

# Sewage Disposal System Operation Permit

Commonwealth of Virginia  
Department of Health

Health Department  
Identification No. SD-89-38  
Fluvanna County Health Department



Tax Map No. 30(A)110

David Wagner

is Hereby Granted Permission

to Operate a (Type) IT Sewage Disposal System Having a Design Capacity of 200 gpd, at  
East side of Rt. 15 about 200ft. 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

7-19-89

Effective Date

John F. Heston  
Recommended (Sanitarian)

[Signature]  
Approved (State Health Commissioner)



# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number 5D-89-38

Fluvanna Co. Health Department

Name of Company/Corporation/Individual: George A. Dansey, Inc.

Address: P.O. Box 130 Scottsville, VA. Telephone: 586-3994

Owner's Name David Wagner

Owner's Address Rt. 2, Box 101C Palmyra, VA. 22963

Location of Installation: Lot \_\_\_\_\_ Block \_\_\_\_\_

Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Other: Rt. 15 + 661

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

5-24-89

Date

Jeanne M. Grogan  
Signature and Title

17  
1917  
1917

# Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

For Department Use Only

Health Department  
Identification Number 5D-89-38  
Map Reference 30(A)110

FLUVANNA CO

Health Department

Date Received 3/16/89 *AM*

## To Be Completed By The Applicant

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

Owner DAVID WAGNER Address RT. 2 BOX 101 C Phone 286-3520

PALMIRA, VA  
22963

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to Property RT. 154 661

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Other Property Identification \_\_\_\_\_

Dimensions/size of Lot/Property 3 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  
Basement  Yes  No  
Fixtures in Basement  Yes  No  
Single Family  Multifamily Number of Units \_\_\_\_\_ Number of Bedrooms 0

III. Commercial Use  Yes  No Describe: BAKERY & GLASS SHOW ROOM

Commercial/Wastewater  Yes  No Number of Patrons \_\_\_\_\_ Number of Employees 5  
If yes, give volumes and describe \_\_\_\_\_

