18</td> </tr> <tr> <td style="padding: 2px;">Scale</td> <td style="padding: 2px;">1/4" = 1'</td> </tr> </table>	Date	02-06-18	Scale	1/4" = 1'		
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Date	02-06-18									
Scale	1/4" = 1'									

FILE 1390

ENVIRONMENTAL HEALTH SERVICES SECTION
FOLLOW-UP REPORTOwner's Name Michael + Elizabeth GaffneyTax Map: 2 - 2 / 003 - 1 / 3
Map Grid Sub Block LotStreet Address 319 Seneca RdCity, State, Zip Great Falls VA 22064Subdivision Seneca Farms Sec. 2Phone # 703 450 4697

DATE	COMMENTS	RESCH DATE	INITIALS
cont 1/25/08	to make sure bored well is secure + file C. Well is unapproved. NO FURTHER WORK CAN BE APPROVED FOR THIS PROPERTY.		
1-29-08	Arrived on site. No one home. Wooden lid covering well in stone landscaping is deteriorated, but bored well seems to be secured otherwise. As per notes on 1-25-08 File C. Unable to GPS anything as not enough sat's were available.	^{EH} 1/29/08	HW
02/01/08	Letter sent to owner regarding temp. abd status of well	File C	EH
2/28/08	Rec. confirmation of receipt of cert. letter. Well is unapproved. NO FURTHER WORK CAN BE APPROVED FOR THIS PROPERTY	File C	HW
3/3/08	Well is in temporary abd. state. Health Dept. still needs to review all building permits + any future additions must maintain 50' setback. withdrew WAB permit	File C	HW



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

January 31, 2008

Michael Gaffney
319 Seneca Road
Great Falls, Virginia 22066

RE: Abandoned well located at 319 Seneca Road, Great Falls, Virginia, 22066
Tax Map # 2-2-002-3, Subdivision: Seneca Farms Sec. 2, Lot 3

Dear Mr. Gaffney:

The permit issued for the permanent abandonment of the bored well located at the above referenced property (129-05-1091) has been voided. The well is now designated by the Fairfax County Health Department as being *temporarily abandoned*. You are required to maintain the well with a water-tight cap or well head seal so that it will not become a source or channel for contamination to ground water or a safety hazard. All future building permits relating to this property will be reviewed to verify that setback distances between the well and structures, topographic features, or sources of pollution comply with the minimum distances as required in *Table 3.1 of Chapter 70.1 of the Fairfax County Code*. Future building permits that do not meet the minimum setback distances would require permanent abandonment of the well or result in rejection of the building permit. Permanent abandonment or irrigational use of the well will require a permit issued by this Department.

Should you have any questions or require further information concerning this matter, I can be reached at (703) 246-8462 between 8:00 to 8:30 a.m. and 3:00 to 4:30 p.m., Monday through Friday.

Sincerely,

Hanna Willmert
Environmental Health Specialist II

Reviewed by:

Martin A. Thompson
Environmental Health Supervisor

Enc: Well Abandonment Permit # 129-05-1091 (Voided)

CERTIFIED MAIL # 7006 2760 0001 3394 4563

Fairfax County Health Department

Division of Environmental Health
Onsite Sewage and Water Section

10777 Main Street, Suite 102, Fairfax, VA 22030
Phone: 703-246-2201 TTY: 711 Fax: 703-278-8157
www.fairfaxcounty.gov/hd





County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

January 4, 2008

Michael Gaffney
319 Seneca Road
Great Falls, Virginia 22066

RE: Abandoned well located at 319 Seneca Road, Great Falls, Virginia, 22066
Tax Map # 2-2-002-3, Subdivision: Seneca Farms Sec. 2, Lot 3

Dear Mr. Gaffney:

Our records indicate that the abandoned well water supply system at the referenced property is in noncompliance with the *Commonwealth of Virginia Department of Health Private Well Regulations and Fairfax County Code Chapter 70.1*. A well in noncompliance is a potential source of groundwater contamination and a potential safety hazard. You are requested to give this matter your prompt attention and bring the abandoned well water supply system into compliance.

Abandonment of the well must be made in accordance with the attached permit (# 129-05-1091, issued 10/13/05) and all applicable Fairfax County Codes and State Regulations. All work to fill and seal the well must be inspected by the Health Department.

Should you have any questions or require further information concerning this matter, I can be reached at (703) 246-8462 between 8:00 to 8:30 a.m. and 3:00 to 4:30 p.m., Monday through Friday.

Sincerely,

Hanna Willmert
Environmental Health Specialist II

Reviewed by:

Martin A. Thompson
Environmental Health Supervisor

Enc: Well Abandonment Permit # 129-05-1091

CERTIFIED MAIL # 7006 2760 0001 3394 4402

Fairfax County Health Department

Division of Environmental Health

Onsite Sewage and Water Section

10777 Main Street, Suite 102, Fairfax, VA 22030

Phone: 703-246-2201 TTY: 711 Fax: 703-278-8157

www.fairfaxcounty.gov/hd



File 1390

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

net
error

Owner's Name Michael + Elizabeth

Tax Map: 2 - 2 / 1002 / - / 3
Map Grid Sub Block Lot

Street Address 319 Seneca Rd

Subdivision Seneca Farms Sec 2

City, State, Zip Great Falls VA 22066

Phone # 703-450-6697

DATE	COMMENTS	RESCH DATE	INITIALS
05/01/07	Left message on machine for owner to call back w/ bored wss progress	06/01/07	HW
06/01/07	Left message on machine (4:57pm) w/ bored wss progress	07/03/07	HW
07/03/07	Left message on machine (3:14pm) for owner to call back w/ progress on converting bored wss to irrig.	08/02/07	HW
08/13/07	Left message on machine (2:58) for owner to call me back w/ progress on irrig. wss conversion	09/12/07	HW
10/03/07	Left message w/ daughter for parents to call me. (NOTE = I believe mother was home since I heard daughter ask if she wanted to talk to me)		
	Continue to Flu.	11/02/07	HW
11/06/07	Called phone number. No answer + no machine picked up. (9:05am)	12/06/07	HW
12/11/07	Spoke w/ owner. She wants to keep well for irrig. however doesn't know when she will be able to do so. I explained. this has been going on over 1yr now + either must be converted or abandoned.	1/3/08	HW
1/03/08	Issued Non-compliance letter.	01/29/08	HW
1/25/08	Rec. receipt of NOV letter. EH Sch.		→

ENVIRONMENTAL SERVICES SECTION FOLLOW-UP REPORT

File 1390

Owner's Name Michael / Elizabeth Gaffney

Tax Map: 2-2 / 1021 - 3
Map Grid Sub Block Lot

Street Address 319 Seneca Rd

Subdivision Seneca Farms Sec. 2

City, State, Zip Grant Falls VA 22066

Phone # 703 450 6697

DATE	COMMENTS	RESCH DATE	INITIALS
10/10/06	Left message requesting owners call regarding converting 2 - wells to irrigation. F/H	10/30/06	SN
10/31/06	Left message for owners to call regarding converting 2 wells to irrigation. F/H	11/21/06	SN
11/21/06	Left message requesting update on WSS (2) F/H	11/27/06	SN
11/27/06	Spoke w/ homeowner - She would like to keep bored well for irrigation. Dry hole to be abandoned - sh'd like to fill w/ cuttings but unsure how deep. I told her I'd check and call back. Later... Left message for owner to call. - Went to let her know that hole must be open to 40' min for grout WAB. If not, driller must blow out cuttings somehow to allow for min 40' grout.		
11/30/06	Spoke w/ Elizabeth Gaffney, informed her of issues surrounding filling dry well. She'd still like to do so. Min. of 40' must be left open for grout. F/H	1/2/07	SN
1/2/07	Left message for owners to call w/ WSS WAB update F/H	1/22/07	SN
1/25/07	Telephoned, left voice mail requesting return call re: WAB of dry well and conversion of bored well to irrigation. FU	2/22/07	JL
03/05/07	Spoke w/ child - parent not home. call again later.	03/20/07	HWS
3-26-07	Existing ungrouted well grouted to 40'(D) and then the 400' hole abandoned - Both done by pumping with Bensal Appine WAB. Still need to check Bored well for irreg. well use. Advised Gaffney's	4-26-07	NMS

ENVIRONMENTAL SERVICES SECTION

FOLLOW-UP REPORT

File 1390

Owner's Name Michael/Elizabeth Gaffney
 Street Address 319 Seneca Rd
 City, State, Zip Great Falls, VA 22066
 Phone # 703 450-6697

Tax Map: 2 - 2,004 - 1, 3
 Map Grid Sub Block Lot
 Subdivision Seneca Farms S2

DATE	COMMENTS	RESCH DATE	INITIALS
6/21/06	cont. WS reflected. GPS of two wells.	Hold	SM
	Collected WS. Hold for results.	↓	↓
6/27/06	Notified owner of unsatisfactory WS. Informed owner.		
	Send Form Letter 15 & Disinfection Procedures. F/U	7/13/06	SM
7/13/06	Owners will call to schedule 2 WS & well report some time within 2 weeks. F/U	7/31/06	SM
7/31/06	Spoke w/ owner. WS #1 scheduled w/ JC 8/2 and WS #2 w/ HW 8/9	8/2/06	SM
8/2/06	Met homeowner on-site. Collected WS #1. Owner has made no decision re: well abandonments at this time. Three wells exist on-site at this time, 2 drilled, 1 bored. HOLD FOR RESULTS. WS #2 scheduled for 8/9/06 w/ HW	8/9/06	JL
8/8/06	WS #1 results received. COLIFORM PRESENT. Notified owner by telephone. She plans to have well contractor disinfect well. FU	8/25/06	JL
8/24/06	Met owner onsite. WSS appears satisfactory. Collected WS #1. Hold for results and WS #2	Hold	SM
8/30/06	WS #1 satisfactory. Hold for WS #2	9/1/06	SM
9/1/06	Collected WS #2. Hold for results. Notified owner that both wells can be used for irrigation	Hold	SM
9/7/06	Requested complete GW2 from Bill Ray: Well	Hold	SM
9/13/06	Received GW2. OK to appear WSS. Hold for other wells to be converted to irrigation. Spoke w/ owner. They on unsure of when they'll convert wells. F/U	10/11/06	SM

ABANDONMENT

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

State Water Control Board
P.O. Box 11143
2111 North Hamilton Street
Richmond, Virginia 23230

• BWCM No. _____

County/City _____

RECEIVED
FAIRFAX
County/City Stamp
MAY 23 2007

• Virginia Plane Coordinates

_____ N
_____ E

• Latitude & Longitude

_____ N
_____ W

• Topo. Map No. _____

• Elevation _____

• Formation _____

• Lithology _____

• River Basin _____

• Province _____

• Type logs _____

• Cuttings _____

• Water Analysis _____

• Aquifer Test _____

• Owner MICHAEL/ELIZABETH GAFFNEY

• Well Designation or Number _____

Address 319 SENECA RD

Phone _____

• Drilling Contractor: Northern Virginia Drilling, Inc.

Address 11356 Industrial Road

Manassas, VA 20109

Phone: (703) 361-6859

dry hole

WELL LOCATION: _____ (feet/miles _____ direction) of _____

and _____ feet/miles _____ (direction) of _____

(If possible please include map showing location marked)

Date started 3-26-07 • Date completed 3-26-07 Type rig grout truck

SWCB Permit _____

County Permit _____

Certification of inspecting official:

This well does _____ does not _____

meet code/low requirements.

S. _____

Date _____

For Office Use

#129-06-0327

Tax Map I.D. No. 2-2-002-3

Subdivision SENECA FARMS

Section 2

Block _____

Lot 3

Class Well I _____ IIA _____

IIIB _____ IIID _____

IIIC _____ IIIE _____

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.

• Casting 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 _____

WATER DATA • Water Temperature _____ °

• Static water level (unpumped level-measured) _____

• Stabilized measured pumping water level _____

• 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 _____

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 3-26-07 Disinfectant used Calc. Hypochlorite

Amount 3802 Hours used 24

8. ABANDONMENT (where applicable) • Yes ☒ No _____

Casing pulled Yes _____ No ☒ Not Applicable CUT BELOW

Plugging grout From 600' to 0' material Bedrock

OVER

BWCM No. _____

10. DRILLERS LOG (use additional sheets if necessary)

10. DRILLERS LOG (use additional sheets if necessary)					11. Drilling Time (Min.)	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.)			

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.

