

No. 93-131-4215

PERMIT

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH



Floyd County Health Department
PO Box 157
Floyd, VA 24091

SEWAGE DISPOSAL SYSTEM

OPERATOR:
ADDRESS:

Terry Westmoreland
7665 Conner Rd. NE
Copper Hill, VA 24079

THIS PERMIT
EXPIRES ON
N/A

DATE OF ISSUE
August 3, 1994

John

The above operator has made application and in accordance with the regulations of the Board of Health of the Commonwealth of Virginia is authorized by the Floyd County Health Department to operate a sewage disposal system.

Tina L. Thompson
HEALTH OFFICIAL

Tina L. Thompson
Environmental Health Specialist

THIS PERMIT IS NOT TRANSFERABLE FROM ONE INDIVIDUAL OR LOCATION TO ANOTHER

Pkwy South
Subdivision
(P)

FLOYD COUNTY HEALTH DEPARTMENT
P. O. BOX 157
FLOYD, VIRGINIA 24091

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

TELEPHONE 703-745-2141

July 14, 1994

Terry L. Westmoreland
7665 Conner Rd. NE
Copper Hill, VA 24079

Dear Mr. Westmoreland:

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

red:

- Well Water (GW2) Statement submitted
- Water sample taken (contact private laboratory)
- Other: Well to be grouted. OK

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

Tina L. Thompson
Environmental Health Specialist

aca

O.P. for
225 gal/day

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 9-131-4215

Floyd Co. Health Department

Name of Company/Corporation/Individual: Turner Excavating

Address: _____ Telephone: _____

Owner's Name Terry Westmoreland

Owner's Address 7665 Conner Rd. NE Copper Hill

Location of Installation: Lot 6 Block _____

Section: _____ Subdivision: Parkway S.

Other: PF

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11-9-93 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

7-7-94
Date

X Norman D. Turner
Signature and Title

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number 9A-721 4215

Floyd Co. Health Department

Name of Company/Corporation/Individual: James Consulting

Address: _____ Telephone: _____

Owner's Name Terry Westmeyer

Owner's Address 1165 S. Main St NE Sugar Hill

Location of Installation: Lot 6 Block _____

Section: _____ Subdivision: Ka Kway S.

Other: BT

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 11 9 93 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

11-17-94 _____
Date

[Signature] _____
Signature and Title

Permit amended
6-16-94 see BR of 5

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FLUJO Co. Health Department

Health Department
Identification Number 93-131-4215
Map Reference PARKWAY SOUTH

CHANGE OF SITE

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 TERRI WESTMORELAND Telephone _____
 Address 7665 CONNER RD NE CORDEX HILL For a Type I Sewage Disposal System or Well to be constructed on/at FRONT FLUJO, 221 N 10 (P) 647 (E) INIA PARKWAY SOUTH TAKE (R) AT FLUJO
 Subdivision PARKWAY SOUTH Section/Block _____ Lot 6 Actual or estimated water use 200-500

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) <u>WELL PERMIT # 91-131-4108</u>	Water supply location: Satisfactory yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments <u>NO GROUT!</u>
To be installed: class _____ cased <input checked="" type="checkbox"/> grouted <input type="checkbox"/>	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 <u>1.25"</u> per 10' (minimum). <input type="checkbox"/> Other _____	Building sewer: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments <u>Satisfactory 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 <u>Satisfactory</u>
Inlet-outlet structure: <u>PVC Schedule 40, 4" tees or equivalent.</u> <input type="checkbox"/> Other _____	Inlet-outlet structure: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments <u>Satisfactory</u>
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 checked="" type="checkbox"/> comments <u>Satisfactory 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 <u>Satisfactory</u>
Distribution box: Precast concrete with <u>8-10</u> ports. <input type="checkbox"/> Other _____	Distribution box: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> comments <u>Satisfactory</u>
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 <u>Satisfactory</u>
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 <u>Satisfactory</u>
Absorption trenches: Square ft. required <u>960</u> ; depth from ground surface to bottom of trench <u>54 P.P. 3</u> ; aggregate size <u>#1.57</u> ; Trench bottom slope <u>2.4" / 100'</u> ; center to center spacing <u>9'</u> ; trench width <u>48"</u> ; Depth of aggregate <u>1.57</u> ; Trench length <u>60'</u> ; Number of trenches <u>4</u>	Absorption trenches: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> comments <u>Satisfactory 4-60' LINES 36" deep 1 1/2 BR.</u>
	Date <u>7-7-94</u> Inspected and approved by: <u>Lina A. Thompson</u> Sanitarian

