

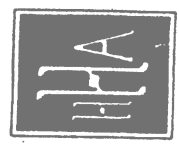
**PLOT PLAN**

LOT 5

**D.W. BOHRBAUGH DIVISION**  
 MARSHALL DISTRICT  
 FAUQUIER COUNTY, VA.

**H. Aubrey Hawkins Associates,**  
 LAND SURVEYING LAND PLANNING DEVELOPMENT  
 500 MUSSELMAN ROAD FALMOUTH, VIRGINIA  
 540-371-0268 FAX 540-371-  
 TOLL FREE 1-800-562-4

DATE: 1 DEC. 2000 SCALE: 1" = 100'  
 DRAWN BY: SAH DESIGN BY: SAH SHEET 1 OF



**NOTES**

- 1) NO TITLE REPORT FURNISHED
- 2) PLAT SUBJECT TO ESMTS. AND RESTRICTIONS OF RECORDED
- 3) BUILDER TO VERIFY ANY COVENANT RESTRICTIONS THAT MAY APPLY
- 4) EPM NO C959-02-649 PB 851/1584

NOTE: UTILITY INFORMATION SHOWN HEREON WAS TAKEN FROM PROPOSED PLANS AND DOES NOT REFLECT AS-BUILT INFORMATION. PRIOR TO CONSTRUCTION, THE CONTRACTOR SHOULD DETERMINE THE EXACT HORIZONTAL AND VERTICAL LOCATION OF THE UNDERGROUND UTILITIES.



**LEGEND**

- 42.5 EXISTING SPOT ELEVATION
- 42.1 PROPOSED SPOT ELEVATION
- 242 --- EXISTING CONTOUR
- 42 --- PROPOSED CONTOUR
- DRAINAGE FLOW ARROW
- SILT FENCE (STD. & SPEC. 3.05)
- CONSTRUCTION ENTRANCE (STD. & SPEC. 3.02)
- SPEC. NUMBERS REFER TO THE VIRGINIA EROSION AND SEDIMENT CONTROL HANDBOOK



# COMMONWEALTH of VIRGINIA

IN COOPERATION WITH THE  
STATE DEPARTMENT OF HEALTH

*Fauquier County Health Department*

(540) 347-6363

ENVIRONMENTAL HEALTH  
320 HOSPITAL DRIVE - SUITE 21  
WARRENTON, VIRGINIA 20186

## SEWAGE DISPOSAL SYSTEM OPERATION PERMIT

Commonwealth of Virginia  
Department of Health

Health Department ID # SD-00-556  
Fauquier County Environmental Health Department

PIN# 6959-02-6749

Sean and Deborah Cannon is hereby granted permission to operate a Type I Sewage Disposal System having a design capacity of 750 gpd. This permit is issued in accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as amended and Section(s) \_\_\_\_\_ of the Virginia Sewage Handling and Disposal Regulations of the Virginia Department of Health and any variances or conditions granted issuance of and Operating Permit does not imply or guarantee that the Sewage Disposal will function for any specified period of time.

Variance granted  
 None     See Attached

Special Conditions  
 None     See Attached

8/17/01  
Effective Date

*Ronald B. ...*  
HEALTH OFFICIAL



# Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia  
 Department of Health  
 FAUQUIER CO Health Department

Health Department  
 Identification Number SD-99-649  
 Map Reference 6959-02-6749

## 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 SEAN/DEBORAH CANNON (Dorsey Rohrbaugh) Telephone 703-591-9222  
 Address 6101 Early Autumn Dr. Centreville Be a Type I Sewage Disposal System or Well to be constructed on/at 17N 266W 2nd mound 20120 exit (D) then @ Crest Hill (R) Walsingham  
 Subdivision \_\_\_\_\_ Section/Block \_\_\_\_\_ Lot 6959-02-6749 Actual or estimated water use 6000 gal 4 BR

