VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Madison County Health Department
400-A North Main Street PO Box 67
Madison, Virginia 22727
(540) 948-5481 Voice
(540) 948-3841 Fax

Sewage Disposal System Operation Permit

Property Owner
Keith Jenkins
P.O. Box 1148
Culpeper, Virginia 22701
Phone: (540) 825-5898

Health Dept. ID: **SD-06-111**
Tax Map: **24-51E**

Locality: Madison

Property Location
Property Address: 1388 Novum Church Road
Reva, Virginia 22735

Directions: 29 south to right on 609(Hoover Road) right on 607, ridgeview road, follow to end, left on 606, follow to left on rt 605(Novum church road), land on left

==========

Keith Jenkins is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location, having a design capacity of **450** gallons per day, or **3** bedrooms maximum.

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

December 18, 2006
Effective Date

Dwayne Dixon
EHS

Signed December 18, 2006

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Madison County Health Department
400-A North Main Street PO Box 67
Madison, Virginia 22727
(540) 948-5481 Voice
(540) 948-3841 Fax

Record of Inspection - Nonpublic Drinking Water Supply System

Property Owner
Keith Jenkins
P.O. Box 1148
Culpeper, Virginia 22701
Phone: (540) 825-5898

Health Dept. ID: **SD-06-111**
Tax Map: **24-51E**

Locality: Madison

Property Location
Property Address: 1388 Novum Church Road

Directions: 29 south to right on 609(Hoover Road) right on 607, ridgeview road, follow to end, left on 606, follow to left on rt 605(Novum church road), land on left

==========

Well Driller: T.G. Riner Well Drilling
Nonpublic drinking water well class: Class IIIC
Date construction started: July 28, 2006
Has water well completion report been filed as required by Sec. 12 VAC 5-630-440. Yes

Well Location / Distances from sources of pollution:
(See Table 3.1 and 12 VAC 5-630-380 of the Private Well Regulations)
Building Sewer 50 feet; Pretreatment Unit 50 feet; Conveyance System 50 feet; Subsurface Soil Absorption System 100 feet (nearest point); Property Line 10 feet; Other: __.

Construction, General: (See 12 VAC 5-630-400 and 410 of the Private Well Regulations)
Total depth of well 700 feet; Type of casing PVC Plastic ; Depth of casing 48 feet; Diameter of casing 6 inches. Casing extends 12 inches above ground. Annular space was sealed with bentonite to a depth of 20 feet, and was Pumped from bottom upward . Screens (if used) are constructed of n/a . Well head and opening to the interior protected: Yes . Type of well seal: Well cap . Pitless adapter used: Yes . If so, was it properly installed: Yes ; and properly vented: Yes .

Quantity: Yield and drawdown determined by continuous pumping of hours.
Yield: 2 GPM ; Drawdown: feet ; Static Water Level: feet ; Type of storage: Pressure.

Quality: Sample tap provided at entry into system: Yes . Sample(s) collected: Yes. Result of samples: Satisfactory. Date of Sample: December 18, 2006

Satisfactory Construction: Yes on December 18, 2006

Well Approved for Use: **Yes** on December 18, 2006

Signed February 15, 2007

Dwayne Dixon, ES1

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 5D-06-111

Madison Co Health Department

Name of Company/Corporation/Individual: Dennis Cubbage

Address: _____ Telephone: _____

Owner's Name Keith Jenkins

Owner's Address PO Box 1148 Culpeper Va 22701

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: Tax Map 24-51E

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.

_____ Date

Dennis Cubbage Signature and Title

C.H.S. 203 Rev. 4/83

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 5D-06-111

Madison Co Health Department

Name of Company/Corporation/Individual: Dennis Cubbage

Address: _____ Telephone: _____

Owner's Name Kirk Jenkins

Owner's Address PO Box 1148 Culpeper Va 22701

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: Tax Map 24-51E

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.

_____ Date

_____ Signature and Title

C.H.S. 203 Rev. 4/83

Commonwealth of Virginia

KEITH JENKINS

Uniform Water Well Completion Report

Owner Jefferson Homebuilders
Address PO Box 1148
Culpeper VA
Phone 540-825-5898
Location Norman Church Rd

Tax Map ID 24-51H
VDH Permit SD-06-111
VWCB Permit
VWCB
County Madison

Well Data

General Information
Drilling Method Air Rotary
Depth To Bedrock 48
Static Water Level
Well Disinfected (Y or N)

Date Completed 7-28-06
Yield 2 GPM
Stabilized Water Level
Disinfectant Used

Well Depth 700
Length of Test
Natural Flow
Amount Used

Casing
From 0 To 48
Size 6" Material PVC
Wall/SDR Sch 40

From To
Size Material
Wall/SDR

From To
Size Material
Wall/SDR

Gravel Pack
From To

From To

From To

Grout
From 0 To 20
Bore Hole Size 10"
Type bentonite
Method pumped

From To
Bore Hole Size
Type
Method

From To
Bore Hole Size
Type
Method

Water Zones or Screened Intervals
From To
Mesh Size Diam

From To
Mesh To

From To
Mesh To

Use Data

Private Well: Domestic ✓ Agricultural Industrial Monitoring
Public Well: Community Non Community

Abandonment Information

Bored or Dug Wells
Casing Removed, Y or N:
If Y, Depth to which casing was removed
Depth and Type of Fill
Source of fill
Bentonite Plugs: From to From to

Wells other than Bored Wells
Casing Removed, Y or N:
Depth to which casing was removed
Depth and type of gravel/sand fill
Source of gravel/sand fill
Cement: From to

Method of permanently marking location:

Drillers Log

Depth	Description of Formation or Sediment	Remarks
0-48	Unconsolidated Material	
48-700	Rock	

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulation, ordinances and laws.

T. G. Riner Well Drilling
17248 Auburn Road
Brandy Station, VA 22714
Phone (540) 825-0548
Drillers signature _____ Date 7-28-06
Representing T. G. Riner Well Drilling
Virginia Contractors License Number

ESS ENVIRONMENTAL SYSTEMS SERVICE, LTD.

JEFFERSON HOMEBUILDERS
P. O. BOX 1148
CULPEPER, VA 22701

ANALYSIS REPORT

KEITH JENKINS-NOVUM CHURCH RD. (RT. 605 - MADISON CO.)

ESS WO NUMBER: 67931

ESS ID NUMBER: 66823

SAMPLE LOCATION: SD# 06-111

SAMPLE SOURCE OUTSIDE

DATE SAMPLED: 12/14/2006
TIME SAMPLED: 11:00

PARAMETER	RESULT	METHOD
Total Coliform Bacteria	ABSENT	SM 9223 (18 hr)
E. coli	ABSENT	SM 9223 (18 hr)

THIS WATER SAMPLE HAS MET THE MINIMUM POTABLE WATER TEST REQUIREMENTS AS ESTABLISHED BY THE VIRGINIA DEPARTMENT OF HEALTH

Reviewed by: ESS LAB SERVICES

Report Date: December 15, 2006
VA LAB ID# 00115

Commonwealth of Virginia

KEITH JENKINS

Uniform Water Well Completion Report

Owner Jefferson Homebuilders
Address PO Box 1148
Culpeper VA
Phone 540-825-5898
Location Nethum Church Rd

Tax Map ID 24-51H
VDH Permit 50-06-111
VWCB Permit
VWCB
County Madison

Well Data

General Information
Drilling Method Air Rotary
Depth To Bedrock 48
Static Water Level
Well Disinfected (Y or N)

Date Completed 7-28-06
Yield 2 GPM
Stabilized Water Level
Disinfectant Used

Well Depth 700
Length of Test
Natural Flow
Amount Used

Casing
From 0 To 48
Size 6 3/4 Material PVC
Wall/SDR Sch 40

From To
Size Material
Wall/SDR

From To
Size Material
Wall/SDR

Gravel Pack
From To

From To

From To

Grout
From 0 To 20
Bore Hole Size 10"
Type bentonite
Method pumped

From To
Bore Hole Size
Type
Method

From To
Bore Hole Size
Type
Method

Water Zones or Screened Intervals
From To
Mesh Size Diam

From To
Mesh To

From To
Mesh To

Use Data

Private Well: Domestic ✓ Agricultural Industrial Monitoring
Public Well: Community Non Community

Abandonment Information

Bored or Dug Wells
Casing Removed, Y or N:
If Y, Depth to which casing was removed
Depth and Type of Fill
Source of fill
Bentonite Plugs: From to From to

Wells other than Bored Wells
Casing Removed, Y or N:
Depth to which casing was removed
Depth and type of gravel/sand fill
Source of gravel/sand fill
Cement: From to

Method of permanently marking location:

Drillers Log

Depth	Description of Formation or Sediment	Remarks
0-48	Unconsolidated Material	
48-700	Rock	

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulation, ordinances and laws.

