

REQUEST FOR NEW CONSTRUCTION WITH EXISTING SEWAGE DISPOSAL

Applicant's Name: THOMAS BULLOCK Date: 11/15/05
Applicants Address: 2379 PENDLETON RD Phone #: 894-5374
MINERAL, VA 23117 Day #: (704) 350-3037

Site Identification: Subdivision _____ Lot: 9 Block: _____
Tax Map #: 59-9 BP #: _____

Directions to property: RT 22 TO MINERAL. R. 522 SOUTH
ONE MILE. HOME IS ON RIGHT, BEHIND
WOOD MILL

Proposed New Construction: GARAGE w/ ACCESSORY
APARTMENT TOTAL of 4 Bedrooms

Please answer the following questions:

1. Was your septic system installed and approved within the last 10 years? YES NO Date 2/23/05
2. Does proposed addition or replacement encroach upon the drainfield area? YES NO
3. Does proposed addition or replacement come within 50' of your well? YES NO
4. Are there wet spots in your yard, slow running drains, backups or discolored spots in your lawn? Circle those that apply to your situation. NONE
5. Has your septic system been pumped in the last 5 years? YES NO

11/15/05 Date [Signature] Applicant's signature

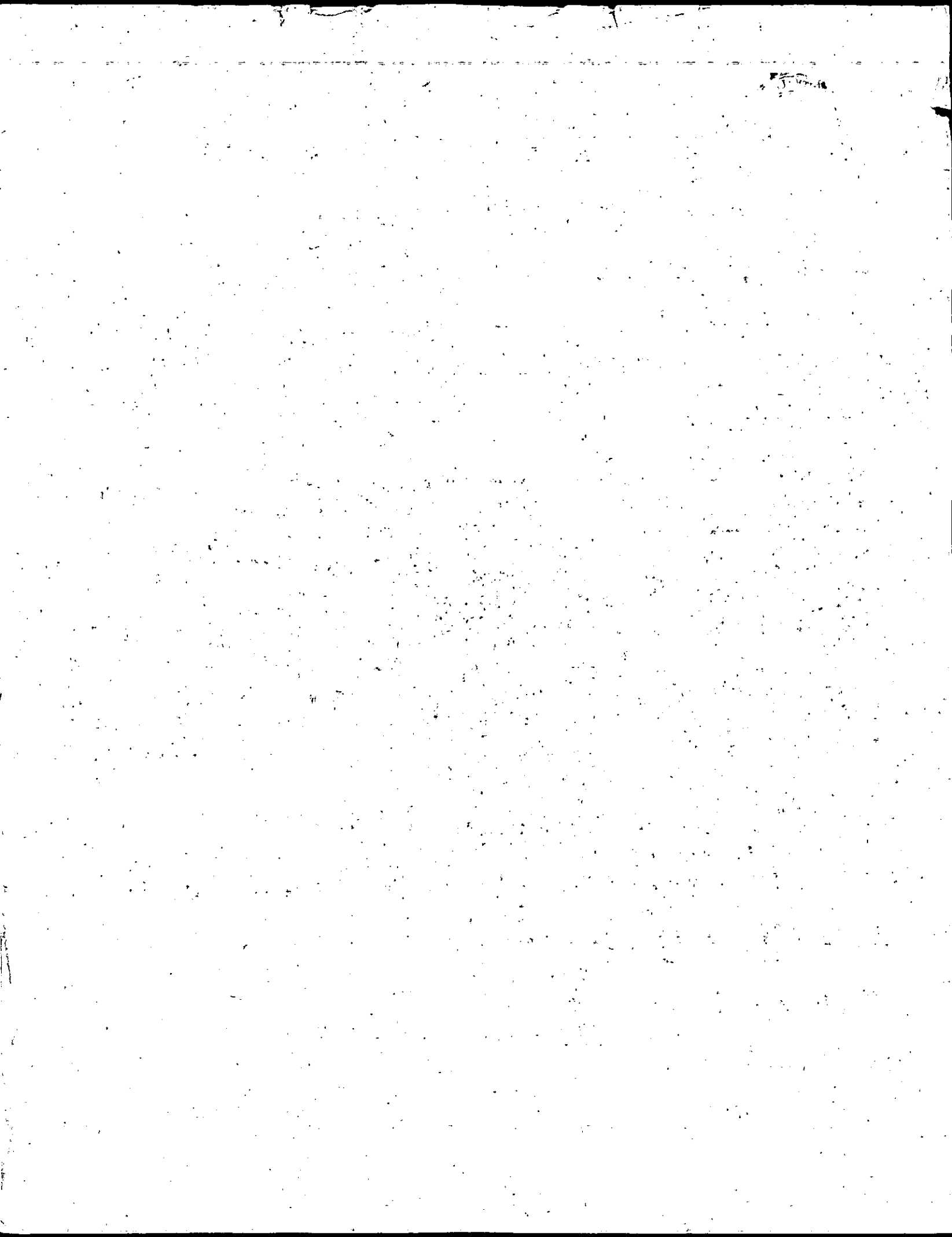
By signing this statement you are requesting that the Environmental Health Specialist evaluate your system and are granting he/she permission to enter your property

HEALTH DEPARTMENT ASSESSMENT

- Existing sewage disposal system should be adequate to handle new construction and use as above. Building permit may be issued.
- Existing sewage disposal inadequate. Applicant must apply at the Health Department for a Sewage Disposal Construction Permit to be issued before Building Permit can be issued.
- Other _____

Health Department Records and/or site visit findings: DF is adequate, addition is
50' from well + 20' from septic

[Signature] Environmental Health Specialist Date 11-16-05





Walk-over

County Of Louisa
P.O. Box 160
Louisa, Virginia 23093
(540) 967-3430
Fax: (540) 967-3486

**Development Permit
Zoning & Building**
(Complete the Appropriate Areas)

ZONING PERMIT #: 1529-05
BUILDING PERMIT #: 1205-05

Expiration Date: 11/14/07

Owner/Applicant: Bullock, Thomas J. & Crystal J. Denton
Address: 2379 Pendleton Rd. Mineral VA - 2117 Phone #: 704-5374
Contractor Name and Address: _____ Cell Phone #: 704-350-
State License No. _____ A B C Classification _____ Expiration Date: 3037
County License No. _____ Date Issued: _____ Expiration Date: _____
Tradesman Certification: _____ Date Issued: _____ Expiration Date: _____

Tax Map No. 59 9 Parcel No. _____ Lot No. 9 Building No. _____
Magisterial District Mineral Present Acreage 17 325 Proposed Acreage _____
CUP/SEP _____ Variance _____ Flood Plain _____
Zoning Classification A-2 Subdivision NO State Route 522
Deed Book/Page No. 745/746 Plat Book No. _____ Site Plan _____
Directions to Site: 22 through Mineral - turn right on 522
to the driveway next to Walton Lumber
Existing Structures on Property: HOUSE, GUEST HOUSE

Class of Work:
 New Building Addition Repairs/Alteration Change of Use Other
Structure:
 Single-Family Modular Multi-Family
 Double-wide Mobile Home Single-wide Mobile Home Commercial/Industrial
 Double-wide Manufactured Home Single-wide Manufactured Home Other Accessory Apartment
 Agricultural Percolation Test

No. of Bedrooms Adding 1 Bedroom 100% Reserve Mandatory
Type of Water Supply: Public Private (well)
Type of Sewage Disposal: Public Private (septic tank)

REQUIRED SETBACKS: Front 100' Rear 35' Left Side 20' Right Side 20'
Acknowledged By: X AS from the edge of an assumed 50' R/W

I declare that the statements made and the information given on this Application are true, full and correct to the best of my knowledge and belief and I agree to conform to all Zoning and Building Regulations. I give my permission to the County Zoning Administrator, Building Inspector and Sanitation Officer to enter onto this property for appropriate inspection. I also acknowledge the comments made by the Zoning Administrator or designated agent and the setbacks requirements stated on this form.

Signature of Owner or Authorized Agent: X AS Date: 11/15/05

Approved by Zoning Administrator or Designated Agent: Chuckles Date: 11/15/05

COMMENTS: ~~Accessory Apartment~~
Accessory Apartment
Letter stating use before issuance of Bldg Permit
Additional structure to be used for members of
immediate family, or caregivers of the owner.
Section 850-73(1) Accessory Apartment
As Defined

Erosion and Sediment Control Agreement Plan



**COMMONWEALTH OF VIRGINIA
VIRGINIA DEPARTMENT OF HEALTH**

Louisa County Health Department

PO Box 336

Louisa, VA 23093

(540) 967-3707

SEWAGE DISPOSAL SYSTEM OPERATION PERMIT

Tax Map No.: 59-9-130

Type of Property: Residential

Health Dept. Id. 154-04-0288

Bullock, Thomas and Denton, Crystal, 2379 Pendleton Rd, Mineral, VA 23117, is Hereby Granted Permission to Operate a **Type II** Sewage System, Having Design Capacity of 600 gallons per day, and 4 Bedrooms at Rt 522/700, Mineral, VA 23117.

Subdivision	Section	Lot

This Permit is Issued in Accordance with the Provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 12-VAC5-610-340 of Sewage Handling Disposal Regulations of Virginia Department of Health.

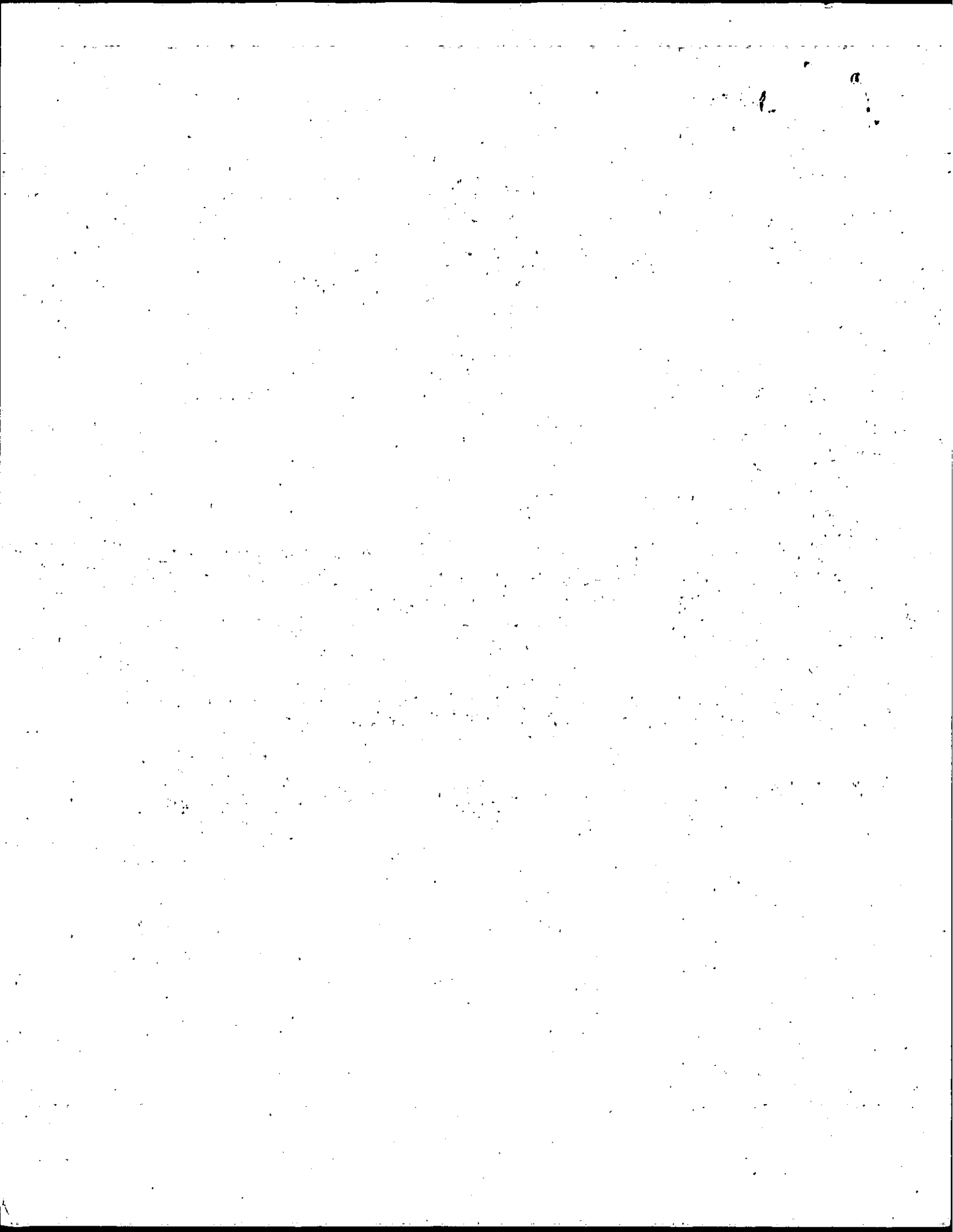
February 23, 2005

Effective Date

Mark Mongold

EHS

Approved





**COMMONWEALTH OF VIRGINIA
VIRGINIA DEPARTMENT OF HEALTH**

Louisa County Health Department
PO Box 336
Louisa, VA 23093
(540) 967-3707

PRIVATE WELL SYSTEM OPERATION PERMIT

Tax Map No.: 59-9-130
Health Dept. Id. 154-04-0749

Bullock, Thomas and Denton, Crystal, 2379 Pendleton Rd, Mineral, VA 23117, is Hereby
Granted Permission to Operate a **Class IIIB** Well, located at Rt 522/700, Mineral, VA 23117.

Subdivision	Section	Lot

This Permit is Issued in Accordance with the Provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s) 12-VAC5-630-330 of Private Well Regulations of the Virginia Department of Health.

February 23, 2005
Effective Date

Mark Mongold
EHS

Mark Mongold
Approved

115

Verbal

11-17-2004

IDA

59-9-130

Completion Statement

**Commonwealth of Virginia
State Department of Health**

Health Department
Identification Number 154-04-0288

Health Department Louisa

Nuckols Enterprises Inc.
867 Seay Road Manakin-Sabot, VA 23103 (804)749-4149

Owner's Name: Bullock, Thomas & Denton, Crystal

Owner's Address: 2379 Pendleton Road Mineral, VA 23117

Location of Installation: Lot _____ Block/Section: _____

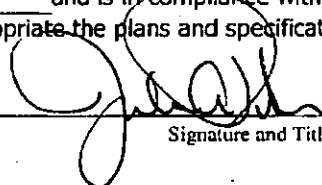
Subdivision: _____

Other: Pendleton Road

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 03/30/04 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

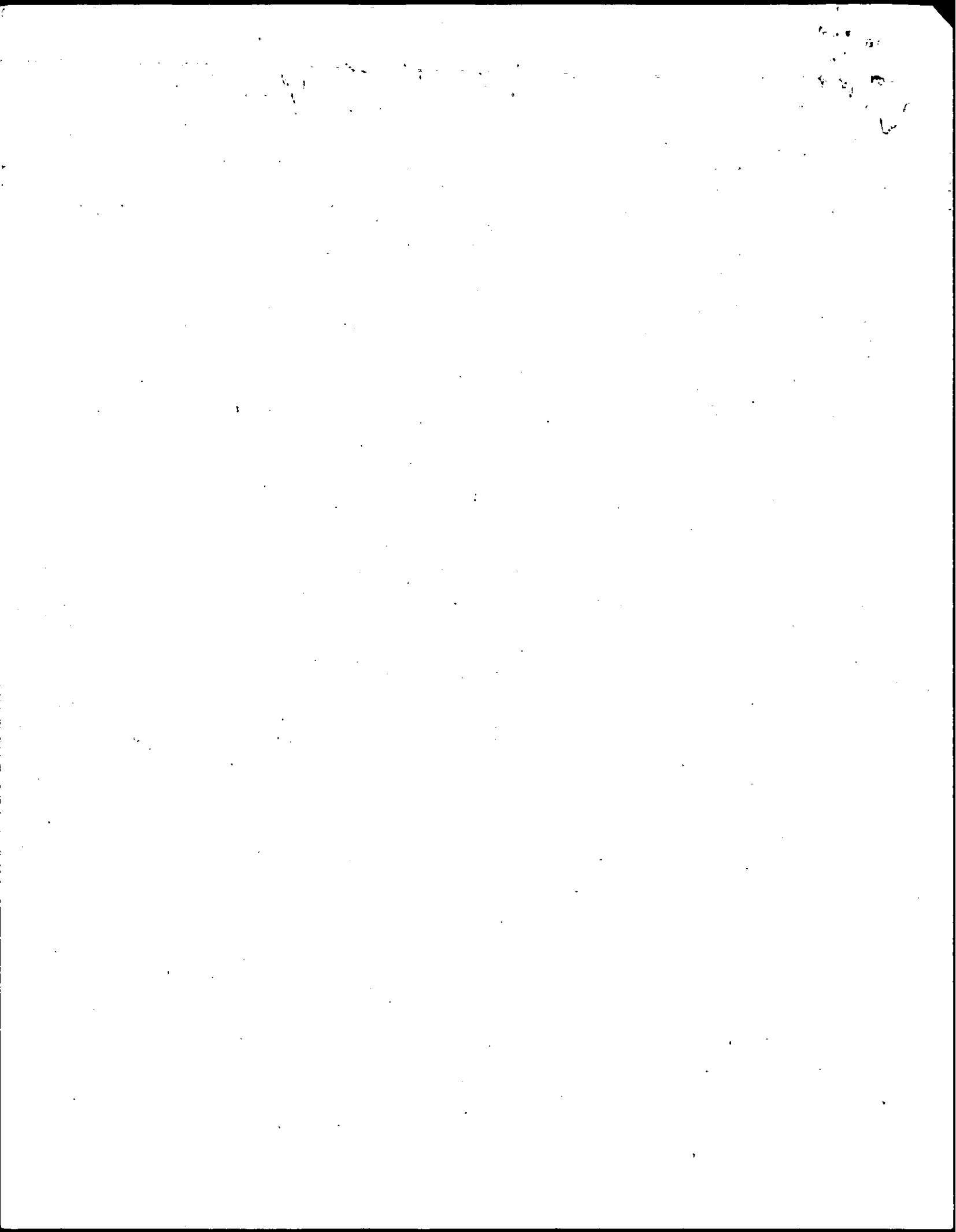
07/29/04

Date



Sec/Treas

Signature and Title



2379 Pendleton Rd
Mineral, VA

Commonwealth of Virginia
Uniform Water Well Completion Report

Owner: Bullock, Thomas and Denton, Crystal
Address: 2379 Pendleton Rd
Mineral, Va. 23117
Phone: _____
Location: Rt 522-1700 Behind Walton Lumber Co

