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 30, 1999

OWNER'S NAME: LOWES ISLAND LC.

BUILDING APPLICATION NUMBER: 99062B0640

SUBDIVISION: CASCADE ESTATES SEC: 12A BLOCK: _____ LOT: 3

TAX MAP IDENTIFICATION: 2-2-003-3

PROPERTY ADDRESS: 329 SINEGAR PLACE, GREAT FALLS VIRGINIA 22066

HEALTH DEPARTMENT PERMIT # : 129-99-0319

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: 11-19-1999

ENTERED OCB gm

WATER SUPPLY SYSTEM

APPROVED: PUBLIC

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: 11/19/99 INITIALS: JNO

** FDV (CHECK ONE) ☑ YES ☐ NO

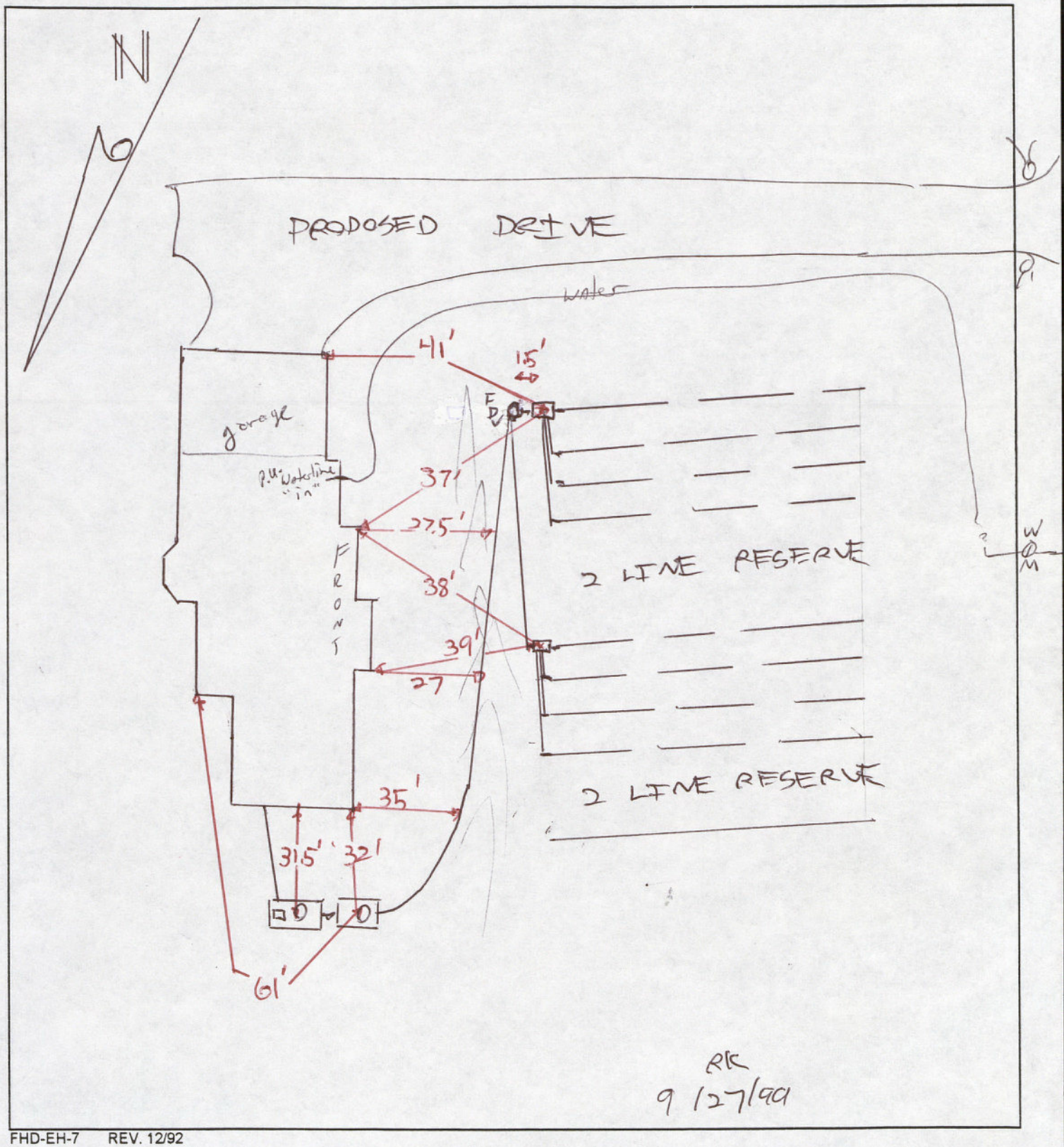
FHD-EH-3 REV. 8/98

SPECIAL HANDLING

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

Tax Map ID: 2-2-003-3 Street Address: 329 SINEGAR PLACE

Subdivision: _____ City, State, Zip: GREAT FALLS VA 22066



RK
9/27/99

FHD-EH-7 REV. 12/92

County of Fairfax, Virginia

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

ONSITE SEWAGE DISPOSAL SYSTEM AND/OR WELL CONSTRUCTION/PERMITAPPLICATION

CHECK ALL APPLICABLE:

( ) NEW CONSTRUCTION ( ) SEWAGE DISPOSAL SYSTEM PERMIT ( ) INDIVIDUAL WELL WATER SUPPLY PERMIT
(X) ADDITION/REMODELING ( ) WELL ABANDONMENT ( ) SEWAGE SYSTEM EXPANSION ( ) DEMO PERMIT
( ) BETTERMENT LOAN ELIGIBILITY ($50.00 FEE)

TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT CLEARLY)

PERMIT TO BE MAILED TO: OWNER (X) AGENT ( )

OWNER Potteiger, Gregory + Sandra PHONE 703-919-3775 EMAIL _____

ADDRESS 339 Sinegar Pl CITY Great Falls ZIP 22066

AGENT COE - Barbara PHONE 703-273-0397 EMAIL COEINCE@gmail.com

ADDRESS PO Box 477 CITY Fairfax ZIP 22036

PROPERTY ADDRESS 329 Sinegar Pl TAX MAP 0022 03 0003

SUBDIVISION Cascades Estates SECTION 12A BLOCK _____ LOT 3

(X) RESIDENTIAL
Sewage: (X) Septic Tank ( ) Public ( ) Other _____ (X) Basement – Plumbing in Basement (X) Yes ( ) No

Proposed Septic usage ≥ 1000 GPD ( ) Yes ( ) No

Number of Potential Bedrooms N/A Number of Kitchens N/A Number of Laundry Rooms N/A

Water: ( ) Well (X) Public ( ) Other _____ Number of Geothermal Wells: N/A

Will foundation be chemically treated for termites ( ) Yes ( ) No

( ) COMMERCIAL
Sewage: ( ) Septic Tank ( ) Public ( ) Other _____ Estimated Number of Patrons _____ using sanitary facilities;

Number of Employees _____ using sanitary facilities; Total Estimated Daily Water Usage _____ Gallons

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

Will foundation be chemically treated for termites ( ) Yes ( ) No

DESCRIBE CONSTRUCTION: Demo Rear Deck + Stairs (2) New Covered Staircase with Stone Risers Elevated Slab / On Grade Patio w/ Sink & Gr. Level Area

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 Barbara Coe

DATE 5/19/15 ( ) OWNER (X) AGENT

For Department Use Only

( ) Plan submitted for review under VA Code 163.6 with waiver to Chapter 610/613 HWELL: _____ HSEPTIC: 8085911100

Date Lot Approved: _____ Type System _____ Design for _____ Bedrooms or _____ Gallons per Day

Perc Rate _____ Depth _____ Septic Tank Gallons _____ Absorption Field _____ (Lin. Ft.) Reserve Area _____ (Lin. Ft.)

