

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Floyd County Health Department

Health Department
Identification Number 98-131-4302
Map Reference G 36-109-4302

General Information

Water Supply System: New ☒ Repair ☐ Public ☐ FHA ☐ VA ☐ Case No.
Sewage Disposal System: New ☒ Repair ☐ Expanded ☐ Conditional ☐ Public ☐
Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the *Sewage Handling and Disposal Regulations* and/or Section 2.13 of the *Private Well Regulations* a construction permit is hereby issued to:
Owner Union Primitive Baptist Church (Trustees). Telephone: _____
Address c/o Bernard Cox 6623 Piney Woods Rd. Radford, VA 24141. For a Type II Sewage Disposal System or Well to be constructed at: From Indian Valley School, North on 787 to first left onto 751 Indian Creek Rd., at bottom of hill take a right onto Windy Hill Rd. (still 751) to stop sign. Left on 619 to stop sign. Right onto 754 2/10 mile to church on right.
Subdivision _____ Section _____ Lot _____ Actual or estimated water use 235 gal./day

DESIGN	INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III</u> well cased <u>20'</u> minimum, grouted <u>20'</u> minimum.	Water supply location: Satisfactory yes ☐ no ☐ comments _____ Completion report GW2 received? <u>?</u> Yes ☐ No ☐ Not applicable ☒
Building sewer: 4" I.D. SCH 40 PVC, or equivalent Slope 1.25" per 10' (minimum). ☒ Other sleeve and cleanout (if needed)	Building sewer: Yes ☒ No ☐ comments Satisfactory <u>sleeved</u>
Septic tank: Capacity <u>750</u> or 1000 gallons (minimum) ☐ Other	Septic tank: Yes ☒ No ☐ comments size installed _____ gallons
Inlet-outlet structure: tees: in-8"; out-18" PVC Schedule 40, 4" tees or equivalent	Inlet-outlet structure: Yes ☒ No ☐ comments fall in inches: _____
Pump and pump station: No ☒ Yes ☐ Describe and show design. See pages _____	Pump and station: Yes ☐ No ☐ comments Satisfactory
Gravity mains: 4" or larger I.D. minimum 6" fall per 100', 1500 pound crush strength or equivalent ☐ Other	Conveyance method: Yes ☒ No ☐ comments Satisfactory
Distribution box: Precast concrete or approved HDPE with <u>6-8</u> 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" min. ☐ Other	Header lines: Yes ☒ No ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2-4" per 100' of line	Percolation line: Yes ☒ No ☐ comments Satisfactory
Absorption trenches: Square ft. required <u>430</u> ; depth from ground surface to bottom of trench <u>24"</u> , aggregate size 1-1.5" or # 57; Trench bottom slope 2-4"/100' of line, center to center spacing <u>9'</u> minimum; trench width <u>36"</u> ; Depth of aggregate <u>13"</u> minimum; Trench length <u>30'</u> ; Number of trenches <u>3</u> . Reserve required Yes ☐ No ☒	Absorption trenches: Yes ☒ No ☐ comments Satisfactory Date <u>4/23/99</u> Inspected and approved by: <u>[Signature]</u> Environmental Health Specialist <u>septic only</u>

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Floyd County Health Department

Health Department
Identification Number 98-131-4302.
Map Reference G 36-109-4302.

General Information

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Sewage Disposal System: New ☒ Repair ☐ Expanded ☐ Conditional ☐ Public ☐
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Subdivision _____ Section _____ Lot _____ Actual or estimated water use 235 gal./day

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Building sewer: 4" I.D. SCH 40 PVC, or equivalent Slope 1.25" per 10' (minimum). ☒ Other sleeve and cleanout (if needed)	Building sewer: Yes ☐ No ☐ comments Satisfactory
Septic tank: Capacity <u>750 or 1000</u> gallons (minimum) ☐ Other	Septic tank: Yes ☐ No ☐ comments size installed _____ gallons
Inlet-outlet structure: tees: in-8"; out-18" PVC Schedule 40, 4" tees or equivalent	Inlet-outlet structure: Yes ☐ No ☐ comments fall in inches: _____
Pump and pump station: No ☒ Yes ☐ Describe and show design. See pages _____.	Pump and station: Yes ☐ No ☐ comments Satisfactory
Gravity mains: 4" or larger I.D. minimum 6" fall per 100', 1500 pound crush strength or equivalent ☐ Other	Conveyance method: Yes ☐ No ☐ comments Satisfactory
Distribution box: Precast concrete or approved HDPE with 6-8 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" min. ☐ Other	Header lines: Yes ☐ No ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2-4" per 100' of line	Percolation line: Yes ☐ No ☐ comments Satisfactory
Absorption trenches: Square ft. required <u>450</u> ; depth from ground surface to bottom of trench <u>24"</u> ; aggregate size 1-1.5" or #57; Trench bottom slope <u>2-4"/100'</u> of line, center to center spacing <u>9'</u> minimum; trench width <u>36"</u> ; Depth of aggregate <u>13"</u> minimum; Trench length <u>50'</u> ; Number of trenches <u>3</u> . Reserve required Yes ☐ No ☒	Absorption trenches: Yes ☐ No ☐ comments Satisfactory Date _____ Inspected and approved by: _____ _____ Environmental Health Specialist

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.