T. G. Riner Well Drilling
17248 Auburn Road
Brandy Station, VA 22714
Phone (540) 825-0548
Drillers signature _____ Date 7-28-06
Representing T. G. Riner Well Drilling
Virginia Contractors License Number

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Madison County Health Department
400-A North Main Street PO Box 67
Madison, Virginia 22727
(540) 948-5481 Voice
(540) 948-3841 Fax

Septic Tank - Soil Absorption System Construction Permit

Health Department ID Number: **SD-06-111**

Owner / Agent Information
Owner: Keith Jenkins P.O. Box 1148 Culpeper, Virginia 22701 Owner Phone: (540) 825-5898

Location Information
Property Address: Novum Church Road Tax Map: **24-51E** Locality: Madison Directions: 29 south to right on 609(Hoover Road) right on 607, ridgeview road, follow to end, left on 606, follow to left on rt 605(Novum church road), land on left

General Information	
System Type: Type of Property: Residential	Daily Flow: **450 gallons** Number of Bedrooms: **3** maximum

Sewer Line	*Distribution Box Information*
3" or 4" Sch. 40 PVC or equivalent 61¾/66¼ (cleanouts required at 50' to 60' intervals)	No. of Boxes: 1 No. of Outlets: 10

Conveyance Line / Force Main Information	*Header Line Information*
Method: Gravity Distribution Box Material: Minimum crush strength 1500# Pipe Diameter: 4" Minimum Slope: 6" per 100' (only for non-pump)	ASTM F405 pipe or better (1500 # crush or equivalent) Minimum slope 2" per 100'

Septic Tank - Inlet Outlet Structure	*Percolation Lines and Absorption Area*
Capacity: **1000 gallons** The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank 64½/66	Slope: 2-4" per 100' Percolation Lines: 4" diameter Center to Center Spacing: **6'** Installation Depth: **30"** Depth of Aggregate: **13"**, Size of Aggregate: **0.5-1.5"** Total Number of Laterals: **6** Laterals to be **90'** long, x **2'** wide Install **1080** Square Feet Total **100%** Reserve Area Required for Future Repairs

Please Note:

77¾/80¼ 85-¾/88 89¾/94¾ 98¾/102

116/112¼ 114/116

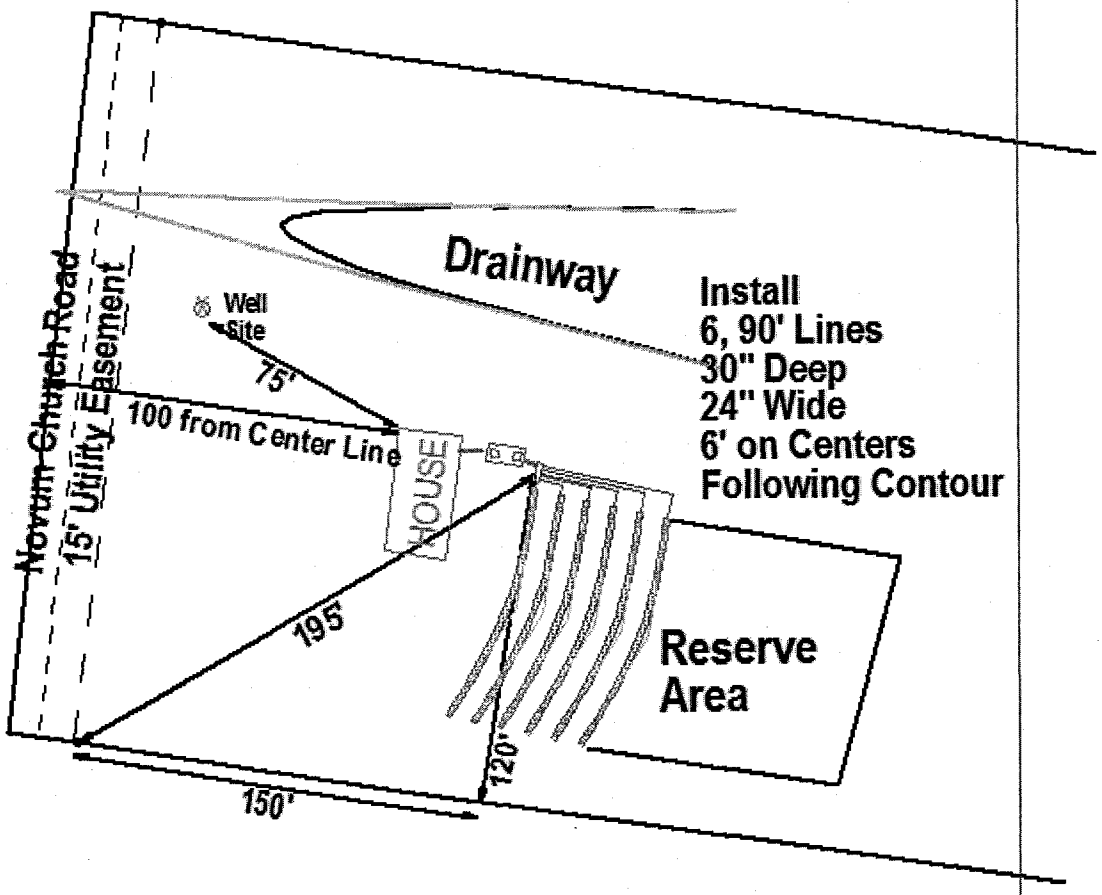
Construction Drawing

HD ID #: **SD-06-111**

Owner Information	
Keith Jenkins P.O. Box 1148 Culpeper, Virginia 22701	Phone: (540) 825-5898

Construction Drawing

Schematic drawing of sewage disposal system and topographic features.



This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: Dwayne Dixon ; Site Evaluation By: Dwayne Dixon

DT Dixon

Dwayne Dixon

July 12, 2006

Issue Date

-

Expiration Date

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Madison County Health Department
400-A North Main Street PO Box 67
Madison, Virginia 22727
(540) 948-5481 Voice
(540) 948-3841 Fax

Private Well Construction Permit

Health Department ID Number: **SD-06-111**

Owner / Agent Information
Owner: Keith Jenkins P.O. Box 1148 Culpeper, Virginia 22701 Owner Phone: (540) 825-5898

Location Information
Property Address: Novum Church Road Tax Map: **24-51E** Locality: Madison Directions: 29 south to right on 609(Hoover Road) right on 607, ridgeview road, follow to end, left on 606, follow to left on rt 605(Novum church road), land on left

General Information		
Well Class: **Class IIIC**	Minimum Casing Depth: **20 feet**	Minimum Grout Depth: **20 feet**

Comments:

This permit is issued based upon a site evaluation conducted by Dwayne Dixon, EHS on July 10, 2006. See following page for Construction Drawing.

