

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Hoff

Health Department



Health Department

Identification Number 88-131-0125

Map Reference 66-47-25A

General Information	
New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Expanded <input type="checkbox"/> Conditional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> 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 <u>ROBERT W. SPARROW</u> Telephone <u>214-485-6384</u> Address <u>3433 HEATHER HILL, GARLAND, TX. 75042</u> For a Type <u>I</u> Sewage disposal system which is to be constructed on/at <u>RTP 710, TO PARKWAY - TURN RIGHT, TURN RIGHT 163, 90 3/10 MI TO PRIVATE RD ON RIGHT, 90 3/10 MI TO OPENING IN ADJ. PACE, GO PASS YELLOW HOUSE TO TOP OF HILL ON RIGHT.</u> Subdivision <u>A</u> Section/Block <u>1</u> Lot <u>1</u> Actual or estimated water use <u>400</u>	
DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III</u> cased <u>20'</u> grouted <u>20'</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Septic tank: Capacity <u>1,000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>10</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: Square ft. required <u>1050</u> ; depth from ground surface to bottom of trench <u>36"</u> ; aggregate size <u>1.5"</u> ; Trench bottom slope <u>1-3</u> center to center spacing <u>9'</u> ; trench width <u>36"</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>70'</u> ; Number of trenches <u>5</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ Sanitarian	

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number 88-131-0125
Map Reference 66-47-75A

Health Department

General Information

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 ROBERT W. SPARROW Telephone 214-485-6384

Address 3433 HEATHER HILL, GARLAND, TX. 75047

For a Type I Sewage disposal system which is to be constructed on/at 4th TD, TO PARKWAY - TURN RIGHT, 7001 POST 163, 90 31st TO PRIVATE RD on RIGHT, 90 31st TO PRIVATE RD on RIGHT

Subdivision _____ Section/Block _____ Lot _____

Actual or estimated water use 400

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III</u> cased <u>20'</u> grouted <u>20'</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ G. W. 2 Received: yes <input type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: PVC 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>10</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Absorption trenches: Square ft. required <u>1050</u> ; depth from ground surface to bottom of trench <u>36"</u> ; aggregate size <u>1.5"</u> ; Trench bottom slope <u>1-3</u> ; center to center spacing <u>9'</u> ; trench width <u>36"</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>70"</u> ; Number of trenches <u>5</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
	Date _____ Inspected and approved by: _____ Sanitarian

TURN
TO PASS
YELLING
HOUSE
TO TOP
OF HILL
ON RIGHT

66(P)

FLOYD COUNTY HEALTH DEPARTMENT

P. O. BOX 157
FLOYD, VIRGINIA 24091

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

TELEPHONE 703-745-2141

August 3, 1994

Mr. Robert Sparrow
3433 Heather Hill
Garland TX 75044

*1-13-95
attempted to
inspect well
couldn't find*

Dear Mr. Sparrow:

According to our records all of the work has been done at your work site with the exception(s) checked below:

- Well Water (GW2) Statement submitted
- Water sample taken (contact private laboratory)
- Other: Well inspection.

In order for us to complete our files, please send us the above checked information at your earliest convenience.

Please call me at 745-2141 if you have any questions.

Sincerely,

Tina L. Thompson
Environmental Health Specialist

aca

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 94-4025

Floyd Co. Health Department

Name of Company/Corporation/Individual: Shott's Excavating

Address: _____ Telephone: _____

Owner's Name Robert Spann

Owner's Address 3433 Leather Hill Garland TX

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: Off Parkway

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

Date

7-29-94

Signature and Title

Michael Wood Partner

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 94-4025

Floyd Co. Health Department

Name of Company/Corporation/Individual:

Shott's Excavating

Address:

Telephone:

Owner's Name

Robert Spann

Owner's Address

3433 Leather Hill Parkway TX

Location of Installation: Lot

Block

Section:

Subdivision:

Other:

off Parkway

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

Date

7-29-94

Signature and Title

Michael J. [Signature]

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 94-4625

Floyd Co. Health Department

Name of Company/Corporation/Individual: Shott's Excavating

Address: _____ Telephone: _____

Owner's Name Robert Spawny

Owner's Address 3433 Heather Hill Paulsboro NJ

Location of Installation: Lot _____ Block _____

Section: _____ Subdivision: _____

Other: off Parkway

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

Date

7-29-94

Signature and Title

Michael [Signature]

RENEWAL: ORIGINAL PERMIT # 88-131-0125
 G 66-47-5A (ISSUED BY TOM KING)

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
 Department of Health

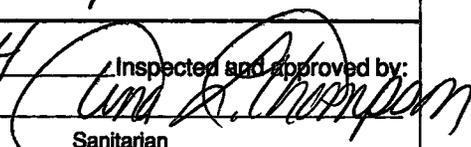
Health Department
 Identification Number 94-131-4025
 Map Reference G 66-47-31A

FLOYD Co. Health Department

General Information

Water Supply System: New Repair _____ Public _____ FHA _____ VA _____ Case No. _____
 Sewage Disposal System: New Repair _____ Expanded _____ Conditional _____ Public _____
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
 Owner ROBERT SPARROW Telephone _____
 Address 3433 HEATHER HILL GARLAND, TX For a Type I Sewage Disposal System or Well to be constructed on/at FROM S.S. (D) ON 710 TO PARKWAY; GO SOUTH TO MH 163, THEN 0.3 MILE TO PRIVATE DRIVE
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use 450 GAL/DAY

