

No. 133-99-0390
Tax Map No. 18, par

PERMIT

THIS PERMIT
EXPIRES ON
N/A

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH

DATE OF ISSUE
NOVEMBER 23, 1999

SEWAGE DISPOSAL SYSTEM OPERATION PERMIT



This Permit is Issued in Accordance with the Provisions of
32.1, Chapter 6 of the Code of Virginia. Issuance of an
Operating permit does not imply or Guarantee that the Sewage
Disposal System will Function for any Specified Period of Time.

OPERATOR: WORTH BRADLEY
ADDRESS: 2225 RED VALLEY RD
BOONES MILL, VA 24065

Property location: SR 657

*The above operator has made application and in accordance with the
regulations of the Board of Health of the Commonwealth of Virginia is
authorized by the Health Department
to operate a FRANKLIN COUNTY
Type 1 Sewage Disposal System*

Having a Design Capacity of 30 Gallons per Day, 2 Bedrooms Maximum.


HEALTH OFFICIAL

Variances Granted XXXNone See Attached

McC. Shively 3500

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 133-99-0390
Map Reference M18

FRANKLIN CO. Health Department

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 WORTH BRAZLER Telephone 721-1059
 Address 2225 RFD VALLEY RD B.M. 11 For a Type I Sewage Disposal System or Well to be constructed on/at 2204 R684 R657 X creek field on RT
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use 300 gpd

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>3C WELL</u> cased <u>+20' TO ROCK</u> grouted <u>2.0'</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Completion Report _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>3-4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Septic tank: Capacity <u>750</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" 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: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>MR</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>10</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" 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: yes <input checked="" 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: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>1200</u> ; depth from ground surface to bottom of trench <u>18"</u> ; aggregate size <u>5-1.5"</u> ; Trench bottom slope <u>2-4" PER 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>3'</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>100'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>Installed from DSEP, Honan</u> <u>due to house location nothing else we can do.</u> Date <u>11/15/99</u> Inspected and approved by: <u>[Signature]</u> Sanitarian

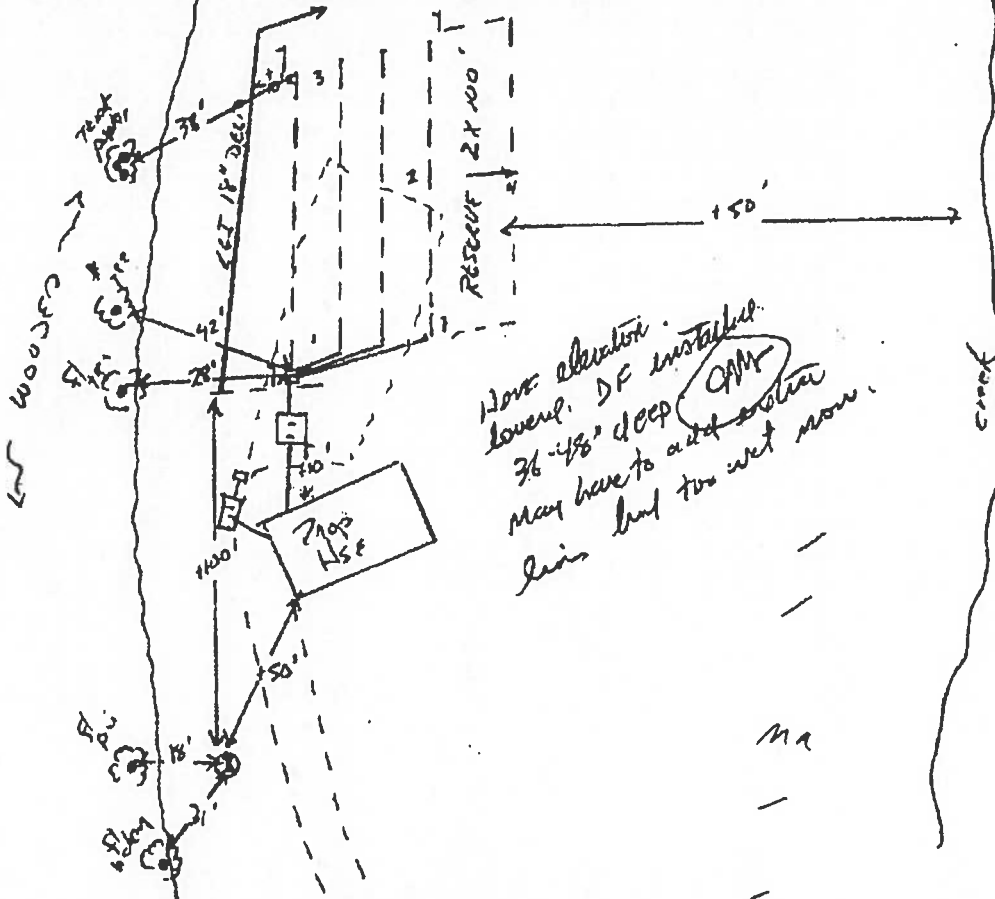
H.C. Shively 3500

Health Department
Identification Number 133-99-0390

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.



