

6/14/2021 6:44:54 AM

\*Indicates required field or section  
 \*\*Indicates required field or section, if applicable

**1. Contact Information\***

Contact:	Name	Address	Phone
Owner	JONATHAN POINTER	22693 ST. LOUIS RD. MIDLEBURG VA. 20117	347-720-9292
Driller	Valley Drilling Corp.	P O BOX 604 UPPERVILLE VA. 20185	540-592-3239
System Provider			

**2. Well Location\***

Physical Address: 22693 ST. LOUIS RD.		County/City: LOUDOUN	
Subdivision Name:		Section: 85	Block: Lot: 10C
Tax Map/GPIN #: /85////////10C			
Latitude: 38°99'168" N		Longitude: 77°79'254" W	
Datum Source	Horizontal: <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27		
Lat/Long Source (Check One): <input type="checkbox"/> Map <input checked="" type="checkbox"/> GPS <input type="checkbox"/> PPDGPS <input type="checkbox"/> Survey <input type="checkbox"/> Imagery <input type="checkbox"/> WAAS			
Location Information Collected By : CHRIS DENNIS			
Physical Location Description: LEFT OF HOUSE DOWN HILL IN BOTTOM			

**3. Facility & Use\***

Type of Facility (Check One):	Type of Use (Check All That Apply):		
<input checked="" type="checkbox"/> Private	<input checked="" type="checkbox"/> Drinking/Domestic Use	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Food Processing
<input type="checkbox"/> Waterworks	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Injection
<input type="checkbox"/> Observation/Monitoring Well	<input type="checkbox"/> Geothermal (Cooling/Heating)	<input type="checkbox"/> Fire Safety	
	<input type="checkbox"/> Closed <input type="checkbox"/> Open: <input type="checkbox"/> Returned to Surface <input type="checkbox"/> Returned to Aquifer		

**4. Well Construction\***

Well designation, Name or Number: T10354190001			
Date Started: 6-9-21		Date Completed: 6-10-21	
Type Rig: Air Rotary			
Class Well (Check One): <input type="checkbox"/> I <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input checked="" type="checkbox"/> IIIB <input type="checkbox"/> IIIC <input type="checkbox"/> IIID <input type="checkbox"/> IIIE <input type="checkbox"/> IV			
Construction Type (Check One): <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing-Modified: <input type="checkbox"/> Well <input type="checkbox"/> Pump: Date <sup>0</sup>			
Well Depth: 800 ft.		Total Hole (borehole) Depth: 800 ft.	
Depth to Bedrock: 15 ft.			
Hole Size (Include reamed zones): 10 inches from 0 to 63 ft. 6 Inches from 63 to 800 ft.			
Height of Casing above Land Surface: 1 ft. 6 inches			
Casing Size (I.D.) and Materials: (below)		Total Depth of Casing: 63 ft.	
6 inches from 0 to 63 ft. <input type="checkbox"/> infilled		Material STEEL	
inches from to ft. <input type="checkbox"/> infilled		Weight per ft. 13 or wall thickness <sup>188</sup> in.	
inches from to ft. <input type="checkbox"/> infilled		Material	
		Weight per ft. or wall thickness in.	
Screen Size & Mesh:			
inches from to ft. <input type="checkbox"/> infilled		Mesh Size	
		Type	
inches from to ft. <input type="checkbox"/> infilled		Mesh Size	
		Type	
inches from to ft. <input type="checkbox"/> infilled		Mesh Size	
		Type	
Water Zones: from 100 to 101 ft. from 120 to 121 ft. from to ft.			
Gravel Pack:			
Size: Type:		from to ft. Size: Type:	
from to ft.		from to ft.	
Grout Type:		Grouting Method:	
<input checked="" type="checkbox"/> Bentonite Slurry <input type="checkbox"/> Neat Cement		<input type="checkbox"/> Poured from surface	
<input type="checkbox"/> Bentonite pellets/chips <input type="checkbox"/> Concrete		<input type="checkbox"/> Poured through tremmie pipe	
<input type="checkbox"/> Neat Cement (6% bentonite)		<input checked="" type="checkbox"/> Pumped from bottom upward	
Type of Seal:		Date Conducted:	
<input type="checkbox"/> pitless adapter			
<input type="checkbox"/> sanitary seal			
Camera Survey: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Additional Well Construction Form Information Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Well designation, Name or Number\*: T10354190001

