Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number SD 91-48

BATH CO. Health Department

Name of Company/Corporation/Individual: Donald Kennedy

Address: Millboro Va. 24460 Telephone: 997-9285

Owner's Name Wm. V. Hall

Owner's Address PO Box 785 Coeburn, Va. 24230

Location of Installation: Lot — Block —

Section: — Subdivision: —

Other: E.SR#633-N

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 7/24/91 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

8/16/91
Date

Donald L Kennedy
Signature and Title

C.H.S. 203 Rev. 4/83

3108 Ridge Rd

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

TM 77-2,3,4 Prob, Part of 4

Tax Map No. 6 7 / 77

Health Department Identification No. SD 91-40

BATH County Health Department

Wm. V. Hall is Hereby Granted Permission to Operate a (Type) 1 Sewage Disposal System Having a Design Capacity of 400 gpd, at

2.5 Rt 635 3.5 mi N. of Rt 39/42

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) 2.2 / A-13 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and with Previously Issued permits _____ Dated 7/24/91

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 Specified Period of Time.

VARIANCES GRANTED
☑ NONE ☐ SEE ATTACHED

SPECIAL CONDITIONS
☑ NONE ☐ SEE ATTACHED

Sewage
8/10/91
Effective Date

James D. Thompson
Recommended (Sanitarian)

B. Kenley, MD
Approved (State Health Commissioner)

C.H.S. 205 Rev. 4/83

Sewage Disposal System Construction Permit

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health
BATH County Health Department

Health Department Identification Number SD 91-48
Map Reference 67-77 77-2,3,4 Parcel 6 Part of 4

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 William V. Hall Telephone 703-395-5086

Address POB 789 Coeburn, Va. 24230

For a Type 1 Sewage disposal system which is to be constructed on/at Lot 2

Subdivision _____ Section/Block _____ Lot _____

Actual or estimated water use 450 gpd

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ **To be installed:** class _____ cased _____ grouted _____	**Water supply location:** Satisfactory yes ☐ no ☐ comments 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:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity 950 gals. (minimum). ☐ Other _____	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. ☐ Other _____	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☑ Yes ☐ describe and show design. if yes: _____	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory NA
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other _____	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with 12 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" minimum. ☐ Other _____	**Header lines:** yes ☑ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other _____	**Percolation lines:** yes ☑ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 1500; depth from ground surface to bottom of trench 24"; aggregate size ¾-1½"; Trench bottom slope 4" – 100'; center to center spacing 9'; trench width 36"; Depth of aggregate 13"; Trench length 100'; Number of trenches 5	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory Date 8/16/91 Inspected and approved by: James D. Thompson Sanitarian