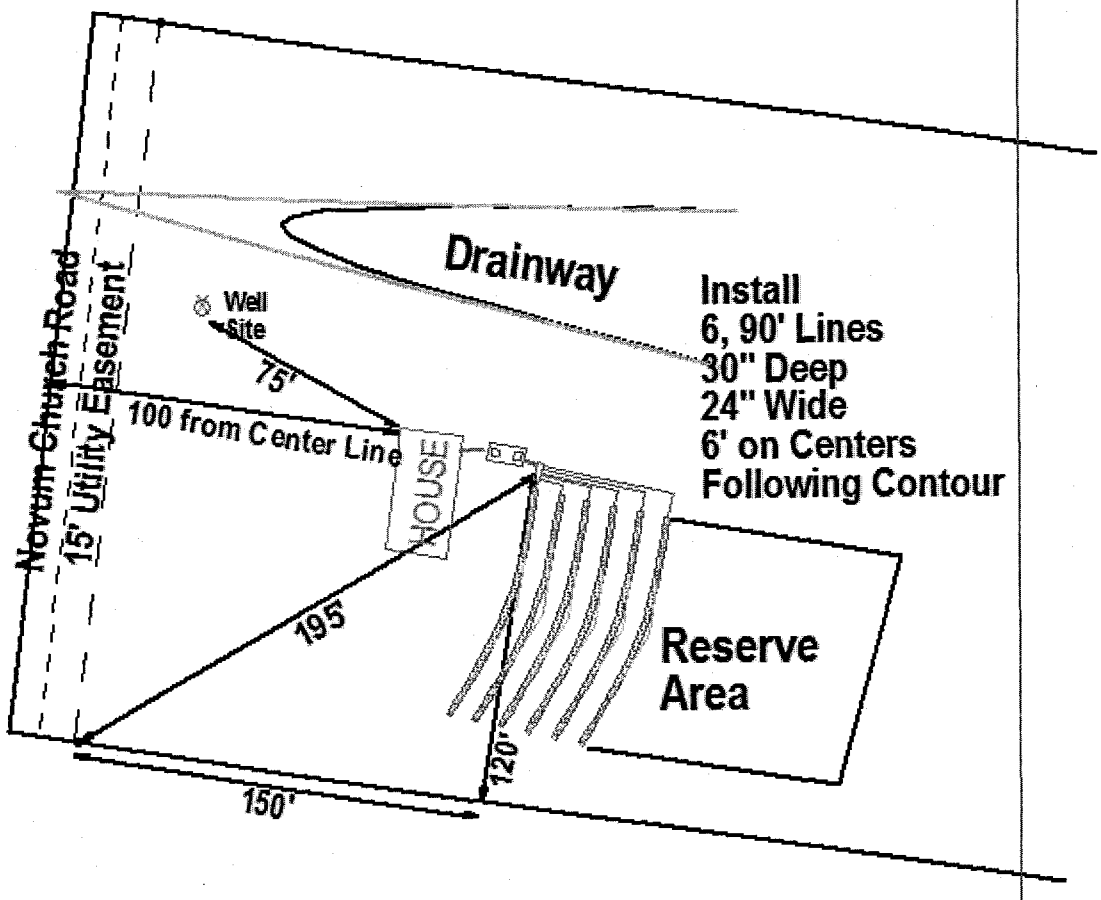
Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations* , 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

Well Construction Permit -- Drawing HD ID #: **SD-06-111**

Owner Information	
Keith Jenkins P.O. Box 1148 Culpeper, Virginia 22701	Phone: (540) 825-5898

Construction Drawing

Scale drawing of the well site and related features.



Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.

Issued by: Dwayne Dixon

July 12, 2006
Issue Date

January 12, 2008
Expiration Date

VDH Use Only
Health Department ID# _____
Due Date _____

Site and Soil Evaluation Report

(For certification letters and subdivisions)

General Information

Date : 8-7-05 Madison County Health Department

Applicant : Amy Holt

Telephone Number : 547-3171

Address : 1346 Novum Ch Rd

Owner : _____ Address : _____

Location : _____

Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes X No __ Describe :

2. Slope 10-12 %

3. Depth to rock/impervious strata Max. ___ Min. ___ None X

4. Free water present No X Yes __ Range in inches ____

5. Depth to seasonal water table (gray mottling or gray color)_____inches

6. Soil percolation rate estimated Yes X Texture group I II III IV
   No __ Estimated rate 45 min/in

7. Percolation test performed Yes __ Number of percolation test holes __
   No X Depth of percolation test holes ___
   Average percolation rate ___ mpi

Name and title of evaluator: DT Dixon

Signature: DT Dixon

Department Use

X Site approved: Drainfield trench bottoms to be placed at 30 (inches) depth at site designated on permit.

__ Site disapproved:

Reasons for rejection: (check all that apply)

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 _____

Profile Description
SOIL EVALUATION REPORT

Health Department
Identification No. _____

Page _____ of _____

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
4	Ap AB Bw C	0-6 6-48 48-55	7.5YR 3/3 L 7.5YR 3/4 L 7.5YR 3/3 SL wi 7.5YR 4/6 7.5YR 4/4 [illegible]	
3	Ap [illegible] Bw C	0-16 16-32 32-57	7.5YR 3/3 L 10YR 4/4 L 10YR 4/4 & 10YR 3/2, 2.5Y 7/8 10YR 5/2 L SANDY COARSE SAND GRANITE SARPROLITE	
5	Ap Bw C	0-10 10-19 19-45	10YR 3/4 L 10YR 4/6 L 10YR 4/6 10YR 5/2 10YR 3/2 L SAND GRANITE SARPROLITE HARD REDDISH BROWN ORE END OF PIT BROKEN PEBBLES 6-10" DIAMETER	
2	Ap B C	0-11 11-33 33-48 48-52	10YR 3/4 L 7.5YR 4/6 HEAVY LOAM 7.5YR 4/6 LOAM wi 10YR 3/2 7.5YR 4/6 7.5YR 5/4 10YR 3/2 COURSE SANDY LOAM	
1	Ap Bw C	0-13 13-47 47-63	10YR 3/4 L 7.5YR 4/6 L 10YR 5/2, 10YR 4/6 10YR 3/2 LOAM	

Remarks

NOTES:
1. NO TITLE REPORT FURNISHED.
2. THE BOUNDARY DATA SHOWN HEREON IS BASED ON A CURRENT FIELD SURVEY.
3. PROPERTY SHOWN ON MADISON COUNTY TAX MAP 24, PARCEL 51E.
4. EASEMENTS, RIGHTS-OF-WAY, ETC., OTHER THAN SHOWN, MAY EXIST.
5. THIS PROPERTY APPEARS TO LIE WITHIN ZONE 'X' (AREAS DETERMED TO BE OUTSIDE THE 500 YEAR FLOOD PLAIN) AS SHOWN ON FLOOD INSURANCE RATE MAP 510094 0100 B, EFFECTIVE DATE: APRIL 3, 1989.
6. RECORD OWNER:
BRUCE E. & LORETTA C. HOLT
PER DEED BOOK 251, PAGE 494 &
DEED BOOK 180, PAGE 663.

SURVEYOR'S CERTIFICATE

I, W.D. SEWARD, A LICENSED LAND SURVEY IN THE COMMONWEALTH OF VIRGINIA, HEREBY STATE THAT THE SUBDIVISION OF LAND SHOWN HEREON IS A PORTION OF THE LAND ACQUIRED BY BRUCE E. & LORETTA C. HOLT IN DEED BOOK 180, PAGE 663 & DEED BOOK 251, PAGE 494, AS FOUND IN THE LAND RECORDS OF MADISON COUNTY, VIRGINIA.

w.s. 7-5-05

W.D. SEWARD L.S. #1934 DATE:

OWNERS' CONSENT

WE, BRUCE E. & LORETTA C. HOLT, THE OWNERS OF THE PROPERTY SHOWN HEREON AND DESCRIBED IN THE SURVEYORS CERTIFICATE HEREBY STATE THAT THE SUBDIVISION OF LAND AS SHOWN HEREON IS WITH OUR FREE CONSENT AND IN ACCORDANCE WITH OUR DESIRES, WE FURTHER STATE THAT IRON RODS AND/OR IRON PIPES WILL BE SET AT LOT CORNERS UNDER THE DIRECT SUPERVISION OF A LAND SURVEYOR, LICENSED BY THE COMMONWEALTH OF VIRGINIA.

