

No. 139-02-0270

TAX MAP #: 60-A-15

PERMIT

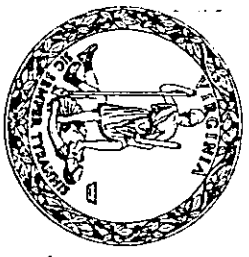
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH

THIS PERMIT
EXPIRES ON

N/A

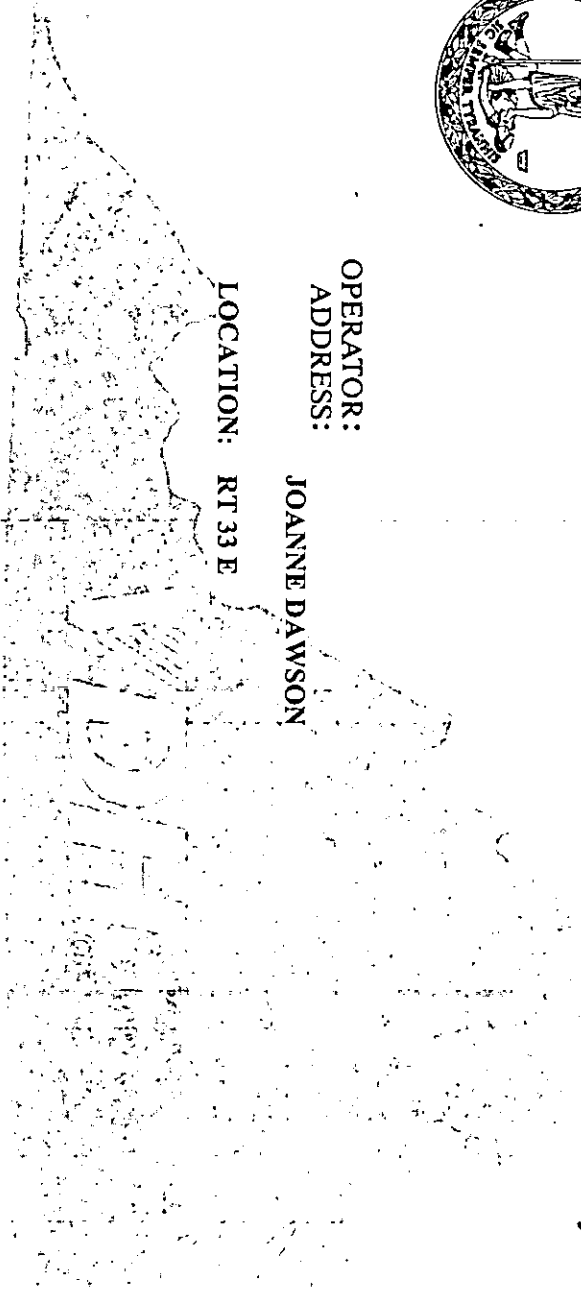
DATE OF ISSUE

November 5, 2002



OPERATOR:
ADDRESS:
JOANNE DAWSON

LOCATION: RT 33 E



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 GREENE COUNTY

Thomas H. Stepp
CLASS III C WATER SUPPLY
HEALTH OFFICER

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

AQUA-AIR
LABORATORIES, INC.

: Biological, Chemical, and Physical Analysis of Water, Air, and Solids;
: Biological and Chemical Treatability Studies; Flow Measurements
: P.O Box 4006 : Charlottesville, Va. 22903-0841
: Phone (434)295-1716

JOANNE DAWSON
PO BOX 93
RUCKERSVILLE, VA.

10/29/2002
22968

BACTERIOLOGICAL ANALYSIS REPORT
TOTAL COLIFORM IN DRINKING WATER

JOB NUMBER: Z12304
SAMPLE NUMBER: Z12304
DATE RECEIVED: 10/28/2002
DATE REPORTED: 10/29/2002

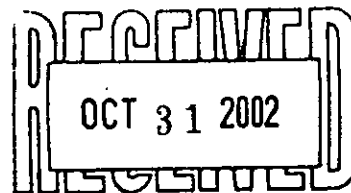
IDENTIFICATION:
DAWSON WELL, 10/28/02

SAMPLE MEETS STATE STANDARD FOR COLIFORM BACTERIA
IN DRINKING WATER. TOTAL COLIFORMS WERE NOT DETECTED.
E.COLI BACTERIA WERE NOT DETECTED.

RUN BY THE ONPG-MUG PROCEDURE.

AQUA-AIR LABORATORIES, INC.

REPORTED BY _____
Robert W. Alford



Commonwealth of Virginia
Uniform Water Well Completion Report

Owner JOANNE DAWSON
Address PO BOX 93
RUCKERSVILLE, VA 22968
Phone 985-5211
Location RT 33 EAST; 14540 SPOTSWOOD TRAIL

Tax Map ID 60-A-15
VDH Permit 139-02-0270
VWCB Permit _____
VWCB ID _____

Well Data

County GREENE

General Information

Drilling Method A.R. Date Completed 8/28/2002 Total Depth of Well 305
Depth to Bedrock 72 Yield 3 GPM Length of Test _____
Static Water Level _____ Stabilized Water Level _____ Natural Flow _____
Well Disinfected (Y or N) _____ Disinfectant Used _____ Amount Used _____

Casing

From +1 To 79 From _____ To _____ From _____ To _____
Size 6 1/4 Material PVC Size _____ Materials _____ Size _____ Materials _____
Weight Schedule _____ Weight Schedule _____ Weight Schedule _____