am Ln  
to st  
lots  
struggle  
Ahead  
6+  
5

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
<b>Water supply, existing:</b> (describe) <u>N/A</u> <b>To be installed:</b> class <u>3B</u> <u>grout to be witnessed by HD</u> cased <u>50 mm</u> grouted <u>50 mm</u>	<b>Water supply location:</b> 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"/>
<b>Building sewer:</b> <u>6" @ FNDT + every 50' to st</u> <u>4" I.D. PVC Schedule 40, or equivalent.</u> Slope 1.25" per 10' (minimum). <input checked="" type="checkbox"/> Other <u>smooth pipe to DB Box</u>	<b>Building sewer:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Septic tank:</b> Capacity <u>1200</u> gals. (minimum). <input checked="" type="checkbox"/> Other <u>No garbage Disposals =</u>	<b>Pretreatment unit:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Inlet-outlet structure:</b> <u>8" in 18" out</u> PVC Schedule 40, 4" tees or equivalent. <input checked="" type="checkbox"/> Other <u>stub T's 1" below lids</u>	<b>Inlet-outlet structure:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Pump and pump station:</b> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	<b>Pump &amp; pump station:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Gravity mains:</b> <u>4"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input checked="" type="checkbox"/> Other <u>6" every 90 between ST + DB</u>	<b>Conveyance method:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Distribution box:</b> <u>90° turn down in DB Box</u> Precast concrete with <u>8+</u> ports. <input checked="" type="checkbox"/> Other <u>bed virgin earth</u>	<b>Distribution box:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Header lines:</b> 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 _____	<b>Header lines:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Percolation lines:</b> Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input checked="" type="checkbox"/> Other <u>cover w/ approved material</u>	<b>Percolation lines:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
<b>Absorption trenches:</b> Square ft. required <u>2100</u> ; depth from ground surface to bottom of trench <u>30"</u> ; aggregate size <u>1/2 to 1 1/2" SGA</u> Trench bottom slope <u>2-4" per 100'</u> ; center to center spacing <u>10'</u> ; trench width <u>3'</u> Depth of aggregate <u>13"</u> ; Trench length <u>100'</u> ; Number of trenches <u>7</u>	<b>Absorption trenches:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory Date _____ Inspected and approved by: _____ _____ Sanitarian

6959-02-6749



COMMONWEALTH OF VIRGINIA  
WATER WELL COMPLETION REPORT

•BWCN No. \_\_\_\_\_

(Certification of Completion/County Permit)

State Water Control Board  
P. O. Box 11143  
2111 North Hamilton St.  
Richmond, Va. 23230

County/City Fauquier

County/City Stamp

SWCB Permit _____
County Permit _____
Certification of inspecting official: This well does _____ does not _____ meet code/low requirements. S. _____ Date _____
For Office Use

- Virginia Plane Coordinates
  - \_\_\_\_\_ N
  - \_\_\_\_\_ E
  - Latitude & Longitude \_\_\_\_\_
  - \_\_\_\_\_ N
  - \_\_\_\_\_ W
- Topo. Map No. \_\_\_\_\_
- Elevation \_\_\_\_\_ ft.
- Formation \_\_\_\_\_
- Lithology \_\_\_\_\_
- River Basin \_\_\_\_\_
- Province \_\_\_\_\_
- Type Logs \_\_\_\_\_
- Cuttings \_\_\_\_\_
- Water Analysis \_\_\_\_\_
- Aquifer Test \_\_\_\_\_

- Owner SEAN + DEBORAH CANNON
- Well Designation or Number SD-00-556
- Address 9101 Lee Hwy FAIRFAX VA 22031
- Phone 703-208-4215
- Drilling Contractor CURTIS BROS. DRILLING & PUMP SERVICE LLC
- Address 5069 SUMERDUCK RD. SUMERDUCK, VA 22742
- Phone 540-439-8377

Tax Map I.D. No. <u>6959-02-6749</u>
Subdivision _____
Section _____
Block _____
Lot _____
Class Well: I _____ IIA _____
IIB _____ IIIA _____ IIIB <input checked="" type="checkbox"/>
IIIC _____ IIID _____ IIIE _____

WELL LOCATION: \_\_\_\_\_ (feet/miles \_\_\_\_\_ direction) of \_\_\_\_\_  
and \_\_\_\_\_ (feet/miles \_\_\_\_\_ direction) of \_\_\_\_\_  
(If possible please include map showing location marked)

Date started 3/15/01 • Date completed 3/15/01 Type rig AIR

I. WELL DATA: New  Reworked \_\_\_\_\_ Deepened \_\_\_\_\_

- Total depth 245 ft.
- Depth to bedrock 36 ft.
- Hole size (Also include reamed zones)
  - 10 inches from 0 to 50 ft.
  - 6 inches from 50 to 245 ft.
  - \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
- Casing size (I.D.) and material
  - 64 inches from 0 to 50 ft.  
Material PLASTIC  
Wt. per foot 4 or wall thickness 244 in.
  - \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.  
Material \_\_\_\_\_  
Wt. per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in.
  - \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.  
Material \_\_\_\_\_  
Wt. per foot \_\_\_\_\_ or wall thickness \_\_\_\_\_ in.
- Screen size and mesh for each zone (where applicable)
  - \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
  - Mesh size \_\_\_\_\_ Type \_\_\_\_\_
  - \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
  - Mesh size \_\_\_\_\_ Type \_\_\_\_\_
  - \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
  - Mesh size \_\_\_\_\_ Type \_\_\_\_\_
  - \_\_\_\_\_ inches from \_\_\_\_\_ to \_\_\_\_\_ ft.
  - Mesh size \_\_\_\_\_ Type \_\_\_\_\_
- Gravel pack
  - From \_\_\_\_\_ to \_\_\_\_\_ ft.
  - From \_\_\_\_\_ to \_\_\_\_\_ ft.
- Grout
  - From 0 to 50 ft., Type PORTLAND
  - From \_\_\_\_\_ to \_\_\_\_\_ ft., Type \_\_\_\_\_