ON
 RIGHT
 FOLLOW
 PAST
 2
 HOUSES
 TO
 TOP
 OF
 HILL

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III C</u> cased <u>20' MINIMUM</u> grouted <u>20' MINIMUM</u>	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments <u>NOT DRILLED A TO I</u> Completion Report _____ G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>4" SCH 40</u>
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>N/A</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>10</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>1050</u> ; depth from ground surface to bottom of trench <u>36"</u> ; aggregate size <u>#57</u> ; Trench bottom slope <u>2-4" / 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>36"</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>70'</u> ; Number of trenches <u>5</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>36-50" depth</u>
Date <u>7-29-94</u> Inspected and approved by: <div style="text-align: right;">  Sanitarian </div>	

RENEWAL: ORIGINAL PERMIT # 88-131-0125
G 66-47-5A (ISSUED BY TOM KING)

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
 Department of Health

Health Department
 Identification Number 94-131-4025
 Map Reference G 66-47-31A

Floyd Co. Health Department

General Information

Water Supply System: New Repair _____ Public _____ FHA _____ VA _____ Case No. _____
 Sewage Disposal System: New Repair _____ Expanded _____ Conditional _____ Public _____
 Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
 Owner ROBERT SPARROW Telephone _____
 Address 3433 WEATHER HILL GARLAND, TX For a Type I Sewage Disposal System or Well to be constructed on/at FROM S.S. (L) ON 710 TO PARKWAY; GO SOUTH TO MM 163, THEN 0.3 MILE TO PRIVATE DRIVE ON RIGHT FOLLOW PAST 2 HOUSES TO TOP OF HILL
 Subdivision _____ Section/Block _____ Lot _____ Actual or estimated water use 4500 GPD

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe): _____ To be installed: class <u>III</u> cased <u>20'</u> MINIMUM grouted <u>20'</u> MINIMUM	Water supply location: Satisfactory yes <input type="checkbox"/> no <input type="checkbox"/> comments <u>NOT DRILLED A TO I</u> Completion Report _____ G. W. 2 Received: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> not applicable <input type="checkbox"/>
Building sewer: <u>4"</u> I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>4" SCH 40</u>
Septic tank: Capacity <u>1000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Pump and pump station: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> describe and show design. if yes: _____	Pump & pump station: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>N/A</u>
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. <input type="checkbox"/> Other _____	Conveyance method: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Distribution box: Precast concrete with <u>10</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 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. <input type="checkbox"/> Other _____	Header lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. <input type="checkbox"/> Other _____	Percolation lines: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments Satisfactory
Absorption trenches: Square ft. required <u>1050</u> ; depth from ground surface to bottom of trench <u>36"</u> ; aggregate size <u>#57</u> ; Trench bottom slope <u>2-4" / 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>36"</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>70'</u> ; Number of trenches <u>5</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments Satisfactory <u>36-50" depth</u>
Date <u>7-29-94</u> Inspected and approved by: <u>[Signature]</u> Sanitarian	

RENEWAL

Health Department
Identification Number 94-131-4025

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.

- ▲ THIS PERMIT IS FOR INSTALLATION OF AN ONSITE SEWAGE DISPOSAL SYSTEM DESIGNED FOR A 3 BEDROOM HOME / 6 OCCUPANTS
- ▲ INSTALL: 5-70' LINES
9' CENTERS
36" DEEP
FOLLOW CONTOUR
- ▲ DIVERT ROOF DRAINS AWAY FROM SYSTEM
- ▲ REMOVE TREES TO WITHIN 10' OF DRAINFIELD

-
- ▲ INSTALL CLASS III c WELL
 - 20' MINIMUM CASING & GROUT
 - KEEP WELL MINIMUM 100' UPSLOPE OF SEPTIC SYSTEM
 - " 50' FROM TERMITE TREATED HOUSE
 - " 175' FROM GRAVEYARD

This sewage disposal system and/or water supply is to be constructed as specified by the permit X or attached plans and specifications _____.

This sewage disposal system and/or well 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.

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: 3/9/94 Issued by: *Uma S. Thompson*
 Sanitarian

Date: 3-11-94 Reviewed by: *[Signature]*
 Supervisory Sanitarian

This Construction Permit Valid until <u>9/9/28</u>
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If FHA or VA financing

Reviewed by Date _____ Date _____

RENEWAL

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or 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 permitted, show all sources of pollution within 200 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.

- ▲ THIS PERMIT IS FOR INSTALLATION OF AN ONSITE SEWAGE DISPOSAL SYSTEM DESIGNED FOR A 3 BEDROOM HOME / 6 OCCUPANTS
- ▲ INSTALL: 5-70' LINES
9' CENTERS
36" DEEP
FOLLOW CONTOUR
- ▲ DIURCT ROOF DRAINS AWAY FROM SYSTEM
- ▲ REMOVE TREES 10 WITHIN 10' OF DRAINFIELD

- ▲ INSTALL CLASS III WELL
 - 20' MINIMUM CASING + GROUT
 - KEEP WELL MINIMUM 100' UPSLOPE OF SEPTIC SYSTEM
 - " 50' FROM TELLMITE TREATED HOUSE
 - " 175' FROM GRAVEYARD

This sewage disposal system and/or water supply is to be constructed as specified by the permit X or attached plans and specifications _____.

This sewage disposal system and/or well 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:

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: 3/9/94 Issued by: *Lana S. Thompson*
 Sanitarian

Date: 3-11-94 Reviewed by: *[Signature]*
 Supervisory Sanitarian

This Construction Permit Valid until <u>9/9/98</u>
--

If FHA or VA financing

Reviewed by Date _____ Date _____
 Supervisory Sanitarian Regional Sanitarian

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 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.

① SEE ATTACHED SHEET 3006

FUN SEPTIC LAYOUT!

② KEEP WELL 100' FROM HOUSE
IF TERMITE TREATED!

③ KEEP WELL 100' FROM
SEPTIC SYSTEM!

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.

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: 9-8-88 Issued by: T. N. King

Date: 9-9-88 Reviewed by: [Signature]

Supervisory Sanitarian

This Construction Permit Valid until 2-93

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

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 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.

