VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Rappahannock County Health Department
PO BOX 5
Washington, Virginia 22747
(540) 675-3516 Voice
(540) 675-1021 Fax

Sewage Disposal System Operation Permit

Property Owner

Mary Ann Clark
7313 Laurel Brook Ln.
Marshall, VA 20115
Phone: (571) 255-2447

Health Dept. ID: **157-15-115**
Tax Map/GPIN: **31-3**
Locality: **Rappahannock County**

Property Location

Property Address: Lyle Ln.
Amissville, VA 20106

==========

Mary Ann Clark is hereby granted permission to operate a **Residential Conventional Onsite Sewage System** at the above referenced location, under the following parameters:

Daily Flow: 600 gallons

Number of Bedrooms: 4

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

10/19/16	Medge Carter	
Effective Date	Environmental Health Specialist	Signature

ESS
Environmental Systems Service, Ltd.

Analytical Report

T. G. Taylor Const LLC
345 Old Hollow Rd.
Attn: Tom Taylor
Sperryville, VA 22740

Report Date: 10/18/2016
Report #: 13694
Customer #: 0000673
Customer PO #: SD# 157-15-115
Collected By: Customer
Sample Location: 19 & 23 White Horse Hill Ln., Amissville, VA

Sample ID#: 0076244
Sample Date/Time: 10/17/2016 / 15:01
Sample Source: Vanity
Date Received: 10/17/2016

Parameter	Results	Unit	Report Limit	Method	Analysis Date	Time	INIT
Coliform Bacteria Retest							
Total Coliform Bacteria	ABSENT	N/A	N/A	COLILERT-18	10/17/2016	16:35	JI
E. coli	ABSENT	N/A	N/A	COLILERT-18	10/17/2016	16:35	JI

Comments: This sample meets the minimum potable test requirements as established by the Virginia Department of Health.

Environmental Systems Service, Ltd.

218 North Main St. ♦ P.O. Box 520 ♦ Culpeper, Virginia 22701 ♦ Tel: (540) 825-6660 ♦ Fax (540) 825-4961 ♦ <www.ess-services.com>

Analytical Report

T. G. Taylor Const LLC
345 Old Hollow Rd.
Attn: Tom Taylor
Sperryville, VA 22740

Report Date:	10/18/2016
Report #:	13694
Customer #:	0000673
Customer PO #:	SD# 157-15-115
Collected By:	Customer
Sample Location:	19 & 23 White Horse Hill Ln., Amissville, VA

The test results submitted in this report relate only to the samples submitted and as received by Environmental Systems Service, Ltd (ESS).

ESS assumes no responsibility, express or implied, as to the interpretation of the analytical results contained in this report.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise noted.

This laboratory report may not be reproduced, except in full, without the written approval of ESS.

If you have received this report in error, please notify ESS immediately at (540) 825-6660.

Approved by: Angie Woodward

A. Woodward/Technical Director

Reviewers Initials TS

ESS
Environmental Systems Service Ltd

P.O. Box 520 • 218 N. Main St. • Culpeper, VA 22701
(800)-541-2116 • (540)-825-6660 • Fax (540)-825-4961
www.ess-services.com VA DW Lab #00115

AUTHENTICITY RELEASE

- I have read the Environmental System Service, Ltd. (ESS) sample collection instructions on the back of this form, and the attached well disinfection procedure, if applicable.
- I attest that the following information regarding sample identity and collection is for the sample submitted to the ESS laboratory.
- I attest that I have followed the collection guidelines set by the authority requiring the test, if applicable. (Samples required for real estate sales or refinancing may have specific guidelines regarding who may collect the sample.)
- I acknowledge that ESS personnel did not collect this sample and ESS is therefore released from responsibility concerning the authenticity of the sample and the information provided by the undersigned.

Signature: T.G. Taylor Member Date: 10/17/16

CLIENT INFORMATION: ***Please print clearly***

Company (if applicable): T.G. Taylor Const. L.L.C.

Name: Tom Taylor

Address: 345 Old Hollow Rd

Springville VA 22740 Phone: 540-522-6800

How would you like results sent to you? ☐ Email: tgtcLLC@gmail.com
(select one)

☐ Fax: Attn:

SAMPLE INFORMATION:

Location Reference for Analysis Report if different from address listed above: (e.g. sample address subdivision/lot # Tax Map ID#)

19 & 23 White Horse Hill Ln. Amissville VA

Sample Point: (e.g. kitchen/bath) Vanity

Collection Date: 10/17/16 Time: 3:01 PM

Is this a new well system? Yes ✓ No ____ If yes, what is the Health Dept. ID #? 15-7-15-115

Has the system been disinfected/chlorinated within the past four (4) weeks? Yes ✓ No ____

Friday samples are surcharged

Drinking Water Analysis Requested ***(All payments are due in advance of receiving results)***

	Samples Received Monday-Thursday	**Friday**
☐ Total Coliform Bacteria and E. coli (Presence Absence 18 hour)	$40	**$80**
☑ Retest (discount applies to samples retested within 3 month of original failure)	$30	**$70**
☐ Total Coliform Bacteria and E. coli (MPN Bacterial Count – recommended for springs)	$60	**$100**
☐ One time Fax or Email of results	N/C (additional fax or email will be $5 each)	

ESS Sample Receipt:

Date: 10/17/16 Time: 1555 Initials: CW

ESS Sample ID #: 76244

Prepay? Yes ✓ No ____

Cash ____ Check # 15586 Credit ____ Amt. 30

Customer #: C673 ESS Job #: ____

Revised 7 6 16

13694

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Protecting You and Your Environment

Rappahannock County Health Department
PO BOX 5
Washington, Virginia
22747
(540) 675-3516 Voice
(540) 675-1021 Fax

Sewage System Construction Inspection Report

Health Department ID Number: **157-15-115**

Tax Map/GPIN: 31-3

System Location

Owner: Mary Ann Clark
Property Address: Lyle Ln.
County: Rappahannock
Subdivision:
Section 31 Block Lot 3

Sewer Line

Diameter: 4 "
Material: Sch 40 Plastic
Satisfactory: Yes
Date Inspected: 9/1/2016
Comments: per OSE inspection - see notes

Septic Tank

Volume: 1250 gallons
Material: Concrete (pre-cast)
Grade on Tees:
Satisfactory: Yes
Date Inspected: 9/1/2016
Comments: ME 1250 per OSE inspection

Conveyance Line

Method: Gravity
Pipe Size: 4"
Material: Sch 40 Plastic
Satisfactory: Yes
Date Inspected: 9/1/2016
Comments: per OSE inspection

Distribution System

Method: Distribution Box
Box Material: Concrete Box
Number of Ports: 12
Satisfactory: Yes
Date Inspected: 9/1/2016
Comments: per OSE inspection

Header Lines and Trench Dispersal Area

Design Type: Standard
Square Feet: 0 sq feet
Header Material: Smooth-bore plastic
Satisfactory: Yes
Date Inspected: 9/1/2016
Comments: per OSE inspection

Trench Number: 6
Trench Length: 100'
Trench Depth: "
Trench Width: 3'
Center Spacing: 9'
Aggregate Type: Gravel

Overall Construction

Overall Construction: Yes
Construction Comments:
Completion Statement Received Date: 10/18/16
Inspected by: Hadley, Barry R. Private OSE

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number SD 157-15-115

Rapp. Co. Health Department

Name of Company/Corporation/Individual: Jimmy Brockholtz

Address: Shootz Hollow Rd. Huntly Telephone: _____

Owner's Name Mary Ann Clark & Tom Neel

Owner's Address 7313 Laurel Brooke Ln., Marshall, VA

Location of Installation: Lot _____ Block _____

Section: 31/3 Subdivision: _____

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 1/11/16 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

