

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department

Identification No. SD-89-12



Tax Map No. 30 (A) 110

Fluvanna County Health Department

David & Karen McCloud is Hereby Granted Permission
to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at
East side of Rt. 15 100 ft. North of Rt. 661

| SUBDIVISION | SECTION/BLOCK | LOT |
|-------------|---------------|-----|
| N/A | N/A | N/A |

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s)
3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and
with Previously Issued permits None

Dated N/A

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance
with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted.
Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified
Period of Time.

VARIANCES GRANTED

NONE SEE ATTACHED

SPECIAL CONDITIONS

NONE SEE ATTACHED

5-15-89

Effective Date

John J. Hutchinson
Recommended (Sanitarian)

[Signature]
Approved (State Health Commissioner)



Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 50-89-12

FLUORANNA Health Department

Name of Company/Corporation/Individual: SCOTT'S BATHHOSE SERVICE

Address: 13 Deerwood Lane Palmyra Telephone: 589-2804

Owner's Name DAVID & KAREN McLOUD

Owner's Address RT. 1 BOX 431 PALMYRA, VA 22463 Port 15 near School

Location of Installation: Lot N/A Block _____

Section: _____ Subdivision: N/A

Other: EAST SIDE OF RT. 15 100 FT NORTH OF RT. 661

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 1/17/89 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

4-1-89

Date

Scott Forensky

Signature and Title

1941

1941

1941

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number SD-89-12

Map Reference 30A) 110

FLUVANNA CO.

Health Department

Date Received 1/17/89 JJA

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner DAVID W. & KAREN B. McCLLOUD Address RT-1 BOX 431 Phone 589-2322

PALMYRA, VA 22963

Agent _____ Address _____ Phone _____

Directions to Property RT. 15

Subdivision _____ Section _____ Block _____ Lot #1

Other Property Identification _____

Dimensions/size of Lot/Property 2 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 Multifamily Number of Units _____ Number of Bedrooms 3
Basement Yes No
Fixtures in Basement Yes No

III. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

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

V. Proposed Installation: Septic tank and drainfield Other
If other, describe _____

SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building 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.

Karen B. McCloud

Signature of owner/agent

1-17-89

Date

10/1/1941
 10/1/1941
 10/1/1941

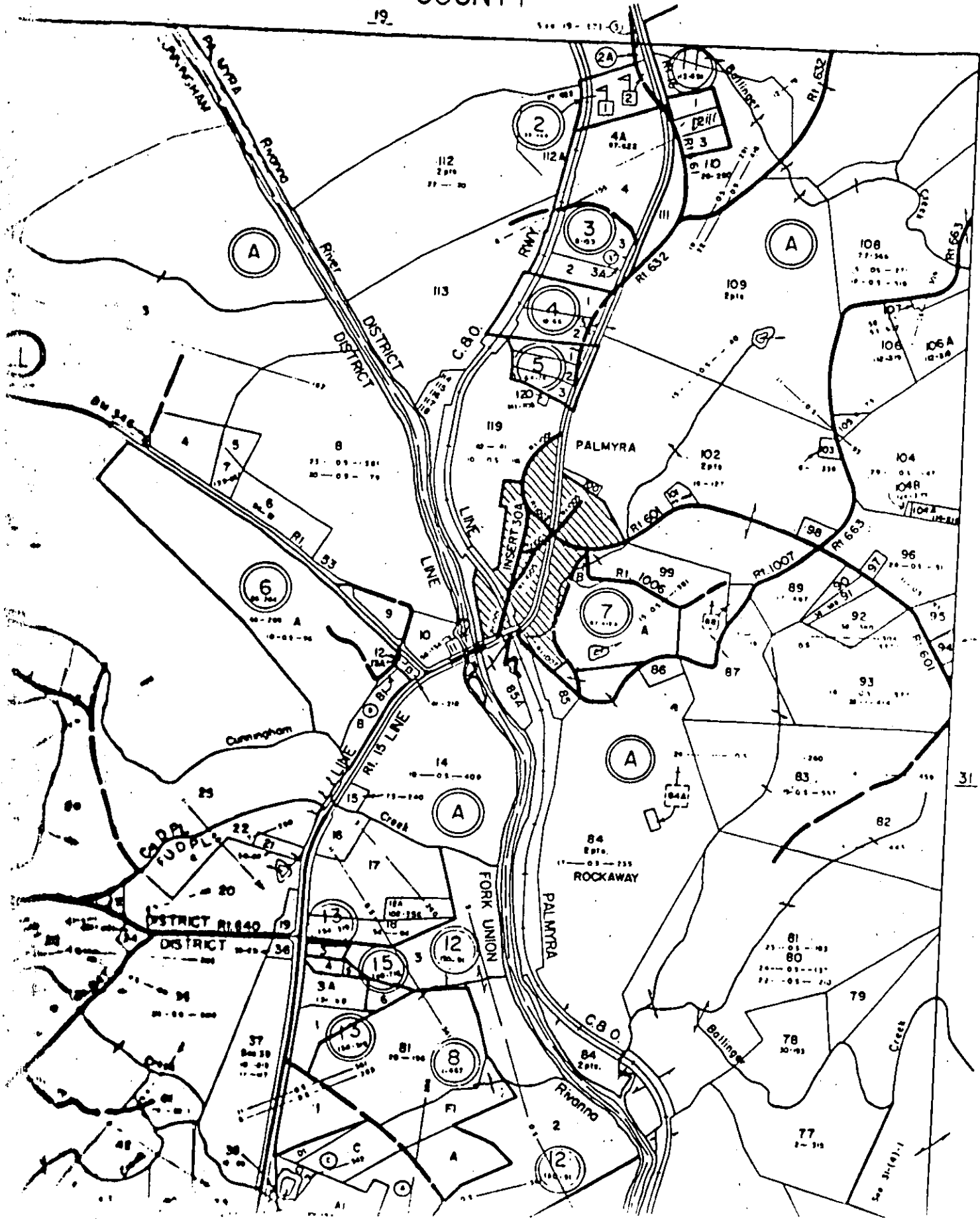
The following is a list of the names of the
 persons who were present at the meeting held
 on the 1st day of October 1941 at the
 residence of Mr. J. W. [Name] at [Address]
 The names of the persons present were
 [List of names]