① SEE ATTACHED SHEET 3066

FOR SEPTIC LAYOUT!

② KEEP WELL 100' FROM HOUSE
IF TERMITE TREATED!

③ KEEP WELL 100' FROM
SEPTIC SYSTEM!

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.

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: 9-8-88 Issued by: T. N. King

Sanitarian

Date: 9-9-89 Reviewed by: [Signature]

Supervisory Sanitarian

This Construction Permit Valid until 2-93

If FHA or VA financing

Reviewed by Date _____ Date _____

Supervisory Sanitarian

Regional Sanitarian

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 94-131-4025
Map Reference _____

Floyd Co.

Health Department

Date Received

~~94-131-4025~~ 2-24-94

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner Robert w Sparrow Address 3433 Heather Hill Phone 214/495-6324
Garland TX 75044

Agent _____ Address _____ Phone _____

Directions to Property 1st Right turn South of 710 off Blue Ridge Parkway (closed city Rd)
continue up Rd past yellow house to 1/2 way up hill to country on Right

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 125 Acres.

Other Application Information

- I. Building/facility Intermittent Use New Existing
 Yes No If yes, describe: _____
- II. Residential Use Yes No
Termite Treatment Yes No
 Single Family Multifamily Number of Units _____ Number of Bedrooms _____
Basement Yes No
Fixtures in Basement Yes No
- III. Commercial Use Yes No Describe: _____
Commercial/Wastewater Yes No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

IV. Water Supply: Public Private New Existing Describe: _____

V. Proposed Installation: Septic tank and drainfield Other
If other, describe Renewal 88-0125 G 66-47-5A

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

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Robert w Sparrow

Signature of owner/agent

2-14-94

Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 94-131-4025
Map Reference _____

RENEWAL #100⁰⁰
TLT

Floyd Co.

Health Department

Date Received 2-24-94

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner Robert W Sparrow Address 3433 Heather Hill Phone 214/495-6384

Garland TX 75044

Agent _____ Address _____ Phone _____

Directions to Property 1st Right turn South of 710 off Blue Ridge Parkway (Clearing Rd)
Continue up Rd past yellow house to 1/2 way up hill to cemetery on Right

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 125 Acres

Other Application Information

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

II. Residential Use Yes No
Termite Treatment Yes No
Basement Yes No
Fixtures in Basement Yes No
Single Family Multifamily Number of Units _____ Number of Bedrooms _____

III. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

IV. Water Supply: Public Private New Existing Describe: _____

V. Proposed Installation: Septic tank and drainfield Other
If other, describe Renewal 88-0125 G 66-47-5A

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

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Robert W Sparrow

Signature of owner/agent

2-14-94

Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 94-131-4025
Map Reference _____

Health Department

Date Received 2/24/94

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner Robert W Sparrow Address 3433 Heather Hill Phone 214/495-6384

Garland TX 75044

Agent _____ Address _____ Phone _____

Directions to Property 1st Right turn South of 710 off Bl. Ridge Parkway (Cleveland Rd)
continue up Rd past yellow house to 1/2 way up hill to cemetery on Right

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 12.5 Acres

Other Application Information

- I. Building/facility Intermittent Use New Existing
 Yes No If yes, describe: _____
- II. Residential Use Termite Treatment Yes No
 Yes No
 Single Family Multifamily Number of Units _____ Number of Bedrooms _____
- Basement Yes No
Fixtures in Basement Yes No
- III. Commercial Use Yes No Describe: _____
- Commercial/Wastewater Yes No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

IV. Water Supply: Public Private New Existing Describe: _____

V. Proposed Installation: Septic tank and drainfield Other
If other, describe Renewal 89-0125 G66-475A

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

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Robert W Sparrow
Signature of owner/agent

2-14-94
Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only
\$125.00 pd. 7-25-88
Receipt No. G054730

Health Department
Identification Number 88-131-0125
Map Reference 66 47 5A

Floyd Co. Health Department

Date Received 7-25-88

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner Robert W Sparrow Address 3433 Heather Hill Phone 214/495-6384
Garland TX 75042

Agent _____ Address _____ Phone _____

Directions to Property 1st Right turn south of 710 off Blue ridge parkway (closed county rd)
continue up rd to gate on right by yellow house (localy Duncan has key to gate)

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property 1.25 Acres.

Other Application Information

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

II. Residential Use Yes No
Termite Treatment Yes No
 Single Family Multifamily Number of Units _____ Number of Bedrooms 3
Basement Yes No
Fixtures in Basement Yes No

III. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

IV. Water Supply: Public New Describe: _____
 Private Existing _____

V. Proposed Installation: Septic tank and drainfield Other
If other, describe _____

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

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Robert W Sparrow
Signature of owner/agent

7-22-88
Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only
\$125.00 pd. 7-25-88
Receipt No. G054730

Health Department
Identification Number 88-131-0725
Map Reference 66 47 3A

Floyd Co.

Health Department

Date Received 7-25-88

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional
FHA/VA yes no

Owner Robert W Sparrow Address 3732 Heather Hill Phone 214/445 6301
Garland TX 75042

Agent _____ Address _____ Phone _____

Directions to Property 1st Right turn south of 710 off Blue ridge highway (about 500 yds)
continue up rd to gate on right by yellow house (usually Duncan lives here key to gate)

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimensions/size of Lot/Property _____

Other Application Information

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

II. Residential Use Yes No
Termite Treatment Yes No
 Single Family Multifamily Number of Units _____ Number of Bedrooms _____
Basement Yes No
Fixtures in Basement Yes No

III. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No Number of Patrons _____ Number of Employees _____
If yes, give volumes and describe _____

IV. Water Supply: Public New Describe: _____
 Private Existing _____

V. Proposed Installation: Septic tank and drainfield Other
If other, describe _____

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

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

Robert W Sparrow
Signature of owner/agent

Date

SMPL PINES

ROAD

FIELD

WOOD LINE
SMPL PINES

DEAIN FIELD

Open field

Open field

DIS. BOX

SEW. TR.