Building Permit No. 151390009 PAID MAY 19 2015 Receipt Number(s) 608998 - $75. - DM

Remarks 4449054 Appd patio - concrete, stairs, Grill Area + sink with no Direct tie into SDS

REVIEWED BY _____ TITLE ROS/REHS DATE 5-19-15

EHO09 REV. 4-13

THE FOLLOWING INFORMATION IS REQUIRED FOR A COMPLETE APPLICATION SUBMISSION:

Grading Only Plans:

___ 9 copies of the site/grading plan
___ Special "Grading Only" Notice on each copy

First Submission of Site/Grading Plans for Building Permit

___ 10 copies of site/grading plan
___ 4 copies of pump plans or hydraulic designs (if required for design)
___ 1 copy of architectural plan (floor plan)
___ Fairfax County Building Permit Application

Revisions to Site/Grading Plans

___ 10 copies of site/grading plan
___ 4 copies of pump plans or hydraulic designs (if changes to design are made)
Note: Architectural plans required if the house type changed

Building Additions and Pool Reviews (with less than 2500 ft^2 site disturbance)

✓ Fairfax County Building Permit Application
✓ 2 copies of site plan (1:50 scale minimum) (4)
✓ 1 copy of architectural plans

Building Additions and Pool Reviews (with 2500 ft^2 or greater site disturbance)

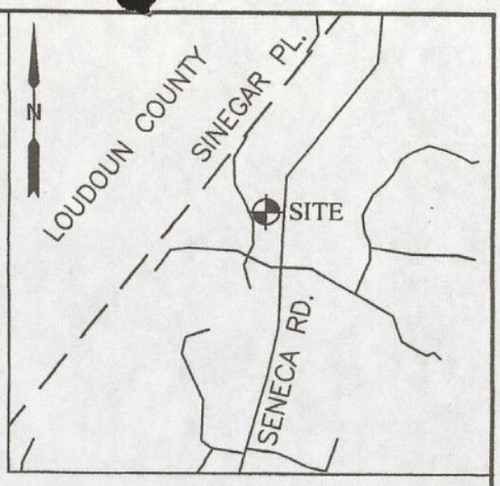
___ Fairfax County Building Permit Application
___ 9 copies of site/grading plans
___ 1 copy of architectural plans

NOTE: If the plans are rejected the Engineer listed on the plans will be contacted with an explanation for the rejection, regardless of whom submitted the plans

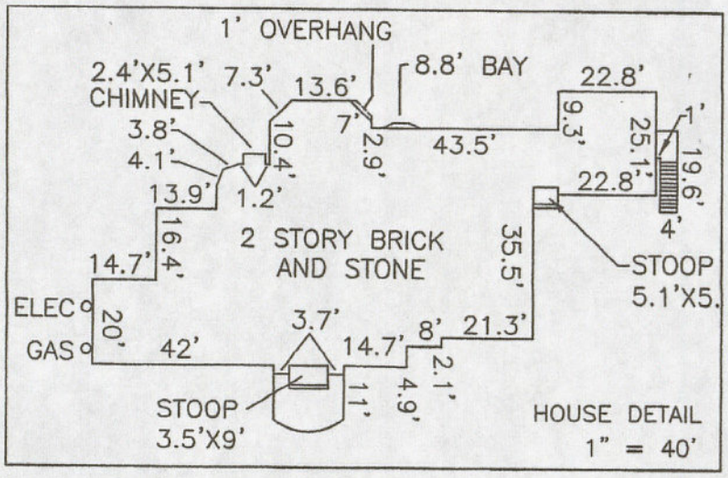
A complete application package has been provided to the Health Department for review.

[signature] 5/19/15
(Signature of owner or agent) (Date)

NOTES:
1. THIS PLAT IS BASED ON A CURRENT FIELD SURVEY ON MAY 11, 2015
2. NO TITLE REPORT WAS FURNISHED
3.NON RECORDED EASEMENTS MAY EXIST
4.THIS PROPERTY IS LOCATED IN FEMA FLOOD ZONE HAZARD "X" AS PER FLOOD INSURANCE RATE MAP, COMMUNITY PANEL NUMBER 51059C0040E; DATED SEPTEMBER 9, 2010



VICINITY MAP 1"=2000'



3.6 X 8 Curved Cmu stairs

DB 9069 PG 202

3.6 X 4 Cmu stairs

6 X 13 Elevated Slab

SENECA RD.

N 01°20'54" E 186.04'

N 88°39'06" W 171.62'

CASCADES ESTATES LOT 3

1.2' WALL

PATIO

101.5'

N 72°00'54" E 315.91'

AC

CO

#329

23.5'

61.6'

SEP.

1.2' WALL

CONC.

2' COLUMN

0 100 200

SCALE 1" = 100'

CASCADES ESTATES LOT 2

1.2' WALL

CO

STONE WALK

ASPHALT

171.1'

CASCADES ESTATES LOT 4

S 14°49'03" W 243.73'

CABLE

1.7' COLUMN

89.42' WM A 101.60'

IPF

S 28°10'57" E R605.00'

SINEGAR PLACE

MB

APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
approved stairs, patio, Grill Area with No Direct to SDS
5-19-15
Date
Health Official

HEALTH DEPARTMENT COPY

NOTE: BEARINGS BASED ON A PLAT OF RECORD FOR CASCADES ESTATES SUBDIVISION RECORDED AT PG 9069 PG 202, FAIRFAX COUNTY, VIRGINIA

HOUSE LOCATION SURVEY
JN: 2015-1186

COMMONWEALTH OF VIRGINIA
ANDREW N HORNBECK
Lic. No. 3192
5/11/15
LAND SURVEYOR

MERESTONE GEOMATICS, LLC
LAND SURVEYING
9404 SECCA DR.
FREDERICKSBURG, VA
PHONE 540-877-8722

CASCADES ESTATES
LOT 3
Drainsville Magisterial District
Fairfax County, Virginia

Drawn: ANH	Current Inst.DB 14397 PG 879
Survey: ANH	Revision Date: --/--/--

05/11/2015

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 80891100

Fairfax Co. Health Department

Name of Company/Corporation/Individual: Stewarts Septic Service

Address: 21673 Oatlands rd Aldie VA 20105 Telephone: 703 777 4177

Owner's Name Sandra & Gregory Pottelger

Owner's Address 329 Sinegar Place, Great Falls VA 22066

Location of Installation: Lot 3 Block NA

Section: 12A Subdivision: Cascade Estates

Other: TM # 2-2-003-3

I hereby certify that the onsite sewage disposal system has been repaired installed and completed in accordance with the construction permit issued (date) 1/14/2013 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1/16/13
Date

Signature and Title

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

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

Health Department # 80891100 Tax Map # 2-2-003-3 Date 1-14-13

Owner Sandra & Gregory Potteiger Phone (703) 919- 3775

Property Address 329 Sinegar Place, Great Falls, VA 22066

Subdivision Cascade Estates Sec./Block 12A Lot 3

Type of System Conventional pump System Design 5 bedrooms Design

Owner/Agent SAME Phone ( ) -

Mailing Address SAME

For: ☒ Dwelling ☐ Commercial Property ☐ Other, describe:

This permit authorizes the following repairs:

☐ Replace and/or repair sewer line.

