



Rockbridge-Lexington Health Department  
PO BOX 900  
Lexington, Virginia 24450  
(540) 463-3185 Voice  
463-6677 Fax

### Private Well Record of Inspection

Health Department ID Number: SD-90-193  
Tax Map/GPIN: 7-4-A

Owner Name: *Laudermilk, Leonard & Alie*  
Owner Address: P.O. Box 188  
Goshen, Virginia 24439

#### Private Well Facility Information

Property Address: 150 Heavenly Hill  
County: Rockbridge  
Well Driller: W&R & Sons. (Wayne Rhodenizer)  
540-463-3949  
Date construction started: October 1, 1999

Subdivision:  
Section Block Lot  
Well Class: Class IIIA  
Water Well Completion Report Received: Yes

#### Location Information

Building Sewer: feet  
Pretreatment Unit: feet  
Conveyance System: feet  
Soil Absorption System: feet  
Property Line: feet  
Other Distance: Other feet  
Comments: located as permit on the right side of driveway facing the house approximately sixty feet beyond power pole on right side of driveway approx. one hundred feet from house

#### Construction Information

Total depth of well: 650 feet  
Type of casing: Galvanized Steel  
Depth of casing: 62 feet  
Diameter of casing: inches  
Casing extends: in. above ground  
Annular Space: sealed with to a depth of 50 feet,  
Comments:

Pitless adapter used:  
Pitless properly installed:  
Pitless properly vented:  
Type of Well Seal:  
Screens: constructed of

#### Quantity & Quality

Yield and drawdown determined by continuous pumping of hours  
Yield: gpm  
Drawdown:  
Static Water Level: feet  
Type of storage:  
Comments: no gallons per day determined by well driller

Sample tap provided: Yes  
Sample collected: Yes  
Result of samples: Satisfactory  
Date of Sample: September 28, 2012

Satisfactory Construction: Yes on April 7, 2016

Well Approved for Use: Yes on April 11, 2016

Signed April 11, 2016

\_\_\_\_\_  
Environmental Health Specialist, Sr.

**Commonwealth of Virginia  
Uniform Water Well Completion Report** SD 90-143

Owner: Alice Louder milk  
 Address: P.O. Box 361  
Coshens, Va 24439  
 Phone: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Tax Map ID: 7-4-A  
 VDH Permit: \_\_\_\_\_  
 WVCB Permit: \_\_\_\_\_  
 WVCB ID: \_\_\_\_\_  
 County: Rockbridge

**\* Well Data \***

<p><b>General Information</b>                  Drilling Method <u>AIR</u>                  Depth to Bedrock <u>40 ft</u>                  Static Water Level _____                  Well Disinfected (Y or N) _____</p> <p><b>Casing</b>                  From <u>0</u> To <u>62</u>                  Size <u>6 5/8</u> Material <u>Steel</u>                  Weight/Schedule <u>0.185</u></p> <p><b>Gravel Pack</b>                  From _____ To _____</p> <p><b>Grout</b>                  From <u>0</u> To <u>50 ft</u>                  Bore Hole Size _____                  Type _____                  Method _____</p> <p><b>Water Zones or Screened Intervals</b>                  From _____ To _____                  Mesh Size _____ Diam _____                  From _____ To _____                  Mesh Size _____ Diam _____</p>	<p>Date Completed <u>Oct-1999</u>                  Yield _____ (GMP)                  Stabilized Water Level _____                  Disinfectant Used _____</p> <p>From _____ To _____                  Size _____ Material _____                  Weight/Schedule _____</p> <p>From _____ To _____</p> <p>From _____ To _____                  Bore Hole Size _____                  Type _____                  Method _____</p> <p>From _____ To _____                  Mesh Size _____ Diam _____                  From _____ To _____                  Mesh Size _____ Diam _____</p>	<p>Total Depth of Well <u>650 ft</u>                  Length of Test _____                  Natural Flow (Rate) _____                  Amount Used _____</p> <p>From _____ To _____                  Size _____ Material _____                  Weight/Schedule _____</p> <p>From _____ To _____</p> <p>From _____ To _____                  Bore Hole Size _____                  Type _____                  Method _____</p> <p>From _____ To _____                  Mesh Size _____ Diam _____                  From _____ To _____                  Mesh Size _____ Diam _____</p>
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**\* Use Data \***

Private Well: \_\_\_\_\_  
 Public Well: \_\_\_\_\_  
 Domestic  Agricultural \_\_\_\_\_ Industrial \_\_\_\_\_ Monitoring \_\_\_\_\_  
 Community \_\_\_\_\_ Non-community \_\_\_\_\_

**\* Abandonment Information \***

<p><b>Bored or Dug Wells</b>                  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 _____                  Method of permanently marking location: _____</p>	<p><b>Wells other than Bored Wells</b>                  Casing removed, Y or N? _____                  Depth to which casing was removed: _____                  Applicable, depth(s), and type of gravel/sand fill: _____                  Source of gravel or sand: _____                  Cement: From _____ to _____ From _____ to _____</p>
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HEALTH DEPARTMENT  
 JUL 16 2012  
 EH ROCKBRIDGE

\* Drillers Log \*

Depth

Description of Formation or Sediment

Remarks

0-62 Duff, slate.