10/18/16
Date

Jimmy Brockholtz JW Brockholtz Excavation
Signature and Title

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

OSE/PE Inspection Report and Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 157-15-115 Tax Map: 31-3

Rappahannock County Health Department

Name of OSE/PE: Barry R Hadley License Number: 1940001107

Address: 181 Garber Lane, Winchester, VA 22602 Telephone: 540-723-4293

Contractors Name Jim Bucholtz

Owner's Name: Mary Ann Clark & Tom Neel

Owner's Address: 7313 Laurel Brook Lane; Marshall, VA 20115

Location of Installation: Subdivision: Section: Block: Lot:

Other: TM 31-3 (44.55 acres)

Inspection Results

Component	Comments, Materials, Etc. Deficiencies Observed, Date Deficiencies Observed Corrective Action Required	Date Approved
Water Supply Location and Construction	class IIIB drilled well	9/1/16
Building Sewer	4" Schedule 40 PVC, 1 sewer line exits from garage apartment and ties into sewer line from main house. Connection just above septic tank	9/1/16
Septic Tank	Concrete ME 1250 Mid seam tank with inlet riser	9/1/16
Inlet-Outlet Structure	1.75" Fall on 4" schedule 40 T's	9/1/16
Pump and Pump Station	N/A, gravity	N/A
Conveyance Method	4" schedule 40 PVC (approximately 10' length)	9/1/16
Distribution Box or Pressure Manifold	12 port cement distribution box with speed levelors - level	9/1/16
Header, Conveyance, Return, etc. Lines	SDR 35 PVC	9/1/16
Percolation Lines, Drip, Chambers, etc.	Gravel w/1500# crush black percolation piping	9/1/16
Absorption Trenches and Dispersal Field	6-100' trenches, 3' wide, 9' centers	9/1/16
(Other Components: treatment unit, etc.)		

COMMONWEALTH OF VIRGINIA
BARRY R. HADLEY
NO. 1940001107
AOSE

Attach observed deficiencies and corrective actions taken on a separate completion statement as necessary.

This form contains personal information subject to disclosure under the Freedom of Information Act.

Revised 12/1/2014

RECEIVED
SEP 14 2016
RAPPAHANNOCK COUNTY
HEALTH DEPARTMENT

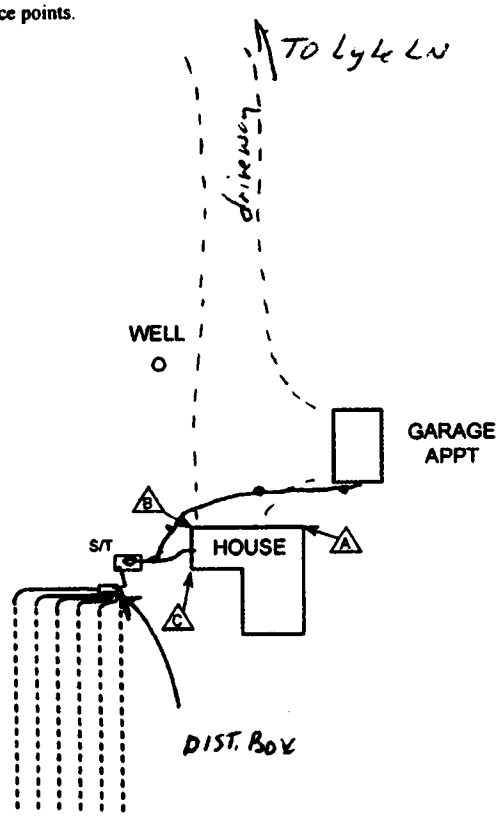
OSE/PE Completion Statement: As-Built Drawing

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 157-15-115 Tax Map: 31-3

Triangulate critical system components to fixed reference points.

LINE CHART
A TO WELL = 118'
B TO WELL = 89'
B TO S/T = 41'
C TO S/T = 35'
B TO D-BOX = 55'
C TO D-BOX = 47'



10 scale

COMMONWEALTH OF VIRGINIA
BARRY R. HADLEY
NO. 1940001107
AOSE

☐ Check here if as-built drawing is on a separate page attached to this form
(Attachment must display Health Dept. Identification Number, tax map number, and must be signed and dated by AOSE/PE).

I hereby certify that on /2016 (date), I, or an employee under my direct supervision, inspected this sewage system's construction. The onsite sewage system has been installed and completed in accordance with the construction permit issued on _____ (date) and is in compliance with the *Sewage Handling and Disposal Regulations* (12 VAC 5-610 et seq), *the Regulations for Alternative Onsite Sewage Systems* (12VAC5-613 et seq), when applicable, the *Private Well Regulations* (12 VAC 5-630 et seq), when applicable, and the plans and specifications for the project.

OSE/PE Signature: Barry R. Hadley Date: 9/14/16

Print Name: Barry R. Hadley

This form contains personal information subject to disclosure under the Freedom of Information Act.

RECEIVED
SEP 14 2016
RAPPAHANNOCK
HEALTH DEPARTMENT

Revised 12/1/2014

Rev. 8/3/15

RAPPAHANNOCK-RAPIDAN DISTRICT TAG SHEET

Name: Mary Ann Clark

HDID: 157-15-115 Tax Map / GPIN #: 31-3

Sewage System: Certification Letter | (Construction Permit) | Voluntary Upgrade | Repair

Well: (New) | Repair | Abandonment | Geothermal

Other: Multi-Lot Certification | Subdivision

OSS SUPPORT	DATE	OSS INITIALS
Application Received & Date Stamped:	12/31/15	KD
Fee Collected:	$525.00 12/31/15	KD
Receipt Number:	KDWR-A5QKMZ	KD
Application Reviewed by OSS:	12/31/15	KD
Applicant Given Site Eval Info Sheet:	12/31/15	KD
Application Entered into VENIS:	12/31/15	KD
Researched Existing Files:		
Files Located & Included w/App:		
No Files Found:		

ENVIRONMENTAL SPECIALIST		
Site Visit Scheduled:	N/A	MC
Applicant Reminded of Site Prep Items:		
Initial Site Visit Made:		
Level 1 Review:		
Level 2 Review:	6/24/15	MC
OSE/PE Contacted:		
Follow Up Visit:		
EHS Data Entry into VENIS:		
(Issue)/Deny Drafted:	1/11/16	MC
Date Applicant Notified Complete:		
Delivery Date & Method:		
Mailed Date: _____ Faxed Date: _____ Date Picked Up: _____		
List Other Method and Date: _____		
Inspection Requested:		
Inspection Performed:		
Operations Permit Issued:		

Notes: Previous owners: 2) Virginia Properties Group 2, 3) Vernon John Lyle
1) Thomas Neel
4) R. L. Miller

Rev. 8/3/15

SEPTIC AND WELL APPLICATIONS
CHECKLIST FOR COMPLETION

General Information required on all applications

Place √	ITEM	Place √	ITEM
✓	Applicant name	✓	Water Supply (Public or Private)
✓	Agent's name (if applicable)	✓	Fees paid and receipt given
✓	Current mailing address	✓	Application entered on log.
✓	Phone numbers (daytime / cell)	✓	App. date stamped w/received date
✓	Site Address	✓	Signature of Owner or Agent
✓	GPIN Number / Tax Map Number	✓	Direction to property are clear
N/A	Subdivision Name	✓	Application is legible
✓	Survey Plat or Survey Plat wavier request?	✓	Correct date of submission.
✓	Health Department ID # recorded in upper right side on application.	✓	Due date recorded in upper right side on application.
✓	Application Type	✓	Proposed usage of dwelling
✓	Number of bedrooms listed	✓	Basement (Yes or No) *if yes*, fixtures (Yes or No)
	If BARE application, they must be provided a copy of the **disclosure document** prior to submitting the application and remind applicant to mark property lines and mark house site.		

