

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



Owner Larry Claiborne
 Address Rt 1 Box 820, Midland, Va. 22728
 Phone _____
 Location _____

Tax Map ID _____
 VDH Permit _____
 VWCB Permit _____
 VWCB ID _____
 County BATH CO.

* Well Data *

General Information

Drilling Method Cable tool
 Depth to Bedrock 14
 Static Water Level 17
 Well Disinfected (Y or N) _____

Date Completed 6/28/89
 Yield 20 (GPM)
 Stabilized Water Level 17
 Disinfectant Used Chlorine

Total Depth of Well 102
 Length of Test Backflow
 Natural Flow (Rate) No
 Amount Used 1 gal.

Casing

From 0 to 21
 Size 6 Material Sch 40 P.V.C.
 Weight/Schedule _____

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

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

Gravel Pack

From _____ to _____

From _____ to _____

From _____ to _____

Grout

From 0 to 21
 Bore Hole Size 10
 Type Portland
 Method Pour

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

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

Water Zones or Screened Intervals

From 7 to _____
 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 |
|--------|--------------------------------------|---------|
| 0-14 | Weathered shale | |
| 14-102 | Hard black shale | |

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 Carl L. Lindsay Lindsay's Well Services
 Address Pl. 2 Box 128 Hot Springs, Va. 24445
 Phone 703-839-2461
 Drillers Signature Carl L. Lindsay Date 7/29/93
 Representing _____
 Virginia Contractors License Number 2705006425

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health



Health Department
Identification Number SD 58-63
Map Reference 16 45

Barth Locusty Health Department

General Information

New Repair Expanded Conditional FHA VA Case No. _____
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 LARRY C. BROWN Telephone 403 258-2414

Address 1100 W. 14th St. #12

For a Type 1 Sewage disposal system which is to be constructed on/at 1100 W. 14th St.

Subdivision _____ Section/Block _____ Lot _____

Actual or estimated water use 457900

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) _____

Water supply location: Satisfactory yes no comments _____

To be installed: class 411
cased 20' MIN grouted 20' MIN

G. W. 2 Received: yes no not applicable

Building sewer:
4" I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
 Other _____

Building sewer: Satisfactory yes no comments _____

Septic tank: Capacity 250 gals. (minimum).
 Other _____

Pretreatment unit: Satisfactory yes no comments _____

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
 Other _____

Inlet-outlet structure: Satisfactory yes no comments _____

Pump and pump station:
No Yes describe and show design.
if yes: _____

Pump & pump station: Satisfactory yes no comments _____

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.
 Other _____

Conveyance method: Satisfactory yes no comments _____

Distribution box:
Precast concrete with 2 ports.
 Other _____

Distribution box: Satisfactory yes no 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.
 Other _____

Header lines: Satisfactory yes no comments _____

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
 Other _____

Percolation lines: Satisfactory yes no comments _____

Absorption trenches:
Square ft. required 2000; depth from ground surface to bottom of trench 24"; aggregate size 3/4";
Trench bottom slope 1/100; trench width 24";
center to center spacing 5'; trench width 24";
Depth of aggregate 12";
Trench length 90'; Number of trenches 7