BRUCE E. HOLT (OWNER) DATE:

LORETTA C. HOLT (OWNER) DATE:

NO
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COU
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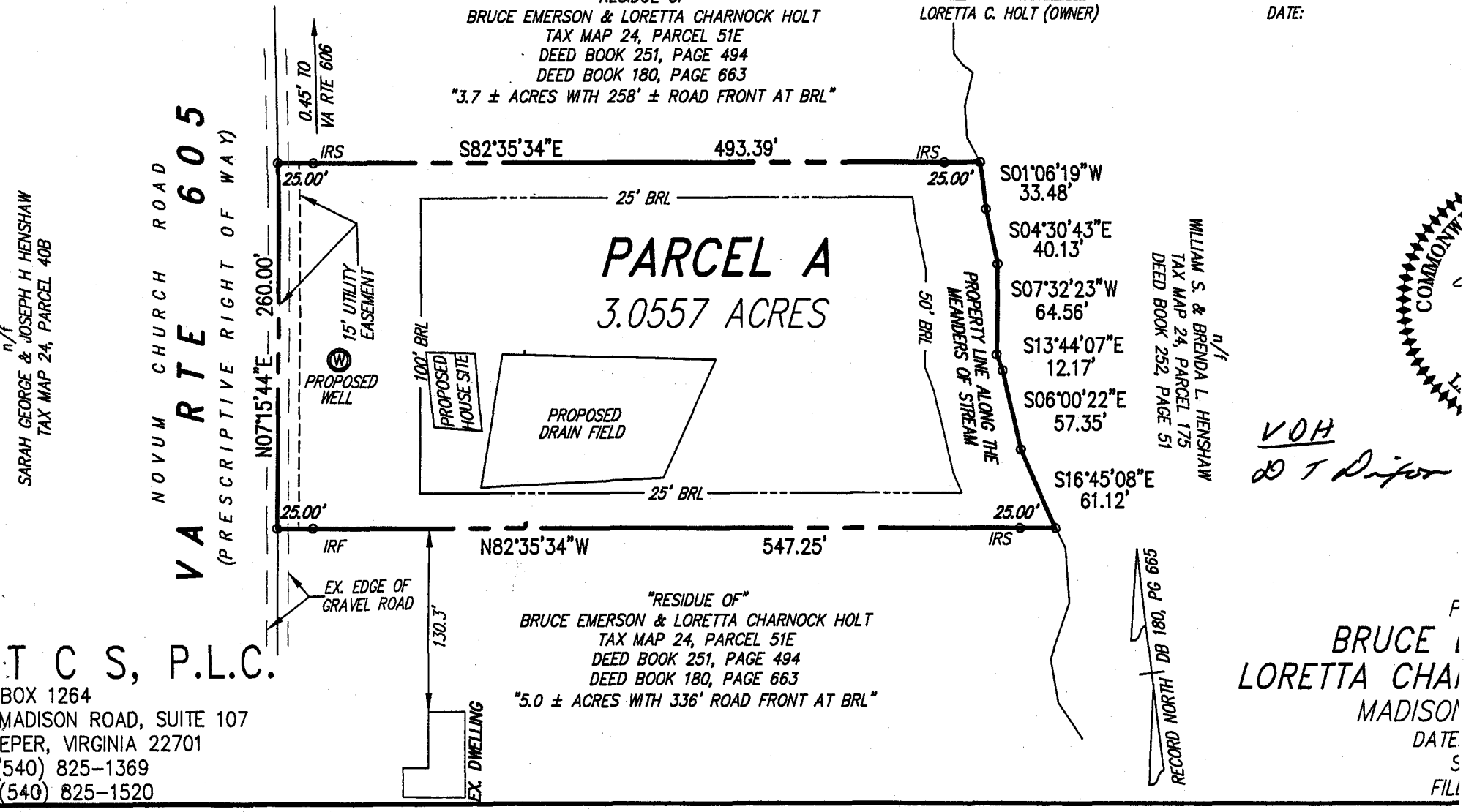
SUB
THIS
NOT
MY



A T C S, P.L.C.
P.O. BOX 1264
767 MADISON ROAD, SUITE 107
CULPEPER, VIRGINIA 22701
PH. (540) 825-1369
FAX (540) 825-1520

VOH
DOT Dept

F
BRUCE
LORETTA CHA
MADISO
DATE
S
FILL

NOTES:
1. NO TITLE REPORT FURNISHED.
2. THE BOUNDARY DATA SHOWN HEREON IS [redacted] ON A CURRENT FIELD SURVEY.
3. PROPERTY SHOWN ON MADISON COUNTY TAX MAP 24, PARCEL 51E.
4. EASEMENTS, RIGHTS-OF-WAY, ETC., OTHER THAN SHOWN, MAY EXIST.
5. THIS PROPERTY APPEARS TO LIE WITHIN ZONE 'X' (AREAS DETERMED TO BE OUTSIDE THE 500 YEAR FLOOD PLAIN) AS SHOWN ON FLOOD INSURANCE RATE MAP 510094 0100 B, EFFECTIVE DATE: APRIL 3, 1989.
6. PROPOSED HOUSE, WELL & DRAIN FIELD LOCATIONS ARE SHOWN ON A PRELIMINARY PLAT ON FILE WITH MADISON COUNTY HEALTH DEPARTMENT.
7. RECORD OWNER:
BRUCE E. & LORETTA C. HOLT
PER DEED BOOK 251, PAGE 494 &
DEED BOOK 180, PAGE 663.

SURVEYOR'S CERTIFICATE

I, W.D. SEWARD, A LICENSED LAND SURVEY IN THE COMMONWEALTH OF VIRGINIA, HEREBY STATE THAT THE SUBDIVISION OF LAND SHOWN HEREON IS A PORTION OF THE LAND ACQUIRED BY BRUCE E. & LORETTA C. HOLT IN DEED BOOK 180, PAGE 663 & DEED BOOK 251, PAGE 494, AS FOUND IN THE LAND RECORDS OF MADISON COUNTY, VIRGINIA.

W.D. Seward 4-15-05

W.D. SEWARD L.S. #1934 DATE:

OWNERS' CONSENT

WE, BRUCE E. & LORETTA C. HOLT, THE OWNERS OF THE PROPERTY SHOWN HEREON AND DESCRIBED IN THE SURVEYORS CERTIFICATE HEREBY STATE THAT THE SUBDIVISION OF LAND AS SHOWN HEREON IS WITH OUR FREE CONSENT AND IN ACCORDANCE WITH OUR DESIRES, WE FURTHER STATE THAT IRON RODS AND/OR IRON PIPES WILL BE SET AT LOT CORNERS UNDER THE DIRECT SUPERVISION OF A LAND SURVEYOR, LICENSED BY THE COMMONWEALTH OF VIRGINIA.