If Private OSE/PE package these additional items are required.

Place √	ITEM	Place √	ITEM
only 1	Must submit three complete packages	✓	All pages of the packets should be numbered & included
✓	Each package must contain date stamp with received date	✓	Signed OSE/PE certification statement

Additional items for completion

Place √	ITEM	Place √	ITEM
✓	Application entered into VENIS and Onsite Application Log	✓	Required pages scanned and attached to application in VENIS (i.e. drawings and plats)
✓	Tag sheet completed and file set-up.	✓	Assigned and given to EHS

Attach checklist behind tag sheet in the application package

Date: 12/31/15 OSS Initials: KD

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Rappahannock County Health Department
PO BOX 5
Washington, Virginia 22747
(540) 675-3516 Voice
675-1021 Fax

OSE Construction Permit

Well and Sewage Contractors: Please notify Health Department and OSE or PE 48 hours prior to installation to arrange for inspection

January 11, 2016

Mary Ann Clark
7313 Laurel Brook Ln.
Marshall, VA 20115

RE: Lyle Lane, Amissville, VA 20106 Rappahannock County
Tax Map/GPIN: 31-3 Battle Run Subd.
HDID: 157-15-115 **Reserve:** reserve area provided
System Capacity: Residential, 4 Bedrooms, 600 gallons per day

Dear Mary Ann Clark :

This letter and the attached drawings, specifications, and calculations (13 pages) dated December 31, 2015, constitute your permit to install a sewage disposal system and well if applicable on the property referenced above. Your application for a permit was submitted pursuant to §32.1-163.5 of the Code of Virginia, which requires the Health Department to accept private soil evaluations and designs from an Onsite Soil Evaluator (OSE) or a Professional Engineer working in consultation with an OSE for residential development. VDH is not required to perform a field check to verify the private evaluations of OSEs or PEs and such a field check may not have been conducted for the issuance of this permit.

The soil absorption area ("site"), sewage system design, and the well location and construction if applicable were certified by Hadley, Barry R. Private OSE as substantially complying with the Board of Health's regulations (and local ordinances if the locality has authorized the local health department to accept private evaluations for compliance with local ordinances). This permit is issued in reliance upon that certification. VDH hereby recognizes that the soil and site conditions acknowledged by this permit are suitable for the installation of an onsite sewage system. The attached plat shows the approved area for the sewage disposal system; there are additional records on file with the Rappahannock County Health Department pertaining to this permit, including the Site and Soil Evaluation Report. This construction permit is null and void if any substantial physical change in the soil or site conditions occurs where a sewage disposal system is to be located.

If modifications or revisions are necessary between now and when you construct your dwelling, please contact the OSE/PE who performed the evaluation and design on which this permit is based. Should revisions be necessary during construction, your contractor should consult with the OSE/PE that submitted the site evaluation or site evaluation and design. The OSE/PE is authorized to make minor adjustments in the location or design of the system at the time of construction provided adequate documentation is provided to the Rappahannock County Health Department.

The OSE/PE that submitted the certified design for this permit is required to conduct a final inspection of this sewage system when it is installed and to submit an inspection report and completion statement. As the owner, you are responsible for giving reasonable notice to the OSE/PE of the need for a final inspection. If the designer is unable to perform the required inspection, you may provide an inspection report and

completion statement executed by another OSE/PE. The Rappahannock County Health Department is not required to inspect the installation but may perform an inspection at its sole discretion. No part of this installation shall be covered until it has been inspected by the OSE/PE as noted herein. The sewage system may not be placed into operation until you have obtained an Operation Permit from the Rappahannock County Health Department.

This Construction Permit is null and void if conditions are changed from those shown on your application or if conditions are changed from those shown on the Site and Soil Evaluation Report and the attached construction drawings, specifications, and calculations. VDH may revoke or modify any permit if, at a later date, it finds that the site and soil conditions and/or design do not substantially comply with the Sewage Handling and Disposal Regulations, 12 VAC 5-610-20 et seq., or if the system would threaten public health or the environment.

This permit approval has been issued in accordance with applicable regulations based on the information and materials provided at the time of application. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this onsite sewage system. The owner is responsible at all times for complying with all applicable local, state, and federal laws and regulations. If you have any questions, please contact me.

This permit expires: **July 12, 2017**. This permit is not transferable to another owner or location.

Sincerely,

Medge Carter
Environmental Health Specialist
Rappahannock County Health Department

CC: Hadley, Barry R. Private OSE

WHAT YOU WILL NEED TO GET YOUR SEPTIC SYSTEM OPERATION PERMIT

- Your system must have a **satisfactory inspection** at the time of installation. This will be done by either a representative of the local Health Department, a private OSE, or a PE, depending on the designer of your permitted system. If your system is designed/inspected by an OSE or PE, they must submit a copy of the inspection results, complete with an as-built diagram, to the Health Department.
- Please ensure that your contractor turns in a **Completion Statement** to the local Health Department after installation.

IF YOUR PERMIT IS FOR BOTH A SEPTIC SYSTEM AND WELL YOU WILL ALSO NEED

- Your well must have **satisfactory inspection** results after installation. Please give the Health Department several days notice to schedule this inspection before your Operation Permit will be requested.
- The Health Department must receive a copy of your **water sample test result** being negative/satisfactory for coliform bacteria. You are responsible for performing this test and ensuring the results are received at the Health Department
- Please ensure that your Well Driller submits a Uniform **Water Well Completion Statement or GW-2** to the Health Department, including documentation of a proper well abandonment if required by permit

Allow 5 business days after the last piece of documentation is received for the Operation Permit to be issued. To avoid delays, clearly label each piece of documentation with the property Tax Map/GPIN number and HDID number shown above and on your construction permit. *Please note that due to the individual circumstances of your permit there may be additional required items not covered by this checklist.*

If you have any questions about any of the items on this list, please do not hesitate to contact the

Rappahannock County Health Department at (540) 675-3516.

Hadley Environmental Services

OSE/PE Report for:

☑ Construction Permit ☐ Repair Permit ☐ Voluntary Upgrade Permit ☐ Certification Letter ☐ Subdivision Approval

Property Location:

911 Address: Lyle Lane City: Amissville

Lot ____ Section ____ Subdivision ____

GPIN or Tax Map # 31-3 Health Dept ID# ____

Latitude 38.70066 Longitude -78.07931

Applicant or Client Mailing Address:

Name: Mary Ann Clark

Street: 7313 Laurel Brook Lane

City: Marshall State: VA Zip Code: 20115

Prepared by:

OSE Name Barry R. Hadley (Hadley Env. Services) License # 1940001107

Address 181 Garber Lane

City: Winchester State: Virginia Zip Code: 22602

PE Name: ____ License # ____

Address ____

City: ____ State: ____ Zip Code: ____

COMMONWEALTH OF VIRGINIA
Barry R. Hadley
BARRY R. HADLEY
NO. 1940001107
12/28/15
OSE

Date of Report 12/23/2015 Date of Revision #1 ____

OSE/PE Job # R-15-361 Date of Revision #2 ____

Contents/Index of this report (e.g.,) Site Evaluation Summary, Soil Profile Descriptions, Site Sketch, Abbreviated Design, etc.)