C.H.S 202A Revised 6/84

II-2

CSHD Folder 4.37 Issued

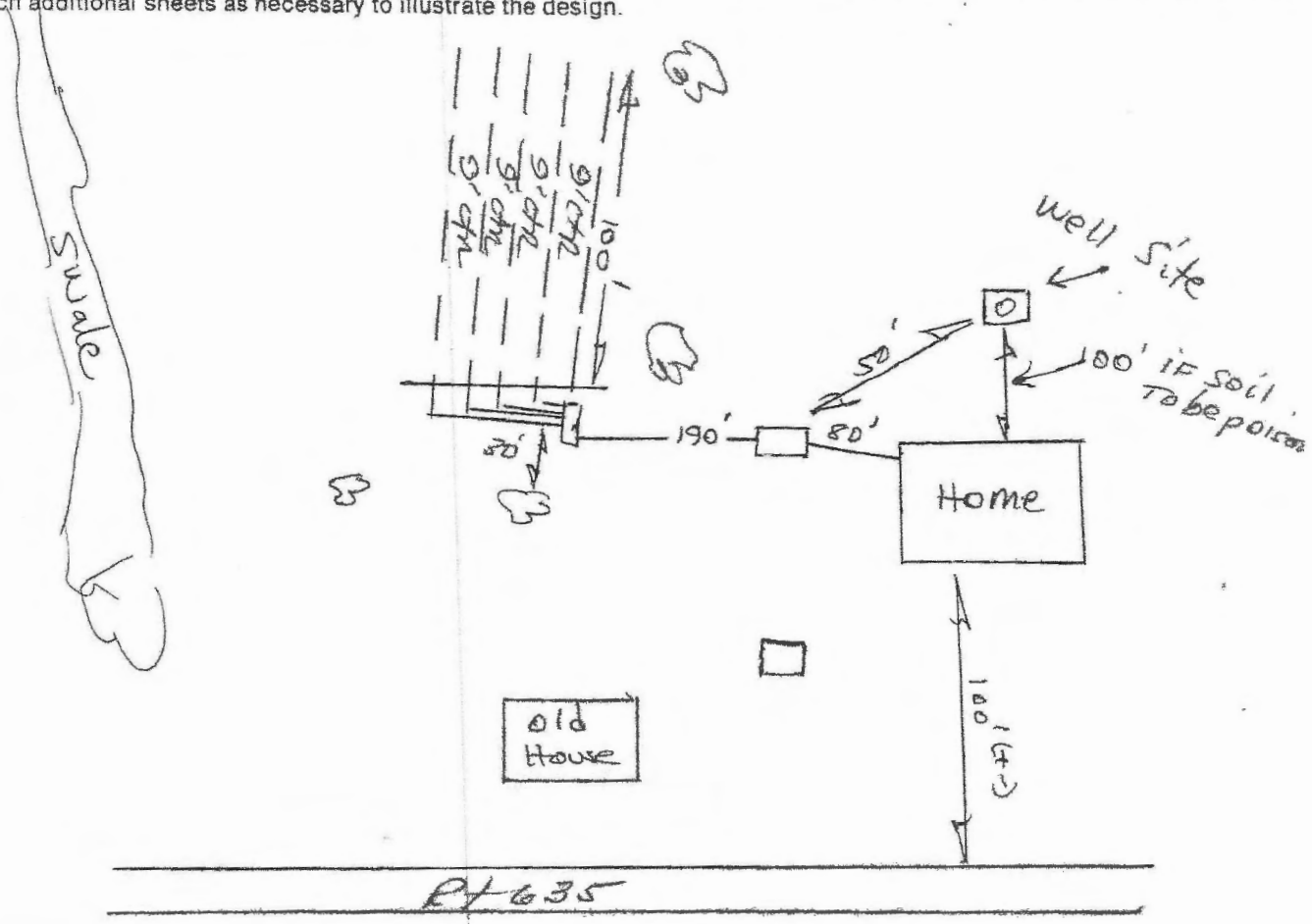
O.P. Issued 91

Health Department
Identification Number SD 91-48

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: 7/24/91 Issued by: James J. Thompson
Sanitarian