FRONT HOUSE SITE

SMALL WOOD PINES

48'±

110'±

55'

18'

50'

60'

100'

WATER

100'

WOOD

WOOD LINE

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 88-131-0125
Tax Map Number 66-47-75A

General Information

Date 9-8-88 FLOYD CO Health Department
Applicant B. W. SPARROW Telephone No. 214-485-6384
Address 3433 HEATHER HILL, GARLAND, TEX. 75042
Owner S Address S
Location SOUTH ON BLUE-RIDGE P.WAY TO 3/4 MI. PASS MI. PAST 163, TURN RT FOR 3/4 MI TO OPENING IN MAIL FENCE - KEEP LEFT OF YELLOW HOUSE - HEAD RT. TO TOP OF HILL.
Subdivision _____ Block/Section _____ Lot _____

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe Shaping terrain in OLD GRAPE VINEYARD -
2. Slope 10-12%
3. Depth to rock/impervious strata Max. _____ Min. _____ None Rocky
4. Depth to seasonal water table (gray mottling or gray color) No Yes _____ 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 45 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: T. N. McG, Sanitar
Signature: J. N. McG

Department Use

- Site Approved: Drainfield to be placed at 36" 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

9/8/88

Profile Description
SOIL EVALUATION REPORT

Health Department

Identification No. 88-131-0125

Page 5 of 6

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.

Hole #	Horizon	Depth (inches)	Description of, color, texture, etc.	Texture Group
1	A	0-4-5	DK. BRN. LOAM VERY THICK SOD	II
	B	5-48	BED/BROWN Clay LOAM ROCKY	III
2	A	0-5	DK. BRN LOAM THICK/ BEDDY SOD	II
	B	5-48	BEDDISH-BROWN @ YEL-BED ROCK FRAG. Clay LOAM	III
3	Same as 1 & 2			

Remarks:



Robert C. Lawrence

VA 604
710

RT
710

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2000

Ferry
Simon Thumson

Duncan

Stream

Cemetery

Trees

Old stone building

Existing house

Barn

Gate

New stone building

1913
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- 0-6. DK Am L.
- 6. 48. RED/Brown/1.000
- C.L.

D.F. DEPTH
36"

LAND
WOOD
2' IN

MISC
PINES

CORN
FIELD

Page 606

9/8/88

SMALL

18' PINES
SCAPE
122'

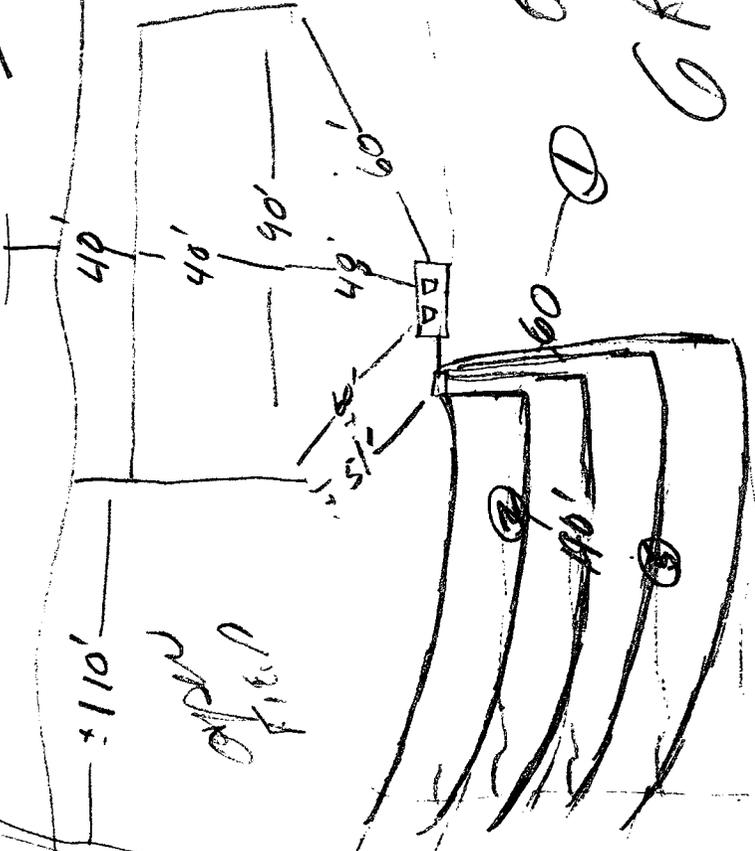
SPAWN

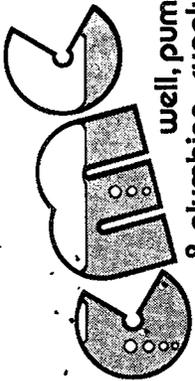
DAPP
WOOD
V.

110'
OPEN

OPEN
FIELD

OLD
GRAPEY
VINEYARD



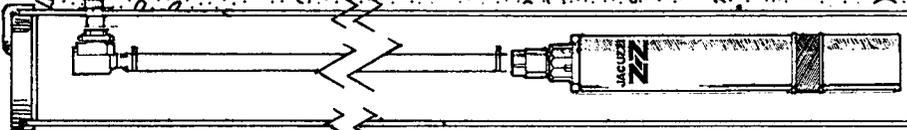
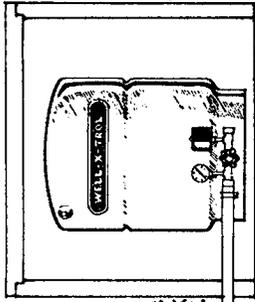


JACUZZI

well, pump
& plumbing supply, inc.