Installer Guidelines	Well Specifications	Site & Soil Evaluation Report (Reserve)
System Specifications	Abbreviated Design (Reserve)	Site Sketch
Construction Drawings	Site & Soil Evaluation Report (Primary)	Sanitary Survey

Certification Statement

I hereby certify that the evaluations and/or designs contained herein were conducted in accordance with the applicable provisions of the Sewage Handling and Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), the Regulations for Alternative Onite Sewage Systems (12 VAC5-613) and all other applicable laws, regulations, and policies implemented by the Virginia Department of Health. I further certify that I currently possess any professional license required by the laws and regulations of the Commonwealth that have been duly issued by the applicable agency charged with licensure to perform the work contained herein.

☐ The work attached to this cover page has been conducted under an exemption to the practice of engineering, specifically the exemption in Code of Virginia Section 54.1-402.A.11

I recommend that a (select one) construction permit ☑ certification letter ☐ subdivision approval ☐
repair permit ☐ voluntary upgrade ☐ be (select one) ☑ issued ☐ denied

OSE/PE Signature Barry R. Hadley Date 12/28/15 31

This form contains personal information subject to disclosure under the Freedom of Information Act.

HADLEY
ENVIRONMENTAL
SERVICES

181 Garber Lane
Winchester, VA 22602
(540) 723-4293

NOTE TO INSTALLER: IT IS HIGHLY RECOMMENDED THAT THE INSTALLER RE-ESTABLISH THE PERMITTED DRAINFIELD LOCATION PRIOR TO BEGINNING CONSTRUCTION. HADLEY ENVIRONMENTAL SERVICES LLC. IS NOT RESPONSIBLE IF THE STAKES ARE MOVED BY OTHER PARTIES AND THE DRAINFIELD IS INSTALLED AT A DIFFERENT LOCATION THAN THAT SHOWN ON THE PERMIT.

PLEASE NOTE: No part of any installation may be covered or used until inspected, corrections made if necessary until the system is approved. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the system designer.

DISCLAIMER: All soil evaluation work and preliminary system design work has been completed in accordance with the applicable provisions of the Virginia Sewage Handling & Disposal Regulations (12 VAC5-610), the Private Well Regulations (12 VAC5-630), the Regulations for Alternative Onsite Sewage Systems (12 VAC5-613) and applicable county ordinances and Health Department GMPs. Hadley Environmental Services LLC does not warrant or guarantee the future performance or functioning of the sewage disposal system at this site in any respect what so ever. We assume no responsibility for site alterations or any soil damage/compaction following the soil evaluation. We assume no responsibility for misuse of the sewage disposal system and reserve area in any way. If the system is not installed prior to the expiration of this permit document, an updated permit will be necessary before the system can be installed. Additional fees will be required by Hadley Environmental Services LLC and the Virginia Department of Health in order to renew the permit. Should Hadley Environmental Services LLC no longer be an operational company at the time of your permit renewal, the property owner must secure the services of another OSE to assist with the renewal process. Applicable county ordinances and Virginia regulations could affect the renewal of your permit if a renewal is required.

VERY IMPORTANT: The Virginia Sewage Handling & Disposal Regulations prohibit the construction of sewage disposal systems in texture group III & IV during periods of wet weather. Precaution must be taken to keep all traffic off of the area selected for the sewage disposal system. Alteration of the soil structure can cause the system to malfunction.

HADLEY
ENVIRONMENTAL
SERVICES

181 Garber Lane
Winchester, VA 22602
(540) 723-4293

INSTALL ACCORDING TO DRAWINGS AND SPECIFICATIONS PREPARED BY HADLEY ENVIRONMENTAL SERVICES, LLC.

All piping crossing areas of vehicular access shall be properly cased with casing extending a minimum of 10 feet outside of these areas to protect the sewage lines.

The contractor shall verify the location of all underground utilities prior to commencing construction.

Keep all construction traffic off of the drainfield site and reserve area.

Any field changes of the construction of this system shall be approved by an OSE prior to the contractor making the changes.

Adequate tank risers shall be installed as specified in the regulations.

The contractor shall place the septic tank at a suitable location to achieve minimum slopes on all piping.

This permit or the attached plans does not represent a house location survey.

The installation of this system shall be inspected and approved by an OSE prior to backfilling any part of the system.

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

Water softener discharges are NOT to be connected to the sewage disposal system.

The installer has pre-approval to switch the location of the distribution box to the other upper corner of the drainfield area if necessary.

Hadley Environmental Services

COMMONWEALTH OF VIRGINIA
BARRY R. HADLEY
NO. 1940001107
AOSE

VDH Use Only
HDIN: 157-15-115

System Specifications

Applicant Information

Name: Mary Ann Clark
Address: 7313 Laurel Brook Lane; Marshall, VA 20115
Phone: 571.255.2447

Location Information

Tax Map / GPIN #: 31-3
Property address: Lyle Lane; Amissville, VA 20106
Subdivision:
Section:
Block:
Lot:
Directions: From Washington, take US-211E to right on Richmond Road, left on Lyle Lane, Property on Left.

General Information

Property Type (e.g. residential): Residential
Number of Bedrooms: 4 BR
Daily Flow: 600 gpd
Conditions:
Notes: 2 Dwellings. 2 Bedroom Main House and 2 Bedroom Garage/Apartment.

Sewer Line

Diameter: 4 in.
Material: Schedule 40 PVC (or equivalent)
Notes: Tee the two sewer lines in together before going into the septic tank. Cleanouts every 50' as necessary.

Pretreatment Unit(s)

Treatment Level: Primary
Septic Tank Capacity: 1250 (min) gallons
Number of Septic Tanks: 1
Size of Septic Tank(s): 1250 (min) gallons
Per the Sewage Handling and Disposal Regulations, check which option(s) chosen:
☑ Septic tank with inspection port ☑ Septic tank with effluent filter ☐ Reduce maintenance septic tank
Secondary treatment device(s), if applicable:
Notes: 1"-2" fall from inlet to outlet structure. Cleanout riser required to above ground surface.
Polylok PL-625 effluent filter (or equivalent) required.

Conveyance Line

Conveyance Method: Gravity
If pumping, attach pump specification sheets
Material: Schedule 40 PVC
Diameter: 4"
Notes: 6" per 100' of fall (minimum) required

Distribution Method and Header Lines

Distribution Method: Gravity
No. of boxes: 1
No. of outlets: 12
Surge or splitter box required: ☐ Yes ☑ No
Header Line Material: 1500 pound crush

Percolation Lines / Absorption Area

Dispersal Method (e.g. laterals, pad, mound): Laterals
If using pressure dispersal (e.g. drip), include pressure dispersal specifications sheet.

No. of laterals/pads: 6
Length of lateral(s)/pad(s): 100 ft.
Width of lateral(s)/pad(s): 36 in.
Center to center spacing: 10 ft.
Installation depth: 18 in.
Aggregate depth: 13 in.
Size/Type of Aggregate: 0.5"-1.5" clean gravel
Lateral/pad slope: 4 in. per 100 ft.
Reserve Area Provided: 100 %
Notes: Untreated paper over aggregate.

