CRD

TO: DEPT. OF PUBLIC WORKS & ENVIRONMENTAL SERVICES-(DPW&ES)
RESIDENTIAL INSPECTIONS BRANCH-(OBCS)

FROM: HEALTH DEPARTMENT/ENVIRONMENTAL SERVICES SECTION

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

DATE: MARCH 17, 1999

OWNER'S NAME: LOWES ISLAND LC

BUILDING APPLICATION NUMBER: 99062B0630

SUBDIVISION: CASCADE ESTATES SEC: 12A BLOCK: _____ LOT: 2

TAX MAP IDENTIFICATION: 2-2-003-2

PROPERTY ADDRESS: 325 SINEGAR PLACE, GREAT FALLS VIRGINIA 22066

HEALTH DEPARTMENT PERMIT # : 129-99-0320

PERMIT ISSUED FOR: [X] SEWAGE DISPOSAL [ ] WELL [ ] OTHER

TO SERVE: [X] 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: 4-27-2000

RECEIVED CB MPD

WATER SUPPLY SYSTEM

APPROVED: PUBLIC

John M. Mulgrew
SIGNATURE

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

NUMBER OF BEDROOMS AT FINAL INSPECTION: 5
STICKER PLACED: 4/27/00 INITIALS: DM

** FDV (CHECK ONE) ☑ YES ☐ NO

FHD-EH-3 REV. 8/98

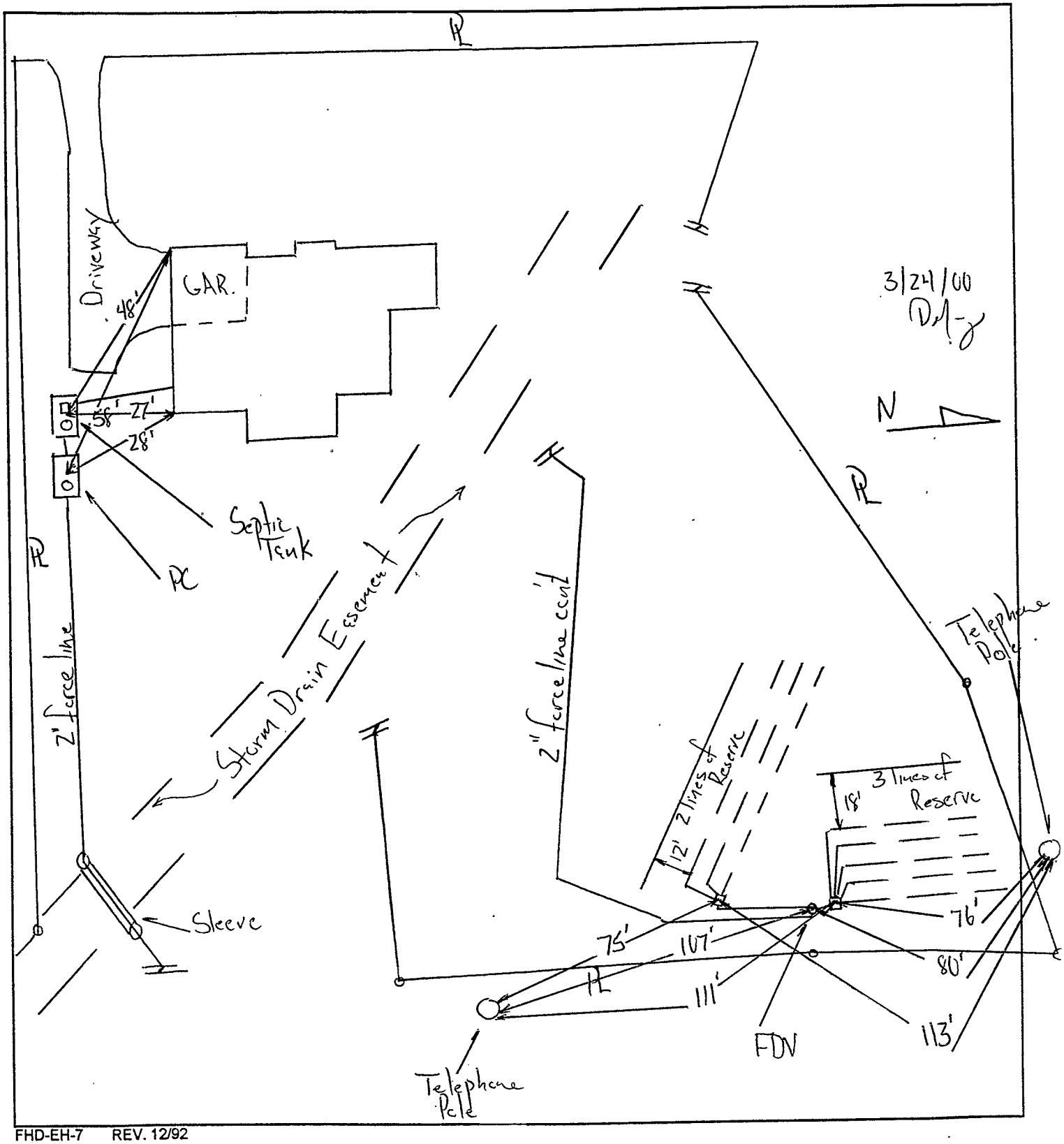
SPECIAL HANDLING

FAIRFAX COUNTY HEALTH DEPARTMENT

SEWAGE DISPOSAL SYSTEM/WELL WATER SUPPLY AS-BUILT

Tax Map ID: 2-2-003-2 Street Address: 325 SINEGAR PLACE

Subdivision: CASCADE ESTATES SECTION 12A City, State, Zip: GREAT FALLS, VIRGINIA 22066



FHD-EH-7 REV. 12/92

PERMIT APPLICATION
Permit Application Center
12055 Government Center Parkway
Suite 230
Fairfax, Virginia 22035-5504
703-222-0801, TTY 711
www.fairfaxcounty.gov/buildingpermits

FILE COPY

County use only

		Fee
Building #	163340116	$
Mechanical #		$
Electrical #		$
Plumbing #		$
Fire #		$
Appliance #		$

Tax Map # _____ Parent # _____ Plan # _____

Job Location

Street Address 325 Sinegar Place, Great Falls VA 22066
Lot Number Lot 2 Sec 12A Building _____ Floor _____ Suite _____
Tenant's Name _____ Subdivision CASCADES ESTATES

Owner Information

Name AREF GHOBADI ☐ Owner ☐ Tenant
Address 325 Sinegar Place
City Great Falls State VA ZIP 22066
Phone 703-431-3686 Email aghobadi@msn.com

Contractor Information (see back for additional contractors)

Company Name _____ ☐ Same as Owner
Address _____ Contractor ID # _____
City _____ State _____ ZIP _____
Phone _____ Email _____
State Contractor's License # _____ County BPOL # _____

Applicant Information

Name AREF GHOBADI Contact ID # _____
Address 325 Sinegar Place
City Great Falls State VA ZIP 22066
Phone 703-431-3686 Email aghobadi@msn.com

Designated Mechanics Lien Agent (residential only)

Name _____ ☐ None Designated
Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____

Description of Work

Finishing Basement

Estimated Cost $ 60,000 House Type Single Family Masterfile Number _____

I hereby certify that I have authority to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and regulations which relate to the property.