P O BOX 12058, ROANOKE, VA 24022
2550 SHENANDOAH AVE. N.W.
ROANOKE, VA 24017

Roll Plastic With Pitless Adapter



PREPARED FOR:	
NAME	PHONE
ADDRESS	OFFSET
WELL DEPTH	PUMP SETTING
WELL PROCEDURES (GPM)	
WATER ANALYSIS	
CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/>	P H
HARDNESS	GPG
SULPHUR	IRON BACTERIA
PUMP INFORMATION	
MODEL	HP
PUMP BRAND	VOLTS
	AMPS
TANK INFORMATION	
BRAND	MODEL
DATE	CMC INVOICE #
PREPARED BY	

Thank You!

ITEM	COST
Pump	
Control Box	
Pipe	
Wire <input type="checkbox"/> /2 <input type="checkbox"/> /3	
Tank	
Pitless Adapter	
Cap	
1 Adapter <input type="checkbox"/> Galv. <input type="checkbox"/> Brass <input type="checkbox"/> PVC	
1 PVC Insert Elbow	
1 #16 SS Clamps	
Nylon Rope	
Tank Tee	
F562 Switch <input type="checkbox"/> 20/40 <input type="checkbox"/> 30/50	
F562 M4 Switch <input type="checkbox"/> 20/40 <input type="checkbox"/> 30/50	
TA48 Torque Arrestors	
CG6 Cable Guards	
1/4 x 3 Nipple <input type="checkbox"/> Galv. <input type="checkbox"/> Brass <input type="checkbox"/> Sch. 80 PVC	
Boiler Drain <input type="checkbox"/> 1/2 RB <input type="checkbox"/> 3/4 RB	
1/4 100# Gauge	
30 Amp 2 Pole Box	
30 Amp Screw Fuses	
Splice Kit <input type="checkbox"/> 2 Wire <input type="checkbox"/> 3 Wire	
Roll Elec. Tape	
1/2 Romex Connectors	
3/4 Romex Connectors	
3/4 x 3 Galv. Nipple	
1/2 Roll Ribbon Dope	
3/4 RB Stop	
Other:	

Robert W Sparrow

College

University

1/2 mile
to
house

St. Mary's
Catholic Church
and
parish

110

90
Bridgman
site

Cemetery

Stream

Grishing house
Barn

John

110
110

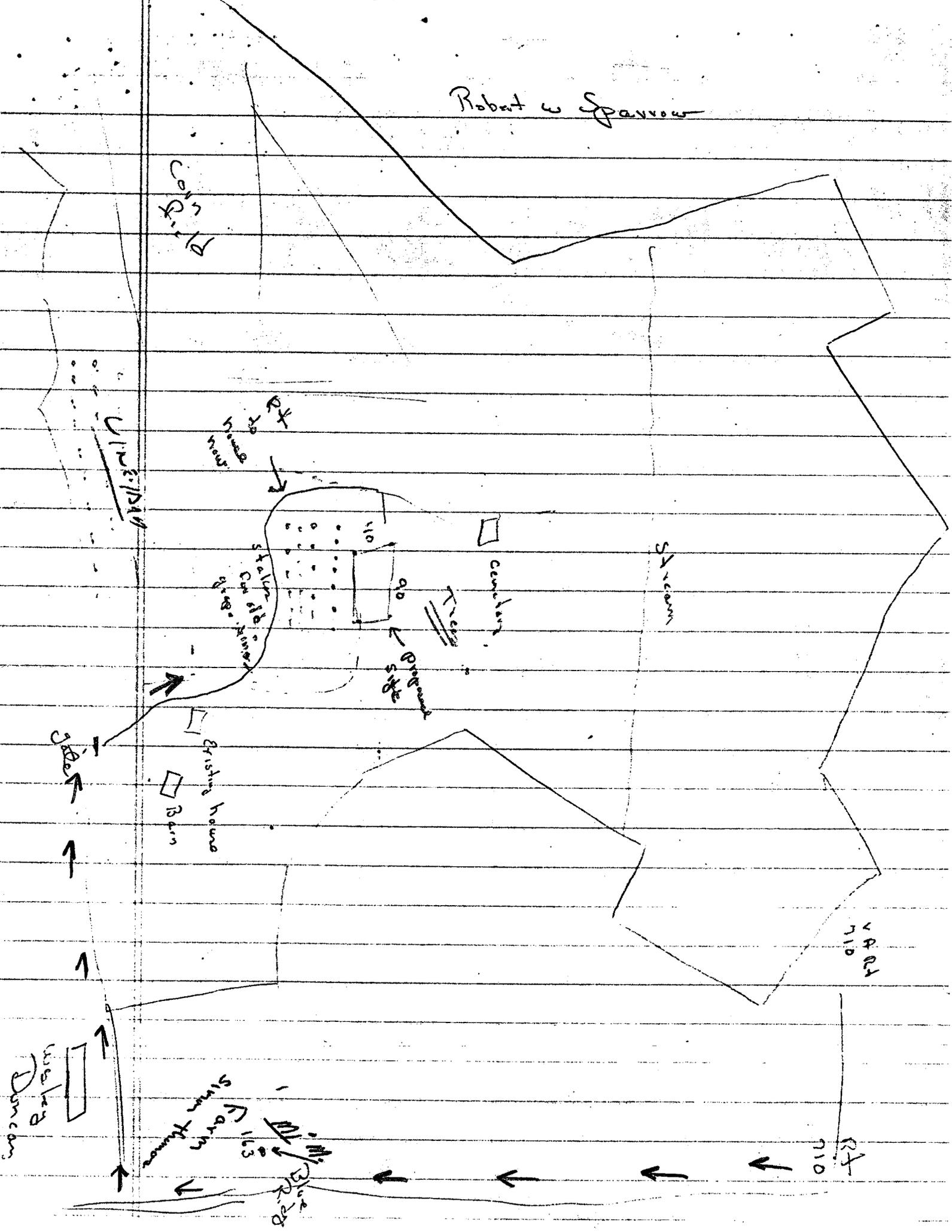
Wesley
Donson

Simon
Thomas

110

110
110

110
110



FLOYD COUNTY HEALTH DEPARTMENT

P. O. BOX 157
FLOYD, VIRGINIA 24091

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

TELEPHONE 703-745-2141

Date: *September 12, 1988*

To: *Mr. Robert W. Sparrow* Thru: *L. L. Hartley,*
3433 Heather Hill *Sanitarian Manager*
Garland, Texas 75042