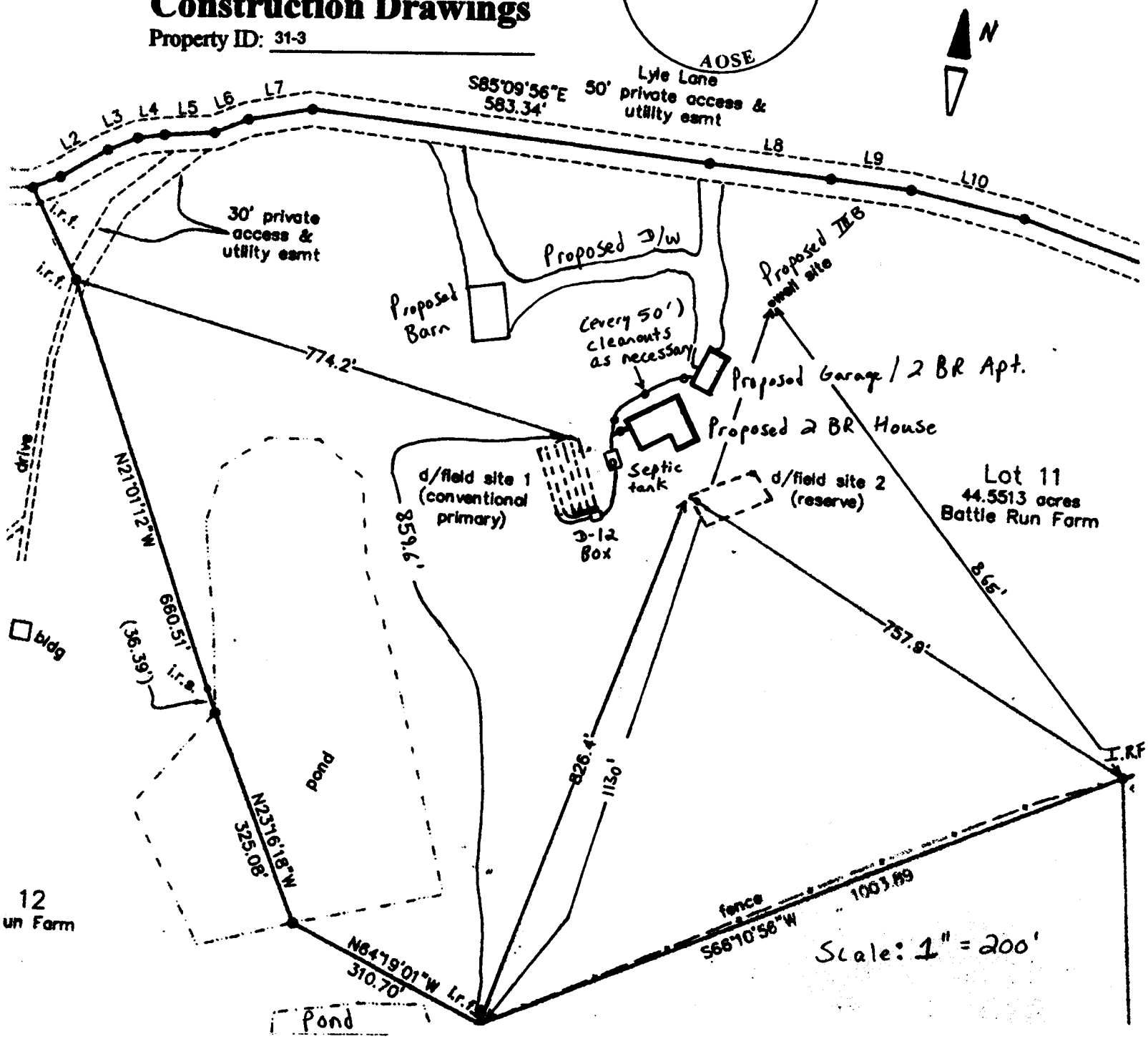
Please Note:

This form contains personal information subject to disclosure under the Freedom of Information Act.

COMMONWEALTH OF VIRGINIA
BARRY R. HADLEY
NO. 1940001107
AOSE

Construction Drawings

Property ID: 31-3



Schematic drawing of sewage disposal system and topographic features. 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 200 feet of sewage disposal system and reserve area. The scale 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 200 feet.

This form contains personal information subject to disclosure under the Freedom of Information Act

Well Specifications

VDH Use Only
HDIN: 157-15-115

Applicant Information

Name: Mary Ann Clark
Address: 7313 Laurel Brook Lane;
Phone: 571.255.2447
Marshall, VA 20115

Location Information

Tax Map/GPIN #: 31-3
Property Address: Lyle Lane; Amissville, VA 20106
Subdivision: _____ Section: _____ Block: _____ Lot: _____
Directions: From Washington take US-211E to right on Richmond Road, left on Lyle Lane, Property on left

General Information

Well Purpose (select all that apply): ■ Domestic Drinking Water ☐ Agricultural
☐ Irrigation ☐ Industrial/Commercial ☐ Geothermal
Well Class: IIIB
Minimum Casing Depth: 50 ft.
Estimated Water Usage: 600 GPD
Minimum Grout Depth: 50 ft.

Horizontal Setbacks

Distance from Building Sewer: 50 min ft.
Distance from Pretreatment Unit(s): 50 min ft.
Distance from Conveyance System: 50 min ft.
Distance from Absorption Area: 245 min (reserve) ft.
Distance from Property Line: 190 min ft.
Distance from foundations: 50 min ft.
Distance from other source(s) of contamination: _____ ft.
List other source(s): _____

Note: _____

COMMONWEALTH OF VIRGINIA
BARRY R. HADLEY
NO. 1940001107
AOSE

Hadley Environmental Services

Abbreviated Design Form

This form is for use with gravity, pump to gravity, enhanced flow, and low pressure distribution (LPD) sewage system designs and when applying for a certification letter or subdivision approval.

This abbreviated design covers the ☐ primary and reserve area, ☐ only the primary area, ☑ only the reserve area (check one) for 31-3 (property ID).

Design Basis

Total length of available area:	100'	Total width of available area:	48'
Estimated Perc. Rate: 55 at 18 in. (depth)		Number of bedrooms (or GPD):	4 BR (600 GPD)
Conveyance Method[1]:	Gravity	Distribution Method[2] (specify):	Gravity
Dispersal system basis[3]:	Table 5.4 of SHDR	LGMI required? No (Yes/No)	
Effluent quality required:	Primary	(Primary, Secondary, Advanced Secondary)	
Square feet per bedroom:	412 SF	Total trench bottom area required:	1648 SF

[1]Gravity, pump, siphon
[2]Enhanced flow, LPD, or Drip Dispersal
[3]Table 5.4 of SHDR or identify the GMP Used

Area Calculations

Number of trenches:	6 *(Note if a pad is used)*	Length of pad or trenches:	100'
Width of pad or trenches:	3'	Center to center spacing:	9'
Reserve required?	Yes (this is reserve)	Percent reserve area required:	100%
Total width of absorption area required:	48'	Total trench bottom area provided:	1800 SF

The required width is calculated by multiplying the center-to-center spacing by one less than the number of trenches and adding 1 trench width plus an required reserve area. If the topography is not uniform across the length of the site the trenches will need to flare apart on one end to maintain contour. When this occurs it is necessary to use a center-to-center spacing that accounts for the flair or the installer will not be able to fit the trenches within the approved area. It is perfectly acceptable to have more area available, especially up and down the slope, than is required.

