4A Pending ~~Incomplete~~

PAGE 1 OF 3

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FLOYD Health Department

Health Department Identification Number 91-131-4105
Map Reference FLD 4-76-27A

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 DON STANEMAN Telephone 721-2249
Address 210 SUMMER CIR., BOONES MILL, VA For a Type III-C Sewage Disposal System or Well to be constructed on/at PRIVATE DR. ON RT 695 & 800 ON RT 695
Subdivision ___ Section/Block ___ Lot ___ Actual or estimated water use 3 GPM

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) ___ **To be installed:** class III-C cased 20' grouted 20'	**Water supply location:** Satisfactory yes ☑ no ☐ comments G. W. 2 Received: yes ☑ no ☐ not applicable ☐
Building sewer: ___ I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ___	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity ___ 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
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: 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 ___: depth from ground surface to bottom of trench ___; aggregate size ___; Trench bottom slope ___; center to center spacing ___; trench width ___ Depth of aggregate ___; Trench length ___; Number of trenches ___	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory
	Date 7/22/91 Inspected and approved by: ___ Sanitarian

Revised 9/90

[redacted] Health Department Identification Number 91-131-9105

Schematic drawing of sewage disposal and/or water supply system and topographic features. PAGE 2 OF 3

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 well or sewagedisposal 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.

(1) SEE SHEET 3 OF 3 FOR: SITE SKETCH & DISTANCES

(2) INSTALL CLASS III-C WELL CASED & GROUTED AT LEAST 20'.

(3) WELL DRILLER TO CONTACT FCHD & HEALTH DEPT. PRIOR TO DRILLING - FOR INSPECTION DURING DRILLING

(4) WELL DRILLER TO COMPLETE GW-2 FORM WHEN NEW WELL IS DRILLED, COPY TO HEALTH DEPT. FOR RECORDS.

The sewage disposal system and/or water supply is to be constructed as specified by the permit 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: 6-7-91 Issued by: T. N. [illegible]
Sanitarian