Tax Map ID: 599130
VDH Permit 154040799
VWCB Permit _____
VWCB ID _____
County Louisa

* Well Data *

General Information
Drilling Method Air Rotary
Depth to Bedrock 92
Static Water Level _____
Well Disinfected (Y or N) N

Date Completed 8/18/04
Yield 40 (GMP)
Stabilized Water Level _____
Disinfectant Used NA

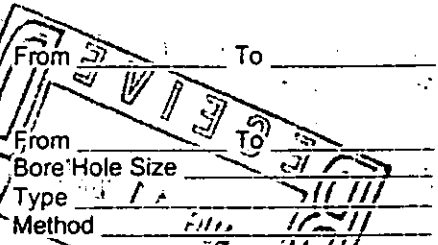
Total Depth of Well 180
Length of Test _____
Natural Flow (Rate) 40 gpm
Amount Used NA

Casing
From 11 To 96
Size 6 7/8 Material pvc
Weight/Schedule Sch 40

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack
From _____ To _____



From _____ To _____

Grout
From 0 To 50
Bore Hole Size 10"
Type Benonite
Method pumped

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

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

Water Zones or Screened Intervals
From 160 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 _____

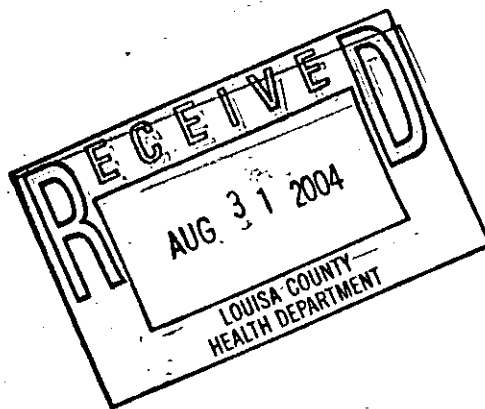
* Abandonment Information *

Bored or Dug Wells
Casing Removed, Y or N? _____
Y, Depth to which casing was removed: _____
Depth and Type of Fill: _____
Source of Fill: _____
Cement Plugs: From _____ to _____ From _____ to _____
Method of permanently marking location: _____

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 _____

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0-25'	Red Clay	Campbell Lp6
25'-92'	Brown Sandy	Well Cap
92'-180'	Granite	



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

Name Mid Virginia Water Wells, LLC
Address Po Box 838
Mineral Va. 23117
Phone 540 844 8520
Drillers Signature Jane E. Deun
Date 8/18/04 Representing MVWW LLC
Virginia Contractors License Number 2705-05-4164

OAKWOOD SCIENTIFIC LABORATORY
State Certified Bacteriological Water Testing



7102 Pole Green Road
Mechanicsville, VA 23116

(804) 730-3263
1-800-582-5211

Date: 11/15/04

Bacteriological Examination of Water

Sample Number: 111304-1 Bullock

Requested by: Mission Homecrafters/Permit 0001432-2003

Sample Origin: Mr. Thomas Bullock
2396 Pendleton Rd.
Mineral, VA 23117

Identification of Coliform Group Bacteria

	Positive	Negative
Presumptive Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confirmed Test	<input type="checkbox"/>	<input type="checkbox"/>

EC Broth _____ Fecal coliforms per 100 ml.

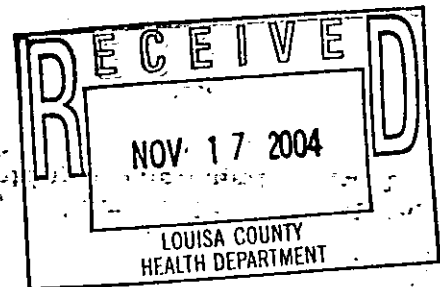
- Test results indicate the sample submitted by client is free of coliform group bacteria, thus is satisfactory for drinking water supply. Total coliforms, fecal coliforms and *E. coli* are absent.
- Test results indicate the sample submitted by client contains coliform group bacteria, thus may not be satisfactory for drinking water supply.

The above services were performed and the report prepared in accordance with accepted laboratory practices, and makes no other warranties, either expressed or implied, as to the professional advice provided herein.

Respectfully,

Dr. Ronald R. Weik, Ph.D.
Director, Microbiology

Simonetta M. Weik
Assistant Director



1008 7 7 VCM



Louisa County Health
 Department
 PO Box 336
 Louisa, VA
 23093
 (540) 967-3707
 (540) 967-3706 (Fax)

Private Well Construction Permit
 Health Department ID Number: 154-04-0749

Owner Information		
Bullock, Thomas and Denton, Crystal 2379 Pendleton Rd Mineral, VA 23117	Phone:	

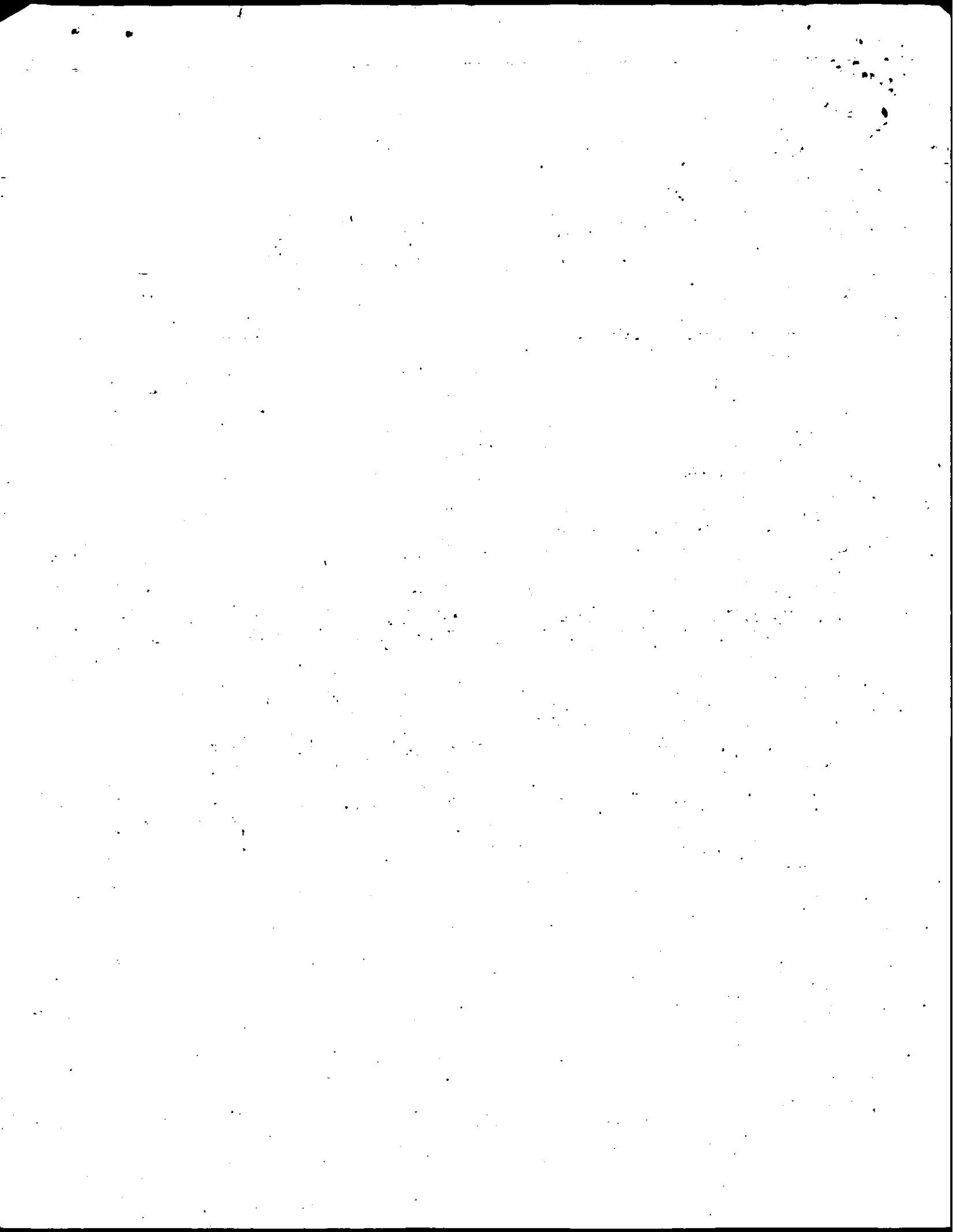
Location Information			
Subdivision Name:		Tax Map:	59-9-130
Property Address:	Rt 522/700	GPIN:	
County:	Louisa	Legal Description:	Section Block Lot
Directions:	22E/522S, lot at interseciton of Rt 522/700 at Pendleton, on right across from 700, 911 address of 2371 on mailbox		

General Information			
Well Class:	Class IIIB	Minimum Casing Depth:	50 feet
		Minimum Grout Depth:	50 feet

Comments:

This permit is issued based upon a site evaluation conducted by Nicole Waddy, EHS on [EVALUATION DATE].

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations*; 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.



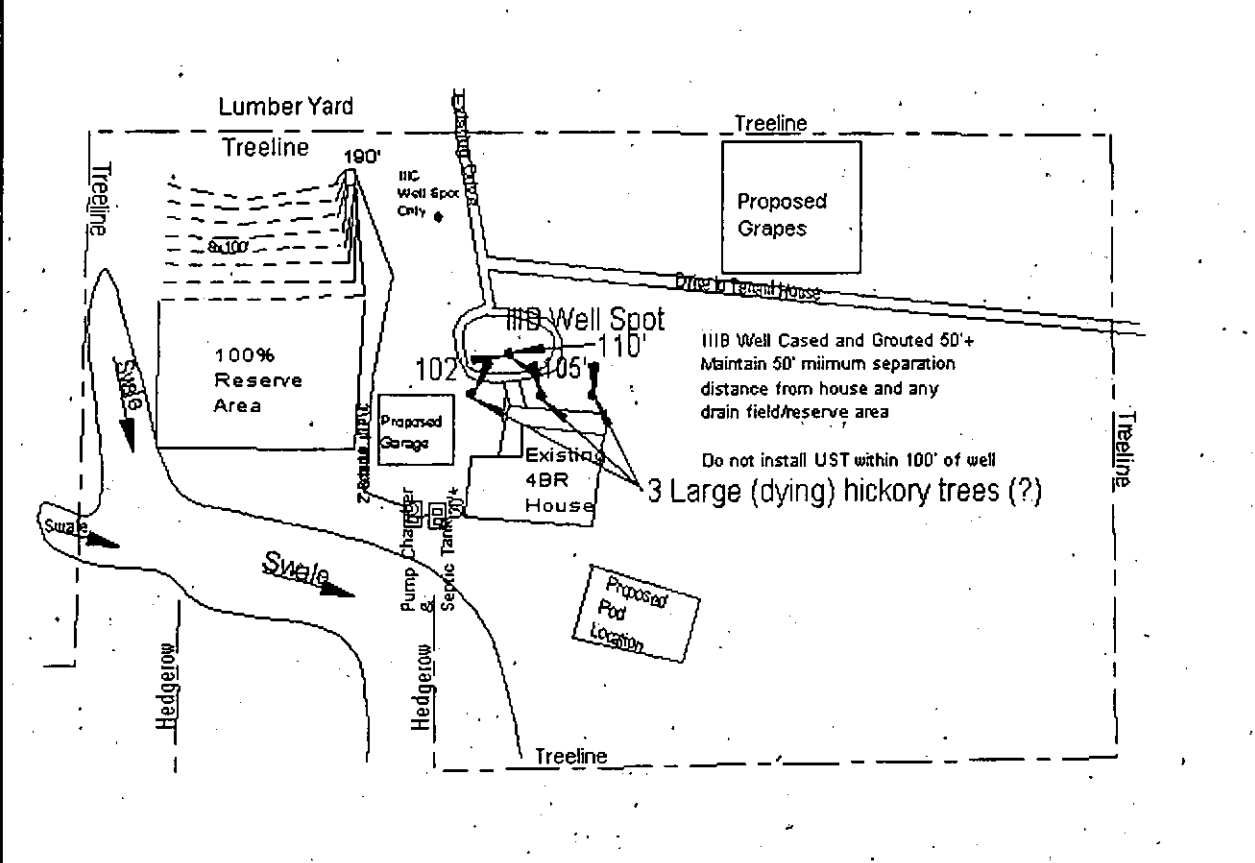
Owner Information

Bullock, Thomas and Denton, Crystal
2379 Pendleton Rd
Mineral, VA 23117

Phone:
HD ID #: 154-04-0749

Construction Drawing

Scale drawing of the well site and related features.

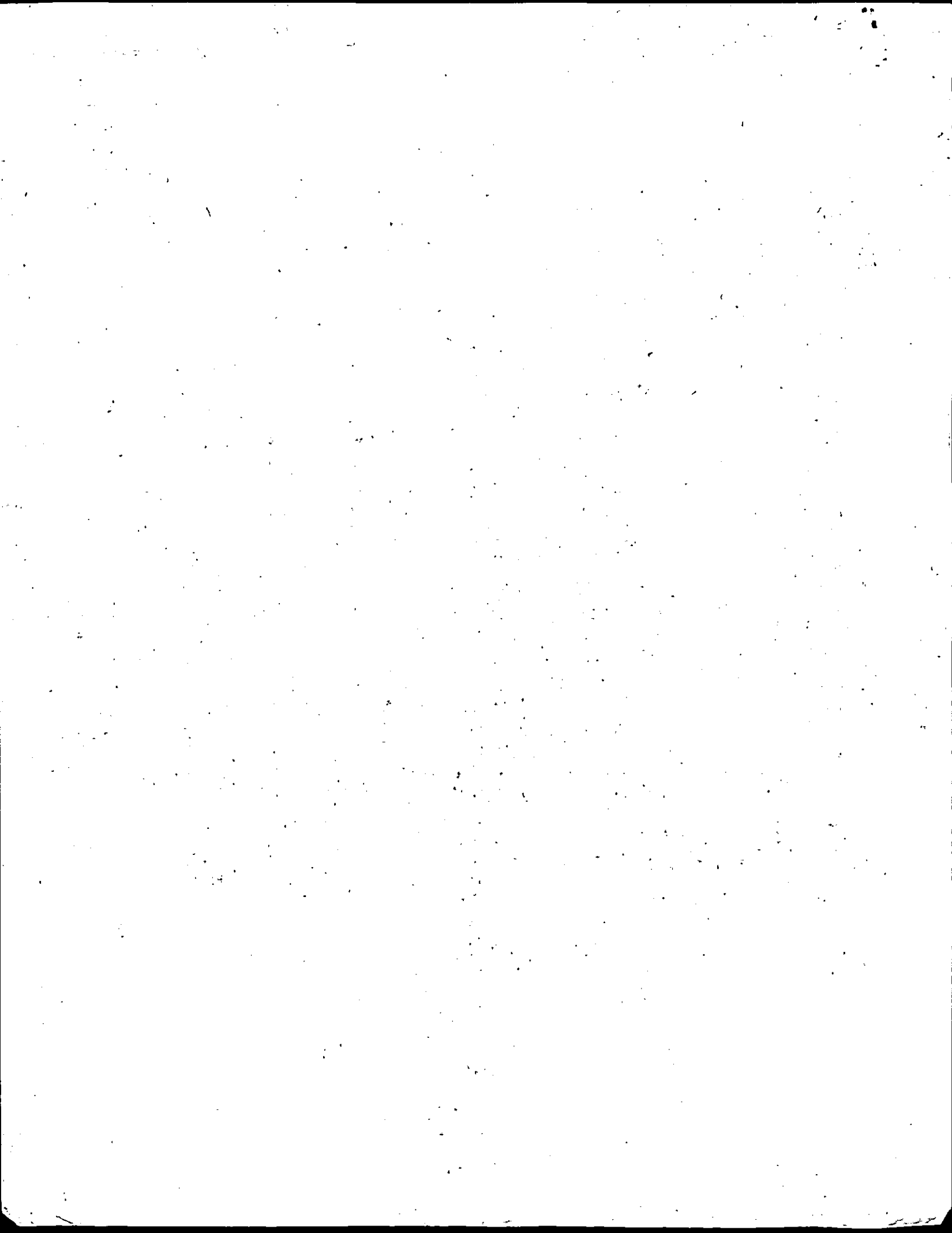


Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.