COMMONWEALTH OF VIRGINIA
BARRY R. HADLEY
NO. 1940001107
AOSE

Hadley Environmental Services

VDH Use Only
Health Department ID #

pg 8 of 13

Site and Soil Evaluation Report (D/F Site #1 . Primary)

General Information

Date: 6/24/2015 Rappahannock County Health Department

Owner: Mary Ann Clark Phone: 571-255-2447

Owner Address: 7313 Laurel Brook Lane, Marshall, VA 20115

Property Address: 11 Lyle Road, Amissville, VA 20106

Tax Map / GPIN #: 31-3

Subdivision: Block/Section: Lot:

Soil Information Summary

1. Position in landscape satisfactory: ☑ Yes ☐ No Describe landscape position: side slope
2. Slope: 6%
3. Depth to rock/impervious strata: Max. _____ Min. 40" ☐ Not observed
4. Free water present: No ☑ Yes ☐ Range in inches: _____
5. Depth to seasonal water table (gray mottling or gray color): _____ ☑ Not observed
6. Soil percolation rate estimated: ☑ Yes ☐ No Estimated Rate: 55 min/in at 18"

Texture Group: ☐ I ☑ II ☑ III ☐ IV

7. Percolation test performed: ☐ Yes ☑ No If yes, provide additional data on percolation test results.

Name and title of evaluator: Barry R. Hadley, AOSE 1940001107

Signature: Barry R. Hadley

☑ Site approved: absorption trenches (describe dispersal area, e.g. absorption trenches) dispersing primary effluent (proposed level of treatment at time of evaluation) to be placed at 18 (inches) depth at site designated on permit. Site provides a total of 1800 square feet of absorption (trench bottom) area for primary. (if applicable).

☐ Site disapproved: Reason for rejection: (check all that apply)

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) _____

COMMONWEALTH OF VIRGINIA
Barry R. Hadley
BARRY R. HADLEY
NO. 1940001107
12/28/15
AOSE

This form contains personal information subjec to disclosure under the Freedom of Information Act.

Date of Evaluation: 6/24/2015 Profile Description

SOIL EVALUATION REPORT

Property ID: 31-3

COMMONWEALTH OF VIRGINIA
BARRY R. HADLEY
NO. 1940001107
AOSE

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 Onsite Soil Evaluator or Professional Engineer, location of profile holes and sketch of the area investigated including structural features (i.e. sewage disposal systems, wells, etc.) within 100 feet of the site 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

Hole #	Horizon	Depth (Inches)	Description of color, texture, etc.	Texture Group
1	Ap	0-4	7.5YR3/3 dark brown loam, grass matt	IIb
	Bt	4-18	7.5YR4/6 strong brown loam, with sandstone gravels, weak fine to granular, good	IIb
			root structure	
	Bt2	18-34	2.5YR4/6 red silt loam, moderate to medium subangular blocky, good root structure	III
	Bc	34-40	2.5YR4/8 red silt loam, weak subangular blocky, weathered, fine root structure	III
	R	40+	rock	n/a
2	Ap	0-7	5YR3/3 dark reddish brown loam, weak fine to granular, grass matt	IIb
	Bt	7-15	5YR4/6 yellowish red loam, few sandstone grains, weak subangular blocky, good	IIb
			root structure	
	Bt2	15-35	10YR4/6 dark yellowish brown silt loam, moderate to medium subangular blocky,	III
			good root structure	
	Bc	35-47	2.5YR4/8 red silt loam, weathered, weak to moderate subangular blocky, fine roots	III
	R	47+	rock	n/a
3	Ap	0-7	5YR3/3 dark reddish brown loam, weak fine to granular, grass matt	IIb
	Bt	7-16	5YR4/6 yellowish red loam, few sandstone grains, weak subangular blocky, good	
			root structure	
	Bt2	16-24	5YR4/6 yellowish red silt loam, moderate to medium subangular blocky, good root	III
			structure	
	Bt3	24-38	2.5YR4/6 red silt loam, weak to moderate subangular blocky, good root structure,	III
			20% partially weathered rock	
	Bc	38-49	2.5YR4/6 red silty clay loam, weak subangular blocky, good root structure, fraible,	III
			20-30% partially weathered to weathered rock, 50% variable weathered yellow	
			brown rock at 42"	
4	Ap	0-7	5YR3/3 dark reddish brown loam, weak fine to granular, grass matt	IIb
	Bt	7-16	7.5YR4/4 brown silt loam, weak to moderate subangular blocky, good root structure	III
	Bt2	16-27	5YR4/6 yellowish red loam, moderate to medium subangular blocky, good root	III
			structure	
	Bc	27-51	5YR4/6 yellowish red loam, weak to moderate subangular blocky, good root	III
			structure, with weathering	

REMARKS D/F SITE #1 Primary

Hadley Environmental Services

VDH Use Only
Health Department ID # 157-15-115

pg. 10 of 13

Site and Soil Evaluation Report (D/F Site #2 . 100% Reserve)

General Information

Date: 6/24/2015 Rappahannock County Health Department
Owner: Mary Ann Clark Phone: 571-255-2447
Owner Address: 7313 Laurel Brook Lane, Marshall, VA 20115
Property Address: 11 Lyle Road, Amissville, VA 20106
Tax Map / GPIN #: 31-3
Subdivision: Block/Section: Lot:

Soil Information Summary

1. Position in landscape satisfactory: ☑ Yes ☐ No Describe landscape position: side slope
2. Slope: 6-7%
3. Depth to rock/impervious strata: Max. ____ Min. 42" ☐ Not observed
4. Free water present: No ☑ Yes ☐ Range in inches: ____
5. Depth to seasonal water table (gray mottling or gray color): ____ ☑ Not observed
6. Soil percolation rate estimated: ☑ Yes ☐ No Estimated Rate: 55 min/in at 18"
Texture Group: ☐ I ☑ II ☑ III ☐ IV
7. Percolation test performed: ☐ Yes ☑ No If yes, provide additional data on percolation test results.

Name and title of evaluator: Barry R. Hadley, AOSE 1940001107
Signature: Barry R. Hadley

☑ Site approved: absorption trenches (describe dispersal area, e.g. absorption trenches) dispersing primary effluent (proposed level of treatment at time of evaluation) to be placed at 18 (inches) depth at site designated on permit. Site provides a total of 1800 square feet of absorption (trench bottom) area for 100% reserve. (if applicable).

☐ Site disapproved: Reason for rejection: (check all that apply)

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) ____

COMMONWEALTH OF VIRGINIA
Barry R. Hadley
BARRY R. HADLEY
NO. 1940001107
12/28/15
AOSE

This form contains personal information subjec to disclosure under the Freedom of Information Act.

Date of Evaluation: 6/24/2015

Property ID: 31-3

Profile Description

SOIL EVALUATION REPORT

COMMONWEALTH OF VIRGINIA
BARRY R. HADLEY
NO. 1940001107
AOSE

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 Onsite Soil Evaluator or Professional Engineer, location of profile holes and sketch of the area investigated including structural features (i.e. sewage disposal systems, wells, etc.) within 100 feet of the site 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

Hole #	Horizon	Depth (Inches)	Description of color, texture, etc.	Texture Group
1	Ap	0-7	7.5YR3/3 dark brown loam, grass matt	IIb
	Bt	7-29	10YR4/6 dark yellowish brown silt loam, weak to moderate subangular blocky, good	III
			root structure	
	Bc	29-46	2.5YR4/6 red loam to sandy loam, weathered, weak subangular blocky, good root	IIb-IIa
			structure	
	R	46+	partially weathered gneiss/rock	n/a
2	Ap	0-5	7.5YR3/3 dark brown loam, grass matt	IIb
	Bt	5-22	5YR4/4 reddish brown loam, weak to moderate subangular blocky, good root	IIb
			structure	
	Bc	22-42	5YR4/6 yellowish red loam, with weathered gneiss	IIb
	R	42+	rock	n/a
3	Ap	0-7	10YR3/3 dark brown loam, grass matt	IIb
	Bt	7-19	7.5YR4/4 brown loam, weak to moderate subangular blocky, fine root structure	IIb
	Bc	19-36	5YR4/6 yellowish red silt loam, weak to moderate subangular blocky, few fine roots,	III
			partially weathered, few multi colored gneiss/granite fragments	
	C	36-56	2.5YR4/6 red silt loam, weak subangular blocky, weathered	III
4	Ap	0-7	7.5YR3/3 dark brown loam, grass matt	IIb
	Bt	7-28	10YR4/6 dark yellowish brown silt loam, moderate to medium subangular blocky,	III
			good root structure	
	Bt2	28-36	10YR3/6 dark yellowish brown silt loam, weak to moderate subangular blocky, good	III
			root structure	
	Bc	36-48	dark yellowish brown silt loam, weathered, weak subangular blocky, very friable	III