4 LINES

100' LONG
9' CTRS
3' WIDE
18" DEEP

FRENCH DRAIN
(LGI)
18" DEEP

None alteration.
Lower. DE installed.
36-48" deep
May have to add another
line but too wet now.

This sewage disposal system and/or water supply is to be constructed as specified by the permit X 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: 5/3/99 Issued by: Johelhyde
Date: 5/4/99 Reviewed by: [Signature]
Supervisory Sanitarian

This Construction Permit Valid until 11-3-00

If FHA or VA financing

Reviewed by Date _____ Date _____

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 133-99-0390
Tax Map Number M18

General Information

Date 5/3/99 Franklin Co. Health Department
Applicant WORTH BRADLEY Telephone No. _____
Address 2225 RED VALLEY RD B.M. II
Owner SAME Address SAME
Location 122A LILWA 1684 1657 1/2 mi. a from crossing creek
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe Lowland / good slope
 2. Slope 3 %
 3. Depth to rock/impervious strata Max. _____ Min. _____ None
 4. Depth to seasonal water table (gray mottling or gray color) No Yes _____ inches
 5. Free water present No Yes _____ range in inches
 6. Soil percolation rate estimated Yes No Texture group _____ II III IV
Estimated rate 75/80 min/inch
 7. Percolation test performed Yes No Number of percolation test holes _____
Depth of percolation test holes _____
Average percolation rate _____
- Name and title of evaluator: John Ryder E.H.S.
Signature: John Ryder

Department Use

- Site Approved: Drainfield to be placed at 18" depth at site designated on permit.
 Site Disapproved:

Reasons for rejection:

1. Position in landscape subject to flooding or periodic saturation.
2. Insufficient depth of suitable soil over hard rock.
3. Insufficient depth of suitable soil to seasonal water table.
4. Rates of absorption too slow.
5. Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. Proposed system too close to well.
7. Other Specify _____

Date of Evaluation 5/3/99

Profile Description
SOIL EVALUATION REPORT

Health Department
Identification No. 133-99-0390

Page 1 of 2

Where the local health department conducts the soil evaluation the location of profile holes may be shown on the schematic drawing on the construction permit or the sketch submitted with the application. If soil evaluations are conducted by a private soil scientist, location of profile holes and sketch of the area investigated including all structural features i.e., sewage disposal systems, wells, etc., within 100 feet of site (See section 4) and reserve site shall be shown on the reverse side of this page or prepared on a separate page and attached to this form.

- See application sketch See construction permit See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
(1)	A	0-2"	LM	II
	B	2-30"	BRN SILT LM	III
	B	30-48"	BRN SILT CL LM	III
	B	48-60"	BRN OLIVE CLAY	IV
(2)	A	0-1"	LM	II
	B	1-28"	BRN SILT LM	III
	B	28-42"	BRN SILT CL LM	III
	B	42-60"	BRN OLIVE CLAY	IV
(3)	A	0-2"	LM	II
	B	2-24"	BRN SILT LM	III
	B	24-48"	BRN SILT CL LM	III
	B	48-60"	OLIVE CLAY	IV
(4)	A	0-2"	LM	II
	B	2-24"	BRN SILT LM	III
	B	24-48"	BRN SILT CL LM	III
	B	48-60"	OLIVE CLAY	IV

Remarks Installed 18" deep w/ LGL

290/608

Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID 133990390

4/20/99

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional

FHA/VA yes no Case No _____

Owner BRADLEY, W. WORTH Address 2225 RED VALLEY RD Phone 721-1059
BOONES MILL, VA 24065

Agent _____ Address _____ Phone _____

Directions of Property 122 N L 116, L 684, L 657, APPROX 1/2 mi
AFTER CROSSING CREEK, BEAR R TO BACK FIELD

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property 170 AC

Other Application Information

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

II. Residential Use Yes No
Termite Treatment Yes No
 Single Family Multi-family
(Number of Bedrooms 2) (Number of Units _____)

Basement Yes No
Fixtures in Basement Yes 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 Existing
 Existing

Describe: _____

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well 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.