Issued by: Nicole Waddy

08/18/2004
Issue Date

02/18/2009
Expiration Date



Permit I.D.#: 154-04-749

Owner: Thomas Bullock / Crystal Denton

Agent: _____

Tax Map #: 59-9-130

Subdivision: _____ Lot: _____

Combination Permit Repair Permit Septic Permit Well Permit

Well Abandonment Certification Letter

	DATE	INITIALS
Application Received	<u>8/11/04</u>	<u>PUB</u>
Assigned To: <u>D. Wedley</u>	<u>8/11/04</u>	<u>PUB</u>
AOSE Submittal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Site Visit Scheduled	_____	_____
Time: _____		
Comments: _____		

Site Visit Rescheduled _____

Time: _____

Site Visit Made 8/16 SM

Date Given to OSS 8/18

Data Entry _____

Construction Permit Issued Denied

Certification Letter Issued Denied

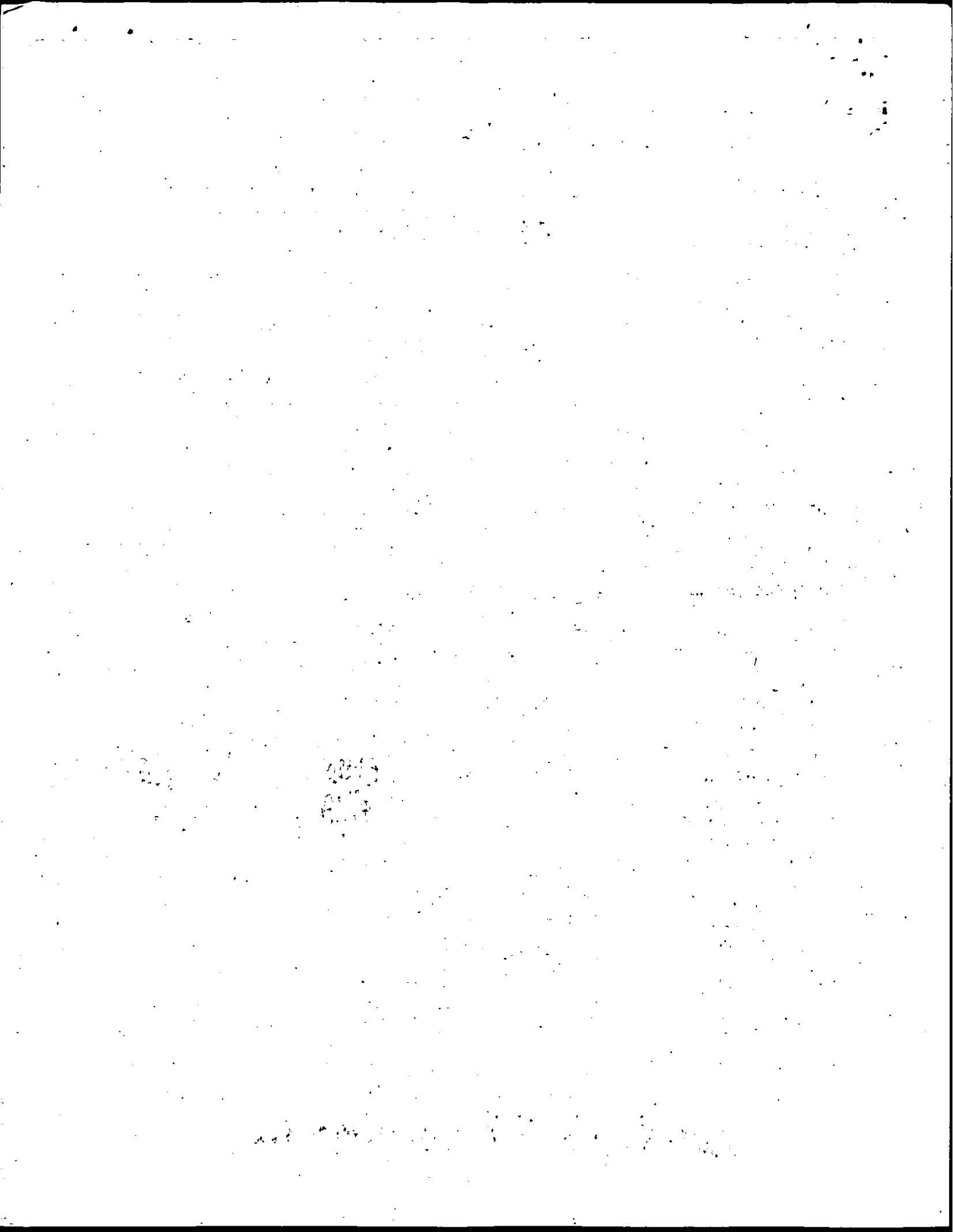
Survey Received Yes No

Construction Permit Mailed _____

Construction Permit Picked-Up _____

Septic Maintenance _____

Call Marion at Mid Va when ready



SITE VISIT WORKSHEET

Date: _____ HD ID #: 154 - 04 - 749

Owner: Thomas Bullock / Crystal Dexter

Directions: _____

Type of Well to be Installed: IIIA IIIB IIIC IIV Additional Grout: YES NO Amount: _____

Evaluation Method: Hand Auger Pits Other: _____

Position in Landscape Satisfactory: YES NO

Position Type: Sideslope Other: _____

Slope: 23% Depth to Rock/Impervious Strata: _____

Depth of Seasonal Water: _____ Free Water Present: YES NO

Other Limiting Feature Present? YES NO Description: _____

Soil Group: I II III IIV Permeability: _____ Minutes Per Inch

Permeability Estimated At: _____ inches Permeability Test Performed: YES NO

Type of Test: Percolation Double Ring Infiltrometer Amcozometer

Treatment Level: Primary Secondary Advanced Secondary

Length of Site (On Contour): _____ Width of Site (Up & Down Hill): _____

Septic Tank Capacity (Gallons): 750 900 1200 1500 Number of Septic Tanks: _____

Distribution: Gravity Pump Enhanced Flow Number of Boxes: 1 Other _____

Conveyance Line Diameter: 4" Other: _____ Number of Ports Per Box: 6 Other _____

Pump Specifications: Pump Chamber Size: _____ gallons 1/4 Day Storage: _____ gallons

Drawdown (Each Pump Cycle): _____ gallons _____ inches

Maximum Pump Cycle Time: _____ Mins. _____ Secs. Minimum Pump Capacity: _____ GPM

Pump must provide a minimum of _____ gallons per minutes at System Head.

Absorption Area: Number of laterals: _____ Length: _____ Feet Width: 3' Other: _____

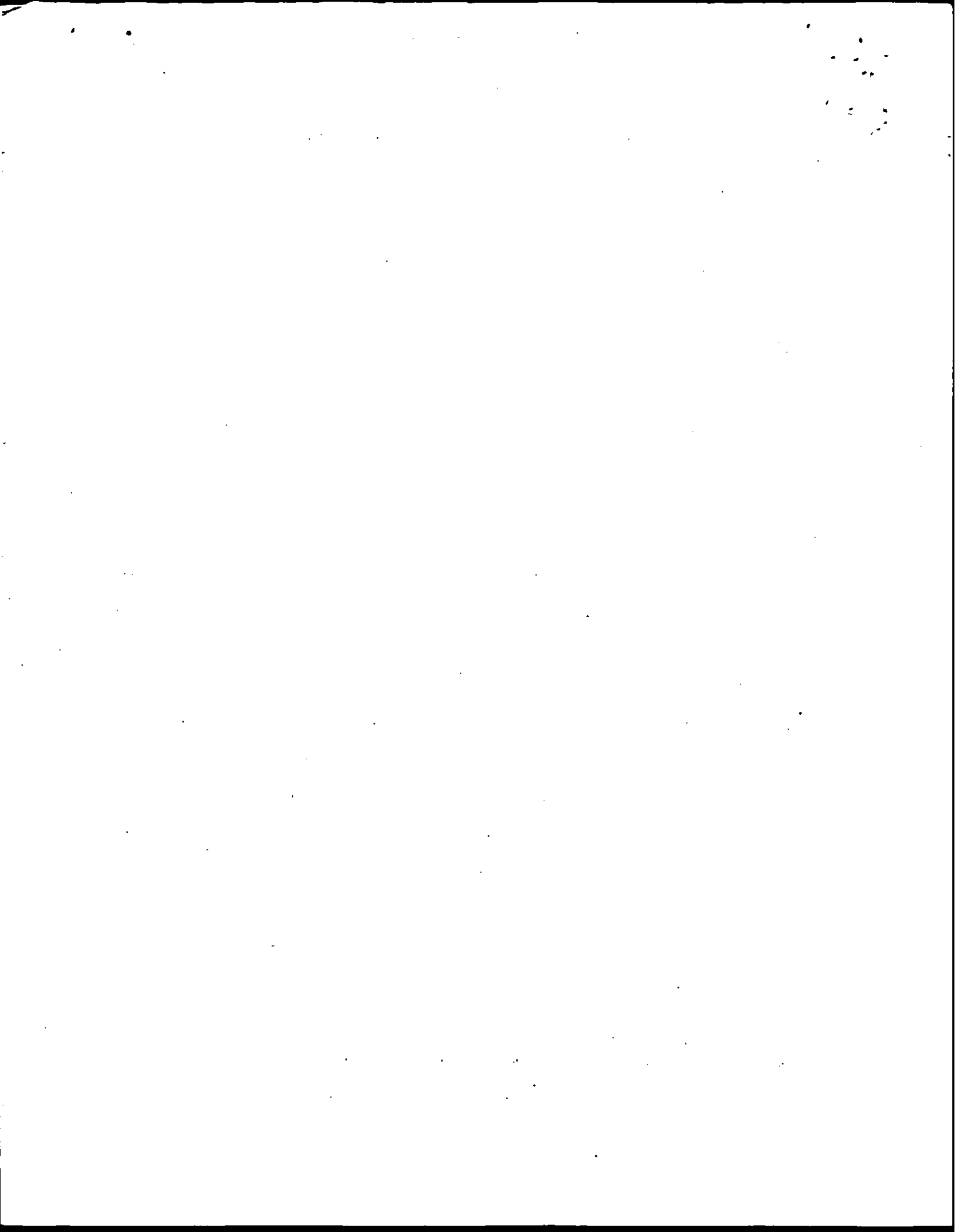
Center to Center: 9' 10' 11' Other: _____

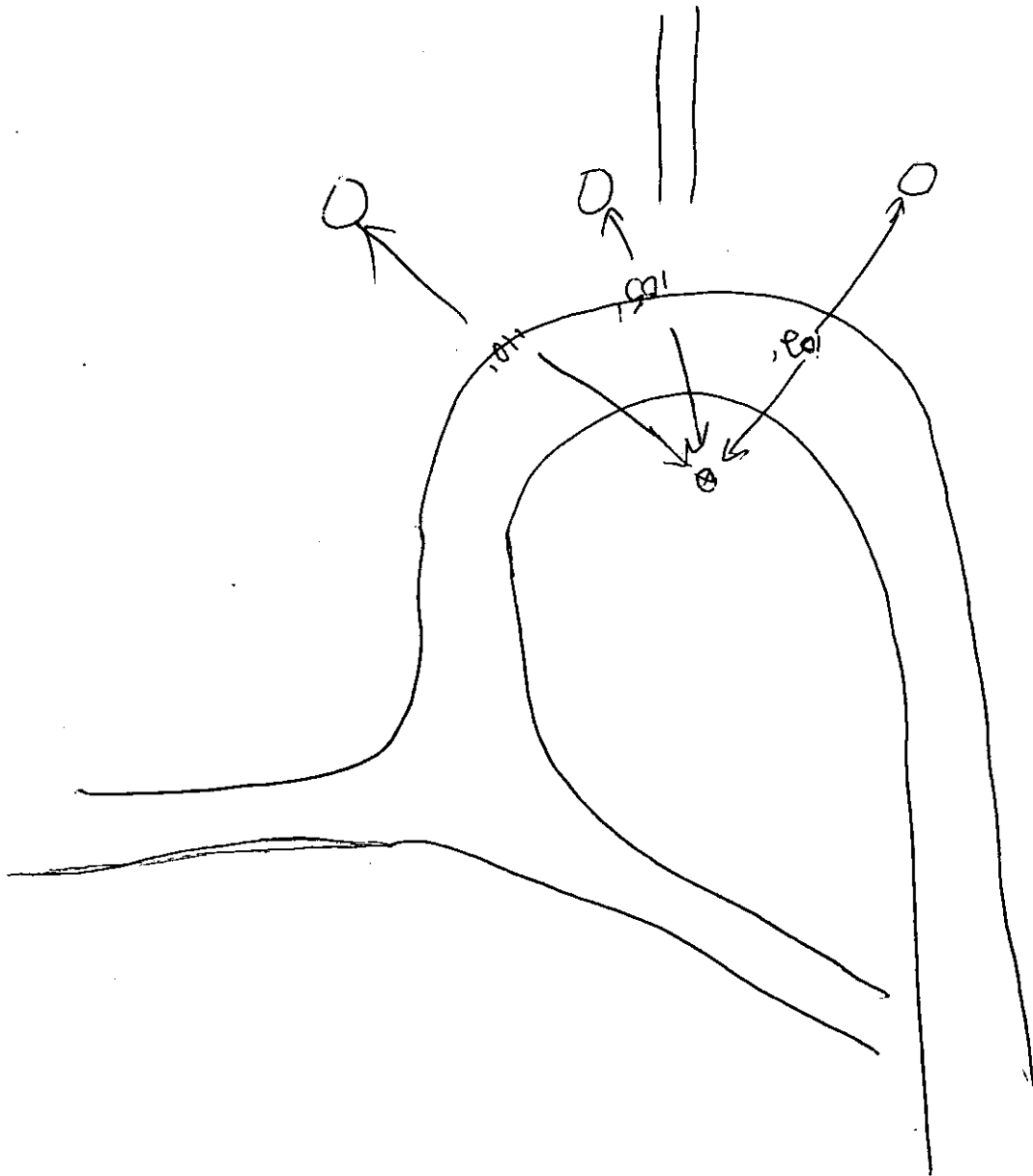
Aggregate Depth 13" Other: _____ Installation Depth: _____

Time In: _____

Time Out: _____

Neil Waddy
Environmental Health Specialist Senior - Signature





Nicole
8/13 11:36-12:00

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

Health Department ID 154-04-749

8/11/04 PIB

To Be Completed By The Applicant

Rec# 21969645

Type of Sewage system: New Repair Expanded Conditional \$ 77⁵⁰ CK
FHA/VA yes no Case No. _____

Owner Thomas Bullock Address 2379 Pendleton Rd Phone _____
Crystal Denton Mineral, VA 23117

Agent Chas Smith Address _____ Phone 804-833-9190

Directions of Property 22 East / 522 South Lot at intersection of Rt 522/700 at Pendleton
on Right across from Rt 700 911 address on mailbox

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property 77 acres

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 4) (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 New Existing
 Private New 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.

