File UNDER 1390

TO: DIVISION OF INSPECTIONS DATE: 10/29/76

FROM: HEALTH DEPARTMENT

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

OWNER'S NAME: / Frank Jones

BUILDING APPLICATION NUMBER: B0518

SUBDIVISION: Seneca Farms SEC: 2 BLOCK: LOT: 9

TAX MAP IDENTIFICATION AND ADDRESS: 2-2 0029
309 Seneca Rd.

SEWAGE DISPOSAL PERMIT # 76-1099

ISSUED FOR : Dwelling

WELL PERMIT ISSUED FOR: Dwelling

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

RESTRICTIONS:

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

NOTIFICATION OF FINAL APPROVAL: ENTERED OCT 25 1977

SEWAGE DISPOSAL SYSTEM ENTERED CBO WATER SUPPLY SYSTEM

APPROVED: 11-8-77 FDV APPROVED: 10-25-77

ENTERED NOV 8 1977 (SIGNATURE)

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

W49/3-18-74

P

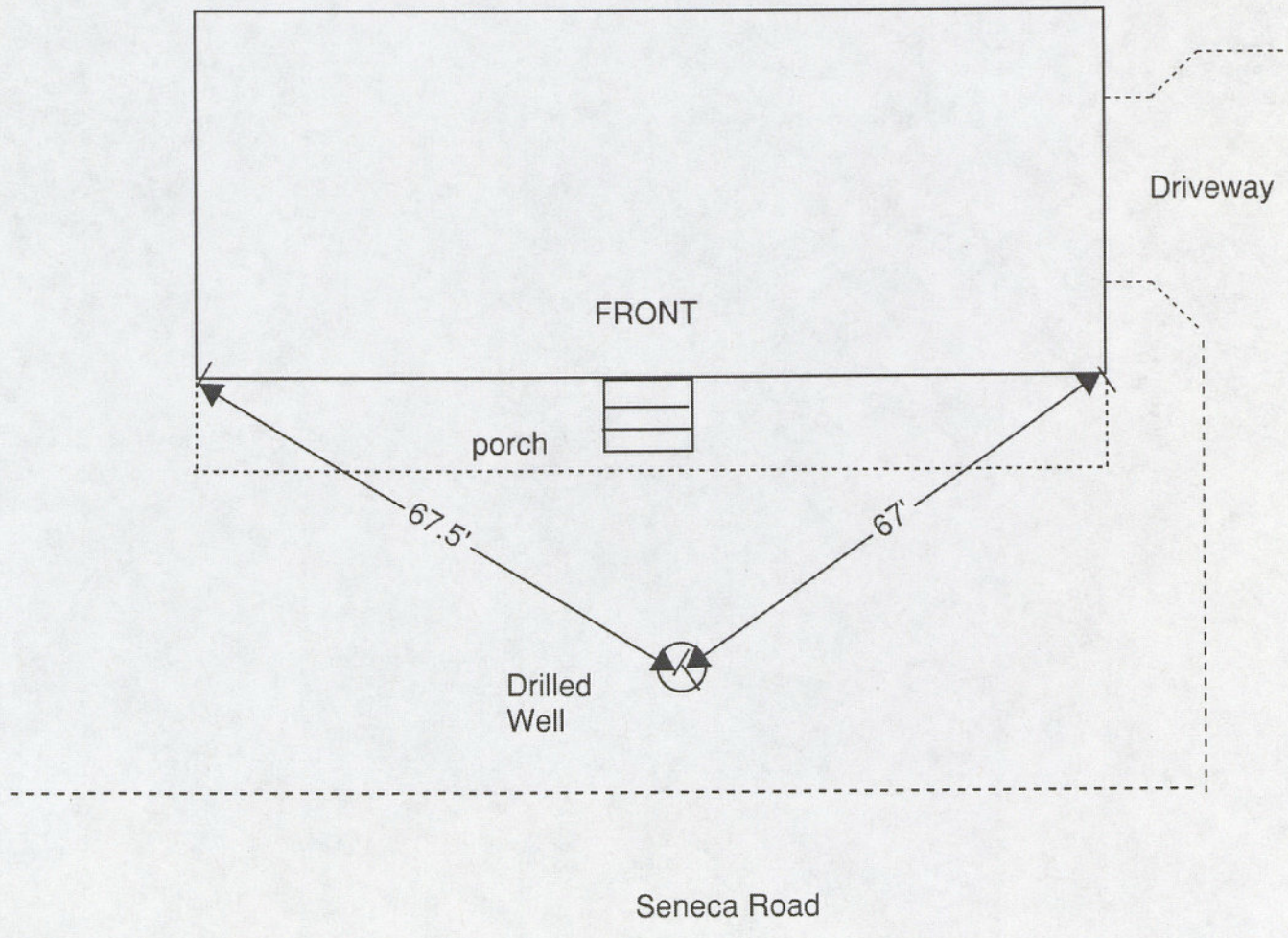
SPECIAL HANDLING

FAIRFAX COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL SYSTEM/WELL WATER SUPPLY AS-BUILT

Tax Map ID: 2-2-002-9 Street Address: 309 Seneca Rd.

Subdivision: Seneca Farms Sec.2 City, State, Zip: Great Falls, VA 22066

NB 10/31/13



RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 10/29/76 Case No. _____

Owner R. F. Grefe Address 9809 Beach Mill Rd. Great Falls Phone (H) 759 2028 (O) 273 5616
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Seneca Farms Subd. Sec. #2 Lot #9 2-2-002-9
(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 _____ 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 PRECAST CONCRETE "TAPP 1500"
(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 + FDV
Watertight and equal surcharge to each line by Water Test ☒ Yes ☐ No. Distribution Box provided with (2) (2) extra outlets for future use.
(Number)

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 1104 square feet.
Number of ditches 8 Length of ditches 69 feet.
Grade of ditches Minimum 2 Inches per 100 feet.
Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No
Type aggregate used CRUSHED STONE
Depth of aggregate under Tile 24 inches
Total depth of aggregate 32 inches
Depth of backfill over aggregate 20 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.

FRANKLIN FDV SET ON #1

Septic Tank Contractor: GENERAL EXCAVATING CONTRACTING Address _____ Phone _____

This Sewage Disposal System (Is) (~~Is Not~~) Approved by FAIRFAX COUNTY Health Department.

Date 11-7-77 Signed John M. Mulgrew (Sanitarian) Date 11-8-77 Approved W H Barger (~~Health Director~~)

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

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

309 Seneca Rd

Virginia Department of Health
LHS - 141 Rev. 12/71

WATER SUPPLY

County/City Fairfax Date 10/29/76 Case No. _____

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

Owner R. F. Grefe Address 9809 Beach Mill Rd. Great Falls Phone (H) 759 2928 (O) 273 5616
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Seneca Farms Subd. Sec. XXXX #2 Lot #9 2-2-002-9
(Subdivision, Street or Road Name, Section or Lot No.)

TYPE CUSTOMERS: ☐ Community ☐ Industrial ☐ Recreational ☐ Other:

TYPE SOURCE PROPOSED: _____

TOTAL PROPOSED ULTIMATE CONNECTIONS: _____

TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES) SERVED: _____

TOTAL PROPOSED PRESENT CONNECTIONS: _____

TOTAL PROPOSED PRESENT POPULATION SERVED: _____

* Notify Division of Engineering (Regional Engineer) of impending development of a Public Water Supply.

