

Walk- Over
ZONING PERMIT \*: 1529-05

P.O. Box 160	Zoning & Puilding	PERMIT #: 100
Louisa, Virginia 23093	Zoning & Building (Complete the Appropriate Areas)	PERMIT #: 1505-05
(540) 967-3430 Fax: (540) 967-3486		1114107
Owner/Applicant:	The more J. E. Cristal J. D	(n ton)
Address: 2777 Pend	letin Rd. Or nerolVA	Phone #: (14 - )314
Contractor Name and Address:		Clephone #304-350-
	A B C Classification	
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 17 525	— Proposed Acreage —————
CUP/SEP Varian	ce Flood Plain	
Zoning Classification — A-3	Subdivision 00	State Route
Deed Book/Page No.	Plat Book No.	Site Plan
Directions to Site: 22 Horbis	h maccal - theres in	16527
- Kusto Chico	Eway Inext tywalton	Luniser
Existing Structures on Property:	1:c-, Guest House	1.
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 ☐ Agricultural	☐ Single-wide Manufactured Home (	Other (00000000)
		The second
No. of Bedrooms Onding 187d		V COOL BOOK
and the same of th	ic Private (well) ic Private (septic tank)	ZE + OCCOSSENTA
1 pm / fr / mmm + fr	1100 Rear 35 Lenside 20'	Right Side
Acknowledged By:	tariff to ead of an indication	O SO RIGO
I declare that the statements made as	nd the information given on this Applicati	on are true, full and correct-to the
best of my knowledge and belief an	d I agree to conform to all Zoning and	Building Regulations. I give my
property for appropriate inspection.	dministrator, Building Inspector and Sar I also acknowledge the comments mad	nitation Officer to enter onto this le by the Zoning Administrator or
designated agent and the setbacks rec		
Signature of	= 00 ()	11/15/05
Owner or Authorized Agent:	JIAN XXXX	Date: 11 15 05
Approved by Zoning Administrator	Bunkling	ulalos
or Designated Agent:	MACRECA	Date: 1110100
	ical and a	
COMMENTS: CANODO	201-CLRUTHROUND	and bedieve
Ciorno M. Comp	1	
CALL CONTROL	emac.	1/11/201
ART SOLIM Y	se pepie labore à	of Blas leanit
Hadring Start	ing to be used for	members of
immediate an	il or caretires	of the ninent.
	) 0	10-00 12
gentro-810-73/1	Accessory Apartmo	A) mose
Erosion and Sediment Control	As Defined  Agreement   Plan	
A COLOR OF THE CONTROL OF THE CONTRO	ingreement [] Fill	•



## 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
L			

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	 Mark Mongold	 Mach Monde
Effective Date	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	Mark Mongold	Monh Mondo
Effective Date	EHS	Approved

Wihal 10A804 550 1843

## **Completion Statement**

Commonwealth of State Department	
· •	Health Department Identification Numbe <u>r 154-04-0288</u>
	Health Department Louisa
Nuckols Enterpr 867 Seay Road	rises Inc. Manakin-Sabot, VA 23103 (804)749-4149
Owner's Name	e: Builock, Thomas & Denton, Crystal
Owner's Addre	ess: 2379 Pendleton Road Mineral VA 23117
•	
Location of Ins	stallation: LotBlock/Section:
Subdivi	ision:
Other:	Pendleton Road
construction permit	e onsite sewage disposal system has been installed and completed in accordance with issued (date) 03/30/04 and is in compliance with Part D of the Sewage posal Regulations and when appropriate the plans and specifications for the project.
07/29/04	Sec/Treas
Date	Signature and Title