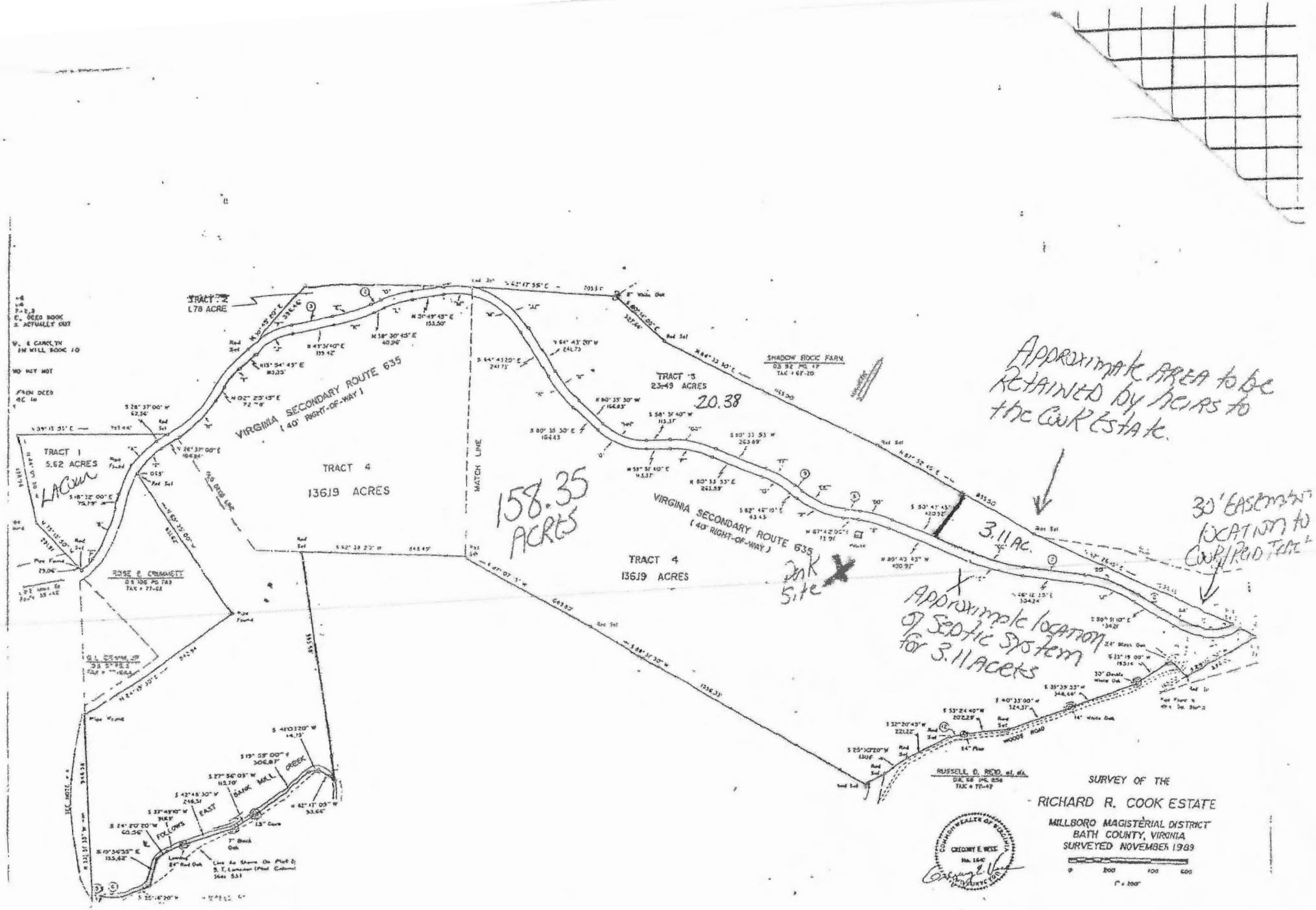
Date: 8/28/91 Reviewed by: W. G. Judd
Supervisory Sanitarian

This Construction Permit Valid until _____

If FHA or VA financing

Reviewed by Date _____ _____ Date _____ _____

Supervisory Sanitarian Regional Sanitarian


TRACT 2
1.78 ACRE
VIRGINIA SECONDARY ROUTE 635
(40' RIGHT-OF-WAY)
TRACT 1
5.62 ACRES
TRACT 4
136.19 ACRES
158.35 ACRES
MATCH LINE
TRACT 3
23.49 ACRES
20.38
SHADOW ROCK FARM
DB 99 PG 19
TAX # 67-20
VIRGINIA SECONDARY ROUTE 635
(40' RIGHT-OF-WAY)
TRACT 4
136.19 ACRES
3.11 AC.
Approximate AREA to be RETAINED by HEIRS to the COOK Estate.
30' EASEMENT (LOCATION TO COOK/REID TRACT)
Approximate location of Septic System for 3.11 ACRES
Junk Site
EDSEL E. CRUMMETT
DB 106 PG 783
TAX # 77-68
RUSSELL D. REID et ux
DB 68 PG 256
TAX # 77-67
WOODS ROAD
BATH MILL CREEK
EAST FOLLOWS
SURVEY OF THE
RICHARD R. COOK ESTATE
MILLBORO MAGISTERIAL DISTRICT
BATH COUNTY, VIRGINIA
SURVEYED NOVEMBER 1989
GREGORY E. WISE
No. 1640
COMMONWEALTH OF VIRGINIA
0 200 400 600
1" = 200'