This permit is for installation of an onsite sewage disposal system designed for a
23 member church- restroom facilities only 235 gallons water use/day

Install: 3-50' lines
24" deep MEASURE FROM ORIGINAL GROUND SURFACE
9' centers (15" fill on outer end of lines)

System may not be shown exactly on contour; install on contour of slope to maintain correct installation depth

➡ DO NOT COVER ANY PART OF SEPTIC SYSTEM PRIOR TO INSPECTION

Keep system minimum 100' from neighbor's well

Install Class IIIC well

- 20' MINIMUM CASING AND GROUT
- KEEP WELL MINIMUM 100' UPSLOPE OF DRAINFIELD
- MINIMUM 100' FROM ALL PRIVIES
- KEEP WELL MINIMUM 50' FROM TERMITE TREATED CHURCH AND BUILDINGS
- CALL FOR AN INSPECTION ONCE DRILLING BEGINS
- SUBMIT WELL COMPLETION FORM AND WATER SAMPLE

This sewage disposal system and/or water supply is to be constructed as specified by the permit X or attached plans and specifications _____.

This sewage disposal system and/or well 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: 10-21-98 Issued by: Wendy L. Thompson
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

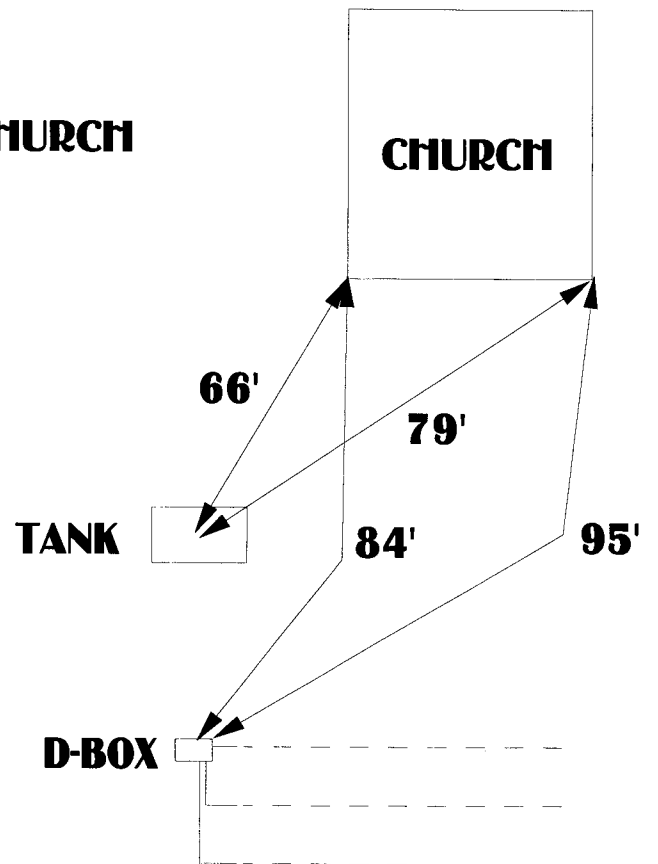
This Construction
Permit Valid until

4-21-2000

If FHA or VA financing