License No. 2705-084412A

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

FAIRFAX COUNTY Health Department

Health Department
Identification Number 129-05-1080
Map Reference 2-2-002-3

Page 1 of 2

General Information

Water Supply System: New ☒ Repair ☐ Public ☐ FHA ☐ VA ☐ Case No. ☐
Sewage Disposal System: New ☐ Repair ☐ Expanded ☐ Conditional ☐ Public ☐
Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
Owner MICHAEL/ELIZABETH GAFFREY Telephone (703) 450-6697
Address 319 SENECA RD GREAT FALLS VA 22068 For a Type 11 B Sewage Disposal System or Well to be constructed on/at 319 SENECA RD GREAT FALLS VA 22068
Subdivision SENECA FARMS Section/Block 2 Lot 3 Actual or estimated water use 1274 4 Bedrooms

DESIGN

Water supply, existing: (describe) border well, to be converted to irrigation

To be installed: class 11 B
cased 50' min grouted 50' min

Building sewer: I.D. PVC Schedule 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other

Septic tank: Capacity gals. (minimum).
☐ Other

Inlet-outlet structure:
PVC Schedule 40, 4" tees or equivalent.
☐ Other

Pump and pump station:
No ☐ Yes ☐ describe and show design.
if yes:

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☐ Other

Distribution box:
Precast concrete with ports.
☐ Other

Header lines:
Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum.
☐ Other

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other

Absorption trenches:
Square ft. required ; depth from ground surface to bottom of trench ; aggregate size ;
Trench bottom slope ;
center to center spacing ; trench width ;
Depth of aggregate ;
Trench length ; Number of trenches

NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS

Water supply location: Satisfactory yes ☒ no ☐
comments

Completion Report
G. W. 2 Received: yes ☒ no ☐ not applicable ☐

Building sewer: yes ☐ no ☐ comments
Satisfactory

Pretreatment unit: yes ☐ no ☐ comments
Satisfactory

Inlet-outlet structure: yes ☐ no ☐ comments
Satisfactory

Pump & pump station: yes ☐ no ☐ comments
Satisfactory

Conveyance method: yes ☐ no ☐ comments
Satisfactory

Distribution box: yes ☐ no ☐ comments
Satisfactory

Header lines: yes ☐ no ☐ comments
Satisfactory

Percolation lines: yes ☐ no ☐ comments
Satisfactory

Absorption trenches: yes ☐ no ☐ comments
Satisfactory

Date 9/13/06 Inspected and approved by:

9/13/2006 Sanitarian

WSS Contractor: North VA Drilling/Well Pump & Well

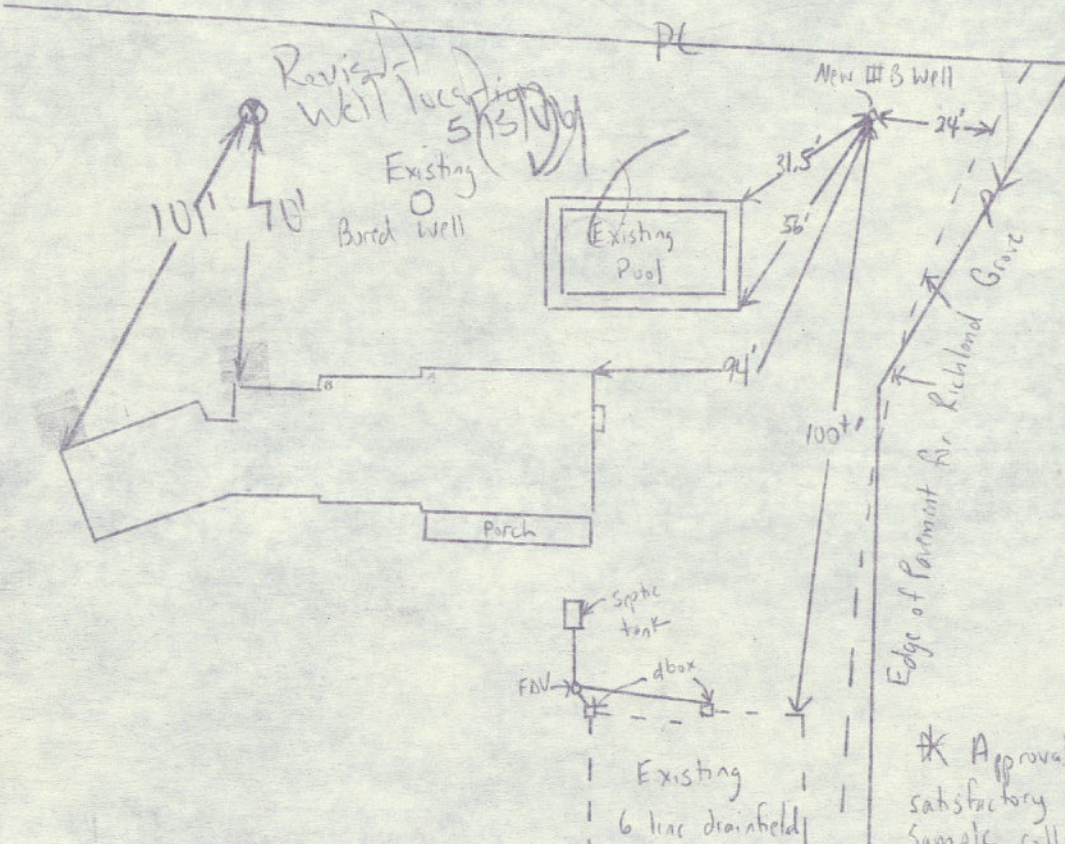
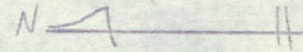
Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.

* See attached sheet for procedure to convert existing bored well to irrigation well.

Not to Scale



- * Install well in accordance with all applicable State Regulations and County Code.
- * Install well at location shown on this permit.
- * Case and grout well to a minimum 50' depth.
- * Owner or agent must contact Fairfax County Health Department for all required inspections and water samples.

* Approval of well is contingent upon satisfactory bacteriological analysis of water sample collected by the Health Department.

This sewage disposal system and/or water supply is to be constructed as specified by the permit ☒ or attached plans and specifications ☐.

This sewage disposal system and/or well 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: 10/21/05 Issued by: [Signature] Sanitarian

Date: 10/24/2005 Reviewed by: [Signature] Supervisory Sanitarian

This Construction Permit Valid until April 2007

If FHA or VA financing

Reviewed by Date _____ Date _____

Record of Inspection Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number 129-05-1090

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

Date 10/13/2005 Local Health Department FAIRFAX COUNTY

Owner MICHAEL/ELIZABETH GAFFREY Address 9 SENECA RD GREAT FALLS VA 22085 Phone (703) 460-0897

Exact Location of Premises 319 SENECA RD GREAT FALLS VA 22085

Subdivision SENECA FARMS Section/Block 2 Lot 3

Class of nonpublic drinking water well. 1) Class III A ☐ 2) Class III B ☒ 3) Class III C ☐ 4) Other ☐

Date of installation 4/19/06

NOVA Drilling 1 Bell Pump & Well

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 Sec. 2.18 Yes ☒ No ☐
2. Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations.
Building Sewer 50' Pretreatment Unit 50' Conveyance System 50' Subsurface Soil Absorption System 75' (nearest point). Property Line 10' Other N/A
Site graded where necessary to divert water away from well? Yes ☐ No ☒ N/A ☐
3. Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).
Total depth of well 60' feet. Type of casing Steel
Depth of casing 63' feet. Diameter of casing 6 1/4 inches.
Casing extends inches above ground 12' Exterior space sealed with neat cement grout to a depth of 50' 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 Water tight 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 1 hours. Drawdown N/A feet. Yield 1 GPM. Type of storage Pressure
5. Quality: Sample tap provided at entry into system? Yes ☒ No ☐ Samples(s) collected? Yes ☒ No ☐ Results of samples. Satisfactory ☒ Unsatisfactory ☐ (attach copy of results of 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 meets ☒ does not meet ☐ the requirements of the Private Well Regulations.

Remarks: 10'-29' Overburden / 29'-87' Sandstone / 87'-211' Shale / 211'-600' Blue granite

Date 9/13/06

Signed [Signature] Sanitarian

Date 9/13/2006

Signed [Signature] Supervisory Sanitarian

Date

Signed

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

PERMIT NUMBER 129-05-1090

TAX MAP NUMBER # 2-2-W2-3

Well #2

WATER SUPPLY INSPECTION REPORT

WELL INSTALLED BY NOVA Drilling PUMP INSTALLED BY Bell Pump & Well

GROUT INSPECTED 50' to surface DATE 5/15/06 EHS [Signature]

PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED DATE 6/21/06 EHS [Signature]

TYPE OF INSTALLATION:

☒ PITLESS ADAPTER ☐ PIT (4" DRAIN) ☐ SURFACE (DRAIN) DATE 6/21/06 EHS sn

STORAGE TANK: Well Rite DATE 6/21/06 EHS sn

Gate Valve ☒ Check Valve ☒ Sample Tap & Backflow Preventer ☒ Elec. Dis. Switch ☒ Pressure Relief Valve ☒

WATER SAMPLE COLLECTED DATE 6/21/06 EHS sn

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	STATUS	EHS INITIAL
4/17/06	Drilled well does not provide enough yield. L 1 gpm @ 600+'		
	Located new well site.		
	Issue permit to abandon		

129-06-0327

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	STATUS	EHS INITIAL
5/15/06	New well permit issued in accordance w/ well location OK'd by M. Thompson. Per Marty, OK to drill well less than 100 ft from neighboring SDS due to DRY Hole w/ lot limitations. Well is 75' from SDS. NOVA to abt low yield well or connect to WSS. Need to GPS (2) wells High (c) pitless grout.		
6/21/06	Met Bell Pump & Well; pitless satisfactory.	cont.	



WELL ABANDONMENT PERMIT

FAIRFAX COUNTY HEALTH DEPARTMENT

Division of Environmental Health

10777 Main St. Suite 102B., Fairfax, VA 22030

Permit #129-

129-06-0327

"Dry Hole"

Owner's Name MICHAEL & ELIZ GAFFREY Phone # (703) 450-6697
Mailing Address 319 SENECA ROAD, GREAT FALLS VA 22066
Street Address of Property 319 SENECA ROAD GREAT FALLS VA 22066
Tax Map: 2 - 2 / 002 / 3 Subdivision SENECA FARMS SECTION 2
Map Grid Sub Block Lot
Existing Well: Bored Drilled ☒ Other Depth of Grout N/A Depth of Casing N/A

NOTICE: Call this office (703-246-2201) to schedule an inspection PRIOR to beginning the grouting/filling procedure.

PROCEDURES FOR PERMANENT ABANDONMENT OF WELLS

The object of proper permanent abandonment is to prevent contamination from reaching ground water resources via the well.

1. All casing material may be salvaged.
2. Before the well is plugged, it shall be checked from land surface to the entire depth of the well to ascertain freedom from obstructions that may interfere with plugging (sealing) operations.
3. The well shall be thoroughly chlorinated prior to plugging (sealing).
4. ~~Bored wells shall be completely filled with cement or bentonite grout.~~
5. ~~Wells constructed in unconsolidated formations shall be completely filled with cement grout or clay slurry by introduction through a pipe initially extending to the bottom of the well. Such pipe shall be raised, but remain submerged in grout, as the well is filled.~~
6. Wells constructed in consolidated rock formations or which penetrate zones of consolidated rock may be filled with sand or gravel opposite the zones of consolidated rock. The top of the sand or gravel fill shall be at least five (5) feet below the top of the consolidated rock and at least twenty (20) feet below land surface. The remainder of the well shall be filled with cement grout or clay slurry.
7. Other abandonment procedures may be approved by the Division on a case by case basis.
8. ~~Test and exploration wells shall be abandoned in such a manner as to prevent the well from being a channel for the vertical movement of water or a source of contamination to ground water.~~

RECORD OF INSPECTION

Date of Initial Site Inspection	<u>April 17, 2006</u>
Date Permit Issued	<u>April 17, 2006</u>
Sanitarian	<u>[Signature]</u> (signature)
Reviewed by	<u>[Signature]</u> Date <u>4/12/06</u>

FHD-EH-95 (4/91)

Date of Abandonment	<u>3-26-07</u>
Abandonment:	Satisfactory? <u>yes</u> Unsatisfactory? <u> </u>
Comments	<u>400' hole filled with Benseal</u>
Sanitarian	<u>[Signature]</u> Date <u>3-26-07</u>
Reviewed by	<u>[Signature]</u>

APR 18 2006

ENVIRONMENTAL SERVICE SECTION
REFERRAL FORM

OWNER'S NAME Gaffney, Michael
SUBDIVISION Sonora Farms
STREET ADDRESS 319 Sonora Rd.
TAX MAP REFERENCE 55-000-3

REFERRAL FROM: Elizabeth Gaffney DATE RECEIVED: 10/13/05

ADDRESS 319 Sonora Rd. Sonora, VA PHONE: 703 452 5506 C: 703 864 8807 6697

SUBJECT: **EXISTING WELL TO BE ABANDON**

RECEIVED BY AK ROS
REFERRED TO AK 10/20/05 FOR INVESTIGATION

REGISTERED

DATE	INVESTIGATION REPORT	RESCH	SAN
10/17/05	Met owner onsite. Proposed location behind house may be too close to neighboring drain field (1234 Rickland Grove). However side of yard closest to Rickland Grove may be suitable.		
	Must locate previous septic tank and drain field.	10/19/05	SM
later...	call Northern VA too for schedule time.	10/19/05	SM
10/19/05	Met Northern VA and owner onsite. Located suitable WSS location.		
	OK to issue permit. Also owners do not want to abandon existing bored well but keep for irrigation.	Hld	SM
10/21/05	Permit issued for new #B well location. Also, attached information regarding converting existing bored well to irrigation.	Hld	SM

ATTN: Health Department / Sarah Mattie

Form GW-2
1978-10-000COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

*BWCM No. _____

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

(Certification of Completion/County Permit)

County/City Fairfax County

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 Michael Gaffney

* Well Designation or Number _____

Address 319 Seneca RoadGreat Falls, VA 22066Phone 703-450-6697* Drilling Contractor Bell Pump & Well, Inc.Address 6100 Little Ox Rd.Fairfax Station, VA 22039Phone 703-249-1395 or 249-1396

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 _____

SWCB Permit _____

County Permit _____

Certification of inspecting official:

This well does _____ does not _____
meet code/low requirements.

S. _____

Date _____

For Office Use

Tax Map I.D. No. 0022-02-0003

Subdivision _____

Section _____

Block _____

Lot _____

Class Well: I _____, IIA _____

IIB _____, IIIA _____, IIIB _____

IIIC _____, IIID _____, IIIE _____

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 _____ °C

* Static water level (unpumped level measured) _____

* Stabilized measured pumping water level _____

* 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 Water * Rated H.P. 1-1/2 HP* Intake depth 570' * Capacity 5gpm at 570' head6. WELLHEAD: Type well seal Pitless AdapterPressure tank WR240 gal. Lbc. basementSample tap X Measurement port XWell vent X Pressure relief valve XGate valve X Check valve (when required) XElectrical disconnect switch on power supply X7. DISINFECTION: Well disinfected X yes _____ no _____Date 6-8-06 Disinfectant used Chlorine

Amount _____ Hours used _____

8. ABANDONMENT (where applicable) * yes _____ no _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ material _____

RECEIVED JUL 6 2006

SM

State Water Control Board
P.O. Box 11143
2111 North Hamilton Street
Richmond, Virginia 23230

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

• BWCM No. _____

County/City Fairfax Co. County/City Stamp _____

• Virginia Plane Coordinates

_____ N
_____ E

• Latitude & Longitude

_____ N
_____ W

• Topo. Map No. _____

• Elevation _____

• Formation _____

• Lithology _____

• River Basin _____

• Province _____

• Type logs _____

• Cuttings _____

• Water Analysis _____

• Aquifer Test _____

• Owner Michael/Elizabeth Gaffrey

• Well Designation or Number _____

Address 319 Seneca RD.

