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was done it
was not
inspected by
us.
Pat

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

FAUQUIER CO. Health Department

Health Department

Identification Number SD-96-021

Map Reference 6091-14-3739

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 MR. ROUGHTON-RICHARD & LINDA NORRIS Telephone 687-6321
 Address P.O. BX 210 MIDDLEBURG, VA 22117 For a Type I Sewage Disposal System or Well to be constructed on/at 17N (R) 709, X 55 709 to (R) 702, part 704 to 1st (C)
 Subdivision 6091-14-3739 Section/Block 6091-14-3739 Lot 6091-14-3739 Actual or estimated water use 600 gpd 4BR

| DESIGN | NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS |
|--|---|
| Water supply, existing: (describe) <u>3C upgrade w/ approved water tight seal</u> To be installed: class <u>N/A</u> cased <u>grouted</u> | Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments Completion Report G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/> |
| Building sewer: <u>4" @ FNDT</u> <u>4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input checked="" type="checkbox"/> Other <u>smooth pipe to DB Box</u> | Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Septic tank: Capacity <u>1200</u> gals. (minimum). <input checked="" type="checkbox"/> Other <u>No garbage Disposals</u> | Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Inlet-outlet structure: <u>8" in 18" out</u> PVC Schedule 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other <u>stub T is 1" below lids</u> | Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Pump and pump station: <u>contact HD if necessary</u> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design if yes: <u>unless gravity can't be ach.</u> | Pump & pump station: <u>void</u> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Gravity mains: <u>3"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other | Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Distribution box: <u>Replace ex DB w/ 6+ ports</u> Precast concrete with <u>New 7+ ports.</u> <input checked="" type="checkbox"/> Other <u>bed virgin earth</u> | Distribution box: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other | Header lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other | Percolation lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Absorption trenches: Square ft. required <u>900 + 1000 = 1900 #</u> depth from ground surface to bottom of trench <u>48"</u> ; aggregate size <u>1/2 to 1 1/2 SSA</u> Trench bottom slope <u>2-4" per 100'</u> ; center to center spacing <u>6'</u> ; trench width <u>2'</u> Depth of aggregate <u>13+1"</u> ; Trench length <u>75'</u> ; Number of trenches <u>6</u> | Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Date _____ Inspected and approved by: _____ Sanitarian | |

Install 1200 gal ST to prepare for eventual repairs.

6091-14-3739

EX DF: New conv line of 4" sch 40 pvc to replace 1500 # crush rigid pipe. New DB to Replace crushed DB.

Contact Mass Utility before excavating.