Reviewed by Date _____ Date _____

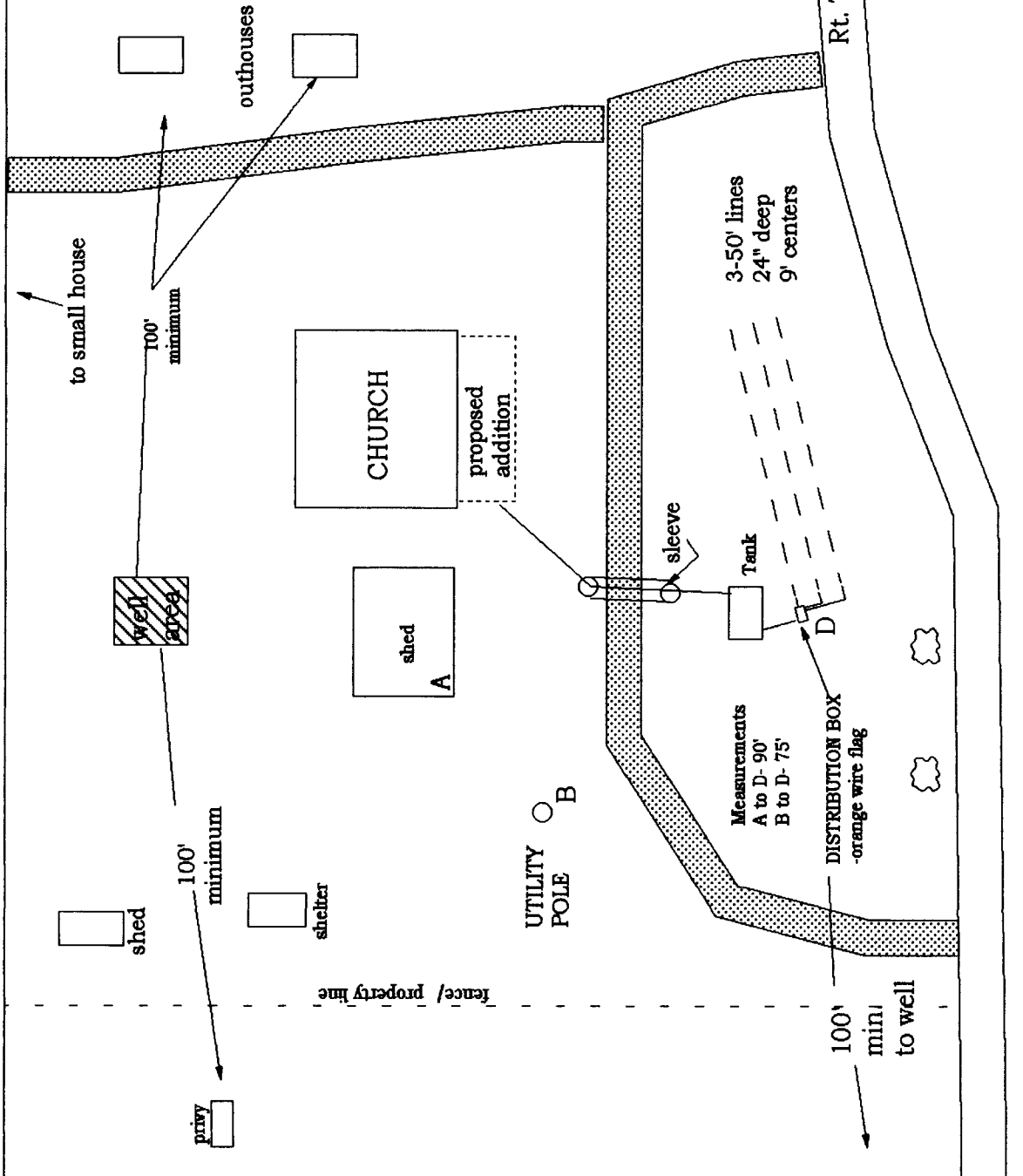
UNION PRIMATIVE BAPTIST CHURCH
98-131-4302
AS BUILT 4/23/99



NOT TO SCALE

not to scale

Page 3 of 5
UNION PRIMITIVE
BAPTIST CHURCH
98-131-4302
G 36-109-25A



Soil Evaluation Form

Page 4 of 5

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 98-131-4302
Tax Map Number G 36-109-25A

General Information

Date : 10/20/98

Floyd County Health Department

Applicant :

Telephone #

Address :

Owner : UNION PRIMITIVE BAPTIST CHURCH

Address : SEE PG.1

Location : Rt. 754

Subdivision :

Section :

Lot :

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe
2. Slope 12%
3. Depth to rock/impervious strata Max. 45" Min. 36" 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 ☒ No ☐ Texture group I ☐ II ☒ III ☐ IV ☐
Estimated rate 35 min./inch
7. Percolation test performed Yes ☐ No ☒ Number of percolation test holes
Depth of test holes
Average percolation rate

Name and title of evaluator Tina L. Thompson *Environmental Health Specialist, Sr.*

Signature: *Tina L. Thompson*

Department Use

- ☒ Site Approved: Drainfield to be placed at 24" 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 area 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

