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

FILE UNDER 1958

FROM: HEALTH DEPARTMENT/ENVIRONMENTAL SERVICES SECTION

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

DATE: 10/20/99

OWNER'S NAME: MICHAEL SMITH

BUILDING APPLICATION NUMBER: 9235B0770

SUBDIVISION: CASCADES ESTATES SEC: 12A BLOCK: LOT 1

TAX MAP IDENTIFICATION: 2-2-003-1

PROPERTY ADDRESS: 321 SINEGAR PLACE, GREAT FALLS, VIRGINIA 22066

HEALTH DEPARTMENT PERMIT#: 129 - 99 - 1516

PERMIT ISSUED FOR: (•) SEWAGE DISPOSAL ( ) WELL ( ) OTHER

TO SERVE: (•) RESIDENTIAL ( ) COMMERCIAL

( ) OTHER - DESCRIBE:

SEWAGE DISPOSAL SYSTEM DESIGNED FOR: FIVE BEDROOMS OR 750 GPD
(ALL PERMITS FOR DWELLING ARE DESIGNED TO INCLUDE AUTOMATIC WASHER AND GARBAGE DISPOSAL)

REMARKS:
THE ABOVE TO BE FAXED TO PERMITS DIVISION (OBCS) AND ORIGINAL TO BE ATTACHED WITH PERMIT.