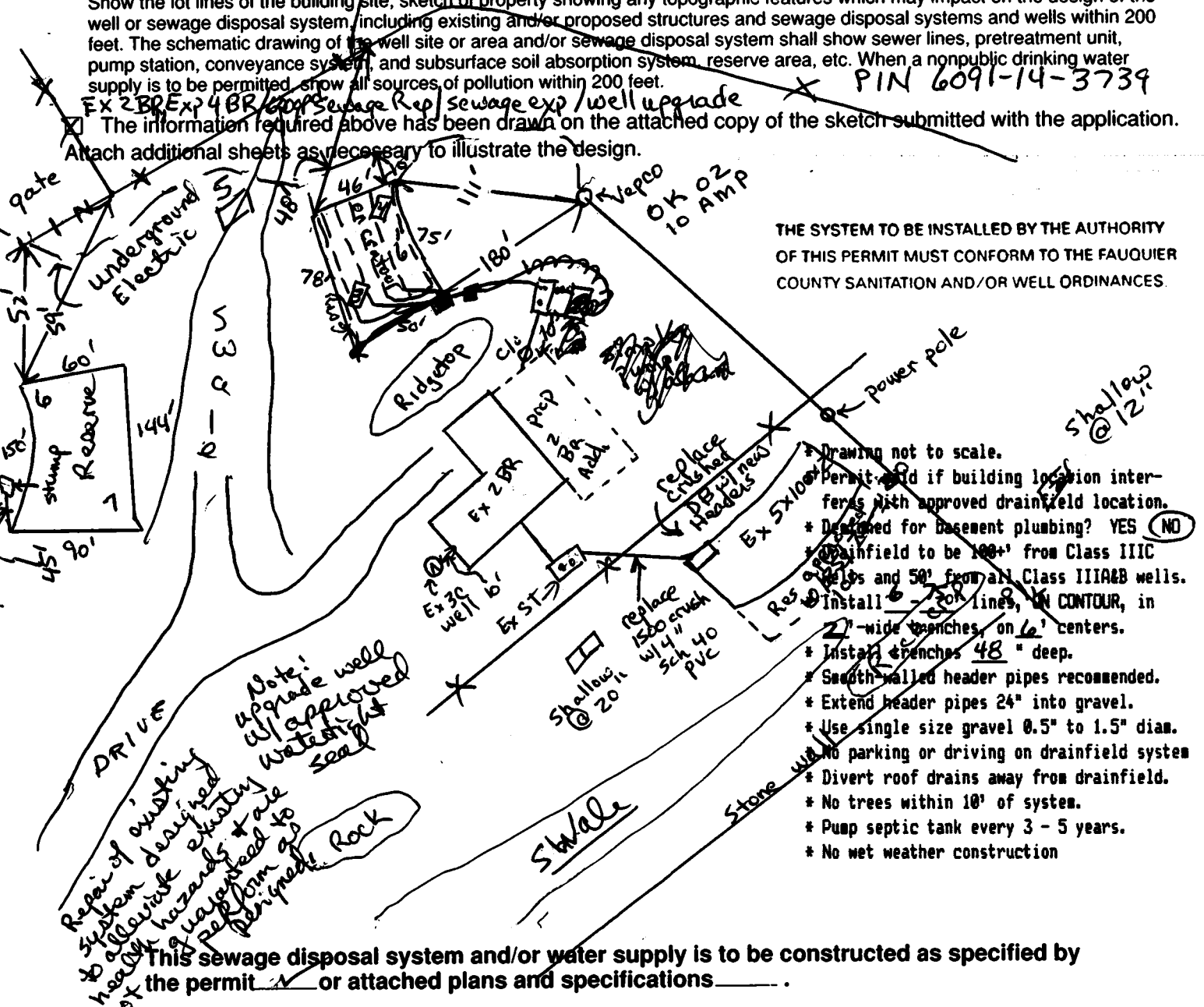
Health Department
Identification Number SD-96-021

Schematic drawing of sewage disposal and/or water supply 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.



THE SYSTEM TO BE INSTALLED BY THE AUTHORITY OF THIS PERMIT MUST CONFORM TO THE FAUQUIER COUNTY SANITATION AND/OR WELL ORDINANCES.

- * Drawing not to scale.
- * Permit void if building location interferes with approved drainfield location.
- * Designed for basement plumbing? YES **(NO)**
- * Drainfield to be 100' from Class IIIC wells and 50' from all Class IIIA&B wells.
- * Install 2" lines, IN CONTOUR, in 2'-wide trenches, on 6' centers.
- * Install trenches 48" deep.
- * Smooth walled header pipes recommended.
- * Extend header pipes 24" into gravel.
- * Use single size gravel 0.5" to 1.5" diam.
- * No parking or driving on drainfield system
- * Divert roof drains away from drainfield.
- * No trees within 10' of system.
- * Pump septic tank every 3 - 5 years.
- * No wet weather construction

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.

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

Date: 2/22/96 Issued by: [Signature]

Date: 2/22/96 Reviewed by: John R. Sargent
Supervisory Sanitarian

| | |
|--------------------------------------|--|
| This Construction Permit Valid until | |
| <u>2/22/97</u> | |

If FHA or VA financing

Reviewed by Date _____ Date _____

C.H.S. 202B Supervisory Sanitarian Regional Sanitarian

Remodeling

2072791
CR#652

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID SP-96-021

SEND PERMIT TO

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional

FHA/VA yes no Case No. _____

Owner Roughton

Address 6278 Rock Hill Mill Rd The Plains 22171 Phone _____

Contact Agent CHRIS MALONE

Address PO 485 Middleburg 22117 Phone 687-6321

Potential Buyer: Linda & Norris P.O. Box 210 Middleburg, Va. 22117

Directions of Property 17th TO RIGHT ON ROUTE 709 TO RIGHT ON ROUTE 702 TO PROPERTY ON LEFT APPROX. 1 MILE

Subdivision _____ Section _____ Block _____ Lot Parcel A

Other Property Identification FP 6091-14-3739

Dimension/size of Lot/Property 10.99 ACRES

Other Application Information

Existing ZBR

I. Building/facility Intermittent Use New Existing Yes No If yes, describe _____

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

Basement Yes No
Fixtures in Basement Yes No

III. Commerical Use Yes No Describe: _____

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

If yes, give volumes and describe _____

IV. Water Supply: Public Private New Existing New Existing

Describe: 3C

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other

Public Sewerage System

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

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Signature of Owner/Agent

Date

1/29/96

6091-14-3739

look into existing
septic tank
1000 gal.