Bruce E. Holt 5-6-05

BRUCE E. HOLT (OWNER) DATE:

Loretta C. Holt 05-06-05

LORETTA C. HOLT (OWNER) DATE:

NOTARY PUBLIC

STATE / COMMONWEALTH OF Virginia

COUNTY / ~~CITY~~ OF Madison

TO WIT:
SUBSCRIBED AND ACKNOWLEDGED BEFORE ME

THIS 6th DAY OF May, 2005

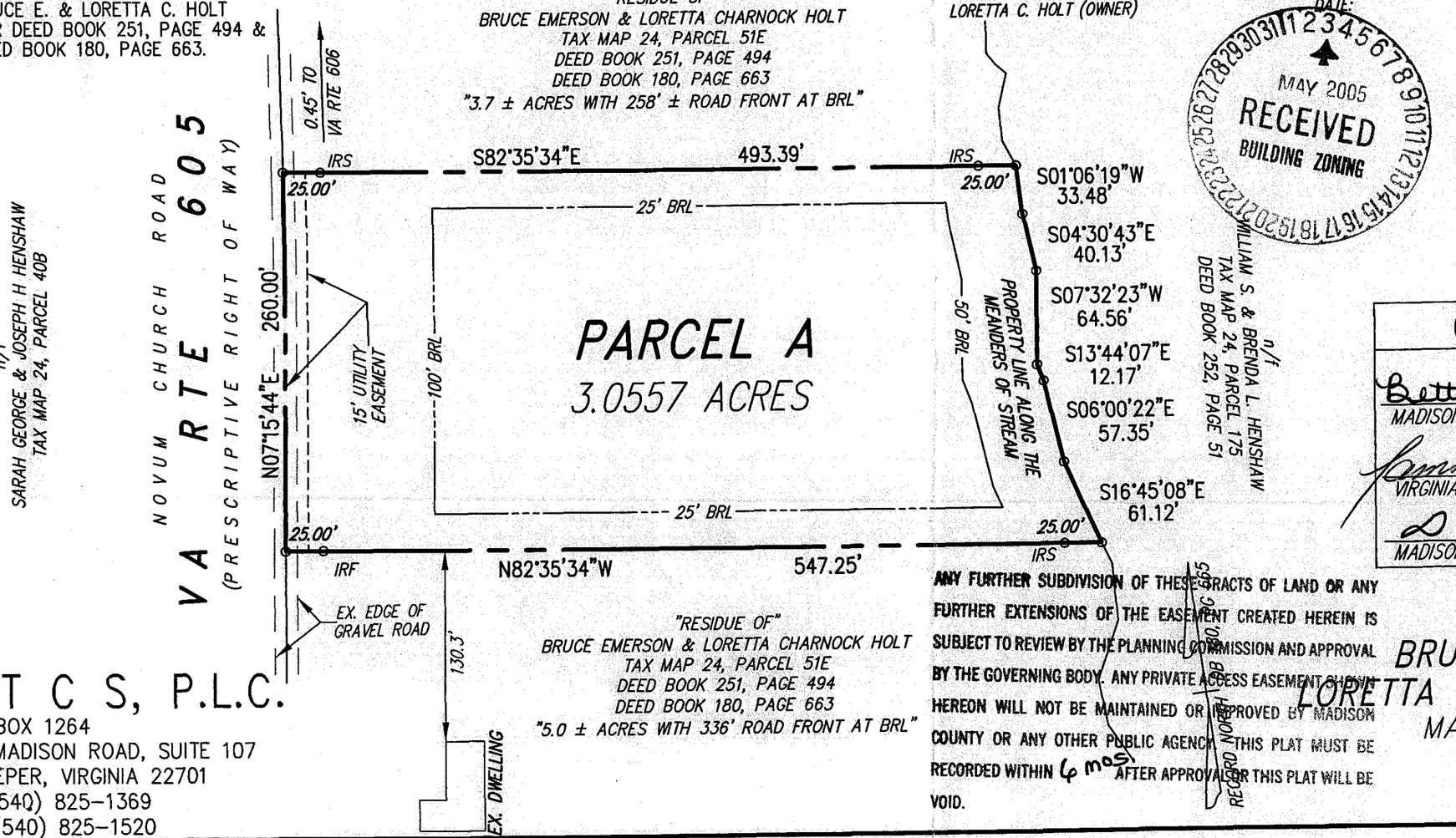
NOTARY PUBLIC Carrie M. Smith

MY COMMISSION EXPIRES 3-31-08

COMMONWEALTH OF VIRGINIA
W.D. SEWARD
No. 1934
4-15-05
LAND SURVEYOR

MAY 2005
RECEIVED
BUILDING ZONING

"RESIDUE OF"
BRUCE EMERSON & LORETTA CHARNOCK HOLT
TAX MAP 24, PARCEL 51E
DEED BOOK 251, PAGE 494
DEED BOOK 180, PAGE 663
"3.7 ± ACRES WITH 258' ± ROAD FRONT AT BRL"



"RESIDUE OF"
BRUCE EMERSON & LORETTA CHARNOCK HOLT
TAX MAP 24, PARCEL 51E
DEED BOOK 251, PAGE 494
DEED BOOK 180, PAGE 663
"5.0 ± ACRES WITH 336' ROAD FRONT AT BRL"

ANY FURTHER SUBDIVISION OF THESE TRACTS OF LAND OR ANY FURTHER EXTENSIONS OF THE EASEMENT CREATED HEREIN IS SUBJECT TO REVIEW BY THE PLANNING COMMISSION AND APPROVAL BY THE GOVERNING BODY. ANY PRIVATE ACCESS EASEMENT SHOWN HEREON WILL NOT BE MAINTAINED OR IMPROVED BY MADISON COUNTY OR ANY OTHER PUBLIC AGENCY. THIS PLAT MUST BE RECORDED WITHIN 6 months AFTER APPROVAL OR THIS PLAT WILL BE VOID.

GOVERNMENTAL APPROVAL

Betty C. Grayson 8-3-05
MADISON COUNTY ZONING ADMINISTRATOR

[signature] 4/27/05
VIRGINIA DEPARTMENT OF TRANSPORTATION

[signature] 7-20-05
MADISON COUNTY HEALTH DEPARTMENT

A T C S, P.L.C.
P.O. BOX 1264
767 MADISON ROAD, SUITE 107
CULPEPER, VIRGINIA 22701
PH. (540) 825-1369
FAX (540) 825-1520

PLAT SHOWING
SUBDIVISION OF
BRUCE EMERSON HOLT & LORETTA CHARNOCK HOLT PROPERTY
MADISON COUNTY, VIRGINIA
DATE: JANUARY 18, 2005
SCALE: 1" = 100'
FILE: C269-3549-001

TAG SHEET

SD- 06 - 111

NAME: Keith Jenkins ~~Jefferson Home~~ TAX/MAP ID _____

Application For Construction Permit ___ Certification ___

	INITIALS	DATE
Application Received:	SAH	6-15-06
Application Reviewed:		
Fee Determined:		
Assigned To:		
Site Visit Scheduled:		
Initial Site Visit Made:	DN	7-10-06
Application Deactivated:		
Purpose:		
Reactivation:		
Follow Up Visit:		
Follow Up Visit:		
Follow Up Visit:		
Issue/Deny Drafted:	DN	7-12-06
Issue/Deny Reviewed:	JEG	7-13-06
Issue/Deny Countersigned:		
Issue/Deny Mailed:		

1900
Z2179543

July 10
1:30

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

Health Department ID 06-111

To Be Completed By The Applicant

Type of Sewage system: ✓ New ___ Repair ___ Expanded ___ Conditional
FHA/VA yes ___ no ✓ Case No ___

Owner Keith Jenkins Address Same Phone ___

Agent Jefferson Home Builders Inc Address PO Box 1148 Culpeper Phone 540-825-5898

Directions of Property RT 29 S to R on RT 609 - (Hoover Rd) R on RT 607 (Ridgeview Rd) Follow to END - L on RT 606 (Nalum [redacted] Rd) Follow to L on RT 605 (Nalum Church Rd) Land on Left

Subdivision ___ Section ___ Block ___ Lot ___

Other Property Identification TAX MAP - 24-51E -

Dimension/size of Lot/Property [redacted] 3.0557 acre

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 3) (Number of Units ___)

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 ___ 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.

Powell O'Bannon Jefferson Home Builders Inc (KH) 6-15-06
Signature of Owner/Agent **Date**

CHS 200

1900
Z2179543

July 10
1:30

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

Health Department ID 06-111

To Be Completed By The Applicant

Type of Sewage system: ✓ New ___ Repair ___ Expanded ___ Conditional
FHA/VA yes ___ no ✓ Case No ___

Owner KEITH JENKINS Address Same Phone ___

Agent JEFFERSON HOME BUILDERS INC Address PO BOX 1148 Culpeper Phone 540-825-5898

Directions of Property RT 29 S to R on RT 609. (HOOVER RD) R on RT 607 (RUBSEELLEN RD) FOLLOW TO END. L on RT 606 (NOLUMN [redacted] RD) FOLLOW TO L on RT 605 (NOLUMN CHURCH RD) LAND ON LEFT

Subdivision ___ Section ___ Block ___ Lot ___

Other Property Identification TAX MAP-24-51E-

Dimension/size of Lot/Property [redacted] 3.0557 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 3) (Number of Units ___)

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 ___ 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.