Date: 6-16-91 Reviewed by: [signature]
Supervisory Sanitarian

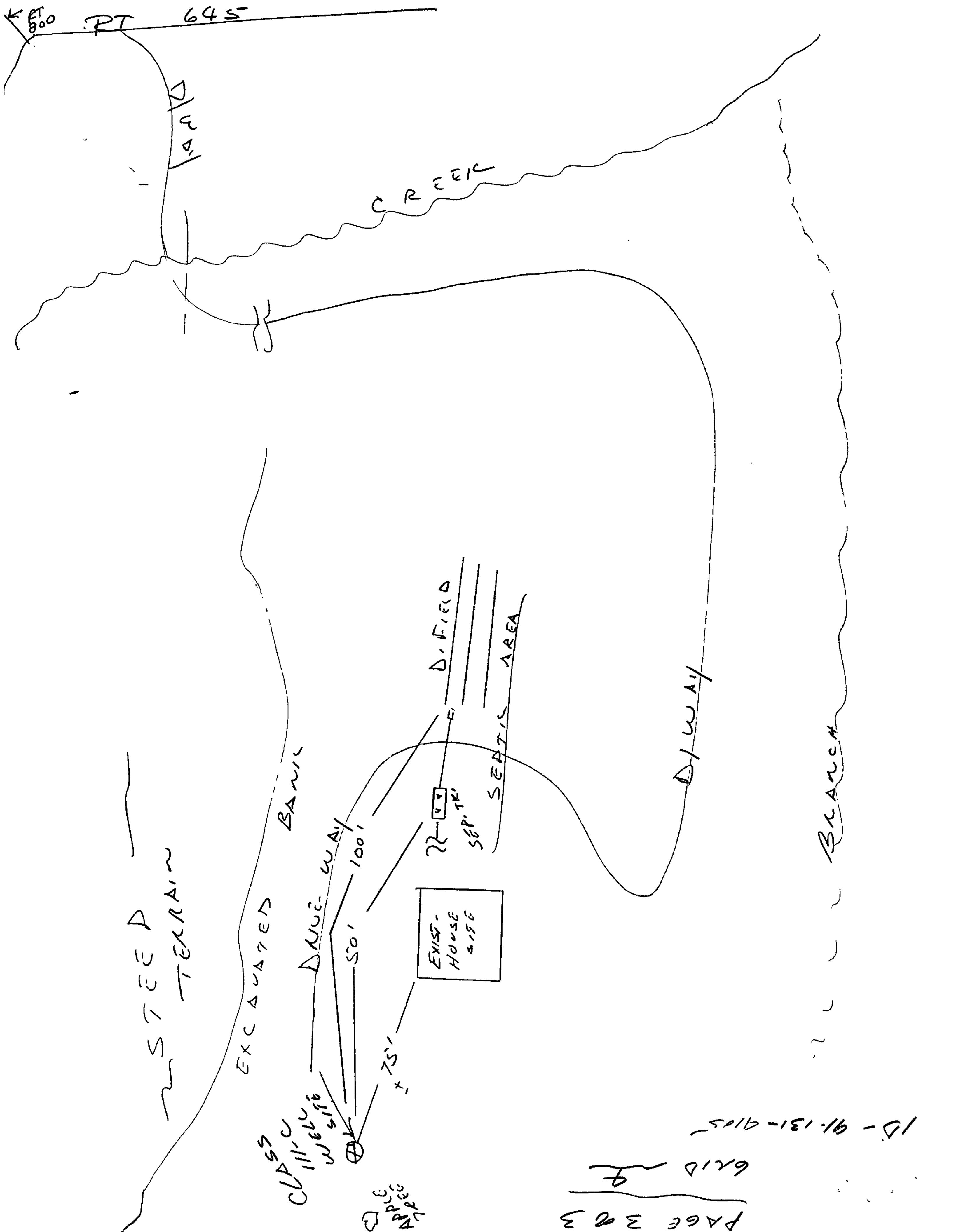
This Construction Permit Valid until 12-6-93