Signature of Owner, Master or Agent _____ Date _____
Printed Name AREF GHOBADI Title OWNER

COUNTY USE ONLY

Licensing _____ **Date** _____ **Permit Issued** _____ **Date** _____

FILE COPY

AP#80891099

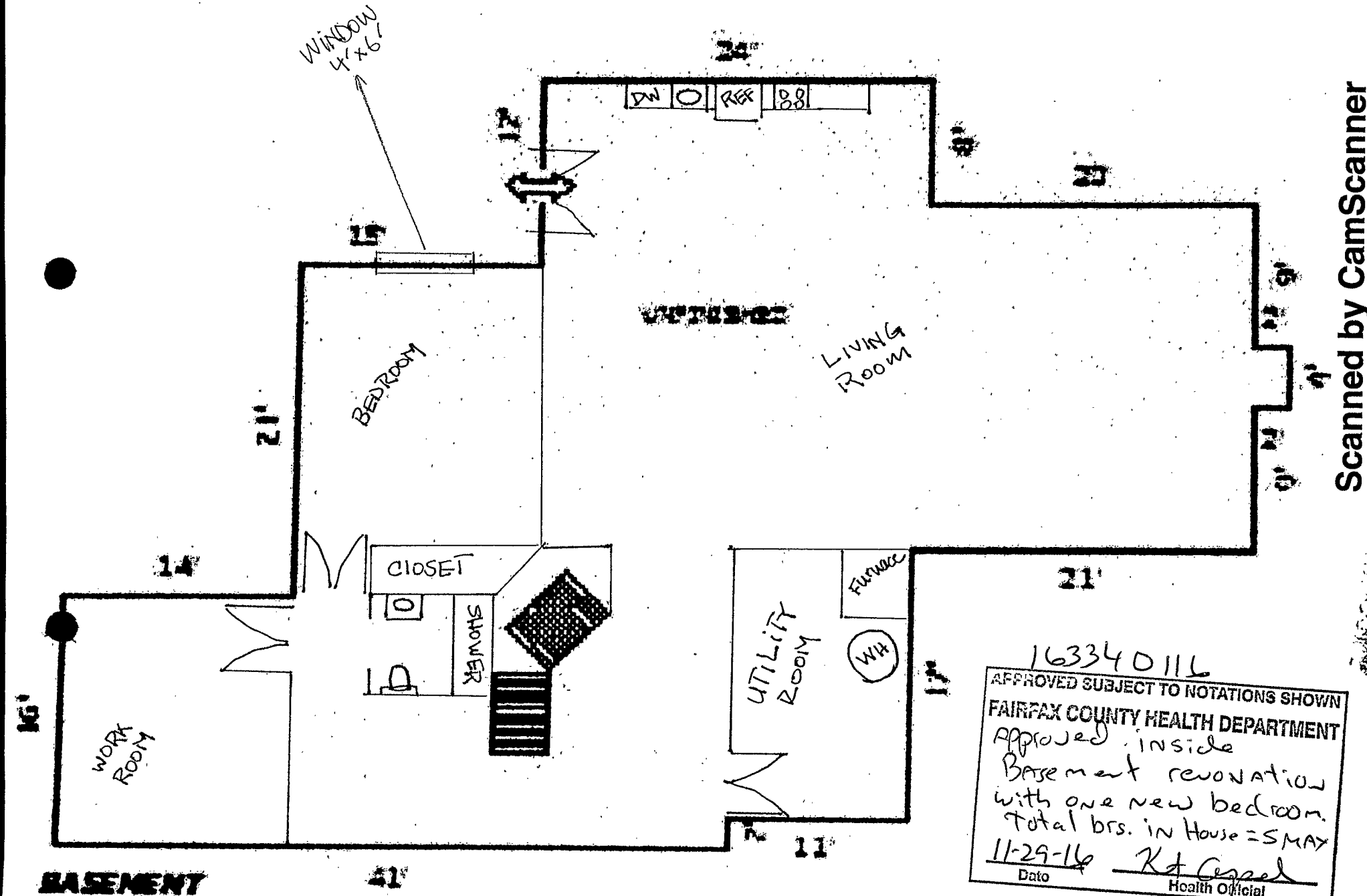
~~ID#~~ PC4255136

PAID NOV 29 2016

#707215

$78.00

Updated 1/12/16



163340116

APPROVED SUBJECT TO NOTATIONS SHOWN
FAIRFAX COUNTY HEALTH DEPARTMENT
Approved inside Basement renovation with one new bedroom. Total brs. in House = 5 MAX
11-29-16 Date
Health Official

SKETCH ADDENDUM

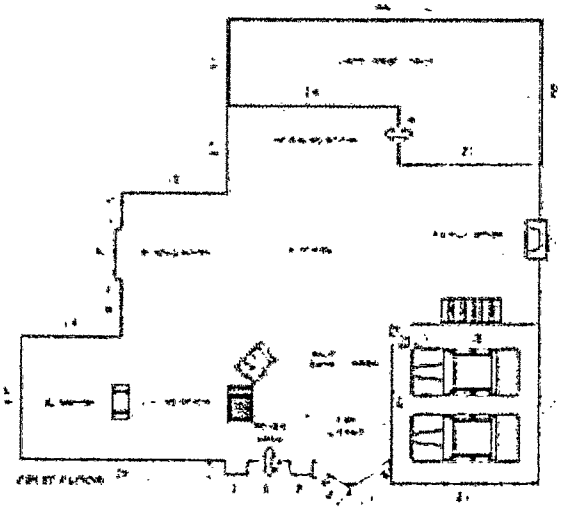
File # 20190322-00345-1

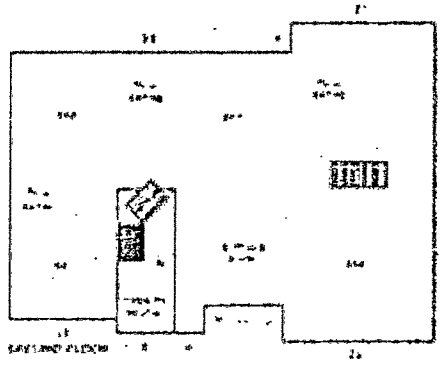
Borrower/Client ARIF GHOSADI

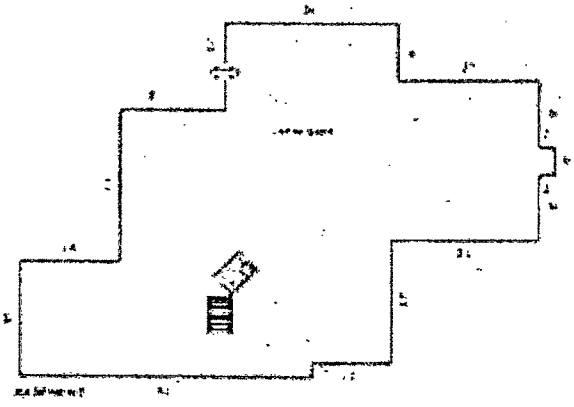
Property Address 325 SNEGAR PL

City GREAT FALLS County FAIRFAX State VA Zip Code 22066

Lender Bank of America, N.A.