Dear *Mr. Sparrow:*

Enclosed is a copy of your construction permit and other pertinent data in reference to your application for a Sewage Disposal System Construction Permit, I. D. No.

At this time you may begin construction of this system, which must comply with all requirements on the enclosed permit. If you feel any changes are necessary, please contact me at the Health Department at 745-2141.

After the septic tank has been installed, please have the contractor complete and sign the enclosed Completion Statement (CHS 203) and return it to the Health Department.

Also enclosed is a Commonwealth of Virginia Water Well Completion Report (GW-2). It is very important that you have your well driller complete this form in its entirety and return it to the Health Department. Under the new State laws this form must be completed and returned before a required water sample can be taken. A satisfactory water sample must be collected before we can issue an Operation Permit for you to start using your septic tank system. A laboratory fee of \$10.00 will be due upon collection of the water sample.

Thank you for your cooperation.

Sincerely,

T. N. King
T. N. King, Sanitarian

enclosures

Hole #4

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

BWCM No. _____

(Certification of Completion/County Permit)

State Water Control Board
Box 11143
North Hamilton St.
Arlington, Va. 22230

County/City Floyd Co.

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 Robert Sparrow
Well Designation or Number _____
Address 3433 Heather Hall
Garland, Texas
Phone _____

Drilling Contractor Pauley's Well Drilling
Address P.O. Box 321
Floyd, Va. 24091
Phone 745-4199

WELL LOCATION: _____ (feet/miles) _____ direction) of _____
and _____ (feet/miles) _____ direction) of _____
(If possible please include map showing location marked)

Date started 8-25-94 • Date completed 8-26-94 Type rig Rotary-Air

SWCB Permit _____
County Permit 94-131-4025

Certification of inspecting official:
This well does _____ does not _____
meet code/low requirements.
S. _____
Date _____

For Office Use

Tax Map I.D. No. G66-47-31A
Subdivision _____
Section _____
Block _____
Lot _____
Class Well I _____, IIA _____
IIB _____, IIIA _____, IIIB _____
IIIC IIID _____, IIIE _____

I. WELL DATA: New Reworked _____ Deepened _____

• Total depth 600' ft.
• Depth to bedrock 71' ft.

• Hole size (Also include reamed zones)
• 10" inches from 0 to 71' ft.
• 6" inches from 71' to 600' ft.
• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material
• 6 1/2" inches from 0 to 71' ft.
Material galv.
Wt. per foot _____ or wall thickness 188 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)
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____
• _____ inches from _____ to _____ ft.
• Mesh size _____ Type _____

• Gravel pack
• From _____ to _____ ft.
• From _____ to _____ ft.

out
• From 0 to 35' ft., Type Bentonite
• From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ of _____
• Static water level (unpumped level-measured) 60' ft.
• Stabilized measured pumping water level _____ ft.
• Stabilized yield 197 gpm after _____ hour
Natural Flow: Yes No _____ flow rate 197 gpm
Comment on quality good-clear

3. WATER ZONES: From _____ To _____
From unknown 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 _____
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 _____

Owner _____

BWCM No. _____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)			REMARKS (water, casing, cavities, broken, core, shot, etc.)	11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet) From To		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)			
0	10'	Dirt	From Ground level to 35' Bentonite grout State level 60' 71' of 6" galv casing 188 wall Water 1qt per min unknown Total Depth 600		
10'	15'	grey rock			
15'	20'	Dirt			
20'	25'	green rock			
25'	60'	Dirt			
60'	71'	grey rock			
	71'	cased at 71' with 6" galv. casing 188 wall			
71'	200'	grey rock			
200'	350'	green rock			
350'	600'	grey rock			

13. Well lot dedicated? _____; Size _____ ft. X _____ ft.; Well house? _____
 Distance to nearest pollutant source _____ ft., Type _____
 Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches, Material _____
 Installer _____
 Date _____

State Water Control Board Regional Offices

Valley Reg. Off.
 116 North Main Street
 P. O. Box 268
 Bridgewater, Va. 22812
 703-628-2595

Piedmont Reg. Off.
 4010 West Broad Street
 P. O. Box 6616
 Richmond, Va. 23230
 804-257-1006

Southwest Reg. Off.
 408 East Main Street
 P. O. Box 476
 Abingdon, Va. 24210
 703-628-5183

Tidewater Reg. Off.
 287 Pembroke Office Park
 Suite 310 Pembroke No. 2
 Va. Beach, Va. 23462
 804-499-8742

West Central Reg. Off.
 Executive Park
 3312 Peters Creek Road
 Roanoke, Va. 24019
 708-982-7452

Northern Virginia Reg. Off.
 5515 Cherokee Avenue
 Suite 404
 Alexandria, Va. 22312
 703-750-9111

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Robert A. Pauley (Seal), Date 8-26-94
 (Well driller or authorized person) License No. 2705015229

Hole #2

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

BWCM No. _____

(Certification of Completion/County Permit)

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

County/City

Floyd Co.