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

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

SOURCE OF INFORMATION ON-SITE INSPECS., LOGS IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☒ No

SEWAGE DISPOSAL BY ☐ PUBLIC SEWER ☐ COMMUNITY SYSTEM ☒ INDIVIDUAL SYSTEM ON SITE.

INSPECTION FINDINGS

TROUT'S TROUT

(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 _____ feet.
Note any serious obstacles in watershed on back of form.

(2) TYPE OF SOIL FORMATION 0-47 Tight Clay - Shale ☐ Limestone ☐ Sandstone ☐ Other 47-320 (Describe) ROCK

(3) CLASSIFICATION OF WELL ☐ Type - 1 ☐ Type - 2A ☐ Type - 2B ☐ Type - 3 ☐ Other

(4) CONSTRUCTION DETAILS Total depth 320 feet. Diameter 6¼ inches. Type of casing STEEL (Describe) Depth of casing 80 feet. Exterior space around casing sealed with ☒ Concrete grout to depth of 50' feet. ☐ Poured in place ☒ Pumped in under pressure ☐ Other type backfill _____ (Describe) to depth of _____ feet. casing extends 12" inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☒ Metal ☐ Other PITLESS (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 7 gallons per minute. Size of Feeder Pipe 1.5 inches.

(7) PUMP LOCATION ☑ In Well ☐ Over Well ☐ Offset. If offset, does watertight casing extend to Pump ☐ Yes ☐ No Pump room located _____ feet from Well. Pump room drained by gravity through 4-inch or larger pipe to surface to ground ☐ Yes ☐ No. Pump platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions, sloped to drain: ☐ Yes ☐ No. Pump mounting watertight ☐ Yes ☐ No. Sanitary Well Seal in casing and properly vented ☐ Yes ☐ No.

(8) TYPE OF STORAGE ☑ Pressure ☐ Gravity. Capacity 42 gallons. If gravity, is overflow pipe screened ☐ Yes ☐ No.

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

REMARKS: _____

Date 10/24/77 Signed Mark G. LaCroix Sr. Date 10/25/77 Approved _____ (Health Director)

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

309 Seneca Rd.

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

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

FHA/VA [ ] Yes [ ] No Date 10/29/76 Case No.

Owner R. F. Grefe Address 9809 Beach Mill Rd. Great Falls (H)759 2028 (O)273 5616
(Mailing Address) Phone

Occupant Address Phone
(Mailing Address)

Exact Location of premises 309 SENECA RD. Seneca Farms Sec. #2 Lot #9 2-2-001-9
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: [X] Dwelling [ ] Other Automatic Washing Machine [X] Yes [ ] No Consumption 300 gal. per day
Actual [ ] Potential [ ] Bedrooms 4 Garbage Disposal Unit [X] Yes [ ] No ([ ] Actual [ ] estimated Water)
Additional wastes

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

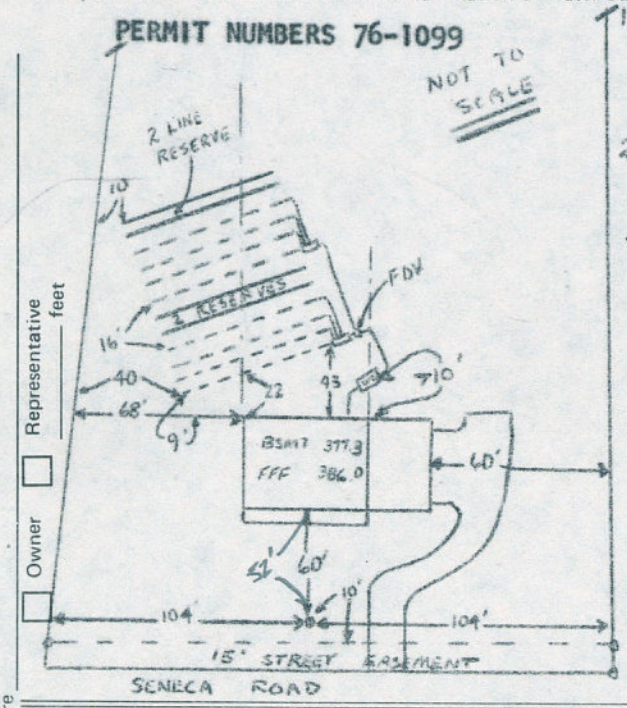
(2) SOIL STUDY Naturally drained, suitable by sight [X] Yes [ ] No Technical Classification (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 [ ] 11-25 [X] 26-50 [ ] > 51 [ ] Percolation Test Required [X] Yes No [ ] Rate 14@52" (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles 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 precast concrete Material Liquid Capacity 1480 gallons.
Inside Dimensions Length feet. Width feet. Liquid Depth feet. Depth of Air Space feet.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required 1096 + 548 Type aggregate required Crushed Stone
Depth of aggregate from base of tile to bottom of ditches 24 inches. Allowable fall 2 to 4 inches/100'
Total aggregate minimum depth 32 inches or more. Depth of drainfield to be 44 inches from surface of ~~original~~ cut 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. Install the well 10' off the street easement line, 25' off front property line, 60' from the house front wall off the middle of the front prop line - 104' from either side pr.
2. Install 8 lines, 69' long, 2' wide, 44" deep after cut of 8" (to remove top soil) and 6' on centers.
3. Top line #1 to start 43' from house rear wall, be 22' off house at right rear corner and end 40' from side pr., about 9' below house rear wall line.
4. Leave 16' (edge to edge) of undisturbed soil between line #4 & 5 (for 2 reserve lines)
5. Total depth of gravel IS to be 32" since 8" of removed "top soil" is to be put back on.
6. Install a flow diversion valve.
7. Eject any/all basement plumbing.
8. Install dist boxes so reserve may be used later.
9. Maximum backfill is 20".
10. Install both systems in accordance with Fairfax co. codes.

feet

Signature

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

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

Date 11/12/76 Approved W. H. Berger M.S. (Reviewing Authority) Date 11/11/76 Signed C. A. Jones (Sanitarian or Health Director)

LHS - 121 REV. 12/71
Virginia State Department of Health

309 Seneca Rd.

DUPLICATE

PERMIT #76-1099 LOCATION: Seneca Farms Subd. 2-2-002-9
Subdivision or Tax Map Ref.