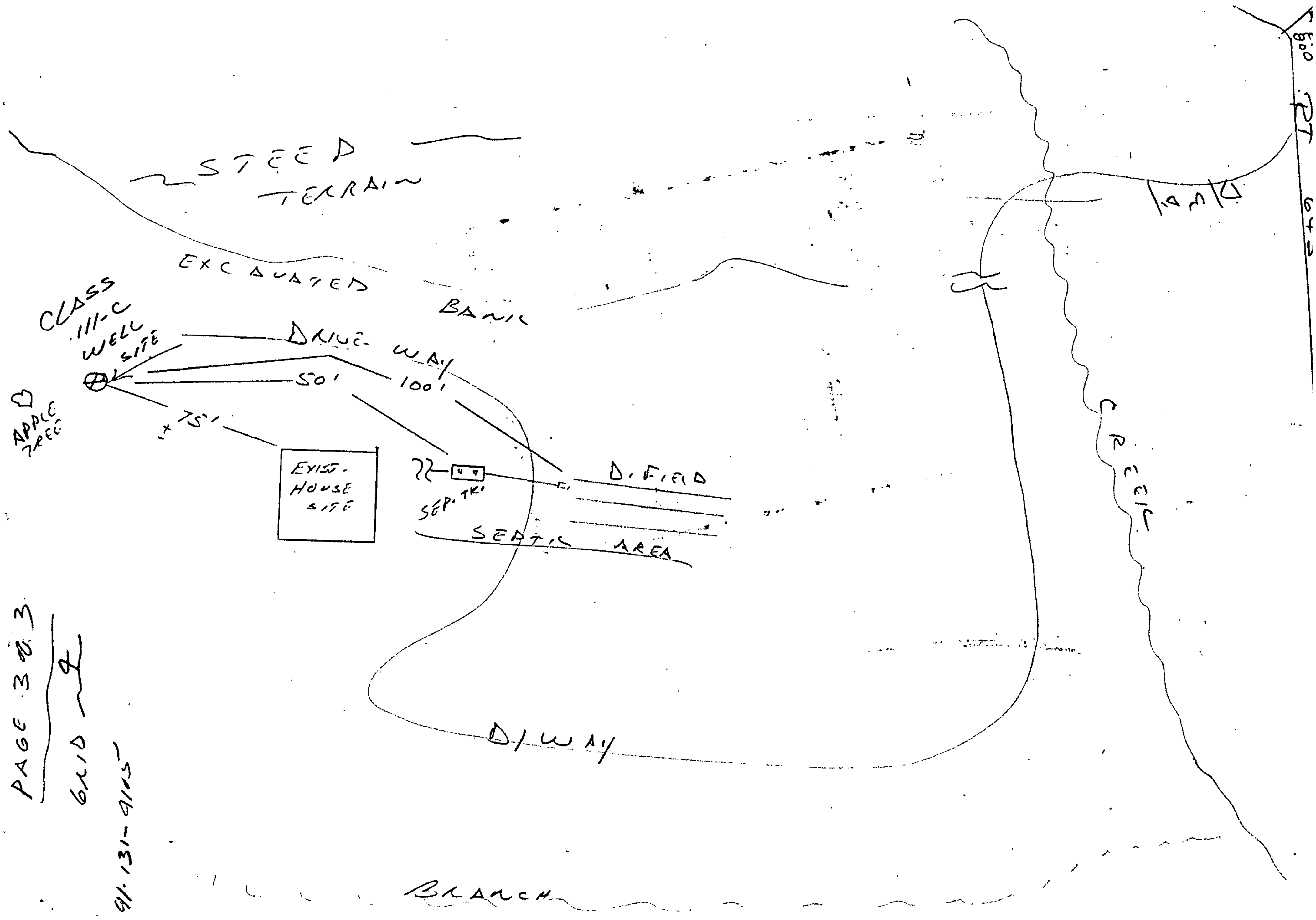
If FHA or VA financing

Reviewed by Date _____ _____ Date _____ _____

Supervisory Sanitarian Regional Sanitarian

[redacted]


PT 800
RT 645
D/WAY
CREEK
BRANCH
D/WAY
D. FIELD
SEPTIC AREA
SEP. TK
DRIVE WAY
100'
50'
75'
EXIST. HOUSE SITE
STEEP TERRAIN
EXCAVATED BANK
CLASS III-C WELL SITE
APPLE TREE
ID - 91-131-9105
GRID 9
PAGE 3 of 3