PROFILE DESCRIPTION SOIL EVALUATION REPORT

Date of Evaluation: 10/20/98
Health Department Identification #: 98-131-4302

Page 5 of 5

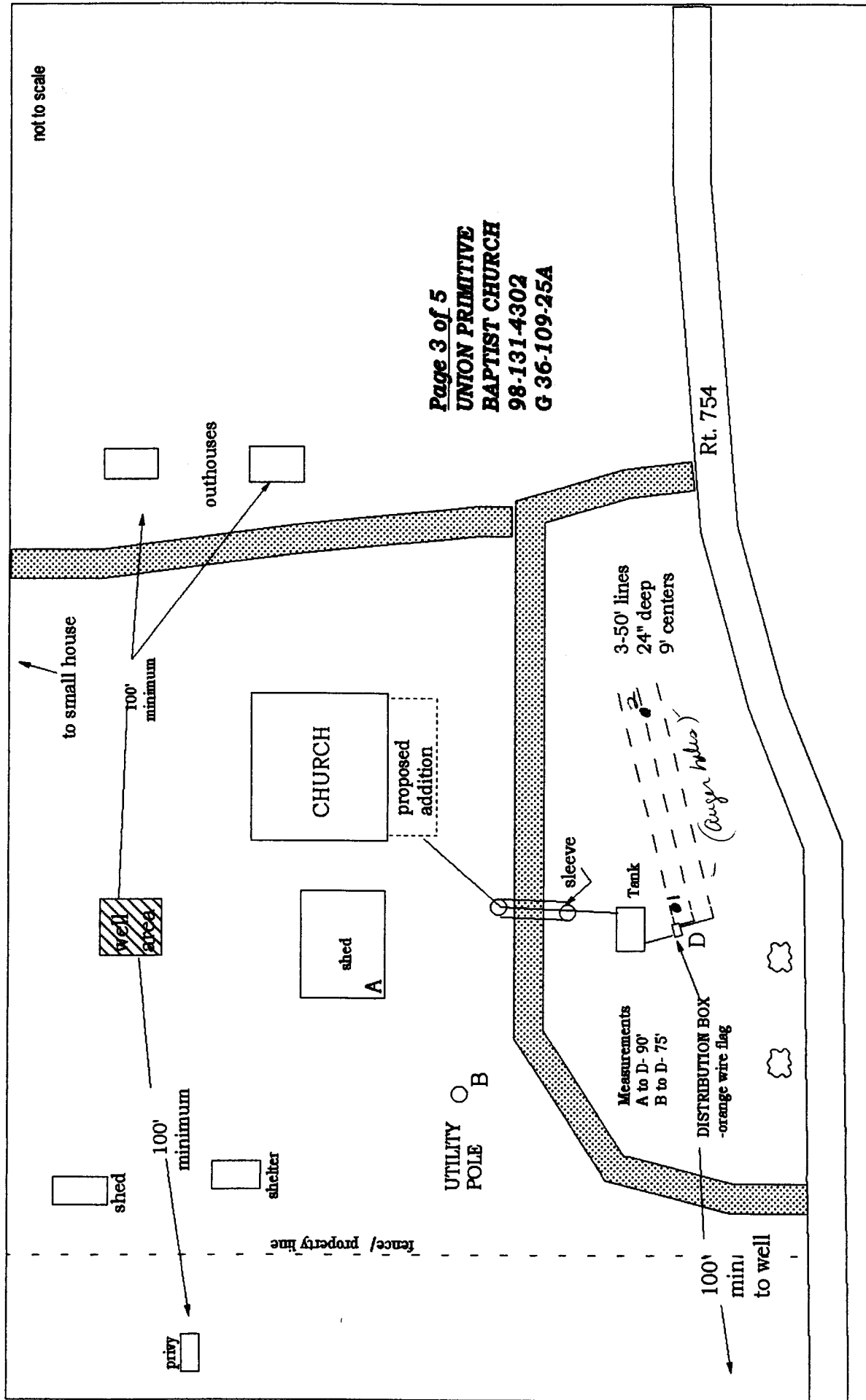
The location of the profile holes are shown on :

- ☐ application sketch
☐ construction permit
☒ reverse side of this form
☐ page attached to this form

[illegible]

not to scale

Page 3 of 5
UNION PRIMITIVE
BAPTIST CHURCH
98-131-4302
G 36-109-25A



Rt. 754

APPLICATION FOR SEWAGE DISPOSAL SYSTEM
FLOYD COUNTY HEALTH DEPARTMENT

Application # 98-131-4302

I, the undersigned, am the **current** owner (name is on deed) of said property and intend to begin construction of the proposed dwelling within 18 months of the date of this application.

Signature Bernard J. Coy (Trustee)

Date _____

I, the undersigned, am interested in purchasing said property provided there is a suitable drainfield site.

Signature _____

Date _____

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

Health Department ID 98-131-4302

9-29-98, 2351887 \$215.00

To Be Completed By The Applicant

Type of sewage system: ☒ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☐ Case No. _____

Owner Primer Address 6623 Piney Woods Rd. Phone 540.382-2541
Robert Church
Agent Bernard Cox Address Radford, Va Phone _____
Trustee 24141

Directions of Property * Route 754

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification ~ 1 ACRE

Dimension/size of Lot/Property G 36, 100A, 109, 110

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 _____) (Number of Units _____)

Basement ☐ Yes ☐ No
Fixtures in Basement ☐ Yes ☐ No

III. Commerical Use ☒ Yes ☐ No Describe: restroom facilities
Commerical/Wastewater ☒ Yes ☐ No Number of Patrons 23
Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: ☐ Public ☐ New ☐ Existing
☒ Private ☒ New ☐ Existing
Describe: drill well

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.