PART I

WATER SUPPLY INSPECTION REPORT (To Supplement LHS 143)

Well Installed By TROUT Pump Installed By

I. GROUT INSPECTED . . . OBSERVED A.M. START. OBSERVED P.M. FINISH TO GROUND SURFACE. . . . 4-14-77 Date JDV Sanitarian

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED . . 4-14-77 Date JDV Sanitarian

III. TYPE OF INSTALLATION: [X] PITLESS ADAPTER [ ] PIT [ ] SURFACE 4-14-77 App. Date JDV Sanitarian
(4"Drain) (Drain)

IV. STORAGE TANK. . . . . 4-21-77 Date cof Sanitarian

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

V. INITIAL WATER SAMPLE COLLECTED. . . . . ~~EFG~~ 10/19/77 Date (mgl) Sanitarian

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
4-14-77	MR TROUT HAD GLGC., PIPE, AND PITLESS IN AT TIME OF GROUT. INDICATED NG	HOLD FOR	
	WANTED GLGC. WIRING, ETC. √'D SO NG COULD BE RECOVERED OUNCES WANTED	CALL	JDV
	TO BLD. STEPS OVER AREA √'D LINE UNDER 60 P.S.I - DID NOT √ PITLESS - STORAGE		
A.M.	GTC., NOT IN √'D PITLESS AFTER GROUT - O.K.	HOLD FOR CALL HOLD	JDV
P.M.	GROUT HAS DISAPPEARED TO 1½-2' BELOW PITLESS - ADVISED TROUTS MGM TO CAP BELOW PITLESS	FOR CALL	JDV
→ 10/19/77	took water sample - neg Cl_2 test		(mgl)

PART II

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To Supplement LHS 141)

DATE	RECORDS OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
4-12-77	Vid Tank, Tees, FOV, Trench Line, 8 ditches 2 D-Boxes all OK to B.F.	Recck 1 wk	J.M.M.
4-14-77	SDS LINES AND TANK HAVE NOT BEEN BF'D FROM 4-12-77 INSPECTION. ADVISED	RESCHED.	
	BLDR. OF 24 HR. BF REQUIREMENT - ADVISED HIM TO BF IMMEDIATELY	TANK. OK WITH W.S.S. DITCH (~~PITLESS~~, TANK, GTC.)	JDV 4-21
4-21-77	LINES BF, tank still open. This lot needs much grading to get to final grade.	HOLD for FG+WS	cof

1	35¼"	36" ¾"	37¼" ✓
2	41"		44¼" ✓
3	43"		45" ✓
4	48"		51¼" ✓
5	65½"		67½" ✓
6	74¼"		78¼" ✓
7	85¼"		89¼" ✓
8	88¼"		92" ✓

JUL. 20 1977

WATER SUPPLY LOG

NEW X REPAIR

OWNER R.E. Grove DATE PHONE

OWNER'S ADDRESS 9809 Beach Mill Rd G.F. VA.
(Street) (City and State - Zip Code)

WATER SUPPLY CONTRACTOR William H. Trout PHONE 450-4450

CONTRACTOR'S ADDRESS RT. 2 STERLING, VA. 22170
(Street) (City and State - Zip Code)

2-2-001-9

LOCATION Seneca Farms 2 9
(Subdivision) (Section) (Block) (lot)

309 SENECA ROAD

INFORMATION TO BE SUPPLIED BY WATER SUPPLY CONTRACTOR

WELL DATA:

Date Construction Started 3-77 (Indicate Weight for Metal Casing)

1. Type of Well: Drilled X Bored Dug
2. Casing Material 13 Wt/Ft
3. Casing Diameter 6¼ F.D.
4. Total Length of Casing Installed 80
5. Depth of Grouting 50+ Ft. Number Bags Cement Used 24
6. Strainer or Screens: Type Diameter Length Size of Openings
7. Standing Water Level (Depth below Ground Surface When Not Pumping) 44
8. Yield of Well 7 G.P.M.
9. Elevation of Water Surface When Pumped at Designated Rate 100
10. Number of Hours Pumped at Stipulated Rate During Test 2hrs
11. Physical Appearence of Water at End of Pumping Test Clear
12. Log of Materials Encountered During Drilling (Indicate Depth of Various Strata)
    0-47 dirt & shale
    47-320 rock

    Total Depth of Well 320
13. Depth to Water Bearing Formation 305 Ft.

PUMP DATA:

14. Type of Pump Installed Submersible
15. Pumping Rate 10 G.P.M. @ 60 ~~T.D.H.~~ or P.S.I
16. Type of Well Seal pitless adapter 17. Location of Pump well
18. Pressure Tank: Size X Gal 202 ~~Gals~~. Location basement
19. Well Supplied with Following Appurtenances:
    A. Sample Tap ✓
    B. Well Vent ✓
    C. Pressure Relief Valve ✓
    D. Gate Valve ✓
    E. Check Valve Where Required ✓
    F. Electrical Disconnect Switch on the Pump Power Supply ✓
20. Date Pump Installed 5-77
21. System Disinfected yes

back flow valve

Signed: William H. Trout
Water Supply Contractor

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

W-45 Rev.

OK DY

FAIRFAX COUNTY HEALTH DEPARTMENT - DIVISION OF ENVIRONMENTAL HEALTH

APPLICATION

[X] FOR PERMIT TO: [X] Install or Repair Sewage Disposal System
[X] Install or Repair Water Supply System

[ ] APPROVAL OF BUILDING APPLICATION FOR (Specify): NEW HOUSE

MAP REFERENCE

Plat	Subd.	Blk.	Lot
2-2	2		9

STREET ADDRESS: 309 SENECA ROAD

PROPERTY IDENTIFICATION: SENECA FARMS 2
SUBDIVISION Sec.
2731931

OWNER'S NAME R.F. GREFE Phone (H) ~~2759028~~ (O) 2735616

OWNER'S ADDRESS 9809 BEACH MILL RD. GREAT FALLS, VA. ~~22066~~
Street City & State Zip Code

CONTRACTOR'S NAME GREFE CONST. Phone 2735616

CONTRACTOR'S ADDRESS 10010 MAIN ST. FAIRFAX, VA. 22030
Street City & State Zip Code

RELEASE PERMIT TO: OWNER _____ BUILDER: ✓

NEW DWELLING: No. of Bedrooms 4 Den No (yes/no) Bath in Basement No (yes/no)

Method of Sewage Disposal: Public Sewer ___ Septic Tank X Other ___ (describe)

Water Supply : Public ___ Private Well X Other ___ (describe)

ADDITIONS TO EXISTING DWELLINGS: No. of bedrooms presently in house: ___
No. of bedrooms to be added: ___

Describe other rooms in addition: ___

Method of Sewage Disposal: Public Sewer ___ Septic Tank ___ Other ___ (Descrit

Water Supply: Public ___ Private Well ___ Other ___ (Describe

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

APPLICANT SIGNATURE: R.F. Grefe DATE: 10-20-76

****

TO BE FILLED IN BY HEALTH DEPARTMENT Building Permit Appl.No. B05716

Perc Rate ~~10~~ 14 Depth ~~60~~ 52" 548 S.T.P.R. No. R. 6-4-75

Septic Tank 1482 Gallons. Absorption Field ~~600~~ linear Feet. #07698

Replacement area required, (yes)/no, 274 linear Feet.

REMARKS: ___

REVIEWED BY: [signature] DATE: 10/29/76

REVIEWED BY: ___ DATE: ___

76-1099

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)

Property Address: 309 SENECA ROAD, GREAT FALLS, VIRGINIA 22066 **Tax Map–** 2 - 2 / 002 / ____ / 9

Owner HELEN RODGER

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: X Public Water Available: Yes ____ No X Well Type: DRILLED

Meets Min. Construction Stds: Yes X No ____ If no, Explain ____

Sample Collected: Yes X No ____ Bacteriological Results: Satisfactory X Unsatisfactory ____

The Water Supply Systems Appears to be: Satisfactory X Unsatisfactory ____

REMARKS: ____

Sewage Disposal System: Public ____ Private X Public Sewer Available: Yes ____ No X Year System Installed: 1977

Septic Tank and Dist. Box(es) Uncovered: Yes ____ No X If Yes, are they Satisfactory: Yes ____ No ____

Is There An Effluent Pump System: Yes ____ No X If Yes, Is It Satisfactory Yes ____ No ____ Not Inspected ____

Flow Diversion Valve: Yes X No ____ N/A ____ Trees, Driveways, Swimming Pools, etc., Over System Yes ____ No X
(Flow Diversion valve must be turned once a year)

	Design Capacity (Per Available Records)	Existing: Per Owner ☒ Per Inspection ☐
Number of Bedrooms	04	04
Automatic Washer	Yes X No ____	Yes X No ____
Garbage Disposal	Yes X No ____	Yes X No ____

Recommend pumping septic tank in 19 91

REGISTERED

On The Date of The Evaluation

X 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 JUNE 5, 91 SANITARIAN R Kurtz

DATE OF REVIEW JUNE 17, 1991 SUPERVISOR Dennis A. Hill

File 1390

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

Owner's Name Helen Rodger

Tax Map: 2 - 2 / 2 / - / 9 (Map / Grid / Sub / Block / Lot)

Street Address 309 Seneca Rd.