Gravel Pack

From N/A To N/A From _____ To _____ From _____ To _____

Grout

From 0 To 20 From _____ To _____ From _____ To _____

Bore Hole Size

10" Bore Hole Size _____ Bore Hole Size _____

Type

EASY SEAL Type _____ Type _____

Method

HAND Method _____ Method _____

Water Zones or Screened Intervals

From 90 To 100 1.5 From 250 To 260 1.5 From _____ To _____
Mesh Size N/A Diam N/A Mesh Size _____ Diam _____ Mesh Size _____ Diam _____

Use Data

Private Well: Domestic X 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 _____

Method of permanently marking location: _____

Wells other than Bored Wells

Casing removed Y or N? _____
If Y, Depth to which casing was removed _____
If applicable, depth (s), and type of gravel/sand fill: _____

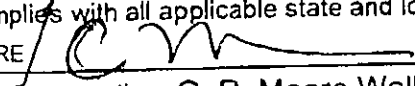
Source of gravel or sand: _____

Grouting: From _____ To _____

Depth	Description of Formation or Sediment	Remarks
0 - 10	RED DIRT	
10 - 60	BROWN DIRT	
60 - 85	BROWN SHALE	
85 - 305	GRANITE	

Name C. R. Moore Well Drilling Co., Inc.
Address 2238 Richmond Road Charlottesville, Va. 22911
Phone co (804) 977-3818

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.

Drillers Signature MARK MOORE 

Date 9/4/2002

Representing C. R. Moore Well Drilling Co. Inc.

Virginia Contractors License Number 003400

Water Supply and/or Sewage Disposal System Construction Permit Page 1 of _____

Commonwealth of Virginia
Department of Health
GREENE CO. HEALTH DEPARTMENT

Health Department
Identification Number: **139-02-0270**
Tax Map Number: **60-A-15**

General Information **BP#:**

Water Supply System: **NEW** Sewage Disposal System: **EXISTING**
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: **JOANNE DAWSON** Telephone: **434-985-5211**
Address: **PO BOX 93, RUCKERSVILLE, VA 22968**
For a Type **Sewage Disposal System** or Well to be constructed on/at **RT 33 E**
Sec/Bk Lot Actual or estimated water use **0 gpd**

DESIGN **NOTES: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS**

Water supply, TO BE INSTALLED		Water supply location: Satisfactory yes ___ no ___
To be installed: CLASS:		GROUT _____ CAP _____
CASED: 50 feet GROUTED: 50 feet		EHS DATE

WELL PERMIT ONLY

Commonwealth of Virginia
Application for Emergency Well Replacement

Health Department ID# 139-02-0270 (VDH Use)

NOTICE: On July 31, 2002, Virginia Governor Mark Warner declared a State of Emergency due to the drought conditions currently affecting the Commonwealth. State Health Commissioner Robert B. Stroube, M.D., M.P.H. then suspended certain portions of the *Private Well Regulations* and instituted a provisional regulatory program. The provisional regulatory plan allows an owner to construct, alter, rehabilitate, or extend a private well without first obtaining a written construction permit and allows an owner to begin to use a private well without an inspection by the local health department. The property owner must comply with certain conditions of the provisional regulatory plan that are explained in the Virginia Department of Health's (VDH) Guidance Memorandum and Policy (GMP) #119, a copy of which is attached. Commissioner Stroube's suspension is effective until December 31, 2002, unless it is terminated sooner because the drought conditions have ceased. After December 31, 2002, (or sooner if the suspension is terminated) a construction permit will be required before an owner may construct a private well.

Owner Joannet Dawson Address P.O. Box 93 Phone 434-985-5211
Bucksville, Va. Email _____
22968

Agent _____ Address _____ Phone _____
Email _____

Directions to Property: RT. 33 East
14540 Spotswood Trail
Subdivision _____ Section _____ Block _____ Lot _____
Other Property Identification _____ Map Reference 60-A-15
Dimension/size of Lot/Property 6.54 AC

Water Supply:

Describe Proposed Well: residential

The property lines, building location and water supply are clearly marked and the property is sufficiently visible to see the topography. I have attached a site plan (sketch) showing the dimensions of the property, proposed and/or existing structures and driveways, underground utilities, recorded easements, soil absorption systems and other actual or proposed sources of contamination, bodies of water, drainage ways, wells and springs within 100 feet radius of the proposed replacement well. Distances may be paced or estimated. I give permission to VDH personnel to enter the property later to verify the location and construction of the well.

I hereby certify that my existing well (or other private water supply) has failed to deliver the water needed for its intended use. I acknowledge that all applicable requirements of the *Private Well Regulations* will be met and that the information contained in this application is true and accurate to the best of my knowledge. I agree to assume responsibility for any problems that may arise due to improper construction or location of the proposed well. I agree to correct such problems as directed by the Virginia Department of Health when notified to do so. I understand that VDH may not perform a site evaluation or construction inspection of this well.

Joannet Dawson _____ Aug. 26, 2002
Signature of Owner Date

This acknowledges that the above owner has complied with the application requirements of the State Health Commissioner's Declaration of Suspension of §§ 220, 310, 320, and 330 of the *Private Well Regulations* and subsequent provisional regulatory plan of August 22, 2002, and described in the attached GMP #119.

Mary T. Marshall _____ 08-26-2002
Signature of Local Health Dept. Official Date