☒ Replace 2 malfunctioning effluent pump(s) with pump(s) rated at a minimum of 40 gpm @ 14.0 feet of TDH and a maximum of 80 gpm @ 27.8 feet of TDH. Pumps must be equivalent to originally approved pumps.

☐ Replace septic tank and/or pump chamber in the same location.

☐ Replace electrical junction box on the pump chamber.

☐ Replace septic tank lid and/or pump chamber lid.

☐ Replace or repair pump control box.

☐ Replace or repair force main.

☐ Replace and/or repair conveyance line and/or header lines

☐ Replace damaged flow diversion valve and/or valve stem.

☒ Replace 3 malfunctioning pump chamber float(s) and/or ___ gate valve(s) and/or 2 check valve(s) and/or piping. Reset drawdown between on and off float to 6 inches.

☐ Replace and/or reparge ___ damaged distribution box(es).

☐ Replace outlet and/or inlet tee(s).

☐ Other.

Comments: Recommend removal of birch tree that is less than 10' from pump tank to prevent future root intrusion

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: 1-14-13 Issued by: Kurt Aspelin, R.E.H.S. K A Aspelin
Environmental Health Specialist

Date: 01/16/2013 Repairs Approved: Diana M Wilmer
Environmental Health Specialist

Date: 1-16-13 Reviewed by: Mark A Lee
Environmental Health Supervisor

EHO21-12/2010

SDS Repair Contractor: Stewarts Septic Service

FAIRFAX COUNTY HEALTH DEPARTMENT

PERMIT APPLICATION

MARK ALL APPLICABLE BOXES:

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

TO BE COMPLETED BY THE APPLICANT PLEASE PRINT CLEARLY

OWNER POTTELGER ADDRESS 329 SINEGAR PL. PHONE
GREAT FALLS ZIP 22066

AGENT JAMES R BARR ADDRESS 34688 WEATHERLY PL. PHONE 540-554-2480
THE HOMESMITH CO ROUND HILL, VA ZIP 20141

SUBDIVISION CASCADES ESTATES SECTION 12A BLOCK LOT 3

PROPERTY ADDRESS 329 SINEGAR PL. TAX MAP 2-2-003-3
GREAT FALLS

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

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: CONSTRUCT WOODEN SUNDECK @ REAR OF HOUSE

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 J R B PRINT NAME JAMES R. BARR

DATE 6/1/04 ( ) OWNER (X) AGENT

For Department Use Only HD:ID:NO:

Date Lot Approved: Type System Design for Bedrooms or Gallons per Day

Perc Rate Depth Septic Tank Gallons Absorption Field (Lin. Ft.) Reserve Area (Lin. Ft.)

Building Permit Number 041S3B0040 Receipt Number * Eo/00/2627 — $50.

Remarks OK TO CONSTRUCT DECK AS NOTED ABOVE & SHOWN ON ATTACHED PLAT.

* $50.00 Fee Due

REVIEWED BY J. C. Ruzzi, REHS TITLE REHS III DATE 6-1-04

PAID JUN 01 2004

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;

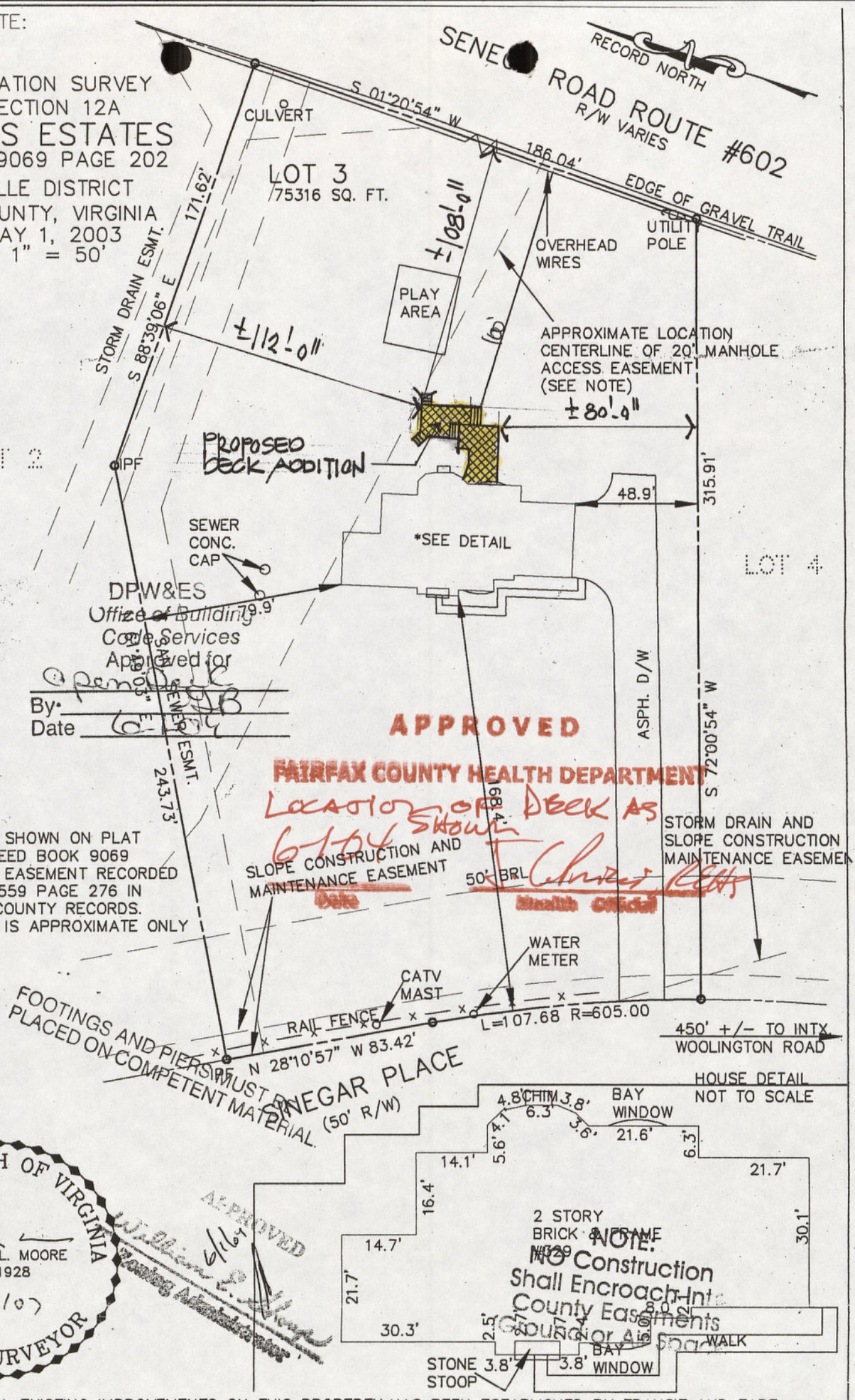
If yes, give details: _____

Field check required before further processing: Yes / No

Addition/remodeling approved: Yes / No

TAX MAP NOTE:
002-2-03-0003

HOUSE LOCATION SURVEY
LOT 3 SECTION 12A
CASCADES ESTATES
DEED BOOK 9069 PAGE 202
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VIRGINIA
DATE: MAY 1, 2003
SCALE: 1" = 50'



