Well only

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
Floyd County Health Department

Health Department
Identification Number 02-131-4373 .
Map Reference 42-9 #16 .

General Information

Water Supply System: New ☒ Repair ☐ Public ☐ FHA ☐ VA ☐ Case No.
Sewage Disposal System: New ☐ Repair ☐ Expanded ☐ Conditional ☐ Public ☐ Renewal ☐
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 R. P. Simpkins . Telephone : 745-2340 .
Address 181 Ridgeview Road; Floyd, VA 24091 . For a Type --- Sewage Disposal System or Well to be constructed at : route 8 north to left on 730 to 3rd house on right .
Subdivision --- . Section --- Lot --- Actual or estimated water use --- gal./day

DESIGN	INSPECTION RESULTS
Water supply, existing: (describe) dry spring. **To be installed:** class III C well cased 20' min . grouted 20' min .	**Water supply location:** Satisfactory yes ☐ no ☐ Completion report GW2 received? Yes ☑ No ☐ Not applicable ☐
Building sewer: _____I.D. SCH 40 PVC, or equivalent Slope 1.25" per 10' (minimum). ☐ Other	**Building sewer:** Yes ☐ No ☐ comments Satisfactory
Septic tank: Capacity _____gallons (minimum) ☐	**Septic tank:** Yes ☐ No ☐ comments size installed _____gallons
Inlet-outlet structure: tees: in-8"; out-18" PVC Schedule 40, 4" tees or equivalent, 1" to 2 " fall between tee's	**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 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 _____: depth from ground surface to bottom of trench _____; aggregate size: ½ -1 ½ " clean, free of fines Trench bottom slope : 2-4"/100' of line center to center spacing _____minimum; trench width _____: Depth of aggregate **13" minimum**; Trench length _____; Number of trenches _____. Reserve required Yes ☐ No ☐	**Absorption trenches:** Yes ☐ No ☐ Comments Satisfactory Date _____ INSPECTED AND APPROVED BY- **Environmental Health Specialist**

No Permit on File For Septic System.

Health Department
Identification Number 02-131-4373

Schematic drawing of sewage disposal and/or water supply 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 well within 200'. The schematic drawing of the well site or area and/or SDS 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 ADDITONAL SHEETS AS NECESSARY TO ILLUSTRATE THE DESIGN.

Install Class IIIC well

- 20' MINIMUM CASING AND GROUT
- KEEP WELL MINIMUM 100' UPSLOPE OF DRAINFIELD
- KEEP WELL MINIMUM 50' FROM TERMITE TREATED HOUSE
- CHLORINATE WELL PRIOR TO USE
- SUBMIT WELL COMPLETION FORM AND WATER SAMPLE

THIS SEWAGE DISPOSAL SYSTEM AND/OR WATER SUPPLY IS TO BE CONSTRUCTED AS SPECIFIED BY THE PERMIT ☒ OR ATTACHED PLANS AND SPECIFICATIONS ☐.