Absorption trenches: Satisfactory yes no comments _____

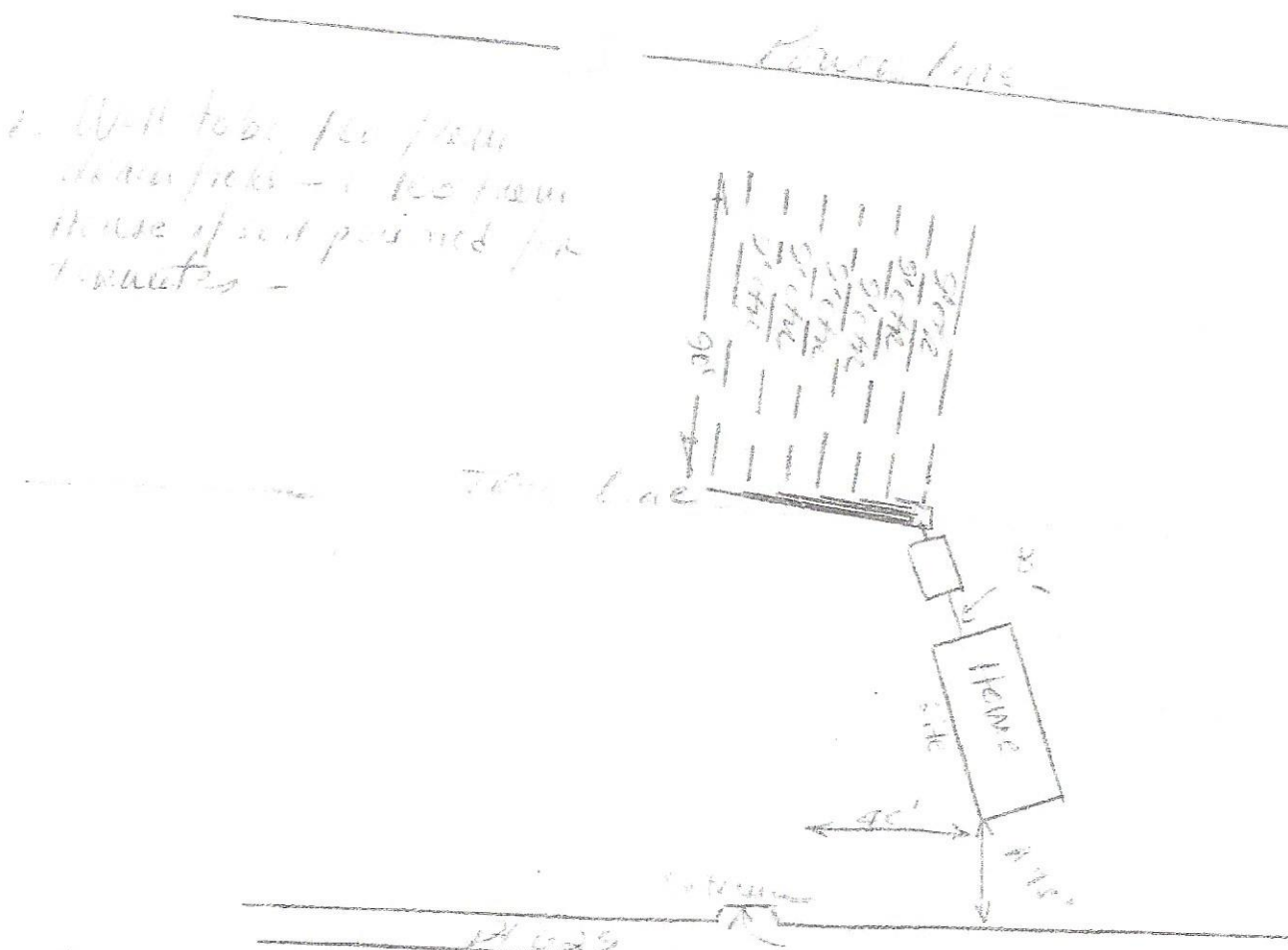
Date 3/14/89 Inspected and approved by: _____

Sanitarian

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: 11/10/88 Issued by: Jane S. [Signature]
 Sanitarian

Date: 2/24/89 Reviewed by: [Signature]
 Supervisory Sanitarian

This Construction Permit Valid until 3/10/93

If FHA or VA financing

Reviewed by Date _____ Date _____

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number 011 88-63

Map Reference 90 95

Date Received 11-10-88

BATH COUNTY

PD. 75.00 SEPTIC WELL
REC. PT NO. - H 034728
CHECK NO. - 5118 B.7.

To Be Completed By The Applicant

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

Owner Larry Clayborne Address Rt 1 Millboro Va. Phone _____

Agent _____ Address _____ Phone _____

Directions to Property west of 679. 1st in north of 678.

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification 10 acres

Dimensions/size of Lot/Property _____

Other Application Information

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

II. Residential Use Yes No
Termite Treatment Yes No
Basement Single Family Multifamily Number of Units _____ 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 Private New Describe: drilled well
 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.

Larry W. Clayborne
Signature of owner/agent

11-7-88
Date

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. BATH County
BATH County Health Department



Tax Map No. 9R 45

Larry Clayborne is Hereby Granted Permission
to Operate a (Type) 1 Sewage Disposal System Having a Design Capacity of 450 gpd, at
WS Rt 629 1/4 mi Past Scotch Town Draft Rd

| SUBDIVISION | SECTION/BLOCK | LOT |
|-------------|---------------|-----|
| — | — | — |

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

Dated 11-15-88

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

VARIANCES GRANTED
 NONE SEE ATTACHED

SPECIAL CONDITIONS
 NONE SEE ATTACHED

3/14/89
Effective Date

James Thompson
Recommended (Sanitarian)

[Signature]
Approved (State Health Commissioner)

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 50 88-63

Name of Company/Corporation/Individual: Owner Installed Health Department
Bart County

Address: _____ Telephone: _____

Owner's Name Larry Clayborn

Owner's Address RT 1 Millboro, Va 29960

Location of Installation: Lot RT 629 = K. McNeil 627 Block _____

Section: _____ Subdivision: _____

Other: 385 Ac (E)

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11/11/89 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

3/11/89

Date

[Signature]

Signature and Title