Phone 450-6607

• Drilling Contractor: Northern Virginia Drilling, Inc.

Address 11356 Industrial Road

Manassas, VA 20109

Phone: (703) 361-6859

WELL LOCATION: _____ (feet/miles _____ direction) of _____

and _____ feet/miles _____ (direction) of _____

(If possible please include map showing location marked)

Date started 4-11-06 • Date completed 4-11-06 Type rig AIR ROTARY

SWCB Permit _____

County Permit _____

Certification of inspecting official:

This well does _____ does not _____

meet code/low requirements.

S. _____

Date _____

For Office Use

129-05-1090

Tax Map I.D. No. 2-2-002-3

Subdivision SENECA FARMS

Section 2

Block _____

Lot 3

Class Well I _____ IIA _____

IIB _____ IIIA _____ IIIB ☒

IIIC _____ IIID _____ IIIE _____

1. WELL DATA: New ☒ Reworked _____ Deepened _____

• Total depth 600' ft.

• Depth to bedrock 33' ft.

• Hole size (Also include reamed zones)

• 10" inches from 0 to 6 1/2' ft.

• 6 1/8" inches from 6 1/2' to 600' ft.

• _____ inches from _____ to _____ ft.

• Casting size (I.D.) and material

• 6 1/4" inches from 0 to 63' 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 _____ to _____ ft., Type _____

• From 6 1/2' to 50' ft., Type Rock Cuttings

WATER DATA • Water Temperature _____ °

• Static water level (unpumped level-measured) 300'

• Stabilized measured pumping water level _____

• Stabilized yield 2 gpm after 1HR hours

Natural Flow: Yes _____ No ☒ flow rate: _____ gpm

Comment on quality Clear

3. WATER ZONES: From 180' To 181'

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

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 _____

"DRY HOLE" OVER

Owner _____

BWCM No. _____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the state intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analysis, 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)

10. DRILLERS LOG (use additional sheets if necessary)			11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL	Drilling Time (Min.)	
From	To	REMARKS		
		(color, material, fossils, hardness etc.)		
		(water, caving, cavities, broken, core, shot, etc.)		
0	33'	OVERBURDEN		65" O.D. CASING 0 TO 63'
33'	126'	GRAY SHALE		
126'	600'	BLUE GRANITE		
				10" Hole 0 TO 61 1/2' 6 1/8" Hole 61 1/2' TO 600'

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

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.

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

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

14. WATER SERVICE PIPE: Checked under _____ P.S.I. for _____ minutes. Pipe size _____ Inches, Material _____
Installer _____
Date _____

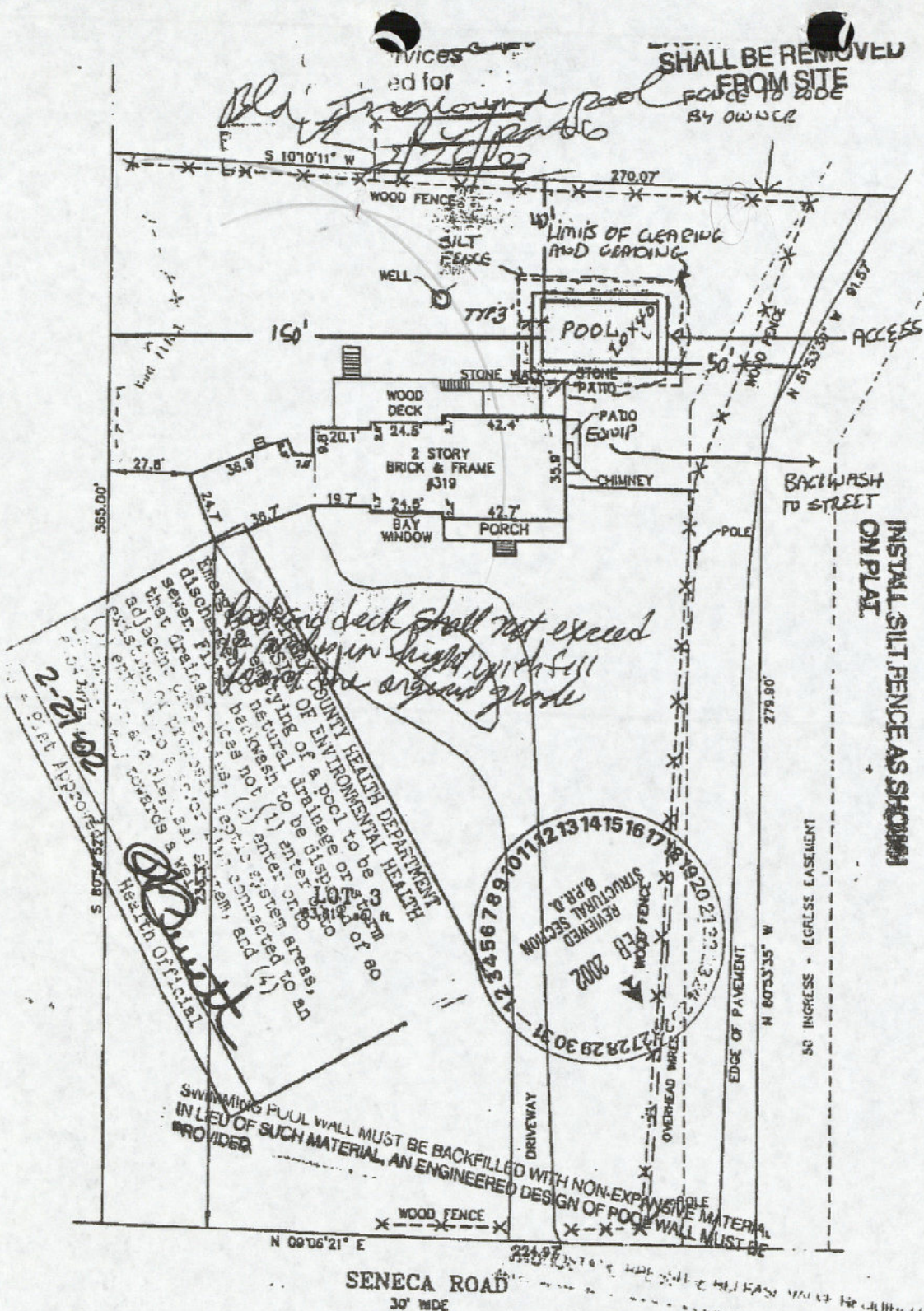
West Central Reg. Off.
Executive Park
5312 Peters creek Road
Roanoke, Va. 24019
703-982-7432

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

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 4-11-06
(Well driller or authorized person)

License No. 015640184412



1831
WIEHLE AVENUE
SUITE 103
RESTON, VA. 20190
PHONE: 703 437-4600
FAX: 703 437-9047

I hereby certify that the position of all existing improvements have been carefully located by a transit and/or tape or electronic measuring device & unless otherwise shown there are no encroachments.

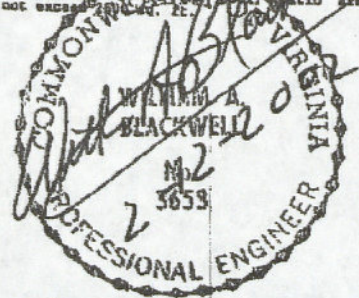
This plat has been provided for a transaction on or about the date of this survey. This certification is limited to the parties of this transaction. This plat is furnished for informational purposes in the issuance of title insurance and is not to be used for any design or construction or to set property corners. The fence locations shown on this plat are approximate and are not certified as to relation to the property boundaries or ownership.

The settlement agent has requested this survey pursuant to the terms of a contract of sale or in conjunction with a re-finance of the subject property at the owner's, prospective purchaser's, and/or lender's direction. The settlement agent has requested that only that information required for title insurance purposes be shown and does not certify to the accuracy of any of the information shown hereon. No title report has been furnished.

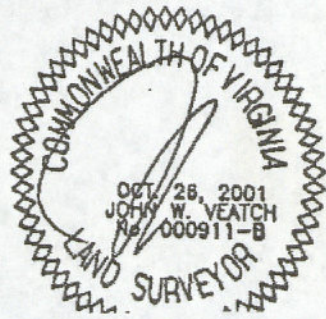
This plat is subject to restrictions and easements of record. Boundary and other site information has been provided by others.

o IPF indicates monuments used for location purposes. If no monuments were found the existing improvements were located from the occupation of existing features. Any reproduction of this document that does not bear an original signature is an unauthorized copy and may violate U.S. copyright laws. Unauthorized copies may not be in conformance with current survey requirements under Virginia State law and shall not be used for insurance and/or mortgage underwriting.

I hereby certify that the limits of clearing and grading delineated on the house location plan prepared by JOHN W. VEATCH for the property located at 1831 WIEHLE AVENUE, SUITE 103, RESTON, VA. 20190, accurately reflects the scope of this project and that the proposed work will be performed within the limits of clearing and grading as shown. I further certify that the total disturbed area that will be associated with the construction of the pool and its appurtenances will not exceed 20,000 sq. ft.



Surveyor:
CERTIFIED REAL ESTATE SERVICES
1831 WIEHLE AVENUE
SUITE 103
RESTON, VA. 20190
PHONE: 703.742.9105
FAX: 703 742.9104
Email: eroc@erocllc.com



RECEIVED JUL 10 2006

State Water Control Board
P.O. Box 11143
2111 North Hamilton Street
Richmond, Virginia 23230

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

• BWCM No. _____

County/City Fairfax Co.

County/City Stamp

• Virginia Plane Coordinates

_____ N
_____ E

• Latitude & Longitude

_____ N
_____ W

• Topo. Map No. _____

• Elevation _____

• Formation _____

• Lithology _____

• River Basin _____

• Province _____

• Type logs _____

• Cuttings _____

• Water Analysis _____

• Aquifer Test _____

• Owner MICHAEL ELIZABETH GAFFREY

• Well Designation or Number

Address 319 SENECA RD.

Phone 450-6697

• Drilling Contractor: Northern Virginia Drilling, Inc.

Address 11356 Industrial Road

Manassas, VA 20109

Phone: (703) 361-6859

WELL LOCATION: _____ (feet/miles _____ direction) of _____

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

Date started 4-18-06 Date completed 4-19-06 Type rig AIR ROTARY

SWCB Permit _____

County Permit _____

Certification of inspecting official:

This well does _____ does not _____

meet code/low requirements.

S. _____

Date _____

For Office Use

Tax Map I.D. No. 2-2-002-3

Subdivision SENECA FARMS

Section 2

Block _____

Lot 3

Class Well I _____ IIA _____

IIIB _____ IIIA _____ IIIB ☒

IIIC _____ IIID _____ IIIE _____

1. WELL DATA: New ☒ Reworked _____ Deepened _____

• Total depth 600' ft.

• Depth to bedrock 29' ft.

• Hole size (Also include reamed zones)

• 10" inches from 0 to 61 1/2' ft.

• 6 1/8" inches from 61 1/2' to 600' ft.

• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• 6 1/4" inches from 0 to 63' 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 50' to 0 ft., Type Cement

• From 61 1/2' to 50' ft., Type Rock Cuttings

WATER DATA • Water Temperature _____ °

• Static water level (unpumped level-measured) 55'

• Stabilized measured pumping water level _____

• Stabilized yield 7 gpm after 1 HR hours

Natural Flow: Yes _____ No ☒ flow rate: _____ gpm

Comment on quality CLEAR

3. WATER ZONES: From 518' To 521'

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

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 _____

(Good well)

OVER

Owner _____

RECEIVED
BWCN 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 analysis, 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)

10. DRILLERS LOG (use additional sheets if necessary)			11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL	Drilling Time (Min.)	
From	To	REMARKS		
		(color, material, fossils, hardness etc.)		
0	29'	OVERBURDEN		10" Hole 070 611' to 600' 6 1/8" Hole 611' to 600' 6 5/8" O.D. CASING 070 63'
29'	87'	SANDSTONE		
87'	211'	GREY SHALE		
211'	600'	BLUE GRANITE		

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

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 _____ (Seal) Date 4-19-06

(Well driller or authorized person)

License No. 015640/8142

Southwest Reg. Off.
408 East Main Street
P.O. Box 476
Abington, 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

File 1390

Street Address Seneca Rd. 319 Garnett

City, State, Zip Great Falls, VA 22066

Phone # (703) 450-6697

Tax Map: 2 - 2 / 002 / 3
Map Grid Sub Block Lot

Subdivision Seneea Farms SEC12

REGISTERED

[illegible]

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

EVALUATION REPORT (Must be accompanied by Application)

Property Address: 319 SENECA ROAD, GREAT FALLS VA 22066

Tax Map- 2 - 2 / 002 / 00 / 3

Owner PETER J. SHERIDAN

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: Bored

Meets Min. Construction Stds: Yes ☒ No _____

If no, Explain _____

Sample Collected: Yes ☒ No _____

Bacteriological Results: Satisfactory ☒ Unsatisfactory _____

The Water Systems Appears to be: Satisfactory ☒ Unsatisfactory _____

REMARKS:

Sewage Disposal System: Public _____ Private ☒

Public Sewer Available: Yes _____ No ☒ Year System Installed: 1980

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 _____
(Flow Diversion valve must be turned once a year)

Trees, Driveways, Swimming Pools, etc., Over System Yes _____ No ☒

Design Capacity (Per Available Records)

Existing: Per Owner ☒ Per Inspection ☒

Number of Bedrooms 4

Automatic Washer

Yes ☒ No _____

Garbage Disposal

Yes ☒ No _____

Recommend pumping septic tank in 2006

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

On The Date of The Evaluation

☒ 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:

REGISTERED

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 1/10/02

SANITARIAN Lynn Jones REHS

DATE OF REVIEW 1/11/2002

SUPERVISOR [Signature]

TOTAL EARTH DISTURBANCE ON THIS LOT SHALL NOT EXCEED 2500 S.F.