Bernard J. Cox
Signature of Owner/Agent

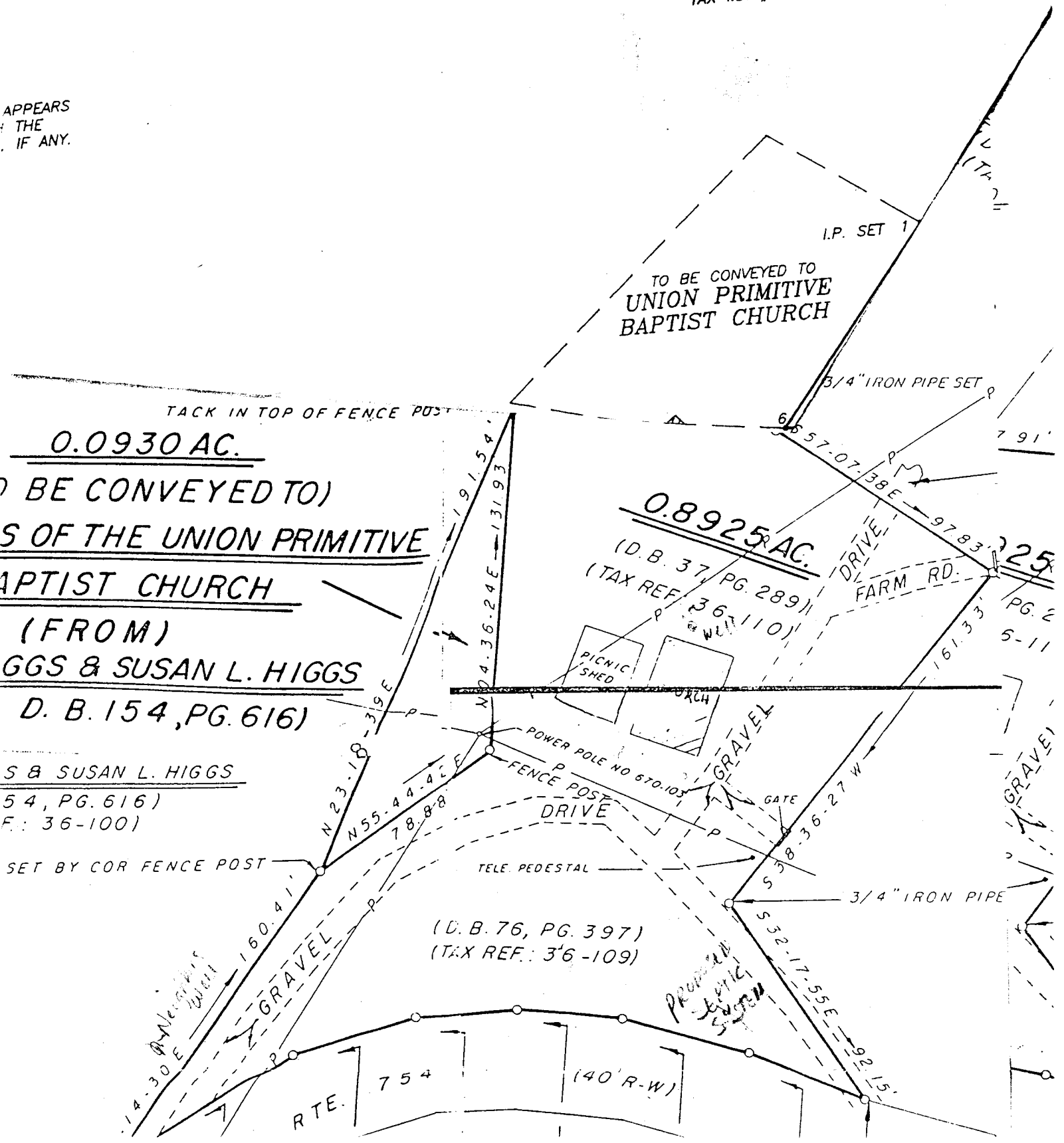
9-29-98
Date

APPEARS
THE
IF ANY.

BE CONVEYED TO)
S OF THE UNION PRIMITIVE
BAPTIST CHURCH
 (FROM)
GGS & SUSAN L. HIGGS
 D. B. 154, PG. 616)

S B SUSAN L. HIGGS
54, PG. 616)
F: 36-100)

SET BY COR FENCE POST





3404 Aerial Way Drive • Roanoke, VA 24018
Phone (540) 343-3618 • Fax (540) 342-2054

Environmental Services Division

Laboratories and Consultants

Old Union Primitive Baptist Church
6623 Piney Woods Rd.