**5. Disinfection**

Well Disinfected: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date: _____
---	-------------

**6. Abandonment** (\*When abandoning the well, Sections 1 thru 4 must be completed and/or attach original GW-2)

Date Started: _____	Date Completed: _____
Static Water Level (unpumped level measured): _____	ft.
Casing Size (I.D.) and Materials: _____	Casing Pulled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncased Well
Depth of Fill: _____	Type and Source of Fill: _____
Grout: From _____ to _____ Type: _____	From _____ to _____ Type: _____
Method of permanently marking location: _____	

**7. Pump Test\*\***

Static Water Level (unpumped level measured): 61	ft.
Date: 6-10-21	Method (Check One): <input checked="" type="checkbox"/> Water Tape <input type="checkbox"/> Airline <input type="checkbox"/> Transducer <input type="checkbox"/> Other
Stabilized measured pumping water level: 100	ft.
Date: 6-10-21	Method (Check One): <input type="checkbox"/> Top of Well <input checked="" type="checkbox"/> Top of Casing <input type="checkbox"/> Surface Level
Test Pump Intake Depth: _____	780 AIR LIFT ft
Stabilized Yield: 8	gpm after 2 hours
Natural Flow: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flow Rate _____ gpm
Estimated Well Yield: _____	gpm

**8. Pump Data\*\***

Type: <input type="checkbox"/> submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Shallow Jet <input type="checkbox"/> Deep Jet <input type="checkbox"/> Other: _____	Motor HP: _____
Production Pump Intake Depth: _____	ft
Rated Capacity: _____	gpm at _____ ft TDH

**9. Geologic Information**

Type Logs: DRILLERS	Aquifer Test Performed: _____
Water Quality Results Attached: Yes _____ No <input checked="" type="checkbox"/>	

Comments:
-----------

Formation _____	Lithology _____	Province _____	Geologic Map Used _____
Elevation _____			
<b>For Office Use</b>			

\*Indicates required field or section  
 \*\*Indicates required field or section, if applicable

**10. Driller's Log** (Use additional sheets if necessary)\*

Well designation, Name or Number: T10354190001					
Depth (feet)		Type of Rock or Soil	Remarks	Drilling Time (Min.)	Diagram of Well Construction (with dimensions)
From	To	(Color, material, fossils, hardness, etc.)	(Water, caving, cavities, etc.)		
0	15	BROWN SHALE	100' @ 4 GPM	360	-----
15	800	BLUESTONE QUARTZ	120' @ 4 GPM		CASING 1' 6" ABOVE GROUND
					-----
					0 -15' BROWN SHALE
					-----
					63' OF 6" CASING
					-----
					100' @ 4 GPM
					-----
					120' @ 4 GPM
					-----
					15' - 800' BLUESTONE QUARTZ

**11. Certification**

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.*

Signature\*: ROBERT FILBERT \_\_\_\_\_ Date: 6-10-21 \_\_\_\_\_

License Number: 2719000338 \_\_\_\_\_

Septic Inspection Sheet

PIN: 6022287553 Permit: T30522280001 Contractor: 5 star septic System Type: I

Existing PSSD 1905-0229 Tank replacement

1. Location: Complete Date: 6/5/23 EHS: KMR Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_

Location of Drainfield and D-Box Correct: Yes No N/A Location of other components satisfactory:  Yes  No

Design Changes Needed:  Yes  No explain: Tank location moved 2' OSE to confirm location changes on complete statement

2. Well Setbacks: Complete Date: 6/5/23 EHS: KMR Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_

Building Sewer: 200' Tanks: 200ft+ Conveyance: \_\_\_\_\_ (Pressure Test if  $\geq 35'$  Yes No) Drainfield / Header Pipe: \_\_\_\_\_

3. Building Sewer: Complete Date: 6/5/23 EHS: KMR Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_

Sch 40 Pipe:  Yes  No Diameter  $\geq 4"$ :  Yes  No Minimum Fall  $1\frac{1}{2}"/10'$ :  Yes  No Comments: 5'  $1\frac{1}{2}$ " - 6'  $2\frac{3}{4}$ "

Cleanouts 50' - 60':  Yes  No Elbows  $\leq 45^\circ$ :  Yes  No Bedded:  Yes  No #1 clo for 22ft