FOOTINGS AND PIERS MUST BE PLACED ON COMPETENT MATERIAL.

APPROVED

2/26/02
SS

PROPERTY REPORT
LOT 3 SECTION 2

SENECA FARMS

FAIRFAX COUNTY, VIRGINIA

CLIENT: GAFFNEY

JOB NUMBER: 01-3369

SCALE: 1"=50'

CASE NO.: WRL-5997-01

THE SUBJECT PROPERTY IS NOT LOCATED IN A FLOOD HAZARD AREA.

DPW&ES

Office of Building
Code Services

Approved for

[Signature]
By *[Signature]*
Date 2/26/02

EXCAVATED MATERIAL
SHALL BE REMOVED
FROM SITE TO CODE
BY OWNER



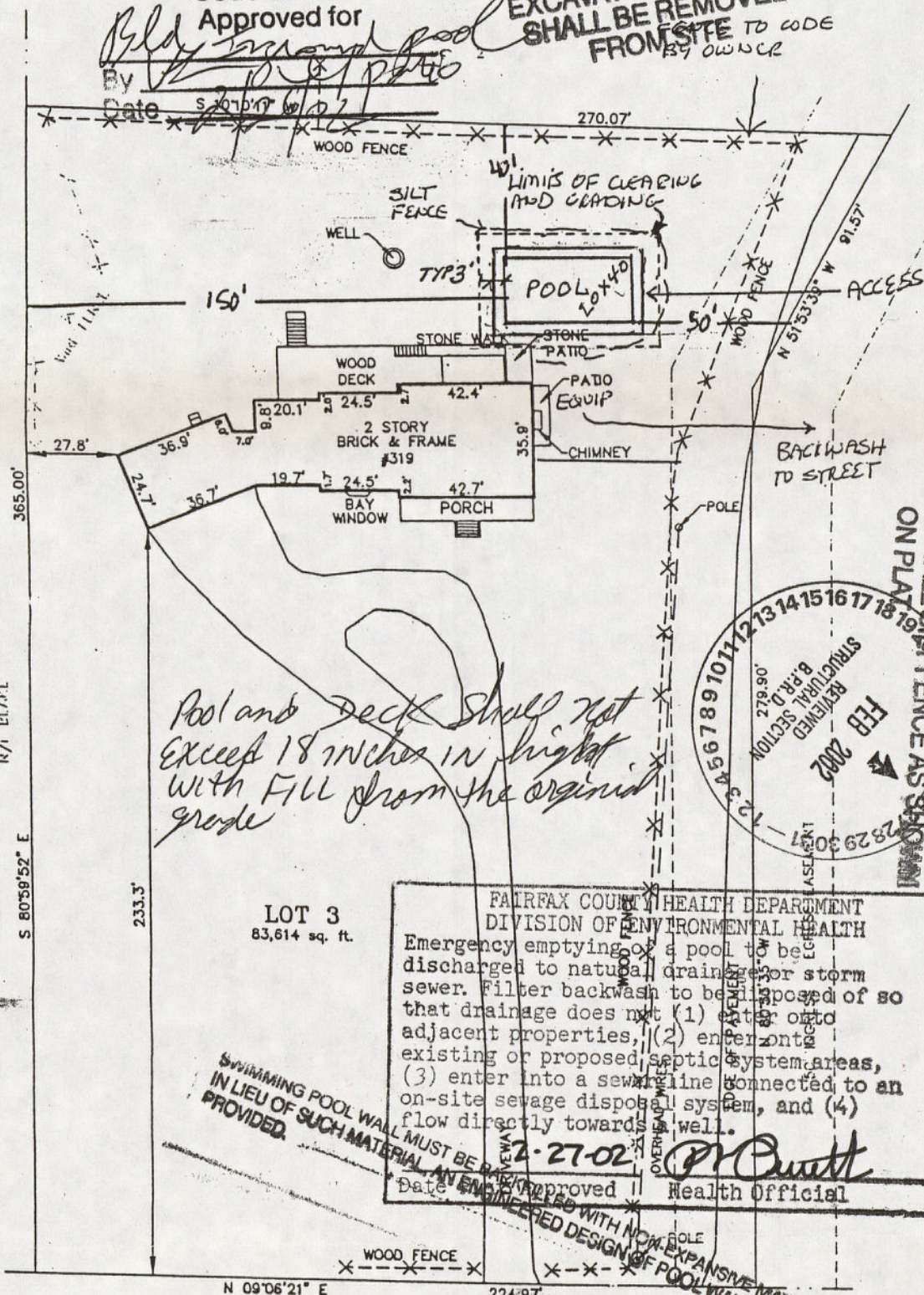
1831
WIEHLE AVENUE
SUITE 103
RESTON, VA. 20190
PHONE: 703 437-4600
FAX: 703 437-9047

I hereby certify that the position of all existing improvements have been carefully located by a transit and/or tape or electronic measuring device & unless otherwise shown there are no encroachments.

This plat has been provided for a transaction on or about the date of this survey. This certification is limited to the parties of this transaction. This plat is furnished for informational purposes in the issuance of title insurance and is not to be used for any design or construction or to set property corners. The fence locations shown on this plat are approximate and are not certified as to relation to the property boundaries or ownership.

The settlement agent has requested this survey pursuant to the terms of a contract of sale or in conjunction with a re-finance of the subject property at the owner's, prospective purchaser's, and/or lender's direction. The settlement agent has requested that only that information required for title insurance purposes be shown and does not certify to the accuracy of any of the information shown hereon. No title report has been furnished.

This plat is subject to restrictions and easements of record. Boundary and other site information has been provided by others. o IPF indicates monuments used for location purposes. If no monuments were found the existing improvements were located from the occupation of existing features. Any reproduction of this document that does not bear an original signature is an unauthorized copy and may violate U.S. copyright laws. Unauthorized copies may not be in conformance with current survey requirements under Virginia State law and shall not be used for insurance and/or mortgage underwriting.



Pool and Deck shall not exceed 18 inches in height with fill from the original grade

LOT 3
83,614 sq. ft.

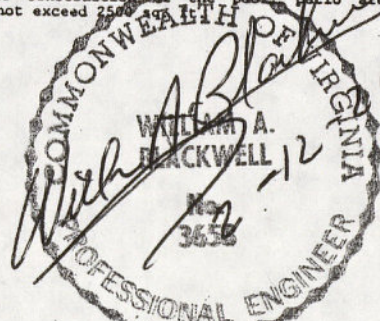
FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
Emergency emptying of a pool to be discharged to natural drainage or storm sewer. Filter backwash to be disposed of so that drainage does not (1) enter onto adjacent properties, (2) enter onto existing or proposed septic system areas,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

SWIMMING POOL WALL MUST BE PROVIDED IN LIEU OF SUCH MATERIAL PROVIDED.

2-27-02
Date *[Signature]* Health Official

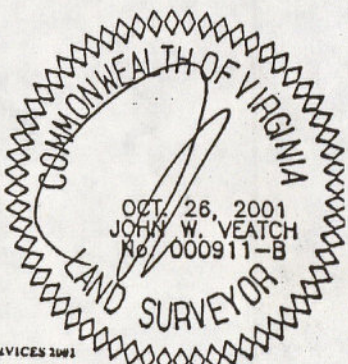
DESIGNED WITH NO EXPANSIVE MATERIAL
HYDROSTATIC PRESSURE RELEASE VALVE REQUIRED

I hereby certify that the limits of clearing and grading delineated on the house location plat prepared by JOHN W. VEATCH for the property located at 319 SENECA RD, GREAT FALLS, VA, the scope of this project and that the proposed work can be performed within the limits of clearing and grading as shown. I further certify that the total disturbed area that will be associated with the construction of the pool patio area and appurtenances will not exceed 2500 sq. ft.



Graphics By:
CRES
LLC

Surveyor:
CERTIFIED
REAL ESTATE
SERVICES
1831 WIEHLE AVENUE
SUITE 103
RESTON, VA. 20190
PHONE: 703.742.9105
FAX: 703 742.9104
Email: cres@erols.com



File 1390

Owner's Name Michael & Elizabeth Caffney

Street Address 319 Seneca Rd

Subdivision Seneca Farms

City, State, Zip Great Falls, VA 22066

Phone # 703-450-6697

[illegible]

File 1390ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORTOwner's Name Peter SheridanStreet Address 319 Seneca RdCity, State, Zip Great Falls, VA 22066Phone # 703-406-0569Tax Map: 2 - 2 10021 1 3
Map Grid Sub Block LotSubdivision Seneca Farms

DATE	COMMENTS	RESCH DATE	INITIALS
10/12/01	Inspected site for real estate transfer. Bored well OK. Collected two samples: filtered and unfiltered. SDS trenches OK, however, system is more than 20 yrs old and septic tank has not been pumped in more than 5 yrs. Distribution boxes must be opened for inspection and septic tank pumped. Owner will arrange and reschedule	11/16/01	J
10/22/01	WDS results: Unfiltered sample positive for total coliforms but negative for fecal. Filtered sample OK. Contacted Mr Sheridan and went over chlorination procedures. Will send letter	11/16/01	J
10/24/01	Inspected site. D-boxes are uncovered and are OK. Septic tank has been pumped. Spoke with Mr Sheridan. He chlorinated the well today. Asked him to call and schedule WDS #1 of 2 ASAP.	11/16/01	J
11/6/01	Collected WDS #1 of 2. WDS #2 of 2 scheduled for 11/13/01	11/13/01	J
11/13/01	WDS #1 of 2 result OK. Owner notified. Collected WDS #2 of 2. Owner would like a copy of WDS #1 of 2 now, and will be in for a copy	11/13/01	J
11/21/01	WDS result #2 of 2 is positive for total coliform bacteria, but negative for fecal coliforms. Left voice mail message for Mr Sheridan (703-326-0679) Will send letter	12/19/01	J
12/19/01	WDS #1 of 2 is scheduled for 12/27/01	12/27/01	J
12/27/01	Collected WDS #1 of 2	1/3/02	J

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: 319 SENECA ROAD, GREAT FALLS, VA 22066

Tax Map- 2 - 2 / 002 / / 3

Owner STEVEN HOGOBOOM (BARBARA)

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: Bored
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: 1989
Septic Tank and Dist. Box(es) Uncovered: Yes _____ No ☒ If Yes, are they Satisfactory: Yes _____ No _____
Is There An Effluent Pump System: Yes _____ No ☒ If Yes, Is It Satisfactory Yes _____ No _____ Not Inspected _____
Flow Diversion Valve: Yes ☒ No _____ N/A _____ Trees, Driveways, Swimming Pools, etc., Over System Yes _____ No ☒
(Flow Diversion valve must be turned once a year)

Design Capacity (Per Available Records)

Existing: Per Owner ☒ Per Inspection ☒

Number of Bedrooms 4
Automatic Washer Yes ☒ No _____
Garbage Disposal Yes ☒ No _____

Yes ☒ No _____
Yes ☒ No _____

Recommend pumping septic tank in 1994

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 12-11-90

SANITARIAN

DATE OF REVIEW 12-18-90

SUPERVISOR

Ronald J. Howell Jr.
C.D. Jones

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number

129-88-0443

FAIRFAX County Health Department

Name of Company/Corporation/Individual: JOE BLEVINS

Address: 105 ELIZABETH ST CULPEPER VA Telephone: 825 3192

Owner's Name STEVE HOGG BOOM

Owner's Address 319 SENECA RD, GREAT FALLS VA

Location of Installation: Lot 3 Block NA

Section: 2 Subdivision: SENECA FARMS

Other: 2-2-002-3

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5-17-88 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

5-25-88

Date

Joe Blevins Pres

Signature and Title

**Commonwealth of Virginia
Department of Health**

SEWAGE DISPOSAL SYSTEM OPERATIONS

1390
Health Department
Identification No. FAIRFAX CO.

129-88-0443

Health Department



STEVE J. HOGOBOOM

is hereby granted permission to

OPERATE AN ON SITE SEWAGE DISPOSAL SYSTEM

located at

319 Seneca Rd., 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

SPECIAL CONDITIONS

8-14-89

Effective Date

☒ NONE ☐ SEE ATTACHED ☒ NONE ☐ SEE ATTACHED

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.

NONE

Expiration Date

Dennis A. Hill

Health Official

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

Sewage Disposal System Construction Permit

PAGE ____ OF ____

Commonwealth of Virginia
Department of Health

FAIRFAX CO.

