

**Commonwealth of Virginia
Uniform Water Well Completion Report**

26

Owner Bill Chambers
 Address Rt. 1, Box 57 A
Millboro, Va. 24460
 Phone 540-942-5166
 Location Rt. 640, 5.5 miles off Rt. 39/42, west side
of Rt. 640 up gravel lane.

68-1J
 Tax Map ID _____
 VDH Permit 108-05-0036
 WVCB Permit _____
 WVCB ID _____
 County Bath

* Well Data *

General Information

Drilling Method Rotary
 Depth to Bedrock 212
 Static Water Level _____
 Well Disinfected (Y or N) _____

Date Completed 7/22/05
 Yield 10 (GPM)
 Stabilized Water Level _____
 Disinfectant Used _____

Total Depth of Well 306'
 Length of Test 1 hour
 Natural Flow (Rate) 10
 Amount Used _____

Casing

From 0 to 212'
 Size 6 5/8 Material steel
 Weight/Schedule .188 wall

From 0 to 278'
 Size 5" Material steel
 Weight/Schedule 8 lbs./ft.

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

Gravel Pack

From _____ to _____

From _____ to _____

From _____ to _____

Grout

From 0 to 20'
 Bore Hole Size 10"
 Type E Z Seal
 Method Pumped

From _____ to _____
 Bore Hole Size _____
 Type _____
 Method _____

From _____ to _____
 Bore Hole Size _____
 Type _____
 Method _____

Water Zones or Screened Intervals

From 278 to 306'
 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 _____

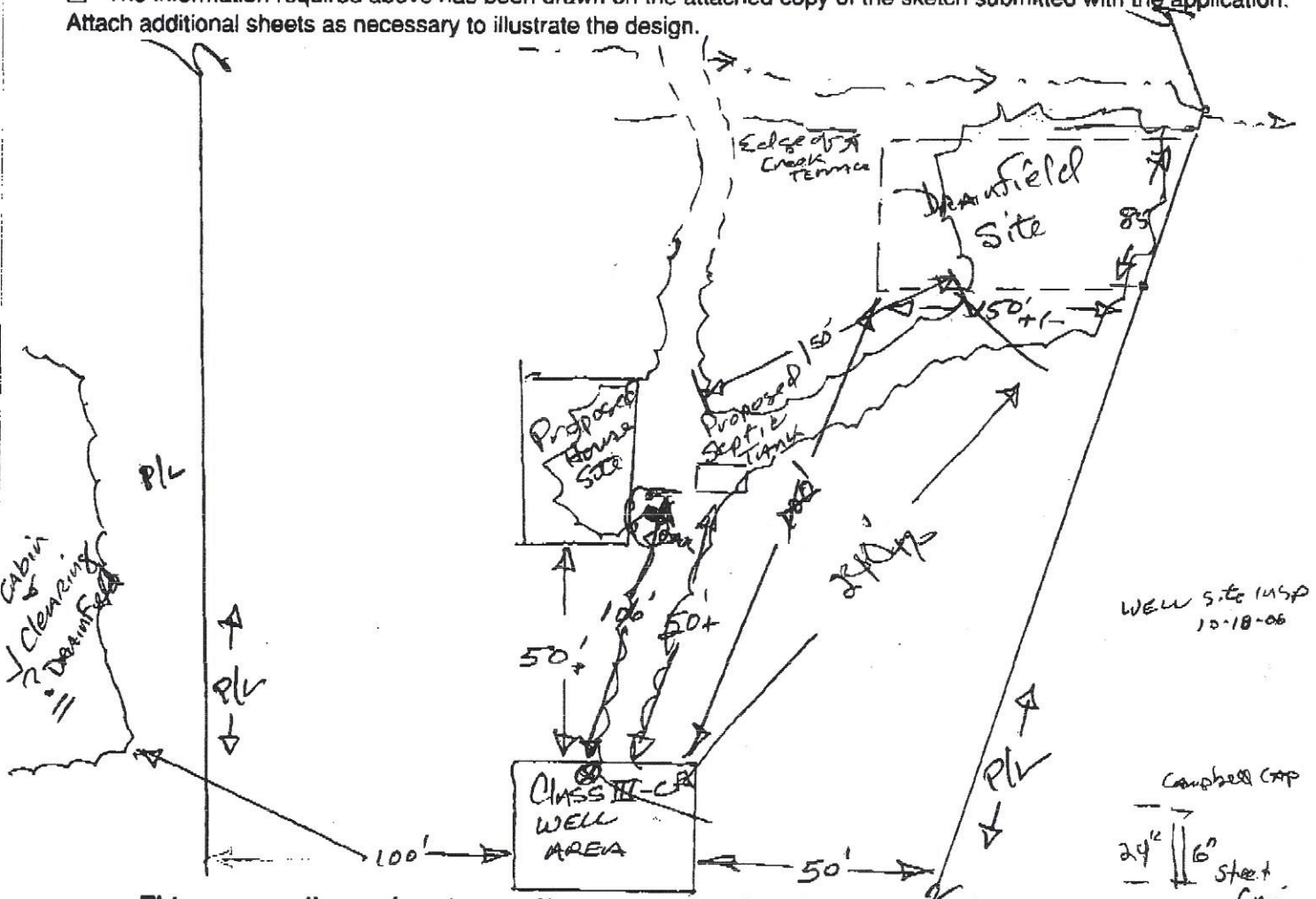
NOTE: Drawing is not to scale

Health Department
 Identification Number 108-05-0036

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 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: 4-19-05 Issued by: John Bond
 Sanitarian

Date: _____ Reviewed by: _____
 Supervisory Sanitarian

This Construction Permit Valid until
10-19-2009

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

VS

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
 Department of Health
 Bath County

702 Mill Creek Landing
 Millport
 site address
 Health Department

Health Department
 Identification Number 108-05-0036
 Map Reference 68-1J

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 Bill Chambers Telephone _____
 Address Rt 1 Box 57A, Millboro VA 24460 For a Type III-C Sewage Disposal System or Well to
 be constructed on/at Rt 640 Abt 5.5 miles off Rt 59/42, west side of Rt 640 up gravel lane
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use 0

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III-C</u> cased <u>20'min.</u> grouted <u>20'min.</u>	Water supply location: Satisfactory <input checked="" type="checkbox"/> no <input type="checkbox"/> comments <u>10-18-06</u> Completion Report G. W. 2 Received: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: _____ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity _____ gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input type="checkbox"/> Yes <input type="checkbox"/> describe and show design. If yes: _____	Pump & pump station: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with _____ ports. <input type="checkbox"/> Other _____	Distribution box: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other _____	Header lines: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 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: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
	Date <u>10-18-06</u> Inspected and approved by: <u>John Bruce</u> Sanitarian