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

David W. Wagner  
Signature of owner/agent

3-16-89  
Date

3/11/19  
3/11/19

3/11/19

3/11/19  
3/11/19

3/11/19

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3/11/19

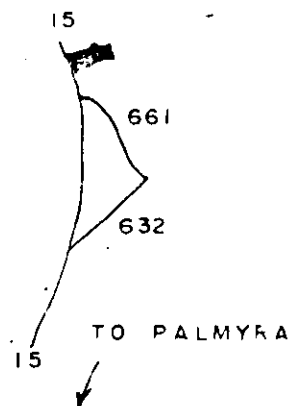
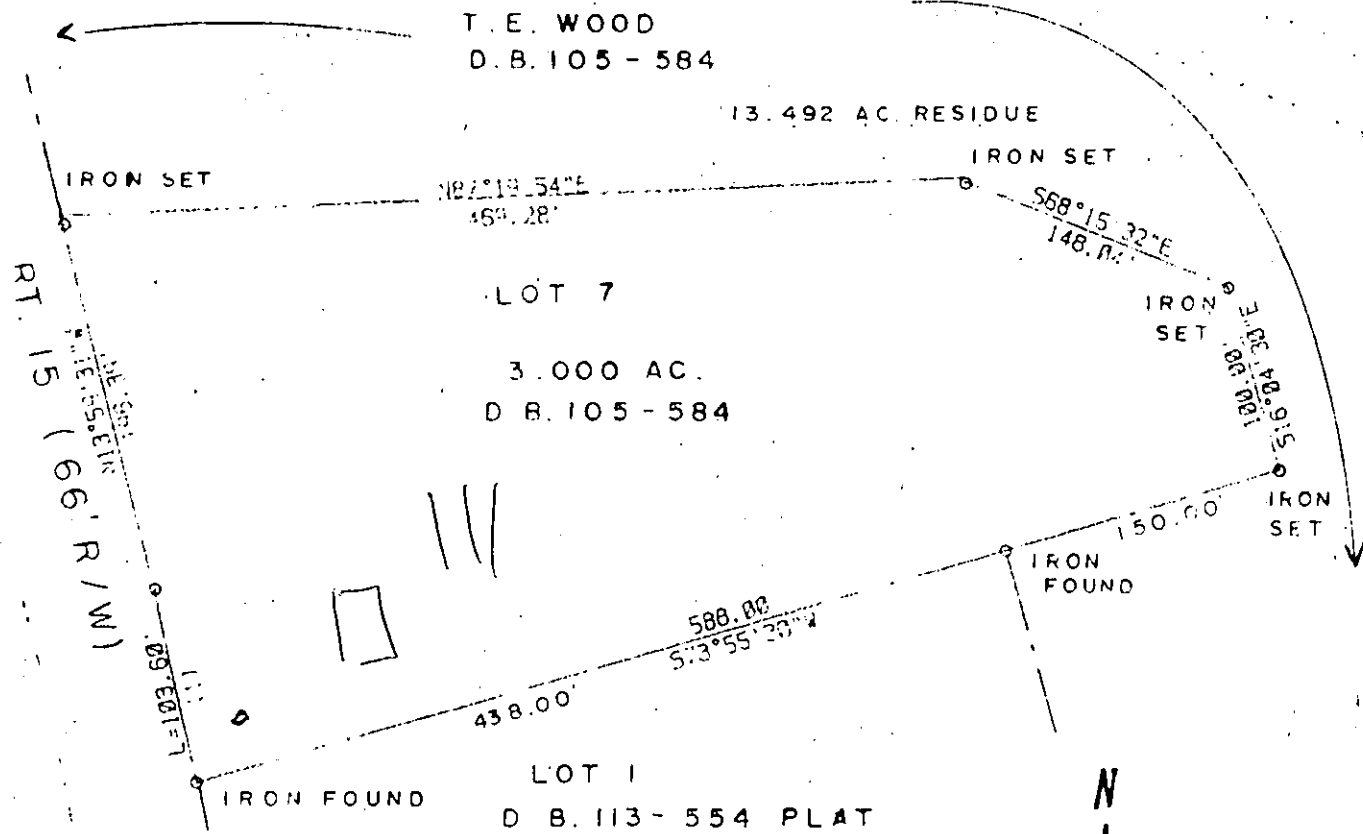
3/11/19

3/11/19

3/11/19

3/11/19

DELTA	RADIUS	ARC	TANGENT	C. BEARING	CHORD
4°03'03"	1465.40'	103.60'	51.02'	N11°57'59"W	103.58'



PLAT SHOWING  
TAX MAP 30 PARCEL 110A

**THE T. E. WOOD PROPERTY**

PALMYRA DISTRICT FLUVANNA COUNTY, VIRGINIA

SCALE: 1" = 100' DATE: APRIL 10, 1989

ROBERT L. LUM

LAND PLANNING & SURVEYING

PALMYRA, VIRGINIA





# Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

FLUVANNA CO.

Health Department



Health Department Identification Number 132-89-0038  
Map Reference 30(A)110

## 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 WAGNER  
Address RT. 2 BOX 101C, PALMYRA, VA 22963 Telephone 804-286-3520  
For a Type 2 Sewage disposal system which is to be constructed on/at EAST SIDE OF RT 19 ABOUT 200 FT NORTH OF RT 661  
Subdivision \_\_\_\_\_ Section/Block \_\_\_\_\_ Lot \_\_\_\_\_  
Actual or estimated water use 200 gpd