[Signature]
Signature of Owner/Agent

8/11/04
Date

Signature of Owner/Agent

Date

[Handwritten Signature]

8/1/02

cessing this application.

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 pro-

may be paced or estimated.

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

Public Sewerage System

Onsite Sewerage Disposal System: Septic Tank Drainfield LPD Mound Other

V. Proposed Sewerage Disposal Method:

Describe:

Private Public

New Existing

IV. Water Supply:

If yes, give volumes and describe

Commercial/Wastewater

Yes No

Number of Employees _____
Number of Patrons _____

III. Commercial Use

Yes No

Describe: _____

Fixtures in Basement

Yes No

Yes No

Basement

Yes No

Yes No

II. Residential Use
Termite Treatment

Yes No

Yes No

Single Family

Multi-family

(Number of Bedrooms) *4*

(Number of Units) _____

I. Building/facility
Intermittent Use

Yes No

Existing No
No If yes, describe _____

Other Application Information

Dimension/size of Lot/Property: *77 acres*

Other Property Identification:

Subdivision _____ Section _____ Block _____ Lot _____

Directions of Property *5500 East section lot at intersection of Rt 252/100 St Rockledge*

on Right across from Rt 200 All address on map:

Agent *Chris Smith*

Address _____ Phone _____

804-833-1100

Owner *Crystal Denton*
Thomas Bullock

Address *Market VA 23117*
10110 P13

Type of Sewerage System: New Repair Expanded Conditional *27-02*

To Be Completed By The Applicant

2400 P13

Application for a Sewerage Disposal and/or Water Supply Permit

Commonwealth of Virginia

Health Department ID *124-04-141*

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

Health Department ID 154-04-749

8/11/04 P.B

To Be Completed By The Applicant

Permit # 21969645

Type of Sewage system: New Repair Expanded Conditional \$ 77⁵⁰ CK
 FHA/VA yes no Case No. _____

Owner Thomas Bullock Address 2379 Pendleton Rd Phone _____
Crystal Denton Mineral, VA 23117

Agent Chas. Smith Address _____ Phone 804-833-9190

Directions of Property 22 EAST/522 South Lot at intersection of Rt 522/700 at Pendleton
on Right access from Rt 700 911 address on mailbox

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property 77 acres

Other Application Information

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

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 Termite Treatment Yes No
 Single Family Multi-family
 (Number of Bedrooms 4) (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 _____

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 Private New 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.

[Signature]
 Signature of Owner/Agent

8/11/04
 Date

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Thomas Jefferson Health District
Environmental Health Services
Important Notice

Please Read Before Filing Your Application and Paying Your Fee.

This is to inform you that the fees for Environmental Health permits mandated by the state, cannot be refunded once the application has been filed and the fee paid except for the following reasons:

- If the applicant withdraws their NON-AOSE application before the Environmental Health Specialist makes a site visit to evaluate the property and if the applicant requests a refund in writing.
- The health department is unable to issue a permit and only then if:
 - a. You are seeking to construct your principal place of residence on this lot, and only then if...
 - b. You provide written notification to the health department that you are foregoing your right to appeal the denial of your request for a permit and include your social security number. In order for you to then appeal at a later date, the above refunded fee would need to be re-instated before a hearing date would be scheduled. Please note that because this is a state agency, if you have a debt with the state, your refund would go towards your account.

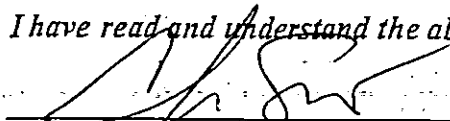
ALL APPLICATIONS will become void if they are inactive for 90 days. **INCOMPLETE AOSE APPLICATION PACKETS** will be denied. **All inactive applications** or those that have been denied pending additional information will require the submission of a new application package and payment of all fees after 90 days has elapsed. Once a **PERMIT** has been issued, it is valid for **18 months**. If you do not plan to complete construction within 18 months you should not apply for a construction permit at this time. If you want assurance from the health department of the ability to get a construction permit in the future you should apply for a certification letter.

It is your responsibility to have the corners of property lines of a lot clearly marked and to have the four corners of the proposed house site flagged. The Environmental Health Specialist will not be able to complete work without these markings. The soil evaluation may not be performed if the site has not been adequately marked. Also, if the lot is too overgrown, then the Environmental Health Specialist may require bush hogging, etc. before site work can be done.

It is also your responsibility to make it clear to the Environmental Health Specialist which one or two areas on your lot you want tested, although he will advise you which areas appear more suitable for a septic system. No more than two areas will be tested and the permit will be issued showing the location of the system in only one suitable site.

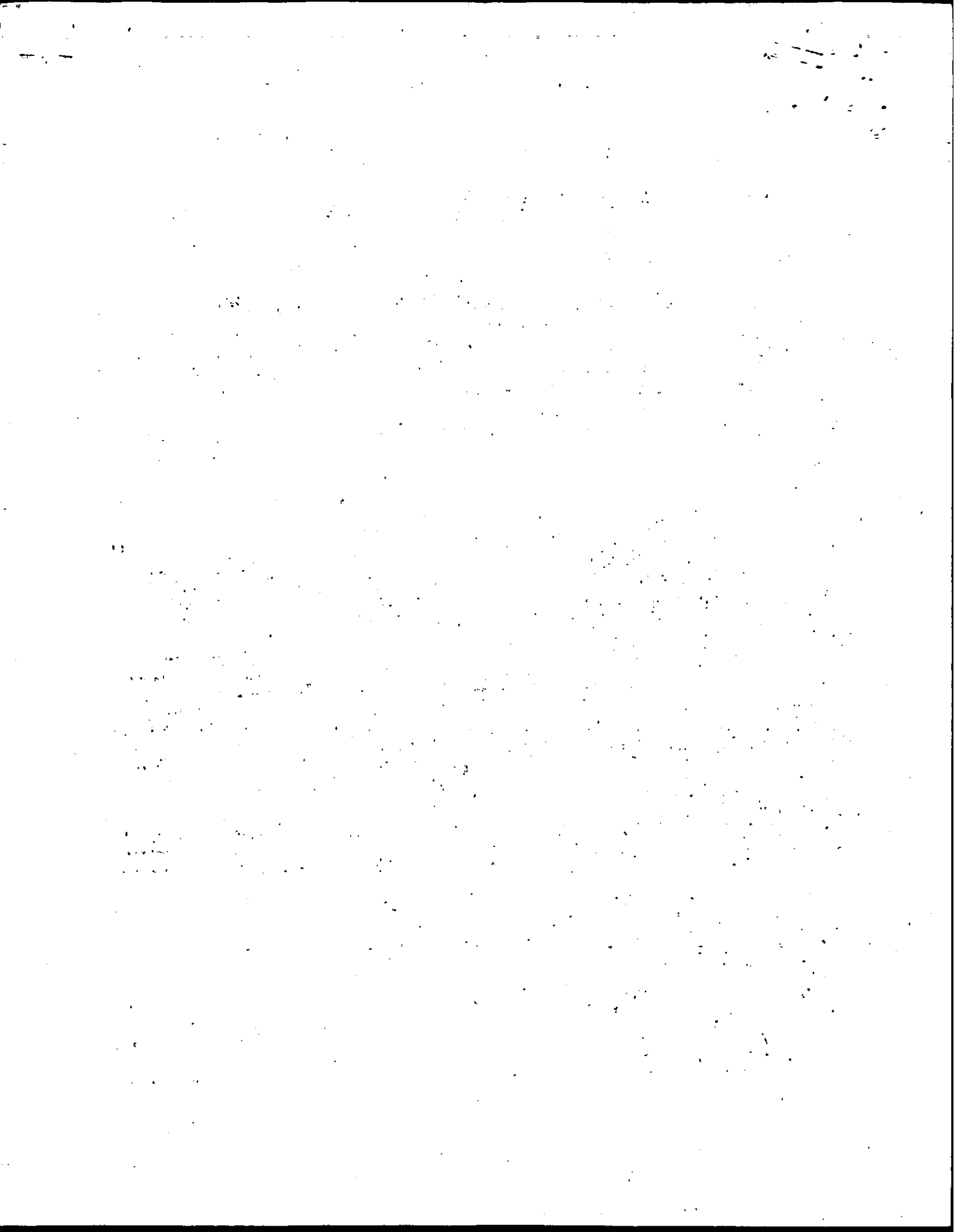
Sites that have been previously approved during division of property, etc. or sites that have previously issued permits cannot be changed without additional expense on your part. If this occurs, you will need to hire a private soil consultant to test another site and submit a report showing conflict with neighboring lots. New application and fee will be required.

I have read and understand the above application notice.



Date:

8/11/04





Louisa County Health
Department
PO Box 336
Louisa, VA

(540) 967-3707
(540) 967-3706 (Fax)

Septic Tank - Soil Absorption System Construction Permit
Health Department ID Number: 154-04-0288

Owner Information		
Bullock, Thomas and Denton, Crystal 2379 Pendleton Rd Mineral, VA 23117	Phone:	

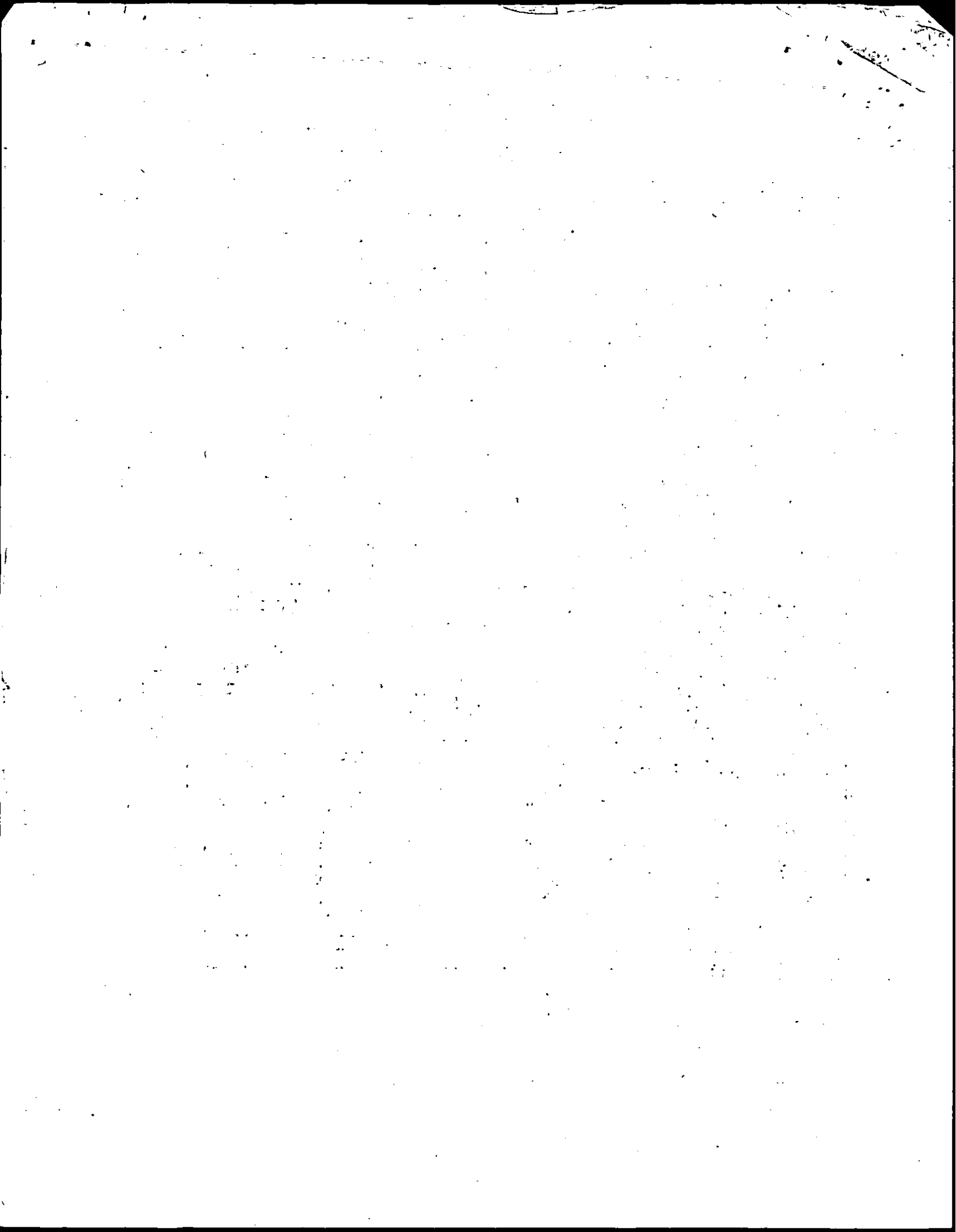
Location Information		
Subdivision Name:	Tax Map:	59-9 - 130
Property Address: Rt 522/700	GPIN:	
County: Louisa	Legal Description:	Section Block Lot
Directions: 22E/522S, lot at interseciton of Rt 522/700 at Pendleton, on right across from 700, 911 address of 2371 on mailbox		

General Information	
System Type:	Number of Bedrooms: 4
Type of Property: Residential	Daily Flow: 600 gallons
Conditions:	

Sewer Line	Distribution Box Information
[Default 4"] SCH 40 PVC or equivalent	No. of Boxes: 1
	No. of Outlets: 9

Conveyance Line/Force Main Information	Header Line Information
Method: Pump to Distribution Box	1500# crush
Material: Pressure type with pressure-type joints	Minimum slope 2"
Pipe Diameter: 2"	
Slope: only for non-pump - 6" per 100'	

Septic Tank - Inlet Outlet Structure	Percolation Lines and Absorption Area
Capacity: 1200 gallons	Slope: 2-4" per 100'
The inlet structure shall be one to two inches higher than the outlet structure and shall extend six to eight inches below and eight to ten inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and eight to ten inches above the normal liquid level.	Percolation lines: 4" diameter
To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options:	Center to Center Spacing: 9'
1. Inspection port.	Installation Depth: 48"
2. Effluent filter.	Depth of Aggregate: 13"
3. Reduced maintenance tank	Size of aggregate: 0.5-1.5"
	# of Laterals: 8
	Lateral Length: 100'
	Lateral Width: 3'
	# of Square Feet: 2400