- add 3 (2' wide)
100' long trenches
to existing DF.

2/11/07 594
Def. 125-00
3/31/00

MON
May 12

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

Health Department ID SD-00-203

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional
FHA/VA yes no Case No. _____

Owner RICHARD LINDA NORRIS Address PO BOX 210 Phone 687-6321 hm-253-5727
MIDDLEBURG VA 22117 cell 270-7560

Agent GARY FINNIEF/GMFCONSTG. Address 561 OREER Phone 540-877-2866
CREEK RD. WINE, VA.

Directions of Property 17N @ 709, X 53 709 + 0 R4 702; EAST 704 to 1st D
6278

Subdivision _____ Section 6091-14-3738 Block _____ Lot PARK A

Other Property Identification FQ 6091-14-3739

Dimension/size of Lot/Property 10.99 ACRES

Other Application Information

I. Building/facility New Existing
Intermittent Use Yes No If yes, describe _____

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

Basement Yes No
Fixtures in Basement Yes No

III. Commerical Use Yes No Describe: _____
Commerical/Wastewater Yes No Number of Patrons _____
Number of Employees _____
If yes, give volumes and describe: _____

IV. Water Supply: Public New Existing
 Private New Existing
Describe: _____

V. Proposed Sewage Disposal Method:
Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other

Public Sewerage System

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

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Gary M. Finnief
Signature of Owner/Agent

3/31/00
Date

6091-14-3739

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification Number SD-00-203
Map Reference 6091-14-3739

Fauquier County Health Department

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 Richard & Linda Norris Telephone 540-687-6321
 Address P.O. Bx. 210, Middleburg, Va 20118 For a Type Sewage Disposal System or Well to be constructed on/at _____
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use _____

| DESIGN | NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS |
|---|--|
| Water supply, existing: (describe) _____ _____ To be installed: class _____ cased _____ grouted _____ | Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/> |
| Building sewer: _____ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____ | Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory |
| Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other _____ | Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory |
| Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____ | Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory |
| Pump and pump station: No <input type="checkbox"/> Yes <input type="checkbox"/> describe and show design. _____ if yes: _____ | Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory |
| Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____ | Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory |
| Distribution box: Precast concrete with _____ ports. <input type="checkbox"/> Other _____ | Distribution box: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory |
| Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____ | Header lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory |
| Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____ | Percolation lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory |
| Absorption trenches: Square ft. required _____; depth from ground surface to bottom of trench _____; aggregate size _____; Trench bottom slope _____; center to center spacing _____; trench width _____; Depth of aggregate _____; Trench length _____; Number of trenches _____ | Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory Date _____ Inspected and approved by: _____ _____ Sanitarian |

Soil Evaluation Form

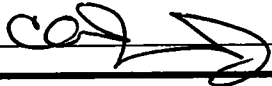
Commonwealth of Virginia
Department of Health

Health Department
Identification Number SD-96-021
Tax Map Number 6091-14-3739

General Information

Date 2/21/96 Health Department _____
Applicant RICHARD NORRIS (CHRIS MALONE) Telephone No. _____
REALTOR
Address P.O. BX. 210, MIDDLEBURG, VA
Owner ROUGHTON Address 6278 ROCK/HILL RD, THE PLAINS, VA
Location _____
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe sideslope
2. Slope 6 %
3. Depth to rock/impervious strata Max. _____ Min. 36" None _____
4. Depth to seasonal water table (gray mottling or gray color) No Yes 34 inches (Not in D area)
5. Free water present No Yes _____ range in inches
6. Soil percolation rate estimated Yes No Texture group I II III IV
Estimated rate 60 min/inch
7. Percolation test performed Yes No Number of percolation test holes _____
Depth of percolation test holes _____
Average percolation rate _____
Name and title of evaluator: CA Jackson Jr EHS-SR/A 05194
Signature: 