225 gal/day

MAY water 225 gal/day

RESERVE REQUIRED
6-16-94 Amended 5-60' lines 30" deep 36" wide

SITE

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 2 BEDROOM HOME / 4 OCCUPANTS
- ▲ INSTALL: 4-60' LINES
9' CENTERS
→ 48" WIDE TRENCHES
ON CONTOUR
TOP 3 LINES: 30" DEEP
BOTTOM LINE: 36-38" DEEP
- ▲ REMOVE TREES 10' WITHIN 10' OF DRINFIELD

This sewage disposal system and/or water supply is to be constructed as specified by the permit _____ 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: 11/9/93 Issued by: *Lina S. Thompson*
Sanitarian

Date: 11-16-93 Reviewed by: *[Signature]*
Supervisory Sanitarian

This Construction Permit Valid until
5-9-98

If FHA or VA financing

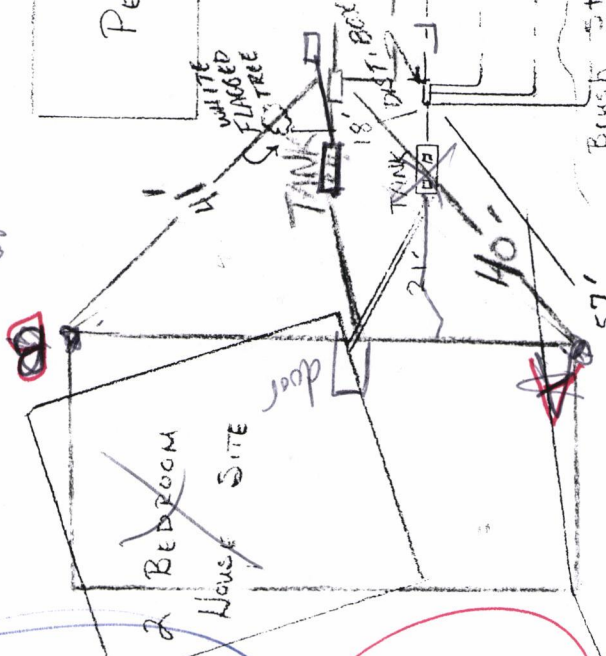
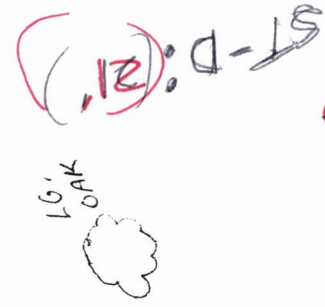
Reviewed by Date _____ Date _____
Supervisory Sanitarian Regional Sanitarian

As installed
7-7-94

Contractor
misread
Amended
Permit:
4-60'
lines
installed

RESERVE AREA

PERMIT # 91-131-4108
DRAINFIELD AREA



ROCK
30" DEEP

BRUSH STUMPS

ROCK
WOODED

AMENDED 6-16-94

INSTALL 1000 GALLON TANK

5-60' LINES
9 CENTERS
30" DEEP

PG. 2 OF 5

TERREY WESTMORELAND
LOT 6
PAREWAY SOUTH
93-131-4215

P.O. 3B

18' ST: 31
25' ST: 30

18' TO WELL

16' OAK

RESERVE AREA

PERMIT # 91-131-4108
DRAINFIELD AREA

WHITE
FLAGGED
TREE

18' DIST. BOX

TANK

21'

2 BEDROOM
HOUSE SITE

10'

ROCK

30" DEEP

9'±

60'

BRUSH STUMPS

26'-38" DEEP

ROCK

WOODEN

57'

