

PERMIT TO INSTALL REPAIR, REASONS FOR REJECTION
WATER SUPPLY **SEWAGE DISPOSAL SYSTEM**

Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
 (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

Owner: Elwin Hiles FHA/Va Yes No Date 4/16/82 Case No. 9R57-74
 J.M. ARMSTRONG Address _____ Phone (12)
 Occupant: owners Address Millboro, VA Phone _____
 (Mailing Address) (Mailing Address)

Exact Location of premises WS Rt 640 5 mi N. of Rt 39-92
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other Automatic Washing Machine Yes No Consumption 600 gal. per day
 Actual Potential Bedrooms 4 Garbage Disposal Unit Yes No (Actual estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other Spring
 (To be installed) Class _____ Cased _____ ft. to be grouted _____ ft.

(Unless supported by positive evidence Class III is to be considered as to be installed.)

SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification SNOW - W/LOAM -
 (If Known)

(2) Estimated Percolation Rate 1-10 11-25 26-50 > 51 Percolation Test Required Yes No Rate 30-45 MIN
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles 38 inches (estimate over 4 ft.) OTHER _____
 Surface drainage required No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size 4 inches. Type of material required PC Distance from Water Supply 50 feet.

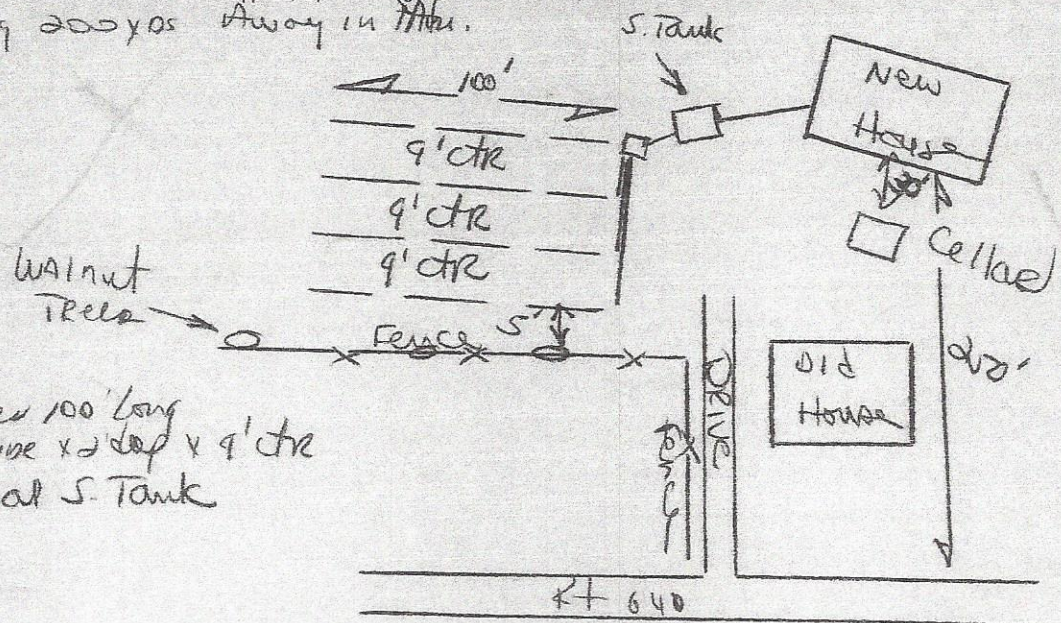
(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete Material Liquid Capacity 1000 gallons.
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space _____ feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 1200 Type aggregate required stone

(5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 4 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 24 inches from surface of original ground.
 Distance from well to septic tank 50 feet; distance from well to drainfield 100 feet / MIN

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.)

1. Spring 200 yds Away in Mtn.



Signature J. M. Armstrong
 Representative
 Owner

- ① 4 lines 100' long x 3' wide x 2' deep x 9' ctr
- ② 1000 gal S. Tank

Note: Owner or his agent must notify Health Department, Phone 839 2732 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued 4/16/82
 Date 3/4/82 Approved Ken Mitchell Date 4/16/82 Signed James Thompson
 (Reviewing Authority) (Sanitarian or Health Director)

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 9/21/82 Case No. 91257-34 72
 Owner J M Armstrong Address Millboro VA Phone _____
 (Mailing Address)
 Occupant owners Address Millboro VA Phone _____
 (Mailing Address)
 Exact Location of Premises WS Rt 640 - 1/2 mi North of Rt 39 40
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design Disposal System Yes No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage _____ feet.
 (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION
 Allotted Area adequate Yes No. Distance from nearest lot lines 50 feet. Trees 2-0 feet. Water Supplies 38 min feet. Buildings 10-40 feet.
- (2) INSTALLATION AND DESIGN
 Installed according to Permit Design Yes No.
 Have additional Household Appliances been added NOT on Permit:
 Automatic Washer Garbage Disposal
 Other None
 (Describe)
- (3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: Yes No. If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE
 Installed Yes No. Type of material PVC Size 4 Inches.
- (5) SEPTIC TANK
 Constructed of Concrete (Kind of Material)
 Inside Dimensions Length 8 feet. Width 4 feet.
 Liquid Depth 4-6 feet. Depth of Air Space 12 inches.
 Inside Fittings comply with requirements Yes No.
- (6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test Yes No. Distribution Box provided with 2 (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 1200 square feet.
 Number of ditches 4 Length of ditches 100 x 3 feet.
 Grade of ditches Minimum 2 Inches per 100 feet. Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) Yes No.
 Type aggregate used Stone
 Depth of aggregate under Tile 6 inches
 Total depth of aggregate 13 inches
 Depth of backfill over aggregate 18 inches
- (8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: Yes No. Was Surface Drainage required Yes No. If Yes, has this been provided Yes No.
 Ground Water Table: Yes No. Not required.
- (9) Are follow-up inspections necessary Yes No.