2379 Rendlefon Rd jinia Mineral, VA.

## Commonwealth of Virginia Miniform Water Well Completion Report

OWNER Bullock Thomas and De	nton Crystal	Tax Map	ID 599 13	O
address: 2379 Penalleton Ra	<del>,</del>	VDH Pen	mit <u>15965</u>	0 / 4 9
Mineral- Va. 2311.7		WCB Pe	ermit	. (+
Phone:		VWCB ID	1 1 1 7	·
Location: R+ 522-1-700 Behind-1	valton-Lumber Co	County	Louisa-	
The second second second	*	Para in report to 1	. was a stage	P 8 4 4 4 4
	* Well Data *	• •		
Seneral Information		•	•	
Prilling Method Air Rotery	Date Completed 8/18/64		Total Depth of \	Nell <u> </u>
)epth to Bedrock 92	Yield 40 (GMP)		Length of Test	
Static Water Level	Stabilized Water Level		Natural Flow (R	late) <u>40 9/m</u>
Vell Disinfected (Y or N)	Disinfectant Used		Amount Used _	NH
casing to To 96	<b>-</b>		Erom	To
rom 10 70	From To SizeMaterial		Size	To Material
Size <u>b / 4</u> Material <u>p / c</u> Veight/Schedule <u>5 c h 4 o</u>	Moight/Schodulo			le
veignt/schedule	Weight/Schedule		Weightocheda	
Fravel Pack	( )		_	_
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			ţ	
Frout To 50	From To		From	То
Bore Hole Size 1011	Bore Hole Size	<del></del> .	Bore Hole Size	
ype Benonite	/Type // >/////			
Method Pumped	Method File //		Method	
' '	From Adillo) To		•	
Vater Zones or Screened Intervals	Inc. Action		F	Ta
rom 160 To	From 15/17/00/ To		Mesh Size	To Diam
Aesh SizeDiam rom To	FromTo	<u> </u>	From	To
Aesh SizeDiam	Mesh SizeDiam		Mesh Size	Diam
Nest Oze	Widom 020	<del></del>	<u>.</u>	
	* Use Data *			
'rivate Well: Domestic X	Agricultural Industrial I	Monitorina		
	Non-community		<del></del>	
	·		•	•
				,
	* Abandonment Informa	tion *		
lored or Dug Wells		other than B		
asing Removed, Y or N?		ng removed, Y	or N?	
Y, Depth to which casing was removed:			ng was removed	
epth and Type of Fill:			, and type of gra	
lentonite Plugs: From to From	to Ceme	æ or graver of s ent: Emm	sand: to Fro	m to
FION	10		110	··· ~
fethod of permanently marking location:		· <u> </u>		
	•			

Description of Formation or Sediment

Remarks

0-25 Red Clay 1 17	* *			Cam
25- 92 Brown Sandy	,			11/6
92 180 Granite		<b>.</b>	<u>.</u>	



## (Use Additional Sheets if necessary)

certify that the information contained here is true and that this well was installed and constructed in accordance with	the p	ermit <sub>,</sub> and	further	: tha
well complies with all applicable state and local regulations; ordinances and laws.			, .	
well complies with all applicable state and local regulations, ordinances and least.			•	

Name Mid Virginia water wells . LLC	
Address Po Box 838	<u> </u>
Mineral Va. 23/17	
Phone 540 894 8520	
0 - 6 D 4	
Date	
Visiting Contractor 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

	and the second of the second o			
Date: 11/15/04	•		•	
Bacteriological	Examination of Water	-		
Sample Number:	111304-1 Bullock			
Requested by:	Mission Homecrafters/Permi	t 0001432-2003		٠.
Sample Origin:	Mr. Thomas Bullock 2396 Pendleton Rd. Mineral, VA 23117		, .	
Identification o	of Coliform Group Bacteria	Positive N	egative	
Presumptiv	ve Test		<u>x</u>	
Confirmed EC Broth		coliforms per 100 m	ů.	
group bact	its indicate the sample sub teria, thus is satisfactory , fecal coliforms and E. co	<i>i</i> for drinking water	free of coliform supply. Total	
	lts indicate the sample sub teria, thus may not be sat:			
accepted laborat	ces were performed and the tory practices, and makes a to the professional advice	no other warranties,	accordance with either expressed	
Respectfully,	Will (1)	Dimone	the Marler	Z
Dr. Ronald R. W	eik, Ph.D.	Simonetta M. Wei	ik ·	•
Director, Micro	biology .	Assistant Direct	ior	

Assistant Director

NOV 17 2004 LOUISA COUNTY HEALTH DEPARTMENT

Decto mate.