62-415 slate

415-416 soft white slate 36 PPM

416-645 slate

645-646 soft white slate 246 PPM

646-4650 slate

OWNERS STATE  
AS OF 5/10/2023

1.5 GPM KITCHEN SINK  
5.5 GPM OUTSIDE FAUCET  
12.0 GPM AT WELL

(Use Additional Sheets if necessary)

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 it well complies with all applicable state and local regulations, ordinances and laws.

Name W. P. & Son Well Drilling  
Address P.O. Box 883  
Lexington Va 24450  
Phone \_\_\_\_\_

Drillers Signature Wayne Phoeney  
Date Oct 1999 Representing \_\_\_\_\_

Virginia Contractors License Number 5705033858

# Pace Analytical Services - Analytical Report

WO#: 19083189

Original

Client:	VALLEY TERMITE & PEST CONTROL CO.	Collection Date:	8/26/2019 1:00:00 PM
Project:	POPE	Date Received:	8/26/2019
Lab ID:	19083189-01A	Matrix:	Drinking Water
Client Sample ID:	150 HEAVENLY HILL RD.	Site ID:	

Analysis	Result	MDL	PQL	MCL Qual	Units	Prep Date	Date Analyzed	NELAC
<b>Field/Miscellaneous Parameters</b>								
Method: FLD/MISC								
FieldSampler	JM	NA		NA				
Analyst: Client								
<b>COLIFORM BY P/A - LEXINGTON:</b>								
Method: SM9223 COLISURE								
Analyst: DSD								
E-Coli	ABSENT	NA	NA	NA	NA	08/26/19 4:00PM	08/27/19 4:00PM	VELAP
Total Coliform	ABSENT	NA	NA	NA	NA	08/26/19 4:00PM	08/27/19 4:00PM	VELAP

# Pace Analytical Services - Analytical Report

WO#: 19083248

Original

<b>Client:</b>	VALLEY TERMITE & PEST CONTROL CO.	<b>Collection Date:</b>	8/27/2019 9:55:00 AM
<b>Project:</b>	POPE	<b>Date Received:</b>	8/27/2019
<b>Lab ID:</b>	19083248-01A	<b>Matrix:</b>	Drinking Water
<b>Client Sample ID:</b>	150 HEAVENLY HILL RD	<b>Site ID:</b>	

Analysis	Result	MDL	PQL	MCL	Qual	Units	Prep Date	Date Analyzed	NELAC
<b>METALS BY ICP-MS</b>									
				<b>Method: EPA 200.8 Rev. 5.4 (1994)</b>				<b>Analyst: CGW</b>	
Lead	0.0028	0.0002	0.0010	0.015		mg/L	09/03/19 2:30PM	09/05/19 3:27PM	PAVA
<b>NITRATE-NITRITE</b>									
				<b>Method: 10-107-04-1-C</b>				<b>Analyst: MM</b>	
Nitrogen, Nitrate-Nitrite	0.120	0.0200	0.100	10.0		mg/L		08/28/19 3:30PM	

# Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health

For Department Use Only

Health Department

Identification Number SA-90-193

Map Reference 13 (A)-3-1

Date Received 7-20-90

## To Be Completed By The Applicant

Type sewage system:  New  Repair  Expanded  Conditional  
FHA/VA yes  no

Owner RICHARD PROPST Address CRAIGSVILLE, VA Phone 997-5019  
24430

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to Property 1/4 MI NORTH ON 42 TURN LEFT ON FIRST ENTRANCE  
PART 615 WEST - GO TO TOP OF HILL, PARCEL "A"

Subdivision NO Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Other Property Identification \_\_\_\_\_

Dimensions/size of Lot/Property PART OF 28 AC REFERRED TO AS PARCEL - A.

### Other Application Information

I. Building/facility  New  Existing  
Intermittent Use  Yes  No If yes, describe: \_\_\_\_\_

II. Residential Use  Yes  No  
Termite Treatment  Yes  No  
Basement  Single Family  Multifamily Number of Units 1 Number of Bedrooms 3  
Fixtures in Basement  Yes  No  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: \_\_\_\_\_  
 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.