P. 111

The [Name] [Address]

FLUVANNA COUNTY

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Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Fluvanna

Health Department



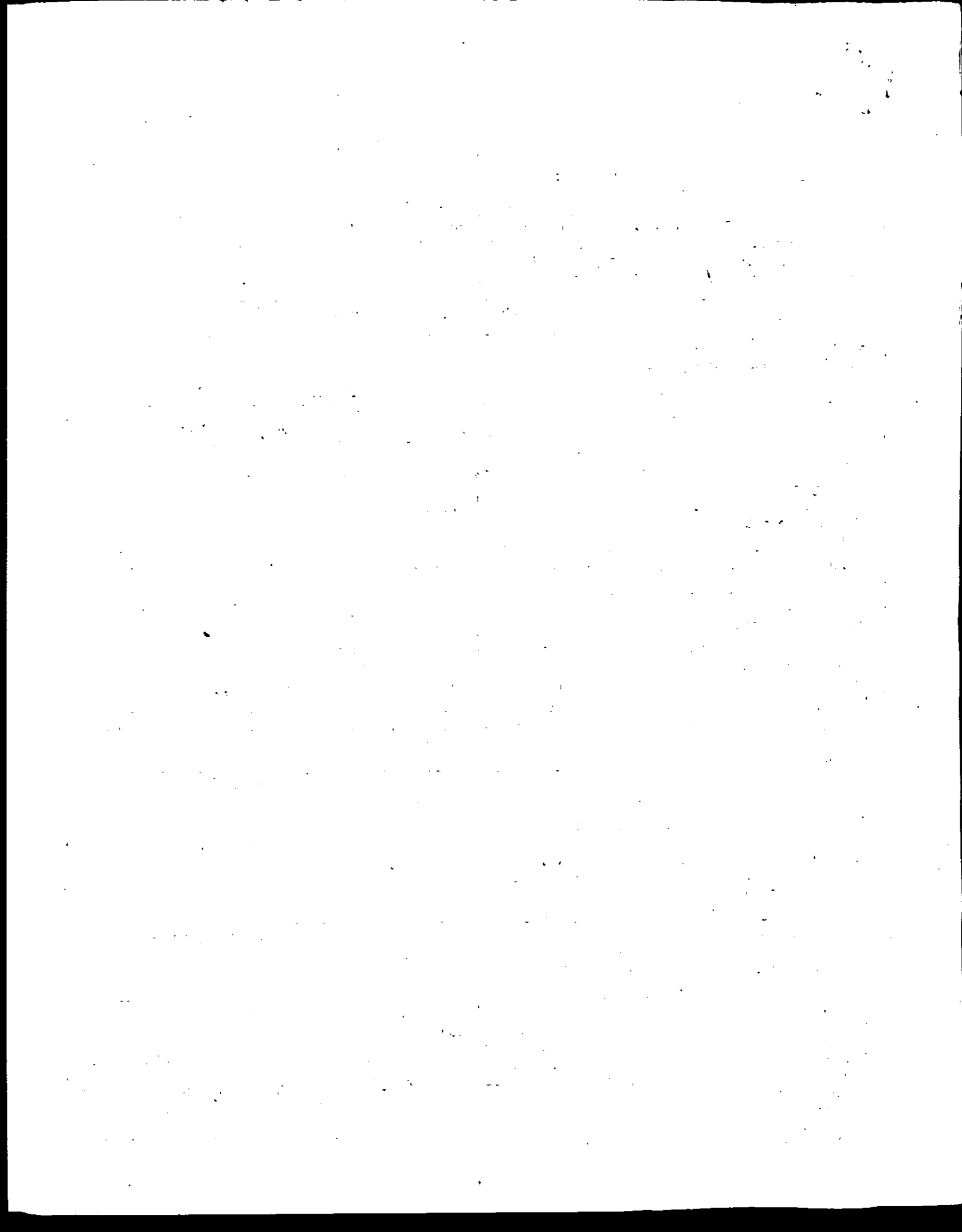
Health Department
Identification Number 90(A)110
Map Reference