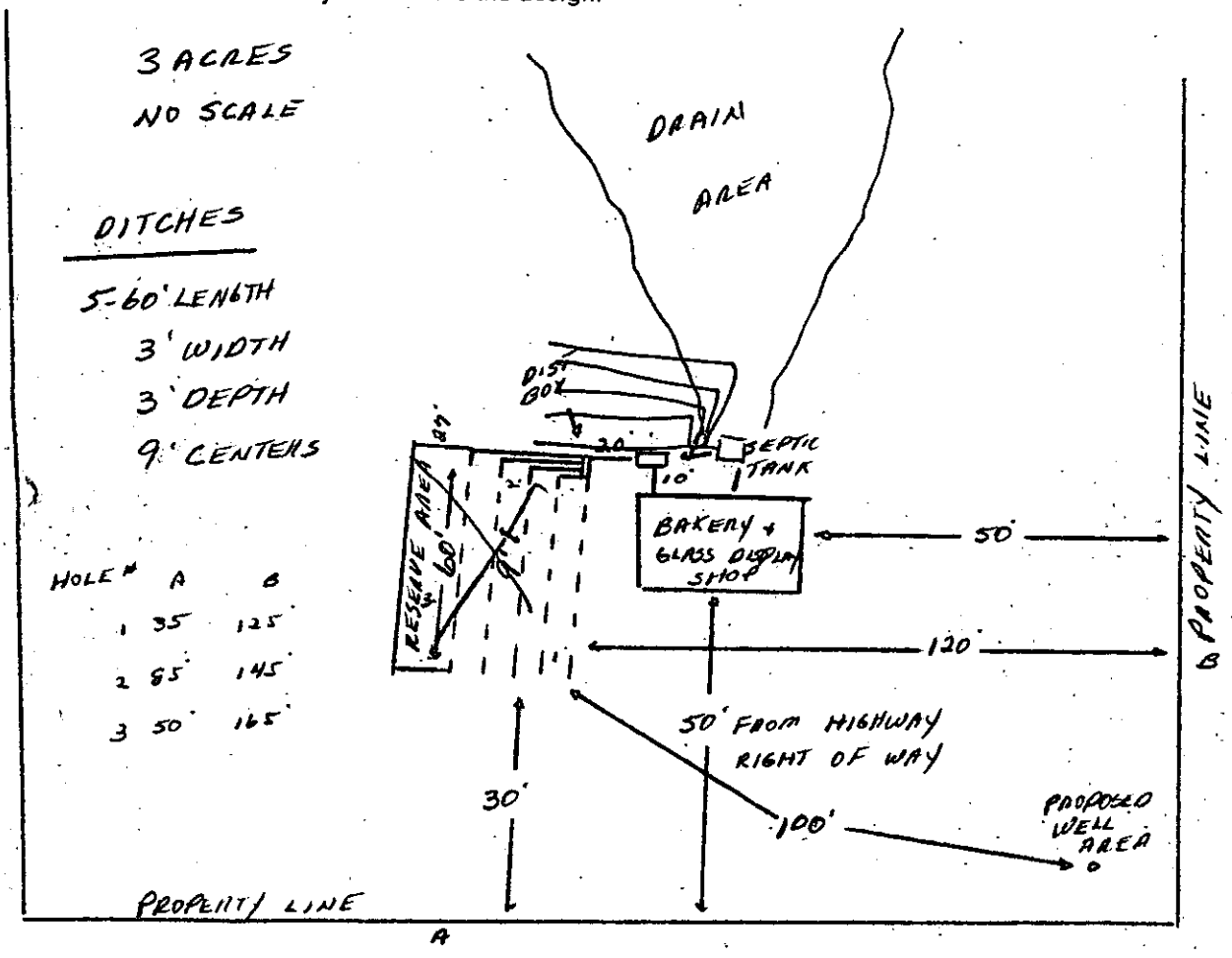
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>3</u> cased <u>20 FT.</u> grouted <u>20 FT.</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> 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>750</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 checked="" 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>900</u> ; depth from ground surface to bottom of trench <u>36"</u> ; aggregate size <u>.5-1.5"</u> Trench bottom slope <u>2-4"/100 FT</u> ; center to center spacing, <u>9</u> ; trench width <u>3</u> Depth of aggregate <u>13</u> ; Trench length <u>90</u> ; Number of trenches <u>5</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Date <u>5/24/89</u> Inspected and approved by: <u>[Signature]</u> Sanitarian	

