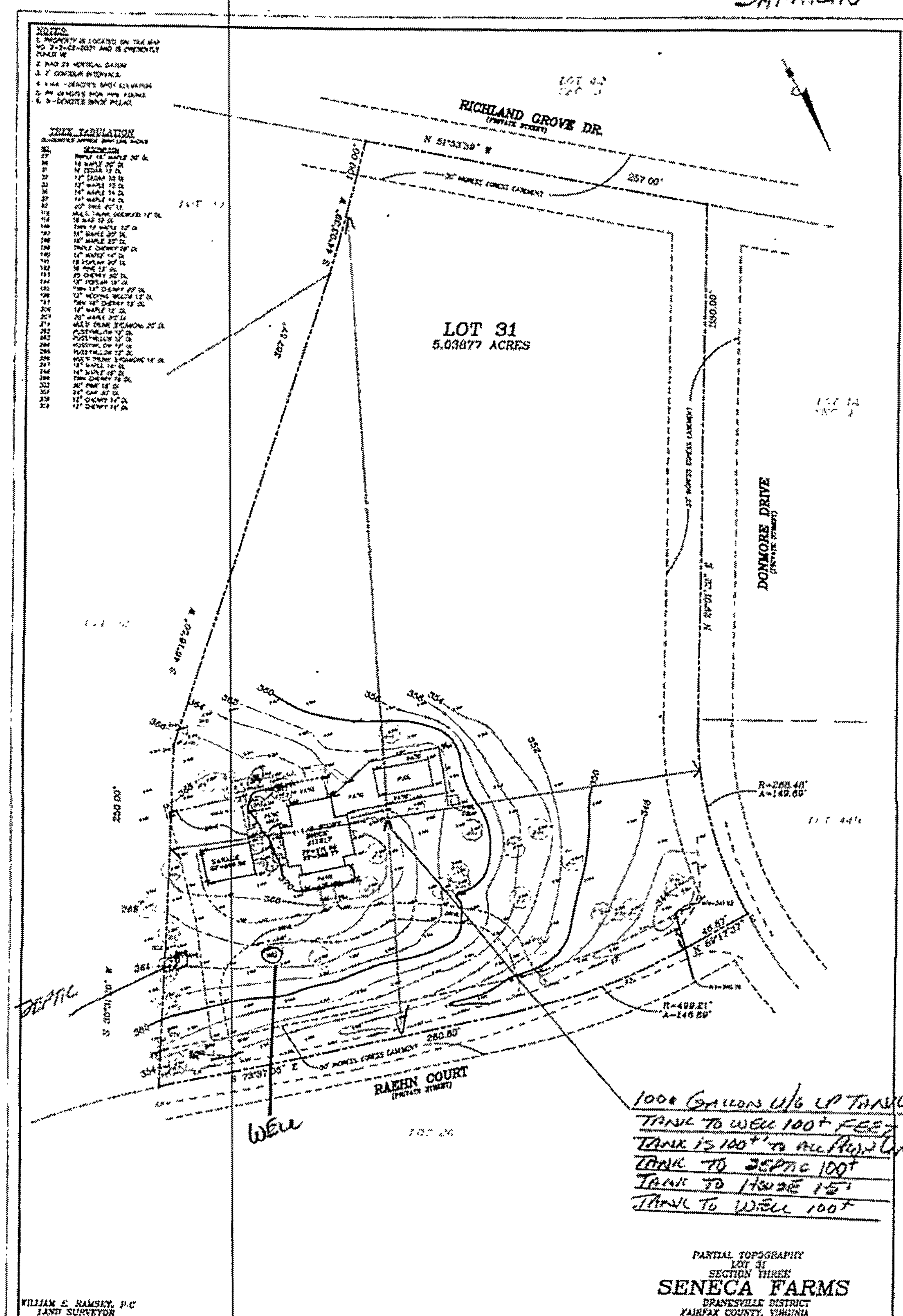
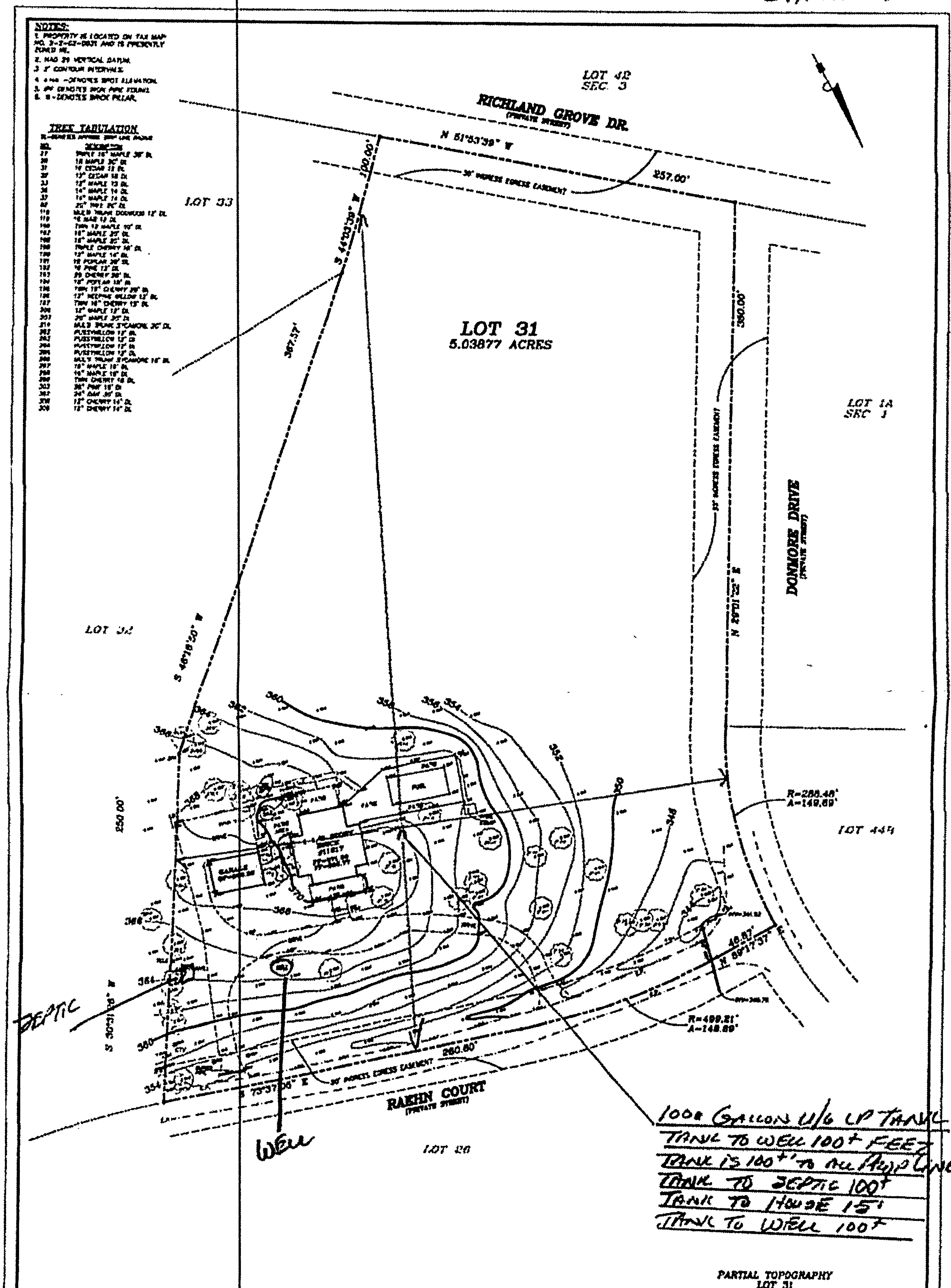
SAFARIN