AREA CALCULATIONS SUMMARY

Code	Description	Net Size	Net Totals
GLA1	First Floor	2433.00	2433.00
GLA2	Second Floor	2168.00	2168.00
BSMT	Basement	2361.00	2361.00
GAR	Garage	457.00	457.00
P/P	PORCH	468.00	468.00
OTH	OPEN TO BELOW	140.00	140.00

LIVING AREA BREAKDOWN

Breakdown				Subtotals
First Floor				
	39.0	x	5.0	195.00
	4.0	x	44.0	176.00
0.5 x	2.0	x	3.0	3.00
	6.0	x	59.0	354.00
	7.0	x	60.0	420.00
	8.0	x	24.0	192.00
0.5 x	1.0	x	1.0	0.50
	39.0	x	2.0	78.00
0.5 x	3.0	x	3.0	4.50
	3.0	x	3.0	9.00
	3.0	x	3.0	9.00

Commonwealth of Virginia

Fairfax County
DEPARTMENT OF HEALTH SERVICES

PERMIT

HD Number:
129-99-0320

Sewage Disposal System Operation Permit

Date of Issue:
4/27/00

TO: LOWES ISLAND LC
325 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.

Environmental Health Specialist

EHS Supervisor

Robert B. Stroube, M.D., M.P.H.
Director of Health Services

This permit must be displayed in a conspicuous location. Permit is non-transferrable.

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 129-99-0326

Fx County Health Department

Name of Company/Corporation/Individual: Hott & Sons Excavating

Address: _____ Telephone: _____

Owner's Name Lewe Island

Owner's Address 325 Singer Place

Location of Installation: Lot 2 Block -

Section: Sect. 12A Subdivision: Cascade Estates

Other: TM: 2-2-003-2

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11/12/2000 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

4-27-00
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 29-99-0320
Map Reference 2-2-003-2

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 LOWES ISLAND LC Telephone 968-7159 X5
Address 6820 ELM ST., MCLEAN, VA 22101 For a Type II Sewage Disposal System or Well to be constructed on/at 325 SINEGAR PLACE, GREAT FALLS, VA 22066
Subdivision CASCADES ESTATES Section/Block 12A Lot 2 Actual or estimated water use 750gpd/5 br's

FIVE BEDROOM- DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) ____ **To be installed:** class PUBLIC cased N/A grouted N/A	**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 ¼" per foot fall	**Building sewer:** yes ☒ no ☐ comments Satisfactory
Septic tank: Capacity 1500 gals. (minimum). ☐ Other ____	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory MFR Tspp GALLONS 1500 FX
Inlet-outlet structure: PVC Schedule 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: AS PER PUMP PLANS APPROVED 3/17/1999	**Pump & pump station:** yes ☒ no ☐ comments Satisfactory MFR Tspp GALLONS 1175 FX
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☒ Other FLOW DIVERSION VALVE (FDV)	**Conveyance method:** yes ☑ no ☐ comments Satisfactory TYPE Bell Run SETTING # 2
Distribution box: Precast concrete with 8 ports. e@ box ☐ Other ____	**Distribution box:** yes ☑ no ☐ comments Satisfactory TYPE Tuff Tite DAMS DAF
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 12 rate @ 55"	**Percolation lines:** yes ☒ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 938 : depth from ground surface to bottom of trench 55" ; aggregate size ½" - 1½" : Trench bottom slope 2" - 4" per 100' ; center to center spacing 6' ; trench width 2' Depth of aggregate 35" ; 27" under pipe Trench length 78' ; Number of trenches 3 and 1 47' " " " 5	**Absorption trenches:** yes ☒ no ☐ comments Satisfactory BF 14" FG 14"
	Date 4/27/00 Inspected and approved by: Danny R. Smith 4-27-2000 John M. Magee Sanitarian