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 Infor	rmation			
Bullock, Tho 2379 Pendle Mineral, VA		l Phone:		
	•			
Location Inf	ormation	·		
Subdivision		Tax Map:	59-9-130	
Name:			· ·	
Property	Rt 522/700	GPIN.		
Address:				
County:	Louisa	Legal Description:	Section Block Lot	
Directions:	22E/522S, lot at interse	eciton of	1	i
ì	Rt 522/700 at Pendleto			•
- ·	across from 700, 911 a			1
,	2371 on mailbox			
•				
General Info	ormation	m 2 P 4 M		
Well Class:	Class IIIB M	inimum 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 Phone: 2379 Pendleton Rd HD ID #: 154-04-0749 Mineral, VA 23117 Construction Drawing Scale drawing of the well site and related features. Lumber Yard Treeline Treeline Proposed Grapes IIIB Well Cased and Grouted 50'+ 100% Maintain 50' milmum separation 102 Reserve distance from house and any Area drain field/reserve area Do not install UST within 100' of well 4BR 3 Large (dying) hickory trees (?) House Suele Proposed

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.#:	154-0		49	·	
Owner: Thom	mos	Dul 1	Jock J	Cysta	strate &
Agent:		,			
Tax Map #:	59-	9-13	0		
Subdivision:	· · · · · · · · · · · · · · · · · · ·			Lot:	
	{} Repai {} Certif	r Permit ication l	_	eptic Permit	Well Permit
	•	•	DATE		INITIALS
Application Received	,		3/11/04	<del></del> -	PU3
Assigned To: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Que_	<u>-</u> .	3/11/64	<del></del>	PUB.
AOSE Submittal	{} Yes	§ No			
Site Visit Scheduled	•			_ · ·	
Time:	•	•	•	•	
Comments:					<u>.                                    </u>
				•	
Site Visit Rescheduled				-	
Time:			alus		100)
Site Visit Made		<i>:</i>	- plin		- fle
Date Given to OSS	•	• •	8/18		
Data Entry	•	_		<b>-</b>	·
Construction Permit Certification Letter Survey Received	{} Issued {} Issued {} Yes	{} Denie {} Denie {} No	d d		· · · · · · · · · · · · · · · · · · ·
Construction Permit Mailed	•	ţ.:. —	<u>.                                    </u>	<u> </u>	
onstruction Permit Picked-Up		· · · · · · · · · · · · · · · ·	<u> </u>		
eptic Maintenance	•	·	- <del></del>	44.5 (*) 	

out Musion at Mid Va when rudy

### SITE VISIT WORKSHEET

Date: HD ID #:
Owner: Thomas Bullock / Crystal Topston
Directions:
Type of Well to be Installed:     IIIA   IIIB     IIIC   IV   Additional Grout:   YES   NO   Amount:
Evaluation Method:
Position in Landscape Satisfactory:
Position Type:
Slope: Depth to Rock/Impervious Strata:
Depth of Seasonal Water: Free Water Present:
Other Limiting Feature Present?
Soil Group:
Permeability Estimated At inches Permeability Test Performed: □ YES □ NO
Type of Test:   Percolation   Double Ring Infiltrometer   Amoozameter
Treatment Level:
Length of Site (On Contour): Victibative (Op & Down Hill):
Septic Tank Capacity (Gallons): 0750 0900 1200 1500 Number of Septic Tanks:
Distribution: Gravity Pump Enhanced Flow Number of Boxes: 1 Other
Conveyance Line Diameter.
Pump Specifications: Pump Chamber Size: 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
Time In:
Time Out:  Environmental Realth Specialist Senior - Signature



Louisa County Health Department PO Box 336 Louisa, VA

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

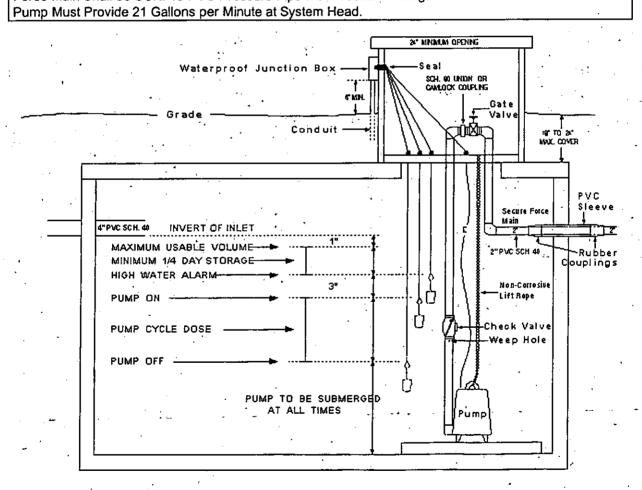
## Septic Tank - Soil Absorption System Construction Permit Health Department ID Number: 154-04-0288