100

**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.



RT. 15

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: 3/10/89 Issued by: John F. Hutchinson  
 Sanitarian

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
 Supervisory Sanitarian

This Construction Permit Valid until  
9/17/93

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_

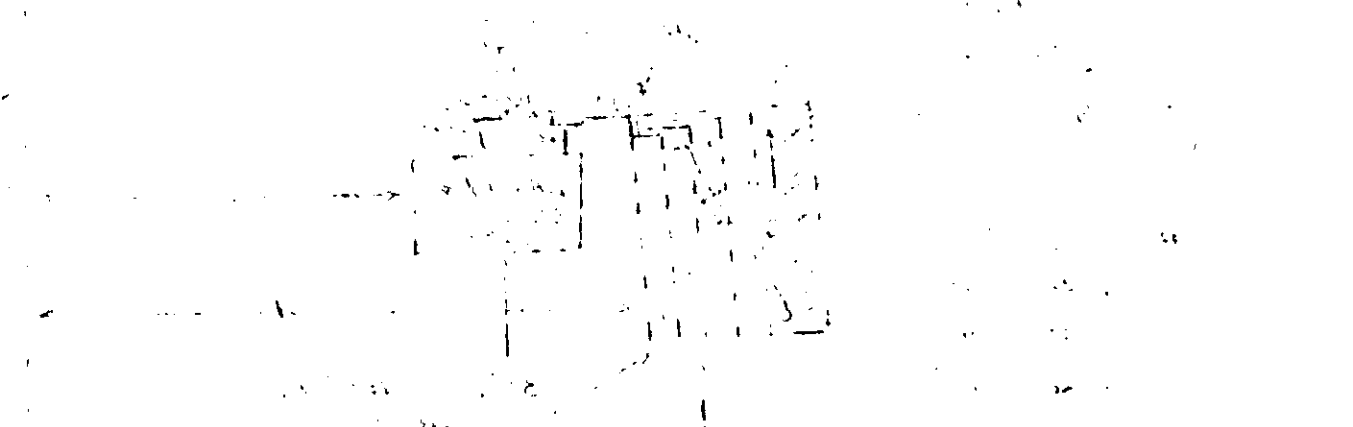
Supervisory Sanitarian \_\_\_\_\_ Regional Sanitarian \_\_\_\_\_

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# Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number 132-89-0038  
Tax Map Number 30(A)110

## General Information

Date 03/17/89 FLUVANNA CO. Health Department  
Applicant SEE ATTACHED APPLICATION Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Owner DAVID WAGNER Address RT.2 BOX 101C, PALMYRA, VA 22963  
Location EAST SIDE OF RT 15 ABOUT 200 FT NORTH OF RT 661  
Subdivision \_\_\_\_\_ Block/Section \_\_\_\_\_ Lot \_\_\_\_\_

## Soil Information Summary

1. Position in landscape satisfactory Yes  No  Describe \_\_\_\_\_  
2. Slope 8 %  
3. Depth to rock/imperious 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  ~~Yes~~  Texture group I II III IV  
No  Estimated rate 59 min/inch  
7. Percolation test performed Yes  Number of percolation test holes \_\_\_\_\_  
No  ~~Yes~~  Depth of percolation test holes \_\_\_\_\_  
Average percolation rate \_\_\_\_\_

Name and title of evaluator: JOHN F. HUTCHERSON

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 \_\_\_\_\_





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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.