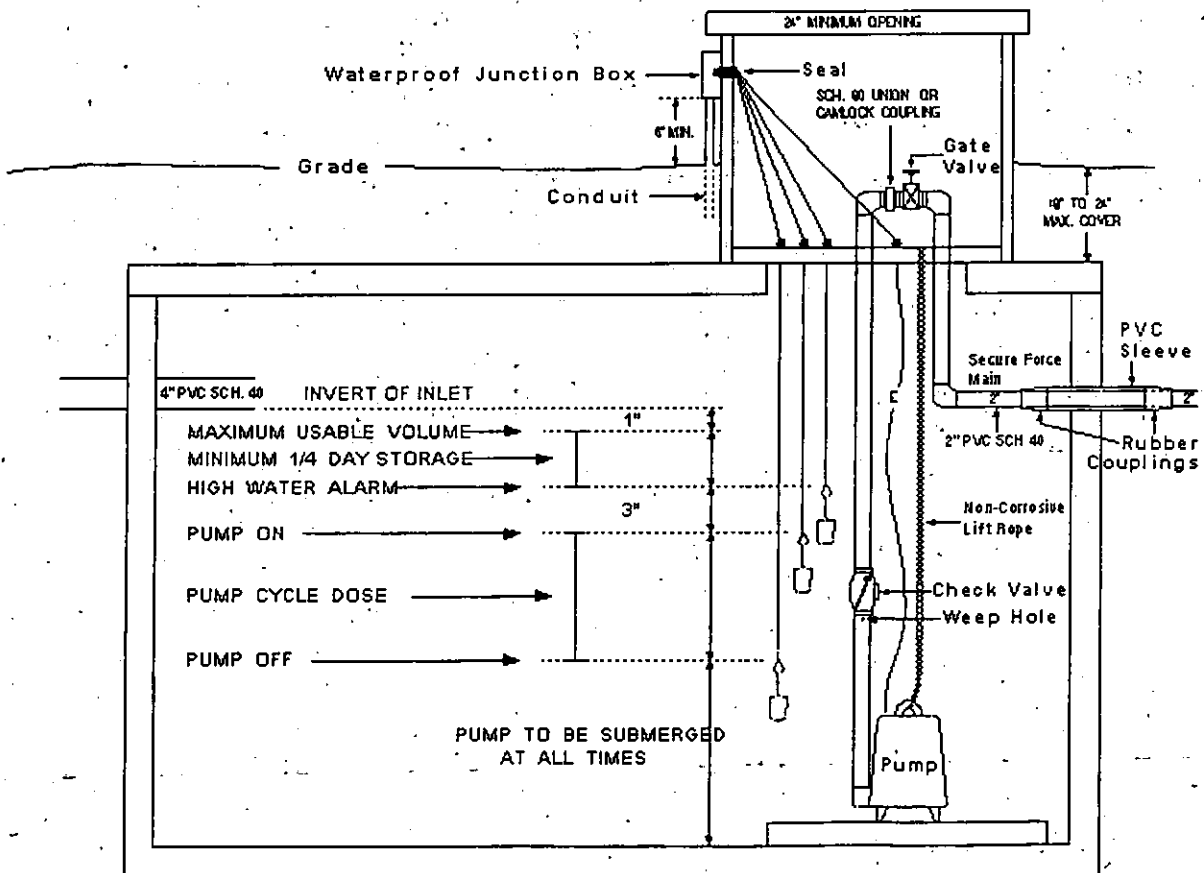
Pump Specifications

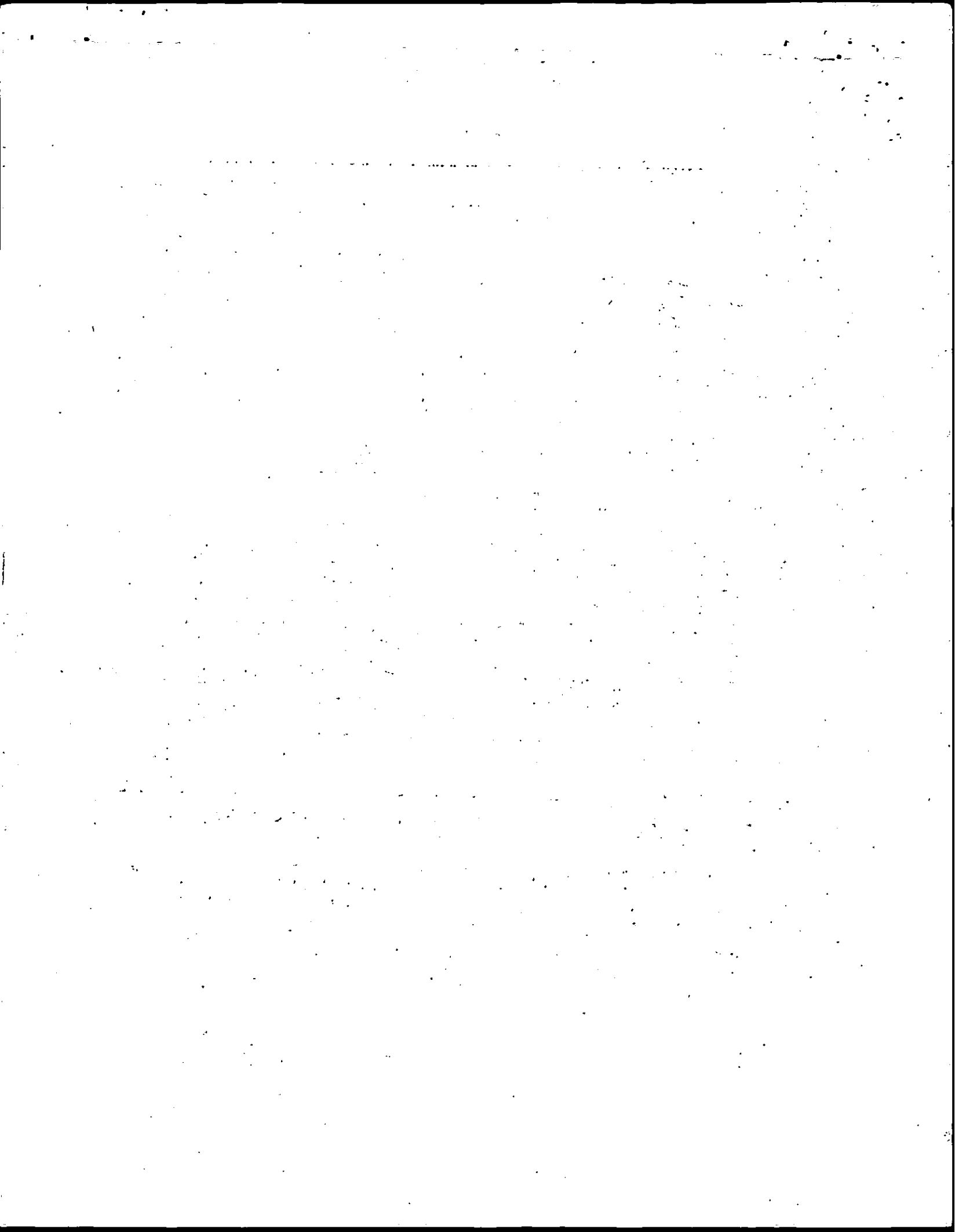
Pump Specifications

Pump Chamber Size:	1200 gallons
Drawdown (Each Pump Cycle):	312 gallons
	12.1 inches
1/4 Day Storage:	150 gallons
Maximum Pump Cycle Time	14 mins., 51 secs.
Minimum Pump Capacity:	21 GPM
Minimum Pump Cycle Time	mins., secs.
Maximum Pump Capacity:	GPM
Static Head:	feet
Friction Head:	feet at gallons/minute
Total Dynamic Head:	feet at gallons/minute

Force Main Shall be SCH. 40 PVC Pressure Pipe with Pressure Fittings.

Pump Must Provide 21 Gallons per Minute at System Head.





Construction Drawing

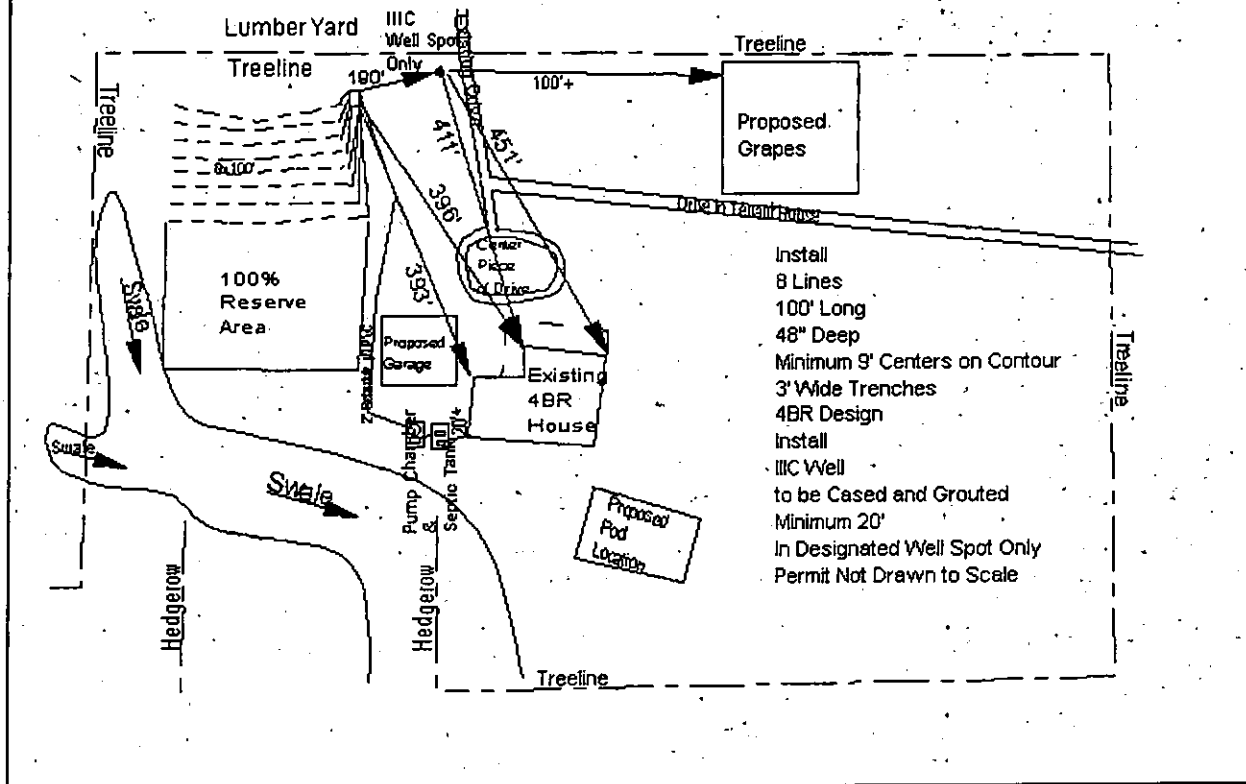
Owner Information

Bullock, Thomas and Denton, Crystal
 2379 Pendleton Rd
 Mineral, VA 23117

Phone:
 HD ID #: 154-04-0288

Construction Drawing

Schematic drawing of sewage disposal system and topographic features.

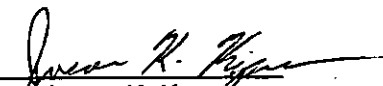


This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit.

No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

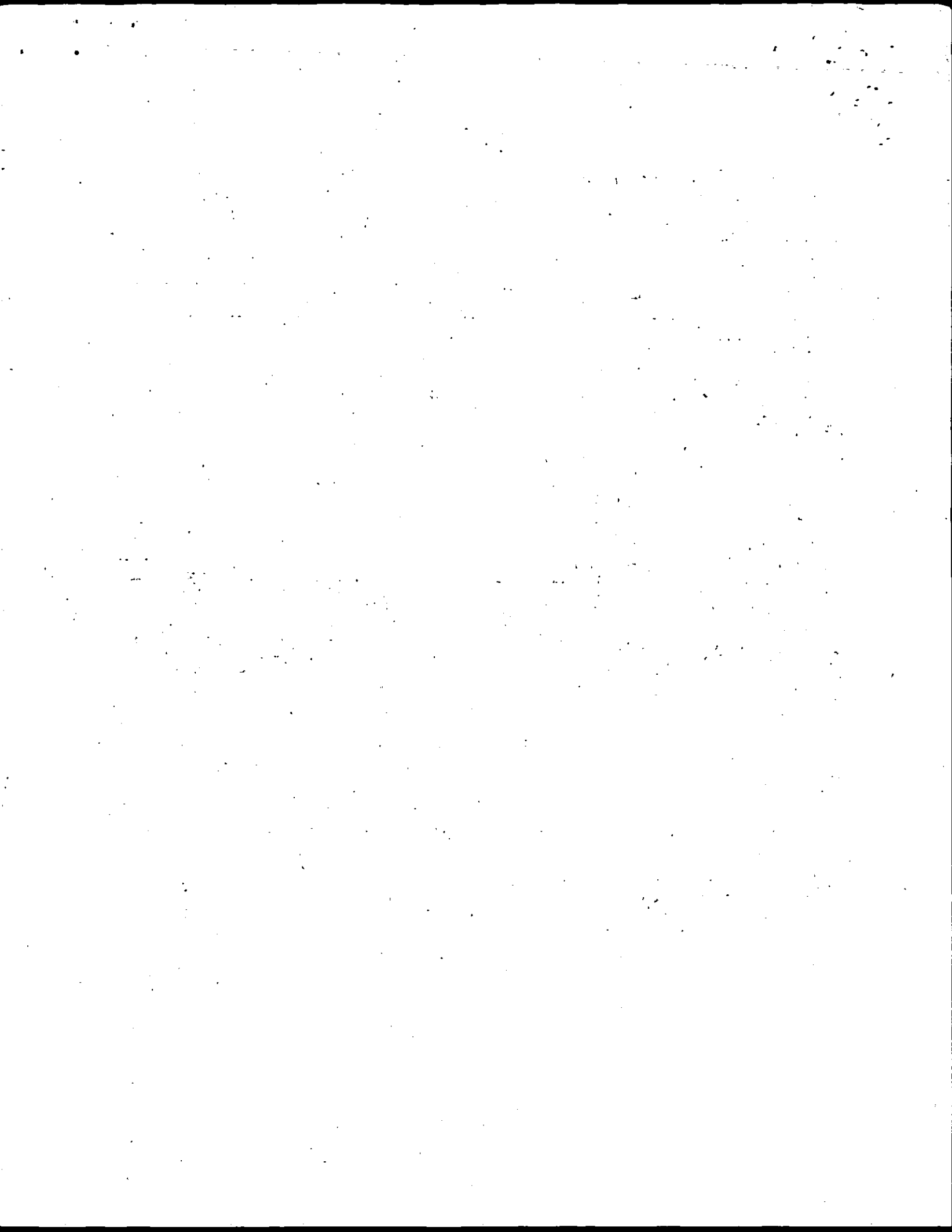
System Design By:
 Site Evaluation Conducted By:

Jason K. Kyser
Jason K. Kyser


 Jason K. Kyser

03/30/2004
 Issue Date

09/30/2005
 Expiration Date





Protecting You and Your Environment

Louisa County Health Department
PO Box 336
Louisa, VA

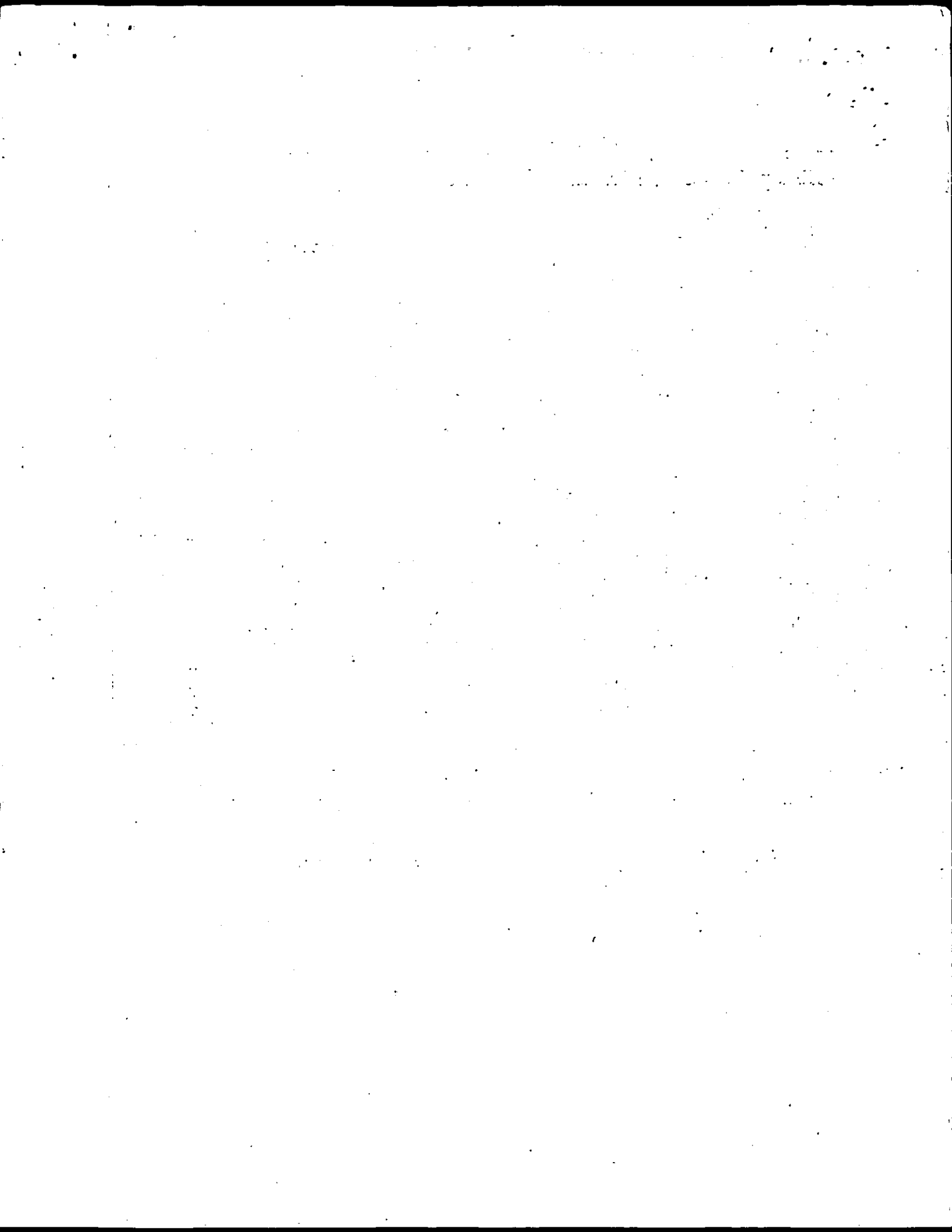
(540) 967-3707
(540) 967-3706 (Fax)

Private Well Construction Permit
Health Department ID Number: 154-04-0288

Owner Information			
Bullock, Thomas and Denton, Crystal 2379 Pendleton Rd Mineral, VA 23117		Phone:	
Location Information			
Subdivision Name:	Rt 522/700	Tax Map:	59-9
Property Address:	Louisa 22E/522S, lot at interseciton of Rt 522/700 at Pendleton, on.	GPIN:	
County:	Rt 522/700 at Pendleton, on.	Legal Description:	Section Block Lot
Directions:	right across from 700, 911 address of 2371 on mailbox		
General Information			
Well Class:	Class IIIC	Minimum Casing Depth:	20
		Minimum Grout Depth:	20

Comments:

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations*, 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.