	•			
Owner Information	<u> </u>			<u> </u>
Bullock, Thomas ar	nd Denton, Crystal	Phone:		
2379 Pendleton Rd	•		ľ	
Mineral, VA 23117			<u></u>	
<del></del> -				
Location Informat	ion			** Y 3.44
Subdivision Name:		Tax Map:	59-9 - 130	* 4
Property Address:	Rt 522/700	GPIN:		
County:	Louisa	'Legal Description:	Section Block Lot	
Directions:	22E/522S, lot at intersection of Rt			.3
	522/700 at Pendleton, on right	1		
•	across from 700, 911 address of			
	2371 on mailbox		<u> </u>	
		· · · · · ·		
General Informatio	n			<u> </u>
System Type:		Number of Bedroom	ns: 4	
Type of Property: Residential		Daily Flow: 600 gall	ons .	•
Conditions:	·			<u> </u>
				4
Sewer Line		Distribution Box In	formation /	
[Default 4"] SCH 40	PVC or equivalent	No. of Boxes: 1	•	
,		No. of Outlets: 9	• •	
1				•
Conveyance Line/F	orce Main Information	Header Line Inforn	nation	
Method: Pump to Di		1500# crush		
	pe with pressure-type joints	Minimum slope 2"	. •	2000
Pipe Diameter: 2"	. E =			• •
Slope: only for non-	pump - 6" per 100'		•	
		<u> </u>		
Septic Tank - Inlet	Outlet Structure	Percolation Lines	and Absorption Are	ea
Capacity: 1200 gallo		Slope: 2-4" per 100'		- A
	hall be one to two inches higher	Percolation lines: 4"		

#### Center to Center Spacing: 9' than the outlet structure and shall extend six to eight Installation Depth: 48" inches below and eight to ten inches above the normal liquid level. The outlet structure shall extend 35-40% Depth of Aggregate: 13" Size of aggregate: 0.5-1.5" below the normal liquid level and eight to ten inches # of Laterals: 8 above the normal liquid level. Lateral Length: 100' To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with Lateral Width: 3' one of the following three options: # of Square Feet: 2400 Inspection port. Effluent filter. Reduced maintenance tank

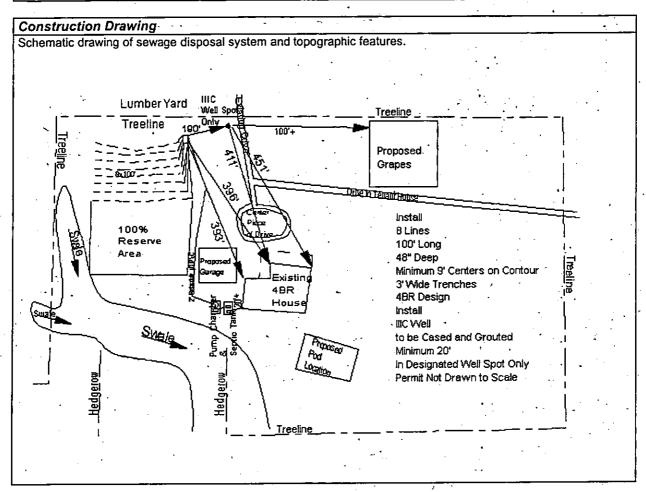
## **Pump Specifications**

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.
Maximim Pump Capacity:	GPM :
Static Head:	feet
Friction Head:	feet at gallons/minute
Total Dynamic Head:	feet at gallons/minute



## **Construction Drawing**

#### Owner Information Bullock, Thomas and Denton, Crystal Phone: HD ID #: 154-04-0288 2379 Pendleton Rd Mineral, VA 23117