NOTIFICATION OF FINAL APPROVAL

SEWAGE DISPOSAL SYSTEM
APPROVED: 10/5/00

WATER SUPPLY SYSTEM
APPROVED: PUBLIC

SIGNATURE: John M. Mulpi

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

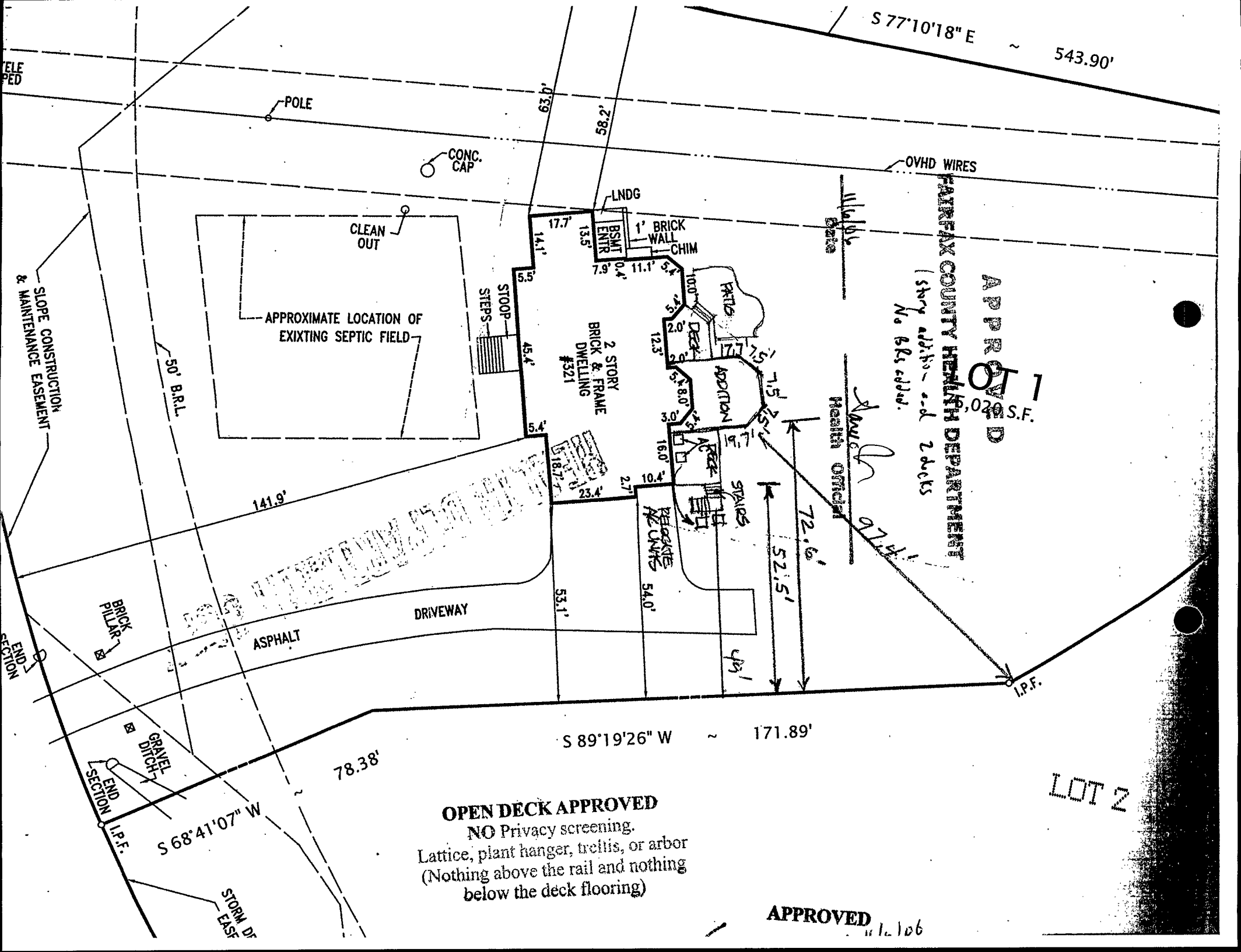
NUMBER OF BEDROOMS AT FINAL INSPECTION: 5

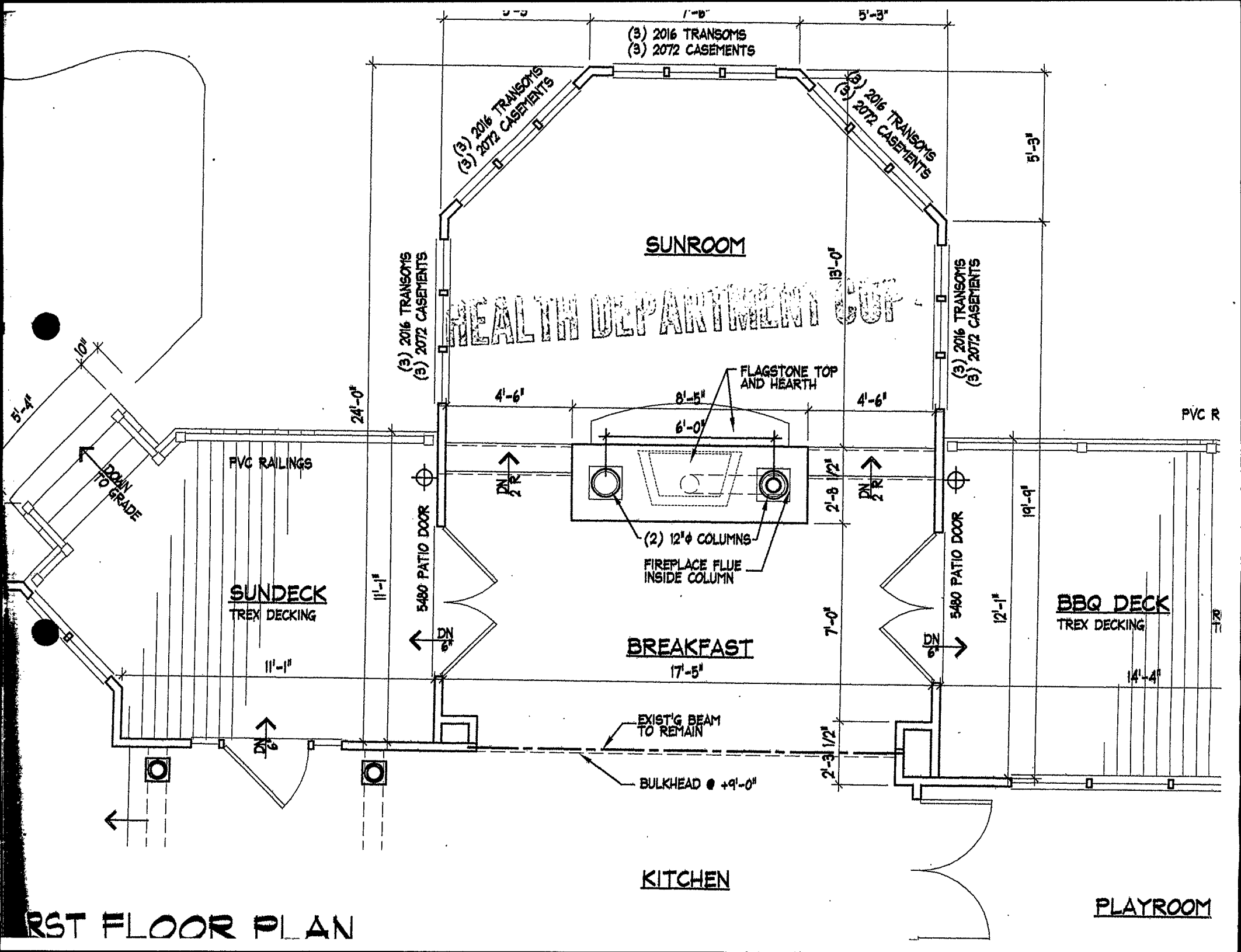
STICKER PLACED: 10/5/00 INITIALS: CG

**FDV (CHECK ONE) [X] YES [ ] NO

SPECIAL HANDLING

FOLD


S 77°10'18" E ~ 543.90'
POLE
CONC. CAP
OVHD WIRES
LNDG
CLEAN OUT
APPROXIMATE LOCATION OF EXIXTING SEPTIC FIELD
SLOPE CONSTRUCTION & MAINTENANCE EASEMENT
50' B.R.L.
STOOP
STEPS
2 STORY BRICK & FRAME DWELLING #321
1' BRICK WALL
CHIM
BSMT ENTR
PATIO
DECK
ADDITION
AC
STAIRS
RELOCATE AC UNITS
Health Officer
FAIRFAX COUNTY HEALTH DEPARTMENT
1 story addition and 2 decks
No bls added.
APPROVED
LOT 1
5,020 S.F.
141.9'
DRIVEWAY
ASPHALT
BRICK PILLAR
END SECTION
GRAVEL DITCH
I.P.F.
S 89°19'26" W ~ 171.89'
S 68°41'07" W ~ 78.38'
STORM DR EASE
LOT 2
OPEN DECK APPROVED
NO Privacy screening.
Lattice, plant hanger, trellis, or arbor
(Nothing above the rail and nothing
below the deck flooring)
APPROVED



RST FLOOR PLAN

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

HD Number:
129-99-1516

Sewage Disposal System Operation Permit

Date of Issue:
10/5/00

TO: MICHAEL SMITH
321 SINEGAR PL
GREAT FALLS,VA
22066-

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the Fairfax County Health Department to operate an Individual Onsite Sewage Disposal System with an actual or estimated water use of 750 GPD for a 5 bedroom dwelling.