RICHLAND GROVE DR.
N 51°53'39" W
257.00'
LOT 31
5.03877 ACRES
DONMORE DRIVE
RAEHN COURT
260.60'
R=268.48'
A=149.69'
R=499.21'
A=146.69'
WELL
SEPTIC
100# GALLON U/G LP TANK
TANK TO WELL 100+ FEET
TANK IS 100+' TO ALL PROP LINES
TANK TO SEPTIC 100+
TANK TO HOUSE 15'
TANK TO WELL 100+
PARTIAL TOPOGRAPHY
LOT 31
SECTION THREE
SENECA FARMS
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VIRGINIA
WILLIAM E. RAMSEY, P.C.
LAND SURVEYOR
FAIRFAX, VIRGINIA

SAFAIZIN



NOTES:
TREE TABULATION
LOT 42
SEC. 3
RICHLAND GROVE DR.
(PRIVATE STREET)
N 51°53'39" W
257.00'
100.00'
S 44°03'39" W
LOT 33
367.37'
LOT 31
5.03877 ACRES
380.00'
LOT 1A
SEC. 1
DONMORE DRIVE
(PRIVATE STREET)
LOT 32
S 46°16'50" W
250.00'
R=288.48'
A=149.69'
LOT 44
SEPTIC
S 30°31'58" W
N 89°17'37" E
46.87'
R=499.21'
A=148.89'
260.60'
S 73°37'06" E
RAEHN COURT
(PRIVATE STREET)
WELL
LOT 20
1000 GALLON U/G LP TANK
TANK TO WELL 100+ FEET
TANK IS 100+' TO ALL PROP LINES
TANK TO SEPTIC 100+
TANK TO HOUSE 15'
TANK TO WELL 100+
PARTIAL TOPOGRAPHY
LOT 31
SECTION THREE
SENECA FARMS
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VIRGINIA
1"=30'
DECEMBER 23, 2019
WILLIAM E. RAMSEY, P.C.
LAND SURVEYOR
FAIRFAX, VIRGINIA
703-385-4489

File Folder 1391

TO: DIVISION OF INSPECTIONS DATE: 3-10-86

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: Victor M. Casamento

BUILDING APPLICATION NUMBER: 86066B0470

SUBDIVISION: Seneca FARM SEC: 3 BLOCK LOT: 31

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-31

11217 Raehn Court, Great Falls, VA 22066

HEALTH DEPARTMENT PERMIT # 129-86-0150

SEWAGE DISPOSAL PERMIT ISSUED FOR: Dwelling: (JCP)

WELL PERMIT ISSUED FOR: Dwelling

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

REMARKS:

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

ENTERED NOV 30 1988

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

APPROVED: 9-15-88

ENTERED SEP 15 1988

WATER SUPPLY SYSTEM

APPROVED: 11-30-88

Dennis A. Hill
(SIGNATURE)

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

4 Bedrooms 11/30/88 Rmk
Sticker attached 11/30/88

ENTERED CB-CKD

SPECIAL HANDLING

FHD-EH-3 10-80

REGISTERED

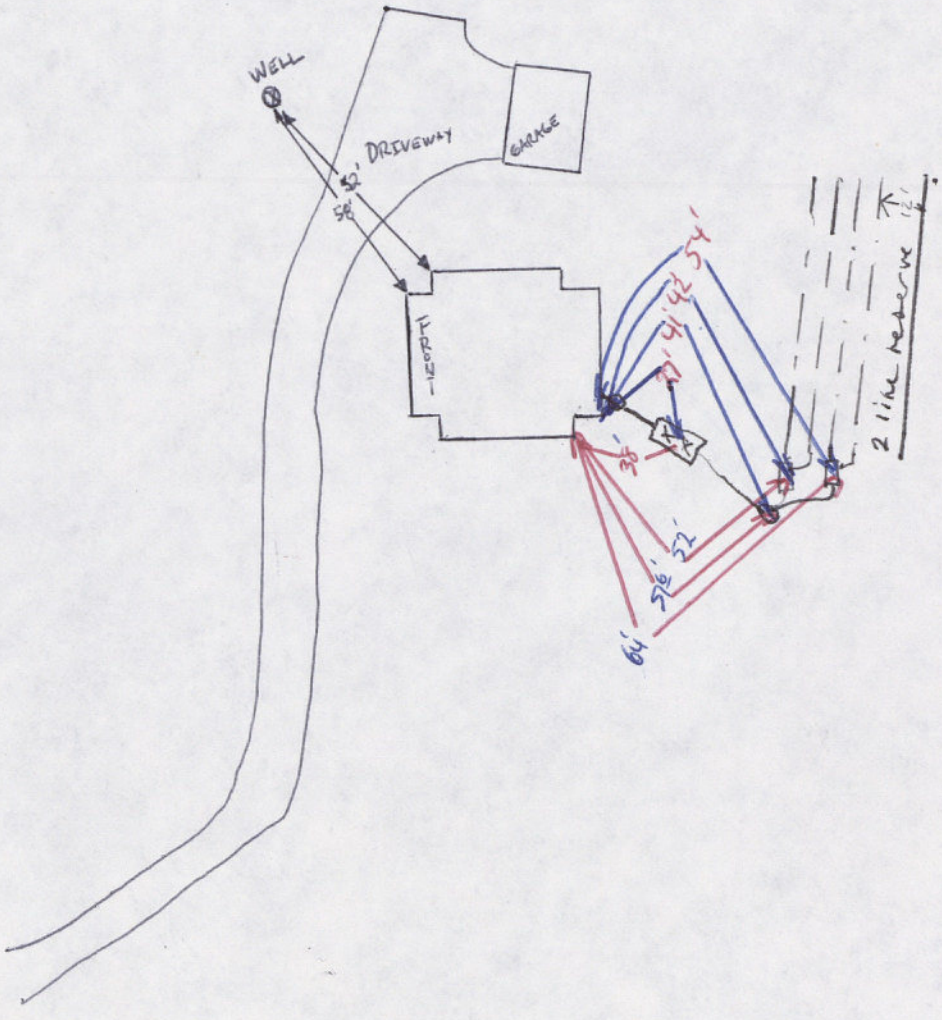
FAIRFAX/FALLS CHURCH HEALTH DISTRICT
FAIRFAX, VIRGINIA

TM: 2-2-002-31

PERMIT # 129-86-0150 LOCATION SENECA FARMS, SEC 3, Lot 31
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

11217 Raehn Court



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

FHD-EH-7 9/81

Completion Statement

Commonwealth of Virginia

State Department of Health

Health Department

Identification Number: 8089 1096

FRY Health Department

Name of Company of Company / Corporation / Individual Great Falls Septic Svc, Inc.