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GRID 2

ID-91-131-0105

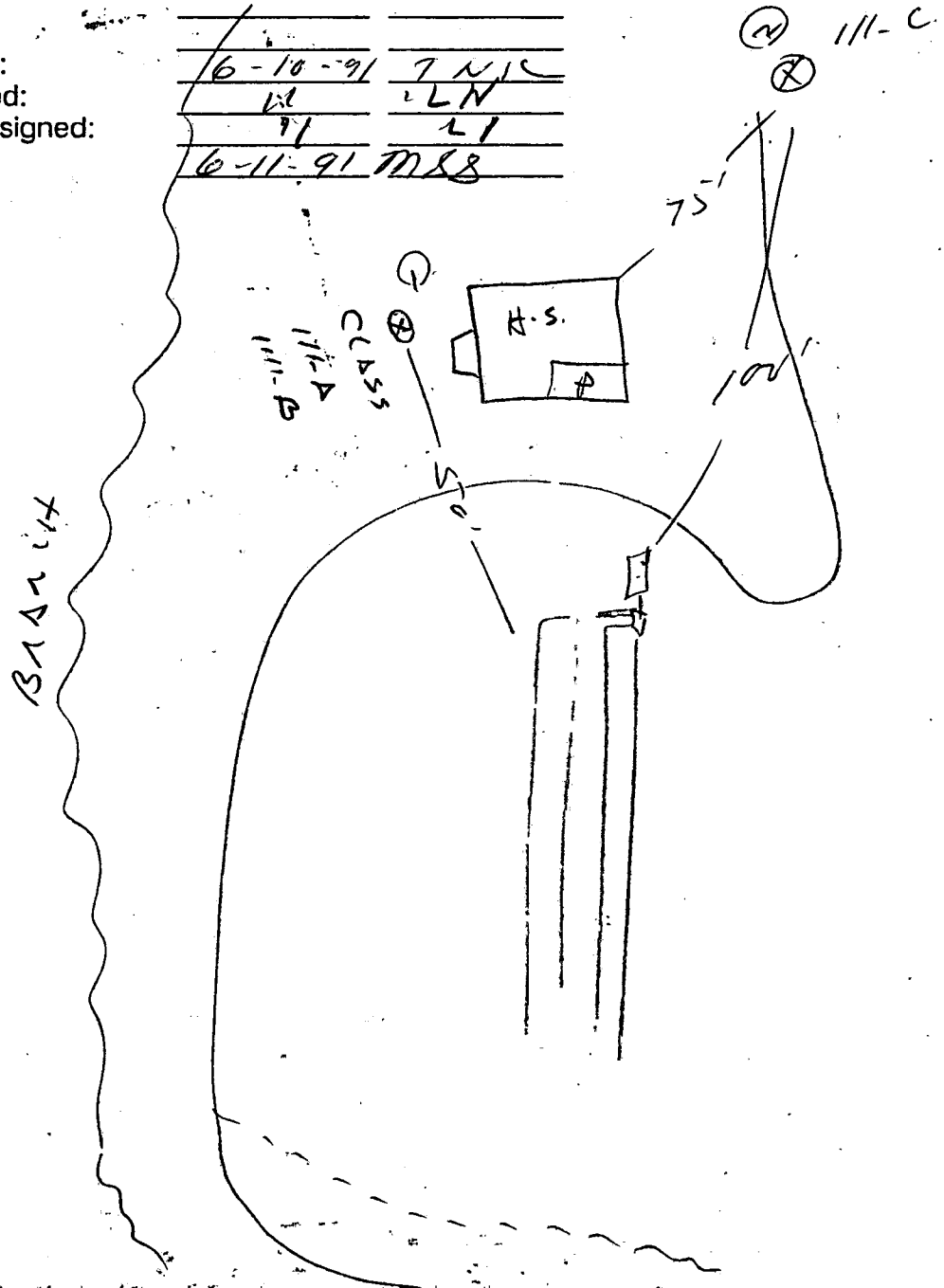
Grid 4
Stoneman

Permit I.D. No. 91-131-4105

Tag Sheet

	Initials	Date
Application Received:	~~6-7-91~~ HW	6-7-91
Application Reviewed:	LN	"
Fee Determination	HW	6-7-91
Assigned to:	KL	"
Site Visit Scheduled:		
Site Visit Made:	6-7-91	TNL
Follow-up Visit:		
Follow-up Visit:		
Issue/Deny Drafted :	6-10-91	TNL
Issue/Deny Reviewed:	KL	LN
Issue/Deny Countersigned:	91	LN
Issue/Deny Mailed:	6-11-91	MSB

J. Nolan said
6-7-91
D. Stoneman, owner
91-131-4105
Grid - 4



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

$25.00 M090007

Health Department I.D. 91-131-4105

To Be Completed By The Applicant

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

Owner DON STONEMAN Address 210 SUMMER CIR Phone 721-2249
BOONES MILL VA 24065

Agent _____ Address _____ Phone _____

Directions to Property 221 N. TO COPPER HILL - LEFT ON 645 (TWIN FALLS RD)
1.6 MILES TO DRIVEWAY ON RIGHT (9067 ON MAILBOX)

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 38 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 2
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
☒ Private ☐ Existing

V. **Proposed Sewage Disposal Method:**

Onsite Sewage Disposal System: (Septic Tank Drainfield) LPD Mound Other

Public Sewerage System

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.

ie 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.