W. W. Bradley
Signature of Owner/Agent

4/20/99
Date

mail
copy

THIS FORM MUST BE GIVEN TO WELL DRILLER WITH THIS PERMIT TO ASSURE PROPER INFORMATION IS SUBMITTED TO HEALTH DEPARTMENT.

Commonwealth of Virginia Uniform Water Well Completion Report

Owner Walter Brown
Address 225 West Valley Rd
B. Well
Phone _____
Location 220 N. R. 684 R. 657 X. Creek
field on RT.

Tax Map ID M-18-72
VDH Permit 133-99-0390
VWCB Permit _____
VWCB ID _____
County Frazer

* Well Data *

General Information

Drilling Method A. IR
Depth to Base of 43
Static Water Level _____
Well Disinfected (Y or N) _____

Date Completed 10-29-99
Yield 10 (GPM)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well 240
Length of Test 30 min
Natural Flow (Rate) _____
Amount Used _____

Casing

From 0 To 43
Size 6-1/4 Material PVC
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 20
Bore Hole Size 10"
Type Benseal
Method raised

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

Water Zones or Screened Intervals

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 _____
From _____ To _____
Mesh Size _____ Diam _____

* Use Data *

Private Well: Domestic Agricultural _____ Industrial _____ Monitoring _____
Public Well: Community _____ Non Community _____

* Abandonment Information *

Bored or Dug Wells

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 _____

Wells other than Bored Wells

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 _____

Method of permanently marking location: _____

• Drillers Log •

Depth Description of Formation or Sediment Remarks

(User 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 the well complies with all applicable state and local regulations, ordinances and laws.

Name GORDON HODGES & SON WELL DRILLING

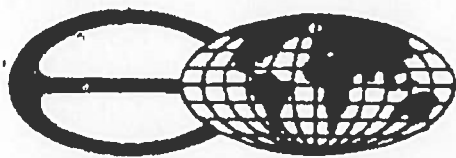
Address 111 SUNSET DRIVE

Phone 483-4226 ROCKY MOUNT, VA 24151

Drillers Signature Donald Hodges

Date _____ Representing _____

Virginia Contractors License Number 2705006806



ENVIRONMENTAL OPTIONS, INC.

P.O. Box 879
Rocky Mount, VA 24151
(540) 483-3920 (TEL)
(540) 483-3855 (FAX)

Att Scott B
483-2228

WORTH BRADLEY
2225 RED VALLEY ROAD
BOONES MILL VA 24065

RE: BACTERIOLOGICAL ANALYSIS OF WATER
ID# 133-99-0390
2215 RED VALLEY ROAD
BOONES MILL VA 24065

COMMISSION NO: 3869-1

REPORT DATE: November 17, 1999

METHOD REFERENCE: STANDARD METHODS FOR THE EXAMINATION OF WATER
AND WASTEWATER; 18TH ED.

SAMPLE ID: 27485
FIELD ID: WELL 11/16/99

<u>ANALYSIS</u>	<u>RESULT</u>	<u>METHOD</u>
TOTAL COLIFORM	NEGATIVE*	9223 B
E. COLI	NEGATIVE*	9223 B

* PASSES STATE REQUIREMENTS

STATE CERTIFICATE NO. 00122

IF ENVIRONMENTAL OPTIONS ANALYTICAL SERVICES CAN BE OF ANY FURTHER ASSISTANCE, PLEASE DO NOT HESITATE TO CONTACT ME.

Pam Westgate
PAM WESTGATE
PRESIDENT

Record of Inspection - Private Water Supply System

Commonwealth of Virginia
Department of Health

Health Department
I.D. Number 133-99-0390

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

Date 11/22/99 Local Health Department Franklin Co.

Owner NORTH BROADWAY Address 2225 Reservoir Rd Phone 721-1059
3 Miles, VA

Exact Location of Premises 122N L116 L684 L657 1/2 mi on RT

Subdivision _____ Section/Block _____ Lot _____

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

Date of installation 10/29/99

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 Sec. 2.18. Yes No
- 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 150' Pretreatment Unit 150'
Conveyance System 150' Subsurface Soil Absorption System 100'
(nearest point). Property Line N/A Other _____
Site graded where necessary to divert water away from well? Yes No N/A
- Construction, General: (see Section 3.6 and 3.7 Private Well Regulations).
Total depth of well 240 feet. Type of casing PVC
Depth of casing 43 feet. Diameter of casing 6 1/4 inches.
Casing extends inches above ground 510'. Exterior space sealed with neat cement grout to a depth of 20 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 CRP 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 12 hours. Drawdown N/A feet. Yield 10 GPM. Type of storage PRESSURE
- 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: _____

Date 11/22/99 Signed [Signature] Sanitarian

Date _____ Signed _____ Supervisory Sanitarian

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