HOUSE DETAIL
NOT TO SCALE

LOCATION OF ALL EXISTING IMPROVEMENTS ON THIS PROPERTY HAS BEEN ESTABLISHED BY TRANSIT AND TAPE SURVEY AND UNLESS OTHERWISE NOTED THERE ARE NO ENCROACHMENTS EITHER WAY. THIS SURVEY HAS BEEN PREPARED WITHOUT A TITLE REPORT, THEREFORE ALL ENCUMBRANCES MAY NOT BE SHOWN. FENCE LOCATIONS ARE APPROXIMATE ONLY AND DO NOT CERTIFY AS TO OWNERSHIP. LOT CORNERS HAVE NOT BEEN STAKED UNLESS REQUESTED. IPF DENOTES IRON PIPE FOUND.

FLOOD NOTE: THIS PROPERTY LIES IN FLOOD ZONE X, AN AREA OUTSIDE THE 500 YEAR FLOODPLAIN, AS SHOWN ON FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 515525 0050 D DATED MARCH 5, 1990.

STEPHEN L. MOORE LAND SURVEYING, INC.
13554 MINNIEVILLE ROAD WOODBRIDGE, VA. 22192
(703) 878-6515 FAX: (703) 878-4594

OWNER: ASHE
BUYER: POTTEIGER
CLIENT#03004420 WORK #2003-0355

HEALTH DEPARTMENT COPY

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 129-99-0319

FXCo. Health Department

Name of Company/Corporation/Individual: Hall and Sons Excavating

Address: _____ Telephone: 689-1415

Owner's Name Jones Island L.C.

Owner's Address 6820 Elm St., #102, McLean, VA 22101

Location of Installation: Lot 3 Block N/A

Section: 12A Subdivision: Cascades Estates

Other: Inst # 2-2-003-3 329 Sinegar Pl/Col. Falls, VA

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 1-29-99 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

11/19/99
Date

Carlos A. Rivera
Signature and Title

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

Zoelle N147?

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FAIRFAX COUNTY Health Department

Health Department Identification Number 129-99-0319
Map Reference 2-2-003-3

General Information

Water Supply System: New ___ Repair ___ Public ✓ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New ✓ Repair ___ Expanded ___ Conditional ___ Public ___

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner LOWES ISLAND LC Telephone ___
Address 6820 ELM ST, #102, MCLEAN, VA 22101 For a Type II Sewage Disposal System or Well to be constructed on/at 329 SINEGAR PLACE, GREAT FALLS, VIRGINIA 22066
Subdivision CASCADE ESTATES Section/Block 12A Lot 3 Actual or estimated water use 5br, 750gpd

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) public **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 ¼" PER 1' slope	**Building sewer:** yes ☑ no ☐ comments Satisfactory 4" PVC Sch 40
Septic tank: Capacity 1500 gals. (minimum). ☐ Other ___	**Pretreatment unit:** yes ☒ no ☐ comments Satisfactory MANF.: TAPP SIZE: 1500FX
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ___	**Inlet-outlet structure:** yes ☒ no ☐ comments Satisfactory 2" Fall
Pump and pump station: No ☐ Yes ☒ describe and show design. if yes: SEE PUMP PLANS Approved 3-30-99	**Pump & pump station:** yes ☑ no ☐ comments Satisfactory MANF: TAPP SIZE 1125FX
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: BULL RUN Setting + 1
Distribution box: Precast concrete with 12 ports. MIN ☒ Other 2 Distribution Boxes	**Distribution box:** yes ☑ no ☐ comments Satisfactory MANF: TUFTITE 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 ___	**Percolation lines:** yes ☑ no ☐ comments Satisfactory 12 mpi @ 60"
Absorption trenches: Square ft. required 936: depth from ground surface to bottom of trench 60"; aggregate size ½"—1½"; Trench bottom slope 2"—4" PER 100' trench; center to center spacing 6'; trench width 2' Depth of aggregate 40"; 32" under pipe Trench length 78'; Number of trenches 12	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory FG 1875" BF ___
	Date 11/19/1999 Inspected and approved by: Sanitarian

C.H.S 202A

SDS contractor:
Hott And Sons Excavating

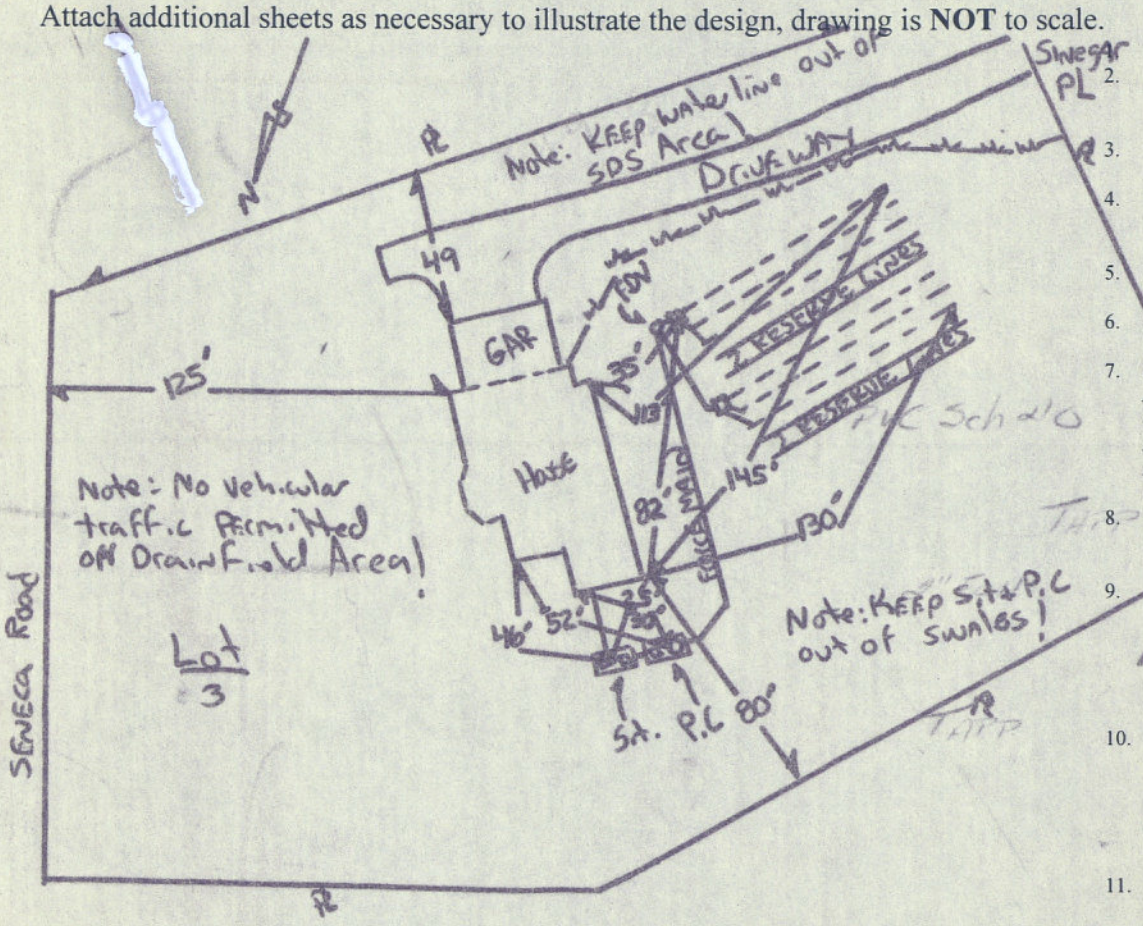
TAX MAP # 2-2-003-3

Health Department Identification Number 129-99-0319

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. Permit issued as per SP/GP Approved 3-30-99