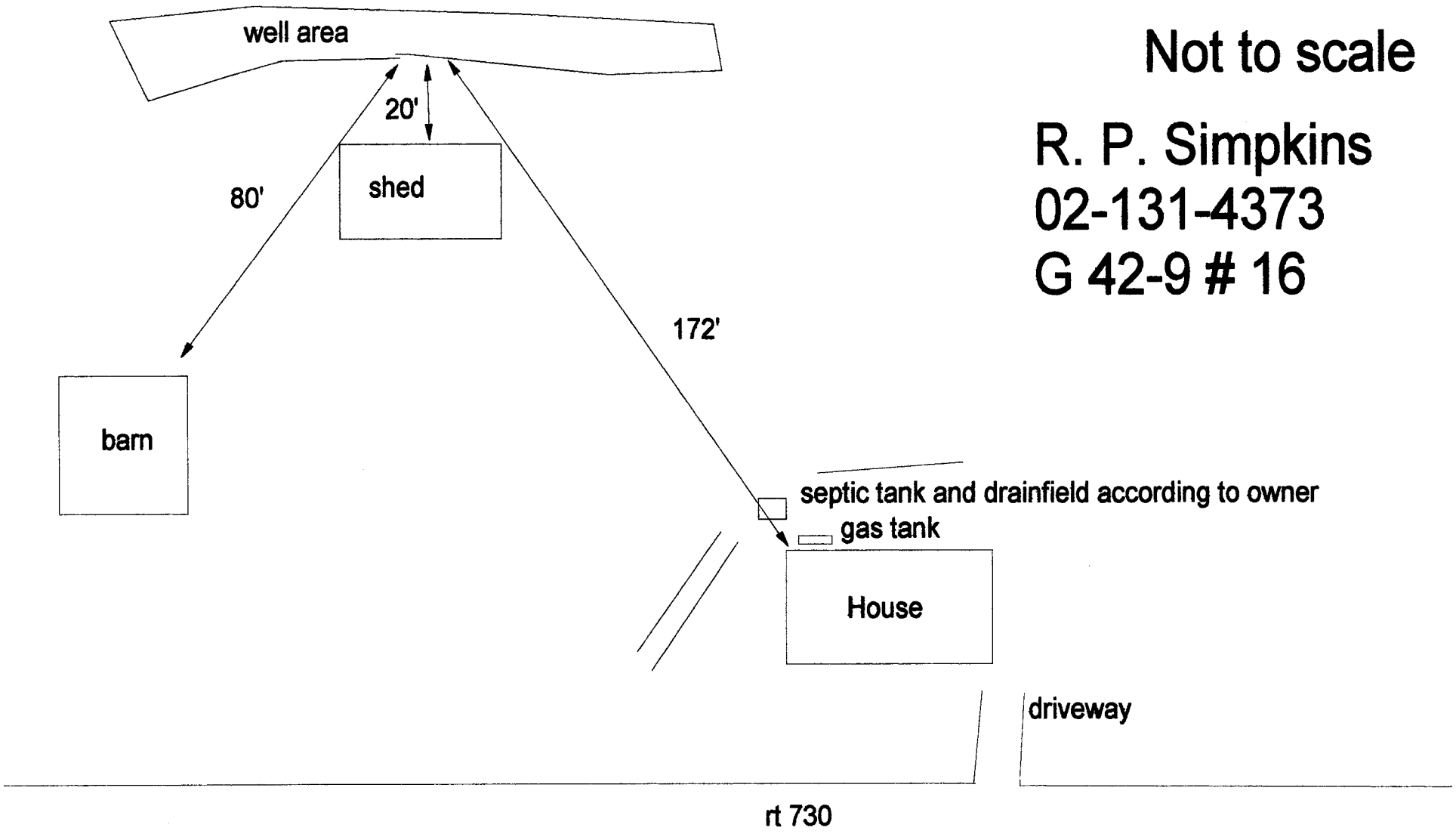
This sewage disposal system and/or well construction permit is **null and void** if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by 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: 8/15/02 **Issued by:** _____
Environmental Health Specialist

Date: 8/22/02 **Reviewed by:** _____
Environmental Health Supervisor

This Construction Permit valid until:
2/15/03



Not to scale

R. P. Simpkins
02-131-4373
G 42-9 # 16

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number 02-131-4373

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

Date 8-28/02 Local Health Department FLOYD

Owner PAUL SIMPKINS Address 181 RIDGEVIEW RD FLOYD VA 24091 Phone 745-2340

Exact Location of Premises Rt 8 NORTH TO 730 R - third house on right

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 8-23-02

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 750' Pretreatment Unit 750'
   Conveyance System 750' Subsurface Soil Absorption System 7100'
   (nearest point). Property Line 710' 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 150 feet. Type of casing PLASTEC PVC SDR 21 1120
   Depth of casing 0-59-61 feet. Diameter of casing 6.125 inches.
   Casing extends inches above ground 712". Exterior space sealed with neat cement grout to a depth of 30 feet. Screens constructed of _____
   free of rough edges and irregularities, with positive watertight seal between screen and casing?
   Yes ☐ No ☐ N/A ☐ Well head and opening to the interior protected? Yes ☐ No ☐
   Type of well seal _____ Pitless adapter used? Yes ☐ No ☐ N/A ☑
   Properly installed? Yes ☐ No ☐ N/A ☑ Proper venting? Yes ☑ No ☐ N/A ☐
4. Quantity: Yield and drawdown determined by continuous pumping of _____ hours. Drawdown _____ feet. Yield 20 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: -NEEDS TO Be Graded to divert runoff
-NEEDS water sample

