

Sewage Disposal System Operation Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification No. 136-83-0685
Gloucester County Health Department



Tax Map No. 25-31-(1)-15

J. David Kimbrough, Inc.

is Hereby Granted Permission
to Operate a (Type) II Sewage Disposal System Having a Design Capacity of 1200/8 bedrooms gpd, at

SUBDIVISION	SECTION/BLOCK	LOT
Cedar Lake	1	15

This permit is Issued in Accordance with the Provisions of 32.1, Chapter 6 of the Code of Virginia as Amended and Section(s)
3.22 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health and

with Previously Issued permits CHS 202 A & B

Dated 9/9/83

with the understanding that the Owner and/or any Subsequent Owner will operate the Sewage Disposal System in Accordance with the Sewage Handling and Disposal Regulations of the Virginia Department of Health and any Variances or Conditions Granted. Issuance of an Operating Permit does not imply or Guarantee that the Sewage Disposal System will Function for any Specified Period of Time.

VARIANCES GRANTED

☒ NONE ☐ SEE ATTACHED

SPECIAL CONDITIONS

☒ NONE ☐ SEE ATTACHED

December 6, 1984

Effective Date

E.B. Foster Jr.
Recommended (Sanitarian)

[Signature]
Approved (State Health Commissioner)

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

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 136-83-0685
Gloucester Health Department

Name of Company/Corporation/Individual: W. O. LOWERY JR.

Address: 214110 Telephone: 529-6210

Owner's Name LINDA S. BAIDURN
J. David Kimbrough Inc.

Owner's Address Gloucester Va 23061

Location of Installation: Lot 15 Block _____

Section: _____ Subdivision: Cedar Lake

Other: See Permit

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 9-9-83 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

4-26-84

Date

[Signature]
Signature and Title

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

Record Of Inspection—Nonpublic Drinking Water Supply System

Commonwealth of Virginia
Department of Health

Use of form required only when
water supply constructed in con-
junction with an on-site sewage
disposal system, or when F&A, VA
financing is involved.

Health Department

I.D. Number 136-83-0684

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

Map Reference

25-	31-(1)	- 15
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Date December 6, 1984 Local Health Department Gloucester County

Owner J. David Kimbrough, Inc. Address P. O. Box 418
Irvington, VA. 23480 Phone _____

Exact Location of Premises _____

Subdivision Cedar Lake Section/Block 1 Lot 15

Class of nonpublic drinking water well.

1) Class III	A. (drilled well)	<input type="checkbox"/>
2) Class III	B. (bored well)	<input type="checkbox"/>
3) Class III	C. (jetted well)	<input type="checkbox"/>
4) Class III	D. (dug well)	<input type="checkbox"/>
5) Other	E. <u>Class II B</u>	<input checked="" type="checkbox"/>

Date of installation 4/84

CONSTRUCTION INFORMATION

If information in any item below is secured from other sources (i.e.) well log, etc., so note.

1. Water well completion report filed as required by 18.02.07. Yes ☐ No ☐
2. Well Location: Distances from sources of pollution (see Table 12.1, Minimum Separation Distances) and Section 10.04.01 and 18.02.02.
Building Sewer _____ Pretreatment Unit _____ Conveyance System _____ Subsurface
Soil Absorption System _____ (nearest point). Property Line _____ Other _____
Site graded where necessary to divert water away from well? Yes ☐ No ☐ n.a. ☐
3. Construction, General: (see Section 18.02.05, and 18.02.02)
Total depth of well 90 feet. Type of casing sch 40 pvc. Depth of casing 70 feet. Diameter
of casing 2 inches. Casing extends inches above ground _____. Exterior space around casing sealed
with neat cement grout to a depth of 50 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 Mech.
Pitless adapter used? yes ☐ no ☐ n.a. ☒ Properly installed? yes ☐ no ☐ n.a. ☒ Proper venting?
yes ☐ no ☐ n.a. ☒
4. Quantity: Yield and drawdown determined by continuous pumping of _____ hours. Drawdown _____ feet.
Yield 5 GPM. Type of storage _____
5. Quality: Sample tap provided at entry into system? yes ☐ no ☐ Sample(s) collected? yes ☐ no ☒
Results of samples. Satisfactory ☐ Unsatisfactory ☐ (attach copy of results to 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 is approved. ☒

Remarks: _____

Date December 6, 1984

Signed E.B. Foster Jr.
Sanitarian

Date _____ Signed _____

Supervisory Sanitarian

Date _____ Signed _____

Regional Sanitarian (If V.A. or F.H.A.)

