

# ewage Disposal System Operation Permit

Commonwealth of Virginia  
Department of Health

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

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



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

December 6, 1984

Effective Date

SPECIAL CONDITIONS

NONE  SEE ATTACHED

*E. B. Foster Jr.*

Recommended (Sanitarian)

*B. Kenley Jr.*

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. C. LOWERY INC.*

Address: *1711 1/2* Telephone: *529-6210*

Owner's Name *Linda S. Baldwin*

Owner's Address *1711 1/2 David Kimbrough Dr.*

Location of Installation: Lot *15* Block

Section:  Subdivision: *Cedar Lake*

Other: *Septic 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.

*14-26-84*

Date

*Warren C. Lowery Jr.*

Signature and Title

# Record Of Inspection—Nonpublic Drinking Water Supply System

## Commonwealth of Virginia Department of Health

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

Date December 6, 1984

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

Health Department  
I.D. Number 136-83-0684

Map Reference

<u>25-</u>	<u>31-(1 - 15)</u>
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Local Health Department Gloucester County

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

Exact Location of Premises \_\_\_\_\_

Subdivision <u>Cedar Lake</u>	Section/Block <u>1</u>	Lot <u>15</u>
Class of nonpublic drinking water well.	1) Class III 2) Class III 3) Class III 4) Class III 5) Other	A. (drilled well) B. (bored well) C. (jetted well) D. (dug well) E. <u>Class II B</u>
Date of installation <u>4/84</u>	<input checked="" type="checkbox"/>	

## 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 S.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. \_\_\_\_\_

## (Certification of Completion/County Permit)

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

County/City \_\_\_\_\_

Gloucester, VA.

County/City Stamp

• Virginia Plane Coordinates	N
	E
Latitude & Longitude	N
	W
• 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

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 PVC

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 1/4 inches from 70 to 90 ft.
- Mesh size 12 Type PVC
- \_\_\_\_\_ 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 \_\_\_\_\_

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 _____, II A _____, II B _____, III A _____, III B _____, III C _____, III D _____, III E _____	

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

Gloucester

Health Department



Health Department

Identification Number 136-83-0684

Map Reference 25 31-0-15

## 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. Baldwin 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 1/1pa Lot 15

Actual or estimated water use 1200 gpd / 86

DESIGN		NOTE: INSPECTION RESULTS	
<b>Water supply, existing:</b> (describe) _____ <b>To be installed:</b> class, III well cased 50' + grouted 50'		<b>Water supply location:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory	
<b>Building sewer:</b> 4 I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other n/a		<b>Building sewer:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory not installed	
<b>Septic tank:</b> Capacity 2400 gals. (minimum). <input type="checkbox"/> Other n/a		<b>Pretreatment unit:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory 2 tanks 1200 gals each	
<b>Inlet-outlet structure:</b> PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other n/a		<b>Inlet-outlet structure:</b> yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory	
<b>Pump and pump station:</b> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and shown design. if yes: n/a		<b>Pump &amp; pump station:</b> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> comments Satisfactory	
<b>Gravity mains:</b> 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other n/a		<b>Conveyance method:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory	
<b>Distribution box:</b> Precast concrete with 11 ports. <input type="checkbox"/> Other n/a		<b>Distribution box:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory	
<b>Header lines:</b> Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. <input type="checkbox"/> Other n/a		<b>Header lines:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory	
<b>Percolation lines:</b> Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other n/a		<b>Percolation lines:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory	
<b>Absorption trenches:</b> Square ft. required 2100: depth from ground surface to bottom of trench 18"; aggregate size 15-1/2"; Trench bottom slope 2-4"/100'; center to center spacing 8'; trench width 3'		<b>Absorption trenches:</b> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory 2070 ft <sup>2</sup> installed	
Date 4-26-84 Inspected and approved by: 2B Foster, Jr. Sanitarian			