Date _____ Signed _____
Sanitarian

Date _____ Signed _____
Supervisory Sanitarian

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

C.H.S. 204 Revised 9/90

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Commonwealth of Virginia
Department of Health

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I.D. Number 02-131-4373

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C.H.S. 204 Revised 9/90

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Commonwealth of Virginia
Department of Health

Health Department
I.D. Number 02-131-4373

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

Date 8-28/02 Local ~~Health~~ Department FLOYD

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Date of installation 8-23-02

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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 7 50' Pretreatment Unit 7 50'
   Conveyance System 7 50' Subsurface Soil Absorption System 7 100'
   (nearest point). Property Line 7 10' 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 150 feet. Type of casing PLASTIC PVC SCH 21 1120
   Depth of casing 0-59-61 feet. Diameter of casing 6.125 inches.
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C.H.S. 204 Revised 9/90

Well Only

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

Health Department ID 02-131-4373

VK 8-14-02 Z 1354550 77.50

To Be Completed By The Applicant

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

Owner R L Simpkins Address 181 Ridgeview Phone 745-2340 Please call before going out.
RD Floyd VA 24091

Agent ___ Address ___ Phone ___

Directions of Property 730 3rd House on Right

Subdivision ___ Section ___ Block ___ Lot ___

Other Property Identification ___

Dimension/size of Lot/Property ___

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. **Commerical Use** ___ Yes ✓ No Describe: ___

Commerical/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: Spring almost dry.

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.

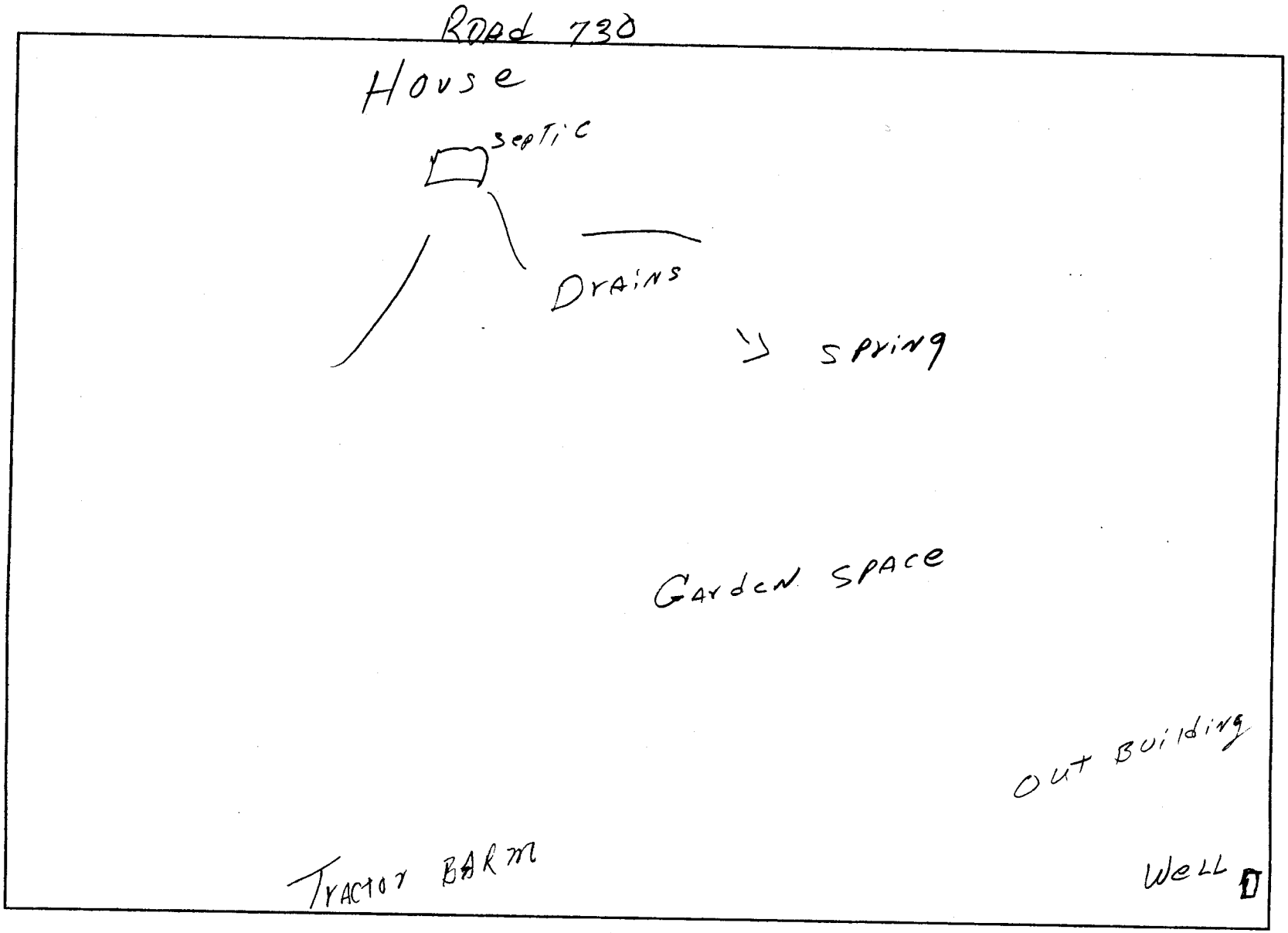
The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Ruth Ann L Simpkins
Signature of Owner/Agent