Radford VA 24141

Date Reported: August 4, 1999

Sample Code: 99-3027

Bacti Code 1824

Chain of Custody Information

Date Collected: August 2, 1999

Time Collected: 1040

Collected By: B. J. Cox

Sample Notes: Building Permit #786

Date Received: August 3, 1999

Time Received: 1320

Sample Type: Well

Sample Location: 1227 Mack Mountain Road NW

Analytical Data

Parameter	Result	Method	Date	Analyst
Total Coliform Bacteria	Absent	ONPG-MUG	08/04/99	T. Roan
E. Coli Bacteria	Absent			

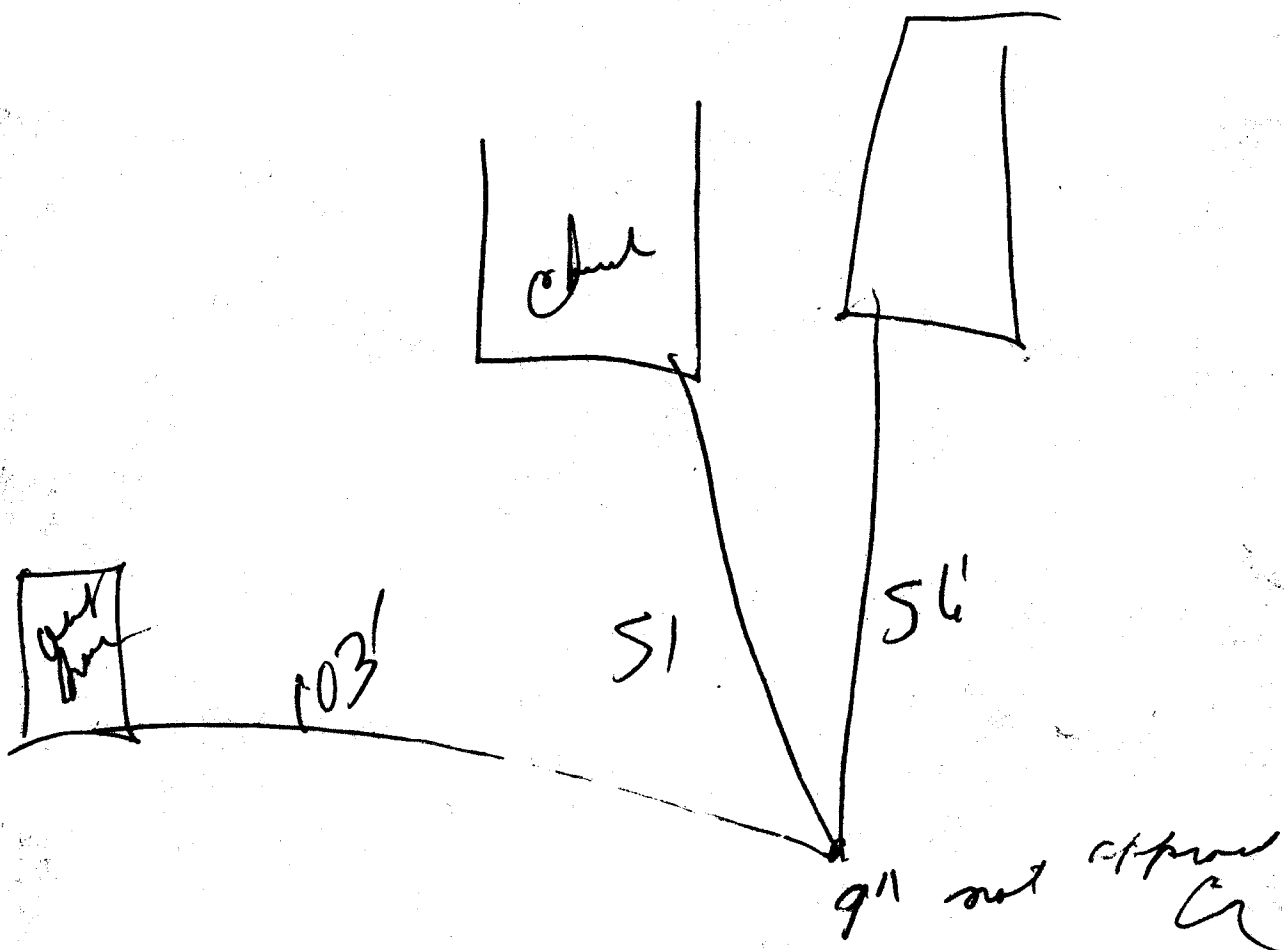
Analytical Notes: Analysis indicates sample meets the standards established by the U.S.E.P.A. for drinking water.