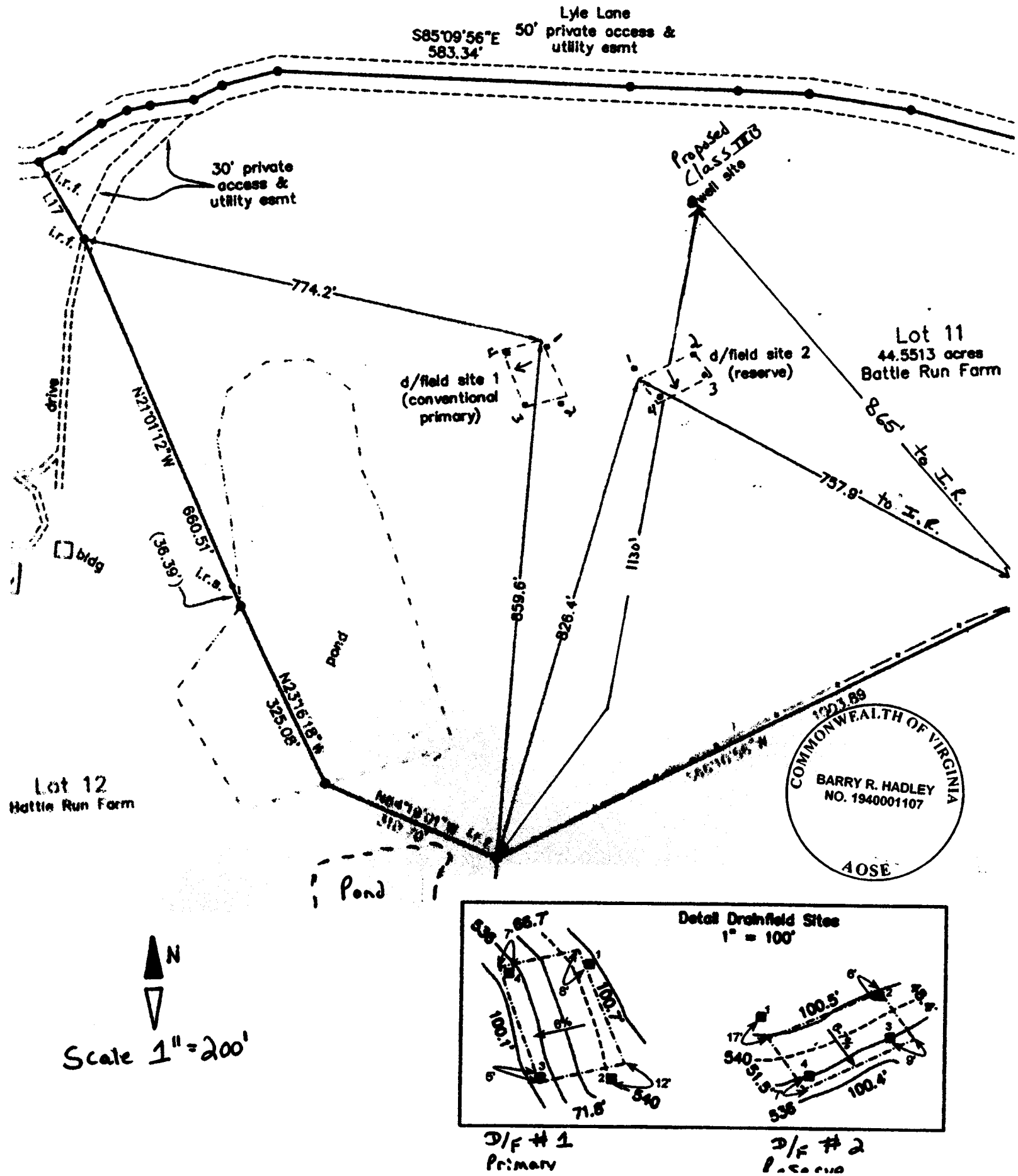
REMARKS D/F Site #2 . 100% Reserve

Hadley Environmental Services

Site Sketch

GPIN or Tax Map #: 31-3

Location: Lyle Lane; Amissville, VA 20106 (38.70066,-78.07931)



Hadley
Environmental
Services

Sanitary Survey

GPIN or Tax Map #: 31-3

Location: Lyle Lane; Amissville, VA 20106 (38.70066,-78.07931)

Based on field observations, the following is noted with regard to existing or proposed drainfield and water sources located within the required seback zone.

There are no known wells (existing or proposed) within the required setback of the proposed primary or reserve drainifield.

There are no known drainfields within the required setback of the proposed IIIB well.

Disclaimer: Hadley Environmental Services LLC. will not be responsible for applicable information that was not located during file searches or incorrect information that was supplied by neighboring property owners or the owner of this project.

COMMONWEALTH OF VIRGINIA
BARRY R. HADLEY
NO. 1940001107
AOSE

Ck # 1570
KDWR-A5QKMZ

Commonwealth of Virginia

Application for: ☑Sewage System ☑Water Supply

VDH Use only
Health Department ID# 157-15-115
Due Date 1/26/16

Owner Mary Ann Clark — Phone 571.255.2447
Mailing Address 7313 Laurel Brook Lane — Phone
Marshall, VA 20115 — Fax
Agent Hadley Environmental Services LLC — Phone 540.723.4293
Mailing Address 181 Garber Lane — Phone
Winchester, VA 22602 — Fax 540.773.4584
Site Address Lyle Lane
Amissville, VA 20106 — Email hadleyenv@virginia.usa.com

Directions to Property: From Washington, take US-211E to right on Richmond Road, Left on Lyle Lane, Property on Left.

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 31-3 Other Property Identification _____ Dimension/Acreage of Property 44.5513 AC

Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) **only when ready to build.**

☐Certification Letter ☒ Construction Permit ☐ Voluntary Upgrade ☐ Repair Permit

Proposed Use:

Single Family Home (**Number of Bedrooms** 4) Multi-Family Dwelling (**Total Number of Bedrooms** ____)

Other (describe) 2 BEDROOM MAIN HOUSE + 2 BEDROOM GARAGE/APARTMENT = 4 BR

Basement? ☒Yes ☐No Walk-out Basement? ☒Yes ☐No Fixtures in Basement ☐Yes ☒No

Conditional permit desired? ☐Yes ☒No If yes, which conditions do you want?

☐Reduced water flow ☐Limited Occupancy ☐Intermittent or seasonal use ☐Temporary use not to exceed 1 year

Do you wish to apply for a betterment loan eligibility letter? ☐Yes ☒No *There is a $50 fee for determination of eligibility.

Water Supply

Will the water supply be ☐Public or ☒Private? Is the water supply ☐Existing or ☒Proposed?