8-14-2002
Date

CHS 200

DRAW SKETCH IN SPACE BELOW.



G42 (I)

FLOYD COUNTY HEALTH DEPARTMENT

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

September 3, 2002

Paul Simpkins
181 Ridgeview Road
Floyd, VA 24091

Reference: well permit # 02-131-4373

Dear Mr. Simpkins:

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 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 at least 1-2 weeks prior to testing.)
☐	Well inspection, once well is drilled
☐	Completion statement from installer of septic system
☐	Approved well cap
☒	Other: Grade site to divert runoff

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,

Bruce Wampler /VK

Bruce Wampler
Environmental Health Specialist, Sr.

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner Paul Simpkins
Address _____
Phone _____
Location _____

Tax Map ID 42-9 #16
VDH Permit 02-131-4373
VWCB Permit _____
VWCB ID _____
County Floyd

* Well Data *

General Information
Drilling Method Rotary-Air
Depth to Bedrock 61'
Static Water Level 60'
Well Disinfected (Y or N) N

Date Completed 8-23-02
Yield 20 (GPM)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well 150'
Length of Test _____
Natural Flow (Rate) _____
Amount Used _____

Casing
From 0 to 59'
Size 6.125" Material plastic
Weight/Schedule SDR21 1120

From 59' to 61'
Size 6" Material galv.
Weight/Schedule 18# wall

From _____ to _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack
From _____ to _____

From _____ to _____

From _____ to _____

Grout ground
From level to 30'
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 130' to 131'
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