Address 34176 Charlestown Pike, Purcellville VA, 20132 Telephone 540-668-7660

Owners Name EMS Enterprises LLC

Owners Address 11217 Bachn Court

Location of Installation: Lot: 31 Block:

Section: Subdivision: 2

Other: TM# 2-2-002-31

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (Date) 12/13/17 and is in compliance with Part II of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

12/13/17

Date

Josh Hott

Signature and Title # 1942001301

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

Health Department # 80891096 Tax Map # 2-2-002-31 Date 12/13/17

Owner FMS Enterprises LLC Phone 207.307.4013

Property Address 11217 Raehn Ct Great Falls, VA 22066

Subdivision Seneca Farms Sec./Block 3 Lot 31

Type of System I (Conventional Gravity) System Design 4BR

Owner/Agent FMS Enterprises LLC Phone

Mailing Address 2120 Tunlaw Rd NW Washington, DC 20007

For: [X] Dwelling [ ] Commercial Property [ ] Other, describe:

This permit authorizes the following repairs:

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

Comments: All work must be completed by an AOSS/COSS contractor licensed by both Fairfax County Health Department and Virginia Department of Professional and Occupational Regulation. TREE REMOVED FROM TOP OF SEPTIC TANK. NEW LID WAS INSTALLED 22"X22"

Note: Repairs must be made in accordance with all applicable State Regulations and County Codes. All repairs must be inspected by the Fairfax County Health Department upon completion. Contact the Fairfax County Health Department at 703-246-2201 to arrange for an inspection date.
Further repairs may be required to the Sewage Disposal System if problems are identified during repairs and/or inspections.
This sewage disposal system repair is null and void if conditions are changed from those shown on the repair permit.
No part of any repair shall be covered until inspected, corrections made if necessary, and approved, by the Health Department or unless expressly authorized by the Health Department. Any part of any repair which has been covered prior to approval shall be uncovered, upon the direction of the Department.

Date: 12/13/17 Issued by: _____
Environmental Health Specialist

Date: 12-14-17 Repairs Approved: _____
Environmental Health Specialist

Date: 12-20-17 Reviewed by: _____
Environmental Health Supervisor

EHO21-12/2010

SDS Contractor:

Commonwealth of Virginia
Department of Health

SEWAGE DISPOSAL SYSTEM OPERATIONS

Health Department
Identification No. 129-86-0150

FAIRFAX CO. **Health Department**

VICTOR M. CASAMENTO is hereby granted permission to

OPERATE AN ON SITE SEWAGE DISPOSAL SYSTEM located at

11217 Raehn Ct., Great Falls, VA 22066

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

SEWAGE HANDLING & DISPOSAL

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

VARIANCES GRANTED

X NONE ___ SEE ATTACHED

SPECIAL CONDITIONS

X NONE ___ SEE ATTACHED

4-30-88
Effective Date

NONE
Expiration Date

This permit is issued with the understanding that the owner and/or any subsequent owner will operate the sewage disposal system in accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any variances or conditions granted. Issuance of an operating permit does not imply or guarantee that the sewage disposal system will function for any specified period of time.

Dennis A. Hill
Health Official

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

TEST FORM CHS-202-C

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 129-86-0150

FACO Health Department

Name of Company/Corporation/Individual: B-J A.I.

Address: Falls Church Telephone: 560-0305

Owner's Name Casamento, V.M.

Owner's Address 3 Pheasant Run Ct.

Location of Installation: Lot 31 Block 2

Section: X3 Subdivision: Seneca Farms

Other: IMH-2-002-31 11217 Raehn Ct.

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5-28-87 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

7-31-87
Date

Joseph H. A.I.
Signature and Title

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

3 F-DV key Prov.

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

FAIRFAX COUNTY Health Department

Health Department Identification Number 129-86-0150
Map Reference 2-2-002-31

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 VICTOR M. CASAMENTO Telephone 444-3085

Address 3 Pheasant Run Ct., Sterling, VA 22170

For a Type I Sewage disposal system which is to be constructed on/at 11217 Raehn Ct., Great Falls, VA 22066

Subdivision SENECA FARMS Section/Block 3 Lot 31

Actual or estimated water use 600gpd ? 4 Bedroom

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) N/A **To be installed:** class 2B (PER FAIRFAX CO CODE) cased 50' MIN grouted 50' MIN	**Water supply location:** Satisfactory yes ☒ no ☐ comments G.W.2 Received: yes ☒ no ☐ not applicable ☐
Building sewer: 4" I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☒ Other .25"/FT	**Building sewer:** yes ☒ no ☐ comments Satisfactory Connected
Septic tank: Capacity 1480 gals. (minimum). ☐ Other	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory IAPO 1500
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 shown design. if yes:	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory N/A
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other FLOW DIVERSION VALVE	**Conveyance method:** yes ☐ no ☐ comments Satisfactory Bell Run Setting #
Distribution box: Precast concrete with 3 ports. EACH ☒ Other 2 BOXES	**Distribution box:** yes ☐ no ☐ comments Satisfactory D.A.F.
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	**Header lines:** yes ☐ no ☐ comments Satisfactory
Percolation lines: 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: Square ft. required 749: depth from ground surface to bottom of trench 51"; aggregate size 5-15; Trench bottom slope 2"-4"/100; center to center spacing 6'; trench width 4' Depth of aggregate 39"; UNDER PIPE 29" Trench length 94'; Number of trenches 4	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory 18-30" EF A-21" FG B T Date 9-14-88 Inspected and approved by: 9-15-88 Sanitarian