Laboratory Certification No: Virginia #0423

By: T. Roan

Analytical data meet precision and accuracy criteria established by the U.S.E.P.A. for drinking water, waste water, and solid wastes. Exceptions are noted in the *analytical notes* section of the certificate of analysis.

Environmental Testing, Consulting, and Field Services



Permittee Byline
 N 36-55-31
 80-35-22

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 98-131-4302

Floyd Health Department

Name of Company/Corporation/Individual: Quisenberry

Address: _____ Telephone: _____

Owner's Name Union Valley Primitive Baptist

Owner's Address Church

Location of Installation: Lot _____ Block _____

Section: 36/109/4302 Subdivision: _____

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 10/21/98 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

4/23/99
Date

Anthony D. Dancy
Signature and Title

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department

I.D. Number 99-131-4302

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

Date 11-29-2004 Local Health Department FLUKE COUNTY

Owner Union Primitive Baptist Church Address Bernard Cox 6623 Piney Woods Rd Phone 24141
Radford VA

Exact Location of Premises MACK MT ROAD

Subdivision _____ Section/Block _____ Lot _____

Class of nonpublic drinking water well. 1) Class III A _____
2) Class III B _____
3) Class III C ☒
4) Other _____

Date of installation 11/12/1998

N-36-55-18
W-80-35-13

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 Sec. 2.18 Yes ☒ No ☐
2. Well Location: Distances from sources of pollution (See Table 3.1, Minimum Separation Distances) and Section 3.4 of the Private Well Regulations.
Building Sewer 100' Pretreatment Unit 100'
Conveyance System 100' Subsurface Soil Absorption System 100'
(nearest point). Property Line _____ Other _____
Site graded where necessary to divert water away from well? Yes ☐ No ☐ N/A ☒
3. Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).
Total depth of well 340 feet. Type of casing PVC
Depth of casing 100 feet. Diameter of casing 6 3/8 inches. Bentonite
Casing extends inches above ground 9". Exterior space 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 unapproved cap 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 _____ GPM. Type of storage _____
5. Quality: Sample tap provided at entry into system? Yes ☐ No ☒ Samples(s) collected? Yes ☒
No ☐ Results of samples. Satisfactory ☒ Unsatisfactory ☐ (attach copy of results of 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 meets ☐ does not meet ☐ the requirements of the Private Well Regulations.

Remarks: _____

Date _____ Signed _____
Sanitarian

Date _____ Signed _____
Supervisory Sanitarian

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

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department

I.D. Number 98-131-4302

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

Date 11-24-2004 Local Health Department FLUXD COUNTY

Owner Union Primitive Baptist Church Address Bernard Cox 6623 Pineywood Rd Phone 241/41
Radford VA

Exact Location of Premises MAIN ST ROAD

Subdivision F Section/Block _____ Lot _____

Class of nonpublic drinking water well. 1) Class III A _____
2) Class III B ☒
3) Class III C ☒
4) Other _____

Date of installation 11/12/1998

N-36-55-18
W-80-35-13

CONSTRUCTION INFORMATION

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free of rough edges and irregularities, with positive watertight seal between screen and casing?
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Type of well seal unapproved cap Pitless adapter used? Yes ☐ No ☐ N/A ☐
Properly installed? Yes ☐ No ☐ N/A ☐ Proper venting? Yes ☐ No ☐ N/A ☐
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Date _____

Signed _____

Sanitarian

Date _____

Signed _____

Supervisory Sanitarian

Date _____

Signed _____

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

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department

I.D. Number 99-131-4302

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

Date 11-29-2004 Local Health Department FLINT COUNTY

Owner Union Primitive Baptist Church Address Beacon Dr 6623 Pineswood Rd Phone

Radford VA 24141

Exact Location of Premises MA - MT Road

Subdivision F Section/Block Lot

Class of nonpublic drinking water well. 1) Class III A

2) Class III B

3) Class III C ✓

Date of installation 11/12/1998 4) Other

N-36-55-18

W-80-35-13

CONSTRUCTION INFORMATION

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Building Sewer 100' Pretreatment Unit 100'

Conveyance System 100' Subsurface Soil Absorption System 100'

(nearest point). Property Line Other

Site graded where necessary to divert water away from well? Yes ☐ No ☐ N/A ☒

3. Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).

Total depth of well 340 feet. Type of casing PVC

Depth of casing 100 feet. Diameter of casing 6 3/4 inches.