US mail 4-15-83

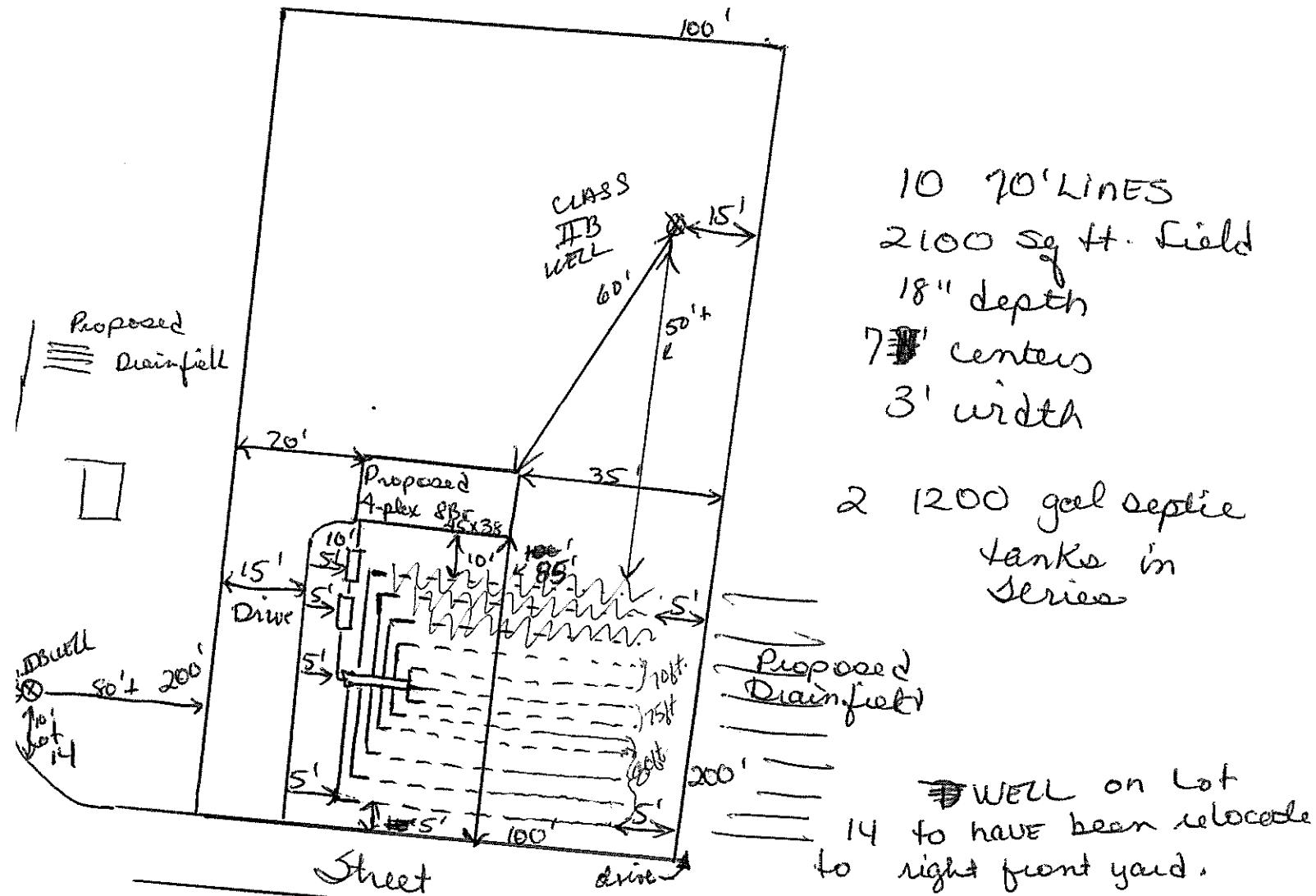
Health Department  
Identification Number 136-83-0684

## 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, 83 Issued by: Mary E. Tracy

Date: 9-19-83 Reviewed by: J. H. Barnline  
Supervisory Sanitarian

If FHA or VA financing

Reviewed by Date \_\_\_\_\_

### Supervisory Sanitarian

Date \_\_\_\_\_

## Regional Sanitarian

# Soil Evaluation Form

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Commonwealth of Virginia  
Department of Health

Health Department  
Identification Number 134-83-0684  
Tax Map Number 25-31-0-15

## General Information

Date Sept. 9, 83

*Gloucester*

Health Department

Applicant Linda S. Baldwin

Telephone No. 642-6144

Address P.O. Box 1088 Gloucester, Va. 23061

Owner Same Address Same

Location see application

Subdivision Cedar Shale Block/Section 1a /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 E Lucy, Sanitarian

Signature: *Mary E Lucy*

## 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. 136-83-01084

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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.

Remarks: None