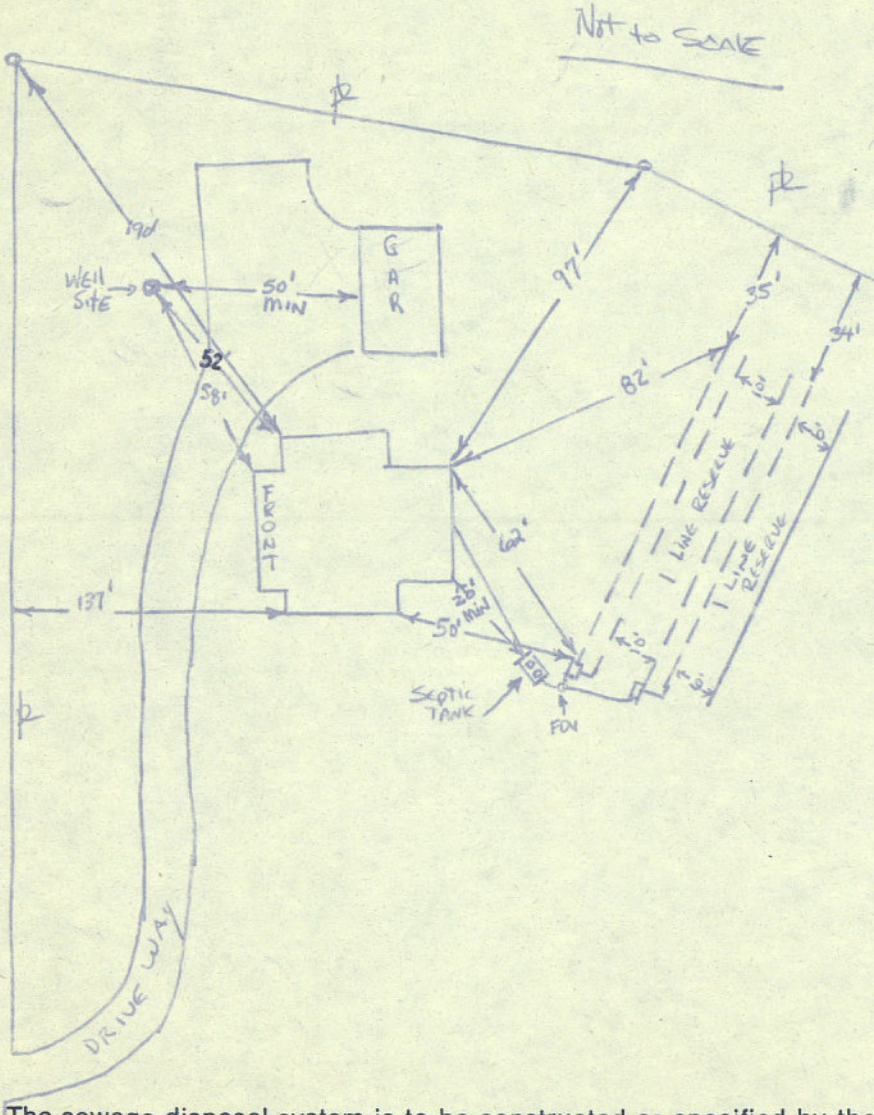
C.H.S. 202A Revised 6/84

Health Department Identification Number 129-86-0150

Schematic drawing of sewage disposal system and topographic features. PAGE 2 OF 2

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

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design. per plat approved 3/10/86



1. Grade per site plan approved 3/10/86 by this office.
2. Install system as shown; a minimum of 10' from trees, property lines, and utility lines.
3. Maximum backfill over system is not to exceed 20".
4. It is the contractors responsibility to meet all OSHA regulations relating to deep excavations.
5. If applicable, pump chamber base must be inspected prior to backfilling unless approved precast chamber is used.
6. Flow Diversion Valve (FDV) key must be provided to owner prior to occupancy.
7. Upon completion of final grading and well (if applicable), call this office for final inspection(s) a minimum of 30 days prior to request for residential use permit.
8. Install system in accordance with all applicable State Regulations and County Codes.
9. Grout well 50'

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

This sewage disposal system construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

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

Date: 5-28-87 Issued by: _____ Sanitarian

This Construction Permit Valid until 10/2/91

Date: 5-28-87 Reviewed by: Dennis A. Hill Supervisory Sanitarian

---

If FHA or VA financing

Reviewed by _____ Date _____ Supervisory Sanitarian

Date _____ Regional Sanitarian

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

Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

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

Health Department I.D. Number 129-86-0150

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

Map Reference: 2-2 | 002 | 31

Date 5-29-87 Local Health Department FAIRFAX CO.

Owner VICTOR M. CASAMENTO Address 3 Pheasant Run Ct., Sterling, VA 22170 Phone 444-3085

Exact Location of Premises 11217 Raehn Ct., Great Falls, VA 22066

Subdivision SENECA FARMS Section/Block 2 Lot 31

Class of nonpublic drinking water well.

1) Class III	A. (drilled well)	☒
2) Class III	B. (bored well)	☐
3) Class III	C. (jetted well)	☐
4) Class III	D. (dug well)	☐
5) Other	E. 2B	☒

Date of installation 7-6-87

Dominion Joiner

CONSTRUCTION INFORMATION

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

1. Water well completion report filed as required by 18.02.07. Yes ☒ No ☐
2. Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
   Building Sewer 50+ Pretreatment Unit 50+ Conveyance System 50+ Subsurface Soil Absorption System 100+ (nearest point). Property Line 10+ Other N/A.
   Site graded where necessary to divert water away from well? Yes ☐ ☐ No n.a. ☒
3. Construction, General: (see Section 18.02.05, and 18.02.02)
   Total depth of well 400 feet. Type of casing STEEL. Depth of casing 60 feet. Diameter of casing 6 inches. Casing extends inches above ground 12. Exterior space around casing sealed with neat cement grout to a depth of 52 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 Watertight
   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 5 GPM. Type of storage Pressure w/ 120 gal 25 G
5. Quality: Sample tap provided at entry into system? yes ☒ no ☐ Sample(s) collected? yes ☒ no ☐
   Results of samples. Satisfactory ☒ Unsatisfactory ☐ (attach copy of results to this form)

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

Remarks: 0'-50' SOIL & CLAY 50'-400' LIME STONE

Date 11-30-88 Signed Ron Staley R.S. Sanitarian

Date 11-30-88 Signed Dennis A. Hill (DAH) Supervisory Sanitarian

Date _____ Signed _____ Regional Sanitarian (If V.A. or F.H.A.)

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

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

OWNER'S NAME Casamento, V. M
SUBDIVISION 11217 Raehn Ct
STREET ADDRESS Seneca Farms S.3
TAX MAP REFERENCE 2-2-002-31

DATE	RECORD OF REMARKS AND VISITS	RESCH	SAN.
7-31-87	Entire SDS OK to BF	Hold	JHD
8-14-87	Approved Plans for DECK		[illegible]
9-7-88	OK for pool	file	[illegible]
9-14-88	SDS ready for Approval W.S Collected	[illegible]	[illegible]
9-20-88	Advised V. Casamento of need to obtain		
	& submit pump log	to 1404	[illegible]
10/3/88	apprd patio bldg permit	File	[illegible]
11/7/88	Called to advise Mr. Casamento to		
	submit the pump log	Nov. 23	[illegible]

FHD-EH-6 3-82

Area 1

SENECA FARMS SEC. X 3

PERMIT # 129-86-0150 LOCATION 2-2-002-31 11217 Raehn Court

Subdivision or Tax Map Ref.