Department Use

- Site Approved: Drainfield to be placed at 48" depth at site designated on permit.
 Site Disapproved:

Reasons for rejection:

1. Position in landscape subject to flooding or periodic saturation.
2. Insufficient depth of suitable soil over hard rock.
3. Insufficient depth of suitable soil to seasonal water table.
4. Rates of absorption too slow.
5. Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. Proposed system too close to well.
7. Other Specify _____

Date of Evaluation 2/21/96

Profile Description
SOIL EVALUATION REPORT

Health Department
Identification No. SD 96021

Page 2 of 2

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e., sewage disposal systems, wells, etc., within 100 feet of site (See section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

- See application sketch See construction permit See sketch on reverse side or page attached to this form.

| Hole # | Horizon | Depth (Inches) | Description of, color, texture, etc. | Texture Group |
|--------|---------|----------------|--|---------------|
| 1 | | Cr | 14" | |
| 2 | | Cr | B" | |
| 3 | 0-4 | A | 5YR 3/3 Db R B _u L | II |
| | 4-16 | E | 5YR 6/3 Lt R B _u Si L | III |
| | 16-36 | Bt | 5YR 4/4 R B _u Si CL gravelly 34-36" | III |
| | 36-72 | C | 5YR 6/6 Ry SCL | III |
| 4 | 0-6 | A | 5YR 3/3 Db R B _u L | II |
| | 6-14 | E | 5YR 6/4 Lt R B _u Si L | III |
| | 14-32 | Bt | 5YR 4/4 Cobble Si CL | III |
| | 32-72 | C | 5YR 5/6 YR SCL | III |
| 5 | 0-8 | A | 5YR 4/4 R B _u L | II |
| | 8-28 | B | 5YR 4/6 YR Si L | III |
| | 28-48 | C | 5YR 5/6 YR Si CL w/ 5YR 5/2 gwm @ 32" | III |
| 6 | 0-6 | A | 5YR 3/3 Db R B _u L | II |
| | 6-10 | E | 5YR 6/4 Lt R B _u Si L | III |
| | 10-36 | Bt | 5YR 4/6 YR Si CL | III |
| | 36-72 | C | 5YR 5/6 YR Si CL | III |
| 7 | 0-6 | A | 5YR 3/3 Db R B _u L | II |
| | 6-12 | E | 5YR 6/4 Lt R B _u CL | III |
| | 12-42 | Bt | 5YR 4/6 YR Si CL | III |
| | 42-72 | C | 5YR 4/6 YR SCL | III |

Remarks Not to scale
TB = 48"

Pin No. _____

Subd. _____

Old tax Map _____

TAG SHEET

NAME _____

Construction Permit _____
Remodeling _____

Lot Certification _____
Repair _____

INITIALS

DATE

Application Received

Application Reviewed

F&B Determination

E.H.S. assigned to

Chuck Jey 1/30/96

Site visit scheduled

Site visit made

COJ

2/15/96

Follow-up visit

COJ

2/21/96

Issue/Deny Drafted

COJ

2/22/96

Issue/Deny Reviewed

JRF

2/22/96

Issue/Deny Countersigned

JRF

2/22/96

Lot Cert placed in pending

E.H.S. signing plat

Lot Cert and/or permit
picked up/mailed

JRF

2/22/96

2/5 COJ contacted Chris Malone.

Pin No. 6091-14-3739

Subd. _____

Old tax Map _____

TAG SHEET

NAME R. Norri's

Construction Permit _____
Remodeling

Lot Certification _____
Repair _____

| | <u>INITIALS</u> | <u>DATE</u> |
|--|-----------------|---------------|
| Application Received | <u>RCN</u> | <u>4-3-00</u> |
| Application Reviewed | <u>RCN</u> | <u>4-3-00</u> |
| Fee Determination | <u>RCN</u> | <u>4-3-00</u> |
| E.H.S. assigned to | _____ | _____ |
| Site visit scheduled | _____ | _____ |
| Site visit made | _____ | _____ |
| Follow-up visit | _____ | _____ |
| Issue/Deny Drafted | _____ | _____ |
| Issue/Deny Reviewed | _____ | _____ |
| Issue/Deny Countersigned | _____ | _____ |
| Lot Cert placed in pending | _____ | _____ |
| E.H.S. signing plat | _____ | _____ |
| Lot Cert and/or permit picked up/mailed | _____ | _____ |