4. Septic Tank/Trash Tank: Complete Date: 6/5/23 EHS: KMR Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_

Material:  Concrete  Plastic Seam: Top  Mid  One Piece Comments: 6'  $3\frac{1}{2}$ " inlet tee

Tank Size: 1500 Manufacturer: WBS 6'  $4\frac{3}{4}$ "

Dual Tanks: Yes (see attached sheet)  No  Depth from ground surface: 18-24" Minimum distance from structure:  Yes  No

Passed Leak Test:  Yes  No Test Type: Water  Vac  Dewatering device req'd: Yes No Dewatering device installed: Yes No

5. Inlet/Outlet: Complete Date: 6/5/23 EHS: KMR Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_

Minimum Fall 1"-2":  Yes  No Measured Fall:  $1\frac{1}{4}"$  Comments: \_\_\_\_\_

Inlet 8"-10" above invert:  Yes  No Inlet 6"-8" below invert:  Yes  No

Outlet 8"-10" above invert: Yes No  N/A Outlet 35-40% of liquid level: Yes No Effluent Filter: Yes No Type 8" Orreco

6. Secondary Treatment Unit: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_

Material: Concrete Plastic Fiberglass Seam: Top Mid One Piece Comments: \_\_\_\_\_

Tank Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Treatment Unit: \_\_\_\_\_ Depth from ground surface: \_\_\_\_\_ Minimum distance from structure: Yes No

Passed Leak Test: Yes No Test Type: Water Vac Dewatering device req'd: Yes No Dewatering device installed: Yes No

Dual units: Yes (see attached sheet) No Disinfection Unit: Yes No N/A Disinfection Unit Type: \_\_\_\_\_

Disinfection Unit Functioning: Yes No Alarm: Yes No N/A Alarm Functioning: Yes No

7. Conveyance Method: Complete Date: 6/5/23 EHS: KMR Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_

Conveyance Method (rigid smooth bore, 1500lb crush minimum): Gravity Main  Force Main  Bedded:  Yes  No

Sch. 40 - 2' into undisturbed earth:  Yes  No Test Type: Water Air Vac  N/A Comments: 6'  $5\frac{1}{4}"$  - 6'  $5\frac{3}{4}"$

Pressure fittings: Yes No  N/A Proper size and type:  Yes  No 7'  $6\frac{1}{2}"$  - 7'  $7"$

Flow Reduction Pipe in Place: Yes No  N/A Minimum Fall 6"/100':  Yes  No N/A 7'  $9\frac{1}{2}"$

Septic Inspection Sheet 2

PIN: 622287553 Permit: T30522280001 Contractor: Sstar System Type: I  
Existing DIF Pssd-1905-0229 septic Tank Replacement

8. Pump and Pump Station: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Material: Concrete Plastic Seam: Top Mid One Piece Comments: \_\_\_\_\_  
Tank Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Depth from ground surface: \_\_\_\_\_ Dual Tanks: Yes (see attached sheet) No Minimum distance from structure: Yes No  
Passed Leak Test: Yes No Test Type: Water Vac Dewatering device req'd: Yes No Dewatering device installed: Yes No  
Enhanced Flow: Yes No Lift Cord: Yes No Disconnect: Camlock Compression Fitting Gate Valve: Yes No  
Check Valve: Yes No Duplex Pumps: Yes No Floats installed/operating correctly: Yes No 1/2 day storage: Yes No  
Audio Visual Alarm: Yes No Separate circuits for alarm and pump: Yes No Alarm Functioning: Yes No  
Proper Junction Box Location: Yes No Flow Rate: \_\_\_\_\_ Pump per plans: Yes No Pump type: \_\_\_\_\_

9. Distribution Boxes: Complete Date: 01/15/23 EHS: KMR Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Material: Concrete Plastic Depth from ground surface: 30" Comments: \_\_\_\_\_  
Splitter/Surge Box: Yes No Speed levelers: No Yes No  
Box stabilized: Yes No Baffle: Yes No Ports Level: Yes No Box Size: 12-port Box  
Anti-Microbial Compound: Yes No N/A Plastic Box Bedded in Concrete: Yes No N/A

10. Header Lines: Complete Date: 01/15/23 EHS: KMR Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Pipe type: Corrugated Smoothbore Minimum fall 2"/100': Yes No Comments: \_\_\_\_\_  
Bedded: Yes No Header 2' into trenches: Yes No