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

Well Installed By DOMINION Pump Installed By OWNER

I. GROUT INSPECTED..... 7-10-87 (Date) KRW (Sanitarian)

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED 10-7-87 (Date) (Sanitarian)

III. TYPE OF INSTALLATION: X / PITLESS ADAPTOR / / PIT / / SURFACE (4" Drain) (Drain) 10-7-87 (Date) (Sanitarian)

IV. STORAGE TANK. Well X-Trol 250..... 10-7-87 (Date) (Sanitarian)

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

V. INITIAL WATER SAMPLE COLLECTED..... 9-4-88 (Date) (Sanitarian)

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
8-19-87	Received well log	Hold	JMM
9-20-88	WS Says the pump log is still needed		

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

DATE	RECORD OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
9-18-86	Hold for wall ✓ Contractor may		
	want to expand field to 5 Bedroom.		
	Advised him to Resubmit if he		
	does.	Hold	ELP
5-28-87	Wall ✓ indicates House in Proper		
	Position owner wants to move		
	SDS Down 10' Advised MTS		
	Kasamento we must have SDS		
	staked & field visit scheduled		
	Before changing SDS - Issue Permit	Hold	ELP
9/27/89	Spoke w/ owner. No one will be req.		
	10-80 so SDS needs to be shifted 10'	Hold	GDR

FHD-EH-13

Form GW-2
1978-10,000

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

AUG 18 1987

• BWCM No. _____

(Certification of Completion/County Permit)

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

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

County/City FAIRFAX
County/City Stamp

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

• Owner VICTOR M. CASAMENTO
• Well Designation or Number 129 86 0150
Address 11217 Raehn Court
Great Falls, Va. 22066
Phone 444:3085

• Drilling Contractor RUNYON WELL DRILLING & PUMP C ORP
Address 12108 Sugarland Road
Herndon, Va. 22070-2399
Phone 430:6000

Tax Map I.D. No. 2 2 002 31
Subdivision Seneca Farms
Section 3
Block _____
Lot 31
Class Well I _____, IIA _____, IIB _____, IIIA _____, IIIB _____, IIIC _____ IIID _____ IIIE _____

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

Date started 7/6/87 • Date completed 7/7/87 Type rig _____

I. WELL DATA: New X Reworked _____ Deepened _____
• Total depth 400 ft.
• Depth to bedrock 50 ft.
• Hole size (Also include reamed zones)
• 12 inches from 0 to 60 ft.
• 6 inches from 60 to 40 ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 6 inches from 0 to 60 ft.
Material Steel
Wt. per foot 13½ or wall thickness .188 in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• Screen size and mesh for each zone (where applicable)
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• Gravel pack
• From _____ to _____ ft.
• From _____ to _____ ft.
• Grout
• From 0 to 50+ ft., Type T
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ °F
• Static water level (unpumped level-measured) 30 ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield 5 gpm after _____ hours
Natural Flow: Yes X No _____, flow rate. _____ g pm
Comment on quality _____

3. WATER ZONES: From 120 To 120½
From 390 To 391 . From _____ To _____
From _____ To _____ . From _____ To _____

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

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

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

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

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

OVER

Owner CASAMENTO [redacted] BWCM No. _____

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

10. DRILLERS LOG (use additional Sheets if necessary)

DEPTH (feet) From	DEPTH (feet) To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)	11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
0	50	Sand & clay			
50	400	Lime stone			

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 8/5/87
(Well driller or authorized person)
License No. 9733

State Water Control Board Regional Offices

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

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

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

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

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

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

Form GW-2
1978-10,000

COMMONWEALTH OF VIRGINIA

WATER WELL COMPLETION REPORT

• BWCM No. _____

ENTERED 30 1988

(Certification of Completion/County Permit)

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

PROPERTY ADDRESS:
11217 RAEHN COURT
G.F., VA. 22066

County/City FAIRFAX, VA.

County/City Stamp

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

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

• Owner VICTOR M. CASAMENTO
• Well Designation or Number _____
Address 3 PHEASANT RUN CT.
STERLING, VA. 22170
Phone 450-2813

• Drilling Contractor _____
Address _____
_____
Phone _____

Tax Map I.D. No. _____
Subdivision _____
Section _____
Block _____
Lot _____
Class Well: I _____, IIA _____, IIB _____, IIIA _____, IIIB _____, IIIC _____ IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of TM: 2-2-002-31
(If possible please include map showing location marked)

Date started _____ • Date completed _____ Type rig _____

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

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

3. WATER ZONES: From _____ To _____
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____

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

5. PUMP DATA: Type SACUZZI • Rated H.P. 3/4
• Intake depth 375 • Capacity( ) at (head)

6. WELLHEAD: Type well seal PITLESS ADAPTER - SANSEAL
Pressure tank 42 gal., Loc. BASEMENT
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 ____
NA
Casing pulled yes ____ no ____ not applicable _____
Plugging grout From _____ to _____ material _____

11/30/88

OVER

Owner _____ BWCM No. _____

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

10. DRILLERS LOG (use additional Sheets if necessary)				11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL	REMARKS	Drilling Time (Min.)	
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 60 p.s.i. for _____ minutes. Pipe size 1" inches, Material PVC SCHEDULE #40
Installer OWNER
Date 10-7-87

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 30 Nov 88
(~~Well driller~~ or authorized person)
License No. N/A

State Water Control Board Regional Offices

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

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

Southwest Reg. Off.
408 East Main Street
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Tidewater Reg. Off.
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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

Supplementary sheet to be attached to State form CHS-200 (Application for a sewage disposal system construction permit)

3-7-86

Health Dept. I.D.# 129-86-0150 Tax Map # 2-2-002-31 Date CHS200 Received
Subdivision Sapeca Farms Section 3 Lot 31
Property Address 1120 Raehn Ct, Great Falls, Va Zip Code 22066

****

(R) Residence (New)

No. of bedrooms/potential bedrooms shown on plans 4 Den ✓
Bath in basement Yes Basement finished — Unfinished ✓

Sewage Disposal: Public _____ Onsite ✓ Other _____
Onsite: Type I ✓ II _____ III _____ IV _____
If Type II, have pump plans been submitted? Yes _____ No _____ Date _____
If Type III, give details _____

Water Supply: (PU) Public _____ (PR) Ind. Well ✓ Other (specify) _____
Individual Well: V.P.C. No. N _____ E _____

****

(R) Residence, Existing (Additions)

Plan of proposed addition reviewed? Yes _____ No _____
No. of existing bedrooms in dwelling _____ Number of bedrooms to be added _____
Total number of bedrooms upon completion _____
Existing SDS permits on file: Yes _____ No _____ Date approved _____
Addition to onsite sewage disposal system required? Yes _____ No _____
If yes, give details _____

Describe rooms in addition _____

Water supply: (PU) Public _____ (PR) Ind. well _____ Approved Yes _____ No _____
Other (specify) _____