C.H.S 202A

S.D.S. CONTRACTOR: Hoff & Sons Excavating

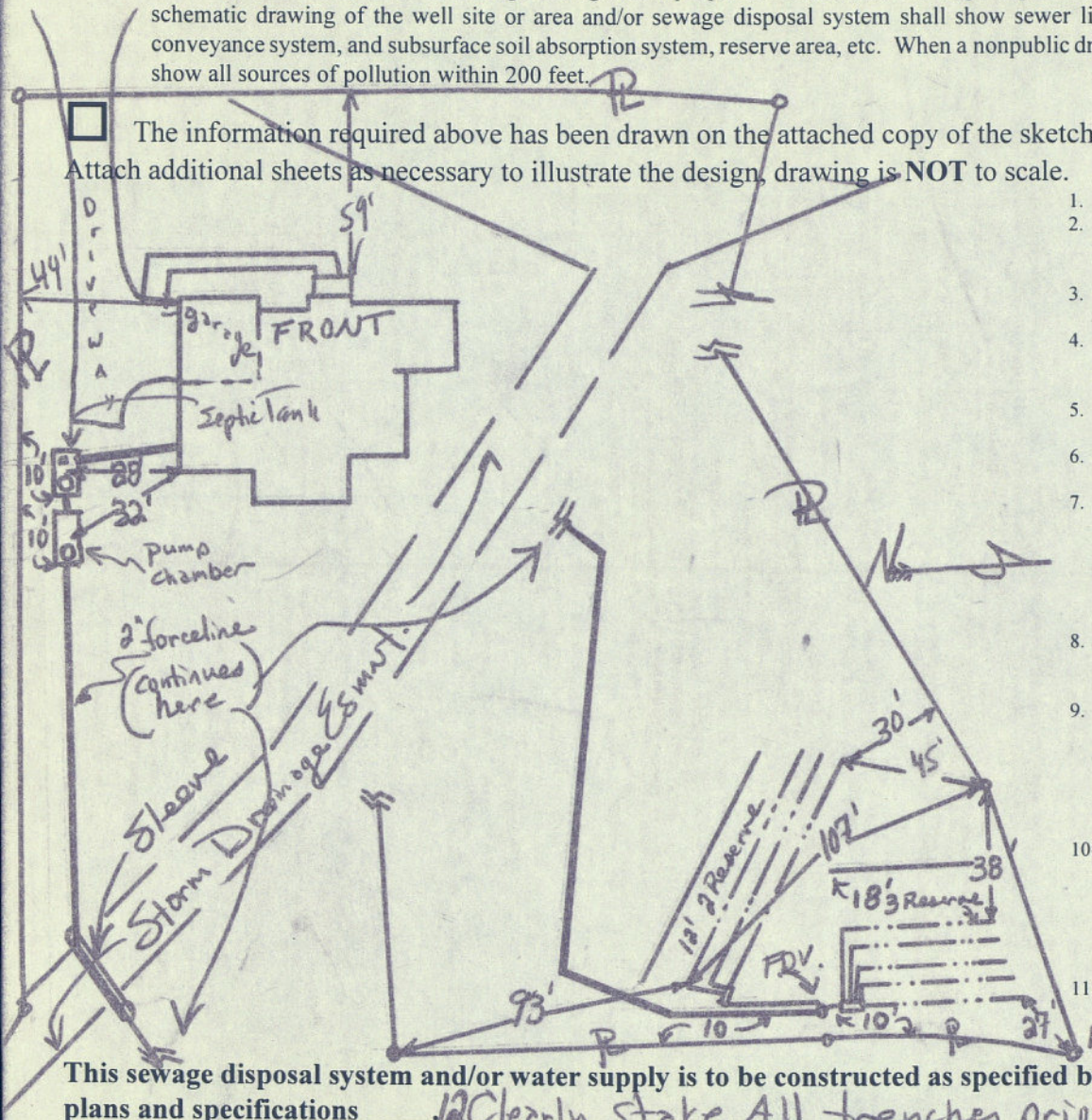
TAX MAP # 2-2-003-2

Health Department
Identification Number 129-99-0320
TM# 2-2-003-2

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.

☐ 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.
12. Sleeve forceline where shown.

This sewage disposal system and/or water supply is to be constructed as specified by the permit ____ or attached plans and specifications ____. 13 Clearly stake All trenches prior to installation. Call for a pre-grades installation inspection.

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: 1/12/2000 **Issued by:** [signature] CPSS. REHS.
Environmental Health Specialist

Date: 1/13/2000 **Reviewed by:** [signature]
Environmental Health Supervisor

This Construction Permit Valid until 6, 2001

TM; 2-2-003-2

PERMIT # 129-99-0320 LOCATION CASCADES ESTATES SEC. 12A LOT 2
Subdivision or Tax Map Ref.

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

Well Installed By _____ Pump Installed By _____

I. GROUT INSPECTED..... Date Sanitarian

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

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

IV. STORAGE TANK..... Date Sanitarian

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

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

S.D.S. NOTES

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
1/12/2000	OK to issue STL permit. Pregrade staked	Hold	DHD
	inspection required on permit	pregrade	
2-14-00	Pregrade inspection OK. Reviewed thoroughly w/ David Hott. DF was staked and		

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

DATE	RECORD OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
Cont	property lines marked. OK to install.	Hold	
3/24/00	Entire SDS OK to BF. Hold for pumper & FL.	Hold	
3/31/00	Inspection cancelled Contractor to reschedule	Hold	
4/24/00	No call for inspection time. No show. Septic tank access lid has been broken	Hold	
4/27/00	Pumper & FL satisfactory. 4 BR's verified Approve SDS.	File-C	

FHD-EH-13 10-80

1958

FAIRFAX COUNTY HEALTH DEPARTMENT

PERMIT APPLICATION

RECEIVED
MAR - 5 1999

MARK ALL APPLICABLE BOXES:

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

TO BE COMPLETED BY THE APPLICANT PLEASE PRINT CLEARLY

OWNER Lowes Island L.C. ADDRESS 6820 Elm St. PHONE 734-9855
McLean, Va. ZIP 22101

AGENT Nina Antonacics ADDRESS 12506 Old Yates Ford Rd PHONE 968-7159 #5
Jade
Clifton, Va. ZIP 22024

SUBDIVISION Cascades Estates SECTION 12A BLOCK _____ LOT 2

PROPERTY ADDRESS 325 Sinegar Place TAX MAP 002-03-0002
Great Falls VA 22066

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

Water: ( ) Well (X) 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 SFD

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 Nina Antonacics

DATE 3-5-99 ( ) OWNER (X) AGENT

REGISTERED

For Department Use Only

HD:ID:NO: 129-99-0320

Date Lot Approved: 5/14/93 Type System II Design for 5 Bedrooms or 750 Gallons per Day

Perc Rate 12 Depth 55 Septic Tank Gallons 1500 Absorption Field 468 (Lin. Ft.) Reserve Area 234 (Lin. Ft.)

Building Permit Number 9906230630 Receipt Number *E99000658 $75 3/19/99

Remarks *STATE FEE due >18 MO. NOTE 3/18/99 cj

REVIEWED BY _____ TITLE EHS4 DATE 3-17-99

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

SEWAGE PUMP INSPECTION RECORD

PERMIT # 99-0320 PLANS APPROVED 3-17-99

LOCATION: 325 Singer Pl TAX MAP #: 2-2-03-2

ITEM	PER PLANS	PER INSPECTION	DATE/ INITIAL	REMARKS
1. IS PUMP CHAMBER 12" ABOVE GRADE AND PROPERLY GRADED?	(YES) / NO	(YES) / NO	4/27/00 DJG	
2. IS ELECTRICAL JUNTION BOX ABOVE GRADE?		YES / NO	↓	
3. DIAMETER OF PUMP CHAMBER	IN.	30 IN.	3/24/00 DJG	
4. I S CONSTRUCTION OF CHAMBER SATISFACTORY?	YES / NO	(YES) / NO	↓	Tapp 1/25
5. MAKE AND MODEL NUMBER OF PUMPS *SEE NOTE BELOW		Zoeller 165	4/27/00 DJG	
6. CHECK VALVES PROPERLY LOCATED (TYPE OF MATERIAL PROPOSED)	YES / NO	(YES) / NO	↓	MATERIAL INSTALLED: Brass
7. FORCE LINE (SIZE/MATERIAL/ DEPTH)		2" PVC 24"+	3/24/00 DJG	
8. FLOATS (TYPE/NUMBER/ SUSPENSION)		Merc. 3 PVC	4/27/00 DJG	
9. DISTANCE OVERIDE BELOW INLET	IN.	16.02 IN.	↓	
10. DISTANCE ALARM BELOW INLET	IN.	16.02 IN.	↓	
11. HEIGHT OF "OFF" FLOAT ABOVE FLOOR	IN.	24 IN.	↓	
12. DRAWDOWN BETWEEN ON & OFF FLOOR	IN.	5.98 IN.	↓	
13. CHAMBER LID SEALED		(YES) / NO	↓	
14. CONTROL PANEL (MAKE & MODEL #)		American	↓	American Mfr DAB 1115
(A) IS ALARM ON SEPARATE CIRCUIT?	YES / NO	(YES) / NO	↓	
(B) DOES OVERIDE FUNCTION PROPERTY?		(YES) / NO	↓	
(C) DOES ALTERNATOR FUNCTION PROPERLY?		(YES) / NO	↓	
(D) ARE PUMPS INDIVIDUALLY PROTECTED BY SEPARATE CIRCUIT BREAKERS?	YES / NO	(YES) / NO	↓	
15. 6" SOLID CONCRETE BLOCK UNDER EACH PUMP OR EQUIVALENT CONSTRUCTION?	YES / NO	(YES) / NO	↓	