Lynn Jones REHS
Environmental Health Specialist

John M. Miller
Environmental Health Supervisor

Linda A. Fisher, MD
Linda A. Fisher, MD, MPH
Director of Health

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 129-99-1516

FX County Health Department

Name of Company/Corporation/Individual: 4 of H & Sons Excavating, LLC

Address: 43072 Goose Glen Ln Ashburn Telephone: 703-698-1066

Owner's Name Michael Smith

Owner's Address 321 Smeggs Place

Location of Installation: Lot 1 Block —

Section: 12A Subdivision: Cascades Estates

Other: TM: 7-2-43-1

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5/24/00 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

8-23-00
Date

Signature and Title

FDV provided to owner

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

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FAIRFAX COUNTY Health Department

Health Department
Identification Number 129-99-1516
Map Reference 2-2-003-1

General Information

Water Supply System: New ____ Repair ____ Public X FHA ____ VA ____ Case No. ____
Sewage Disposal System: New X 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 SMITH Telephone 703-898-3238
Address 11406 SUMMER HOUSE CT, RESTON, VA 22094 For a Type I Sewage Disposal System or Well to be constructed on/at 321 SINEGAR PLACE, GREAT FALLS, VA 22066
Subdivision CASCADES ESTATES Section/Block 12A Lot 1 Actual or estimated water use 750GPD/SFR

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) Public Water Supply **To be installed:** class ____ cased ____ grouted ____	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☒
Building sewer: 4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ____	**Building sewer:** yes ☒ no ☐ comments Satisfactory 4" PVC Sch 40
Septic tank: Capacity 1500 gals. (minimum). ☐ Other ____	**Pretreatment unit:** yes ☒ no ☐ comments Satisfactory Mfr: TAPP Size: 1500FX
Inlet-outlet structure: Inlet: 10" Outlet: 20" PVC Schedule 40, 4" tees or equivalent. ☒ Other Stub tees 1" below lids	**Inlet-outlet structure:** yes ☒ no ☐ comments Satisfactory 2"
Pump and pump station: No ☒ Yes ☐ describe and show 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 ____	**Conveyance method:** yes ☒ no ☐ comments Satisfactory FDV Type: Bull Run Setting: 2
Distribution box: Precast concrete with 5+ ports. ☒ Other Bed on 4" concrete pad or solid earth	**Distribution box:** yes ☒ no ☐ comments Satisfactory Dial-A. Type: Plastic Dams: Flow
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 Cover with 2" wide untreated paper	**Percolation lines:** yes ☒ no ☐ comments Satisfactory Perc Rate: 12 MPI @ 72"
Absorption trenches: Square ft. required 944: depth from ground surface to bottom of trench 72"; aggregate size 1/2" to 1 1/2": Trench bottom slope 1" per 25LF; 3" maximum; center to center spacing 6'; trench width 2'. Depth of aggregate 52" TOTAL; 44" under pipe Trench length 59'; Number of trenches 8	**Absorption trenches:** yes ☒ no ☐ comments Satisfactory FG 18-22"
	Date 10/5/00 Inspected and approved by: Lynn Jones REHS 10/5/2000 Sanitarian

C.H.S 202A

SDS Contractor: Hoth & Sons Excavating

TAX MAP # 2-2-003-1

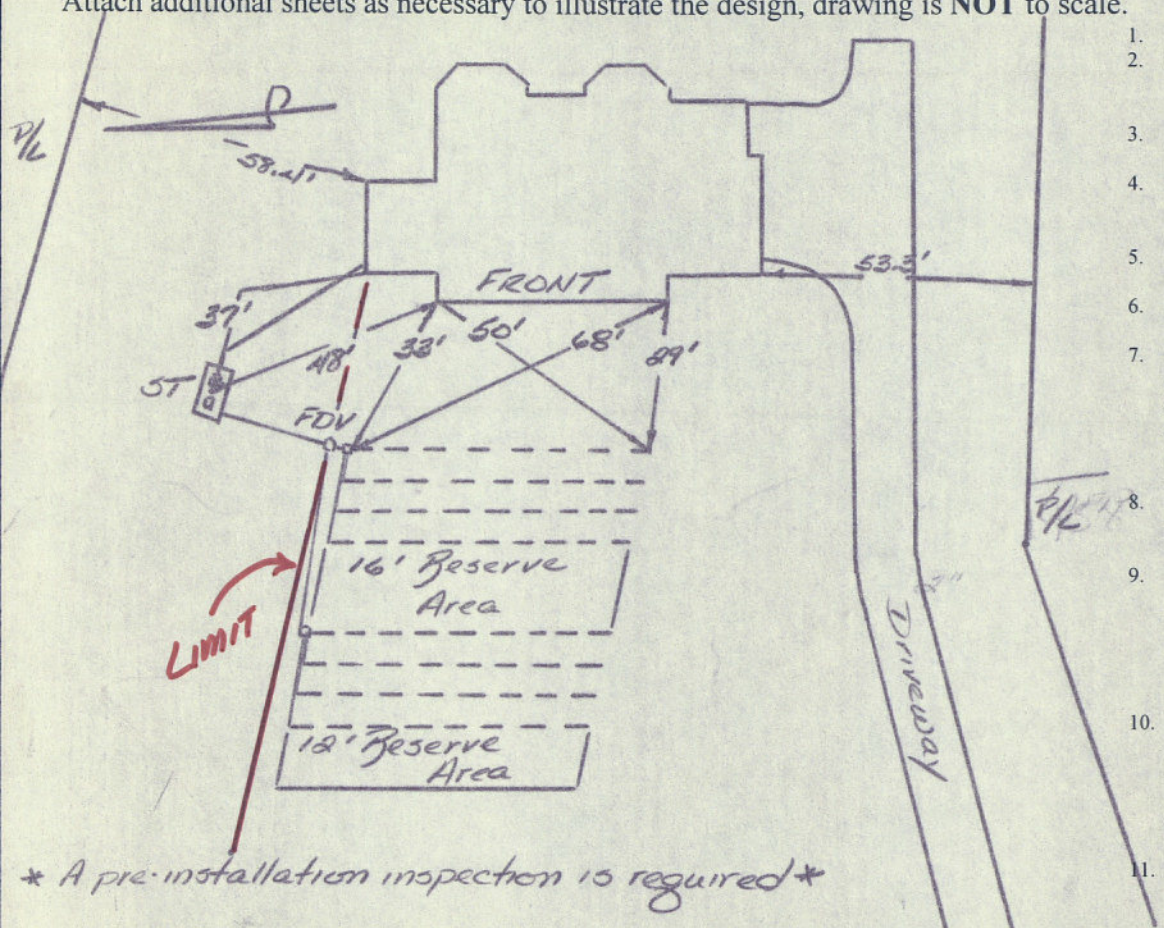
Health Department
Identification Number 129-99-1516