Health Department



Health Department

Identification Number 129-88-0443

Map Reference 2-2-002-3

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 STEVE J. HOGOBOOM Telephone 430-3068
Address 319 Seneca Rd., Great Falls, VA 22066
For a Type 1 Sewage disposal system which is to be constructed on/at 319 Seneca Rd., Great Falls, VA 22066
Subdivision SENECA FARMS Section/Block 2 Lot 3
Actual or estimated water use 600 gpd 4 BED ROOMS

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) BORED WELL

Water supply location: Satisfactory yes ☐ no ☐
comments

To be installed: class NA
cased NA grouted NA

G. W. 2 Received: yes ☐ no ☐ not applicable ☒

Building sewer:
4" I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum):
☒ Other 1/4" PER FOOT

Building sewer: yes ☒ no ☐ comments
Satisfactory

Septic tank: Capacity 1480 gals. (minimum).
☐ Other

Pretreatment unit: yes ☒ no ☐ comments
Satisfactory TAPP 1500 GAL XR

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
☐ Other

Inlet-outlet structure: yes ☒ no ☐ comments
Satisfactory

Pump and pump station:
No ☒ Yes ☐ describe and show design.
if yes:

Pump & pump station: yes ☐ no ☐ comments
Satisfactory NA

Gravity mains: 4" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
☒ Other HOW DIVERSION VALVE (FOU)

Conveyance method: yes ☐ no ☐ comments
Satisfactory EXISTING FOU

Distribution box: EXISTING
Precast concrete with _____ ports.
☐ Other

Distribution box: yes ☐ no ☐ comments
Satisfactory

Header lines: EXISTING
Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench.
Slope 2" minimum.
☐ Other

Header lines: yes ☐ no ☐ comments
Satisfactory

Percolation lines: EXISTING
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other

Percolation lines: yes ☐ no ☐ comments
Satisfactory

Absorption trenches: EXISTING
Square ft. required 984; depth from ground surface to bottom of trench 60"; aggregate size 1/2 to 1/2"
Trench bottom slope 2 to 4" PER 100 FT
center to center spacing _____; trench width _____
Depth of aggregate 40"; UNDERLIES 32"
Trench length 6; Number of trenches 82

Absorption trenches: yes ☐ no ☐ comments
Satisfactory

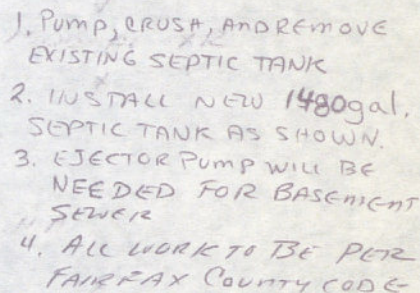
Date 8-11-89 Inspected and approved by:

8-14-89 Sanitarian A. Hill

2-2-002-3

Schematic drawing of sewage disposal system and topographic features.

☐ 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.



FILE COPY

PERMIT # 129-88-0443

LOCATION 21002-3
319 S. 2nd St.
 Subdivision or Tax Map Ref.

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

Well Installed By _____ Pump Installed By _____

I. GROUT INSPECTED..... Date _____ Sanitarian _____

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED Date _____ Sanitarian _____

III. TYPE OF INSTALLATION: ☐ / PITLESS ADAPTOR ☐ / PIT ☐ / SURFACE
 (4" Drain) (Drain) Date _____ Sanitarian _____

IV. STORAGE TANK..... Date _____ Sanitarian _____

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

V. INITIAL WATER SAMPLE COLLECTED..... Date _____ Sanitarian _____

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN

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

DATE	RECORD OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
7-17-89	Spoke with Mrs. Hogstrom. She said therefore to move some construction materials before SDS Approval	FD Aug 11	RMS
8-11-89	Only a small amt of materials over drainfield area approve the ^{operation} repair	Appr.	RMS

PERMIT # 129-88-0143

LOCATION 29 Seneca Rd
2-2-002-3 Seneca Falls
 Subdivision or Tax Map Ref.

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

Well Installed By _____ Pump Installed By _____

I. GROUT INSPECTED..... Date _____ Sanitarian _____

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED Date _____ Sanitarian _____

III. TYPE OF INSTALLATION: ☐ PITLESS ADAPTOR ☐ PIT ☐ SURFACE
 (4" Drain) (Drain) Date _____ Sanitarian _____

IV. STORAGE TANK..... Date _____ Sanitarian _____

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

V. INITIAL WATER SAMPLE COLLECTED..... Date _____ Sanitarian _____

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
6-17-88	I advised Mr. Haploorn of water Chem. results. Neg index 7.4		
	Dist < 0.01 mg/l PH 5.7, Ca Hardness 4 mg/l		
	Tot Alk 13 mg/l	Send results	Rms

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

DATE	RECORD OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
8-29-88 cont.	See that approval not be given till construction is near completion and materials etc are cleared from area near the Septic tank House plumbing also is not completed	FU 9/29	Rms
1-31-89	Construction is still well underway with construction material in vicinity of the septic tank. See follow up in 1 mo	FU 2-30-89	Rms
4/12/89	No significant change since last visit Rec fu in 30-45 days	FU 6-12	Rms
6-1-89	Construction still underway PG not ready	7-17	Rms

PERMIT # 129-88-0443

315 Seneca Road
LOCATION 2-2-002-3 SENECA FARM S. 2
Subdivision or Tax Map Ref.

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

Well Installed By _____ Pump Installed By _____

I. GROUT INSPECTED..... Date _____ Sanitarian _____

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED Date _____ Sanitarian _____

III. TYPE OF INSTALLATION: ☐ / PITLESS ADAPTOR ☐ / PIT ☐ / SURFACE
(4" Drain) (Drain) Date _____ Sanitarian _____

IV. STORAGE TANK..... Date _____ Sanitarian _____

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

V. INITIAL WATER SAMPLE COLLECTED..... Date _____ Sanitarian _____

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
5-7-88	Well meet min prot stds WS collected for Bact + Aggressive index parameters (Total alk, PH, Ca hardness)	Hold	Rms
5-24-88	Bact result satis Hold for Chemical	Hold	Rms

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

DATE	RECORD OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
5-17-88	Addition to house being made. old tank to be removed and replaced with a larger 1480 gallon tank.	Hold	Rms
5-25-88	1500 GAL TAMP XR TANK, SEWER LINE AND LINE TO FLOW DIVERSON VALVE OK TO COVER.	Hold FG	Rms
6-17-88	Follow up date 7-8-88	7-8-88	Rms
8-8-88	Tank has been covered. Renovation is still going on so FG Not ready	8-7-88	Rms
8-29-88	House is still under construction with building materials in vicinity of new tank		(cont.)

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number
Map Reference

129-88-0443

2-2-02-3

Fxw.

Health Department

Date Received

5/16/88

To Be Completed By The Applicant

Type sewage system: ☐ New ☐ Repair ☒ Expanded ☐ Conditional

FHA/VA yes ☐ no ☐

Owner Steven J. Hogaboorn Address 319 Seneca Rd Phone 720666
Great Falls, VA 430-3068

Agent _____ Address _____ Phone _____

Directions to Property W RT 7 to 193, east to Seneca Rd - north
to property

Subdivision Seneca Farms Section 2 Block - Lot 3

Other Property Identification 319 Seneca Rd

Dimensions/size of Lot/Property irregular - 83,559 ft²

Other Application Information

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

II. Residential Use ☐ Yes ☐ No
Termite Treatment ☐ Yes ☐ No
☐ Single Family ☐ Multifamily Number of Units _____ Number of Bedrooms 3
Basement ☐ Yes ☐ No
Fixtures in Basement ☐ Yes ☐ No
increase by 2 to 4

III. Commercial Use ☐ Yes ☐ No Describe: _____
Commercial/Wastewater ☐ Yes ☐ No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

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

V. Proposed Installation: ☐ Septic tank and drainfield ☒ Other
If other, describe move septic tank and increase size

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

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

Steven J. Hogaboorn
Signature of owner/agent

5-16-88
Date

PERMIT TO INSTALL OR REPAIR
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS
(VOID AFTER TWELVE (12) MONTHS)

Date 7/26/66 Case No. _____

Owner: Phillip Massey and Lawrence A. Dawson Address _____ Phone _____
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 2 ((1)) 5B, [REDACTED] 319 Seneca Rd.
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

- ☐ INSTALL
☐ Water Supply System
☐ Sewage Disposal System
☐ Septic Tank

- ☒ REPAIR
☒ Water Supply System
☐ Sewage Disposal System
☐ Septic Tank

FOR

- ☐ Dwelling ☐ Other _____
Actual or potential Bedrooms _____ Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine
☐ Yes ☐ No Garbage Disposal unit ☐ Yes ☐ No
Additional wastes _____

Health Department recommends _____

DETAILS OF RECOMMENDED SYSTEMS

- (1) WATER SUPPLY Location to be approved by Sanitarian. Type
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☒ Dug Well
☐ Other _____ Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 36 inches above pump room floor. Grouted 6+ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 6 inches thick at casing, extending at least 36 inches in all directions from casing, gently sloped for drainage.

- (2) SOIL STUDY Naturally drained, suitable by sight ☐ Yes ☐ No
Technical Classification _____
Rough Classification ☐ Sandy ☐ Medium ☐ Clay ☐ Pipe
Clay. Percolation Test required ☐ Yes ☐ No. Rate _____
Minutes per inch. Depth of Water Table _____ feet
(Estimated)
Surface drainage required ☐ Yes ☐ No Area Drainage
by Lowering Ground Water Table required ☐ Yes ☐ No

- (3) DETAILS OF CONSTRUCTION Watertight Septic Tank of
_____ Inside Dimensions Length _____ feet.
(Kind of Material) _____

Width _____ feet. Liquid Depth _____ feet. Depth of
Air Space _____ feet. Liquid Capacity _____ gallons.

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

- (5) SUBSURFACE ABSORPTION FIELD Distribution Box required.
Ditches of equal length required.

Number of square feet required _____ Type aggregate
required ☐ Broken Stone ☐ Gravel ☐ Slag. Size range from
 $\frac{1}{2}$ inches to $2\frac{1}{2}$ inches. Depth of aggregate from base of tile
to bottom of ditches _____ inches.

Total aggregate must equal minimum depth of 13 inches or more.

Soil Cover over tile not to exceed _____ inches. Distance from
well to septic tank _____ feet; distance from well to
drain tile field _____ 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.

REPAIR EXISTING WELL AS PER
ENCLOSED INSTRUCTIONS

ENCL: GS-13

Note: Owner or his agent must notify _____ Health Department, Phone CR 3-2050 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.

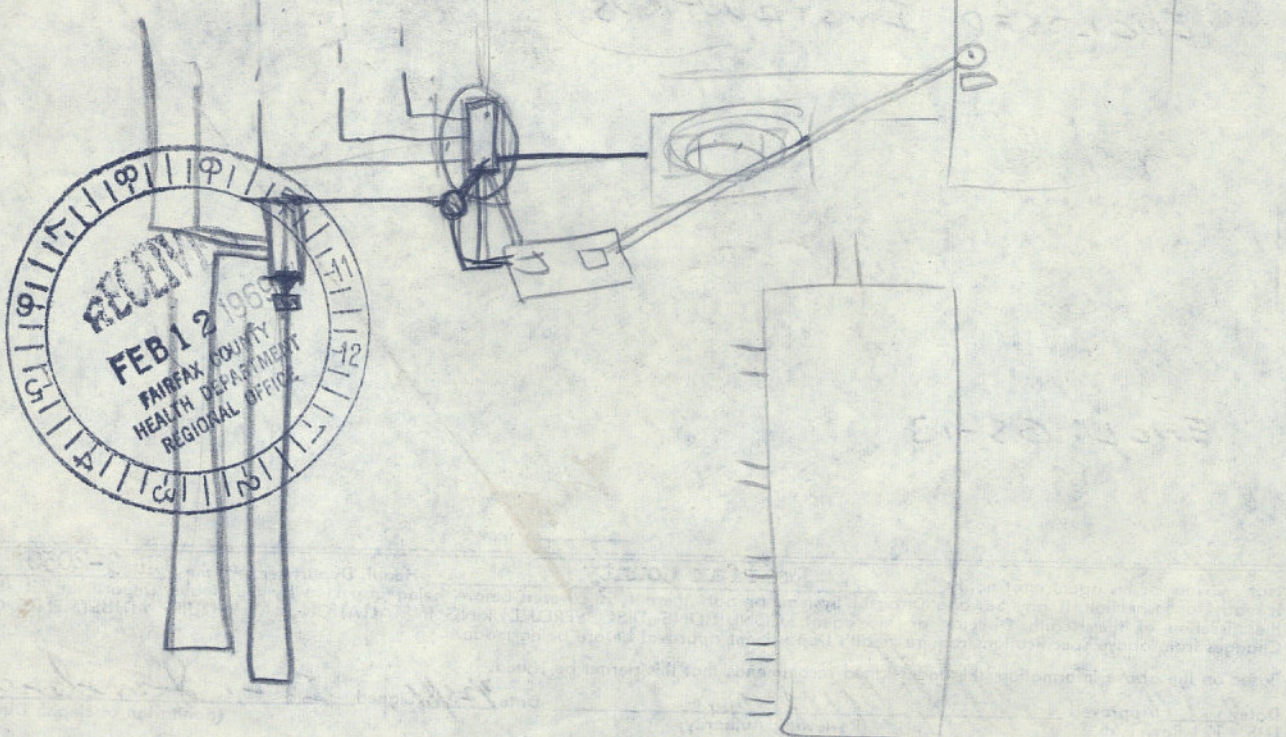
Based on the above information, the undersigned recommends that this permit be issued.

Date 7-27-66 Approved _____
LHS - 121 Rev. 1-65 (Reviewing Authority)
Virginia State Department of Health

Date 7/26/66 Signed E. L. Sanderson
(Sanitarian or Health Director)

DUPLICATE

UNIT TO INSTALL OR REPAIR OR MAINTAIN THE SAME. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.



Date 7/26/66 Case No. _____

Owner Phillip Massey and Lawrence A. Dawson Address 329 Seneca Rd., Gr. Falls, Va. Phone _____
(Mailing Address)
Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 2 ((1)) 5B, 329 Seneca Rd.
(Subdivision, Street or Road Name, Section or Lot No.)

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

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

SOURCE OF INFORMATION _____ IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☐ No
SEWAGE DISPOSAL BY ☐ PUBLIC SEWER ☐ COMMUNITY SYSTEM ☐ INDIVIDUAL SYSTEM ON SITE.