LARGE
PINE

189'
TO WELL

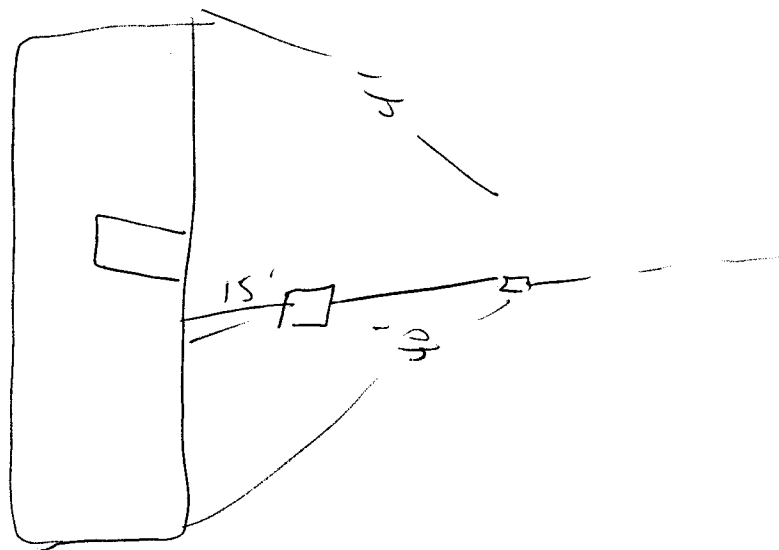
PG. 3 OF 5

TERRY WESTMORELAND

LOT 6

PARKWAY SOUTH

93-131-4215



Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 93-4215
Tax Map Number PARKWAY SOUTH

General Information	
Date <u>11/3/93</u> <u>11/9/93</u>	Health Department <u>FLOYD Co.</u>
Applicant _____	Telephone No. _____
Address _____	
Owner <u>Terrey Westmeland</u>	Address _____
Location _____	
Subdivision <u>Parkway South</u>	Block/Section _____ Lot <u>6</u>

Soil Information Summary	
1. Position in landscape satisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Describe _____
2. Slope <u>18</u> %	
3. Depth to rock/impervious strata	Max <u>759"</u> Min. <u>45"</u> None _____
4. Depth to seasonal water table (gray mottling or gray color)	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> _____ inches
5. Free water present	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> _____ range in inches
6. Soil percolation rate estimated	Yes <input checked="" type="checkbox"/> Texture group <u>I II III IV</u> No <input type="checkbox"/> Estimated rate <u>60</u> min/inch <u>average</u>
7. Percolation test performed	Yes <input type="checkbox"/> Number of percolation test holes _____ No <input checked="" type="checkbox"/> Depth of percolation test holes _____ Average percolation rate _____
Name and title of evaluator:	<u>LINA L. THOMPSON / EHS</u>
Signature:	<u>Lina L. Thompson</u>

Department Use	
<input checked="" type="checkbox"/> Site Approved:	Drainfield to be placed at <u>30</u> depth at site designated on permit.
<input type="checkbox"/> Site Disapproved:	<u>436"</u>
Reasons for rejection:	
1. <input type="checkbox"/>	Position in landscape subject to flooding or periodic saturation.
2. <input type="checkbox"/>	Insufficient depth of suitable soil over hard rock.
3. <input type="checkbox"/>	Insufficient depth of suitable soil to seasonal water table.
4. <input type="checkbox"/>	Rates of absorption too slow.
5. <input type="checkbox"/>	Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. <input type="checkbox"/>	Proposed system too close to well.
7. <input type="checkbox"/>	Other Specify _____

11/3/93

Date of Evaluation 11/9/93

Profile Description
SOIL EVALUATION REPORT

Health Department
Identification No. 93-4215

Page 5 of 5

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.