***NOTE: THIS STATEMENT MUST BE COMPLETED AND SIGNED:**

I, Dennis Hott, DO HEREBY CERTIFY THAT THE SEWAGE PUMPS INSTALLED ON
(PRINT NAME OF SDS CONTRACTOR)

THIS LOT ARE Zoeller 165 AND THAT THE PUMP IS
(MAKE AND MODEL NUMBER)

CONSTRUCTED IN ACCORDANCE WITH APPROVED PLANS.

4/27/00 — DATE

SIGNATURE OF SEWAGE DISPOSAL CONTRACTOR OR AUTHORIZED AGENT

4/27/00 — DATE

ENVIRONMENTAL HEALTH SPECIALIST

FHD-EH-102 REV. 10/96

RECEIVED
MAR 17 1999

FAIRFAX COUNTY DIVISION OF ENVIRONMENTAL HEALTH
SEWAGE EFFLUENT PUMP CALCULATIONS

Plans prepared by: CHARLES P. JOHNSON & ASSOC Permit Holders Name CRAFTMARK HOMES

Address: 3959 PENDER DR. STE 210 Property Address: LOT 2

FAIRFAX VA 22030 #325 SINEGAR PLACE

Phone: (703) 385-7555 Subdivision: CASCADES ESTATE

Date: 2-16-99 No. of Bedrooms 5 Tax Map I.D. 2-2 ((3)) - 2

1. 234 number linear feet (1/2 total linear feet shown on permit) to be dosed each cycle times .65 gallons per foot of 4" ID pipe times 85% equals gallons pumped per cycle (includes reserve capacity)

2. 129.28 number of gallons to be pumped each cycle

( ) 3. - Tank size 1,125 Gals.

4. 21.6 gallons per inch of tank

NOTE: An electrical permit is required for installation.

( ) 5. 5.98 inches drawdown per cycle

6. 346.03 gallons storage (1/4 day required above high water alarm)

7. 32.73 feet of static lift

8. 2 inches diameter of discharge pipe (2" minimum PVC)

9. 425 feet length of run of discharge pipe

10. 480 feet equivalent length of pipe

11. 47.75 feet of TDH at 40 gpm minimum

12. 86.87 feet of TDH at 80 gpm maximum

( )13. - Drawdown time: 2 minutes 45 sec. at 40 gpm;

1 minutes 32 sec. at 80 gpm

( )14. - Recommended pump: #1 Make MYERS Model # WHRE 10

42 gpm at 48 feet TDH

230 volts 1 phase 1 horsepower

#2 Make ZOELLER Model # E165

47 gpm at 54 feet TDH

230 volts 1 phase 1 horsepower

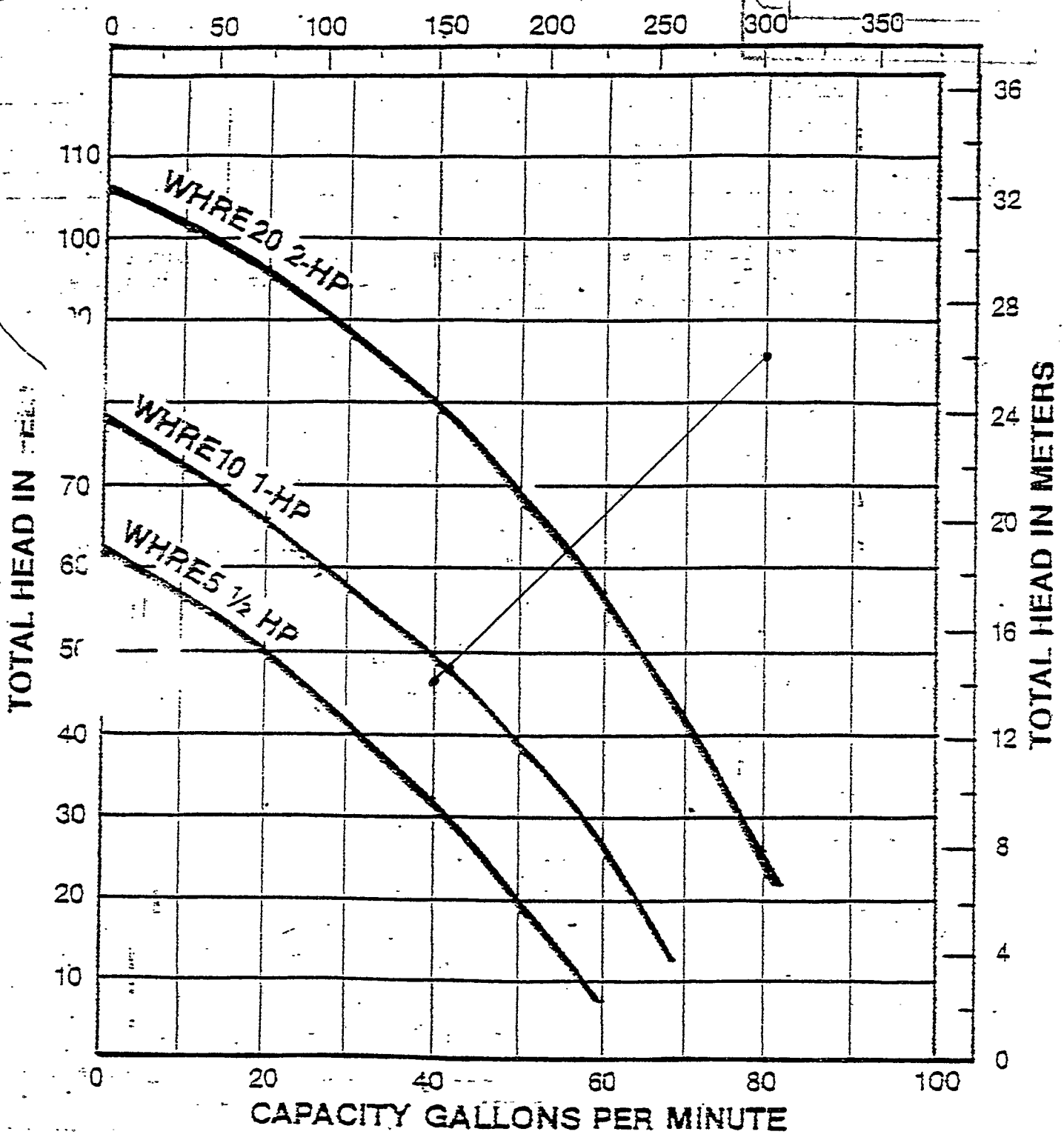
APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
( )