SD-89-12

General Information

New Repair Expanded Conditional FHA VA Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:
Owner David W./Karen B. McCloud Telephone 804-589-2322
Address Rt. 1 Box 431 Palmyra, VA 22963
For a Type I Sewage disposal system which is to be constructed on/at _____
East side of Rt. 15 100 ft. North of Rt. 661
Subdivision N/A Section/Block _____ Lot N/A
Actual or estimated water use 450gpd

| DESIGN | NOTE: INSPECTION RESULTS |
|--|--|
| Water supply, existing: (describe) _____ To be installed: class <u>3</u> cased <u>20</u> grouted <u>20</u> | Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments <u>NOT INSTALLED</u> G.W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/> |
| Building sewer: <u>4</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____ | Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Septic tank: Capacity <u>900</u> gals. (minimum). <input type="checkbox"/> Other _____ | Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Inlet-outlet structure: PVC 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 checked="" 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 <u>N/A</u> |
| 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 checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Distribution box: Precast concrete with <u>6</u> ports. <input type="checkbox"/> Other _____ | Distribution box: yes <input checked="" 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 checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| Absorption trenches: Square ft. required <u>1200</u> ; depth from ground surface to bottom of trench <u>36in</u> ; aggregate size <u>.5-1.5"</u> . Trench bottom slope <u>2-4"/100'</u> center to center spacing <u>9</u> ; trench width <u>3</u> Depth of aggregate <u>13"</u> Trench length <u>80</u> ; Number of trenches <u>5</u> | Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory |
| | Date <u>4/5/89</u> Inspected and approved by: <u>[Signature]</u> Sanitarian |



Schematic drawing of sewage disposal system and topographic features.

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the 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 located on the same lot show all sources of pollution within 100 feet.

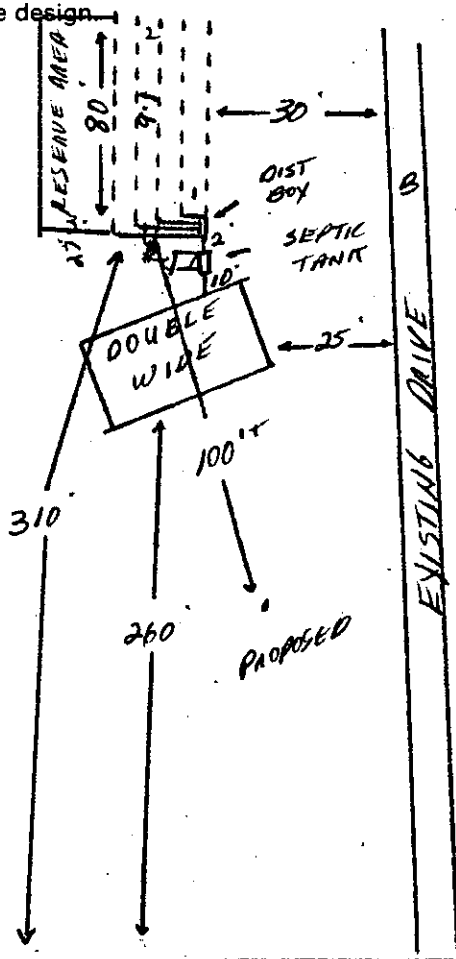
The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.