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. _____

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

(Certification of Completion/County Permit)

County/City _____

Gloucester, VA.

County/City Stamp

• Virginia Plane Coordinates

Latitude & Longitude

• Topo. Map No. _____
• Elevation _____ ft.
• Formation _____
• Lithology _____
• River Basin _____
• Province _____
• Type Logs _____
• Cuttings _____
• Water Analysis _____
• Aquifer Test _____

• Owner J. David Kimbrough, Inc.

• Well Designation or Number Lot 15 Cedar Lake

Address P.O. Box 418 Irvington, VA

23480

Phone _____

• Drilling Contractor BROWN'S WELL DRILLING, CO. INC.

Address Box 57

ACHILLES, VIRGINIA 23001

Phone _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____

and _____ feet/miles _____ (direction) of _____

(If possible please include map showing location marked)

Date started 4-84 • Date completed 6-84 Type rig R

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

Tax Map I.D. No. _____
Subdivision _____
Section _____
Block _____
Lot _____
Class Well I _____, IIA _____,
IIB _____, IIIA _____, IIIB _____,
IIIC _____, IIID _____, IIIE _____

I. WELL DATA: New ☒ Reworked _____ Deepened _____
• Total depth 90 ft.
• Depth to bedrock 70 ft.
• Hole size (Also include reamed zones)
• 4 inches from 0 to 90 ft.
• _____ inches from _____ to _____ ft.
• _____ inches from _____ to _____ ft.
• Casing size (I.D.) and material
• 2 inches from 0 to 70 ft.
Material sch. 40 P.C.C.
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
• Screen size and mesh for each zone (where applicable)
• 1/4 inches from 70 to 90 ft.
• Mesh size 12 Type P.C.C.
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• Gravel pack
• From 70 to 90 ft.
• From _____ to _____ ft.
• Grout
• From 0 to 50 ft., Type cement
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ OF
• Static water level (unpumped level-measured) _____ ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield 5 gpm after _____ hours
Natural Flow: Yes _____ No _____, flow rate. _____ gpm
Comment on quality _____
3. WATER ZONES: From 70 To 90
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____
4. USE DATA:
Type of use: Drinking ☒, Livestock Watering _____,
Irrigation _____, Food processing _____, Household _____,
Manufacturing _____, Fire safety _____, Cleaning _____,
Recreation _____, Aesthetic _____, Cooling or heating _____,
Injection _____, Other _____
• Type of facility: Domestic ☒, Public water supply _____,
Public institution _____, Farm _____, Industry _____,
Commercial _____, Other _____
5. PUMP DATA: Type _____ • Rated H.P. _____
• Intake depth _____ • Capacity _____ at _____ head
6. WELLHEAD: Type well seal mech
Pressure tank ☒ gal., Loc. _____
Sample tap _____, Measurement port _____
Well vent _____, Pressure relief valve _____
Gate valve ☒, Check valve (when required) _____
Electrical disconnect switch on power supply _____
7. DISINFECTION: Well disinfected ☒ yes _____ no _____
Date _____, Disinfectant used _____
Amount _____, Hours used _____
8. ABANDONMENT (where applicable) • yes _____ no _____
Casing pulled yes _____ no _____ not applicable _____
Plugging grout From _____ to _____ material _____

Sewage Disposal System Construction Permit

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Commonwealth of Virginia
Department of Health



Health Department

Identification Number 136-83-0084

Map Reference 25-31-0-15

Gloucester

Health Department

General Information

2514-A-15

New ☒ Repair ☐ Expanded ☐ Conditional ☐ FHA ☐ VA ☐ Case No. _____
Based on the application for a sewage disposal system construction permit filed in accordance with Section 3.13.01, a construction permit is hereby issued to:

Owner Linda S. Baldern Telephone 642-6144

Address P.O. Box Gloucester, Va 23061

For a Type II Sewage disposal system which is to be constructed on/at see application

Subdivision Cedar Lake Section/Block 1 / na Lot 15

Actual or estimated water use 1200 gpd / 8 hr

DESIGN

NOTE: INSPECTION RESULTS

Water supply, existing: (describe) _____
Water supply location: yes ☒ no ☐ comments
Satisfactory

To be installed: class III B well
cased 50' + grouted 50'

Building sewer: 4 I.D. PVC 40, or equivalent.
Slope 1.25" per 10' (minimum).
☐ Other na
Building sewer: yes ☐ no ☐ comments
Satisfactory not installed

Septic tank: Capacity 2400 gals. (minimum).
☐ Other na
Pretreatment unit: yes ☒ no ☐ comments
Satisfactory 2 tanks 1200 gals each

Inlet-outlet structure:
PVC 40, 4" tees or equivalent.
☐ Other na
Inlet-outlet structure: yes ☒ no ☐ comments
Satisfactory

Pump and pump station:
No ☒ Yes ☐ describe and shown design.
if yes: na
Pump & pump station: yes ☐ no ☒ comments
Satisfactory

Gravity mains: 3" or larger I.D., minimum 6" fall per
100', 1500 lb. crush strength or equivalent.
☐ Other na
Conveyance method: yes ☒ no ☐ comments
Satisfactory

Distribution box:
Precast concrete with 11 ports.
☐ Other na
Distribution box: yes ☒ no ☐ comments
Satisfactory

Header lines:
Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench.
Slope 2" minimum.
☐ Other na
Header lines: yes ☒ no ☐ comments
Satisfactory

Percolation lines:
Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.
☐ Other na
Percolation lines: yes ☒ no ☐ comments
Satisfactory

Absorption trenches:
Square ft. required 2100; depth from ground surface to bottom of trench 18"; aggregate size 1/2-1 1/2"; Trench bottom slope 2-4" / 100'; center to center spacing 8'; trench width 3'
Absorption trenches: yes ☒ no ☐ comments
Satisfactory 2070 ft² installed