Schematic drawing of sewage disposal and/or water 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.

CASCADES ESTATE LOT 12A

☐ 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, drawing is **NOT** to scale.



1. Grade per site approved 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. House sewer line must be inspected by this Department to a point 3' from the dwelling.
6. Flow Diversion Valve (FDV) key must be provided to owner prior to occupancy.
7. *UPON COMPLETION OF FINAL GRADING AND WELL (if applicable), CALL THIS OFFICE (246-2201) 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 code.
9. Install an access manhole on the outlet port of the septic tank for inspection and sludge removal. The manhole must have a removable water tight and air tight cover installed flush with or above the ground surface and marked sewer.
10. Section 68-1-29 of the Fairfax County Code *requires* pumping of the septic tank once every five years. The owner of the property is *required* to provide written notification and proof to this Department each time the tank is pumped.
11. Do not install system during periods of wet weather and/or rain events.

This sewage disposal system and/or water supply is to be constructed as specified by the permit X 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 (c) conditions are changed on the drainfield site.

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 department. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary upon the direction of the Department.

Date: 5/24/00 **Issued by:** Lynn Jones REHS
Environmental Health Specialist

Date: 5-24-00 **Reviewed by:** John M Miller (KRW)
Environmental Health Supervisor

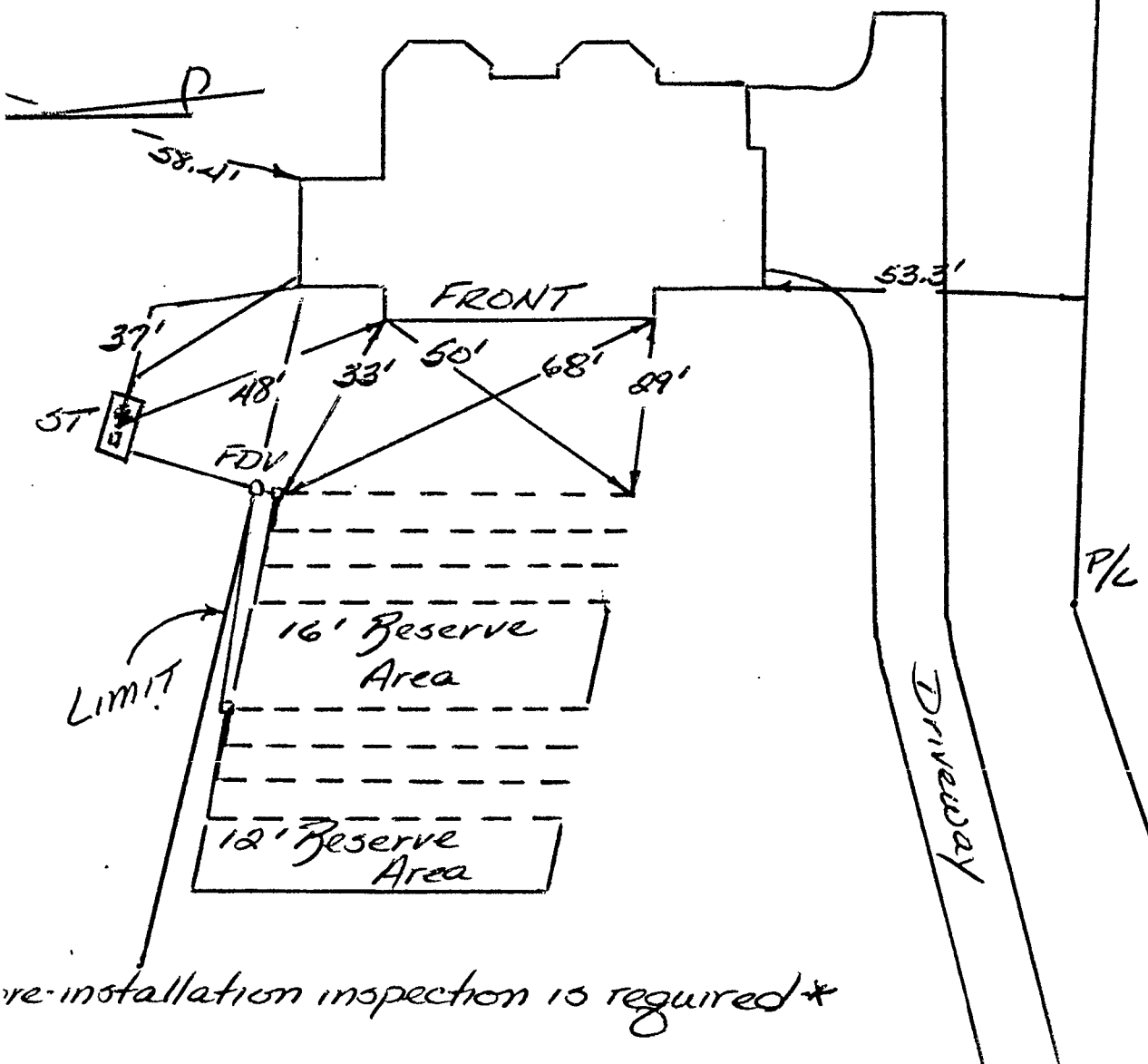
This Construction Permit Valid until 11/01