County/City Stamp

SWCB Permit _____
 County Permit 94-131-4025

Certification of inspecting official:
 This well does _____ does not _____
 meet code/low requirements.
 S. _____
 Date _____

For Office Use

• 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 Robert Sparrow
 • Well Designation or Number _____
 Address _____
 Phone _____

• Drilling Contractor Pauley's Well Drilling
 Address P.O. Box 321
Floyd, Va. 24091
 Phone 745-4199

Tax Map I.D. No. 666-47-31A
 Subdivision _____
 Section _____
 Block _____
 Lot _____
 Class Well I _____, IIA _____
 IIB _____, IIIA _____, IIIB _____
 IIIC _____, IIID _____, IIIE _____

WELL LOCATION: _____ (feet/miles) _____ (direction) of _____
 and _____ (feet/miles) _____ (direction) of _____
 (If possible please include map showing location marked)

Date started 8-30-94 • Date completed 8-30-94 Type rig Rotary-Air

I. WELL DATA: New Reworked _____ Deepened _____

• Total depth 225' ft.
 • Depth to bedrock 63' ft.

• Hole size (Also include reamed zones)
 • 10" inches from 0 to 63' ft.
 • 6" inches from 63' to 225' ft.
 • _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material
 • 6.125" inches from 0 to 63' ft.
 Material plastic
 Wt. per foot _____ or wall thickness 1120 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)
 • _____ inches from _____ to _____ ft.
 • Mesh size _____ Type _____
 • _____ inches from _____ to _____ ft.
 • Mesh size _____ Type _____
 • _____ inches from _____ to _____ ft.
 • Mesh size _____ Type _____
 • _____ inches from _____ to _____ ft.
 • Mesh size _____ Type _____
 • _____ inches from _____ to _____ ft.
 • Mesh size _____ Type _____

• Gravel pack
 • From _____ to _____ ft.
 • From _____ to _____ ft.

out
 • From 0 to 20' ft., Type Bentonite
 • From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ of _____
 • Static water level (unpumped level-measured) 40' ft.
 • Stabilized measured pumping water level _____ ft.
 • Stabilized yield 141 gpm after _____ hour
 Natural Flow: Yes No _____, flow rate 145 gpm
 Comment on quality dirty - not good

3. WATER ZONES: From _____ To _____
 From 75' To 76' 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 _____
 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 _____

Owner _____

BWCM No. _____

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)			11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet) From	To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)		
0	60'	Dirt		
60'	63'	grey rock		
63'	63'	cased at 63' with 6 1/4" plastic casing 1120		
63'	75'	grey rock		
75'	76'	water 1qt per min Dirty water		
76'	80'	Brown rock		
80'	225'	grey rock		

~~13. Well lot dedicated? _____; Size _____ ft. X _____ ft.; Well house? _____
 Distance to nearest pollutant source _____ ft., Type _____
 Distance to nearest property line _____ ft., Building _____ ft.~~

~~14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____
 minutes. Pipe size _____ inches, Material _____
 Installer _____
 Date _____~~

State Water Control Board Regional Offices

Valley Reg. Off.
 116 North Main Street
 P. O. Box 268
 Bridgewater, Va. 22812
 703-628-2595

Piedmont Reg. Off.
 4010 West Broad Street
 P. O. Box 6616
 Richmond, Va. 23230
 804-257-1006

Southwest Reg. Off.
 408 East Main Street
 P. O. Box 476
 Abingdon, Va. 24210
 703-628-5183

Tidewater Reg. Off.
 287 Pembroke Office Park
 Suite 310 Pembroke No. 2
 Va. Beach, Va. 23462
 804-499-8742

West Central Reg. Off.
 Executive Park
 5312 Peters Creek Road
 Roanoke, Va. 24019
 703-982-7452

Northern Virginia Reg. Off.
 5515 Cherokee Avenue
 Suite 404
 Alexandria, Va. 22312
 703-750-9111

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Robert A. Pauley (Seal), Date 8-30-94
 (Well driller or authorized person) License No. 2705015229

Hole #3

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

BWCM No. _____

(Certification of Completion/County Permit)

State Water Control Board
Box 11143
North Hamilton St.
Charlottesville, Va. 22903

County/City Floyd Co.

SWCB Permit _____
 County Permit 94-131-4025

Certification of inspecting official:
 This well does _____ does not _____
 meet code/low requirements.
 S. _____
 Date _____

For Office Use

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 _____

County/City Stamp

Owner Robert Sparrow
 Well Designation or Number _____
 Address _____
 Phone _____

Drilling Contractor Paukey's Well Drilling
 Address PO Box 321
Floyd, Va. 24051
 Phone _____

Tax Map I.D. No. G66-47-3A
 Subdivision _____
 Section _____
 Block _____
 Lot _____
 Class Well I _____ IIA _____
 IIB _____ IIIA _____ IIIB _____
 IIIC IIID _____ IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
 and _____ (feet/miles _____ direction) of _____
 (If possible please include map showing location marked)

Date started 9-1-94 • Date completed 9-9-94 Type rig Rotary-Air

I. WELL DATA: New Reworked _____ Deepened _____

Total depth 600' ft.
 Depth to bedrock 40' ft.

Well size (Also include reamed zones)
 • 10" inches from 0 to 40' ft.
 • 6" inches from 40' to 600' ft.

Casing size (I.D.) and material
 • 6.125 inches from 0 to 40' ft.
 Material plastic
 Wt. per foot _____ or wall thickness 1120 in.