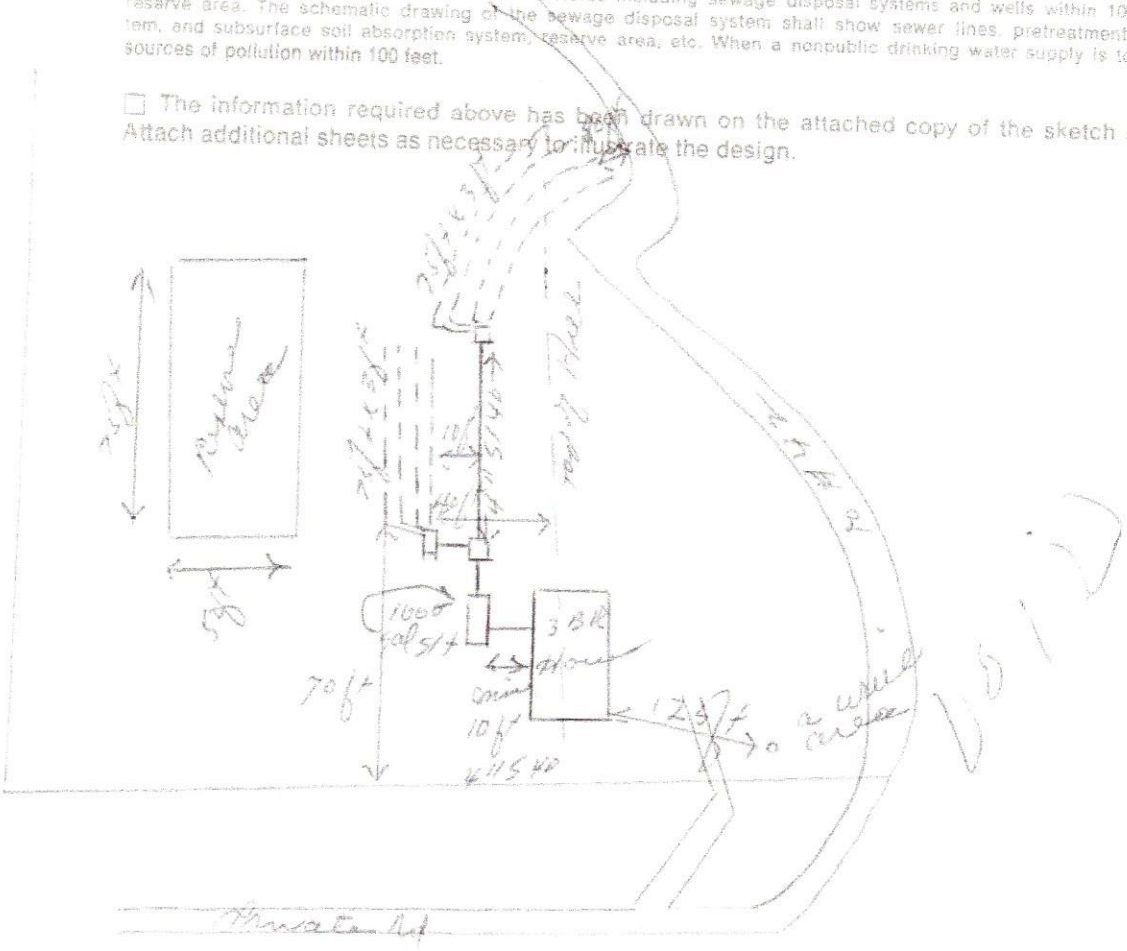
Richard Z. Propst  
Signature of owner/agent

7-18-90  
Date

**Schematic drawing of sewage disposal system and topographic features.**

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.

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.



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: 7/20/90 Issued by: Charles [Signature]  
 Sanitarian  
 Date: 7/25/90 Reviewed by: [Signature]  
 Supervisory Sanitarian

This Construction Permit Valid until 1/30/92

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_

# Sewage Disposal System Construction Permit

Commonwealth of Virginia  
Department of Health



Health Department  
Identification Number 511-90-193  
Map Reference 13 (A)-3-16

Richbrook Health Department

### General Information

New  Repair  Expanded  Conditional  FHA  VA  Case No. N/A  
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 Richard Probst  
Address Craigsville, Va 24049 Telephone 703/992-5019  
For a Type I Sewage disposal system which is to be constructed on/at North Side Rd #42 0.8 miles east of Rte #42 + 39  
Subdivision no Section/Block \_\_\_\_\_ Lot \_\_\_\_\_  
Actual or estimated water use 450 GPD