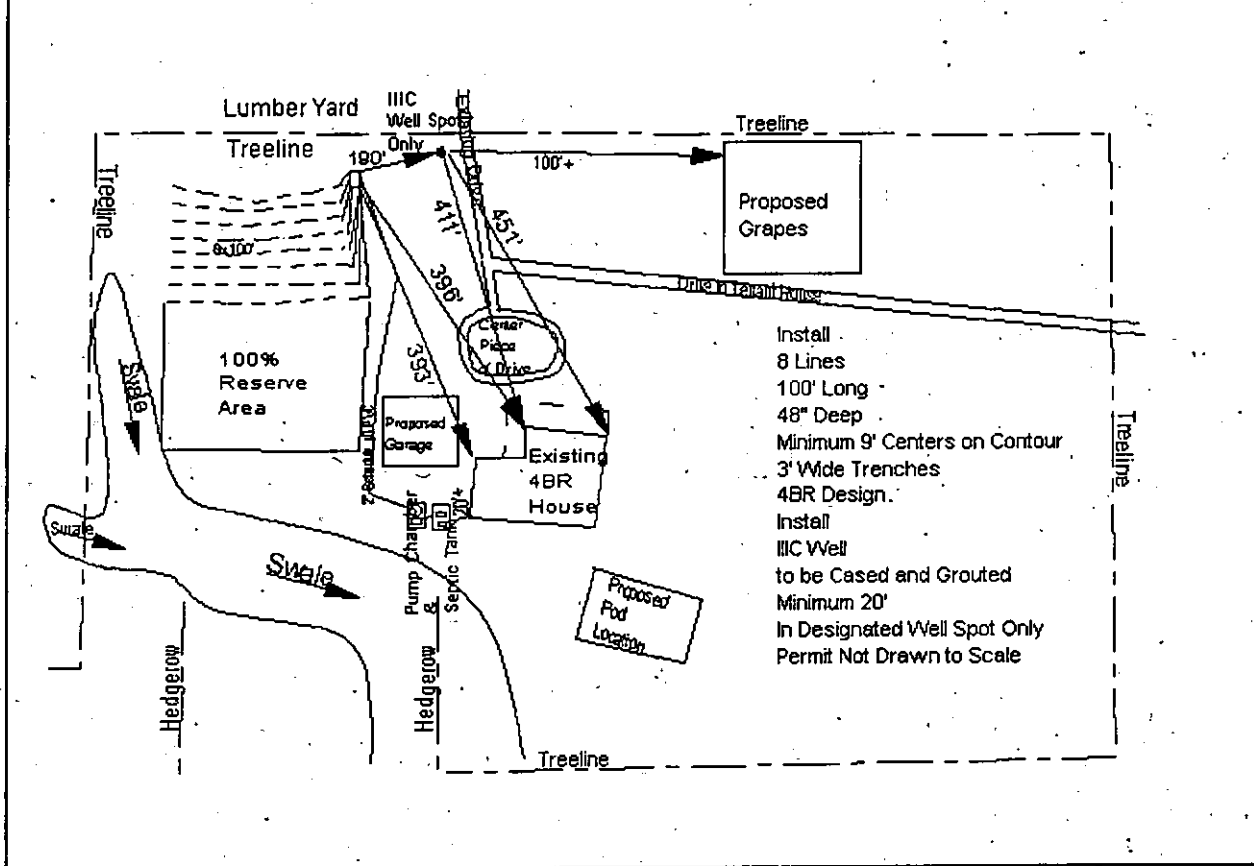
Owner Information

Bullock, Thomas and Denton, Crystal
2379 Pendleton Rd
Mineral, VA 23117

Phone:
HD ID #: 154-04-0288

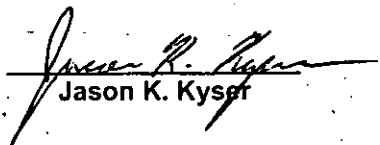
Construction Drawing

Scale drawing of the well site and related features.



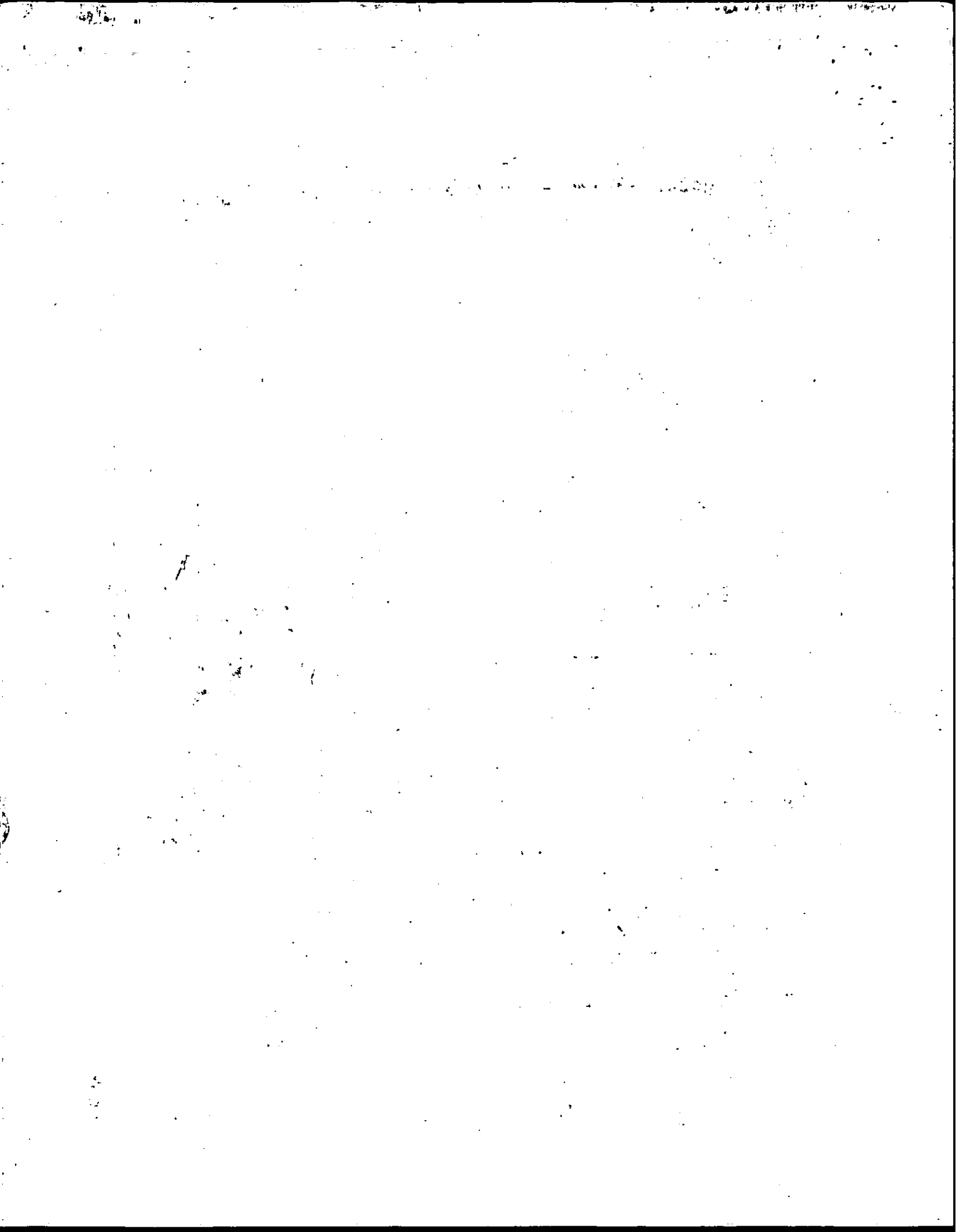
Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.

Site Evaluation Conducted By: _____


Jason K. Kyser

03/31/2004
Issue Date

09/30/2005
Expiration Date

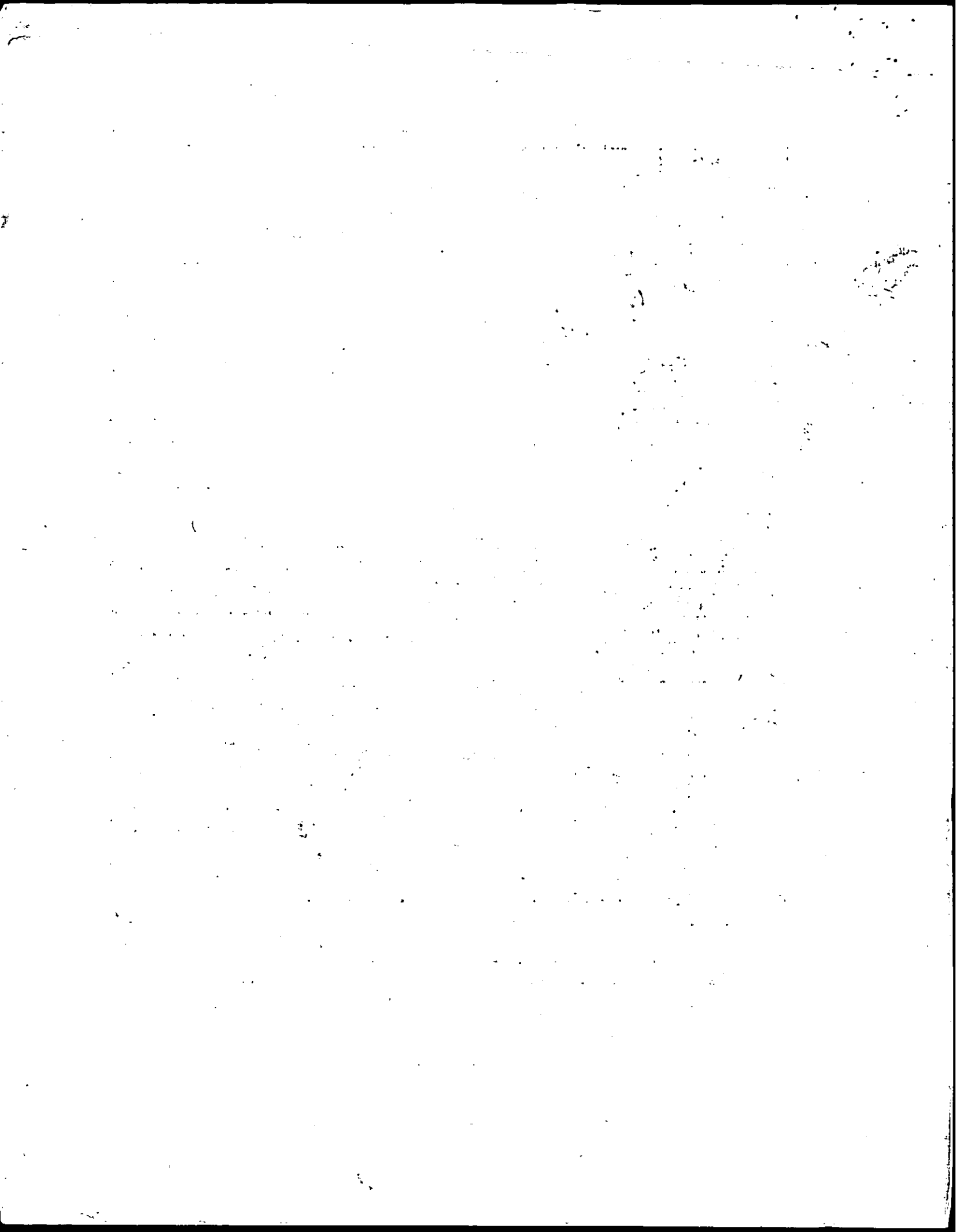


Louisa County Health Department
Sewage Disposal System & Water Supply Construction Inspection

Owner: Bullock, Thomas and Denton, Crystal 2379 Pendleton Rd Mineral VA 23117	Owner Phone: Health Dept. ID: 154-04-0288 Tax Map Number: 59-9
Subdivision: Section: Lot:	Property Address:

EHS: For each item, circle status, date and sign

Sewer line:	
Satisfactory: <u>Yes</u>	ATM 7-29-04
Pending - incomplete	
Pending -- needs correction	
Comments:	
Septic Tank:	
Satisfactory: <u>Yes</u>	
Pending - incomplete	
Pending -- needs correction	
Comments:	
Inlet/Outlet Structure	1 1/2" fall
Satisfactory: <u>Yes</u>	
Pending - incomplete	
Pending -- needs correction	
Comments:	
Pump System:	
Satisfactory: <u>Yes</u>	11-17-04 ATM
Pending - <u>incomplete</u>	7-29-04 ATM
Pending -- needs correction	
Comments:	
Conveyance Line/Force Main	
Satisfactory: <u>Yes</u>	
Pending - incomplete	
Pending -- needs correction	
Comments:	
Distribution Box/Distribution System	
Satisfactory: <u>Yes</u>	11-17-04 ATM
Pending - incomplete	
Pending -- needs correction	
Comments:	check along w/pump



Header Lines

Satisfactory: Yes
Pending - incomplete
Pending -- needs correction
Comments:

Percolation Lines:

Satisfactory: Yes
Pending - incomplete
Pending -- needs correction
Comments:

Absorption Trenches:

Satisfactory: Yes
Pending - incomplete
Pending -- needs correction
Comments:

Other:

Septic Contractor Name: Nuckels
As-built sketch: OVER
Completion Statement Received:
Conditional permit compliance:
Time spent inspecting: Time in: _____ Time out: _____

- ① 2"
- ② 2 1/2"
- ③ 2 3/4"
- ④ 2 1/2"
- ⑤ 3"
- ⑥ 3 1/4"
- ⑦ 2 3/4"
- ⑧ 3"

Mark M... [Signature] Construction Final Approval: 11-17-04
Approved by _____ Date Approved _____

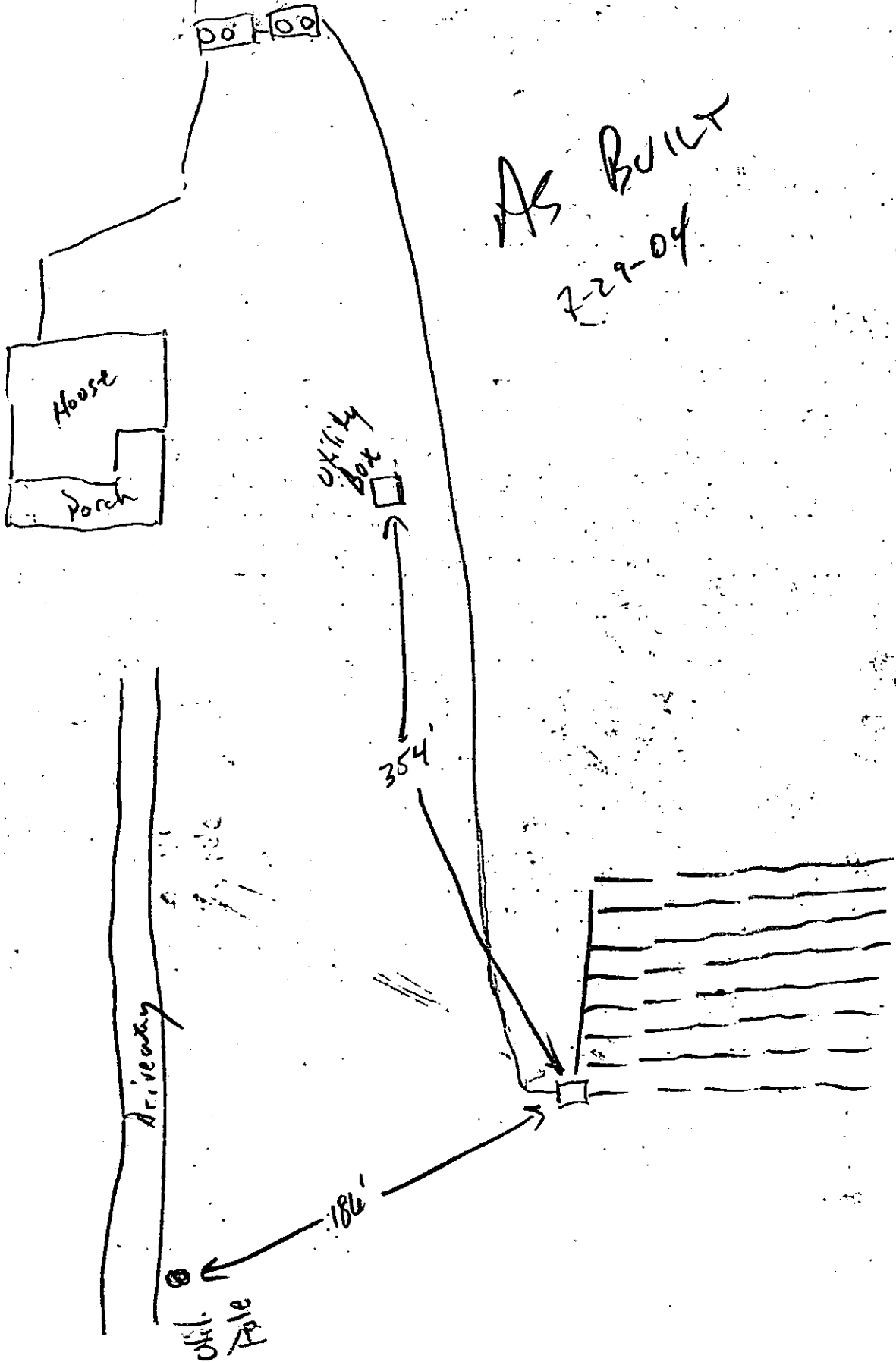
Water Supply Location:

Satisfactory: Yes
Pending - incomplete
Pending -- needs correction
Comments:

PVC casing with bentonite grout
apparent at soil surface and to probe depth.