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

03/30/2004 Issue Date

09/30/2005 **Expiration Date** 



Louisa County Health Department PO Box 336 Louisa, VA

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

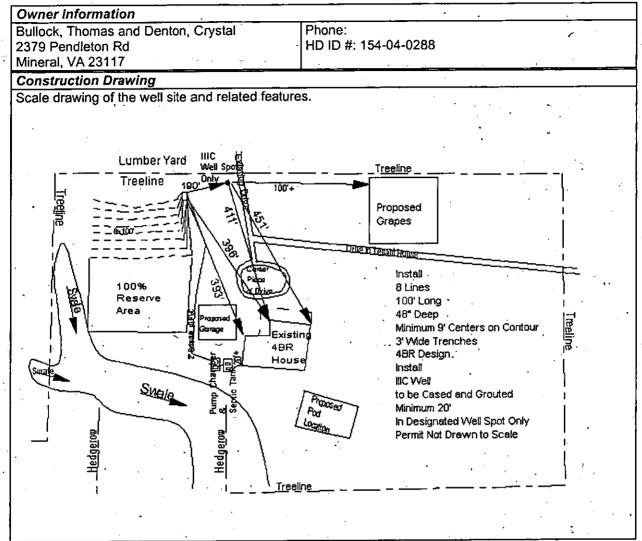
### **Private Well Construction Permit**

Health Department ID Number: 154-04-0288

Owner Infori	mation		<u> </u>	
	nas and Denton, Crystal	Phone:		
2379 Pendlet		.		
Mineral, VA 2	3117	<u> </u>		
Location Info	ormation			
Subdivision		.Tax Map:	59-9	
Name:	Rt 522/700	GPIN:	**	
Property	Louisa	Legal Description:	Section Block Lot	
Address:	22E/522S, lot at intersection o	;		`
County:	Rt 522/700 at Pendleton, on			
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	0

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.



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. Kysø

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

EHS: For each item, circle status, date and sign Sewer line: Satisfactory: (Yes) Arm 7-29-04 Pending - incomplete Pending -- needs correction Comments: Septic Tank: Satisfactory: Yes Pending – incomplete Pending -- needs correction Comments: Inlet/Outlet Structure Satisfactory: Yes Pending - incomplete Pending -- needs correction Comments: Pump System: Satisfactory: Yes Pending - incomplete 7-29-04 Pending -- needs correction Comments: Conveyance Line/Force Main Satisfactory: Yes) Pending - incomplete Pending -- needs correction Comments: Distribution Box/Distribution System Satisfactory: (Yes) Pending - incomplete Pending --- needs correction Comments:

Header Lin	ies
Satis	factory; Yes
	ing – incomplete
	ling needs correction
	ments:
Percolation	n Lines:
	factory; Yes
	ing – incomplete
Pend	ing needs correction
Comi	ments:
Absorption	Trenches:
	factory: Yes
	ing – incomplete
	ing needs correction
Comi	ments:
Other:	
Septi	c Contractor Name: Nuckals
As∙bı	uilt sketch: OVER
Com	oletion Statement Received:
Cond	itional permit compliance:
Time	spent inspecting: Time in: Time out:
101	Construction Final Approval:
Approved by	Date Approved
Water Sup	ply Location:
	factory: (Yes)
	ing – incomplete
	ing needs correction
	0.0
50111	
Time Spent	Inspecting: Time In: Time Out:
Title Shellt	Construction Final Approval:
Male	Marsh 11-17-04
Approved By	Date Approved
•	