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

This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit (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: 7-29-99 **Issued by:** Kurt Arsel
Environmental Health Specialist

Date: 7-29-1999 **Reviewed by:** John M. Nilsen
Environmental Health Supervisor

This Construction Permit Valid until 1-29-01

Commonwealth of Virginia

Fairfax County
DEPARTMENT OF HEALTH SERVICES

PERMIT

HD Number:
129-99-0319

Sewage Disposal System Operation Permit

Date of Issue:
11/19/99

TO: LOWES ISLAND LC
0329 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.

John H. Dickson II REHS/OSS
Environmental Health Specialist

John M. Milgo
EHS Supervisor

Robert B. Stroube
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.

TM; 2-2-003-3

PERMIT # 129-99-0319 LOCATION CASCADES ESTATES SEC. 12A L-3
Subdivision or Tax Map Ref.

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

Well Installed By ____________ Pump Installed By ____________

I. GROUT INSPECTED.. ______ Date ______ Sanitarian

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

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

IV. STORAGE TANK.. ______ Date ______ Sanitarian

Gate Valve_____ Sample Tap and Elec. Dis. Switch_____
Check Valve_____ Backflow Preventer_____ Press. Relief Valve_____

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

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
	Public Water Supply		

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

DATE	RECORD OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
7-28-99	Layout - No problems noted - permit issued	Hold	[illegible]
9/7/99	Inspected SDS. Sewer line, septic		
	tank and pump chamber OK	HOLD	[illegible]
9/27/99	Entire SDS, including force line		
	OK for BF	HOLD Pump	[illegible]
10/[illegible]/99			
11/16/99	FG satisfactory. Need to know where public Water Line		
	runs as DF is "in the way" and recent waterline		
	Installation is masked by new grading - S. Super Not on site		JHQ
	GFS did not know. FD [illegible] fixed while on site (Leans) - Hold		
	Pump ropes installed, PC sealed. Waterline goes		
	around all S.D.S. per Miss Utility "blue" paint		

FHD-EH-13 10-80

ALL OK TO APPROVE File C JHQ

FAIRFAX COUNTY HEALTH DEPARTMENT

PERMIT APPLICATION

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 LC ADDRESS 6820 Elm St. PHONE
McLean, Va. ZIP 22101
AGENT Nina Antonowics ADDRESS 12506 Old Yates Ford Rd PHONE 968-7159 #5
JADE Clifton, Va. ZIP 22024
SUBDIVISION Cascades Estates SECTION 12A BLOCK — LOT 3
PROPERTY ADDRESS 329 Sinegar Place TAX MAP 029-03-0003
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 [signature] PRINT NAME Nina Antonowics
DATE 3-5-99 ( ) OWNER (X) AGENT

For Department Use Only

HD:ID:NO: 129-99-0319

Date Lot Approved: 5/14/93 Type System II Design for 5 Bedrooms or 750 Gallons per Day
Perc Rate 12 Depth 60 Septic Tank Gallons 1500 Absorption Field 468 (Lin. Ft.) Reserve Area 234 (Lin. Ft.)
Building Permit Number 99062B0640 Receipt Number * E99000775 $75 4/1/99 CH
Remarks $718 MO STATE DUE (NOPE) 3-8-99 CJ 3-17-99 NOPE CJ
pump plans submitted & approved.

REVIEWED BY J. Cabrini, R.E.H.S. TITLE E.H.S. III DATE 3.30.99

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

SEWAGE PUMP INSPECTION RECORD

JCP

PERMIT # 129-99-0319 PLANS APPROVED 3-30-98

LOCATION: 329 SINEGAR Pl., GREAT FALLS TAX MAP #: 2-2-003-3

ITEM	PER PLANS	PER INSPECTION	DATE/ INITIAL	REMARKS
1. IS PUMP CHAMBER 12" ABOVE GRADE AND PROPERLY GRADED?	(YES) / NO	(YES) / NO	JAP 11/19/99	
2. IS ELECTRICAL JUNTION BOX ABOVE GRADE?		(YES) / NO		
3. DIAMETER OF PUMP CHAMBER Across Risers	30 IN.	30" IN.		
4. I S CONSTRUCTION OF CHAMBER SATISFACTORY?	(YES) / NO	(YES) / NO		
5. MAKE AND MODEL NUMBER OF PUMPS *SEE NOTE BELOW	MYERS WHERES Zoeller OR N163	~~MYERS~~ Zoeller N140	SNP 11/18/99 OR Do Not.	
6. CHECK VALVES PROPERLY LOCATED (TYPE OF MATERIAL PROPOSED) BRASS OR EQV.	(YES) / NO	(YES) / NO		MATERIAL INSTALLED: Brass
7. FORCE LINE (SIZE/MATERIAL/ DEPTH)	2" PVC 24"	2" PVC 24"	JAP 11/19/99	
8. FLOATS (TYPE/NUMBER/ SUSPENSION)	HERE 3 See plan	3 Tie		
9. DISTANCE OVERIDE BELOW INLET	16.0 IN.	16.0 IN.		
10. DISTANCE ALARM BELOW INLET	16.0 IN.	16.0 IN.		
11. HEIGHT OF "OFF" FLOAT ABOVE FLOOR	24.0 IN.	24.0 IN.		
12. DRAWDOWN BETWEEN ON & OFF FLOOR	6.0 IN.	6.0 IN.		
13. CHAMBER LID SEALED		YES / NO		
14. CONTROL PANEL (MAKE & MODEL #)	WATTSGUARD TAC IV	myers CMDD		
(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, Hall & Sons Excavating, DO HEREBY CERTIFY THAT THE SEWAGE PUMPS INSTALLED ON
(PRINT NAME OF SDS CONTRACTOR)

THIS LOT ARE Zoeller N-140 AND THAT THE PUMP IS
(MAKE AND MODEL NUMBER)

CONSTRUCTED IN ACCORDANCE WITH APPROVED PLANS.