Schematic drawing of sewage disposal and/or water system and topographic fea

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on t or sewage disposal system. Including existing and/or proposed structures and sewage disposal systems and wells schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatmen conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supp show all sources of pollution within 200 feet.

CASCADES ESTATE LOT 12A

The information required above has been drawn on the attached copy of the sketch submitted wit ch additional sheets as necessary to illustrate the design, drawing is **NOT** to scale.



re-installation inspection is required*

1. Grade per site appr
2. Install system as sh 10' from trees, prop lines.
3. Maximum backfill exceed 20".
4. It is the contractors OSHA regulations r excavations.
5. House sewer line m Department to a poi
6. Flow Diversion Val provided to owner p
7. *UPON COMPLETIC AND WELL (if appli OFFICE (246-2201) INSPECTION(S) A M PRIOR TO REQUES USE PERMIT.*
8. Install system in acc applicable State Reg code.
9. Install an access ma of the septic tank fo removal. The manh removable water tig installed flush with surface and marked
10. Section 68-1-29 of t *requires* pumping of five years. The own *required* to provide proof to this Departi is pumped.
11. Do not install systen wet weather and/or

sewage disposal system and/or water supply is to be constructed as specified by the permit _ s and specifications _____.

sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those show nditions are changed from those shown on the construction permit (c) conditions are changed on the drainfield site.

rt of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the loc less expressly authorized by the local health department. Any part of any installation which has been covered prior vered, if necessary upon the direction of the Department.

This

File 1958

ENVIRONMENTAL SERVICES SECTION
FOLLOW-UP REPORT

Owner's Name Michael Smith

Street Address 321 Sinegar Place

City, State, Zip Great Falls, Va. 22066

Phone # _____

Tax Map: 7 - 2 / 003 / ___ / 1
(Map / Grid / Sub / Block / Lot)

Subdivision Cascades Estates

DATE	COMMENTS	RESCH DATE	INITIALS
6/28/00	Contractor cancelled inspection.	Hold	
7/12/00	David Hott w/ Hott & Sons Excavating called to cancel	HOLD	
7/26/00	OK to begin installation of SDS	HOLD	
7/31/00	No call from contractor. No show. No work began	Hold	
8/23/00	Inspected SDS. Everything OK to backfill.	9/26/00	
10/6/00	Inspected SDS. Sod already laid FG 18-22" OK. 5 bedrooms counted. System approved. Stockpile placed	FILE	

REV. 10-90
FHD-EH-6

PERMIT NUMBER **129-99-1516** TAX MAP NUMBER # **2-2-003-1**

WATER SUPPLY INSPECTION REPORT

WELL INSTALLED BY_____ **PUMP INSTALLED BY**_____

GROUT INSPECTED _____ DATE _____ EHS

PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED _____ DATE _____ EHS

TYPE OF INSTALLATION:

____PITLESS ADAPTER ____ PIT (4"DRAIN) ____ SURFACE (DRAIN) _____ DATE _____ EHS

STORAGE TANK: _____ _____ DATE _____ EHS

Gate Valve ____ Check Valve ____Sample Tap & Backflow Preventer ____ Elec. Dis. Switch ____ Pressure Relief Valve ____

WATER SAMPLE COLLECTED _____ DATE _____ EHS

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	STATUS	EHS INITIAL
	Public Water Supply		