7/10/89  
DATE COLLECTED9:30 AM  
TIME: NAME OF CITY OR COUNTY

FLUVANNA

ADDRESS OF SUPPLY

RT. 2 BOX 101B PALMYRA, VA 22963

SUPPLY OWNED BY

WAGNEAS BAKER

SAMPLE COLLECTED BY

JOHN F. HUTCHERSON

SAMPLE WAS TAKEN FROM

OUTSIDE 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 136

PALMYRA, VA 22963

Portion Of Sample Tested	Bact. of Coliform Group	Portion Of Sample Tested	Bact. of Coliform Group	SAMPLE NO.
.0001 ml.		10 ml.	—	M914160  RECEIVED OK 3292  COMPLETED 7/13/89
.001 ml.		10 ml.	—	
.01 ml.		10 ml.	—	
.1 ml.		10 ml.	—	
1 ml.		10 ml.	—	

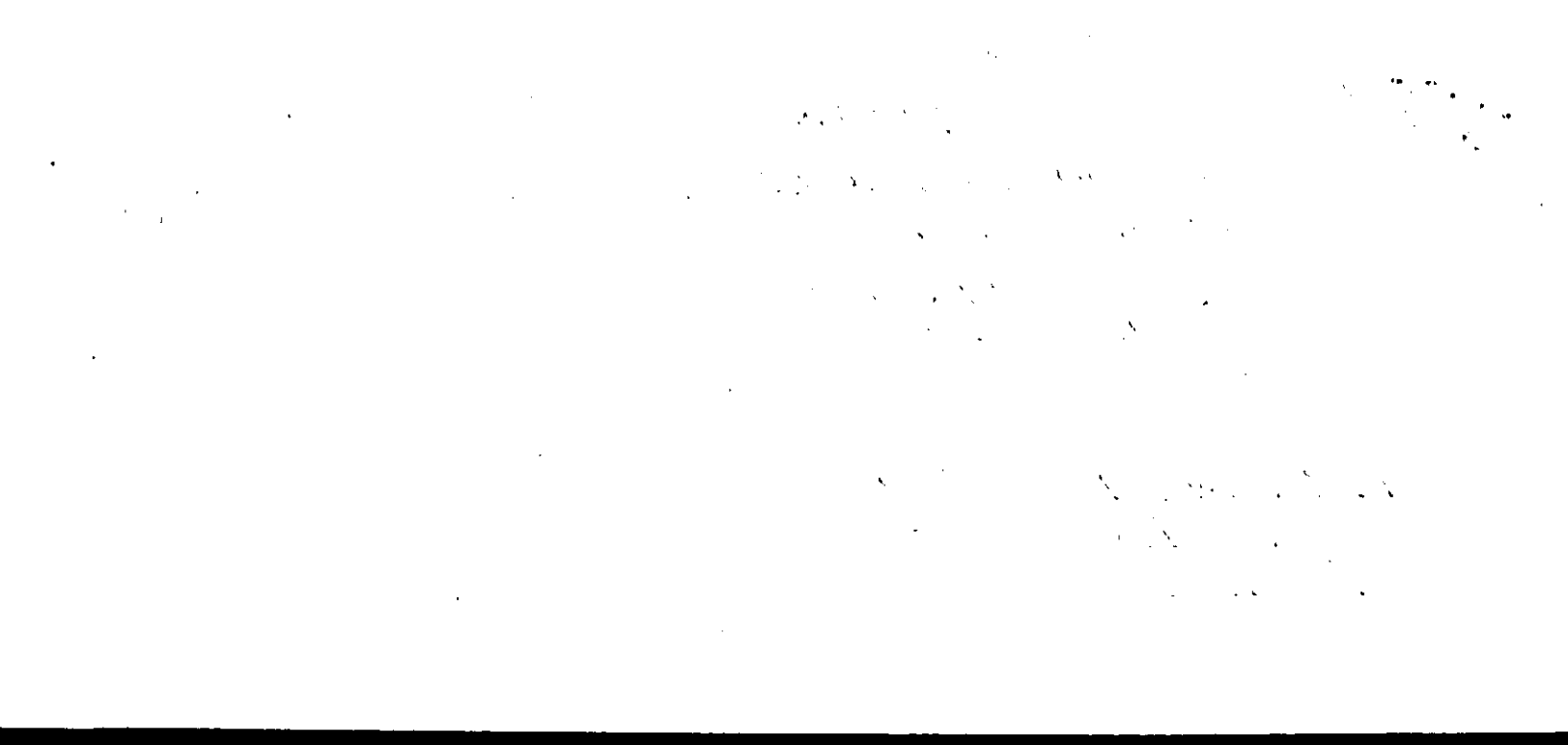
Membrane Filter

Coliforms per 100 ml.