He Bout House 00 6

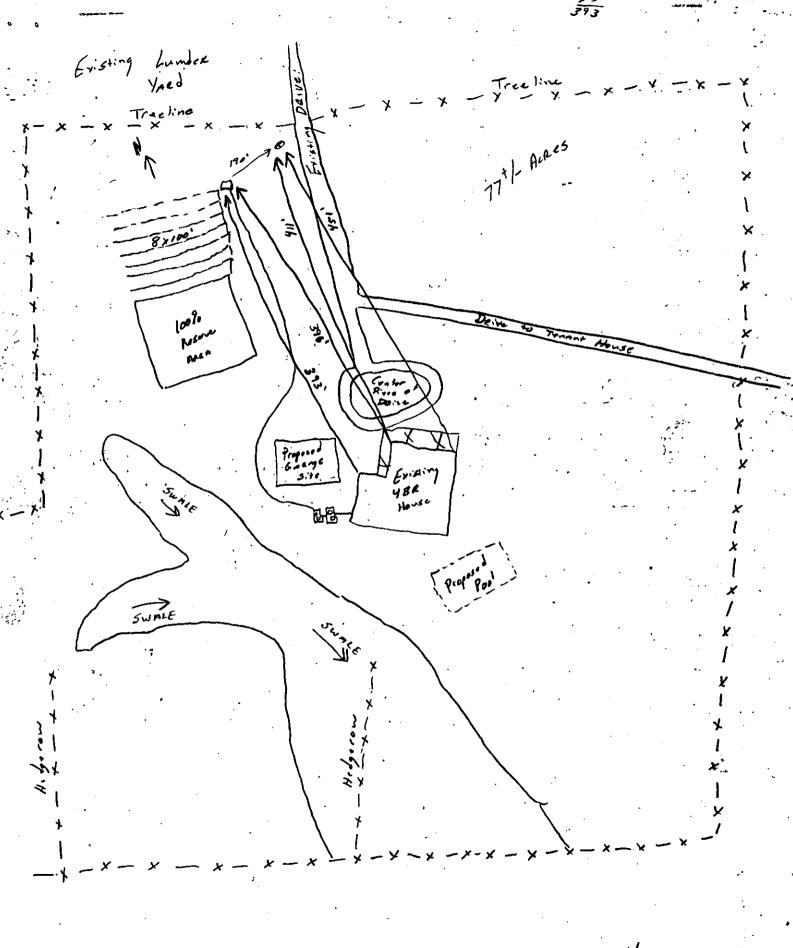
## SITE VISIT WORKSHEET

Date: HD ID #: 154 - 04 - 388
Owner: Monces: Beellich & Cyclal Darton
Directions:
Type of Well to be Installed: □ IIIA □ IIIB ● IIIC □ IV Additional Grout: □ YES ● NO Amount:
Evaluation Method:  Hand Auger  Dits  Other:
Position in Landscape Satisfactory:   YES   NO
Position Type:
Slope: Depth to Rock/Impervious Strata: 75 "+
Depth of Seasonal Water: Free Water Present: □ YES ■ NO
Other Limiting Feature Present?
Soil Group: □ I □ II ■ III □ IV Permeability:Minutes Per Inch
Permeability Estimated At: 75 inches Permeability Test Performed: DYES NO
Type of Test:
Treatment Level:   ☐ Primary ☐ Secondary ☐ Advanced Secondary
Length of Site (On Contour): /00' Width of Site (Up & Down Hill): /38'
Septic Tank Capacity (Gallons): ☐ 750 ☐ 900 ■ 1200 ☐ 1500 Number of Septic Tanks:
Distribution: ☐ Gravity
Conveyance Line Diameter: 4" Other: 2" Number of Ports Per Box: 16 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:
Pump must provide a minimum of 21 gallon's per minutes at System Head.
Absorption Area: Number of laterals: 7 Length: 100 Feet Width: 03' 0 Other:
Center to Center: 9' 10' 11' Other:
Aggregate Depth ■13" □ Other: Installation Depth: 48"
Time In: 12:35 Jona 1. Ryen
Time Out:  Environmental Health Specialist Senior - Signature

Page 1 of	DATE:	
15 4 - 2 - 2 - 3 - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	ASSIGNED TO: 8. Wes	roe
OWNER'S NAME: Thomas Beloc	h + Custal Banker	` .
SYSTEM TYPE: I DIRECTION		• .
WELL TYPE: IIC		
TRENCH DEPTH: 48"	<u> </u>	· .
# OF TRENCHES: 8	DEPTH TO ROCK: 75"+	<u>-</u> ·
LENGTH: /00	DEPTH TO WATER TABLE: N/A	<del>`</del> _
CENTERS: 9'	DEPTH TO FREE WATER: NA	<del></del>
SLOPE: 5% /LANDSCAPE: Sileslope	TEXTURE GROUP: 3	
PERK RATE: 75	MAIL TO:	
H# Hz DEPTH DESCRIPTION	TI	EX. GRP
1 Ap 0-4 104R 4/3 Brown Silty Clm	y Loan	3
EB 4-10 104R 5/4 Yellowish Brown	Silty Chan Learn	3
Bt 10-65 Userymod 5485/6 Yellowish Rod		
BC 65-75 + Viengoled SYR 5/8 Yellowich Red;	104A6/8 Brownish Yellow Sily Clay Loam	<u>.</u>
2 Ap O-6 love 5/4 Yellowish Brown	Silt Lonin	
3+ 6-42 2.542 16 Red Sily Clay		4
c 42-76"+ 2.54R4/4 Rellish Brown Si	4 Learn Fin	<u>3</u> -
3 Ap 10=4 10 YR 5/4 Yellowich Brown	Sitt loom	<u>3</u>
Bt 4-57 2.5-42 5/6 Red Medium to	Henry Sily Chay Lann	3
C 57-75"t 7.54R4/8 Rd Silt Lonm		<u>3</u>
		· · · · · · · · · · · · · · · · · · ·