Powell O'Bannon Jefferson Home Builders Inc (KH) 6-15-06
Signature of Owner/Agent **Date**

CHS 200

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Madison Co. Health Department

For Department Use Only

Op. Permit issued 6-24-87

Health Department Identification Number SD-87-119

Map Reference 24-51 E (F-7)

Date Received 9-11-87

To Be Completed By The Applicant

Type sewage system: ☑ New ☐ Repair ☐ Expanded ☐ Conditional

FHA/VA yes ☐ no ☒

Owner Bruce E. & Loretta Holt Address ~~Rt. 5 Box 245B~~ Rt. 1 Box 355 Rixeyville, Va. 22737 ~~Madison, Va. 22727~~ Phone 948-3326

Agent John Chaconock Address Rt 2 Box 12 Midland Va Phone 439-8463

Directions to Property 1 4/10 mile No. of Rts 605/609 Int. on East Side of Rt. 605

Subdivision N.A. Section N.A. Block N.A. Lot N.A.

Other Property Identification See Plat

Dimensions/size of Lot/Property 5 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 ☑ New Describe: Well to be Installed
☑ 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.

John Chaconock
Signature of owner/agent

9/11/87
Date

C.H.S. 200 Revised 4/83

H-7

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Madison County Health Department

Health Department Identification Number SD-87-119
Map Reference 24-51B

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 Bruce E. & Loretta Holt Telephone 948-3326

Address ~~Rt. 1, Box 116, Madison, VA 22727~~ Rt 1 Box 355 Rixeyville Va

For a Type I Sewage disposal system which is to be constructed on/at 1 4/10 mile North of Rts. 605/609 Int. on East side of Rt. 605

Subdivision N/A Section/Block N/A Lot N/A

Actual or estimated water use 450 G.P.D.

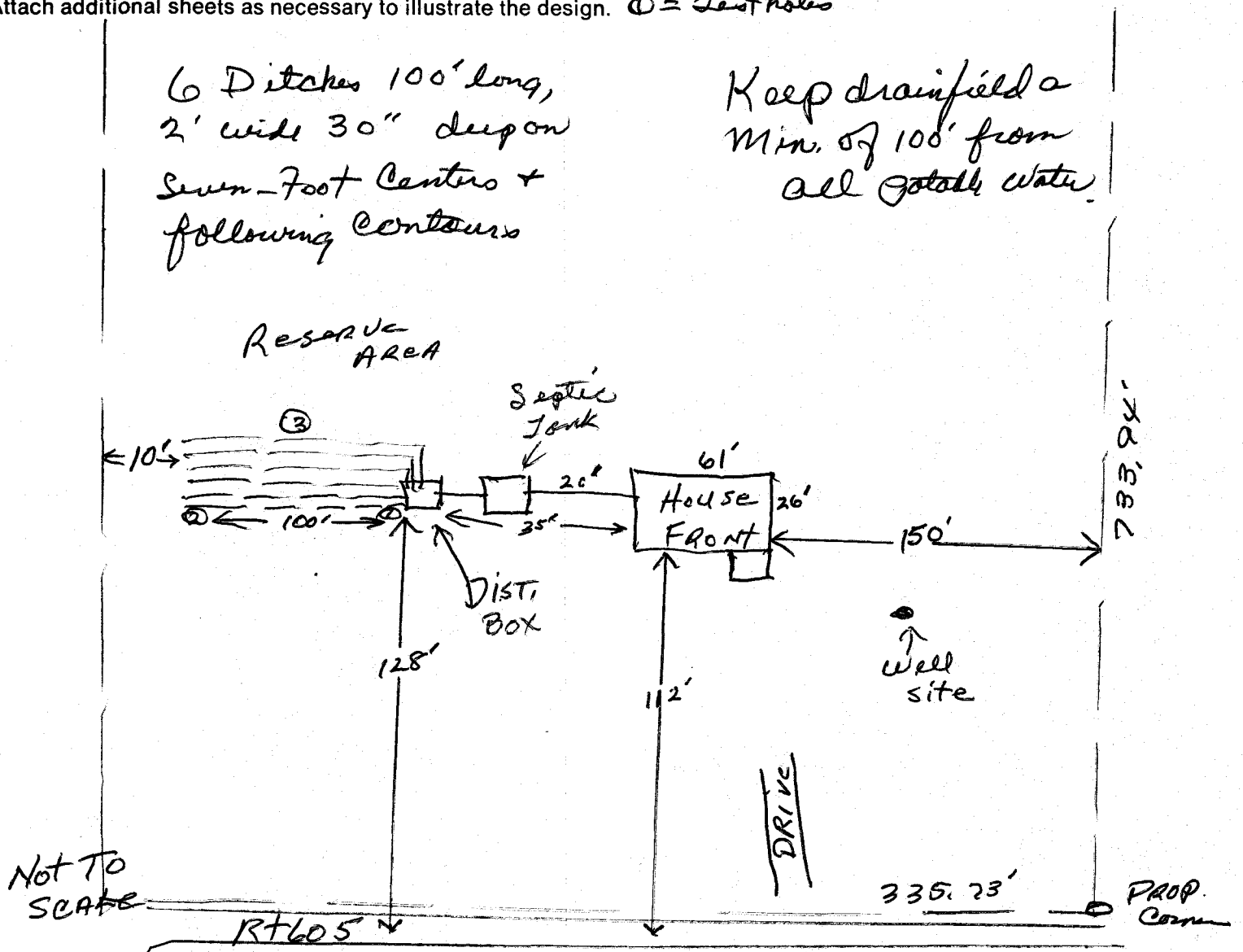
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class III cased MIN. 20' grouted MIN. 20'	**Water supply location:** Satisfactory yes ☐ no ☐ comments G. W. 2 Received: yes ☐ no ☐ not applicable ☐
Building sewer: 4 I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other _____	**Building sewer:** yes ☑ no ☐ comments Satisfactory
Septic tank: Capacity 1000 gals. (minimum). ☐ Other _____	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. ☐ Other _____	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☒ Yes ☐ describe and show design. if yes: _____	**Pump & pump station:** yes ☑ no ☐ comments Satisfactory None
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other _____	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: MIN. 8 Precast concrete with _____ ports. ☐ Other _____	**Distribution box:** yes ☑ no ☐ 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. ☐ Other _____	**Header lines:** yes ☑ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other _____	**Percolation lines:** yes ☑ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 1200; depth from ground surface to bottom of trench 30; aggregate size #5; Trench bottom slope 2-4" Per 100'; center to center spacing 7'; trench width 2' Depth of aggregate 13"; Trench length 100'; Number of trenches 6	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory Date 11-4-87 Inspected and approved by: Stanley Bowden Sanitarian

Health Department
Identification Number SD-87-119

Schematic drawing of sewage disposal system and topographic features. PAGE 2 OF 2

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.