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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 Unapproved cap 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 GPM. Type of storage

5. Quality: Sample tap provided at entry into system? Yes ☐ No ☒ Samples(s) collected? Yes ☒

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Remarks:

Date

Signed

Sanitarian

Date

Signed

Supervisory Sanitarian

Date

Signed

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

Commonwealth of Virginia Water Well Completion Report

Owner Bernard Cox
Address 6623 Piney Woods Road
Radford VA 24141
Phone _____ Wk. Phone _____
Location Union Primitive Baptist Church

Tax Map ID	<u>G36109-4302</u>
VDH Permit	<u>98-131-4302 ?</u>
VWCB Permit	_____
VWCB ID	_____
County	<u>Montgomery</u>

Well Data

General Information

Drilling Method Air Rotary Date Completed 11/12/98 Well Class III-C
Total Well Depth 340 Well Disinfected Yes
Static Level 90 Disinfectant HTH 70%
Well Yield (GPM) 6 Amount Used 4oz./100ft. water

Hole Size:

10 inches from 0 ft. to 100 ft.
_____ inches from _____ ft. to _____ ft.
_____ inches from _____ ft. to _____ ft.

Casing Size:

6/18 in. 0 ft. to 100 ft. Mat. PVC Wall SDR21
_____ in. _____ ft. to _____ ft. Mat. _____ Wall _____
_____ in. _____ ft. to _____ ft. Mat. _____ Wall _____

Grouting:

Grout Type Benseal Bentonite
Grout Depth 20

Fracture/Water Zones:

Zone 1: 290
Zone 2: 340
Zone 3: _____

Driller's Log

0-62 SNDY BR OB
63 GRY HRD
100 PVC
100-300 ALT LYRS HRD /DRK
GRY
290 INC FLW
315 QRTZ
320-320 SFT DRK GRY
331 LTG GRY
340 6 GPM

Use Data

Private Well: ☒ Domestic ☐ Agricultural ☐ Industrial
Public Well: ☐ Community ☐ Non Community

Abandonment Information

Permit No.: _____
Casing Removed? ☐ Yes ☐ No If Yes, Depth to which casing was removed: _____ ft.
Depth & Type of Fill: _____ Source of Fill: _____
Bentonite Plugs: from _____ ft. to _____ ft. from _____ ft. to _____ ft.
Method of Permanently Marking Location _____

Driller Certification

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 regulations, ordinances and

Haynes Drilling Company

Christiansburg, VA 24073

(540) 382-8251

© Form Copyright, 1994, D. D. Haynes

Driller's Signature P.A. Haynes, MGWC

Contractor's No. VA - 2705 - 004290 Date 11/17/98



**COMMONWEALTH OF VIRGINIA
VIRGINIA DEPARTMENT OF HEALTH**

Floyd County Health Department
POB 157

Floyd, Virginia 24091
(540) 745-2141

November 29, 2004

Union Primitive Baptist Church
c/o Mr. Bernard Cox: Trustee
6623 Piney Woods Road
Radford, Virginia 24141

Subject: Water Well Construction Permit 98-131-4302 Tax Map ID 36-109#35A

Dear Mr. Cox:

According to our records, all of the work has been done at your work site except for the following items. In order to complete your file and issue a record of inspection for your well, we need the following:

- ☐ Well Water Statement (GW-2)
- ☒ *OK 12-01-2004 CZ* Water sample taken (Contact a Virginia State Certified private lab for testing. Make sure the well has been chlorinated at least 1-2 weeks prior to testing.)
- ☐ Well inspection, once well is drilled
- ☒ Approved well cap
- ☐ Other: _____

Please send us the information requested at your earliest convenience. If you have any questions regarding this matter, you may contact me at the Floyd County Health Department at (540) 745-2141.

Sincerely,

A handwritten signature in black ink, appearing to read "Clare Zaronsky".

Clare Zaronsky
Environmental Health Specialist

FLOYD COUNTY HEALTH DEPARTMENT

**P.O. BOX 157
815 EAST MAIN STREET
FLOYD, VIRGINIA 24091**

July 5, 1999

Union Primitive Baptist Church (Trustees)
c/o Bernard Cox
6623 Piney Woods Road
Radford, VA 24141

Dear Union Primitive Baptist Church (Trustees):

According to our records all of the work has been done at your work site. In order to issue you an operation permit for your well and/or sewage disposal system, we need the following:

- ☒ Well Water Statement (GW-2)
- ☒ Water sample taken (Contact a Virginia State Certified private lab for testing. Make sure the well has been chlorinated 1-2 weeks prior to testing.)
- ☒ Well inspection, once well is drilled
- ☐ Completion statement from installer of septic system
- ☐ Approved well cap
- ☐ Other:

Please send us the above checked information at your earliest convenience. Please call us at 745-2141 if you have questions.

Sincerely,



Tina L. Thompson,
Environmental Health Specialist Senior

ldh

Mailed 7/6/99 [signature]