INSPECTION FINDINGS

- (1) WATERSHED Surface Drainage away from source in all directions ☐ Yes ☐ No. Distance Source from possible causes of contamination Sewer Line _____ feet. Type of material used in Sewer Line _____ (Describe) Septic Tank _____ feet. Seepage Pit _____ feet. Subsurface Absorption Field (nearest point) _____ feet. Other _____ (Describe) 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 ☐ Home Well (Bulletin Standards)
- (4) CONSTRUCTION DETAILS Total depth _____ feet. Diameter 24 inches. Type of casing concrete (Describe) Depth of casing _____ feet. Exterior space around casing sealed with ☒ Concrete grout to depth of 6 feet. ☒ Poured in place ☐ Pumped in under pressure ☐ Other type backfill _____ to depth of _____ feet. (Describe)
- (6) WATER SOURCE COVER ☒ Concrete ☐ Metal ☐ Other _____ (Kind of Material) Opening in Cover watertight ☐ Yes ☐ No. If no, explain _____
- (6) PUMP ☐ Shallow Well ☒ Deep Well. Length of Drop Pipe _____ feet. Well capacity _____ 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 10 feet from Well ☐ Yes ☐ No Pump room drained by gravity through 4-inch or larger pipe to surface of 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) (IS NOT) APPROVED BY Dawson HEALTH DEPARTMENT

REMARKS: 12-20-67. Well grouted, chlorinated & sample collected. J.M.

Date 12-20-67 Signed J. Manion (Sanitarian) Date 2-11-69 Approved C.D. Wheeling, USB (Health Director)

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

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 1-2-80 Case No. _____

Owner Seville, Wm. K & Shirley A. Address 319 Seneca Rd GF 22066 Phone 430-9588
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 319 Seneca Rd Great Falls, Va. 22066 Seneca Farms S2 Lot 3 2-2-002-3
(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 TAPP 1125 (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 (0)(0) (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 984 square feet. Number of ditches 6 Length of ditches 82 feet. Grade of ditches Minimum _____ Inches per 100 feet. Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No. Type aggregate used blue stone Depth of aggregate under Tile 20 inches Total depth of aggregate 20 inches Depth of backfill over aggregate 72 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.

BULL RUN FDN #2

Septic Tank Contractor: GF SEPTIC SVC. Address _____ Phone _____

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

Date 4-22-80 Signed 62 Jones (Sanitarian)
Date 4-22-80 Approved W. B. Bering (Reviewing Authority)

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

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

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

FHA/VA ☐ Yes ☐ No Date _____ Case No. _____

Owner **Seville, Wm. K. And Shirley A.** Address **319 Seneca Rd Great Falls, Va** Phone **430-9588**
 (Mailing Address)

Occupant _____ Address _____ Phone _____
 (Mailing Address)

Exact Location of premises **319 Seneca Road Great Falls, Va. 22066** **SENECA FARMS S2 Lot 3 2-2-002-3**
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption _____ gal. per day
 Actual ☐ Potential ☐ Bedrooms **3** 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. **EXISTING**

(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 **MEADOWVILLE** (If Known)
 Estimated Percolation Rate 1-10 ☐ 11-25 ☒ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes ☒ No ☒ Rate **EST 22 @ 60"**
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

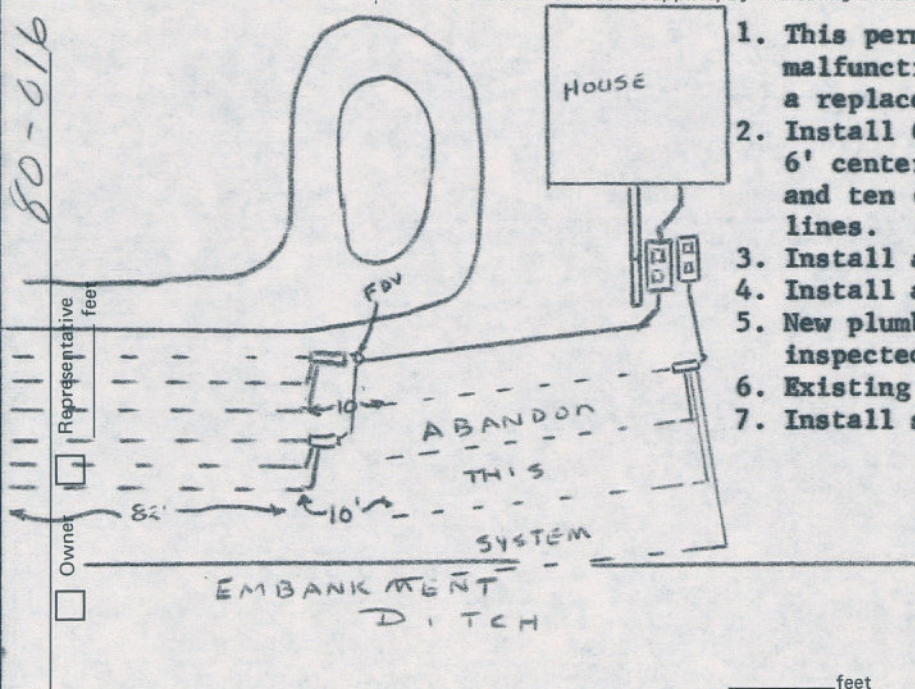
(3) HOUSE SEWER LINE Size _____ inches. Type of material required _____. Distance from Water Supply _____ feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of **pre-cast concrete** Material Liquid Capacity **1125** gallons.
 Inside Dimensions Length _____ feet. Width _____ feet. Liquid Depth _____ feet. Depth of Air Space _____ feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required **972** Type aggregate required **blue stone**

(5) Depth of aggregate from base of tile to bottom of ditches **22.20** inches. Allowable fall **2** to **4** inches. **100'**
 Total aggregate minimum depth **28** inches or more. Depth of drainfield to be **60** 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.)



1. This permit is issued to replace the existing malfunctioning septic tank system by installing a replacement system.
2. Install 6 lines, 82' long 2' wide, 60" deep on 6' centers starting five (5) feet BELOW the driveway and ten (10) feet off the ENDS of the existing lines.
3. Install a flow diversion valve.
4. Install a new 1125 gallon septic tank.
5. New plumbing line and connection to new tank MUST be inspected and approved by Plumbing Insp. Branch.
6. Existing tank must be pumped and filled with dirt.
7. Install system in accordance with Fairfax Co. Codes.

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

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

Date **1/14/79** Approved **[Signature]** (Reviewing Authority) Date **1/14/80** Signed **GO Jones** (Sanitarian or Health Director)

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

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

FHA/VA ☐ Yes ☐ No Date _____ Case No. _____

Owner Wm. K. and Shirley A. Seville Address 319 Seneca Rd Great Falls, Va Phone 430-9588
 (Mailing Address)

Occupant _____ Address _____ Phone _____
 (Mailing Address)

Exact Location of premises 319 Seneca Road, Great Falls, Va. 22066 SENECA FARMS SEC 2 2-2-002-3
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☐ Yes ☒ No Consumption 600 gal. per day
 Actual ☐ Potential ☐ Bedrooms 3 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.

(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 _____
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

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

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

SUBSURFACE ABSORPTION FIELD Number of square feet required _____ Type aggregate required _____

(5) Depth of aggregate from base of tile to bottom of ditches _____ inches. Allowable fall _____ to _____ inches.
 Total aggregate minimum depth _____ inches or more. Depth of drainfield to be _____ inches from surface of original ground.
 Distance from well to septic tank _____ feet; distance from well to drainfield _____ 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.

This permit is issued to uncover the existing distribution box serving the above dwelling for inspection to ascertain WHY the system is malfunctioning.

1. If the dist. box is unlevel only, and most/all the effluent is going to the surfacing lines (lower), leveling of the dist. box may be done.
2. If the dist. box is not unlevel but the system is backing up into the dist. box and is saturated, do nothing but arrange for an inspection with the Health Dept.
3. If the existing dist. box is crushed, crumbled, etc. and it appears that the cause of malfunction was unequal flow to the lines (4), replace the dist. box and level.
4. Any one of the above steps will require an inspection with the Health Dept.- Div. Environmental Health-PRIOR to covering up.
5. All repairs are to be done in accordance with Fairfax Co. Codes.

 Fairfax Co.

 691-2201

Note: Owner or his agent must notify _____ Health Department, Phone _____ 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 1-2-80 Approved [Signature] Date 1-2-80 Signed [Signature]
 (Reviewing Authority) (Sanitarian or Health Director)

PERMIT # _____

LOCATION: _____

Subdivision or Tax Map Ref. _____

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

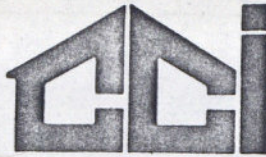
Well Installed By _____ Pump Installed By _____

- I. GROUT INSPECTED..... Date _____ Sanitarian _____
- II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED..... Date _____ Sanitarian _____
- III. TYPE OF INSTALLATION: ☒ PITLESS ADAPTOR ☐ PIT ☐ SURFACE.
(4" Drain) (Drain) Date _____ Sanitarian _____
- IV. STORAGE TANK..... Date _____ Sanitarian _____
- Gate Valve _____ Sample Tap and Elec. Dis. Switch _____
Check Valve _____ Backflow Preventer _____ Press. Relief Valve _____
- V. INITIAL WATER SAMPLE COLLECTED..... Date _____ Sanitarian _____

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN

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

DATE	RECORDS OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
1-11-80	S.S. done in area at END OF EXISTING SDS, BELOW DRIVE IN SLIGHT SWALE. MEADOWVILLE SOIL BUT LOW TO MEDIUM CLAY CONTENT - REC. INSTALLING 6 @ 82' @ 60" depth + tank + FIV. HOLD		
	THIS AREA IS ADEQUATE FOR 3 BR + WASHER + GD ONLY.		
	IF 4 BR DESIGN WANTED/NEEDED - THE SDS MUST GO ON HILL & BE PUMPED		
	HOLD FOR SUBMISSION OF 1) repair application completed		
	2) copy OF LISTING		
	3) copy OF CONTRACT (IF POSSIBLE)	HOLD	
1-14-80	All rec'd - permit ISSUED 3BR SDS	HOLD	
4-18-80	Line #2, 4, 6 OK TO BF. (^{OK TO} 6 7' BF.)		
4-21-80	ENTIRE SDS OK TO BF.	HOLD FG	



COLQUITT-CARRUTHERS, INC.
REALTORS

CORPORATE OFFICE

6410 Rockledge Dr. • Suite 620 • Bethesda, Md. 20034 • 530-3200

ADDENDUM

Special Provisions attached to and hereby made a part thereof, the contract dated December 9, 1979

on Lot 3 Block _____ Subdivision Seneca Farms

located at 319 Seneca Road, Great Falls, Va. 22066

between (Purchasers) Henry Victor Bazak Jr.

and (Sellers) William and Shirley A. Shville

IT IS UNDERSTOOD by both the purchaser and the seller that the septic
system on the subject property is designed for a three bedroom home and/approved
for a washing machine or disposal.

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 _____

2-2-002- 3

POST OFFICE AND

STREET ADDRESS: 319 SENECA RD GF.Seneca Farms 2 3
SUBDIVISION SEC. LOT☒ OWNER'S NAME William K. Seville Phone (H) 430-9588 (O) 759-2885☒ OWNER'S ADDRESS 319 SENECA RD. GREAT FALLS VA. 22066
Street City & State Zip Code

CONTRACTOR'S NAME _____ Phone _____

CONTRACTOR'S ADDRESS _____
Street City & State Zip CodeRELEASE PERMIT TO: OWNER ☒ BUILDER _____☒ NEW DWELLING: No. of Bedrooms 3 Den 1 Bath in Basement 1
yes/no yes/noMethod 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: DEN WITH CLOSET - NOT
TO BE USED AS BEDROOMMethod 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: William K. Seville DATE 1/14/80*****
TO BE FILLED IN BY HEALTH DEPARTMENT

Building Permit Appl. No. _____

EST. Perc Rate 22 Depth 60 S.T.P.R. No. _____Septic Tank 1125 Gallons Absorption Field 484 linear feet.Replacement area required NO, _____ linear feet.REMARKS: Repair/replace existing M.A.F. SDS.REVIEWED BY: M. Shelton DATE 1-14-80

REVIEWED BY: _____ DATE _____

Repairs

Date: 9/15/05

LHS 121—40M Virginia State Department of Health

RECORD OF INSPECTION—INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Case No. 2-001-5B7

☐ NEW INSTALLATION

☐ REPAIRS TO OLD INSTALLATION

OWNER James, R. Y.

Sanitary Co.
County or Municipality

DATE 4-5-55

ADDRESS Rt. 2 - Herndon, Va.

PHONE HEM 30503

OCCUPANT OR OTHER _____ ADDRESS _____

PHONE _____

CONTRACTOR _____ ADDRESS _____

PHONE _____

EXACT LOCATION out 123 to sewage tank left up 7 to drainage tank
at rd 602 - 3 miles to house on rd. Name on Mail box.

Subdivision-section-lot no. _____

St. or Road name or number _____

Other description _____

☒ Single Dwelling Unit ☐ Multiple Dwelling Unit, Number of Bedrooms (actual or potential) 3

LOT SIZE: Width _____ ft. Depth average ft.

WATER SUPPLY. ☐ Public System ☐ Community System ☒ Individual system on site

SEWAGE DISPOSAL: ☒ Septic Tank System ☐ Other _____ describe _____

DESIGNED FOR: Only ordinary household wastes—Yes ☒ No ☐; Garbage disposal device—Yes ☐ No ☒
Automatic Laundry Machine—Yes ☐ No ☒

DESIGN OF SYSTEM: House Sewer Pipe—Size _____, Type _____

Tank capacity 720 Gallons; Tank dimensions: Length 7 ft. Width 3 1/2 ft. Depth 5 ft.

Subsurface drainage; Number of ditches 4; Total drainage 656 sq. ft.