☑ Plat 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. ① = Test holes



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: 9-11-87 Issued by: Stanley Borders
Sanitarian

Date: 10-1-87 Reviewed by: Charles E. Upchurch
Supervisory Sanitarian

This Construction Permit Valid until 5½ months

If FHA or VA financing

Reviewed by Date _____ _____ Date _____ _____
Supervisory Sanitarian Regional Sanitarian

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department Identification Number SD-87-119
Tax Map Number 24-51-B

General Information

Date 9-11-87 Madison Co Health Department

Applicant Dolores Charnock Telephone No. 439-8463

Address Rt. 2 Box 12 Midland, Va. 22728

Owner Bruce Hoff Address Rt 5 Box 124 B, Madison, Va. 22727

Location 1 1/4 to miles No. of Rts 605/609 Int. on East side of Rt. 605

Subdivision — Block/Section — Lot —

Soil Information Summary

1. Position in landscape satisfactory Yes ☐ No ☑ Describe

2. Slope 3-5 %

3. Depth to rock/impervious strata Max. ____ Min. ____ None Encountered

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 I II (III) IV
   No ☐ Estimated rate 59 min/ inch

7. Percolation test performed Yes ☐ Number of percolation test holes ____
   No ☒ Depth of percolation test holes ____
   Average percolation rate ____

Name and title of evaluator: STANLEY BORDERS, San

Signature: Stanley Borders

Department Use

☑ Site Approved: Drainfield to be placed at 30" 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

Brookgreen

Date of Evaluation 9-11-87

Profile Description
SOIL EVALUATION REPORT

Health Department Identification No. SD-87-119

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	A	0-2"	Dark Brown Gravelly Loam	II
	A	2-11	" " " "	II
	B	11-16	Yellowish " " "	II
	B	16-50	Yellowish Brown Clay Loam	III
#2	A	0-2"	Brown Gravelly Loam	II
	A	2-10	Yellowish Brown Gravelly Loam	II
	B	10-20	Reddish Brown Clay Loam	III
	B	20-50+	Yellowish Brown Clay Loam	III
#3	A	0-2"	Dark Brown Loam	II
	A	2-11	Yellowish Brown Gravelly Loam	II
	B	11-16	" " "	II
	C	16-30	Yellowish Brown Loamy Sand	I
	C	30-50+	" " Light Yellowish Brown Loamy Sand	I

Remarks:

H.D. copy

Mr. Bowles 948-5481

COUNTY OF MADISON, VIRGINIA
OFFICE OF THE ZONING ADMINISTRATOR

Permit No. 332

APPLICATION FOR BUILDING PERMIT

INSTRUCTIONS: Prepare FOUR COPIES; Secure approval of Health Department; Submit to Zoning Administrator together with scaled plot plan showing lot dimensions, building location on lot, distance from road front, distance from adjacent owners, building dimensions and building plans.

Name of Owner Bruce E. & Loretta C. Holt

Address Rt. 5, Box 248 Madison, VA 22727 Telephone 948-3326

Name of Contract Buyer

Address Telephone

Name of Contractor Howard Charnock Number Class A

Address Rt. 1, Box 43B Midland, VA 22728 Telephone 439-8463

Property Location—Highway No. 605 Land Map No. 24-51B

Block Section Subdivision Lot Number

Lot Size 5 acres Frontage 250 Ft. Required ☐ Land Division ☒ Lot of Record

Zoning Classification A-1

BUILDING DATA

Type of Structure House Proposed Use Single Family Dwelling

☐ Accessory Structure ☐ Addition ☐ Mobile Home (Year .....) ☒ Septic System ☐ Electrical

☒ Single Family Dwelling ☐ Other: Front Porch Back Deck

Size 25 x 60 No. of Floors 1 Total Area 1500 Square Feet
Attached Garage 20 x 28

Bedrooms 3 beds Baths 2 Other 3 Interior Wall Construction sheet rock

Exterior Wall Construction vinyl siding Type Roof & Covering shingles

Garbage Disposals no Heat (type) electric Basement yes (☒ full ☐ partial ☐ finished)
flue

If there are any other buildings on the property, attach a sketch indicating location, dimensions, use, type of construction, distance to road and property line.

HIGHWAY DATA, SETBACK AND YARDS

Served by: ☒ State Road ☐ Private Road Width of Access not 50 Ft.

Building Setback: 100 Feet from Frontage Road; Side Yard 25 Feet from pl (ADJACENT OWNER)

Side Yard 25 Feet from pl (ADJACENT OWNER); Rear Yard 50 Feet from pl (ADJACENT OWNER)

UTILITIES

Domestic Water: ☒ Individual ☐ Public Sewerage: ☒ Individual ☐ Public

Health Permit 9-11-87 (DATED) SD-87-119 Approved by Health Dept. Stanley Bowles 9-14-87 (DATE)

Estimated Cost $ 50,000.00 Work to Begin Aug. 1987 To Be Completed 12 months

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and the use or construction shall conform to the County Health Regulations, the Zoning Ordinance, and private deed restrictions, if any, which are imposed on the above property. I further agree to restore any and all damage which may result from this work. **PERMIT EXPIRES ONE YEAR AFTER ISSUANCE.**

Signature of Owner or Agent: Date 8-28-87

Approved by Building Inspector Date

Approved by Zoning Administrator: Date

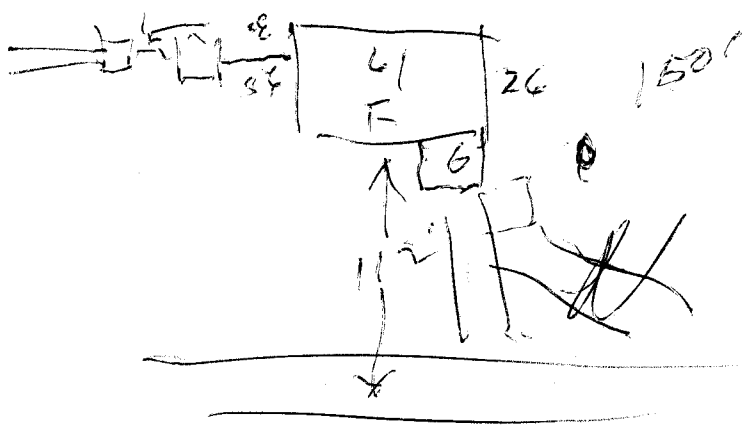
[illegible]