11. Percolation Lines: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Gravel trenches: Yes No Gravel-less type: \_\_\_\_\_ Comments: \_\_\_\_\_  
Minimum fall 2"-4"/100': Yes No Correct length: Yes No Existing  
Proper Width: Yes No Pad Per Plans: Yes No N/A

12. Absorption Trenches: Complete Date: \_\_\_\_\_ EHS: \_\_\_\_\_ Partial Inspection Date: \_\_\_\_\_ EHS: \_\_\_\_\_  
Proper depth: Yes No Proper gravel size & depth: Yes No Comments: \_\_\_\_\_  
Filter fabric/paper present: Yes No Proper center to center spacing: Yes No

13. Other: System Complete EHS: Katherine Roy Date: 01/15/2023  
Completion Statement Signed: Yes No As Built Received: Yes No Comments: OSE sent email about Tank location change  
DESIGN CHANGE RECEIVED: Yes No N/A  
Other Notes: \_\_\_\_\_

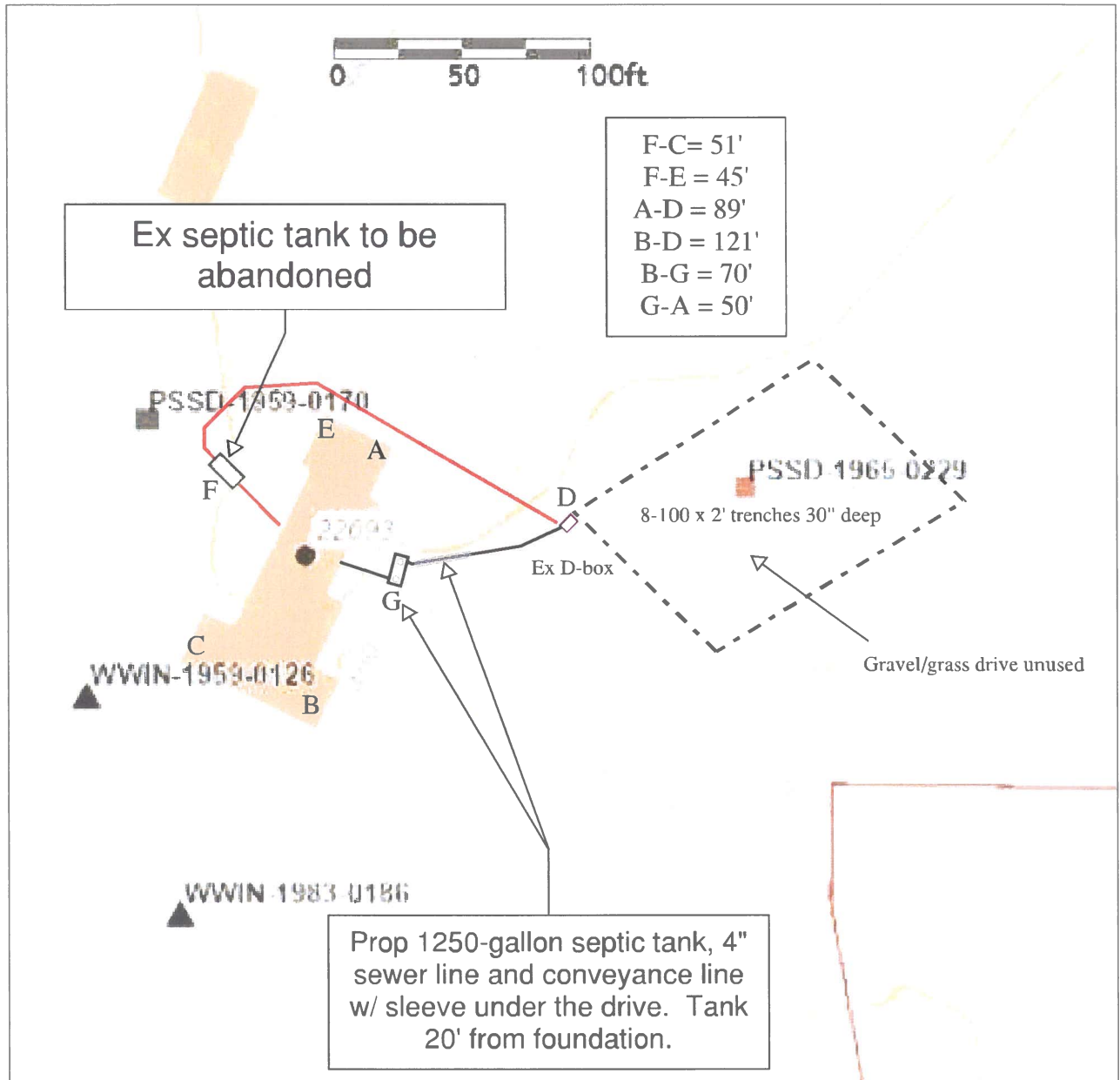
Once inspection is completed: 1. Change Laserfiche Template to HD Operations Permit and go through check list, and  
2. Set application Laserfiche status to 'For Mapping / Data Entry'.