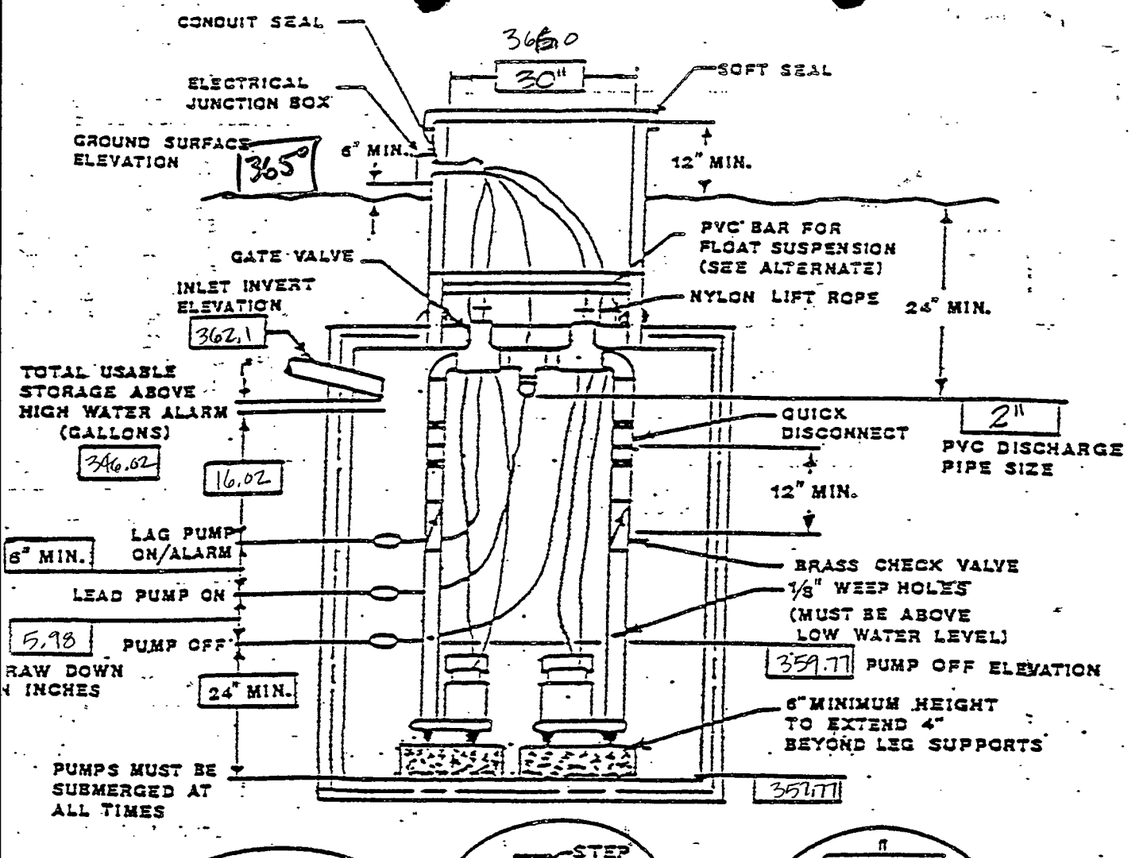
11-19-99
DATE

Carlos A. Rivera
SIGNATURE OF SEWAGE DISPOSAL CONTRACTOR OR AUTHORIZED AGENT

11-19-99
DATE

Scott Johnson CPSS
ENVIRONMENTAL HEALTH SPECIALIST

FHD-EH-102 REV. 10/96



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

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

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: 2959 PENDER DR. STE 210 Property Address:

FAIRFAX VA 22030 #329 SINEGAR PLACE

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

Date: 2-16-99 No. of Bedrooms 5 Tax Map I.D. 2-2 ((37)) -3

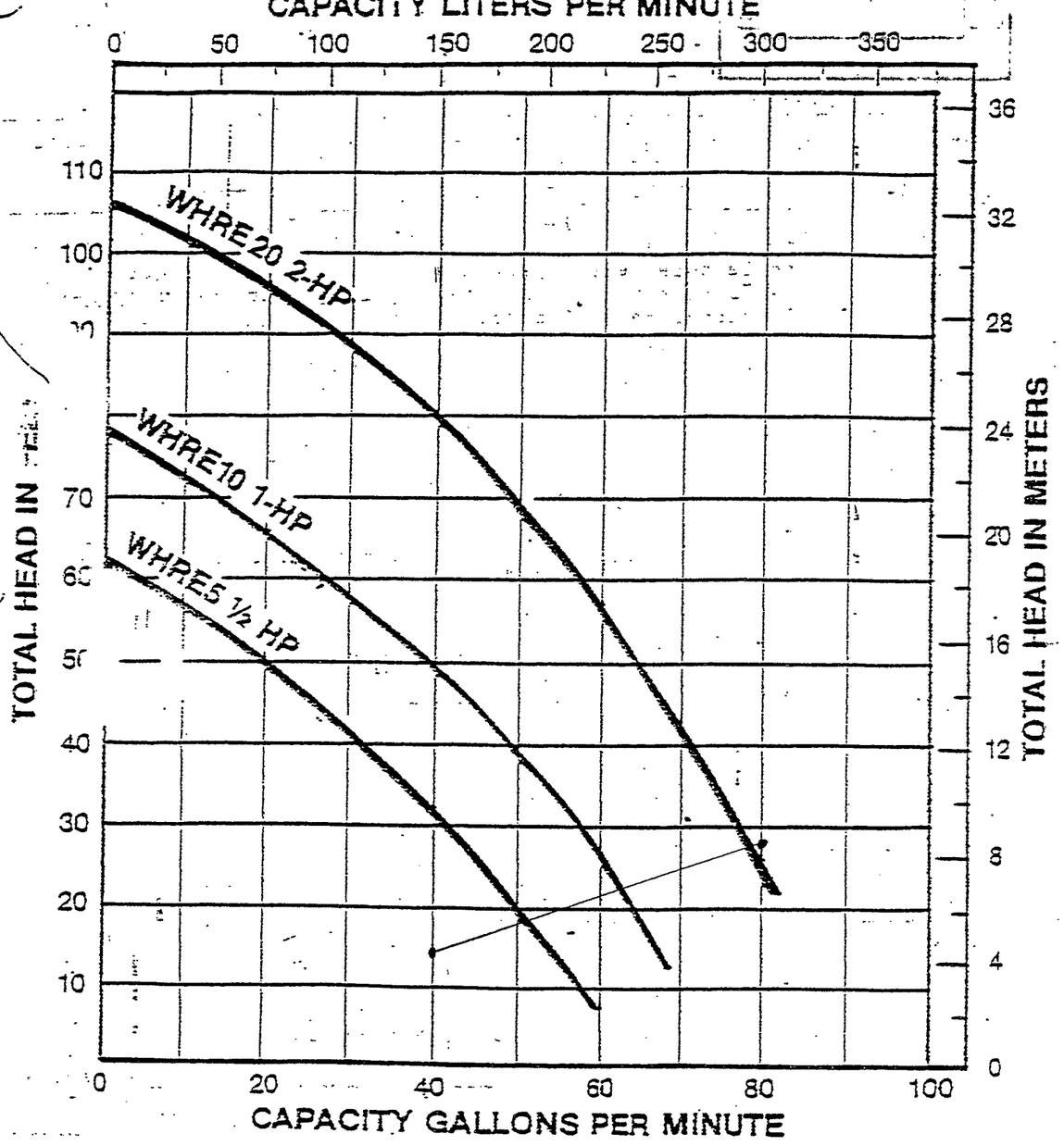
1. 234 number linear feet (1/2 total linear feet shown on permit) to be dosed each cycle times .65 gallons per foot of 4" ID pipe times 85% equals gallons pumped per cycle (includes reserve capacity)
2. 129.38 number of gallons to be pumped each cycle
3. TAPP FF Tank size 1,125 Gals.
4. 21.6 gallons per inch of tank
5. 5.98 inches drawdown per cycle
6. 346.02 gallons storage (1/4 day required above high water alarm)
7. 8.73 feet of static lift
8. 2 inches diameter of discharge pipe (2" minimum PVC)
9. 114 feet length of run of discharge pipe
10. 169 feet equivalent length of pipe
11. 14.02 feet of TDH at 40 gpm minimum
12. 27.8 feet of TDH at 80 gpm maximum
13. - Drawdown time: ~~3~~ 14 minutes ~~15~~ 37 sec. at 40 gpm; ~~1~~ minutes ~~39~~ sec. at 80 gpm
14. - Recommended pump: ~~#1~~ Make MYERS Model # WHRE 5
    51 gpm at 18 feet TDH
    115 volts 1 phase 1/2 horsepower
    #2 Make ZOELLER Model # N163
    58 gpm at 23 feet TDH
    115 volts 1 phase 1/2 horsepower
15. Control Panel: Make WATERGUARD Model # TAC III-5
    ~~230~~ volts 1 phase 1/2 maximum horsepower