Subdivision Seneca Farms S2.

City, State, Zip Great Falls VA. 22066.

Phone # 430-0641

DATE	COMMENTS	RESCH DATE	INITIALS
6-5-91	The FDV access (Franklin) is broken and needs repair. There is mud & depris filled up several inches in access. Issue Permit	129-91 0518	
6-10-91	Owner called returning phone call and I described repair and gave her several memos. Authorize repair permit	6-13-91	WMS
6/14/91	Flow Diversion access pipe replaced satisfactorily. Key provided. Send evaluation	File	RK

REV. 10-90
FHD-EH-6

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 129 91 0518

FY. 19 Health Department

Name of Company/Corporation/Individual: Great Falls Septic

Address: 544 Walker Rd Great Falls, 22066 Telephone: 689-1063

Owner's Name Rodger

Owner's Address 304 Seneca Rd; Great Falls, VA. 22066

Location of Installation: Lot 2-2-002-9 Block -

Section: - Subdivision: Seneca Farm Sec 2

Other:

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) repaired 6/13/91 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

6-13-91
Date

Signature and Title

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

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FAIRFAX COUNTY Health Department

Health Department Identification Number 129-91-0518
Map Reference 2-2-002-9

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 HELEN RODGER Telephone 430-0641

Address 309 SENECA ROAD, GREAT FALLS, VA 22066

For a Type 1 Sewage disposal system which is to be constructed on/at 309 SENECA ROAD, GREAT FALLS, VA 22066

Subdivision SENECA FARMS Section/Block 2 Lot 9

Actual or estimated water use 600 gpd for 4 Bdr.

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) drilled well Class 2B. **To be installed:** class N/A cased N/A grouted N/A	**Water supply location**: Satisfactory yes ☐ no ☐ comments existing G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: _____ I.D. PVC 40, or equivalent. Slope 1.25″ per 10′ (minimum). ☐ Other _____	**Building sewer:** yes ☐ no ☐ comments Satisfactory existing
Septic tank: Capacity 1500 gals. (minimum). ☐ Other _____	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
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 existing
Gravity mains: 3″ or larger I.D., minimum 6″ fall per 100′, 1500 lb. crush strength or equivalent. ☒ Other See Pg 2	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with _____ ports. ☐ Other _____	**Distribution box:** yes ☐ no ☐ comments Satisfactory
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 existing
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 _____: 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 _____	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory
	Date 6-17-91 Inspected and approved by: R.L.T. Sanitarian

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

SDS Contractor / Grand Fields Septic

Health Department
Identification Number 129-91-0518

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.

N/A

☐ 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.

1. Replace broken FDV access; install screw type cap level or above ground surface.
2. Provide a working FDV Key to turn annually as Required.
3. All Repairs must be inspected by this office and completed per all applicable county codes and state Regulations.

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. 309 Seneca Rd.

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: 6-13-91 Issued by: Marty Shannon
Sanitarian

Date: 6-13-91 Reviewed by: Dennis A. Hill
Supervisory Sanitarian

This Construction Permit Valid until N/A

If FHA or VA financing

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

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

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID_____

To Be Completed By The Applicant

Type of sewage system: ___ New ___ Repair ___ Expanded ___ Conditional
FHA/VA yes ___ no ___ Case No_____

Owner FRANK & CLAIRE JONES Address 309 SENECA GREAT FALLS VA Phone 406-8685

Agent_____ Address_____ Phone _____

Directions of Property _____

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property _____

309 Seneca Rd.

Other Application Information

I. Building/facility ___ New ___ Existing
Intermittent Use ___ Yes ___ No If yes, describe_____

II. Residential Use ___ Yes ___ No
Termite Treatment ___ Yes ___ No
X Single Family (Number of Bedrooms 4) ___ Multi-family (Number of Units ___)

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

III. Commerical Use ___ Yes ___ No Describe:_____

Commerical/Wastewater ___ Yes ___ No Number of Patrons _____
Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: ___ Public ___ New ___ Existing
___ Private ___ New ___ Existing

Describe: MOVING 8 FT SECTION OF WALL INTO GARAGE @ 3FT FOR BUILT IN CABS + SKYLIGHT N/A MOBILE

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ___ Septic Tank Drainfield ___ LPD ___ Mound ___ Other

Public Sewerage System

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

Frank Jones 5-18-93
Signature of Owner/Agent Date

CHS 200

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID_____

To Be Completed By The Applicant

Type of sewage system: ___ New ___ Repair ___ Expanded ___ Conditional
FHA/VA yes ___ no ___ Case No_____

Owner FRANK JONES Address 309 Seneca Rd Great Falls Phone 406-8685

Agent Zampiello & MARTIN Address P.O. Box 22293 Chantilly VA Phone 904-7289

Directions of Property _____

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property _____

309 Seneca Rd.

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 ___ Multi-family
(Number of Bedrooms 5) (Number of Units ____)

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

III. Commerical Use ___ Yes ___ No Describe:_____

Commerical/Wastewater ___ Yes ___ No Number of Patrons _____
Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: ___ Public ___ New ___ Existing
___ Private ___ New ___ Existing

Describe: SUN ROOM ADDED TO GARAGE

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ___ Septic Tank Drainfield ___ LPD ___ Mound ___ Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well 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 2/17/95