2. WATER DATA • Water temperature \_\_\_\_\_ of \_\_\_\_\_

- Static water level (unpumped level-measured) 40 ft.
- Stabilized measured pumping water level 244 ft.
- Stabilized yield 8 gpm after 2 hours
- Natural Flow: Yes \_\_\_\_\_ No \_\_\_\_\_ flow rate \_\_\_\_\_ gpm
- Comment on quality \_\_\_\_\_

3. WATER ZONES: From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

4. USE DATA:

Type of use: Drinking  Livestock Watering \_\_\_\_\_  
Irrigation \_\_\_\_\_ Food processing \_\_\_\_\_ Household   
Manufacturing \_\_\_\_\_ Fire safety \_\_\_\_\_ Cleaning \_\_\_\_\_  
Recreation \_\_\_\_\_ Aesthetic \_\_\_\_\_ Cooling or heating \_\_\_\_\_  
Injection \_\_\_\_\_ Other \_\_\_\_\_

• Type of facility: Domestic  Public water supply \_\_\_\_\_  
Public institution \_\_\_\_\_ Farm \_\_\_\_\_ Industry \_\_\_\_\_  
Commercial \_\_\_\_\_ Other \_\_\_\_\_

5. PUMP DATA: Type \_\_\_\_\_ • Rated H.P. \_\_\_\_\_  
• Intake depth \_\_\_\_\_ • Capacity \_\_\_\_\_ at \_\_\_\_\_ head

6. WELLHEAD: Type well seal \_\_\_\_\_  
Pressure tank \_\_\_\_\_ gal. Loc. \_\_\_\_\_  
Sample tap \_\_\_\_\_ Measurement port \_\_\_\_\_  
Well vent \_\_\_\_\_ Pressure relief valve \_\_\_\_\_  
Gate valve \_\_\_\_\_ Check valve (when required) \_\_\_\_\_  
Electrical disconnect switch on power supply \_\_\_\_\_

7. DISINFECTION: Well disinfected \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_  
Date \_\_\_\_\_ Disinfectant used \_\_\_\_\_  
Amount \_\_\_\_\_ Hours used \_\_\_\_\_

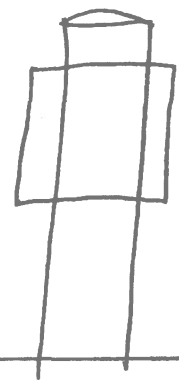
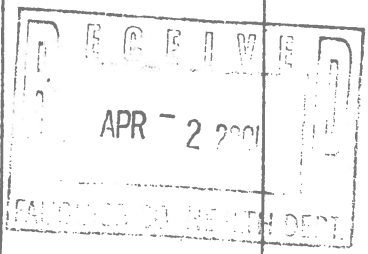
8. ABANDONMENT (where applicable) • yes \_\_\_\_\_ no \_\_\_\_\_  
Casing pulled yes \_\_\_\_\_ no \_\_\_\_\_ not applicable \_\_\_\_\_  
Plugging grout From \_\_\_\_\_ to \_\_\_\_\_ material \_\_\_\_\_

Owner SEAN CANNON

BWCM No. \_\_\_\_\_

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly-pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)			REMARKS (water, casing, cavities, broken, core, shot, etc.)	11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)			
From	To				
0	36	Red soil			Well 245 FT CASING 50 FT GROUT 50 FT WATER TIGHT CAP
36	245	Blue Stone			



13. Well lot dedicated? \_\_\_\_\_ Size \_\_\_\_\_ ft. X \_\_\_\_\_ ft., Well house? \_\_\_\_\_  
 Distance to nearest pollutant source \_\_\_\_\_ ft., Type \_\_\_\_\_  
 Distance to nearest property line \_\_\_\_\_ ft., Building \_\_\_\_\_ ft.

14. WATER SERVICE PIPE: Checked under \_\_\_\_\_ p. s. i. for \_\_\_\_\_ minutes. Pipe size \_\_\_\_\_ inches, Material \_\_\_\_\_  
 Installer \_\_\_\_\_  
 Date \_\_\_\_\_

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

**State Water Control Board Regional Offices**

Valley Reg. Off.  
 116 North Main Street  
 P. O. Box 268  
 Bridgewater, Va. 22812  
 703-628-2595

Piedmont Reg. Off.  
 4010 West Broad Street  
 P. O. Box 6616  
 Richmond, Va. 23230  
 804-257-1006

Southwest Reg. Off.  
 408 East Main Street  
 P. O. Box 476  
 Abingdon, Va. 24210  
 703-628-5183

Tidewater Reg. Off.  
 287 Pembroke Office Park  
 Suite 310 Pembroke No. 2  
 Va. Beach, Va. 23462  
 804-499-8742

West Central Reg. Off.  
 Executive Park  
 3312 Peters Creek Road  
 Roanoke, Va. 24019  
 703-982-7432

Northern Virginia Reg. Off.  
 5515 Cherokee Avenue  
 Suite 404  
 Alexandria, Va. 22312  
 703-750-9111

Signature Jary Curt (Seal) Date 3/15/01  
 (Well driller or authorized person)  
 License No. 024220A