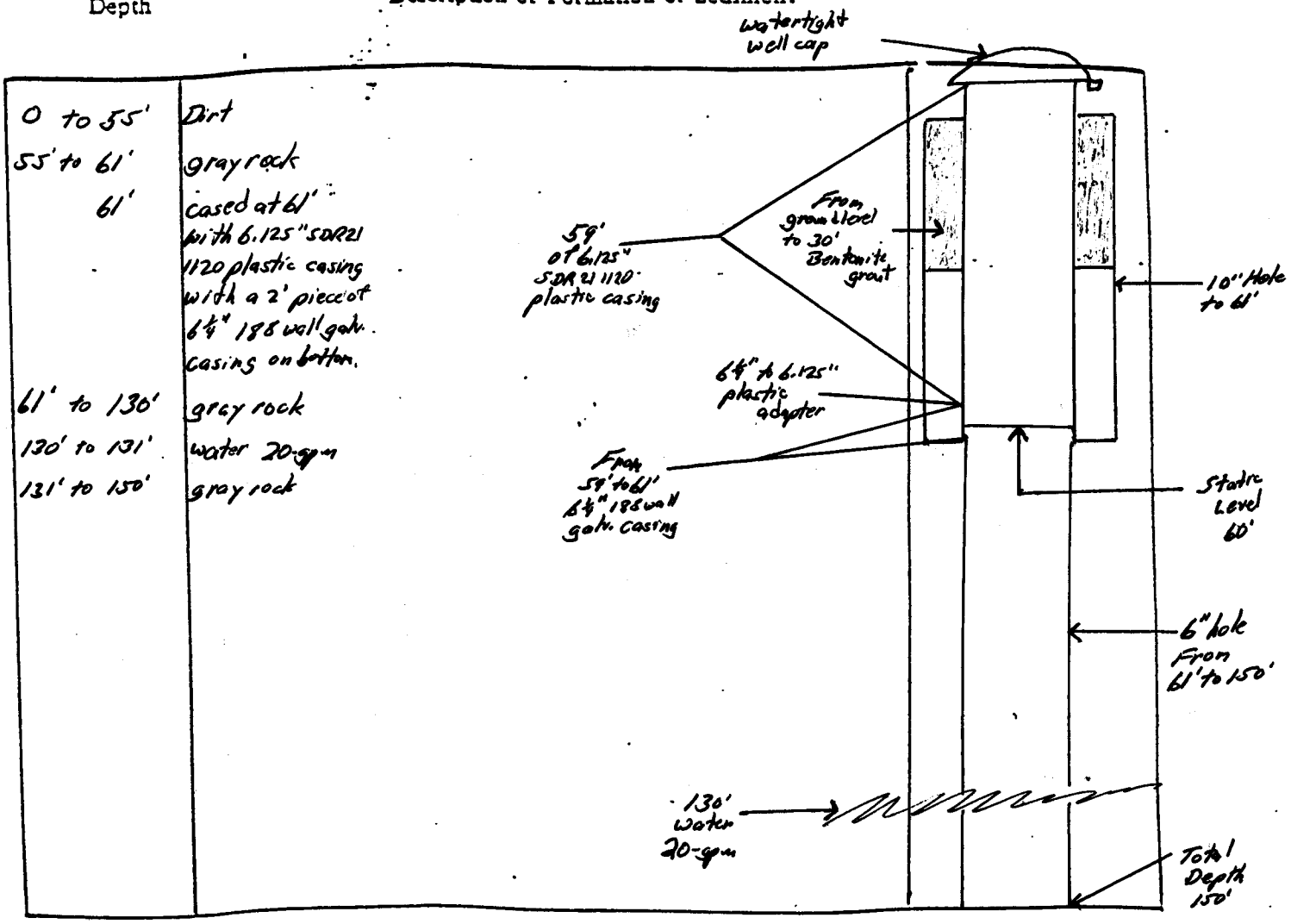
From _____ to _____
Mesh Size _____ Diam. _____
From _____ to _____
Mesh Size _____ Diam. _____

* Use Data *

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

Drillers Log *
(Use additional sheets if necessary)

Depth	Description of Formation or Sediment	Remarks
0 to 55'	Dirt	
55' to 61'	gray rock	
61'	cased at 61' with 6.125" SDR21 1120 plastic casing with a 2' piece of 6¼" 188 wall galv. casing on bottom.	
61' to 130'	gray rock	
130' to 131'	water 20-gpm	
131' to 150'	gray 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 regulations, ordinances and laws.

Drilling Contractor Pauley's Well Drilling
Address P.O Box 321
Floyd Va. 24091
Phone 745-4199

Drillers Signature Robert A Pauley Date 8-23-02
Representing Pauley's Well Drilling
Virginia Contractors License Number 2705015229