SIGNATURE OF EVALUATOR:\_

from & Lynn



ESK (81)



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

Erosion and Sediment Control

## Development Permit Zoning & Building

(Complete the Appropriate Areas)

ZONING: PERMIT #: -BUILDING PERMIT #:

Fax: (540) 967-3486	Expiration Date: .1506
Owner/Applicant: BUILOCK TOOMS & CLUSICAL DEA	100
Address: 2379 Pendleton Rd Mileral	Phone #: 31) 833 - 580
Contractor Name and Address: MSSMEN HOLLECTOFICS	Phone #:(204)550 - 184
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 Mireral Present Acreage TH. 334	Proposed Acreage
CUP/SEP Variance Flood Plain	11.0poseurie.euge
Zoning Classification A: Subdivision	State Route 500
Deed Book/Page No. 745/7410 Plat Book No. Plat Book No.	Site Plan
Directions to Site: 101 at intersection of 520 F7	
Existing Structures on Property: Main house # 100 m. hou	<u>se !! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! </u>
Class of Work:  New Building, Addition Repairs/Alteration Change of	of Use  Other
Structure:	
Structure: ☐ Modular ☐ 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	100:1076 SO A
	y American
	X ex. St
Type of Sewage Disposal: Public Private (septic tan	- J.N.
REQUIRED SETBACKS: Front 100 Rear 35 Left Side 20	Right Side
Acknowledged By: X CA C	·
I declare that the statements made and the information given on this Application best of my knowledge and belief and I agree to conform to all Zoning an permission to the County Zoning Administrator, Building Inspector and S property for appropriate inspection. I also acknowledge the comments madesignated agent and the setbacks requirements stated on this form.	d Building Regulations. I give my anitation Officer to enter onto this
Signature of Owner or Authorized Agent:	Date: 01/06/04
Approved by Zoning Administrator House Killing or Designated Agent:	Date:
LADOL MIN-CONFORMING STRUCTURES DOHO	placed price
	-

Plan

Agreement

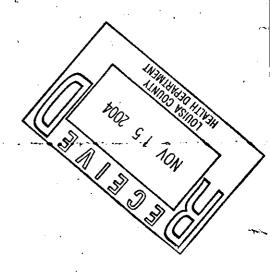
# Commonwealth of Virginia Uniform Water Well Completion Report

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ation: R+ 522/700 Behind	Walton Lumber Co		County	Louisa		
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	Date Completed 8/18/	64	•	Total Deoth of	Well 180	
ng Method <u>Air Rotary</u> th to Bedrock <u>9</u> 2	Yield 40	(GMP)		Length of Test		
ic Water Level	Stabilized Water Level	_(0.0.1)	• • •	Natural Flow (	Rate) <u>40 90 m</u>	
Disinfected (Y or N) _ N	Disinfectant Used _ N	Pi	-	Amount Used		
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Description of Formation or Sediment:

Remarks

2-25 Red Clay	Campbell Lpb			
5- 92 Brown Sandy	Well Cap			
1'- 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	1
Address Po Box 538	
Mineral Va 23/17	
Phone <u>540 844 8520</u>	
Drillers Signature Jane & Dum h.	<u> </u>
Date S [18/04 // Representing / MV WW LLC	
Virginia Contractors License Number 2705 - 05 - 4164	