3-17-99 Date — Health Official

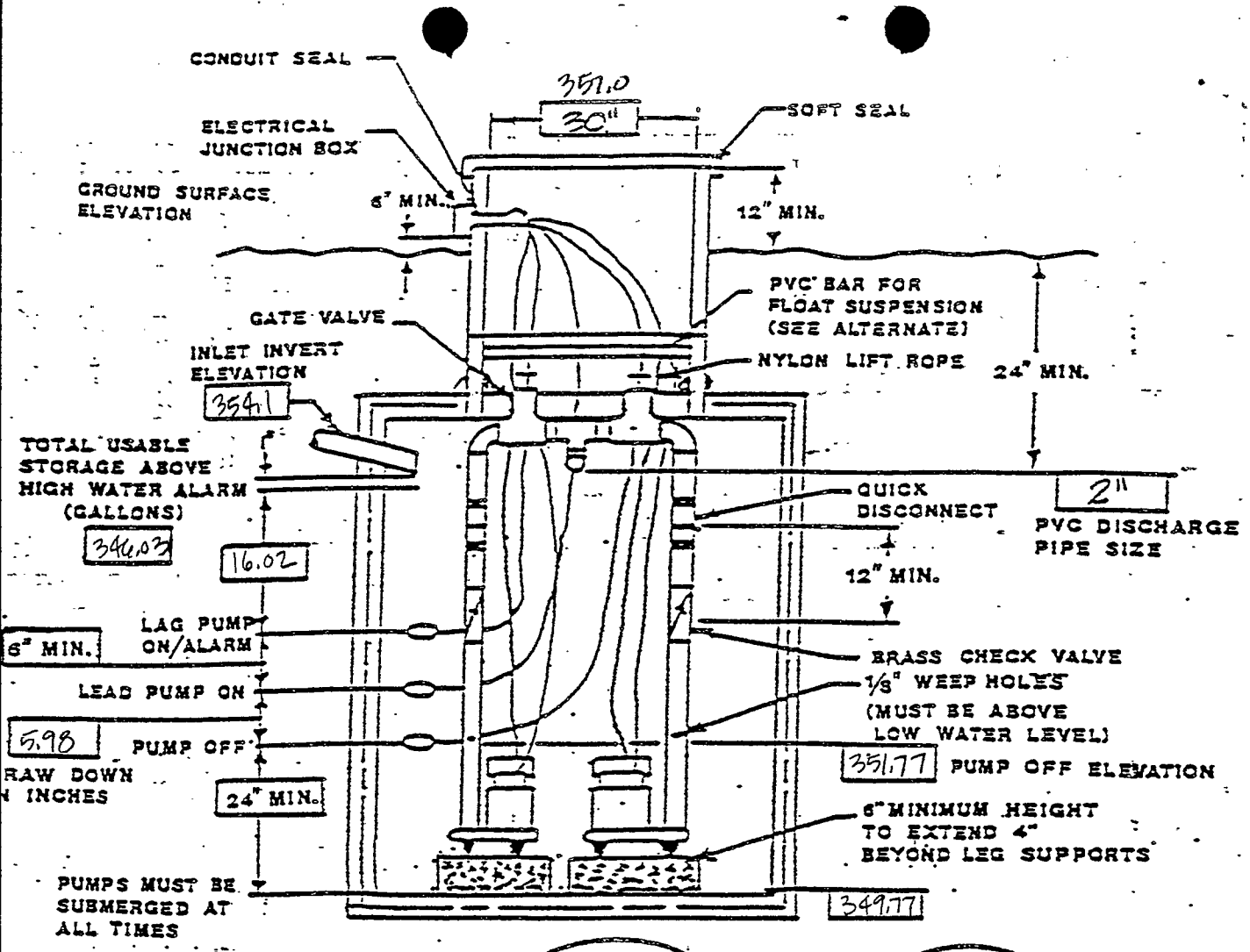
( )15. Control Panel: Make WATERGUARD Model # TAC II-50

230 volts 1 phase 1/2 maximum horsepower

PERFORMANCE CURVE
WHRE SERIES EFFLUENT PUMPS

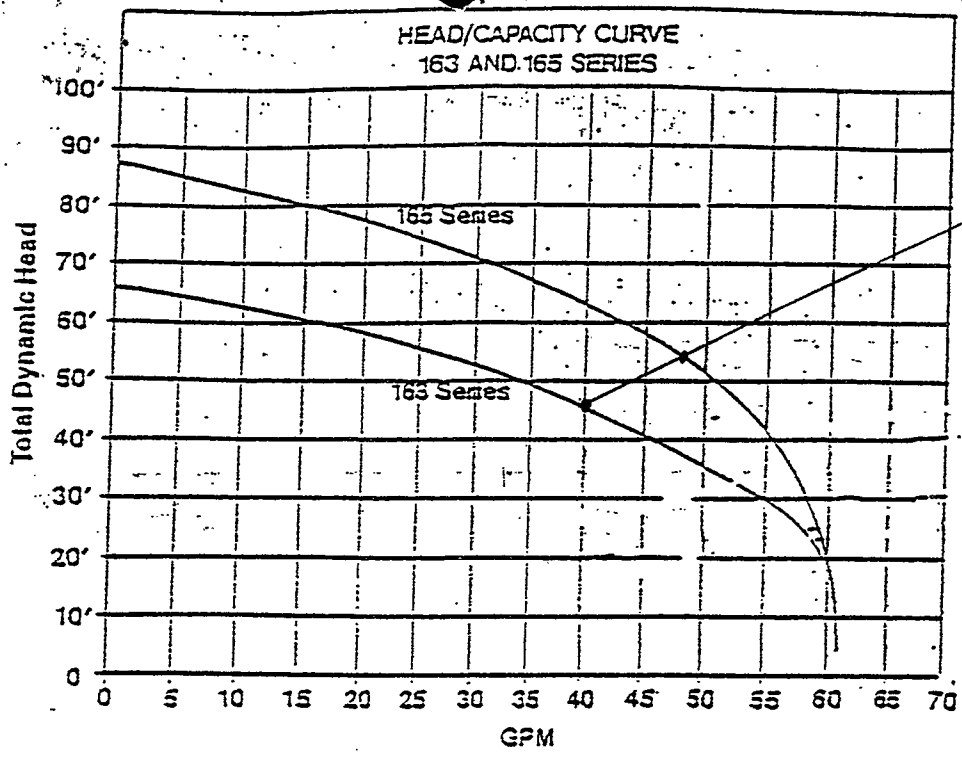


Myers®
F.E. Myers, A Pentair Company
1101 Myers Parkway
Ashland, Ohio 44805-1923
419/289-1144
FAX: 419/289-6658 TLX: 98-7443