+ 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)



# 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 4089-38

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

Map Reference

Date 7/19/89

Local Health Department FLUVANNA

<u>30</u>	<u>A</u>	<u>110</u>
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Owner DAVID WAGNER

Address RT 2 BOX 101C PALMIRA, VA 22962

Phone 254 3520

Exact Location of Premises EAST SIDE OF RT. 15 ABOUT 200 FT NORTH OF RT 601

Subdivision N/A

Section/Block A11A

Lot N/A

- Class of nonpublic drinking water well.
- |              |                   |                          |
|--------------|-------------------|--------------------------|
| 1) Class III | A. (drilled well) | <input type="checkbox"/> |
| 2) Class III | B. (bored well)   | <input type="checkbox"/> |
| 3) Class III | C. (jetted well)  | <input type="checkbox"/> |
| 4) Class III | D. (dug well)     | <input type="checkbox"/> |
| 5) Other     | E.                | <input type="checkbox"/> |

Date of installation 6/15/89

### 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 200 Subsurface Soil Absorption System 700 (nearest point). Property Line 20 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 100 feet. Type of casing PVC. Depth of casing 48 feet. Diameter of casing 6 1/4 inches. Casing extends inches above ground 12. Exterior space around casing sealed with neat cement grout to a depth of 30 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 4 hours. Drawdown 40 feet. Yield 10 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 7/19/89