Time Spent Inspecting: Time In: _____ Time Out: _____

Mark M... [Signature] Construction Final Approval: 11-17-04
Approved By _____ Date Approved _____



AS BUILT
7-29-04

SITE VISIT WORKSHEET

Date: _____

HD ID #: 154-04-288

Owner: Thomas Bealock & Crystal Denton

Directions: _____

Type of Well to be Installed: IIIA IIIB IIIC IV Additional Grout: YES NO Amount: _____

Evaluation Method: Hand Auger Pits Other: _____

Position in Landscape Satisfactory: YES NO

Position Type: Sideslope Other: _____

Slope: 5% Depth to Rock/Impervious Strata: 75"

Depth of Seasonal Water: N/A Free Water Present: YES NO

Other Limiting Feature Present? YES NO Description: _____

Soil Group: I II III IV Permeability: _____ Minutes Per Inch

Permeability Estimated At: 75 inches Permeability Test Performed: YES NO

Type of Test: Percolation Double Ring Infiltrometer Amoozometer

Treatment Level: Primary Secondary Advanced Secondary

Length of Site (On Contour): 100' Width of Site (Up & Down Hill): 138'

Septic Tank Capacity (Gallons): 750 900 1200 1500 Number of Septic Tanks: _____

Distribution: Gravity Pump Enhanced Flow Number of Boxes: 1 Other _____

Conveyance Line Diameter: 4" Other: 2" Number of Ports Per Box: 6 Other 7

Pump Specifications: Pump Chamber Size: 1200 gallons 1/4 Day Storage: 150 gallons

Drawdown (Each Pump Cycle): 3/2 gallons 12.1 inches

Maximum Pump Cycle Time: 14 Mins. 51 Secs. Minimum Pump Capacity: 21 GPM

Pump must provide a minimum of 21 gallons per minutes at System Head.

Absorption Area: Number of laterals: 8 Length: 100 Feet Width: 3' Other: _____

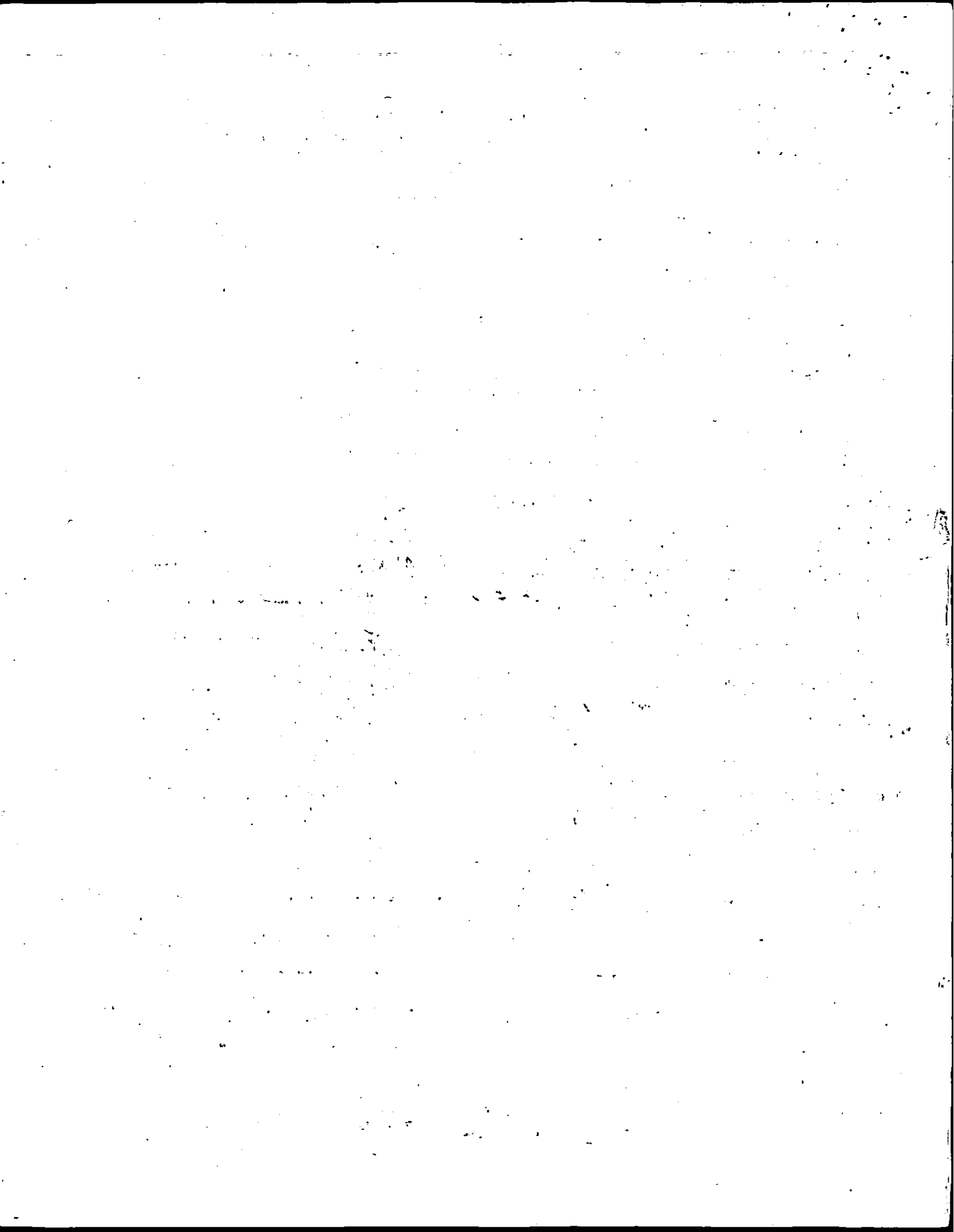
Center to Center: 9' 10' 11' Other: _____

Aggregate Depth: 13" Other: _____ Installation Depth: 48"

Time In: 10:00

Time Out: 12:35

Jean R. Ryan
Environmental Health Specialist Senior - Signature



ID #: 15404-288

ASSIGNED TO: J. Hayes

OWNER'S NAME: Thomas Bullock + Crystal Denton

SYSTEM TYPE: II

DIRECTIONS: _____

WELL TYPE: III C

TRENCH DEPTH: 48"

OF TRENCHES: 8

DEPTH TO ROCK: 75" +

LENGTH: 100'

DEPTH TO WATER TABLE: N/A

CENTERS: 9'

DEPTH TO FREE WATER: N/A

SLOPE: 5% / LANDSCAPE: Sideslope

TEXTURE GROUP: 3

PERK RATE: 75

MAIL TO: _____

H#	Hz	DEPTH	DESCRIPTION	TEX. GRP
----	----	-------	-------------	----------

1	Ap	0-4	10YR 4/3 Brown Silty Clay Loam	3
	EB	4-10	10YR 5/4 Yellowish Brown Silty Clay Loam	3
	Bt	10-65	Verticrated 5YR 5/6 Yellowish Red; 10YR 5/6 Yellowish Brown Medium to Heavy Silty Clay Loam	3
	BC	65-75"	Verticrated 5YR 5/6 Yellowish Red; 10YR 4/5 Brownish Yellow Silty Clay Loam	3
2	Ap	0-6	10YR 5/4 Yellowish Brown Silt Loam	3
	Bt	6-42	2.5YR 4/6 Red Silty Clay	4
	C	42-76"	2.5YR 4/4 Reddish Brown Silt Loam	3
3	Ap	0-4	10YR 5/4 Yellowish Brown Silt Loam	3
	Bt	4-57	2.5YR 5/6 Red Medium to Heavy Silty Clay Loam	3
	C	57-75"	2.5YR 4/8 Red Silt Loam	3

SIGNATURE OF EVALUATOR: _____

James R. Hayes

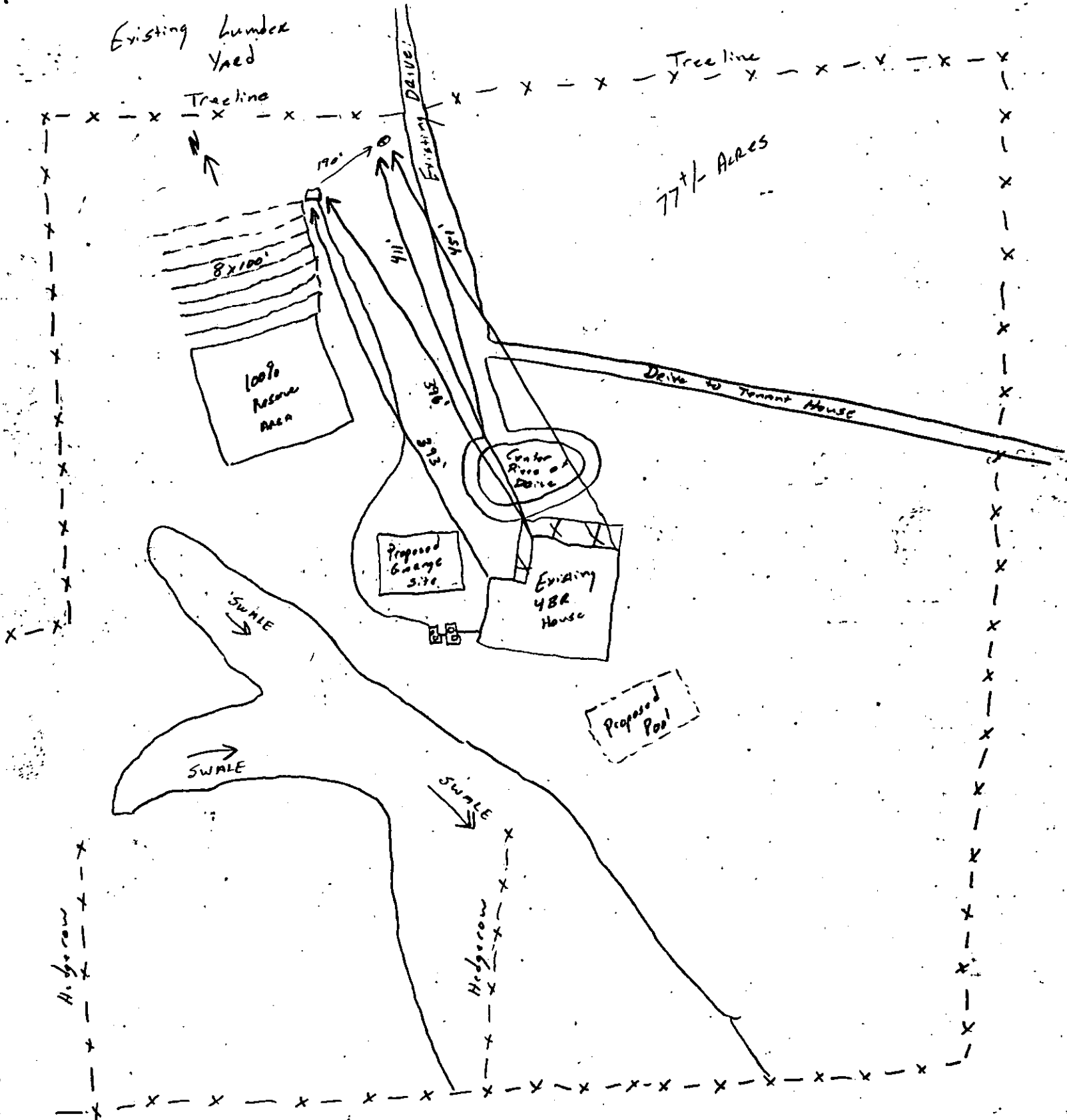
131
23
593

Existing Lumber
Yard

Tract line

Tree line

77 1/2 Acres



ESH
E X
151

116
EX
151
2

TAG SHEET

Permit I.D.#: 154-04-288

Owner: Thomas Bullock & Crystal Denton

Agent: _____

Tax Map #: 59-9-130

Subdivision: _____ Lot: _____

- Combination Permit Repair Permit Septic Permit Well Permit
- Well Abandonment Certification Letter

	DATE	INITIALS
Application Received	<u>3/18/04</u>	<u>PUB</u>
Assigned To: <u>J. Myer</u>	<u>3/18/04</u>	<u>PUB</u>
AOSE Submittal <input type="checkbox"/> Yes <input type="checkbox"/> No		
Site Visit Scheduled	<u>3/30/04</u>	<u>PUB</u>
Time: <u>9:30-10:00</u>		

Comments: _____

Site Visit Rescheduled _____

Time: _____

Site Visit Made _____

Date Given to OSS _____

Data Entry _____

Construction Permit Issued Denied

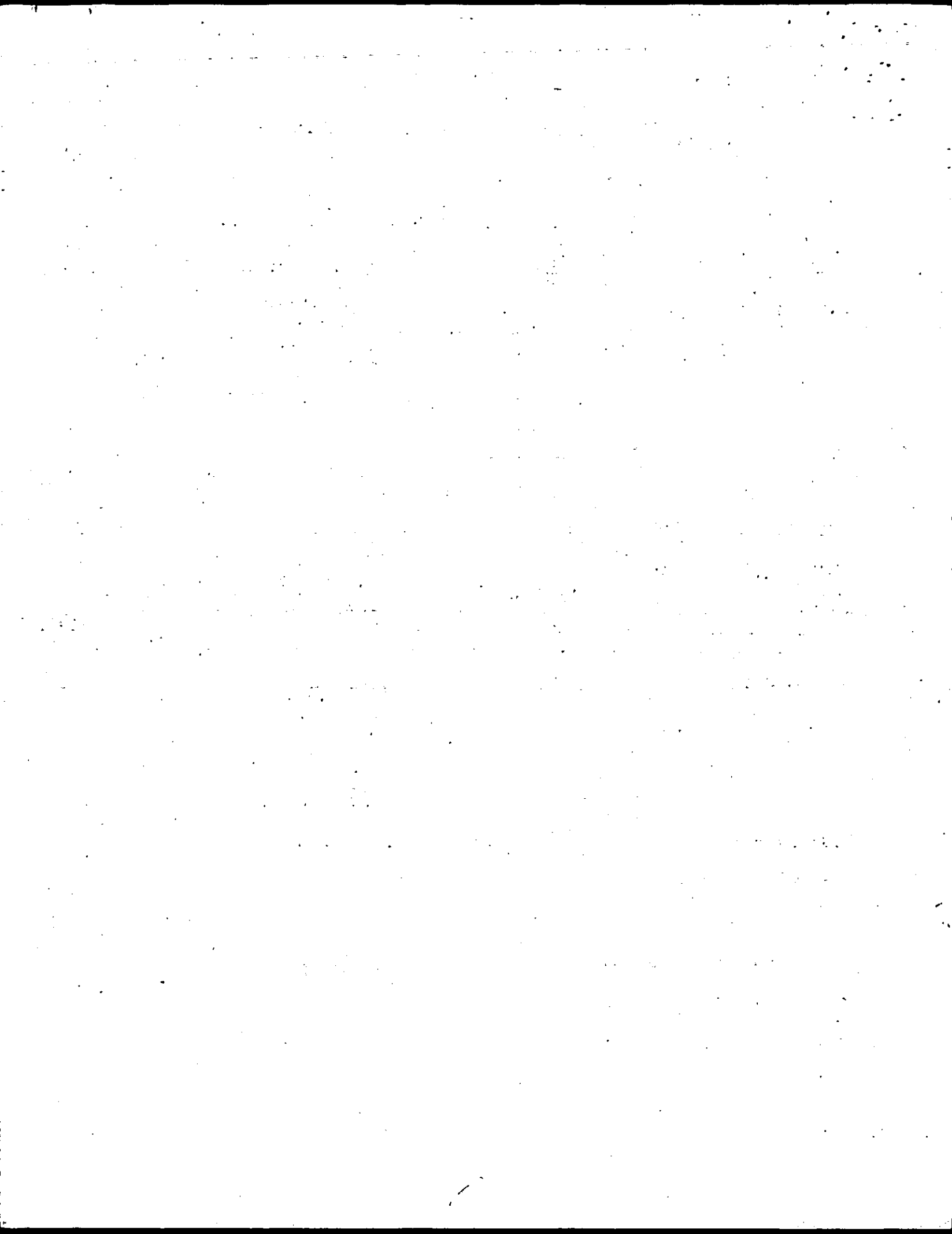
Certification Letter Issued Denied

Survey Received Yes No

Construction Permit Mailed _____

Construction Permit Picked-Up _____

Septic Maintenance _____



Appt Date	7:30	Time	9:30-10:00
Someone to meet	yes	no	

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

Health Department ID 154-04-288

To Be Completed By The Applicant

Type of Sewage system: New Repair Expanded Conditional
 FHA/VA yes no Case No. _____

3/18/04 PUB
Proc # 2 1969 296
\$190⁰⁰ CK

Owner Thomas Bullock + Crystal Denton Address 2379 Pendleton Rd Phone 804-539-9641
Mineral, VA Mike Ford

Agent Mission Homecare Address 10996 Phone 804-550-1840
Leadbetter Rd
Ashland, VA 23005

Directions of Property Rt 22 -> Mineral -> follow S 22 S
to property on Rt 22 across from lot 700 - 911

Subdivision NA Section NA Block NA Lot NA address

Other Property Identification Tax Map section 59 Parcel 9 of 2371

Dimension/size of Lot/Property 77,324 ACRES on mailbox

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 4) (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 New Existing
 Private New Existing

Describe: Mid-Atlantic Wells to dig new "deep" well with this application

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.