INSPECTION FINDINGS:

- (1) LOCATION: Lot size adequate ☒ Yes ☐ No. Entire system accepted distance from water supply ☒ Yes ☐ No. Properly located relative to property lines, buildings, etc. ☒ Yes ☐ No.
- (2) SOIL CONDITION: Naturally drained and suitable by sight ☒ Yes ☐ No. Sufficient surface drainage ditches provided ☒ Yes ☐ No. Percolation tests made ☒ Yes ☐ No. Acceptable results ☒ Yes ☐ No.
- (3) SEPTIC TANK: Installed according to permit design ☒ Yes ☐ No. Approved construction for water tightness ☒ Yes ☐ No. Inside fixtures comply with requirements ☒ Yes ☐ No. Storm drains from house and basements flowing into or on tank ☒ Yes ☐ No. Trees, etc. within 10 feet of tank ☐ Yes ☒ No.
- (4) DISTRIBUTION BOX: Watertight and equal surcharge by Water Test ☒ Yes ☐ No. Inlets and outlets caulked tightly ☒ Yes ☐ No. Adequate number of extra outlets ☒ Yes ☐ No. Separate, tight lines connected to outlets and leading into subsurface ditches. ☒ Yes ☐ No. Surcharge lines graded to 1" or more to 10 feet length ☒ Yes ☐ No.

- (5a) DRAINAGE FIELD: Total length of ditches 328 feet. All ditches of equal length ☒ Yes ☐ No. Width 3 ft. Depth 3 ft. Properly located ☒ Yes ☐ No. Bottom of ditches of proper grade ☒ Yes ☐ No. Ditches laid—6 foot centers ☒ Yes ☐ No.
- (5b) DRAINAGE FIELD (Materials, etc.): Open joints protected on top with approved strips ☒ Yes ☐ No. Approved filter material ☒ Yes ☐ No. Depth of filter material under tile 8 in. Filter material packed around and encasing the entire tile ☒ Yes ☐ No.
- (5c) DRAINAGE FIELD (Grading): Storm drains from house and basement flowing away from drainage field ☒ Yes ☐ No. Ditches properly back filled and area graded ☒ Yes ☐ No.
- (6) DO THE ABOVE DEFECTS IN CONSTRUCTION WARRANT REJECTION? ☐ Yes ☒ No.
- (7) IS A FOLLOW-UP REINSPECTION NECESSARY? ☐ Yes ☒ No.

REMARKS: plumbing inspector to check house connection.

Based on the above information, this is to certify that this system (has) (has not) been located and installed according to ☐ Local ☒ County ☐ State Requirements. This system requires proper use and adequate maintenance.

Date May 20, 1955 Signed _____

A. M. Watkins
(Inspector)

Sanitarian
(Title)

Signed _____

AS
(Reviewing Official)

(Title)

With proper maintenance and avoidance of overloading, this system can be expected to function satisfactorily if no physical damage occurs to any part of the system and favorable soil conditions continue.

Follow-ups: Date _____

PERCOLATION TEST RESULTS

NAME OF SUBDIVISION, SECTION, LOT

LOCATION

ADDRESS

AREA

DATE _____

REPORT RESULTS TO:

NAME:

ADDRESS:

PHONE:

HOLE DEPTH	LOT NO.	HOLE NO.	TEST BEGUN	DEPTH TO WATER IN INCHES	1st READING TIME	DEPTH TO WATER	2nd READING TIME	DEPTH TO WATER	3rd READING TIME	DEPTH TO WATER	RATE: MINUTES PER INCH	REQ. SQ. FT. PER BEDROOM	REMARKS
37		1	10:00	19	16:15	25 $\frac{3}{4}$	12:05	DRY 31 $\frac{1}{2}$			17		
37		2	10:00	21		22 $\frac{1}{2}$		29			16	220	
36		3	10:00	19		24 $\frac{1}{2}$		DRY 28			30		
56"		4	Dry - Mica								21-A		
How many bedrooms? Auto Washer?													

SANITARIAN

REFERRAL FORM

Sanitarian's Area C-1

Tax Map Reference 2-2-002-3

From William K Seville Date 12-5-75

Address 319 Seneca Farms Rd. Phone 4-759-2885
8-525-4963

Subject: See if the S.D.S. could be expanded for a 4 bedroom house.
The additional drainfield area shown would be closer to the existing
well than the old system. S.E. CORNER OF LOT SHOWS MEADOWVILLE
REST OF LOT IS SHOWN AS CLEVELAND. (SOIL MAP)

Memo Taken By Shelton

Referred To C. D. Jones for investigation. 12/7

Action Taken:

No. room for
addn to existing S.D.S.

New system needed
on knoll as shown

Est. 10 rate

@ 48" Recommendations:

∴ 4 BR = 6 @ 82'
+ pumps +
tank + FDV
12/7/79

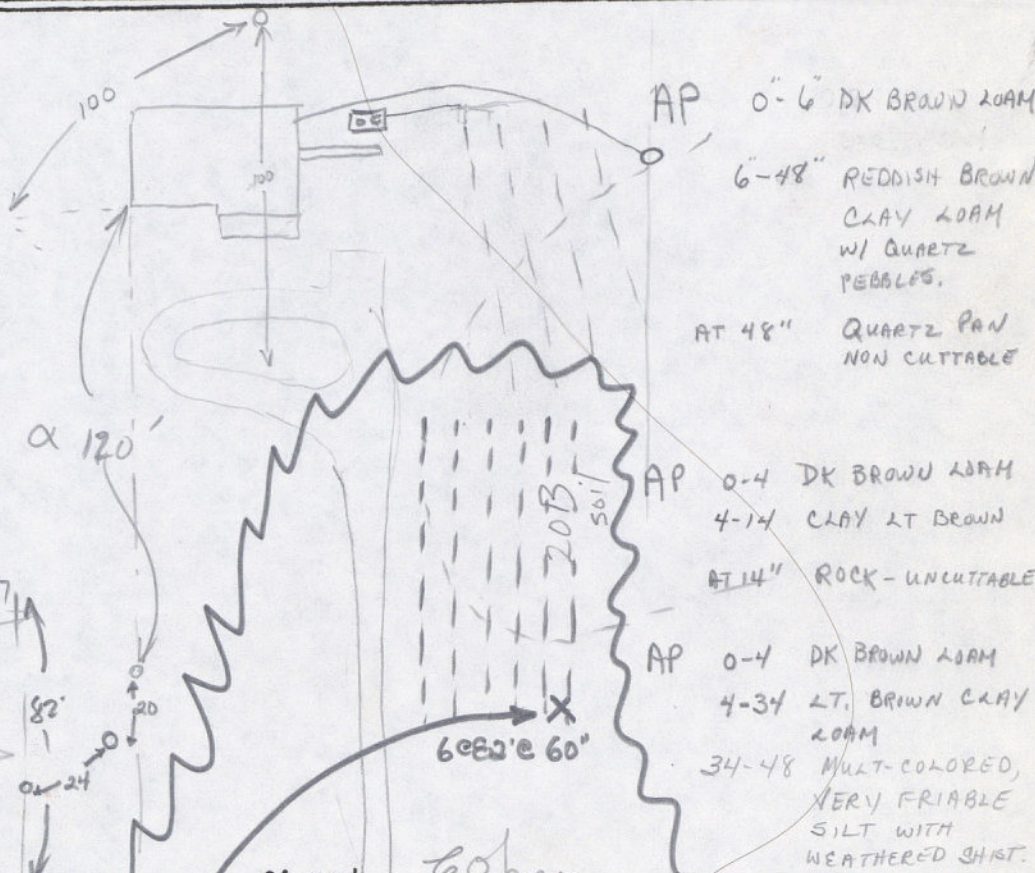
Date

G-3

Signed

C. D. Jones

cut needed



1-11-80 S.S. done as shown revealed
meadowville soil - medium clay content.
Partially will accept effluent so —
install 6 @ 82' @ 60' for 3 BR. *coj*

AIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 319 Seneca Road Great Falls, Va. 2-2-002-3 SENECA FARMS S.2
(Tax Map or Subdivision)
OWNER Wm. K. and Shirley A. Seville PHONE: 430-9588
ADDRESS _____ ZIP: 22066
EVALUATION REQUESTED BY: Wm. K. Seville DATE: 12/21/79 PHONE: above
SEND REPORT TO W.K. Seville

WATER SUPPLY: PUBLIC _____ PRIVATE X PUBLIC WATER AVAILABLE YES _____ NO X
DUG WELL _____ BORED WELL X DRILLED WELL _____ 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 3
Automatic washer installed YES _____ NO X System designed for auto. washer YES _____ NO X
Garbage disposal installed YES _____ NO X System designed for disposal YES _____ NO X
Trees, driveways, swimming pools etc., over the drainfield YES _____ NO X
Dwelling continuously occupied prior to evaluation (How Long? 30+days) YES X NO _____
Occupancy Confirmed by: Ms. Seville

ON THE DATE OF EVALUATION:

_____ Sewage disposal system appears to be functioning satisfactorily.
_____ Sewage disposal system appears to be functioning satisfactorily. However based upon the above information, the potential loading of the system is in excess of design and does not meet State and local regulations.
X Sewage disposal system appears to be malfunctioning as follows:
_____ X Sewage surfacing
_____ Sewage (waste water) piped to ground surface.
_____ Sewage backing up in house plumbing.
_____ Other (See Remarks)

REMARKS: Repair permit issued 1/2/80

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 1/2/80 SANITARIAN Craig D. Jones
DATE OF REVIEW 1/8/80 SUPERVISOR W. K. Seville
Rev. 8/79

CS

DIVISION OF ENVIRONMENTAL HEALTH

2-2-002-3

Date 6-8-76

Sec. II Lat 3

INSPECTION REPORT FOR EXISTING
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY LOCATION

319 329 Seneca Rd., Great Falls, Va.

TAX MAP

Sec. III Seneca Farms

2-021-52
(W) 759-2885

OWNER William K. Seville

PHONE

(O) 525-4963

ADDRESS

Above

ZIP

22066

INSPECTION REQUESTED BY R. V. Raehn, President

PHONE

356-3350

SEND INSPECTION REPORT TO Richland Development Corp.

1311A Dolley Madison Blvd. P. O. Box 594, McLean, Va.

Records of water supply system on file YES ☒ NO ☐
 Records of sewage disposal system on file YES ☒ NO ☐

WATER SUPPLY:

Public ☐ Private ☒
 Dug Well ☐ Bored Well ☒ Drilled Well ☐ Other ☐
 Repair permit is to be issued YES ☐ NO ☒
 Bacteriological sample taken YES ☒ NO ☐

Based on site inspection and satisfactory bacteriological analysis, the water supply system is: Satisfactory ☒ Unsatisfactory ☐

SEWAGE DISPOSAL SYSTEM:

Public ☐ Private ☒

Number of bedrooms existing 3 Number of bedrooms system designed for 3
 Automatic washer installed YES ☐ NO ☒ System designed for auto.washer YES ☐ NO ☒
 Garbage disposal installed YES ☐ NO ☒ System designed for garbage disposal YES ☐ NO ☒
 Recent sewer back up into the house YES ☐ NO ☒
 Septic tank has been pumped recently YES ☐ NO ☒
 Sewage flowing to the ground surface YES ☐ NO ☒
 Waste water being piped to the ground surface YES ☐ NO ☒
 Trees, driveways, swimming pools, etc., over the drainfield YES ☐ NO ☒
 Repair permit is to be issued YES ☐ NO ☒

Dwelling continuously occupied prior to inspection YES ☒ How Long 30+ NO ☐

The inspection of the sewage disposal system reflects only conditions as they exist at the time of inspection, based on available records and on site visual inspection. On the date of inspection conditions were: Satisfactory ☒ Unsatisfactory ☐ Other ☐
 (See Remarks)

REMARKS:

Date: 7/7/76

SANITARIAN:

O.O. Jones by US

Date: 8/30/76

REVIEWED BY:

L.H. Bryan

2-2-002-3

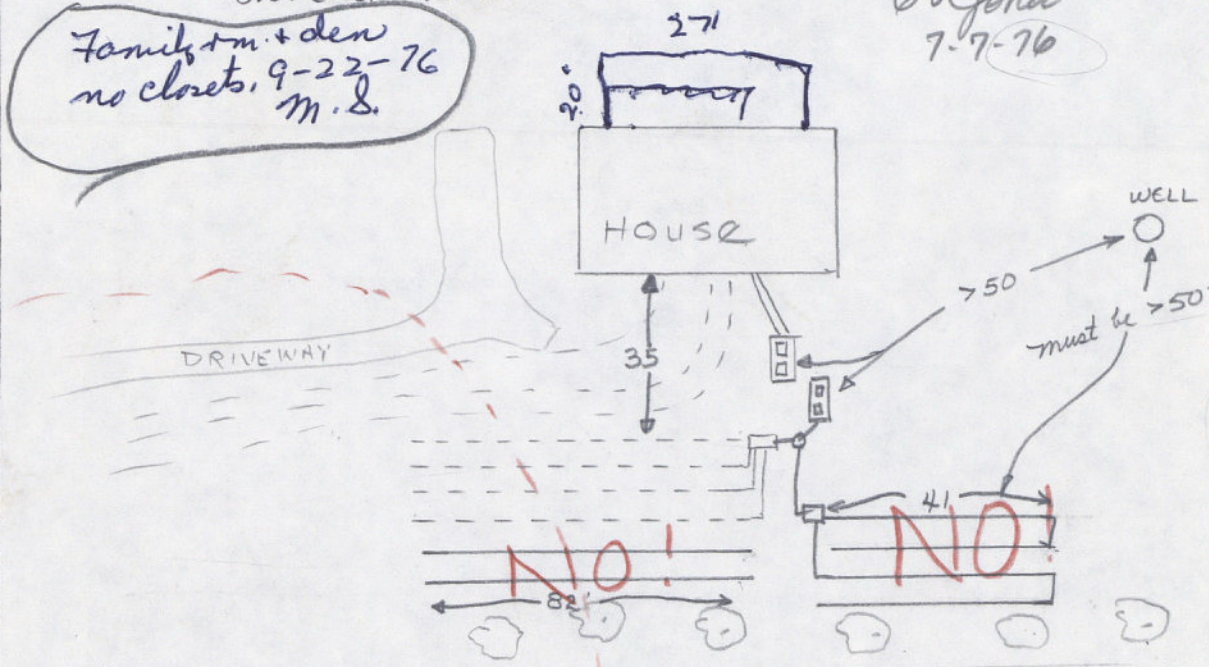
WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

Is room to go as below if 4' lines are $> 50'$
from well & a few trees are removed.