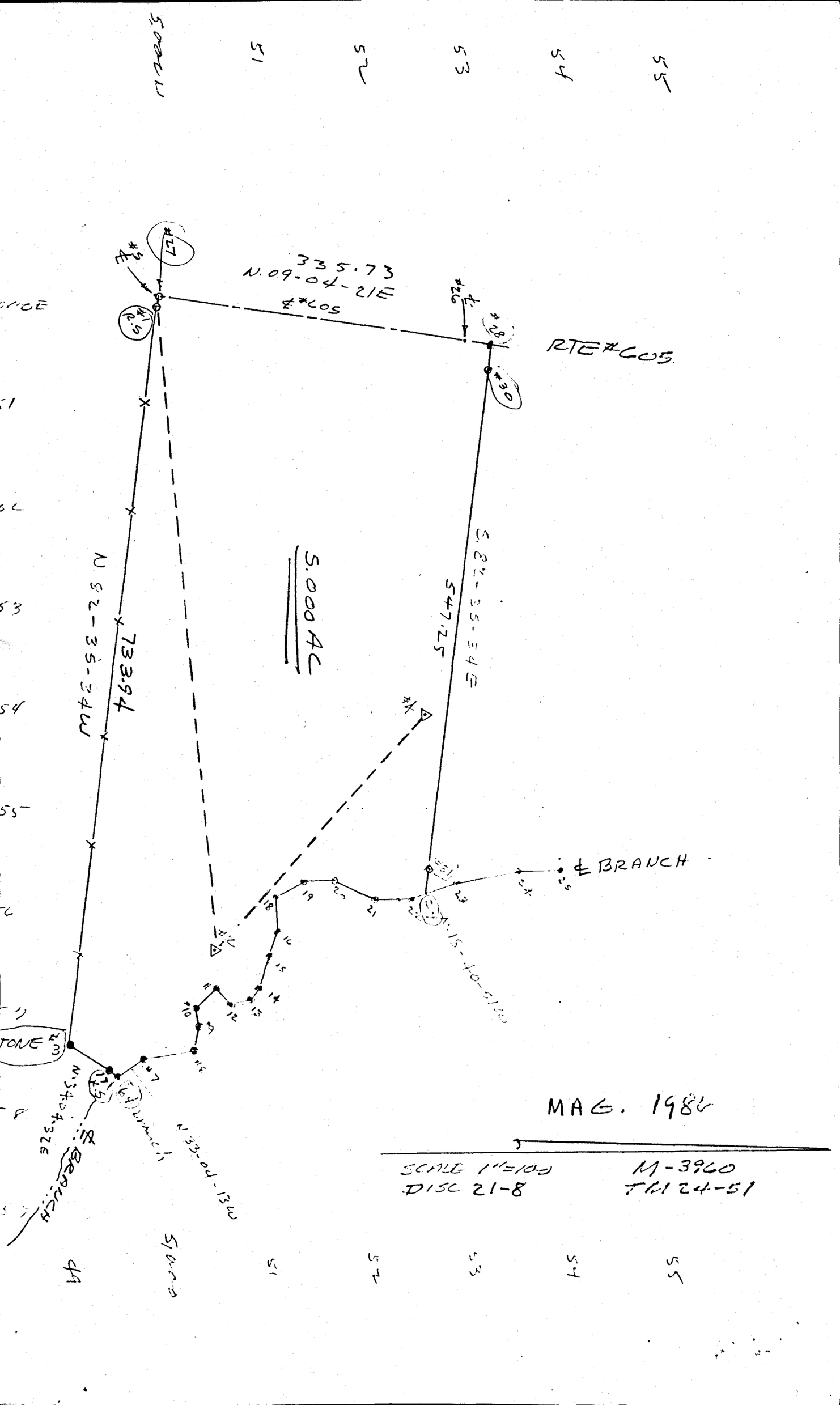
R.605

100 Friday Halt
S.P.

11.2
11.8
12.8

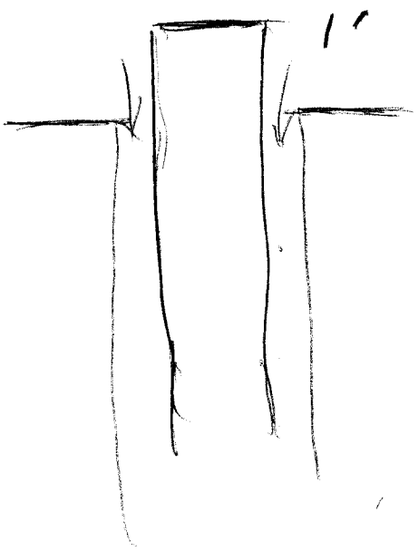
12.3
10.9
1.4




335.73
N. 09-04-21E
RTE #605
547.25
S. 23-35-34E
733.94
N 52-35-34W
5.000 AC
BRANCH
MAG. 1986
SCALE 1"=100
DISC 21-8
M-3960
TM 24-51

LOG

Samples



ENVIRONMENTAL SYSTEMS SERVICE, LTD.

218 N. MAIN ST.
CULPEPER, VIRGINIA 22701
703-825-6660

CERTIFICATE OF ANALYSIS

FOR: C & C Construction
Route 2 Box 12
Midland, Virginia 22728

SAMPLE NUMBER: ESS - 39679

SAMPLE SOURCE: Water Tank - Rt. 605 - Holt Job

DATE SAMPLED: June 17, 1988

PARAMETER	CONCENTRATION (# OF TUBES WITH AIR)
Total Coliform (MPN)	0

This water sample has passed the minimum potable water test requirements as established by the Health Department.

REVIEWED BY: Pamela M. Pruett
Pamela M. Pruett/Lab Manager

REPORTED BY: ENVIRONMENTAL SYSTEMS SERVICE, LTD.
P.O. Box 512
Culpeper, VA 22701

DATE: June 20, 1988

VA Lab ID # - 00115

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 FHA, VA financing is involved.

Health Department I.D. Number SD-87-119

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

Map Reference: 24 | 51B |

Date 6-24-88 Local Health Department Madison Co

Owner Bruce Holt Address Rt. 1 Box 355 Rapidan, Va. Phone

Exact Location of Premises Rt. 605

Subdivision Section/Block Lot

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)	☐
5) Other	E. _____	☐

Date of installation June 1988

CONSTRUCTION INFORMATION

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

1. Water well completion report filed as required by 18.02.07. Yes ☐ No ☐
2. 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 50'+ Pretreatment Unit 100'+ Conveyance System 100'+ Subsurface Soil Absorption System 100'+ (nearest point). Property Line 10'+ Other _____.
   Site graded where necessary to divert water away from well? Yes ☑ No ☐ n.a. ☐
3. Construction, General: (see Section 18.02.05, and 18.02.02)
   Total depth of well 400 feet. Type of casing Steel. Depth of casing 0'2 feet. Diameter of casing 6" inches. Casing extends 12" inches above ground. 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 OK Pitless adapter used? yes ☑ no ☐ n.a. ☐ Properly installed? ? yes ☐ no ☐ n.a. ☐ Proper venting? yes ☐ no ☐ n.a. ☐
4. Quantity: Yield and drawdown determined by continuous pumping of ? hours. Drawdown ? feet. Yield 7 GPM. Type of storage Pressure
5. 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: Well info. supplied by Well Driller

Date 6-24-88 Signed Stanley Borden
Sanitarian

Date _____ Signed _____
Supervisory Sanitarian

Date _____ Signed _____
Regional Sanitarian (If V.A. or F.H.A.)

C.H.S. 204 Rev. 4/83

Form GW-2
1978-10,000

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

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

County/City Madison

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 Bruce Holt
• Well Designation or Number _____
Address _____
Phone _____
• Drilling Contractor J. B. Kinsey
Address Rt 1 Box 55A Brandy Station Va
Phone 825 0853

Tax Map I.D. No. _____
Subdivision _____
Section _____
Block _____
Lot ✓
Class Well: I _____, IIA _____
IIB _____, IIIA _____, IIIB ✓
IIIC _____ IIID _____ IIIE _____

WELL LOCATION: Rt 605 (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of _____
(If possible please include map showing location marked)

Date started _____ • Date completed June 1988 Type rig _____

1. WELL DATA: New ✓ Reworked _____ Deepened _____
• Total depth 40 ft.
• Depth to bedrock 52 ft.
• Hole size (Also include reamed zones)
• 10 inches from 0 to 20 ft.
• 6¼ inches from 20 to 52 ft.
• 6 inches from 0 to 400 ft.
• Casing size (I.D.) and material
• 6 inches from 0 to 52 ft.
Material steel
Wt. per foot 13 or wall thickness 188 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 Cement grout
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ °F
• Static water level (unpumped level-measured) _____ ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield _____ gpm after _____ hours
Natural Flow: Yes _____ No ____, flow rate: 7 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 _____

OVER

Owner _____ SWCM 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)				11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL	REMARKS		
From	To	(color, material, fossils, hardness, etc.)	(water, caving, cavities, broken, core, shot, (etc.)	Drilling Time (Min.)	

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.

Signature _____ (Seal), Date _____
(Well driller or authorized person)

License No. _____

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

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number SD-87-119

Madison Co Health Department

Name of Company/Corporation/Individual: James Jarrell

Address: Wolftown, Va. Telephone:

Owner's Name Bruce Hart

Owner's Address RT. 5 Box 24 B Madison, Va.

Location of Installation: Lot Block

Section: Subdivision:

Other: 1 4/10 miles N@ Jct. 605/609 Dirt on East side of 605

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 9-11-87 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

11-4-87
Date

James Jarrell | owner
Signature and Title

C.H.S. 203 Rev. 4/83

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department Identification No. SD-87-119

Tax Map No. 24-51B

Madison County Health Department

Bruce Holt is Hereby Granted Permission to Operate a (Type) I Sewage Disposal System Having a Design Capacity of 450 gpd, at 1 4/10 miles North of Rts. 605/609 on East side of Rt. 605

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

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

6-24-88
Effective Date

Stanley Borden
Recommended (Sanitarian)

C.M.G. BUTTERY, M.D.
Approved (State Health Commissioner)

C.H.S. 205 Rev. 4/83