2 ACRES
 NO SCALE

DITCHES

5-80' LENGTH
 3' WIDTH
 3' DEPTH
 9' CENTERS

| HOLE # | A | B |
|--------|-----|----|
| 1 | 320 | 35 |
| 2 | 385 | 60 |
| 3 | 315 | 85 |



RT. 15 A

The sewage disposal system is to be constructed as specified by the permit or attached plans and specifications .

This sewage disposal system 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: 1/17/89 Issued by: John F. Nuttman
 Sanitarian

Date: _____ Reviewed by: _____
 Supervisory Sanitarian

This Construction Permit Valid until
7/17/93

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

100



Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department SD-89-12
Identification Number 30(A)110
Tax Map Number _____

General Information

Date 1-17-89 Fluvanna Health Department
Applicant see attached application Telephone No. _____
Address _____
Owner David W. Karen B. McCloud Rt. 1 Box 431 Palmyra, VA 22963
Location East side of Rt. 15 100 Ft. North of Rt. 661
Subdivision N/A Block/Section _____ Lot N/A

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe _____
2. Slope 8 % _____ X
3. Depth to rock/impervious strata Max. _____ Min. _____ None _____
4. Depth to seasonal water table (gray mottling or gray color) No Yes _____ inches
5. Free water present No Yes _____ range in inches
6. Soil percolation rate estimated Yes Texture group 154 II III IV
No Estimated rate _____ min/inch
7. Percolation test performed Yes Number of percolation test holes _____
No Depth of percolation test holes _____
Average percolation rate _____
John F. Hutcherson Sanitarian

Name and title of evaluator: _____

Signature: John F. Hutcherson

Department Use

Site Approved: Drainfield to be placed at 36 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 _____

100

(

100

100

10/1/78
10/1/78
10/1/78

10/1/78

THIS BOTTLE CONTAINS THIOSULPHATE

NON-PUBLIC SUPPLY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF GENERAL SERVICES
DIVISION OF CONSOLIDATED LABORATORY SERVICES

REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER

DO NOT WRITE IN SPACE BELOW.

DATE COLLECTED 5/2/89 TIME 1:45 PM
NAME OF CITY OR COUNTY FLUVANNAADDRESS OF SUPPLY RT. 1 BOX 431 PALMYRA, VA 22963SUPPLY OWNED BY DAVID & KAREN MCELLOPSAMPLE COLLECTED BY JOHNNIE F. HUTCHENSONSAMPLE WAS TAKEN FROM KITCHEN TAP
(WELL, APPROVED TAP, ETC.)IS SUPPLY CHLORINATED? YES NO
WAS CHLORINE TEST MADE AT SAMPLING POINT YES NO RES. CL. _____ PPM
- REPORT RESULTS TO -FLUVANNA HEALTH DEPT.P.O. BOX 136PALMYRA, VA 22963

| Portion Of Sample Tested | Bact. of Coliform Group | Portion Of Sample Tested | Bact. of Coliform Group | SAMPLE NO. <u>1909188</u> |
|--------------------------|-------------------------|--------------------------|-------------------------|------------------------------|
| .0001 ml. | | 10 ml. | — | |
| .001 ml. | | 10 ml. | — | |
| .01 ml. | | 10 ml. | — | |
| .1 ml. | | 10 ml. | — | |
| 1 ml. | | 10 ml. | — | RECEIVED <u>CK# 778</u> |

Membrane Filter _____ Coliforms per 100 ml. Dmlms

+ Opposite Portion Tested Means Bacteria Indicating Contamination WERE Present.

— Means Bacteria Indicating Contamination WERE NOT Present.

Results Based on Confirmed Tests
Unless Otherwise Specified

See reverse side for collection information

DGS-22-058 (6-85)

1874

1874

Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Use of form required only when water supply constructed in conjunction with an on-site sewage disposal system, or when F.H.A., VA financing is involved.