CHS 200

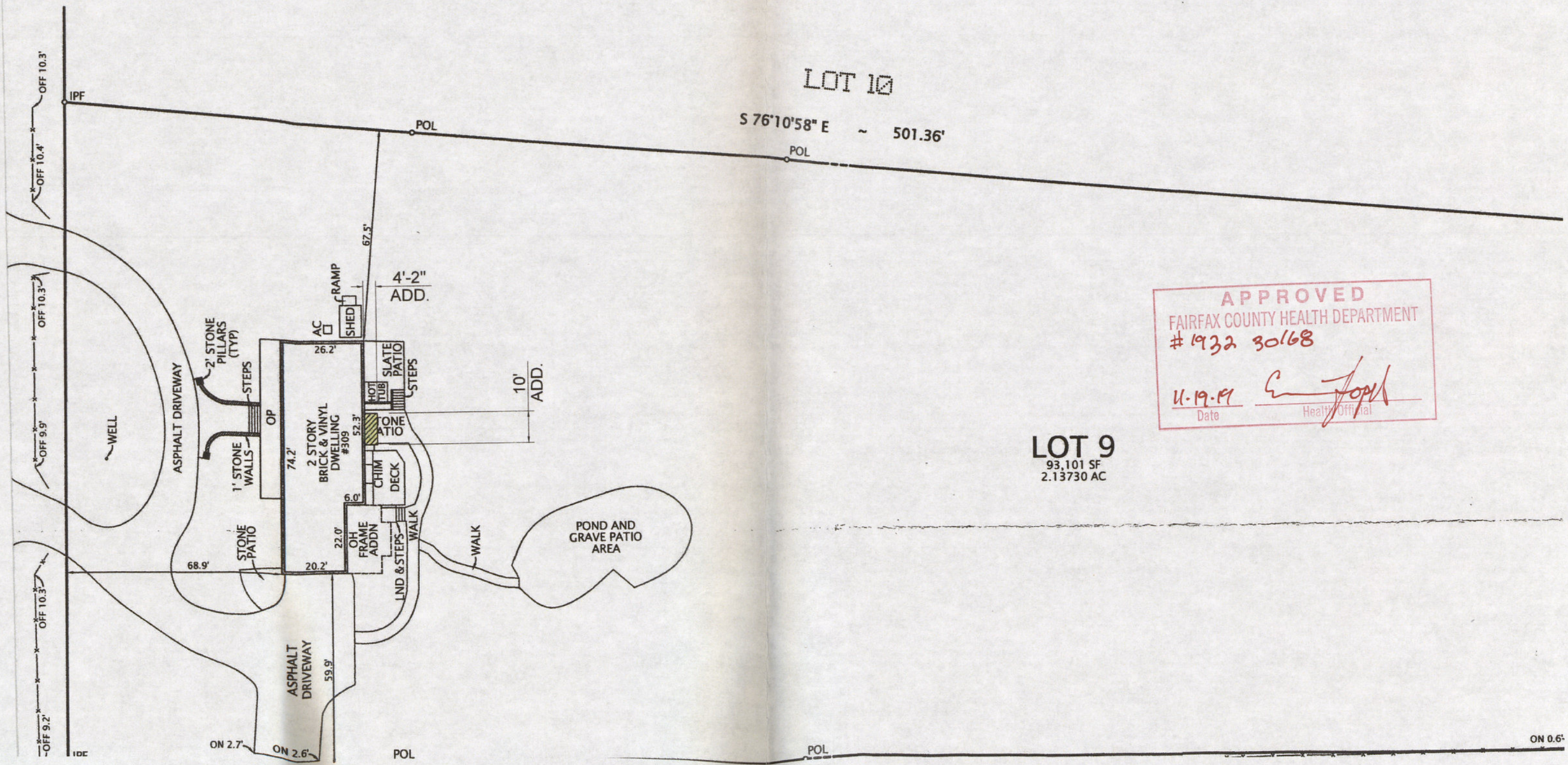
IND.