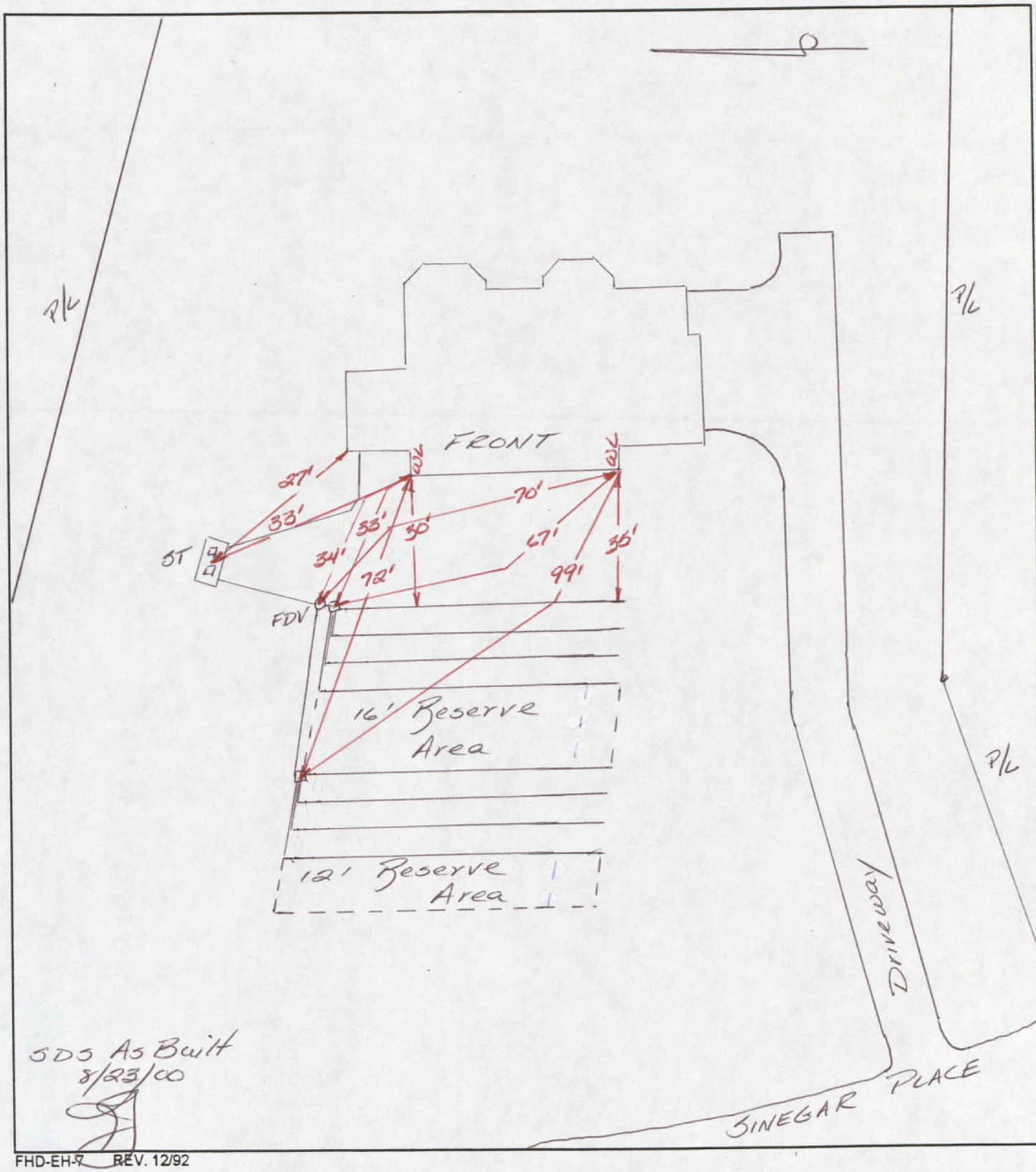
SEWAGE DISPOSAL SYSTEM INSPECTION REPORT

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	STATUS	EHS INITIAL
3/16/00	Contractor did not show for inspection. DF/PCorners		
	were not staked. Wall ✓ meeted. Contractor		
	needs to reschedule STL.	Hold	DM-J
4/3/00	Owner called in AM to cancel Hold pk		
4/10/00	Inspected site and met with Patrick @		
	Galileo Group. Spoils from basement dig		
	cover upper half of SDS area. No property		
	corners in. Patrick to FAX wallcheck.		
	If it is OK I will issue permit.	Hold	
5/24/00	Wallcheck OK. Will issue permit	Hold	

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

Tax Map ID: 2-2-003-1 Street Address: 321 Sinegar Place

Subdivision: Cascades Estates City, State, Zip: Great Falls, VA 22066



FHD-EH-7 REV. 12/92

FAIRFAX COUNTY HEALTH DEPARTMENT

PERMIT APPLICATION

MARK ALL APPLICABLE BOXES:

(✓) NEW CONSTRUCTION (✓) SEWAGE DISPOSAL SYSTEM PERMIT ( ) INDIVIDUAL WELL WATER SUPPLY PERMIT
( ) ADDITION/REMODELING ( ) WELL ABANDONMENT ( ) SEWAGE DISPOSAL SYSTEM EXPANSION

MICHAEL SMITH 11406 SUMMER HOUSE CT 703 898-3238
TO BE COMPLETED BY THE APPLICANT PLEASE PRINT CLEARLY

OWNER ~~PATRICK CATESSA~~ ADDRESS ~~4124 APPLEBY WAY~~ PHONE ~~703 978 3238~~
RESTON. VA ~~FAIRFAX VA~~ 22094 ZIP ~~22030~~

AGENT THE GALILEO GROUP INC. ADDRESS 9124 APPLEBY WAY PHONE 703 8983238
CASCADES ESTATES. FAIRFAX VA ZIP 22030

SUBDIVISION ~~[illegible]~~ SECTION 12A BLOCK / LOT 1

PROPERTY ADDRESS 321 SINEGAR PLACE TAX MAP 002-2-03-0001
GREAT FALLS, VA 22066

(✓) RESIDENTIAL
Sewage: (✓) Septic Tank ( ) Public ( ) Other _____ ( ) Basement - Plumbing in Basement ( ) Yes (✓) No
Number of Potential Bedrooms 5

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

( ) COMMERCIAL
Sewage: ( ) Septic Tank ( ) Public ( ) Other _____ Estimated Number of Patrons _____ Number of Employees _____
Estimated Daily Water Usage _____ Gallons

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

DESCRIBE ADDITION/REMODELING: NEW HOME.

I GIVE PERMISSION TO THE HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY DESCRIBED FOR THE PURPOSE OF PROCESSING THIS APPLICATION. I UNDERSTAND A SUBSTANTIAL PHYSICAL CHANGE TO THE PROPERTY MAY VOID APPROVAL OF THE LOT FOR AN ONSITE SEWAGE DISPOSAL SYSTEM.