GALLONS	INSIDE DIMENSIONS (INCHES)			GAL/IN	MANUFACTURER
	LENGTH	WIDTH	LIC. DEPTH		
1125	97"	51"	52"	21.6	TAPP

NOTE
FLOATS MUST BE INSTALLED AS NOT TO BE DISTURBED BY WASTEWATER ENTERING THE TANK.



Total Dynamic Head/ Capacity Per Minute					
Series		163		165	
Ft	M	Gal	Ltrs	Gal	Ltrs
5	1.52	61	231	61	231
10	3.05	61	231	61	231
15	4.57	60	227	60	227
20	6.10	59	223	60	227
25	7.62	57	216	59	223
30	9.14	55	208	58	220
35	10.67	50	189	57	216
40	12.19	46	174	55	206
45	13.70	40	151	54	204
50	15.24	33	125	51	193
55	16.76	25	95	48	182
60	18.29	15	57	43	163
65	19.80			37	140
70	21.34			30	114
75	22.86			22	83
80	24.38			14	53
LOCK VALVE		66'		87'	

CONSULT FACTORY FOR SPECIAL APPLICATIONS

- Three phase pumps are available in 200/208V, 230V, or 460V.
- Electrical alternators, for duplex systems, are available and supplied with an alarm.
- Mechanical alternators, for duplex systems, are available with or without alarm switches.
- Combination starters are available.
- Mercury float switches are available for controlling single and three phase systems.
- Double piggyback mercury float switches are available for variable level long cycle controls.
- Long cords are available in lengths of 25 - 35 - 50 feet.
- Over 130° F. (54° C.) special quotation required.

SINGLE AND THREE PHASE UNITS

163 Series						
Cast Iron	Volts-Phase		Wt.	H.P.	Amps	Cord Length
M163	115-1Ph	Automatic	75	1/2	14.0	20 ft.
N163	115-1Ph	Non-Auto.	75	1/2	14.0	20 ft.
D163	230-1Ph	Automatic	75	1/2	7.0	20 ft.
E163	230-1Ph	Non-Auto.	75	1/2	7.0	20 ft.
F163	230-3Ph	Non-Auto.	75	1/2	23.0	20 ft.
H163	200/208-1Ph	Automatic	75	1/2	8.2	20 ft.
I163	200/208-1Ph	Non-Auto.	75	1/2	8.2	20 ft.
J163	200/208-3Ph	Non-Auto.	75	1/2	22.2	20 ft.
G163	460-3Ph	Non-Auto.	75	1/2	11.5	20 ft.

165 Series						
Cast Iron	Volts-Phase		Wt.	H.P.	Amps	Cord Length
D165	230-1Ph	Automatic	80	1	9.0	20 ft.
E165	230-1Ph	Non-Auto.	80	1	9.0	20 ft.
F165	230-3Ph	Non-Auto.	80	1	5.6	20 ft.
H165	200/208-1Ph	Automatic	80	1	10.7	20 ft.
I165	200/208-1Ph	Non-Auto.	80	1	10.7	20 ft.
J165	200/208-3Ph	Non-Auto.	80	1	5.0	20 ft.
G165	460-3Ph	Non-Auto.	80	1	2.3	20 ft.

Single phase 1 H.P. units are controlled by a float switch through a relay enclosed in the switch case. Three phase units require a control switch to operate an external magnetic or combination starter.

For information on additional Zoeller products refer to catalog on Combination Starter, FM-514; Piggyback Mercury Float Switches, FM-477; Electrical Alternator, FM-486; Mechanical Alternator, FM-485; Alarm Package, FM-513; and Sump/Sewage Basins; FM-487.

All installation of controls, protection devices and wiring should be done by a licensed and qualified electrician. All electrical and safety codes should be followed in addition to the most recent National Electric Code (NEC) and the Occupational Safety and Health Act (OSHA).

RESERVE POWERED DESIGN

For unusual conditions a reserve safety factor is an engineered/design part of every Zoeller pump.

Zoeller Co.
3280 Old Millers Lane
P.O. Box 16347
Louisville, Kentucky 40216
(502) 778-2731

Manufacturers of . . .
"Quality Pumps Since 1939"

SEWA[redacted]SPOSAL SYSTEM CONSTRUCTION P[redacted] X MAP: 2-2-W3-2

1. STREET ADDRESS: 325 Smeggs Place
2. SUBDV. FILE #: 1958
3. AREA NUMBER: 1
4. HD:ID:NO: 127-99-0320
5. DT:APP:RC: 3/5/99
6. DT:SITE:VS: 1/12/00
7. FOLLOW-UP DATE: —
8. F-UP EMP #: —
9. SYSTYP:

   1 = Conventional Gravity Flow
   (2) = Conventional Pumped Flow
   3 = Conditional or Experimental
   4 = Pit Privy

10. PMTTYP:

    C = Conditional
    E = Expanded
    (N) = New
    R = Repair

11. SEPUSE:

    C = Commercial use
    O = Other
    (R) = Residential use

12. WTR:SP

    N = None
    NC = Non-Community
    PR = Private
    (PU) = Public

13. EXST:NW:

    E = Existing
    (N) = New

14. DT:C:PMT: 1/12/00
15. PMT EMP #: Dickson
16. DATE SDS APP: 4/27/00
17. APP EMP #: 8688
18. DT:O:PMT: 4/27/00
19. OPER EMP #: 8688
20. SPECIAL PROJECT:

    ISTP = Individual Sewage Treatment Plant
    IWM = Individual Well Monitor
    LF = Landfill
    MAR = Marina
    (N) = None
    NC = Non-Community
    O = Other
    RW = Road Widening
    SDEI = Sewage Disposal E & I
    SF = SandFilter
    STRE = Stream
    WSEI = Water Supply E & I

21. BEDROOMS DESIGNED FOR: 5
22. CLOTHESWASHER: Yes
23. GARBAGE DISPOSAL: Yes
24. STATUS:

    A = Active Permit
    (C) = Completed System
    E = Expired Permit
    I = Inactive Permit
    S = Soil Evaluation Only
    W = Withdrawn Permit