NOTE: An electrical permit is required for installation.

APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
WITH CORRECTIONS AS NOTED
3-30-99 J. C. Tinsley, REHS
Date Health Official

HEALTH DEPARTMENT COPY

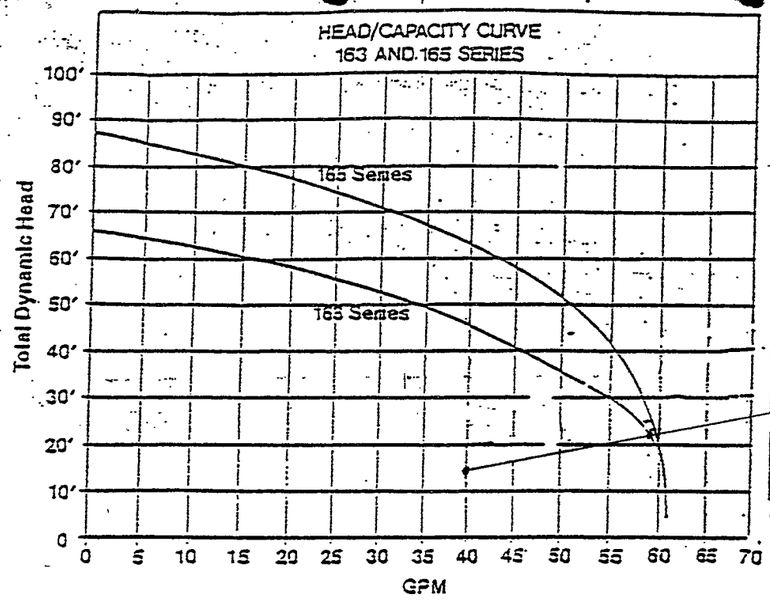
PERFORMANCE CURVE
WHRE SERIES EFFLUENT PUMPS



Myers

F.E. Myers, A Pentair Company
1101 Myers Parkway
Ashland, Ohio 44805-1923

419/289-1144
FAX: 419/289-6658, TLX: 98-7443



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.
O163	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	3.0	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	2.2	20 ft.
G163	460-3Ph	Non-Auto.	75	1/2	1.5	20 ft.

165 Series						
Cast Iron	Volts-Phase		Wt.	H.P.	Amps	Cord Length
O165	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-455; 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.
3200 Old Millers Lane
P.O. Box 16347
Louisville, Kentucky 40216
(502) 778-2731

Manufacturers of . . .
"Quality Pumps Since 1939"

Acad Dwg: N:\98603\DWG\12AT0003.DWG

1958

HOUSE LOCATION SURVEY

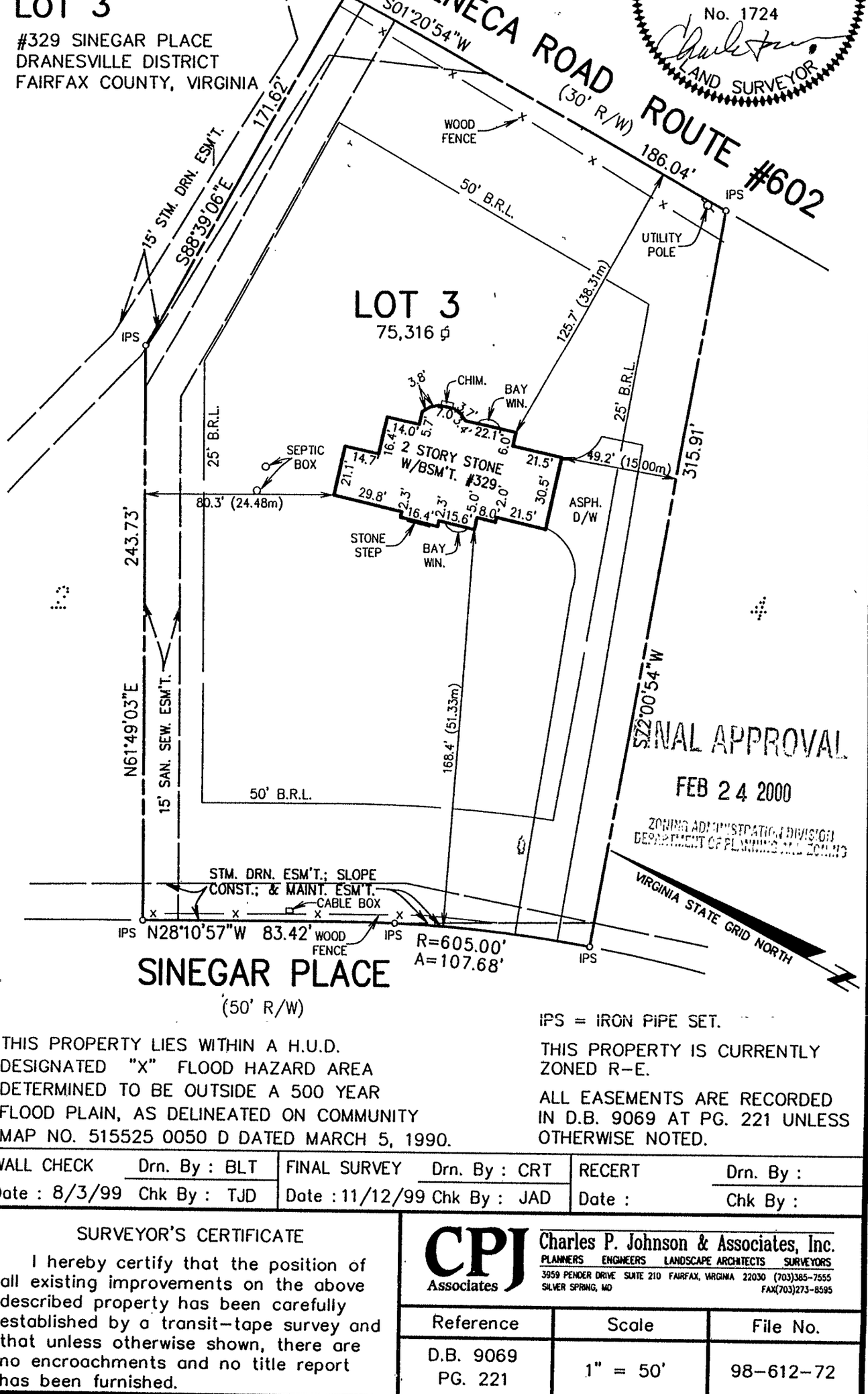
CASCADES ESTATE LOTS

SECTION 12A

LOT 3

#329 SINEGAR PLACE
DRANESVILLE DISTRICT
FAIRFAX COUNTY, VIRGINIA

COMMONWEALTH OF VIRGINIA
11-29-99
CHARLES D. FARMER
No. 1724
LAND SURVEYOR



IPS = IRON PIPE SET.