SIGNATURE _____ PRINT NAME PATRICK CATESSA

DATE 10/19/99 ( ) OWNER (✓) AGENT

REGISTERED

For Department Use Only

HD:ID:NO: 129-99-1516

Date Lot Approved: 1-14-94 Type System I Design for 5 Bedrooms or 750 Gallons per Day

Perc Rate 12 Depth 72 Septic Tank Gallons 1500 Absorption Field 468 (Lin. Ft.) Reserve Area 234 (Lin. Ft.)

Building Permit Number 99293B0200 Receipt Number E9900Y837 $ N.C. - 10/21/99

Remarks State due $75.00

REVIEWED BY _____ TITLE EHS I DATE 10-20-99

FHD-EH-2 REV. 9/96

OFFICE USE ONLY:

TO BE COMPLETED FOR ADDITION/REMODELING:

(R) RESIDENTIAL
Number of bedrooms____ design, Number of bedrooms ____ added; Number of bedrooms ____ total.

(C) COMMERCIAL
Type of facility _____
Number of Employees: Existing _____; Proposed/Added _____; Total_____
Estimate daily water usage: Existing _____; Proposed _____; Total_____

(A/R) ADDITION/REMODELING
Plan of proposed Addition/Remodeling reviewed? Yes / No
DESCRIBE ADDITION/REMODELING _____
_____

Sewage Disposal: Public_____ On-Site_____ Other_____
If On-Site: Type I _____ II _____ III _____ IV _____
Existing SDS permit on file: Yes / No ; Date SDS Approved:_____
Is notification required to existing SDS for addition/remodeling? Yes / No
If yes, give details:_____
_____

Existing WSS permit of file: Yes / No; Date WSS Approved_____
Type (specify): _____ Public: _____
Is modification/abandonment required to existing WSS for addition/remodeling? Yes / No;
If yes, give details: _____

Field check required before further processing: Yes / No
Addition/remodeling approved: Yes / No

FHD-EH-2 REV. 9/96

LOT PERC DATA
PERC RATE = 12 M.P.I.
DEPTH = 72"
# OF BEDROOMS = 5
L.F. REQUIRED = 468 L.F. +
234 L.F. FUTURE RESERVE
USE 8 TRENCHES @ 58.5 L.F. EA. +
4 FUTURE RESERVE TRENCHES @ 58.5 L.F. EA.

1500 GALLON TANK
INV. IN = 366.5
INV. OUT = 366.3
FIN. GRADE = 369.0
SEWER INV.
AT HOUSE = 367.3

FDV = 366.0
DIST. BOX A = 365.8
INV. AT FIRST TRENCH = 365.6
DIST. BOX B= 364.0

LOT 1
75,023 ◊

TREE SAVE AREA=5,127 S.F.

TREE SAVE AREA=8,621 S.F.

N74°31'00"E 87.64'
N69°17'57"E 188.40'
N68°41'07"E 78.36'
N77°10'16"W 543.91'
N09°19'25"E 177.89'

SMITH (REV) LEVEL
FF=378.27
BF=368.60

3 CAR GAR.= 368.27

SOILS 374.0

LIMIT LINE

DRAINFIELD

DRAINFIELD

SEPTIC

SINEGAR PLACE

R=535.00' L=284.06'

15" RCP

15" STM. DRG. ESMT.

STORM DRAIN EASEMENT

SEWER

WATER

FIRE HYDRANT

8" D.I.P. W/M

8" D.I.P. W/M

(50' R/W)

LOT 19

LOT 18

SENECA ROAD ROUTE #602

VIRGINIA STATE GRID NORTH (NAD27)

GRAPHIC SCALE
30 0 15 30 60
SCALE : 1" = 30'

I HEREBY CERTIFY THAT ALL WETLANDS PERMITS REQUIRED BY LAW WILL BE OBTAINED PRIOR TO COMMENCING LAND DISTURBING ACTIVITIES.

SIGNATURE

OWNER/DEVELOPER PATRICK LATESSA NAME — PRESIDENT, GALILEO GROUP TITLE

78.00'
SMITH (REV) LEVEL
FF=9.67
BF=0.00
3 CAR GAR.= -0.33
45.75'

ARCHITECTURAL TEMPLATE
SCALE : 1" = 30'

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 existing or proposed underground utility lines and easements must be located a minimum of 10 feet from all subsurface disposal systems. No subsurface disposal systems may be in an underground utility easement. All water service lines must be located a minimum of 10 feet from all subsurface disposal systems.

10-20-99
Date — Health Official

COMMONWEALTH OF VIRGINIA
ROBERT G. WORNOM
No. 028138
9/29/99
PROFESSIONAL ENGINEER

COMMONWEALTH OF VIRGINIA
PAUL B. JOHNSON
No. 018450
10-1-99
PROFESSIONAL ENGINEER

NO.	DATE	REVISION PRIOR TO APPROVAL

Charles P. Johnson & Associates, Inc.
PLANNERS ENGINEERS LANDSCAPE ARCHITECTS SURVEYORS
3959 PENDER DRIVE, SUITE 210, FAIRFAX, VIRGINIA 22030 (703)385-7555
SILVER SPRING, MD FAX(703)273-8555