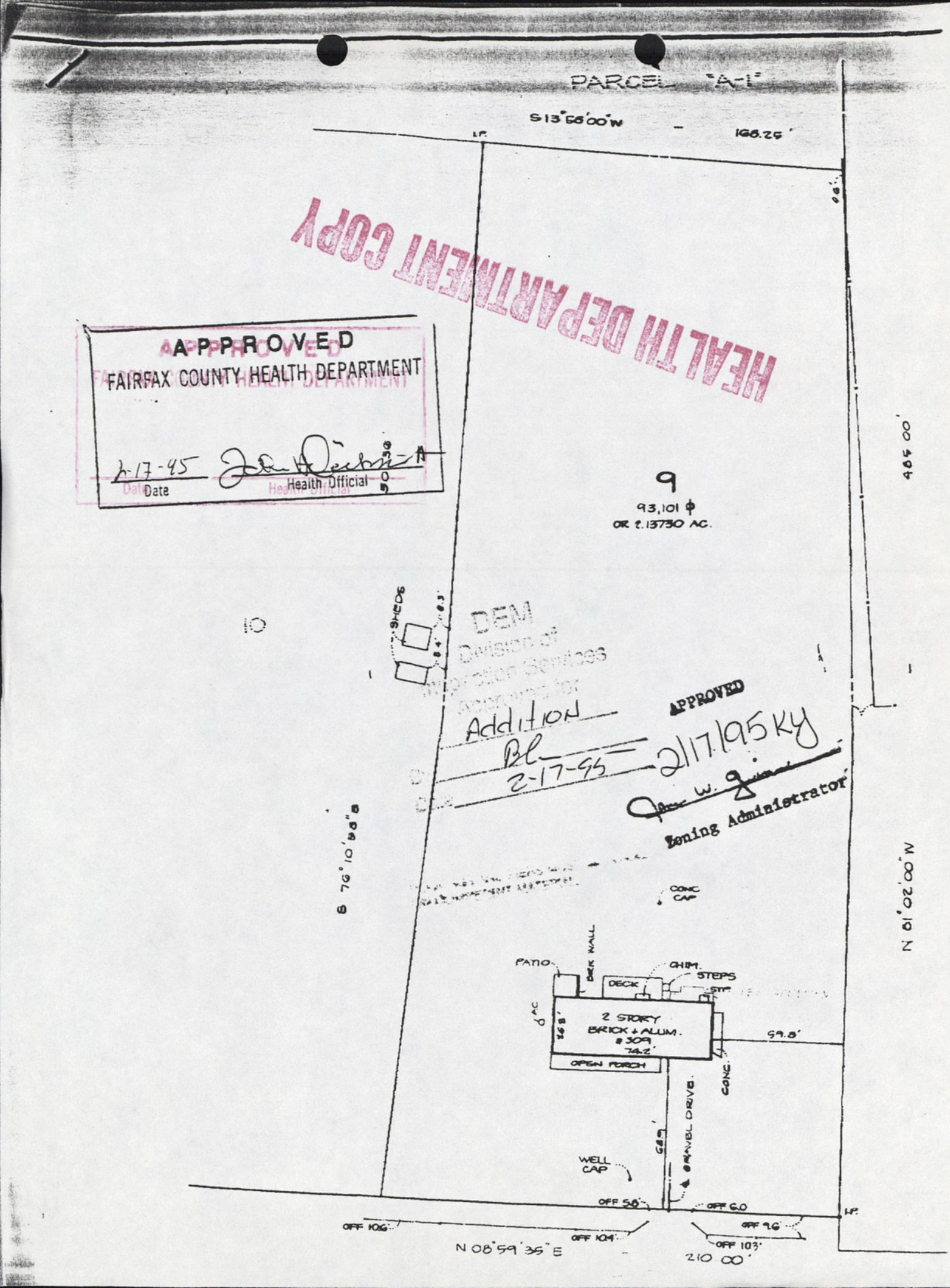
FRAME

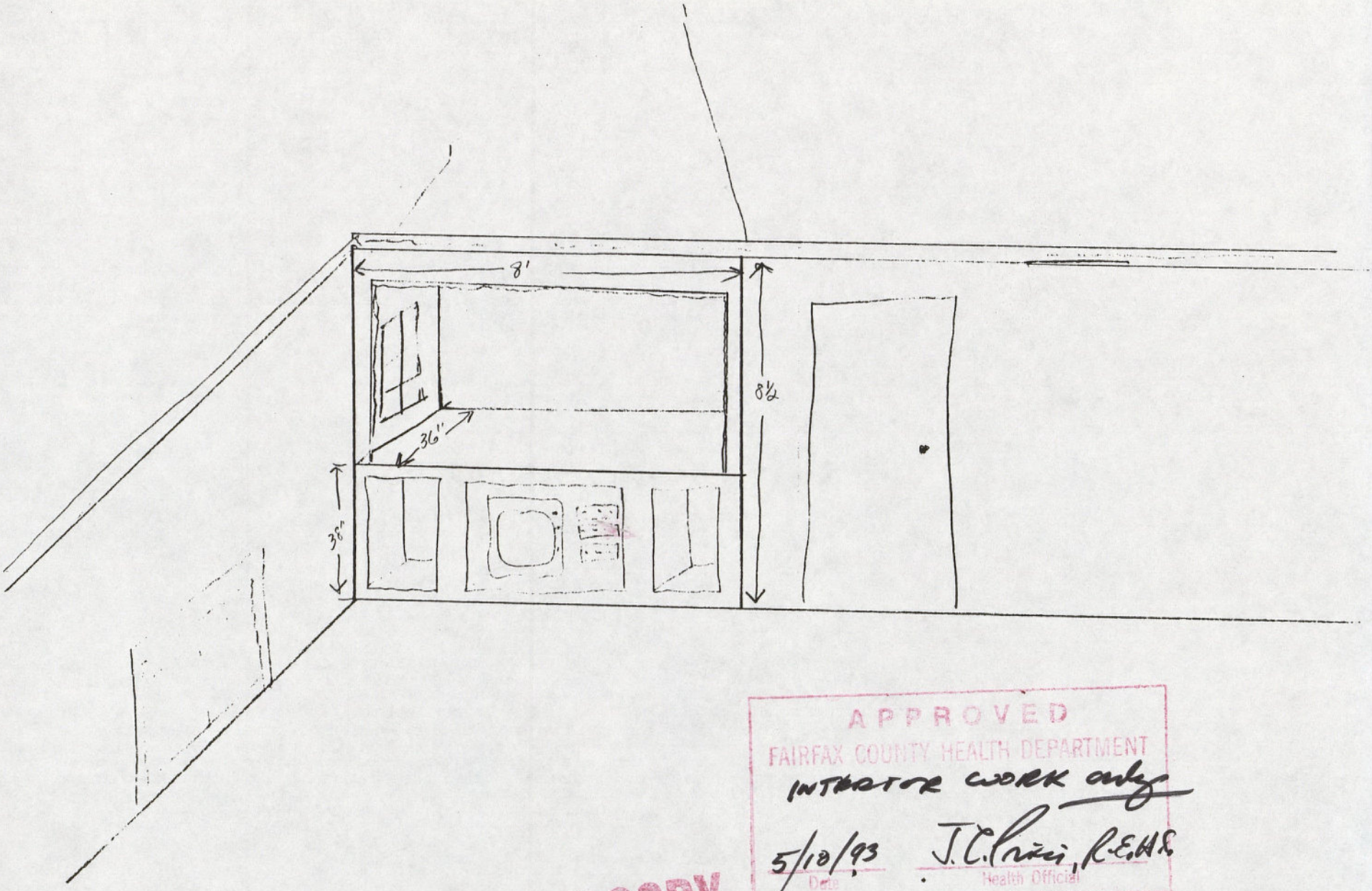
UND.

.

NE.

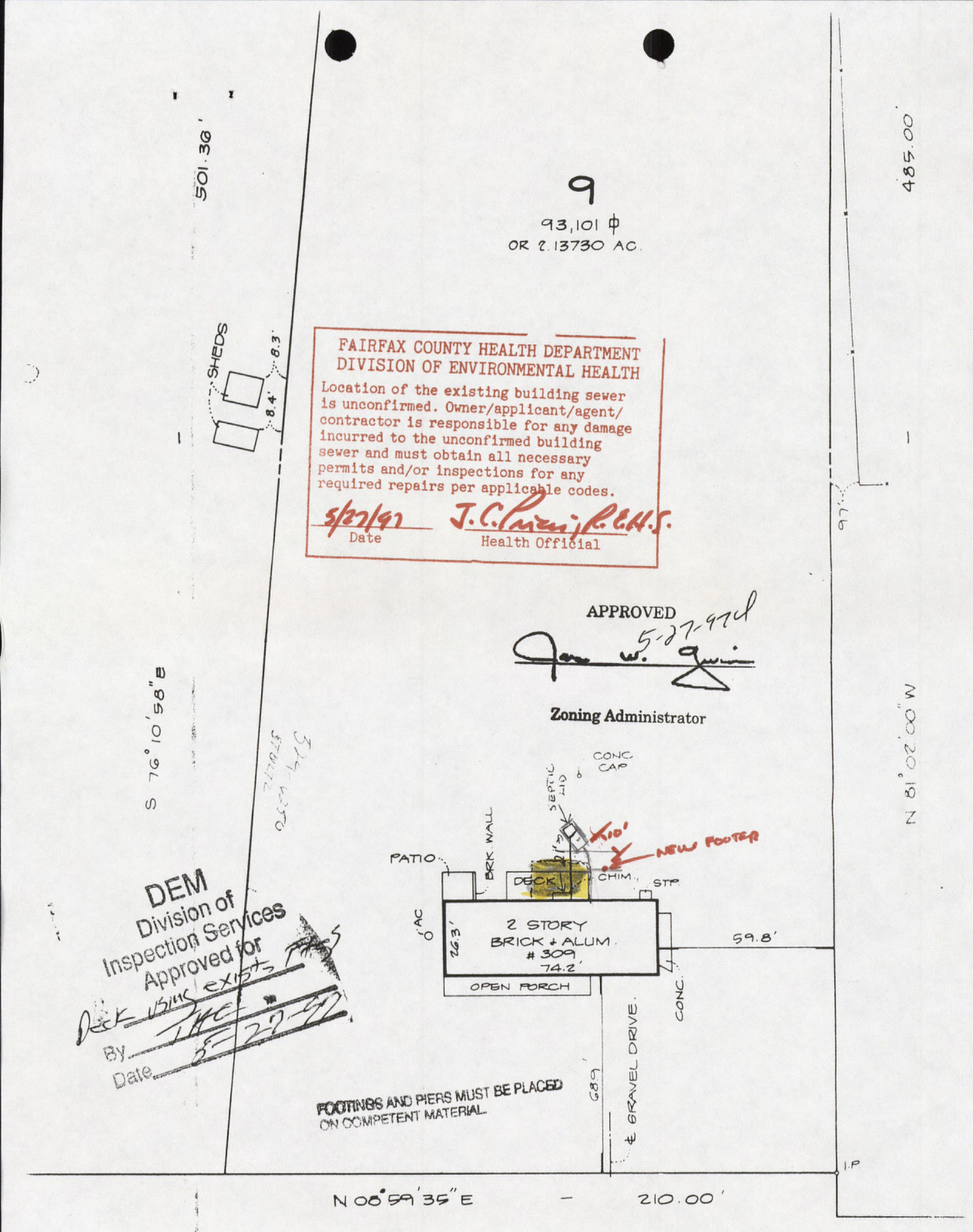



PARCEL "A-1"
S13°56'00"W
168.25'
L.P.
HEALTH DEPARTMENT COPY
APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
2-17-45
Date
Health Official
9
93,101 ±
OR ±.13730 AC.
10
465.00'
DEM
Division of
Inspection Services
APPROVED
Addition
2-17-95
2/17/95 KY
Zoning Administrator
S 76°10'00"E
N 01°02'00"W
CONC CAP
PATIO
BRK WALL
CHIM.
STEPS
DECK
2 STORY
BRICK + ALUM.
#309
OPEN PORCH
99.8'
CONC.
GRAVEL DRIVE
WELL CAP
OFF 58'
OFF 6.0
OFF 106'
OFF 104'
OFF 9.6'
OFF 103'
N 08°59'35"E
210.00'



APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
INTERIOR WORK only
5/10/93 Date
J. C. [illegible], R.E.H.S. Health Official

HEALTH DEPARTMENT COPY



FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

Location of the existing building sewer is unconfirmed. Owner/applicant/agent/ contractor is responsible for any damage incurred to the unconfirmed building sewer and must obtain all necessary permits and/or inspections for any required repairs per applicable codes.