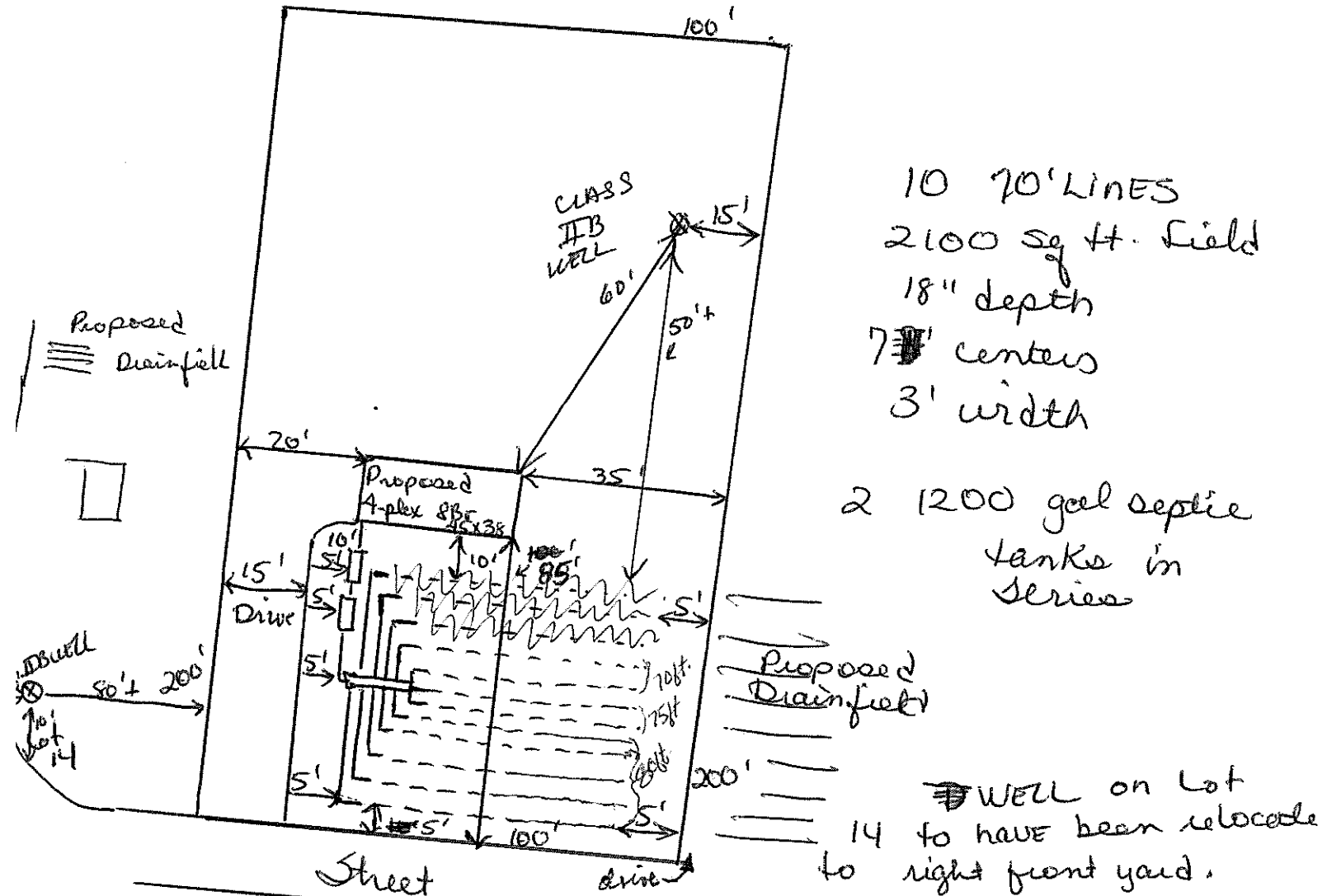
Date 4-26-84 Inspected and approved by:
2B Foster
Sanitarian

Schematic drawing of sewage disposal system and topographic features.

PAGE 2 OF 2

Show the lot lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the system, all existing and/or proposed structures including sewage disposal systems and wells within 100 feet of sewage disposal system and reserve area. The schematic drawing of the sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be located on the same lot show all sources of pollution within 100 feet.

☒ The information required above has been drawn on the attached copy of the sketch submitted with the application.
Attach additional sheets as necessary to illustrate the design.



The sewage disposal system is to be constructed as specified by the permit ☒ or attached plans and specifications ☐.

This sewage disposal system construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit. If construction has not commenced within 12 months of date of issuance, the construction permit must be revalidated.

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: Sept. 9, 1883 Issued by: Mary E. Tracy
Sanitarian

Date: 9-19-83 Reviewed by: L. J. Barnhill
Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Soil Evaluation Form

PAGE 1 OF 2

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 136-83-0684
Tax Map Number 25-31-0-15

General Information

Date Sept. 9, 83 Gloucester Health Department
Applicant Linda S. Baldeem Telephone No. 642-6144
Address P.O. Box 1088 Gloucester, Va. 23061
Owner Same Address Same
Location see application
Subdivision Cedar Lake Block/Section na / 1 Lot 15

Soil Information Summary

1. Position in landscape satisfactory Yes ☒ No ☐ Describe _____
2. Slope 2-3 %
3. Depth to rock/impervious strata Max. _____ Min. _____ None ☒
4. Depth to seasonal water table (gray mottling or gray color) No ☐ Yes ☒ 36" inches
5. Free water present No ☐ Yes ☒ _____ range in inches
6. Soil percolation rate estimated Yes ☒ Texture group I II III IV
No ☐ Estimated rate 30 min/ inch
7. Percolation test performed Yes ☐ Number of percolation test holes _____
No ☒ Depth of percolation test holes _____
Average percolation rate _____

Name and title of evaluator: Mary Elway, Sanitarian

Signature: Mary Elway

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 Sept. 9, 83

Profile Description

SOIL EVALUATION REPORT

Health Department
Identification No. 136-83-0684

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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.

[illegible]

Remarks: NONE