Thomas J. Bullock
 Signature of Owner/Agent

March 17, 2004
 Date

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

Health Department ID 124 CH-788

To be Completed By The Applicant
1500 # 5 10/03 PD
EX/04 P/B

Type of Sewage System: PHAWA New Repair Expanded Conditional Case No. 1000 CX

Owner: Thomas Bullock Capital Development Address: 3333 Round Bay Phone: 804-530-1840

Agent: Mission Home Services Address: 10990 Phone: 804-530-1840

Directions of Property: 155 = Mission
to the south of the property
Subdivision: N/A Section: 1/A Block: 1/A Lot: 1/A

Other Property Identification: Parcel P
Dimension/size of Lot/Property: 17.324 Acres
Other Application Information: on north side

I. Building/facility	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Existing
Intermittent Use	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No if yes describe _____
II. Residential Use	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Termite Treatment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Basement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Fixtures in Basement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
III. Commercial Use	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Commercial/Wastewater	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Employees	_____	
Number of Patrons	_____	
Describe:	_____	

If yes, give volumes and describe: _____

IV. Water Supply: Public Private
Describe: 1/4 - 1/2 inch wells "deep" well with this application

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 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.

Signature of Owner/Agent: [Signature]
Date: March 17, 2003

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

Health Department ID 154-04-588

13/18/04 PLB

To Be Completed By The Applicant

Per # 2 1969 296

Type of Sewage system: New Repair Expanded Conditional
 FHA/VA yes no Case No. _____

\$ 190⁰⁰ CK

Owner Thomas Bullock + Crystal Denton Address 2379 Pendell Blvd Phone 804-539-9641
Mineral, VA

MINE ROAD

Agent Mission Home Centers Address 10996 Phone 804-550-1840
Leadbetter Rd
Ashland, VA 23005

Directions of Property Rt 22 -> Mineral -> follow S 22 S
to property on Rt 22 across from Rt 700 - 911

Subdivision na Section na Block na Lot na address

Other Property Identification Tax Map section 59 Parcel 9 02371
on mailbox

Dimension/size of Lot/Property 7.7, 324 ACRES

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 4) (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
 New Existing

Describe: Mid-Atholic Wells to dig new "deep" well with this application

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 foot 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.

Thomas Bullock
 Signature of Owner/Agent

March 17, 2004
 Date



County Of Louisa
 P.O. Box 160
 Louisa, Virginia 23093
 (540) 967-3430
 Fax: (540) 967-3486

Development Permit
Zoning & Building
 (Complete the Appropriate Areas)

ZONING PERMIT #: 10-04
 BUILDING PERMIT #: 1432-03
 Expiration Date: 1/5/06

Owner/Applicant: BULLOCK THOMAS & CRYSTAL DENTON
 Address: 2379 Pendleton Rd Mineral Phone #: (804) 833-5800
 Contractor Name and Address: MISSION HOMECRAFTERS Phone #: (804) 550-1840

State License No. _____ A B C Classification _____ Expiration Date: _____
 County License No. _____ Date Issued: _____ Expiration Date: _____
 Tradesman Certification: _____ Date Issued: _____ Expiration Date: _____

Tax Map No. 59-9 Parcel No. _____ Lot No. _____ Building No. _____
 Magisterial District Mineral Present Acreage 77.324 Proposed Acreage _____
 CUP/SEP _____ Variance _____ Flood Plain _____
 Zoning Classification A-2 Subdivision _____ State Route 522
 Deed Book/Page No. 745/746 Plat Book No. _____ Site Plan _____
 Directions to Site: lot at intersection of 522 & 700 at Pendleton

Existing Structures on Property: main house & tent house

Class of Work:
 New Building Addition Repairs/Alteration Change of Use Other

Structure:
 Single-Family Modular Multi-Family
 Double-wide Mobile Home Single-wide Mobile Home Commercial/Industrial
 Double-wide Manufactured Home Single-wide Manufactured Home Other
 Agricultural Percolation Test Amplifier: 1076 sq ft

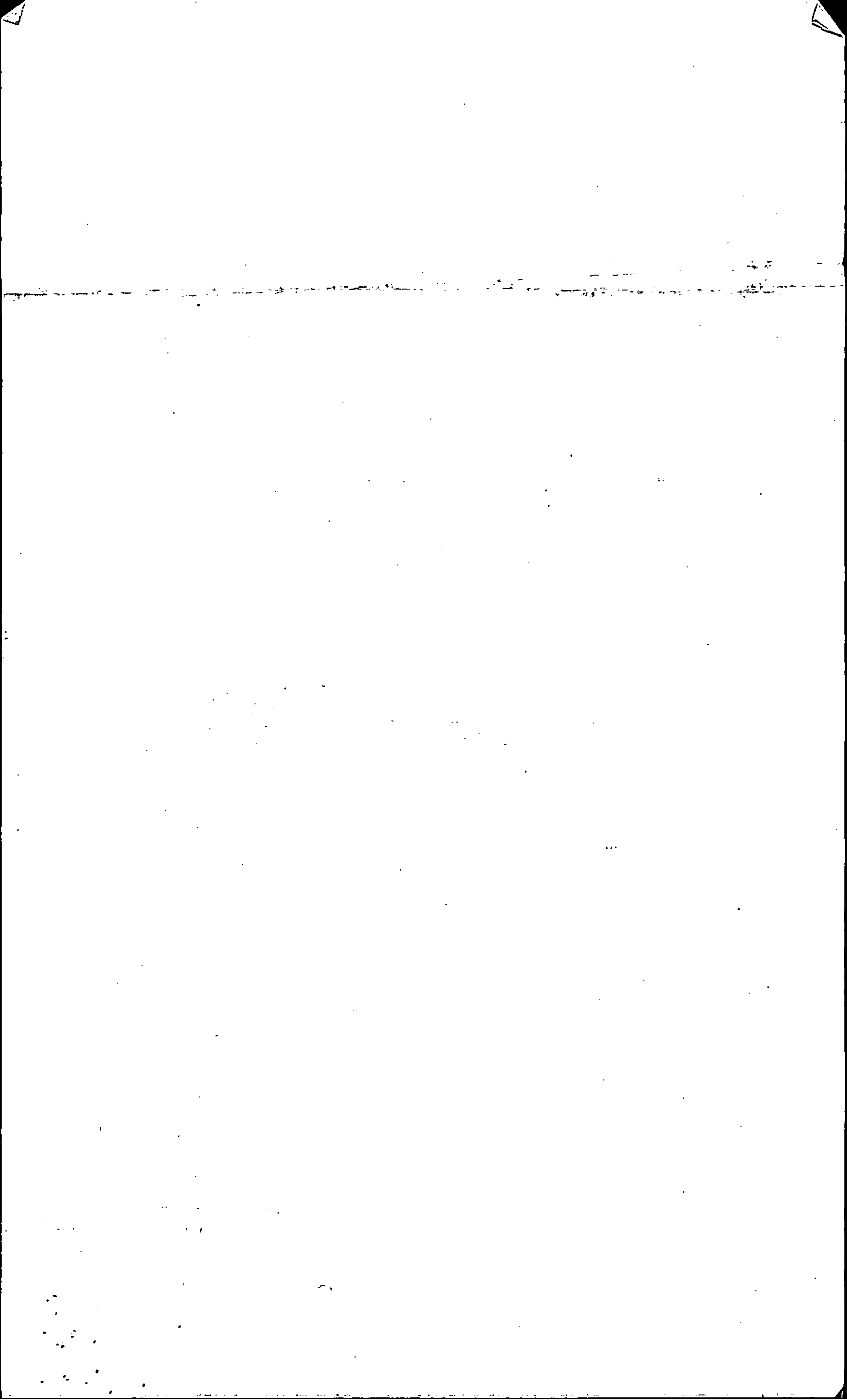
No. of Bedrooms 4 100% Reserve Mandatory Permitted
 Type of Water Supply: Public Private (well) exist
 Type of Sewage Disposal: Public Private (septic tank) new

REQUIRED SETBACKS: Front 100 Rear 35 Left Side 20 Right Side 20
 Acknowledged By: X CAD

I declare that the statements made and the information given on this Application are true, full and correct to the best of my knowledge and belief and I agree to conform to all Zoning and Building Regulations. I give my permission to the County Zoning Administrator, Building Inspector and Sanitation Officer to enter onto this property for appropriate inspection. I also acknowledge the comments made by the Zoning Administrator or designated agent and the setbacks requirements stated on this form.

Signature of Owner or Authorized Agent: [Signature] Date: 01/06/04
 Approved by Zoning Administrator or Designated Agent: [Signature] Date: 1/6/04

COMMENTS:
Legal non-conforming structures both placed prior to April 21, 1986.



Thomas Jefferson Health District
Environmental Health Services
Important Notice

Please Read Before Filing Your Application and Paying Your Fee.

This is to inform you that the fees for Environmental Health permits mandated by the state, cannot be refunded once the application has been filed and the fee paid except for the following reasons:

- If the applicant withdraws their NON-AOSE application before the Environmental Health Specialist makes a site visit to evaluate the property and if the applicant requests a refund in writing.
- The health department is unable to issue a permit and only then if:
 - a. You are seeking to construct your principal place of residence on this lot, and only then if...
 - b. You provide written notification to the health department that you are foregoing your right to appeal the denial of your request for a permit and include your social security number. In order for you to then appeal at a later date, the above refunded fee would need to be re-instated before a hearing date would be scheduled. Please note that because this is a state agency, if you have a debt with the state, your refund would go towards your account.

All APPLICATIONS will become void if they are inactive for 90 days. **INCOMPLETE AOSE APPLICATION PACKETS** will be denied. All inactive applications or those that have been denied pending additional information will require the submission of a new application package and payment of all fees after 90 days has elapsed. Once a **PERMIT** has been issued, it is valid for 18 months. If you do not plan to complete construction within 18 months you should not apply for a construction permit at this time. If you want assurance from the health department of the ability to get a construction permit in the future you should apply for a certification letter.

It is your responsibility to have the corners of property lines of a lot clearly marked and to have the four corners of the proposed house site flagged. The Environmental Health Specialist will not be able to complete work without these markings. The soil evaluation may not be performed if the site has not been adequately marked. Also, if the lot is too overgrown, then the Environmental Health Specialist may require bush hogging, etc. before site work can be done.

It is also your responsibility to make it clear to the Environmental Health Specialist which one or two areas on your lot you want tested, although he will advise you which areas appear more suitable for a septic system. No more than two areas will be tested and the permit will be issued showing the location of the system in only one suitable site.

Sites that have been previously approved during division of property, etc. or sites that have previously issued permits cannot be changed without additional expense on your part. If this occurs, you will need to hire a private soil consultant to test another site and submit a report showing conflict with neighboring lots. New application and fee will be required.

I have read and understand the above application notice.

Stacey Smith

Date:

3-18-04



Commonwealth of Virginia Uniform Water Well Completion Report

Owner: Bullock Thomas and Denton, Crystal
 Address: 2379 Pendleton Rd
Mineral VA 23117

Tax Map ID: 59-9-130
 VDH Permit: 15404-0749
 WVCB Permit: _____
 WVCB ID: _____
 County: Louisa

Location: Rt 522/700 Behind Walton Lumber Co

* Well Data *

General Information

Drilling Method: Air Rotary
 Depth to Bedrock: 92
 Static Water Level: _____
 Well Disinfected (Y or N): N

Date Completed: 8/18/64
 Yield: 40 (GMP)
 Stabilized Water Level: _____
 Disinfectant Used: NA

Total Depth of Well: 180
 Length of Test: _____
 Natural Flow (Rate): 40 gpm
 Amount Used: NA

Casing
 From 11 To 96
 Size: 6 7/8 Material: pvc
 Weight/Schedule: Sch 40

From _____ To _____
 Size _____ Material _____
 Weight/Schedule _____

From _____ To _____
 Size _____ Material _____
 Weight/Schedule _____

Gravel Pack
 From _____ To _____

From _____ To _____

From _____ To _____

Drill Bit
 From 0 To 50
 Bore Hole Size: 10"
 Type: Benonite
 Method: pumped

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

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

Filter Zones or Screened Intervals

From 160 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 *

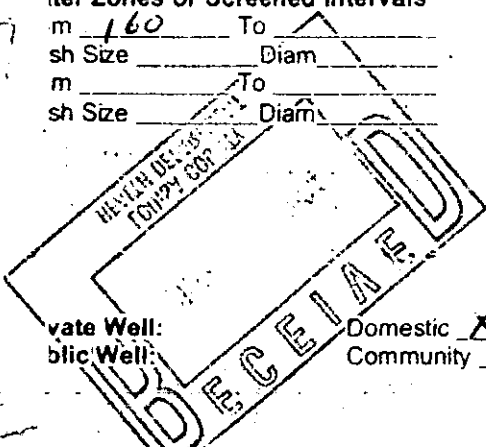
Bored or Dug Wells

Casing Removed, Y or N? _____
 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

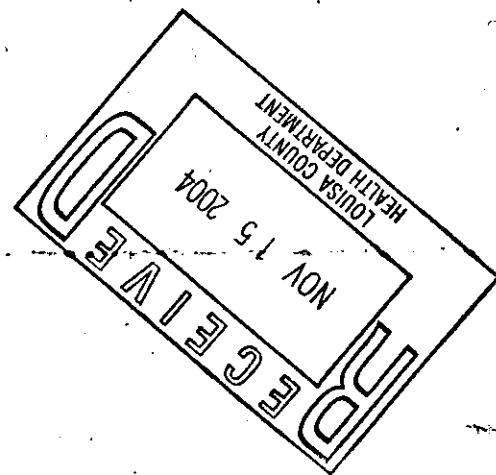
Casing removed, Y or N? _____
 Depth to which casing was removed: _____
 Applicable, depth(s), and type of gravel/sand fill: _____
 Source of gravel or sand: _____
 Cement: From _____ to _____ From _____ to _____

Method of permanently marking location: _____



* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
2-25 Red Clay		Campbell Lp6
5-92 Brown Sandy		Well Cap
2-180 Granite		



(Use 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 Mid Virginia Water Wells, LLC
Address Po Box 838
Mineral Va. 23117
Phone 540 844 8520
Drillers Signature Jane E. Dean Jr.
Date 8/18/04 Representing MVWW LLC
Virginia Contractors License Number 2705-05-4164