6/9/2023 7:52:10 AM



### Construction Schematic



## Condition Assessment cont'd

VDH Form 14 (modified)

**Additional Comments and Observations:**

**Drain field trenches appear to be functioning per design, no ponding. Driveway doesn't appear to be an issue  
Previous SDS inspection during routine pump out identified cracking in septic tank**

**Recommended Action:**  Repair

Identify Probable Cause of Component Malfunction (check all that apply):

- Unknown  
  Damaged/Compromised  
  Deterioration  
  Hydraulic Overload  
  Organic Overload  
  Improper Maintenance  
  Root Infiltration

Describe temporary corrective recommended action(s) and purpose of action(s): \_\_\_\_\_

Describe Permanent recommended action(s) and purpose of action(s): replacement of the septic tank.

**Form Completed By:**

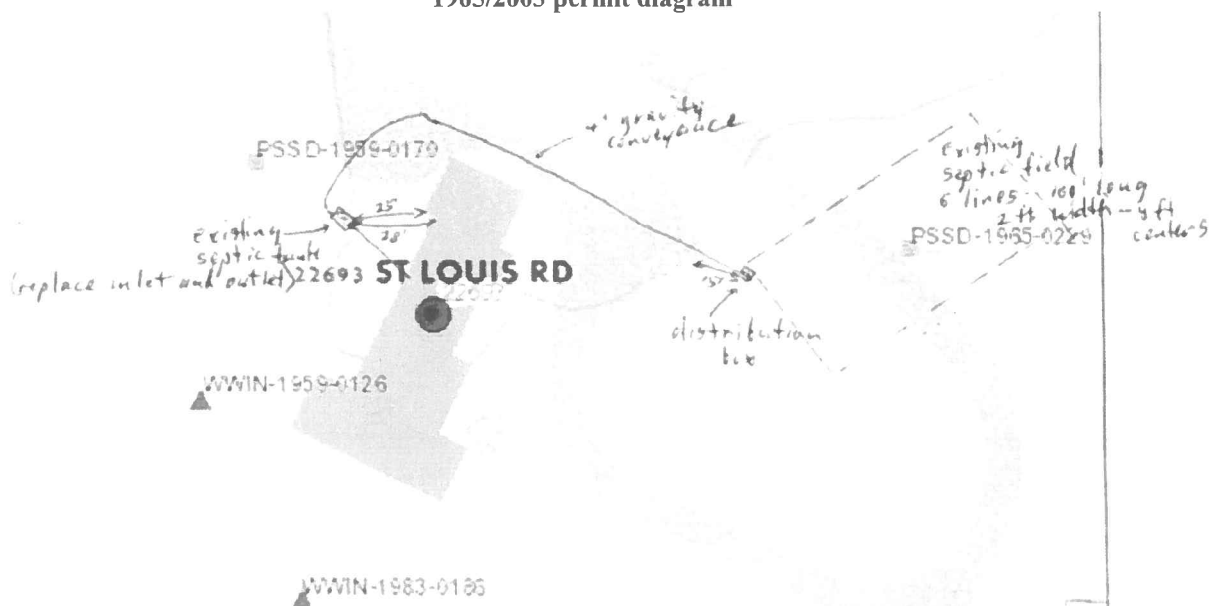
Name: Kenneth Carbaugh

Signature: 

Date: 12-20-22

Professional License Type and Number: DPOR MASOE# 1940001140 & MAOSSO# 1942001375

1965/2003 permit diagram



### Sanitary Survey

All known developed and undeveloped water sources within a 200' radius of the proposed onsite systems have been shown. \*See full scale plat with application.