Inspection - Private Water Supply System

...lth of Virginia
...t of Health

Health Department
I.D. Number SO 91-48

...or V.A. Case Number
...plicable

Date 1-13-1992 Local Health Department Bath County

Owner Wm. V. Hall Address P.O.B. 789 Phone 703-395-5083
Coburn, Va. 24230

Exact Location of Premises ES Rt 635 3 mi NE of Rt 39/42

Subdivision — Section/Block — Lot —

Class of nonpublic drinking water well. 1) Class III A ___
2) Class III B ___
3) Class III C X
Date of installation ___ 4) Other ___

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 N/A Pretreatment Unit 100'(+)
   Conveyance System 100'(+) Subsurface Soil Absorption System 300'(+)
   (nearest point). Property Line 100' 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 206 feet. Type of casing Steel
   Depth of casing 52 feet. Diameter of casing 6 inches.
   Casing extends 1" inches above ground. Exterior space sealed with neat cement grout to a depth of 25' 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 5 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: Data taken from GWS form

Date 1-13-92 Signed James D Thompson
Sanitarian

Date 2-4-92 Signed ___
Supervisory Sanitarian

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

C.H.S. 204 Revised 9/90

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

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

County/City Bath

County/City Stamp

• 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 Victor Hall
• Well Designation or Number _____
Address Rte 779
Cochran, Va 24230
Phone _____

• Drilling Contractor Robertson Well Drilling
Address P.O. Box 67
Craigsville, Va 24430
Phone _____

Tax Map I D No. _____
Subdivision _____
Section _____
Block _____
Lot _____
Class Well I _____, IIA _____
IIB _____, 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 _____ • Date completed _____ Type rig _____

1. WELL DATA: New ✓ Reworked _____ Deepened _____
• Total depth 206 ft
• Depth to bedrock 50 ft
• Hole size (Also include reamed zones)
• 10 inches from 0 to 53 ft.
• 6¼ inches from 53 to 206 ft.
• _____ inches from _____ to _____ ft
• Casing size (I.D.) and material
• 6 inches from +1 to 53 ft
Material Steel
Wt per foot 13½ lbs or wall thickness .179 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 5 to 25 ft, Type Portland Cement
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ °F
• Static water level (unpumped level measured) 74 ft
• Stabilized measured pumping water level _____ ft
• Stabilized yield 5 gpm after _____ hours
Natural Flow Yes ___ No ___, flow rate _____ gpm
Comment on quality _____

3. WATER ZONES. From 106 To 110
From 126 To 175 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. ½
• Intake depth _____ • Capacity _____ at _____ head

6. WELLHEAD: Type well seal Campbell Sanitary
Pressure tank _____ gal, EDC _____
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 _____

OVER

Owner _____

9 State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well 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 pump test, samples or cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs run. Periodic pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in certain areas 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)				11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet) From	DEPTH (feet) To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.)	Drilling Time (Min.)	
0	12	Sand			
12	50	Brown Shale			
50	216	Gray Shale			

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 _____ psi for _____
minutes. Pipe size _____ thickness, Material _____
Installer _____
Date _____

15. I certify that the information contained herein is true and correct and that the 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 Timothy G. Robertson (Seal), Date 1-8-92
(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
804-257-1096

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
3312 Peters Creek Road
Roanoke, Va. 24019
703-982-7432

Northern Virginia Reg. Off.
5515 Cherokee Avenue
Suite 404
Alexandria, Va. 22312
703-750-9111