****

(C) Commercial

Type of facility _____ New _____ Existing _____
Existing SDS permit on file Yes _____ No _____ Date approved _____
No. of Employees _____ Estimated daily water usage _____ gal/day.
Addition to existing SDS required? Yes _____ No _____
Specify additional water usage _____

Water Supply New _____ Existing _____ Non-Community Yes _____ No: _____ (PU)Public _____
VPC No. N _____ E _____

****

Lot approved 1/9/86

Design Information

Perc Rate 12 Depth 57" Septic tank (gallons) 1400
Absorption field (linear feet) 376 Reserve Area Required? Yes ✓ No _____
If yes, linear feet 188 Amount of proposed grading in drainfield area 0-22"
Building Permit No. 8600680470 W.S. Receipt No. 01486 pd 3/10/86 KM S.T. Receipt No. 02699 paid
Remarks Well Fee due

Reviewed by J.C. Pmcr Date 3-10-86 Title Senior Sanitarian

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number 129-86-0150

Map Reference 2-2-002-31

FxCo Health Department

Date Received 3-7-86

To Be Completed By The Applicant

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

FHA/VA yes ☐ no ☐

Owner VICTOR M. OASAMENTO Address 3 PHEASANT RUN CT. STERLING VA. 22170 Phone (703) 4443085

Agent _____ Address _____ Phone _____

Directions to Property _____

Subdivision SENECA FARMS Section III Block X Lot #31

Other Property Identification 11217 RAEHN COURT GREAT FALLS, VA 22066

Dimensions/size of Lot/Property 5 ACRES

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 1 Number of Bedrooms 4
Basement ☒ Yes ☐ No
Fixtures in Basement ☒ Yes ☐ No

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 _____

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.

Victor M. Oasamento
Signature of owner/agent

7 Mar. 86
Date

C.H.S. 200 Revised 4/83

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number

REGISTERED Map Reference 2-2-002-31

FX Co. Health Department

Date Received 8/14/87

To Be Completed By The Applicant

Type sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☐

X Owner VICTOR CASAMENTO Address 3 PHEASANT RUN CT Phone
STERLING, VA. 22170

X Agent JOHN LIBERT Address 700 SENECA RD Phone
GREAT FALLS VA 22066

Directions to Property

Subdivision Seneca Farms Section 3 Block Lot 31

Other Property Identification

Dimensions/size of Lot/Property

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 ___
Basement ☐ Yes ☐ No
Fixtures in Basement ☐ Yes ☐ No

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 X DECK (WOOD)

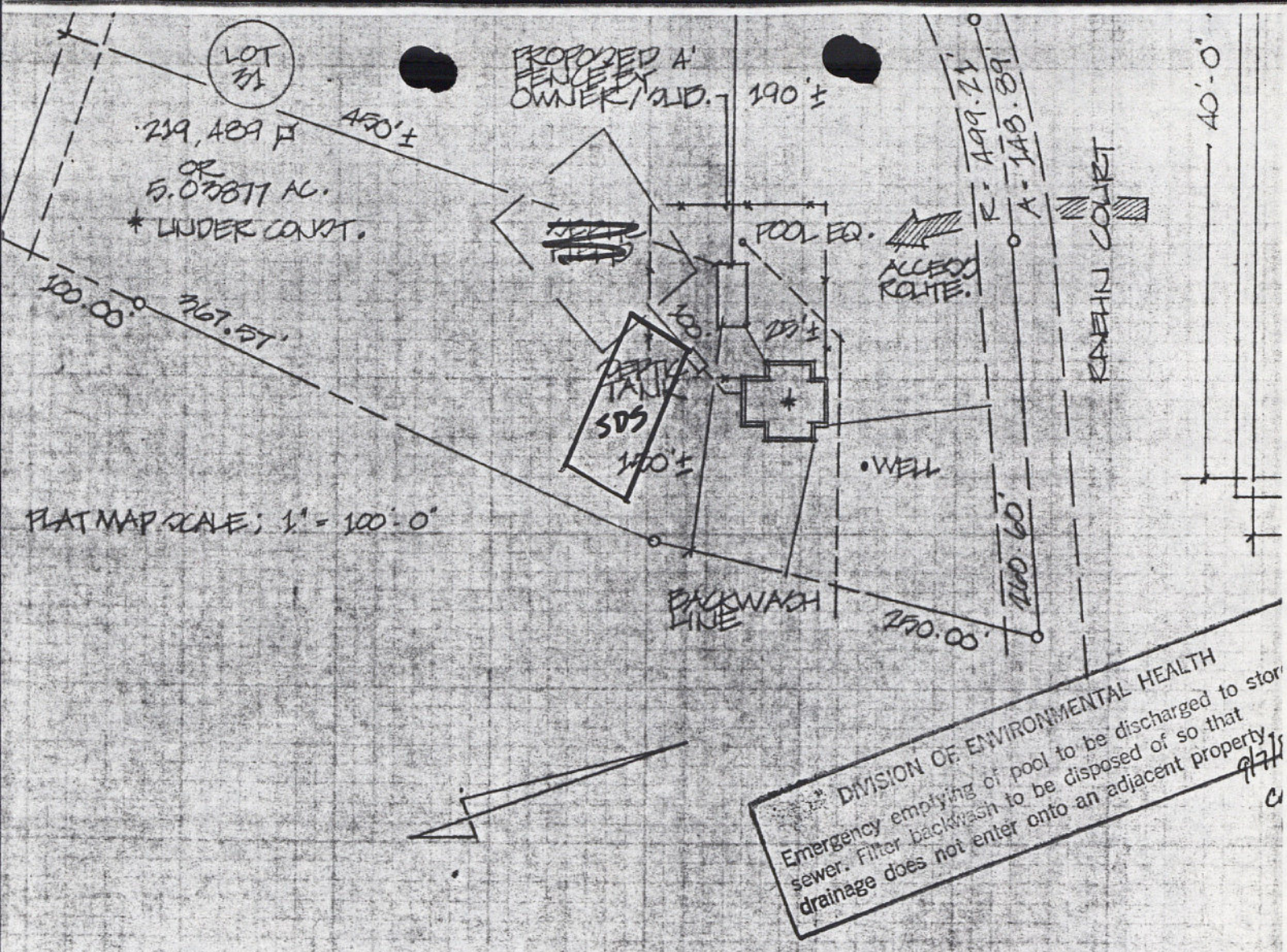
SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or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