5/27/97 Date — J.C. Price, R.E.H.S. Health Official

APPROVED 5-27-97

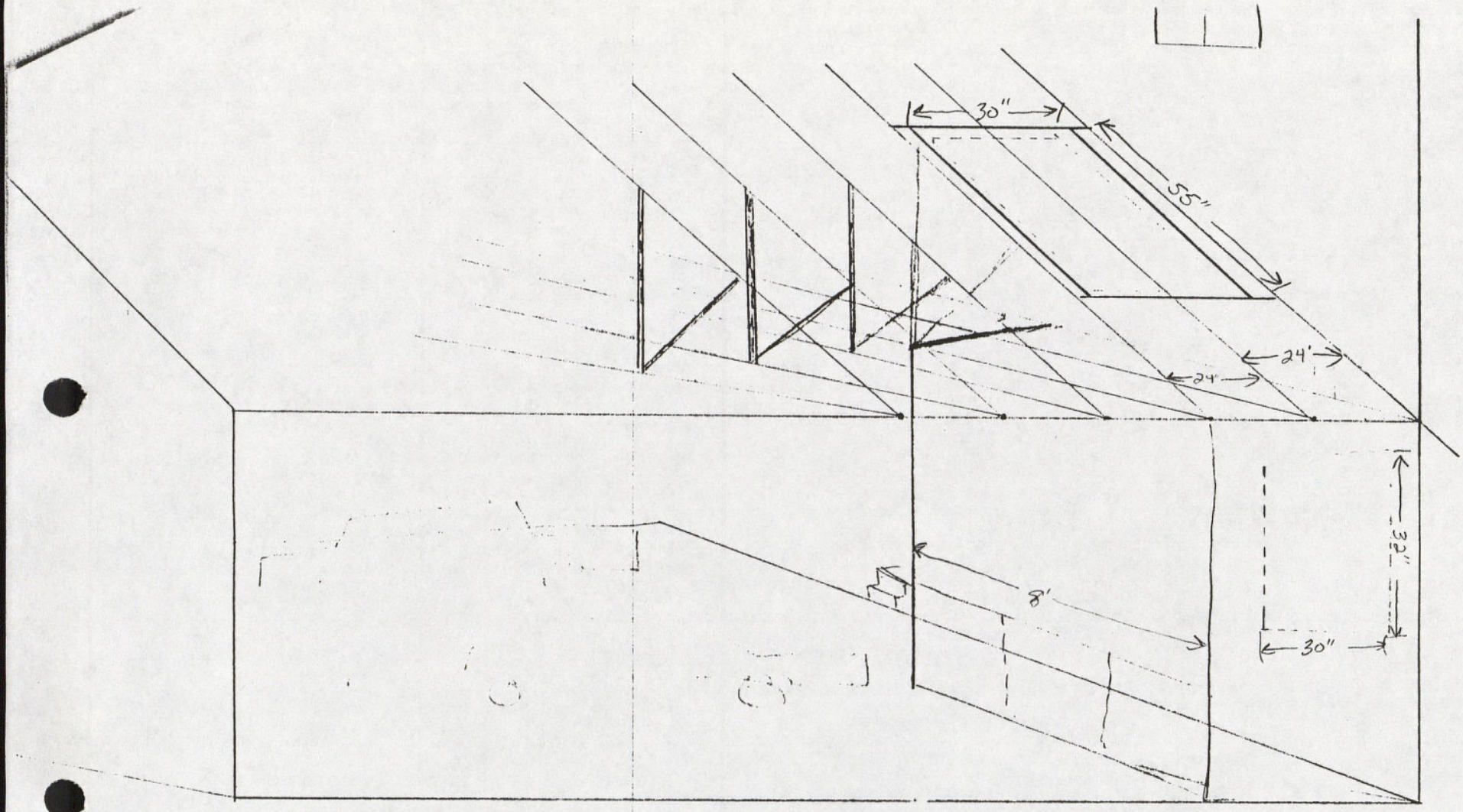
Zoning Administrator

DEM
Division of
Inspection Services
Approved for
Deck + bldg exists
By
Date 5-27-97

FOOTINGS AND PIERS MUST BE PLACED ON COMPETENT MATERIAL

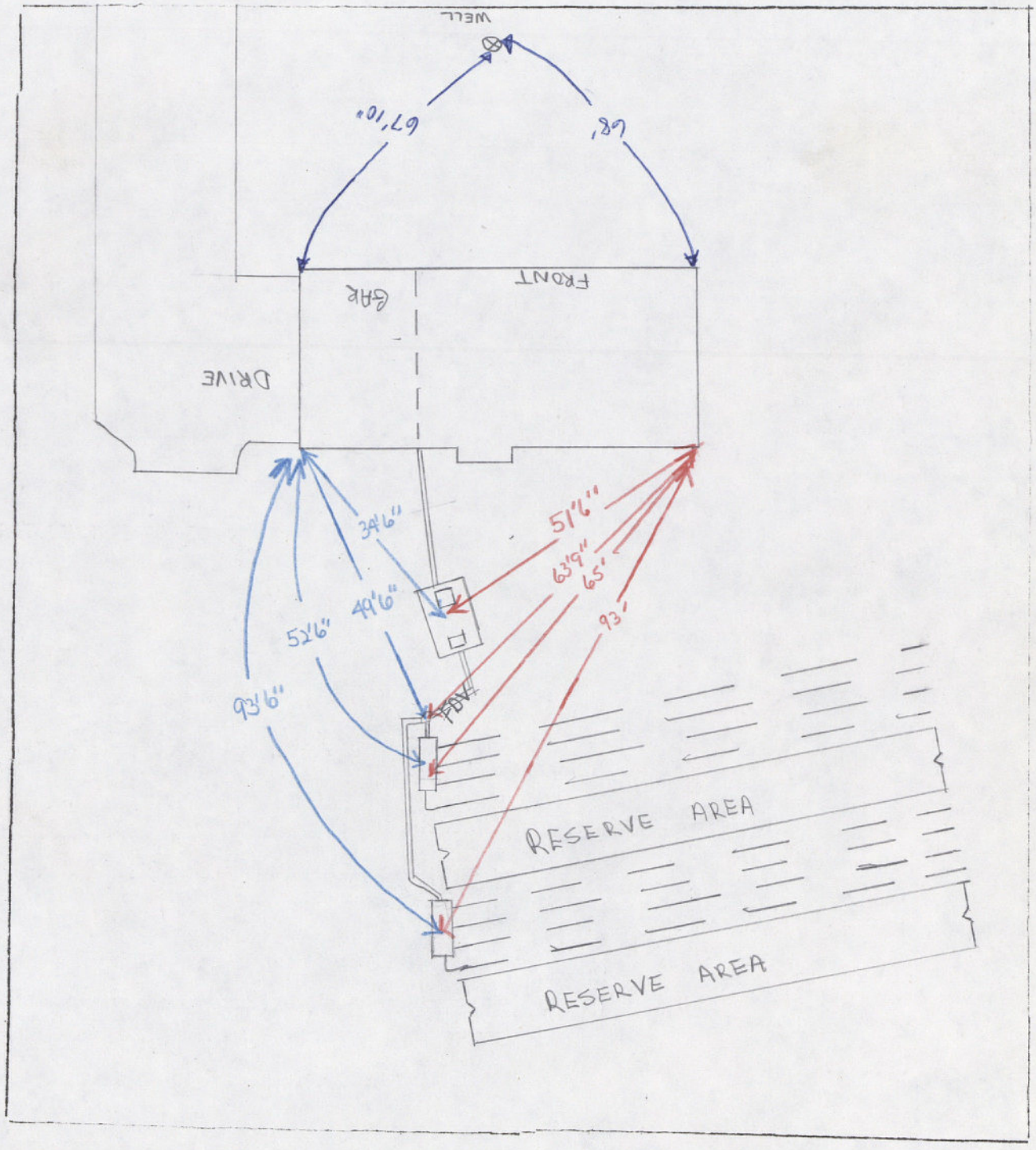
APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
LOCATION OF NEW DECK BUILT ON EXISTING FOOTERS + 1 NEW FOOTER TO BE 10' FROM TANK
5/27/97 Date — J.C. Price, R.E.H.S. Health Official