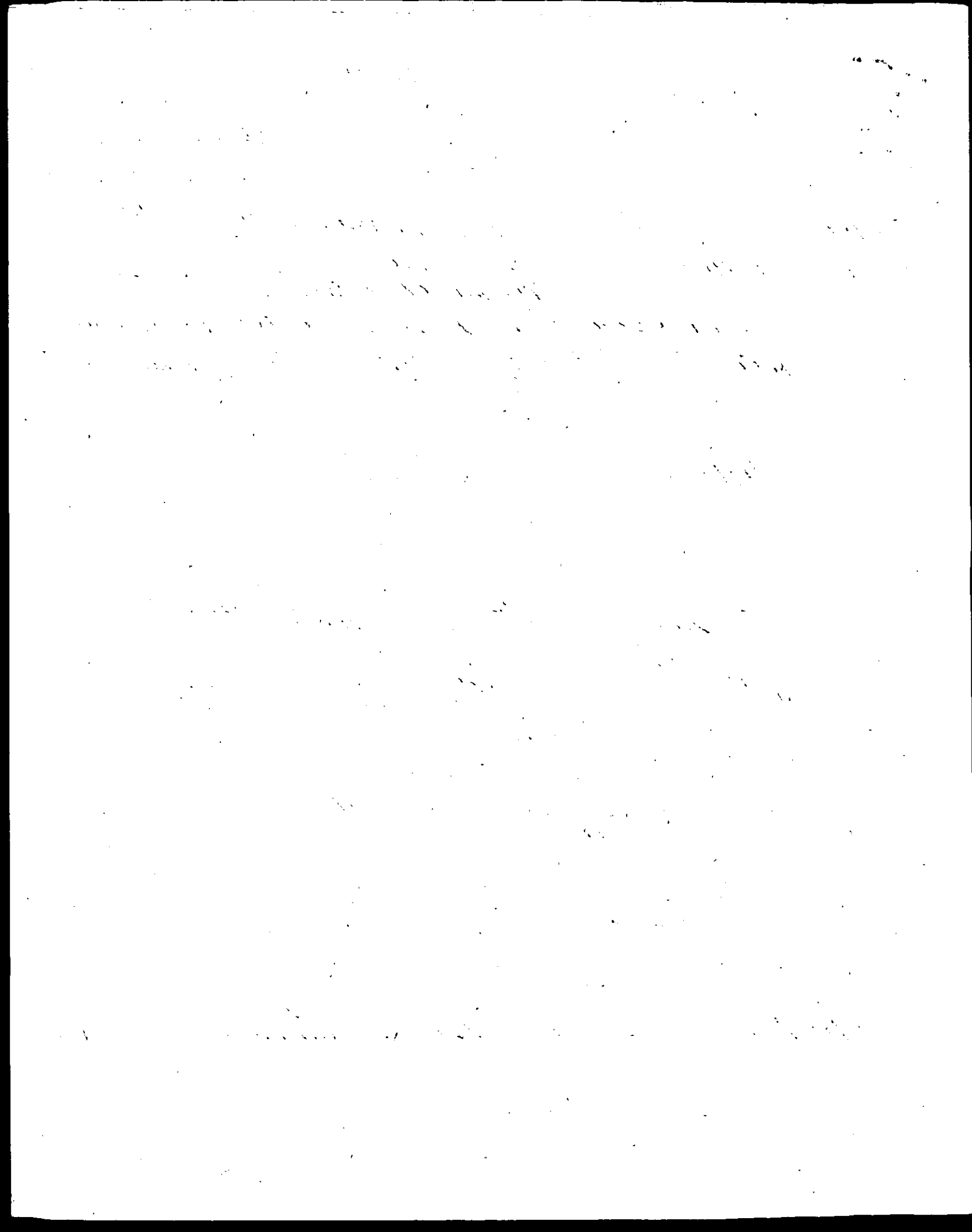
Signed [Signature]  
Sanitarian

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Supervisory Sanitarian

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Regional Sanitarian (If V.A. or F.H.A.)



COMMONWEALTH OF VIRGINIA  
WATER WELL COMPLETION REPORT

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

(Certification of Completion/County Permit)

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

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 \_\_\_\_\_  
• Well Designation or Number \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

• Drilling Contractor Earl M. Murrin  
Address RT 4, Box 121  
Ballville VA 24590  
Phone 804-286-3211

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 \_\_\_\_\_ IIA \_\_\_\_\_  
IIB \_\_\_\_\_ IIIA \_\_\_\_\_ IIIB \_\_\_\_\_  
IIIC \_\_\_\_\_ IIID \_\_\_\_\_ IIIE \_\_\_\_\_

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

Date started 6-89 • Date completed 6-89 Type rig Cable

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

• Total depth 100 ft.  
• Depth to bedrock 48 ft.

• Hole size (Also include reamed zones)

- 10 inches from 0 to 48 ft.
- 6 inches from 48 to 100 ft.

• Casing size (I.D.) and material

- 6 1/4 inches from 0 to 48 ft.  
Material PVC  
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 5 to 30 ft. Type Concrete
- From \_\_\_\_\_ to \_\_\_\_\_ ft. Type \_\_\_\_\_

2. WATER DATA • Water temperature 54 of \_\_\_\_\_

- Static water level (unpumped level-measured) 30 ft.
- Stabilized measured pumping water-level 20 ft.
- Stabilized yield 10 gpm after 4 hours  
Natural Flow: Yes  No \_\_\_\_\_ flow rate: \_\_\_\_\_ gpm  
Comment on quality Good

3. WATER ZONES: From 30 To 100

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 Sub • Rated H.P. 1/2  
• Intake depth 90 • Capacity 10 at well head

6. WELLHEAD: Type well seal Retless adapter  
Pressure tank 5.5 gal. Loc. Utility Room  
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 \_\_\_\_\_

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)

10. DRILLERS LOG (use additional Sheets if necessary)			11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.))	Drilling Time (Min.)
From	To			
0	48	sandy slate	soft firm	5 hrs
48	100			20 hrs

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 50 p. s. i. for 60  
minutes. Pipe size 1 inches, Material PVC 160 PSI  
Installer Earl Mowis  
Date 6-89

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.

Signature Earl Mowis (Seal), Date 6-13-89  
[Well driller or authorized person]  
License No. Q31-46-4726

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