25. ABSORPTION FIELD:

    B = Beds
    M = Mound
    N = None
    O = Other
    P = Pits
    PR = Privy
    (T) = Trenches

26. DETAILS: 2 lines @ 47' 3 lines @ 78'

    Indicates the number of lines and the length of ditches or the diminisions of pits.
    EX: 6 lines @ 77 feet
    EX: 4 pits 5 Ft. x 10 Ft. x 10Ft. Dee

27. DEPTH (in): 55"
28. SQFT: 938
29. TYPE SEPTIC TANK:

    A = Allen
    AM = American
    F = Furr
    L = Lawson
    O = Other
    P = Poured in Place
    (T) = Tapp
    UNK = Unknown Type

30. TANK SIZE(gal): 1500 FX
31. FDV TYPE:

    (B) = Bull Run
    F = Franklin
    H = Hancor
    N = None
    O = Other

32. PUMP MAKE/MODEL: Zoeller - N165
33. DRAWDOWN(in): 6"
34. CONTRACTOR: Hoffe Sons
35. NUMBER OF INSPECTIONS TO COMPLETE: 0
36. EXPLAIN PROBLEMS ENCOUNTERED:

    C = Contractor Error
    IL = Incorrect Location
    (N) = No Problems Encountered
    O = Other, Comment to be Completed
    R = Rock
    UM = Unapproved Construction Material
    W = Water Table Problems

37. REASON RESERVE USED:

D = Damage by Mechanical Means
E = Expansion
M = Malfunction
NPR = No Reserve Provided
O = Other, Comment to be completed
RNU = Reserve Not Used

38. SDS COMMENT 1: (80 CHR$)_____

_____

39. SDS COMMENT 2: (CHR$)_____

_____

VIRGINIA STATE GRID NORTH (NAD27)

SENECA ROAD ROUTE #602

(VARIABLE WIDTH)

S01°20'54"W 646.94'

LOT 2
75,105 ±

LOT 3
75,105 ±

LOT 4
75,105 ±

R=230.00' A=76.09'

N24°37'00"E 87.64'

N63°17'57"E 188.40'

N69°19'25"E 179.89'

N28°41'07"E 78.40'

R=535.00' A=64.13'

N28°10'57"W

225.29'

R=605.00' L=305.48'

N87°21'15"W

15' SAN. SEW. ESMT.

15' STM. DRG. ESMT.

TREE SAVE AREA=1,359 SF

TREE SAVE AREA=2,444 SF

SLOPE CONSTRUCTION & MAINTENANCE ESMT.

STORM DRAIN EASEMENT

STORM DRAIN & SLOPE CONSTRUCTION MAINTENANCE EASEMENT

KENWOOD (REV) W.O. #329
FF=375.02
BF=365.00
3 CAR GAR.=373.69

OAKTON (REV) 9-BSMT. LEVEL #325
FF=359.57
FR=358.90
BF=349.60
LB=348.93
2 CAR GAR.=358.24

KENWOOD LEVEL #333
FF=383.02
BF=373.00
3 CAR GAR.=381.69

SINEGAR PLACE (50' R/W)

LOT 1 LOT 18 LOT 17 LOT 16 LOT 5

LOT 2 PERC DATA
PERC RATE = 12 M.P.I.
DEPTH = 55"
# OF BEDROOMS = 5
L.F. REQUIRED = 468 L.F. +
234 L.F. FUTURE RESERVE
USE: 5 TRENCHES @ 46.8 L.F. EA. +
3 FUTURE RESERVE TRENCHES @ 46.8 L.F. EA.
USE: 3 TRENCHES @ 78 L.F. EA. +
2 FUTURE RESERVE TRENCHES @ 78 L.F. EA.

FDV = 384.5
DIST. BOX A = 384.3
INV. AT FIRST TRENCH = 384.1
DIST. BOX B = 382.5

1500-GALLON TANK
INV. IN = 354.5
INV. OUT = 354.3
FIN. GRADE = 354.9
SEWER INV.
AT HOUSE = 355.12

1125-GALLON PUMP
INV. IN. = 354.1
INV. OUT = 353.9
FIN. GRADE = 357.0

LOT 3 PERC DATA
PERC RATE = 12 M.P.I.
DEPTH = 60"
# OF BEDROOMS = 5
L.F. REQUIRED = 468 L.F. +
234 L.F. FUTURE RESERVE
USE : 6 TRENCHES @ 78 L.F. EA. +
4 FUTURE RESERVE TRENCHES @ 78 L.F. EA.

FDV = 368.5
DIST. BOX A = 368.3
INV. AT FIRST TRENCH = 368.1
DIST. BOX B = 366.5

1500-GALLON TANK
INV. IN = 362.5
INV. OUT = 362.3
FIN. GRADE = 365.0
SEWER INV.
AT HOUSE = 362.9

1125-GALLON PUMP
INV. IN. = 362.1
INV. OUT = 361.9
FIN. GRADE = 365.0

LOT 4 PERC DATA
PERC RATE = 20 M.P.I.
DEPTH = 64"
# OF BEDROOMS = 5
L.F. REQUIRED = 575 L.F. +
273 L.F. FUTURE RESERVE
USE : 6 TRENCHES @ 91 L.F. EA. +
4 FUTURE RESERVE TRENCHES @ 91 L.F. EA.

FDV = 392.0
DIST. BOX A = 391.8
INV. AT FIRST TRENCH = 391.6
DIST. BOX B = 391.0

1500-GALLON TANK
INV. IN = 379.5
INV. OUT = 379.3
FIN. GRADE = 382.0
SEWER INV.
AT HOUSE = 380.3

1125-GALLON PUMP
INV. IN. = 379.1
INV. OUT = 378.9
FIN. GRADE = 382.0

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.

12.20.99
Date

Health Official

HEALTH DEPARTMENT COPY

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

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

NO. DATE REVISION PRIOR TO APPROVAL

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

7668-SD-01

COMMONWEALTH OF VIRGINIA
PAUL B. JOHNSON
No. 018450
12.15.99
PROFESSIONAL ENGINEER

NO. REVISIONS DESCRIPTION DATE PCSM APPROVAL DATE
2 RE-SITE LOT 2 (JMF) 11-16-99
1 RESITE LOT 4 (MJD) 5-31-99

BUILDER:
CRAFTMARK HOMES
6820 ELM STREET
SUITE 200
MCLEAN, VIRGINIA 22101

DESIGN HMF DRAFT KJV
APPROVED PBJ
DATE DEC. 1998
SCALE HORIZ. 1" = 30' VERT. NONE

SHEET 1 OF 5

FILE NO.: 98-612-701