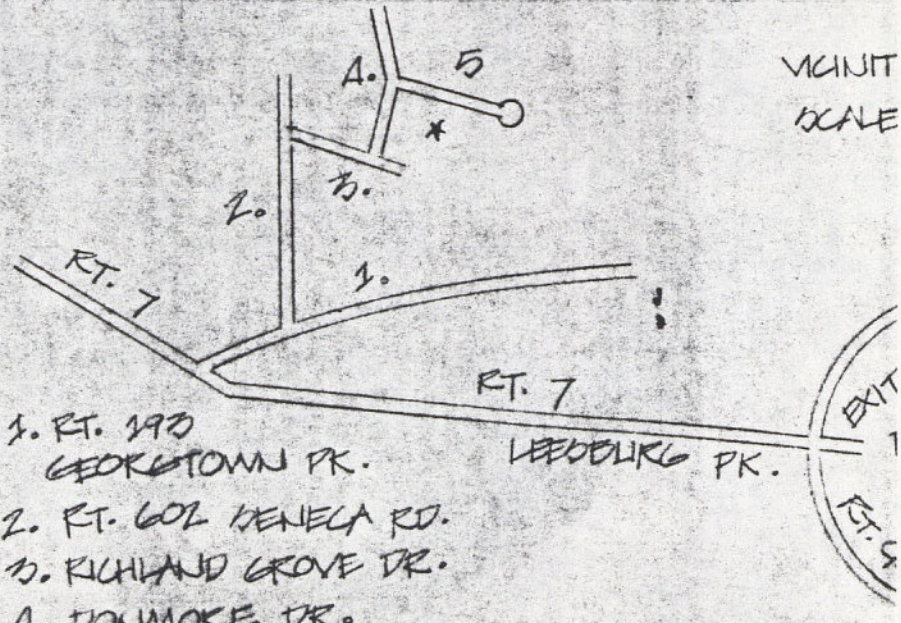
John C. Libert
Signature of owner/agent

8/14/87
Date

C.H.S. 200 Revised 4/83

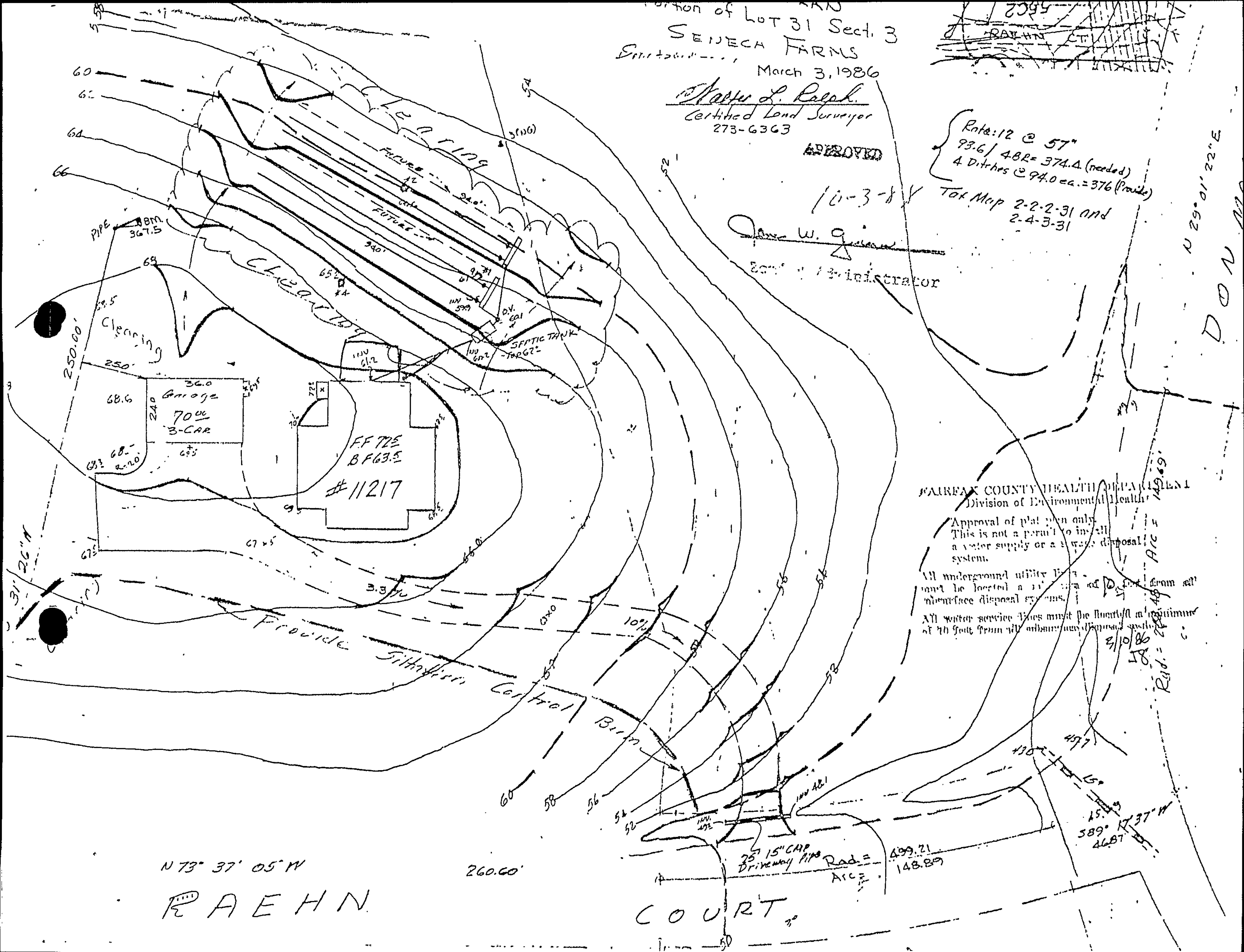


PLAT MAP SCALE; 1" = 100'-0"



VICINITY SCALE

1. RT. 193 GEORGETOWN PK.
2. RT. 602 SENECA RD.
3. RICHLAND GROVE DR.
A. DONMORE DR.
5. RAEHN COURT.



Portion of Lot 31 Sect. 3
Seneca Farms
March 3, 1986
Certified Land Surveyor
273-6363
APPROVED
10-3-88
Tax Map 2-2-2-31 and 2-4-3-31
Rate: 12 @ 57"
93.6 / 48 R = 374.4 (needed)
4 Ditches @ 94.0 ea. = 376 (Provide)
FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
Approval of plat plan only.
This is not a permit to install a water supply or a sewage disposal system.
Clearing
FUTURE
SEPTIC TANK
Garage
70.00
3-CAR
F.F 72.5
B.F 63.5
#11217
Provide Siltation Control Berm
25' 15" CMP Driveway Pipe
Rad = 499.21
Arc = 148.89
N 73° 37' 05" W
260.60'
RAEHN
COURT
N 29° 01' 22" E
250.00'
S 89° 17' 37" W
46.87
3/10/86

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number _____
Map Reference _____

_____ Health Department

Date Received _____

To Be Completed By The Applicant

Type sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☐

X Owner VICTOR CASAMENTO Address 3 PHEASANT RUN Ct Phone 430-2813
Sterling, VA. 22170

Agent _____ Address _____ Phone _____

Directions to Property 11217 RACHN Court GREAT FALLS, VA.