Screen size and mesh for each zone (where applicable)
 • _____ inches from _____ to _____ ft.
 Mesh size _____ Type _____

Gravel pack
 • From _____ to _____ ft.
 • From _____ to _____ ft.

out
 • From 0 to 30' ft., Type Bentonite
 • From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ of _____
 • Static water level (unpumped level-measured) 40' ft.
 • Stabilized measured pumping water level _____ ft.
 • Stabilized yield 2 gpm after _____ hour
 Natural Flow: Yes No _____ flow rate: 2 gpm
 Comment on quality good-clear

3. WATER ZONES: From _____ To _____
 From 140' To 141' From 200' To 201'
 From 525' To 526' 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 _____
 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 _____

Owner _____

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9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumping and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)			REMARKS (water, casing, cavities, broken, core, shot, etc.)	11. Drilling Time (Min.)	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet) From	To	TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)			
0	38'	Dirt	water tight well cap		
38'	40'	grey rock			
40'	140'	cased at 40' with 6.125 plastic casing 1120			
140'	141'	grey rock			
141'	200'	water 1/2 gpm			
200'	201'	Hard green rock			
201'	250'	water 1-gpm			
250'	500'	grey rock			
500'	525'	Hard green rock			
525'	526'	grey rock			
526'	600'	white Flints water 1/2 gpm			
526'	600'	Hard green rock			

13. Well lot dedicated? _____; Size _____ ft. X _____ ft.; Well house? _____
 Distance to nearest pollutant source _____ ft., Type _____
 Distance to nearest property line _____ ft., Building _____ ft.

14. WATER SERVICE PIPE: Checked under _____ p.s.i. for _____ minutes. Pipe size _____ inches, Material _____
 Installer _____
 Date _____

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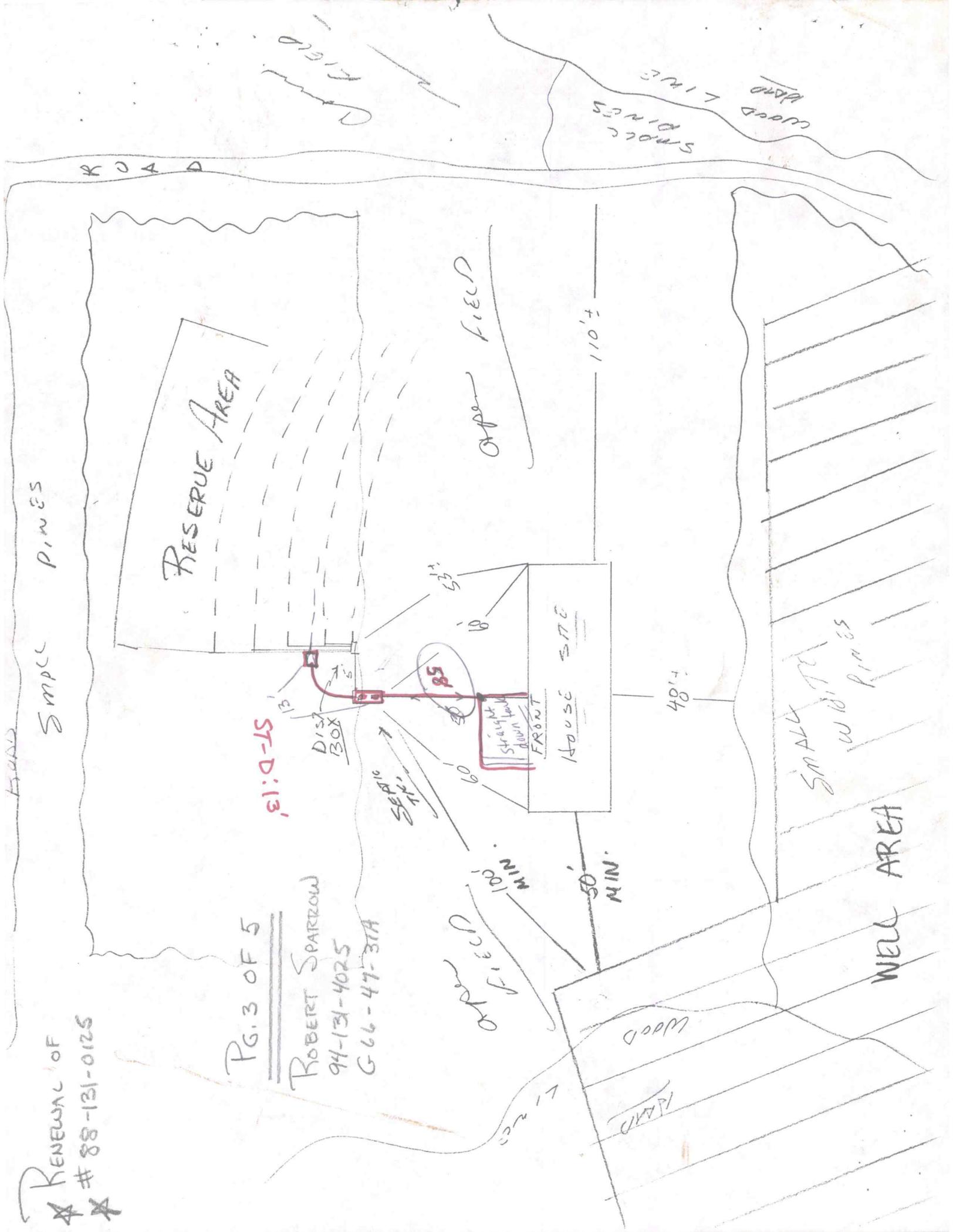
15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

Signature Robert A. Parley (Seal), Date 9-9-94
 (Well driller or authorized person) License No. 2705015229

RENEWAL OF
88-131-0125

PG. 3 OF 5

ROBERT SPARROW
94-131-4025
G 66-47-37A



ROAD

RESERVE AREA

Open FIELD

HOUSE SITE

FRONT

WELL AREA

SMALL PINES

WOOD

48'+

110'+

50' MIN.

100' MIN.

Open FIELD

SEPTIC

DISK BOX

ST-D-15

85

60

53'

18

48'

48'

WOOD

50'

MIN.

MIN.

Open FIELD

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