Donald L. Stoneman
Signature of owner/agent

6/6/91
Date

Grid 4 A

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 91-131-410
County Permit _____
Certification of inspecting official:
This well does ____ does not ____ meet code/low requirements.
S. _____
Date _____
For Office Use

County/City Floyd

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 DON STONEMANT
• Well Designation or Number _____
Address 210 Summerville Circle Boonville
Phone _____

• Drilling Contractor FRANKLIN WELL DRLG
Address 30 TRolling Hill circle Rocky Mount VA
Phone 3345230

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

WELL LOCATION: 1/4 (feet/miles) N (direction) of RWIN FALLS RD and 1/2 (feet/miles) W (direction) of RT 221
(If possible please include map showing location marked)

Date started 6-13-91 • Date completed 6-13-91 Type rig ROTARY

1. WELL DATA: New ✓ Reworked ____ Deepened ____
• Total depth 190 ft.
• Depth to bedrock 12 ft.
• Hole size (Also include reamed zones)
• 11 inches from 0 to 20 ft.
• 6 inches from 20 to 190 ft.
• ____ inches from ____ to ____ ft.
• Casing size (I.D.) and material
• 6 1/4 inches from 0 to 20 ft.
Material PVC
Wt. per foot ____ or wall thickness SDR 17.6 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
• 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 8 ✓ gpm after 8 hours
Natural Flow: Yes ____ No ____, flow rate: ____ gpm
Comment on quality CLEAR
3. WATER ZONES: From 30 To 31
From 170 To 171, 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 6-13-91, Disinfectant used CHLORINE TABS
Amount 2 cups, Hours used ____
8. ABANDONMENT (where applicable) • yes ____ no ✓
Casing pulled yes ____ no ____ not applicable ____
Plugging grout From ____ to ____ material ____

OVER

Owner DON STONEMAN

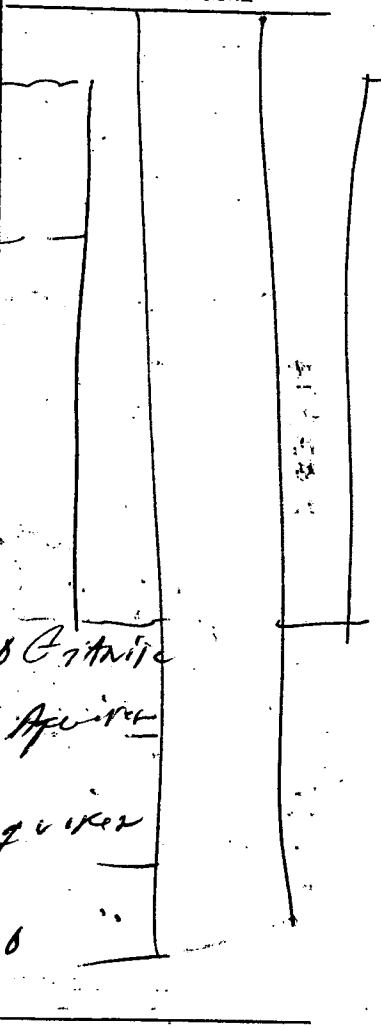
BWCM No. _____

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)

DEPTH (feet) From	To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, [etc.])	11. Drilling Time (Min.)
0	5	CLAY	0-20 GROUT	
5	12	RITTEN ROCK		
12	190	GRANITE	0-20 CASING	
			20-190 Granite	
			30 Aquifer	
			170 Aquifer	
			T.D. 190	

12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)



13. Well lot dedicated? NO. 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 Jerry Whittaker (Seal), Date 6-13-91
(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