LOT GRADING PLAN
SECTION 12A
CASCADES ESTATE LOTS
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VIRGINIA

7668 - SD - 01

NO.	DESCRIPTION REVISIONS	REVIEW BY	APPROVED DATE

BUILDER:
THE GALILEO GROUP
4 WEST FEDERAL STREET
3RD FLOOR
MIDDLEBURG, VIRGINIA 20118

DESIGN MLB | DRAFT MLB | APPROVED PBJ | DATE SEPT. 1999 | SCALE: HORIZ. 1" = 30' VERT. NONE | SHEET 1A | OF 5

FILE NO.: 98-612-701A

PRINTED
OCT 0 1 1999
CHARLES F. JOHNSON
& ASSOCIATES

HOUSE LOCATION SURVEY

CASCADES ESTATE

SECTION 12A

LOT 1

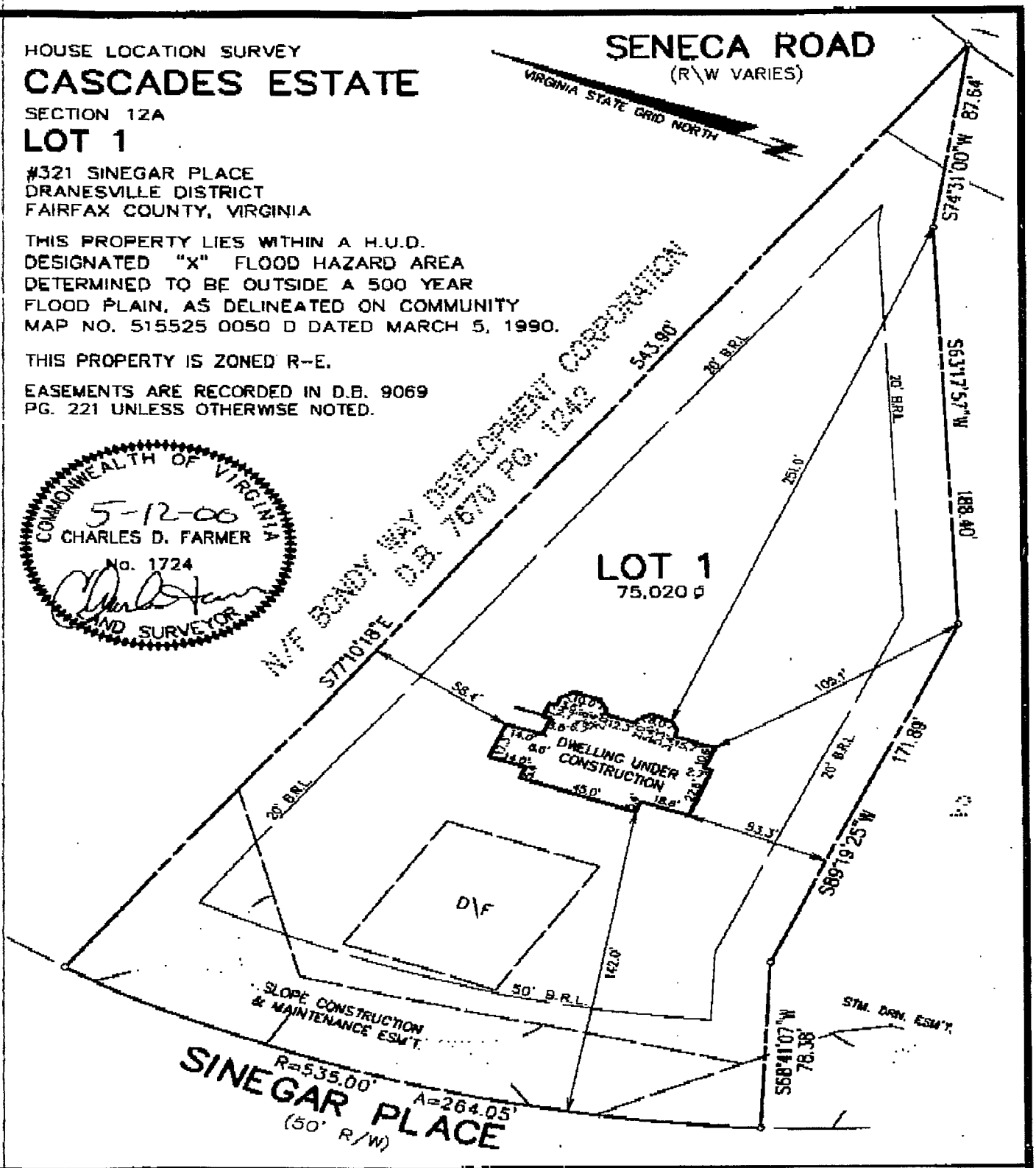
#321 SINEGAR PLACE
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VIRGINIA

THIS PROPERTY LIES WITHIN A H.U.D. DESIGNATED "X" FLOOD HAZARD AREA DETERMINED TO BE OUTSIDE A 500 YEAR FLOOD PLAIN, AS DELINEATED ON COMMUNITY MAP NO. 515525 0050 D DATED MARCH 5, 1990.

THIS PROPERTY IS ZONED R-E.

EASEMENTS ARE RECORDED IN D.B. 9069 PG. 221 UNLESS OTHERWISE NOTED.

COMMONWEALTH OF VIRGINIA
5-12-00
CHARLES D. FARMER
No. 1724
LAND SURVEYOR



WALL CHECK	Drn. By : BLT	FINAL SURVEY	Drn. By :	RECERT	Drn. By :
Date : 2/15/00	Chk By : TJD	Date :	Chk By :	Date :	Chk By :

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property has been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments and no title report has been furnished.

CPJ Associates
Charles P. Johnson & Associates, Inc.
PLANNERS ENGINEERS LANDSCAPE ARCHITECTS SURVEYORS
3959 POWDER DRIVE SUITE 210 FAIRFAX, VIRGINIA 22030 (703)385-7555
SILVER SPRING, MD FAX(703)273-8595

Reference	Scale	File No.
D.B. 9069 PG. 221	1" = 50'	98-612-71