If proposed, is this a replacement well? ☐Yes ☒No If yes, will the old well be abandoned? ☐Yes ☐No

Will any buildings within 50' of the proposed well be termite treated? ☐Yes ☒No

All Applicants

Is this a private sector OSE/PE application? ☒Yes ☐No If yes, is the OSE/PE package attached? ☒Yes ☐No

Is this property indeed to serve as your (owners) principal place of residence? ☒Yes ☐No

In order for VDH to process your application for a sewage system you must attached a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage sites must be clearly marked and the property sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

Barry R. Hadley, A0SE1940001107 — 12/30/2015
Signature of Owner/Agent Date

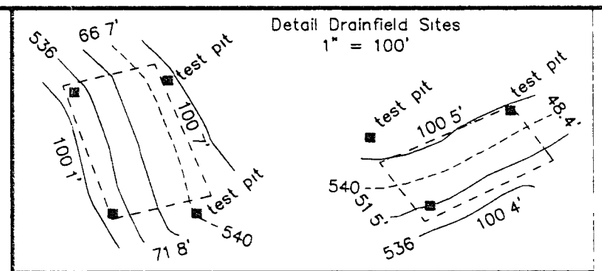
This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 12/3/2014

RECEIVED
DEC 31 2015
RAPPAHANNOCK COUNTY
HEALTH DEPARTMENT

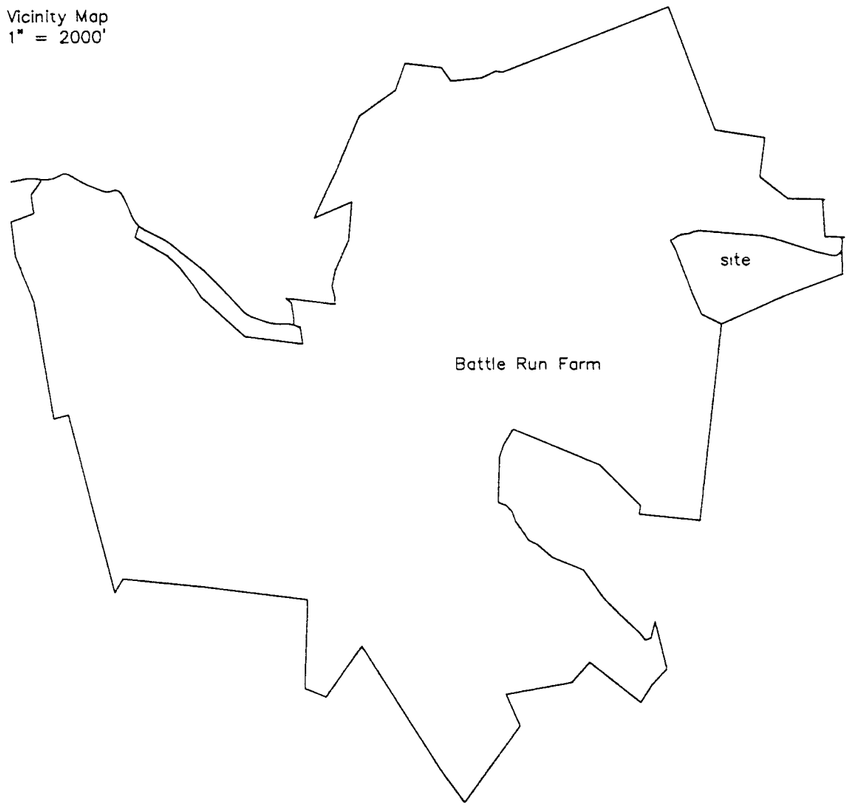
0 200' 400'

Approval:	Approval:
Barry R. Hadley Barry R Hadley, ADSE # 1940001107 date	Rappahannock County Health Dept date

Detail Drainfield Sites
1" = 100'



Vicinity Map
1" = 2000'



Lot 1
Battle Run Farm

Lyle Lane
50' private access & utility esmt

S85°09'56"E
583 34'

L1 L2 L3 L4 L5 L6 L7 L8 L9 L10

S72°35'56"E
467 60'

L11 L12 L13 L14 L15 L16

(30' Rout no 729 prescriptive esmt)

30' private access & utility esmt

L17

irf

irf

irf

774 2'

prop site

well site

bldg

bldg

bldg

drive

dwl

d/field site 1
(conventional primary)

d/field site 2
(reserve)

Lot 11
44 5513 acres
Battle Run Farm

N21°01'12"W
660 51'
(36 39')
irs

859 6'

826 4'

757 9'

fence
S69°26'03"W
845 25'
(20 37')

irf

pond

N23°16'18"W
325 08'

N64°19'01"W
310 70'
irf

fence
S66°10'56"W
1003 89'

irf

Lot 12
Battle Run Farm

n/f Lothan
D B 230 P 323

n/f Payne
D B 213 P 861

pond

Location of Approved Drainfield Sites on the Land of
Virginia Property Group II, LLC
Deed Book 235, Page 238
Lot 11, Battle Run Farm Subdivision
Jackson Magisterial District, Rappahannock County, Virginia

COMMONWEALTH OF VIRGINIA
W Stuart Dunn
No 2000
3 July 2015
LAND SURVEYOR

Dunn Land Surveys, Inc.
106 North Church Street
Berryville, Virginia 22611
Tel· 540–955–3388

July 3, 2015

Survey no. 1112–11DF

Commonwealth Of Virginia
Uniform Water Well Completion Report

Owner Tom Taylor / Neel
Address _____
_____
Phone _____
Location Lyle Lane

Tax Map ID _____
VDH Permit _____
VWCB Permit _____
VWCB _____
County Rappahannock

Well Data

General Information
Drilling Method Air Rotary | Date Completed 5-1-16 | Well Depth 550
Depth To Bedrock 60 | Yield 20 GPM | Length of Test ____
Static Water Level _____ | Stabilized Water Level _____ | Natural Flow _____
Well Disinfected (Y or N) ___ | Disinfectant Used _____ | Amount Used _____

Casing
From 0 To 60 | From ____ To ____ | From ____ To ____
Size 6" Material PVC | Size ____ Material ____ | Size ____ Material ____
Wall/SDR sch 40 | Wall/SDR _____ | Wall/SDR _____

Gravel Pack
From ____ To ____ | From ____ To ____ | From ____ To ____

Grout
From 0 To 50 | From ____ To ____ | From ____ To ____
Bore Hole Size 10" | Bore Hole Size _____ | Bore Hole Size _____
Type bentonite | Type _____ | Type _____
Method pumped | Method _____ | Method _____

Water Zones or Screened Intervals
From 270 To ____ | From 501 To ____ | From 510 To ____
Mesh Size ____ Diam ___ | Mesh Size ____ Diam ___ | Mesh Size ___ Diam ___

Private Well: Domestic ✓ Agricultural ___ Industrial ____ Monitoring ____
Public Well: Community ____ Non Community ____

Abandonment Information

Bored or Dug Wells
Casing Removed (Y or N) _____
If Y, Depth to which casing was removed ____
Depth and Type of Fill _____
Source of fill _____
Bentonite Plugs: From __ To __ From __ To __

Wells other than Bored Wells
Casing Removed (Y or N) ____
Depth to which casing was removed ___
Depth and Type of gravel/sand fill _____
Source of gravel/sand fill _____
Cement: From ____ To _____

Method of permanently marking location: _____

Commonwealth Of Virginia
Uniform Water Well Completion Report

Drillers Log

Depth	Description of Formation or Sediment	Remarks
0-60	Unconsolidated Material	
60-550	Rock	

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 regulation, ordinances and laws.

Riner Well Drilling LLC
17212 Auburn Road
Brandy Station, Virginia 22714
Phone 540-825-0548
Drillers signature _____ Date 6-6-16
Representing Riner Well Drilling LLC
Virginia Contractors License Number _____