Subdivision Seneca Farms Section 3 Block _____ Lot 31

Other Property Identification _____

Dimensions/size of Lot/Property _____

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 ___
Basement ☐ Yes ☐ No
Fixtures in Basement ☐ Yes ☐ No

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 BRICK PATIO DECK

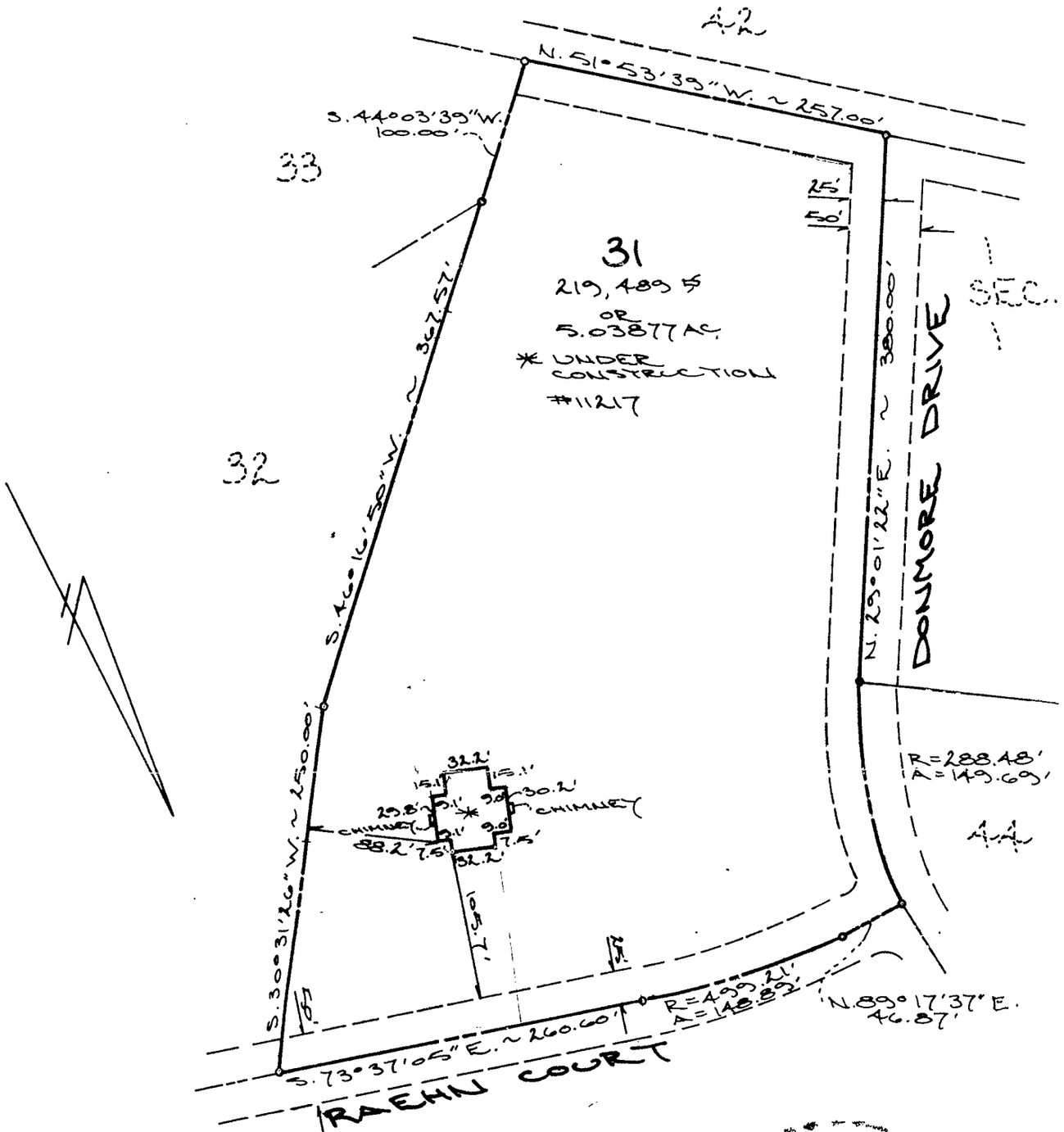
SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or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

_____ _____
Signature of owner/agent Date

C.H.S. 200 Revised 4/83

ATTN Ed Pippin



NOTE: THIS PROPERTY IS NOT LOCATED WITHIN THE HUD 100 YEAR FLOOD PLAIN STUDY AREA.

COMMONWEALTH OF VIRGINIA
WALTER L. RALPH
No. 568 & 69
CERTIFIED LAND SURVEYOR

LOCATION SURVEY
LOT 31, SECTION THREE
SUBDIVISION OF PARCEL "A-1" SECTION TWO

SENECA FARMS

DRANESVILLE MAGISTERIAL DISTRICT FAIRFAX COUNTY, VIRGINIA
SCALE: 1" = 100' NOVEMBER 20, 1986 ~ WALL CHECK

Walter L. Ralph.
CERTIFIED LAND SURVEYOR


N 51° 53' 39" W
257.00'
RICHLAND
DR
S 44° 03' 39" W
100.00'
367.57'
S 46° 16' 50" W
LOT 31
5.03877 Acres
RICHLAND DR.
DON MORE DR.
SITE
RAEHN CT.
380.00'
DRIVE
COMMONWEALTH OF VIRGINIA
WALTER L. RALPH
No's
508 & 69
CERTIFIED LAND SURVEYOR
SITE PLAN
Portion of Lot 31 Sect. 3
Scale: 1" = 30
Dranesville Mag. Dist.
2' contour interval
Fairfax, Co., Va.
March 3, 1986
Walter L. Ralph
Certified Land Surveyor
273-6363
Soil = Glenelg Silt Loam
Rolling Phase
Rate: 12 @ 57"
93.6 / 4BR = 374.4 (needed)
4 Ditches @ 94.0 ea. = 376 (Provide)
Tax Map 2-2-2-31 and
2-4-3-31
N 29° 01' 22" E
DON MORE
LOT 32
Clearing
FUTURE
94.0'
SEPTIC TANK
TOP 62
D.V.
PIPE
BM. 367.5
250.00'
25.0'
Garage
36.0
24.0
70.00
3-CAR
FF 72.5
BF 63.5
#11217
Well Site
Grout 50'
Provide Siltation Control Berm
3.3%
10%
S 30° 31' 26" W
Pipe
N 73° 37' 05" W
260.60'
RAEHN
COURT
25' 15" CMP
Driveway Pipe
Rad. = 499.21
Arc = 148.89
S 89° 17' 37" W
46.87'
Arc = 149.69'
Rad. = 288.48
FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
Approval of plat plan only.
This is not a permit to install
a water supply or a sewage disposal
system.
All underground utility lines
must be located a minimum of 10 feet from all
subsurface disposal systems.
All water service lines must be located a minimum
of 10 feet from all subsurface disposal systems.
3/10/86 JB