Health Department
I.D. Number

50-89-12

F.H.A. or V.A. Case Number
If Applicable

Map Reference

| | | |
|----|---|-----|
| 30 | A | 110 |
|----|---|-----|

Date 5/15/89

Local Health Department FLUORINA

Owner DAVID KADEN McCLOUD

Address RT 1 BOX 431

Phone 510 203

PALMIDA, VA 22963

Exact Location of Premises

EAST SIDE OF RT 15 MET NORTH OF RD 661

Subdivision

11A

Section/Block

11A

Lot

11A

Class of nonpublic drinking water well.

1) Class III

A. (drilled well)

2) Class III

B. (bored well)

3) Class III

C. (jetted well)

4) Class III

D. (dug well)

Date of installation

4/20/89

5) Other

E.

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e.) well-log, etc., so note.

- Water well completion report filed as required by 18.02.07. Yes No
- Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
Building Sewer 250 Pretreatment Unit 250 Conveyance System 7100 Subsurface Soil Absorption System 2100 (nearest point). Property Line 710 Other _____
Site graded where necessary to divert water away from well? Yes No n.a.
- Construction, General: (see Section 18.02.05, and 18.02.02)
Total depth of well 175 feet. Type of casing PVC Depth of casing 77 feet. Diameter of casing 6.25 inches. Casing extends inches above ground 12. Exterior space around casing sealed with neat cement grout to a depth of 20 feet. Screens constructed of _____ free of rough edges and irregularities, with positive watertight seal between screen and casing? yes no n.a.
Well head and opening to the interior protected? yes no Type of well seal _____
Pitless adapter used? yes no n.a. Properly installed? yes no n.a. Proper venting? yes no n.a.
- Quantity: Yield and drawdown determined by continuous pumping of 1/2 hours. Drawdown _____ feet. Yield 15 GPM. Type of storage PRESSURE.
- Quality: Sample tap provided at entry into system? yes no Sample(s) collected? yes no
Results of samples. Satisfactory Unsatisfactory (attach copy of results to this form)

Based on the inspection of this water supply system and the information contained on the water well completion report attached, this water supply is approved.

Remarks:

Date 5/15/89

Signed

[Signature]
Sanitarian

Date _____

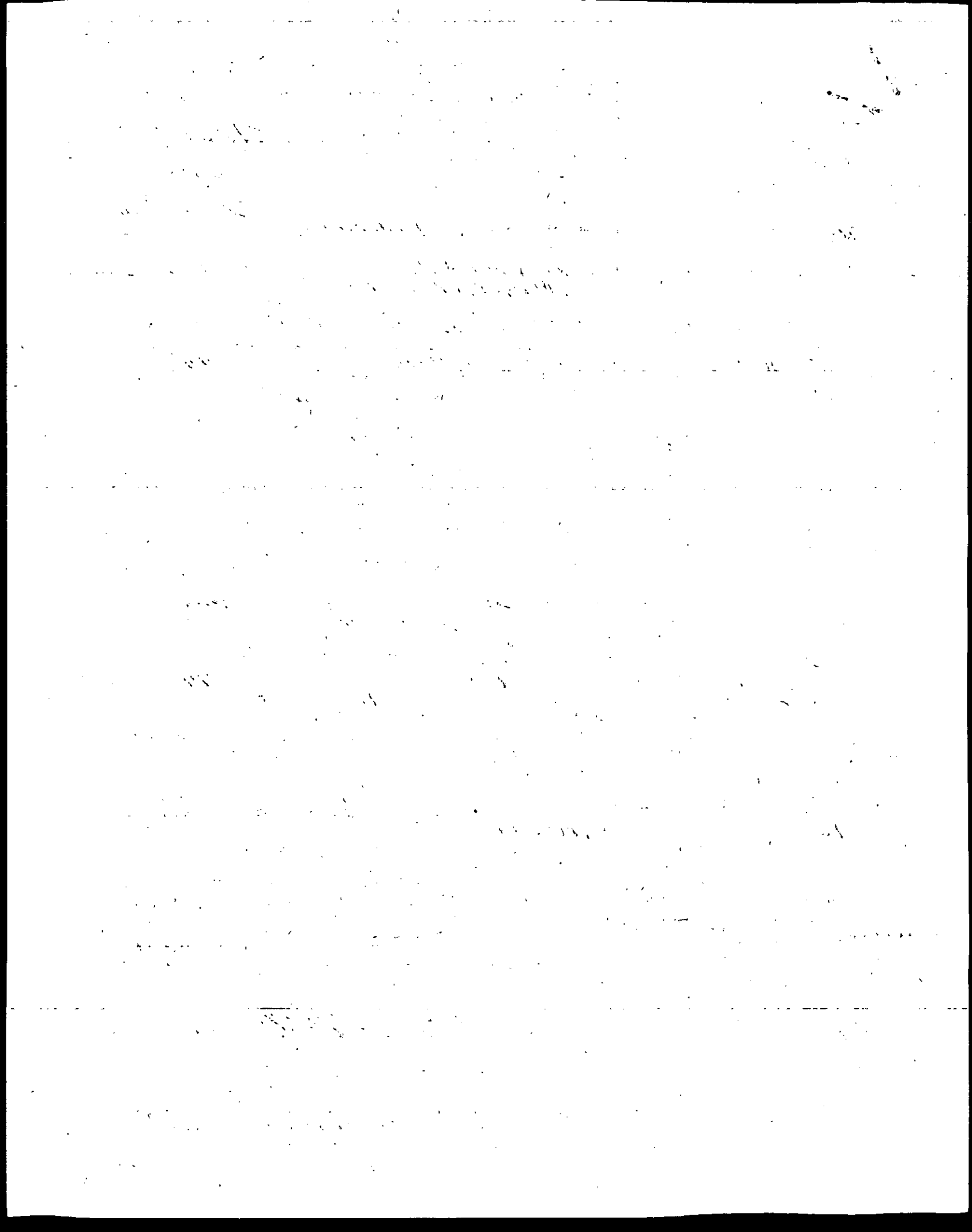
Signed _____

Supervisory Sanitarian

Date _____

Signed _____

Regional Sanitarian (If V.A. or F.H.A.)



COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. _____

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

(Certification of Completion/County Permit)

County/City _____

County/City Stamp

• 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 Frank Johnson
Valley Suburban Homes

• Well Designation or Number (McCloud Job)

Address Route 2, Box 534
Waynesboro, Va. 22980

Phone _____

DAVID & KAREN McCloud

• Drilling Contractor **FRED JONES WELL CO.**

Address P. O. Box 818 Appomattox, Va. 24522

Phone Phone 352-1872

SWCB Permit
County Permit

Certification of inspecting official:
This well does _____ does not
meet/code/low requirements.

S. _____

Date _____

For Office Use

Tax Map I.D. No. _____

Subdivision _____

Section _____

Block _____

Lot _____

Class Well: I _____ II A _____
II B _____ III A _____ III B _____
III C _____ III D _____ III E _____

WELL LOCATION: _____ (feet/miles) direction of Rt. 15 across from
and _____ (feet/miles) (direction) of Palmyra Elementary School
(If possible please include map showing location marked)

Date started 4-24-89 • Date completed 4-28-89 Type rig Rotary Air

I. WELL DATA: New Reworked _____ Deepened _____

• Total depth 17.5 ft.

• Depth to bedrock 77 ft.

• Hole size (Also include reamed zones)

- 10 inches from 0 to 77 ft.
- 6 inches from 77 to 17.5 ft.
- _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

- 6 7/8 inches from 0 to 77 ft.
- Material plastic
- Wt. per foot _____ or wall thickness _____ 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 20 ft. Type poured up pipe
- From _____ to _____ ft. Type _____

2. WATER DATA • Water temperature _____ OF

- Static water level (unpumped level-measured) _____ ft.
- Stabilized measured pumping water level _____ ft.
- Stabilized yield _____ gpm after _____ hours
- Natural Flow: Yes No _____ flow rate: 15 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 air • Rated H.P. 3/4

- Intake depth 170 • Capacity _____ at _____ head

6. WELLHEAD: Type well seal sanitary

Pressure tank 40 gal. Loc. above

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 _____

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)

| DEPTH (feet) | | TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.) | REMARKS (water, caving, cavities, broken, core, shot, (etc.)) |
|--------------|-----|--|--|
| From | To | | |
| 0 | 77 | soft | Well completed |
| 77 | 175 | | |

11. Drilling Time (Min.) _____

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)

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
 703-828-2595

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
 5312 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 Fred Jones Well Co. (Seal), Date 5-1-89
 (Well driller or authorized person) License No. DOC