HEALTH DEPARTMENT COPY


30"
55"
24"
24"
32"
8'
30"

PERMIT # 76-1099 LOCATION: Seneca Farms Subd. 2-2-002-9
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.

INVERTS:

SEWER LINE @ BLDG.	381.0
SEPTIC TANK INLET	379.0
FLOW DIVERSION VALVE	376.4
UPPERMOST SEPTIC TRENCH	374.8

CERTIFIED
RE-TEST HOLES FIELD LOCATED
OCT. 18, 1976

Approved for proposed location of building as shown. Final approval subject to wall check.

Date

Zoning Administrator

LOT 4A

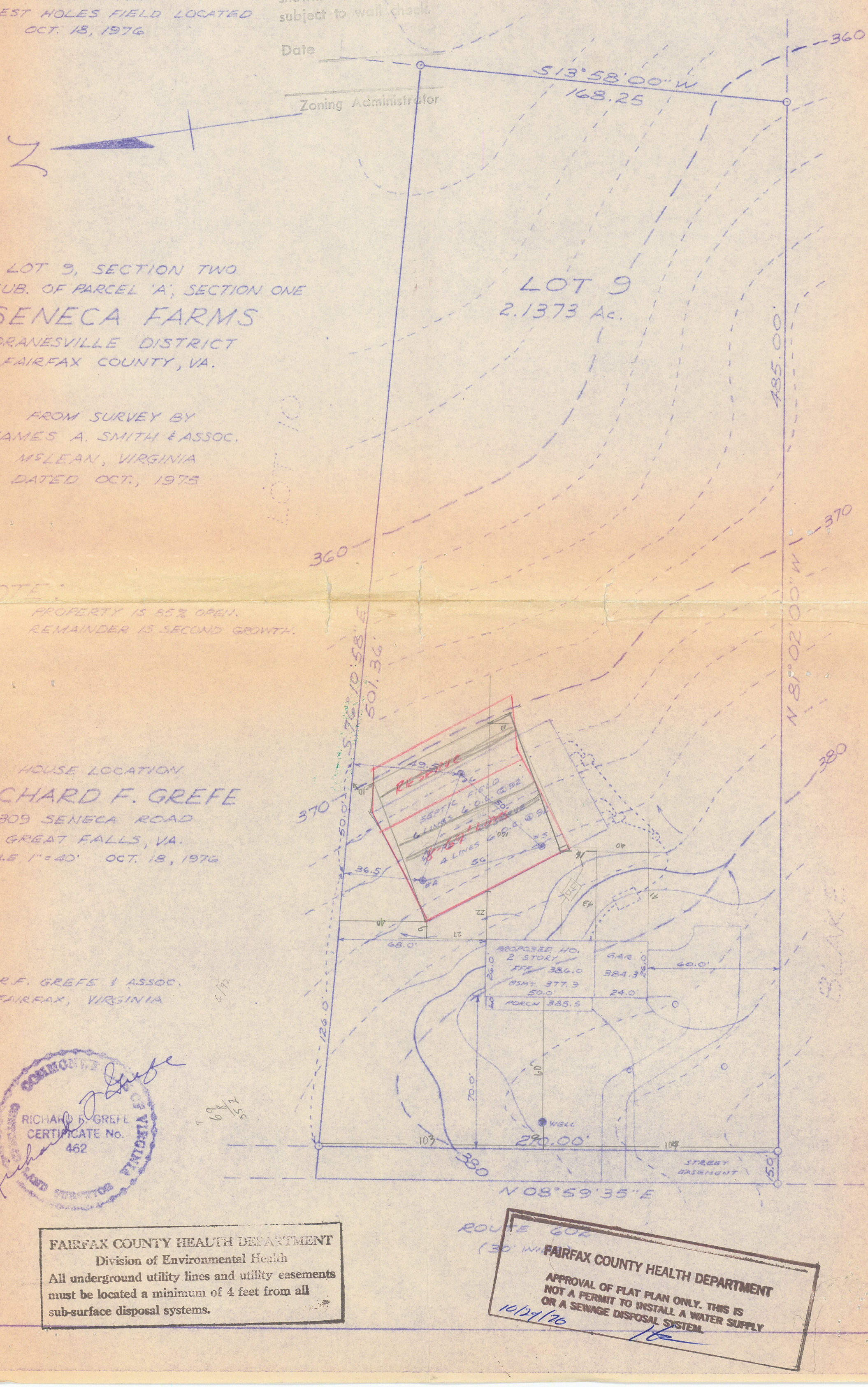
LOT 9, SECTION TWO
RE-SUB. OF PARCEL 'A', SECTION ONE
SENECA FARMS
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VA.

FROM SURVEY BY
JAMES A. SMITH & ASSOC.
McLEAN, VIRGINIA
DATED OCT., 1975

NOTE:
PROPERTY IS 85% OPEN.
REMAINDER IS SECOND GROWTH.

HOUSE LOCATION
RICHARD F. GREFE
309 SENECA ROAD
GREAT FALLS, VA.
SCALE 1"=40' OCT. 18, 1976

R.F. GREFE & ASSOC.
FAIRFAX, VIRGINIA
6/92



COMMONWEALTH OF VIRGINIA
RICHARD F. GREFE
CERTIFICATE No.
462
LAND SURVEYOR

6/92

FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
All underground utility lines and utility easements must be located a minimum of 4 feet from all sub-surface disposal systems.

FAIRFAX COUNTY HEALTH DEPARTMENT
APPROVAL OF PLAT PLAN ONLY. THIS IS NOT A PERMIT TO INSTALL A WATER SUPPLY OR A SEWAGE DISPOSAL SYSTEM.
10/29/76