Septic Tank Contractor: George Pete Jones Address Millboro VA Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by BATH County Health Department
 Date 9/21/82 Signed James A. Thompson (Sanitarian)
 Date 10/29/82 Approved R. L. G. (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. 8D 03-41
Bath County Health Department



Tax Map No. Gr 57-3/4

Richard L. Armstrong
WS Rt 640 6.5 N of Rt 39/47

_____ is Hereby Granted Permission
to Operate a (Type) 1 Sewage Disposal System Having a Design Capacity of 450 gpd, a

SUBDIVISION	SECTION/BLOCK	LOT
NA	NA	NA

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(
313 A-D) of the Sewage Handling and Disposal Regulations of the Virginia Department of Health ar
with Previously Issued permits _____

Dated 8-10-1983

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordanc
with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Grante
Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specific
Period of Time.

VARIANCES GRANTED
 NONE SEE ATTACHED

SPECIAL CONDITIONS
 NONE SEE ATTACHED

9-19-1984
Effective Date

James J. Hemm
Recommended (Sanitarian)

Approved (State Health Commissioner)

Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Use of form required only when water supply constructed in conjunction with an on-site sewage disposal system, or when FHA, VA financing is involved.

Health Department
I.D. Number 208344

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

Map Reference

57	3-4
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Date 12-21-80 Local Health Department BATH/LEWIS

Owner Richard Armstrong Address 17130 53 Phone _____
Millb. Rd. W. 2200

Exact Location of Premises W.S. RIGGS - 63 W. N. J. 11 39 42

Subdivision _____ Section/Block _____ Lot _____

- Class of nonpublic drinking water well.
- 1) Class III A. (drilled well)
 - 2) Class III B. (bored well)
 - 3) Class III C. (jetted well)
 - 4) Class III D. (dug well)
 - 5) Other E. _____

Date of installation 11/2/80

CONSTRUCTION INFORMATION

- If information in any item below is secured from other sources (i.e.) well log, etc., so note.
- Water well completion report filed as required by 18.02.07. Yes No
 - Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
Building Sewer _____ Pretreatment Unit _____ Conveyance System _____ Subsurface Soil Absorption System _____ (nearest point). Property Line _____ Other _____
Site graded where necessary to divert water away from well? Yes No n.a.
 - Construction, General: (see Section 18.02.05, and 18.02.02)
Total depth of well 986 feet. Type of casing steel. Depth of casing 155' feet. Diameter of casing 6 inches. Casing extends inches above ground 1". Exterior space around casing sealed with neat cement grout to a depth of 154 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 Cap
Pitless adapter used? yes no n.a. Properly installed? yes no n.a. Proper venting? yes no n.a.
 - Quantity: Yield and drawdown determined by continuous pumping of _____ hours. Drawdown _____ feet. Yield 0 GPM. Type of storage _____
 - Quality: Sample tap provided at entry into system? yes no Sample(s) collected? yes no
Results of samples. Satisfactory Unsatisfactory (attach copy of results to 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 is approved.

Remarks: Information Taken From Well Drilled Log.

Date 12-21-80 Signed Drew Morgan
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

BWCM No. _____

(Certification of Completion/County Permit)

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

County/City BATH COUNTY

County/City Stamp

SWCB Permit _____
County Permit _____
Certification of inspecting official: This well does _____ does not _____ meet code/low requirements _____ S. _____ Date _____
For Office Use

- 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 Mr. Richard Armstrong

• Well Designation or Number _____
Address Route 1, Box 53
Millboro, VA 24460
Phone _____

• Drilling Contractor Kenneth D. Robertson
Address P.O. Box 67
Craigsville, VA 24430
Phone 886-4752

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

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of _____
(If possible please include map showing location marked)

Date started 10/22/84 • Date completed 11/2/84 Type rig Rotary

I. WELL DATA: New Reworked _____ Deepened _____

- Total depth 386 ft.
- Depth to bedrock 154 ft.
- Hole size (Also include reamed zones)
 - 83/4 inches from 0 to 154 ft.
 - 61/8 inches from 154 to 386 ft.
 - _____ inches from _____ to _____ ft.
- Casing size (I.D.) and material
 - 6 inches from +1 to 154 ft.
 - Material Steel
 - Wt. per foot 13 1/2 lbs or wall thickness 188 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 154 ft., Type 39 bags I Portland cement
 - From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ OF

- Static water level (unpumped level-measured) _____ ft
- Stabilized measured pumping water level _____ ft
- Stabilized yield 6 gpm after _____ hours
- Natural Flow: Yes _____ No flow rate _____ gpm
- Comment on quality Good, Clear

3. WATER ZONES: From _____ To _____

From _____ To _____ 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 Sub. • Rated H.P. 3/4

• 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 _____, Disinfectant used _____

Amount _____, Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ material _____

12/19/84 County Mailed Fee
10/10/84 - 10/10/84

Owner _____

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)

10. DRILLERS LOG (use additional Sheets if necessary)			REMARKS (water, caving, cavities, broken, core, shot, (etc.))	11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet) From To		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)			
0	48	Sand and boulders			
48	67	Broken-up limestone			
67	100	Caves and sand			
100	154	Broken-up limestone			
154	386	Limestone	Water coming in at 220', 300' and 370'		



13. Well lot dedicated? _____; 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 Kenneth R. Robertson (Seal), Date 11-14-14
(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