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
To be installed: class <u>III A</u> cased <u>Soft</u> grouted <u>Soft</u>	Building sewer: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Building sewer: <u>4" I.D. PVC 40, or equivalent.</u> Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Inlet-outlet structure: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Pump & pump station: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: <u>4"</u>	Conveyance method: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Gravity mains: <u>6"</u> or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Distribution box: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Distribution box: <u>1 PL 2 110 Dia + 8 ports</u> Precast concrete with _____ ports. <input type="checkbox"/> Other _____	Header lines: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
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 _____	Percolation lines: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Absorption trenches: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments _____
Absorption trenches: Square ft. required <u>1800</u> depth from ground surface to bottom of trench <u>33"</u> ; aggregate size <u>#56</u> ; Trench bottom slope <u>3</u> center to center spacing <u>4</u> ; trench width <u>3 1/2</u> ; Depth of aggregate <u>13</u> ; Trench length <u>25 1/2</u> ; Number of trenches <u>8</u>	Date <u>10/4/91</u> Inspected and approved by: <u>[Signature]</u> Sanitarian



*Revised copy  
to show installation*

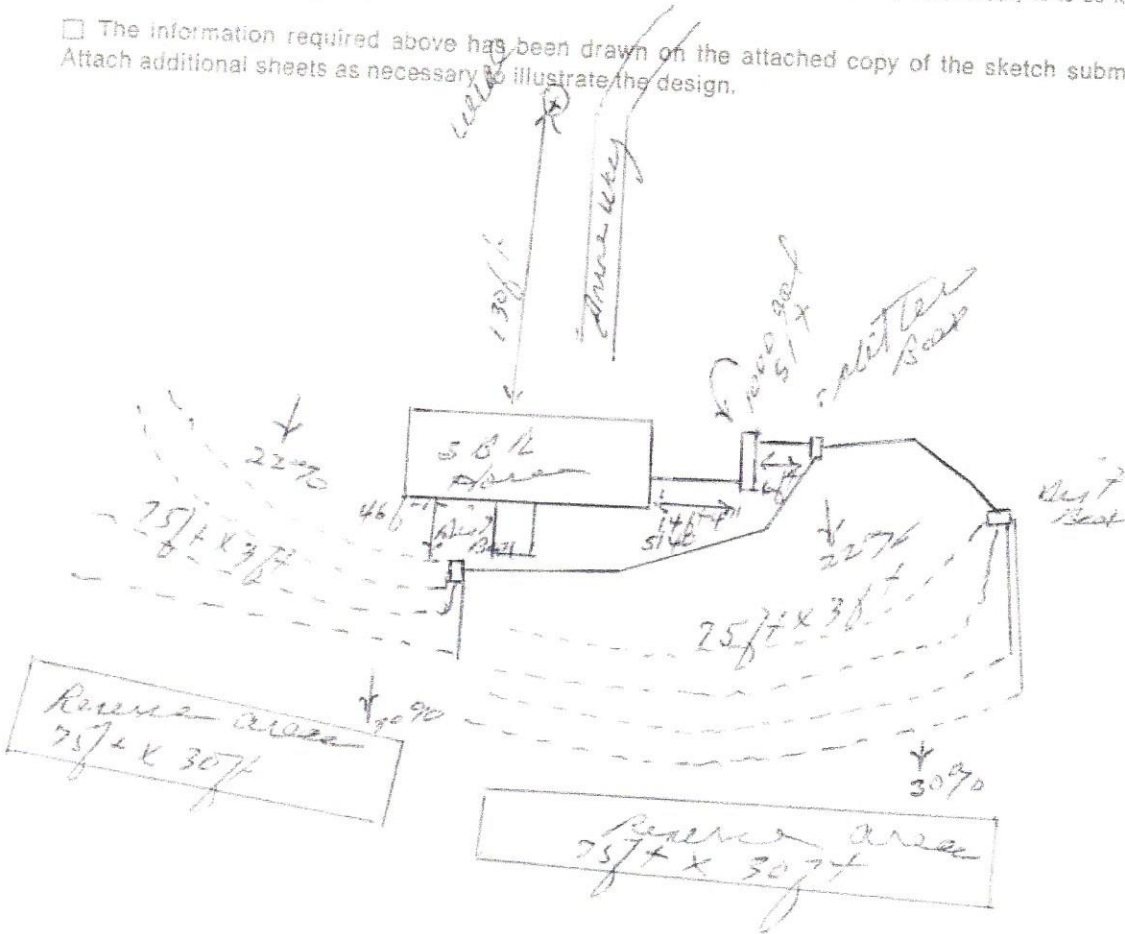
Health Department  
Identification Number 50-90-193

**Schematic drawing of sewage disposal system and topographic features.**

PAGE 2 OF 2

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Date: 7/20/90 Issued by: Charles W. [Signature]  
Sanitarian

Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
Supervisory Sanitarian

This Construction Permit Valid until 7/20/95

If FHA or VA financing

Reviewed by Date \_\_\_\_\_ Date \_\_\_\_\_  
Supervisory Sanitarian Regional Sanitarian