Install new lms @ 48"!

60 Jones
7-7-76

Family + m. + den
no closets, 9-22-76
m.s.



20B
soil

Mr. C. Jones said the proposed system would be close to the well than the old system. Therefore, the system can not be enlarged, as
per Mr. Berger. M.S.
12-11-30

M.S.
12-4-79

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

OWNERS NAME HENRY U. BAZAK
SUBDIVISION SENECA FARMS SECT 2
STREET ADDRESS 319 SENECA RD
GREAT FALLS, VA. 22064
TAX MAP REFERENCE 12-2-002-3

REFERRAL FROM: HENRYU. BAZAK. DATE RECEIVED: _____
 ADDRESS 319 SENECA RD, GREAT FALLS, VA. ^{22066 703} PHONE: 351-7316
 SUBJECT: stainless deposit in sink & bathtub
check for PH & COPPER - ^{707 430-6079}

RECEIVED BY SHELTON
 REFERRED TO _____ FOR INVESTIGATION

[illegible]

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 319 SENECA RD., GREAT FALLS, VA. 22066 Seneca Farms Sec. 2
2-2-002-3
(Tax Map or Subdivision)
OWNER H. B. BAZAK PHONE: _____
ADDRESS _____ ZIP: _____
EVALUATION REQUESTED BY: Ann Clifford DATE: 05/20/86 PHONE: 759-9190
SEND REPORT TO Long & Foster, P. O. Box 97 Great Falls, Va. 22066

WATER SUPPLY: PUBLIC _____ PRIVATE X PUBLIC WATER AVAILABLE YES _____ NO X
DUG WELL _____ BORED WELL X DRILLED WELL _____ 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 3 Number of bedrooms system designed for 3
Automatic washer installed YES X NO _____ System designed for auto. washer YES X NO _____
Garbage disposal installed YES _____ NO X System designed for disposal YES X NO _____
Trees, driveways, swimming pools etc., over the drainfield YES _____ NO X
Dwelling continuously occupied prior to evaluation (How Long? + 30 days) YES X NO _____
Occupancy Confirmed by: Mrs. Clifford

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: Ground sunk 3-4" above drainfield lines. Recommend divert water from driveway away from drainfield area and fill in sunken areas over drainfield lines.

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 06/9/86 SANITARIAN Edward L. Pippin

DATE OF REVIEW 6-17-86 SUPERVISOR [Signature]

IRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 319 SENECA RD., GREAT FALLS, VIRGINIA 22066 SENECA FARMS S. 2
2-2-002-3
(Tax Map or Subdivision)
OWNER STEPHEN LAMCASTER PHONE: 734-0973
ADDRESS SAME ZIP: _____
EVALUATION REQUESTED BY: OWNER DATE: 9-09-87 PHONE: 881-9020
SEND REPORT TO LONG AND FOSTER 6299 LEESBURG PIKE, FALLS CHURCH, VA 22044
ATTN: RONNIE D. STOVACEK

WATER SUPPLY: PUBLIC _____ PRIVATE X PUBLIC WATER AVAILABLE YES _____ NO X
DUG WELL _____ BORED WELL X DRILLED WELL _____ 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 3 Number of bedrooms system designed for 3
Automatic washer installed YES X NO _____ System designed for auto. washer YES X NO _____
Garbage disposal installed YES _____ NO X System designed for disposal YES X NO _____
Trees, driveways, swimming pools etc., over the drainfield YES _____ NO X
Dwelling continuously occupied prior to evaluation (How Long? 0) YES _____ NO X
Occupancy Confirmed by: _____

ON THE DATE OF EVALUATION:

_____ Sewage disposal system appears to be functioning satisfactorily.

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

_____ Sewage disposal system appears to be malfunctioning as follows:

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

X Other (See Remarks)

REMARKS: DWELLING MUST BE CONTINUOUSLY OCCUPIED AT LEAST 30 DAYS PRIOR TO THE EVALUATION OF THE SEWAGE DISPOSAL SYSTEM.

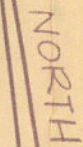
EVALUATION OF THE WATER SUPPLY SYSTEM (INCLUDING BACTERIOLOGICAL ANALYSIS) AND/OR SEWAGE DISPOSAL SYSTEM IS BASED ON RECORDS, IF AVAILABLE, AND A VISUAL SURFACE INSPECTION.

DATE OF EVALUATION 10-6-87 SANITARIAN John H. Dickson JOHN H. DICKSON

DATE OF REVIEW 10-13-87 SUPERVISOR Dennis A. Hill DENNIS A. HILL, R.S.

Rev. 8/79 DAH:JHD:jrp

REGISTERED



LEGEND

EXISTING CONTOUR _____

PROPOSED CONTOUR _____

EXISTING SPOT ELEVATION _____

PROPOSED SPOT ELEVATION _____

EXISTING WOODS LINE _____

PROP. LIMITS OF CLEARING _____

AND GRADING _____

CONTOUR INTERVAL _____

STRAW BALES OR _____

EARTH DIVERSION BERM _____

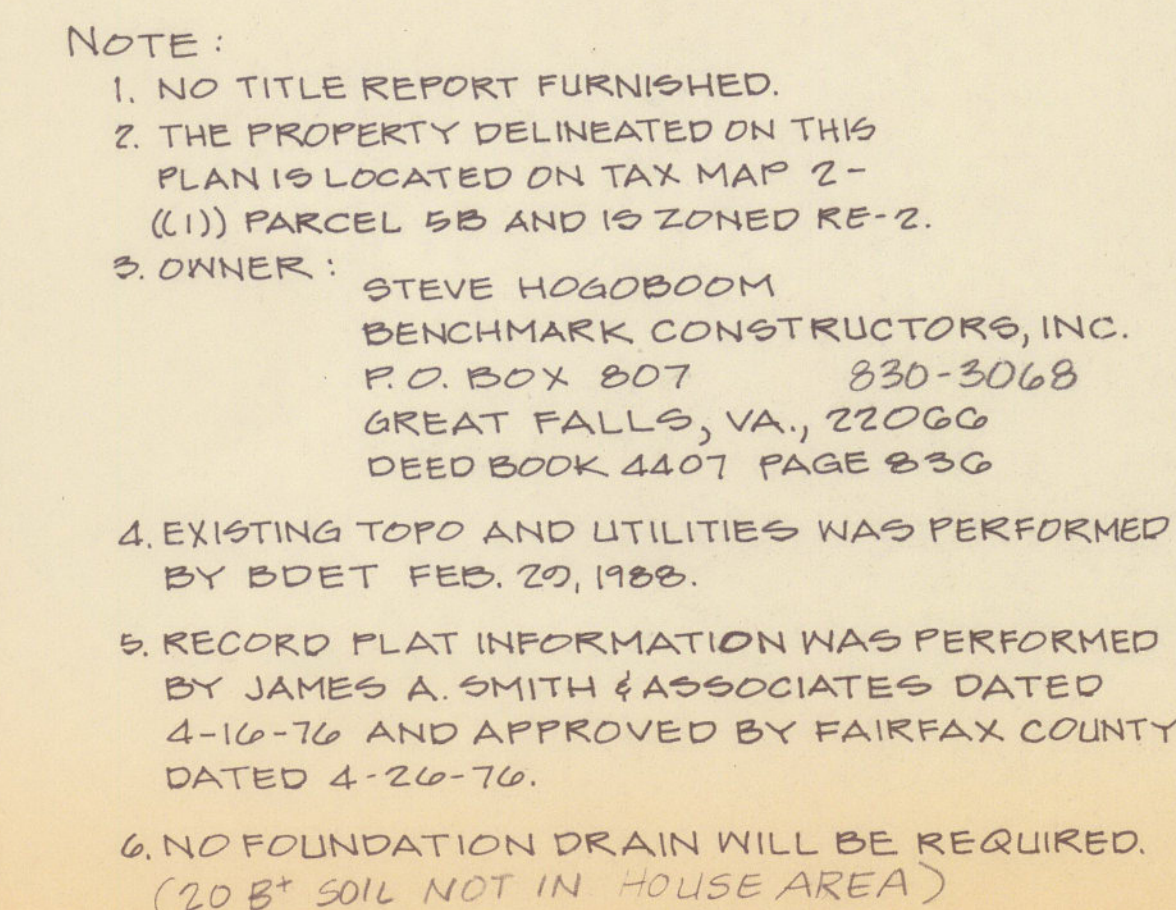
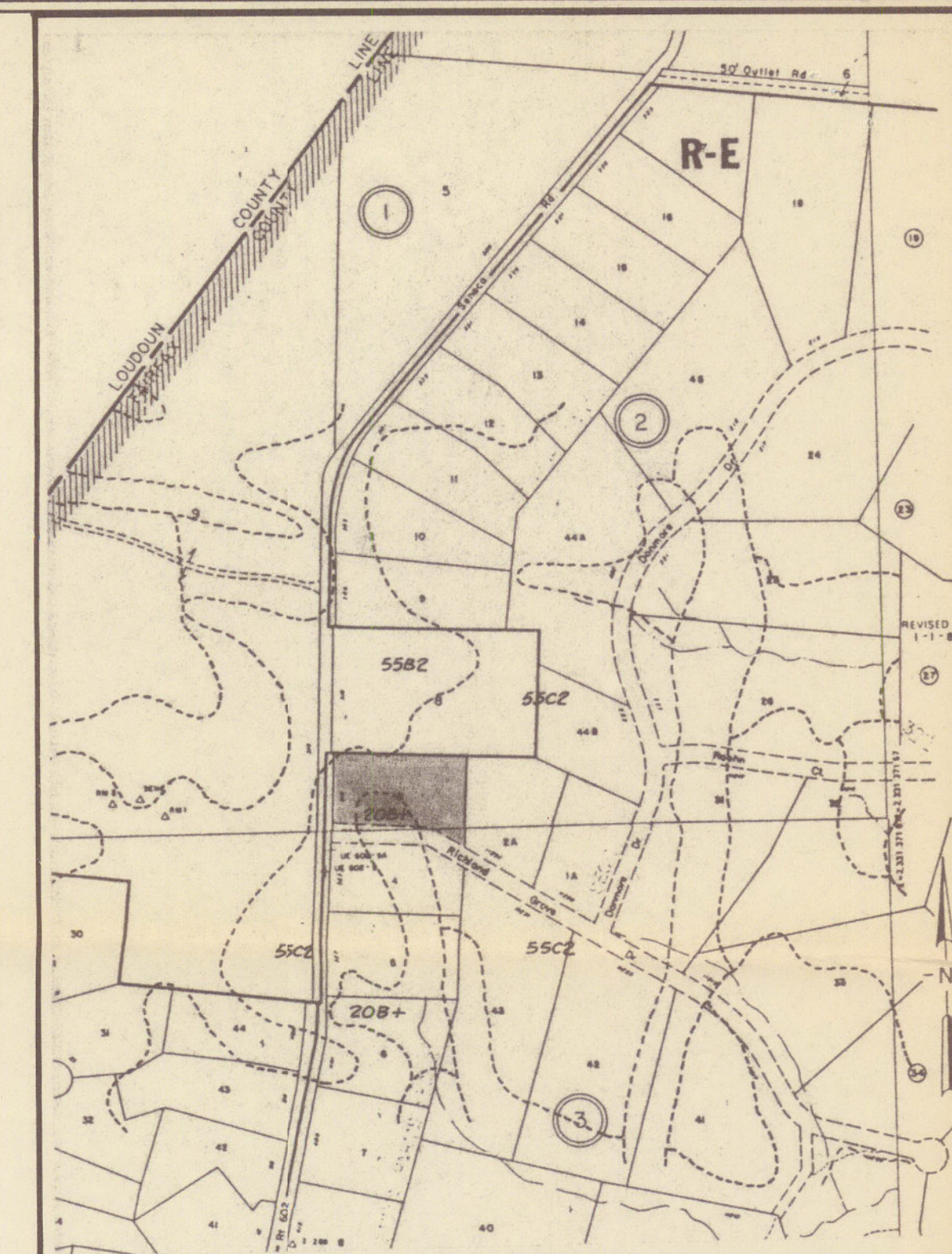
DENOTES PUMP _____

DENOTES SEPTIC TANK _____

2' _____

(P)

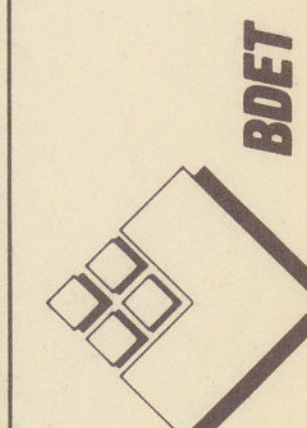
(S.T.)



SETBACKS:
CORNER LOT - 225'
FRONT : 50'
SIDE : 20'
REAR : 25'

GRADING PLAN
LOT 3, SECTION -1
SENECA FARMS
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VIRGINIA

BENGTSON, DeBELL, ELKIN & TITUS, LTD.
ENGINEERS • SURVEYORS • PLANNERS • LANDSCAPE ARCHITECTS
P.O. BOX 429, 5900 CENTREVILLE ROAD, CENTREVILLE, VIRGINIA 22020
(703) 631-9630 (703) 369-5700



OFFICE LOCATIONS

- ◆ PRINCE WILLIAM COUNTY, VIRGINIA
- ◆ ANNE ARUNDEL COUNTY/BWI, MARYLAND
- ◆ MONTGOMERY COUNTY, MARYLAND

◆ CHESTERFIELD COUNTY, VIRGINIA
◆ FAIRFAX COUNTY, VIRGINIA
◆ LOUISIANA COUNTY, VIRGINIA

DATE: APRIL 7, 1988	
SCALE: 1" = 30'	
DESIGN: DGF	DRAWN: DGF
CHECK: MJN	CHECK:
JOB NO.: 88-025	
P.R. NO.: CTO 781300	
SHEET 1 OF 1	
FILE NO.:	