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 CURRENTLY ZONED R-E.

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

WALL CHECK Drn. By : BLT	FINAL SURVEY Drn. By : CRT	RECERT Drn. By :
Date : 8/3/99 Chk By : TJD	Date : 11/12/99 Chk By : JAD	Date : Chk By :

SURVEYOR'S CERTIFICATE

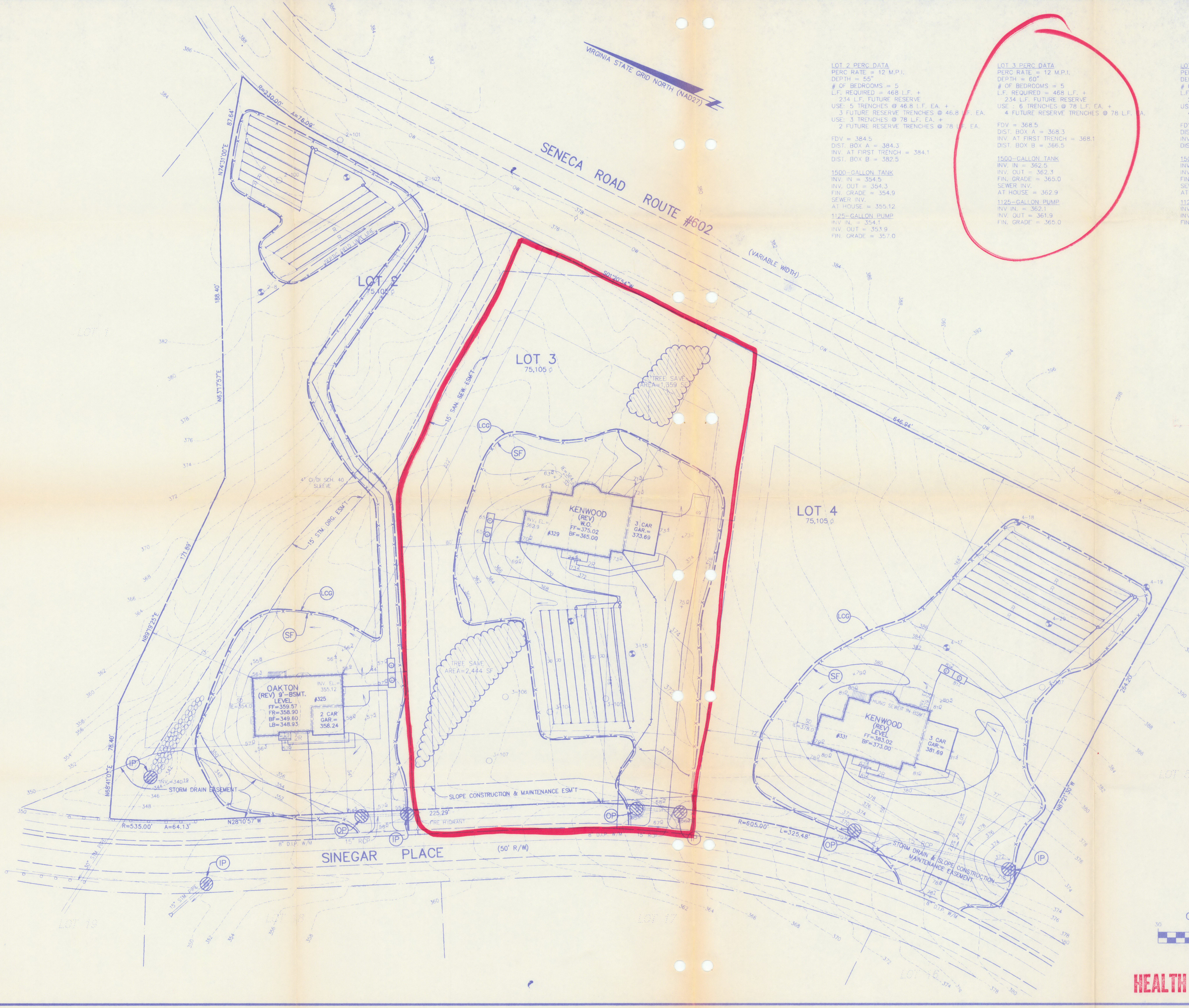
I hereby certify that the position of all existing improvements on the above described property has been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments and no title report has been furnished.

CPJ Associates
Charles P. Johnson & Associates, Inc.
PLANNERS ENGINEERS LANDSCAPE ARCHITECTS SURVEYORS
3959 PENDER 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'	98-612-72

Acad Dwg: N:\98603\DWG\12A10401

Plotted: 3/22/99 17:39



<u>LOT 2 PERC DATA</u>
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

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

<u>1125-GALLON PUMP</u>
INV IN. = 354.1
INV. OUT = 353.9
FIN. GRADE = 357.0

<u>LOT 3 PERC DATA</u>
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

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

<u>1125-GALLON PUMP</u>
INV IN. = 362.1
INV. OUT = 361.9
FIN. GRADE = 365.0

<u>LOT 4 PERC DATA</u>
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

<u>1500-GALLON TANK</u>
INV. IN = 378.7
INV. OUT = 378.5
FIN. GRADE = 381.2
SEWER INV.
AT HOUSE = 379.24

<u>1125-GALLON PUMP</u>
INV IN. = 378.3
INV. OUT = 378.1
FIN. GRADE = 381.7

– LT 3 only –

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 exiting 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.

3-30-99 — Date
J.C. Prici, R.E.H.S. — Health Official

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

HEALTH DEPARTMENT COPY

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)273-8595

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

COMMONWEALTH OF VIRGINIA
PAUL B. JOHNSON
No. 018450
3.23.99
PROFESSIONAL ENGINEER

NO.	DESCRIPTION	REVISIONS	REVIEW BY	APPRVD.	DATE

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

PRINTED
MAR 2 3 1999
CHARLES P. JOHNSON
& ASSOCIATES


SENECA ROAD ROUTE #60
LOT 2
75,105 ¢
LOT 3
75,105 ¢
SEPTIC FIELD LINE LINE
15' SAN. SEW. ESM'T
15' STM. DRG. ESM'T
4" C/DI SCH. 40 SLEEVE
KENWOOD (REV) W.O.
FF=375.02
BF=365.00
INV. EL.= 362.9
#329
3 CAR GAR.= 373.69
2 CAR GAR.= 358.24
INV. EL.= 355.12
#325
TREE SAVE AREA=2,444 SF
SLOPE CONSTRUCTION & MAINTENANCE ESM'T
225.29'
LCG
SF
OP