PITS

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
1		0-13	DK Br. clay loam	
		13-45	Yellowish red clay loam w/ 30% schist cobbles	
		45-50	weathered schist	
2		0-12	DK Br. clay loam	
		12-27	DK. yellow Br. clay loam 4-10" schist cobbles	
		27-57	Yellowish red clay loam w/ weathered schist x%	
3		0-16	DK Br. Loam	
		16-36	DK. yellow brown clay loam	
		36-59	St. Br. loam gravelly	

Remarks

LG OAK

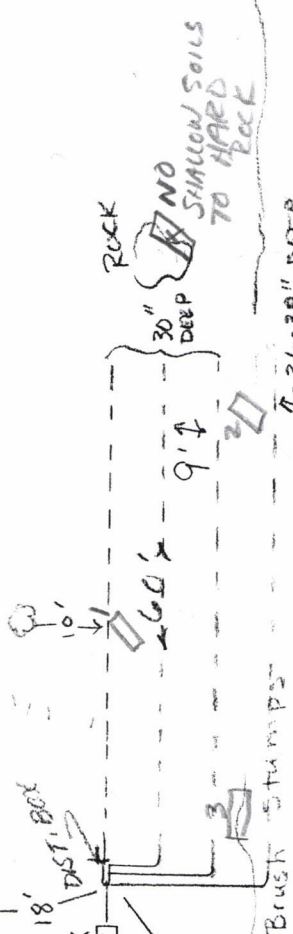
RESERVE AREA

PERMIT # 91-131-4108
DRAINFIELD AREA

2 BEDROOM
HOUSE SITE

WHITE
FLANGED
SUCKER TREE

A



ROCK

NO SHALLOW SOILS
TO HARD ROCK

30" DEEP

9' ↑

20'

↑ 36.38" DEEP

BRUSH STUMPS

ROCK NO
WOODS

	D	A
1	37'	24'
2	61'	70'
3	29'	48'

LARGE PINE

18' TO WELL

PG. 3 OF 5

TERRY WESTMORELAND
LOT 6
PARKWAY SOUTH
93-131-4215

November 10, 1993

Reference: 93-131-4215
Terry Westmoreland

EXCEPTION SUMMARY

Terry Westmoreland has applied to the Floyd County Health Department for an exception to Sections 4.3 C, D and E of the Virginia Department of Health's Sewage Handling and Disposal Regulations.

Mr. Westmoreland has applied for a sewage disposal system located on State Route 647, Copper Hill, Virginia. Because of limited area due to rock and well location, 4' wide absorption trenches are needed for adequate drainfield area.

Recommendation: Grant the exception to allow installation of 48" wide absorption trenches.

Date: 11/10/93
Lina L. Thompson
Environmental Health
Specialist

Date: 11-16-93
Date: *[Signature]*
Environmental Health
Manager

aca

RE: Application # 93-131-4215

I would like to alter my application for a septic system permit as follows:

Original # of bedrooms listed on application: 3

Change to total bedrooms: 2

Signed

Number of Units _____ Number of Bedrooms 3
Date 11/9/93 Reduce to 2 Bedrooms
Signature: x Terry K. Westmacott

Number of Patrons _____ Number of Employees _____

1 room to be
'plant' room

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department
Identification Number 93-131-4215
Map Reference _____

Date Received 9/27/93

Floyd County Health Department

\$25⁰⁰ TLT
S104215

To Be Completed By The Applicant

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

Owner Terry L. Westmoreland Address 7665 Conner Rd NE Phone 651-8922
Copper Hill, VA 24079

Agent _____ Address _____ Phone _____

Directions to Property Turn rt. on 647 Im north of Copper Hill, bear left
at 1st intersection. Turn left into Parkway South @ sign

Subdivision Parkway South Section 5 Block _____ Lot 6

Other Property Identification _____

Dimensions/size of Lot/Property 4.277 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: etc

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

V. Proposed Installation: Septic tank and drainfield Other
If other, describe Site alteration (Ry. 91-131-4108)

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.

Terry L. Westmoreland
Signature of owner/agent

9/23/93
Date

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department Identification Number 93-131-4215
Map Reference _____

Floyd County Health Department
\$25⁰⁰ TLT
S104215

Date Received 9/27/93

To Be Completed By The Applicant

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

Owner Terry L. Westmoreland Address 7665 Corner Rd NE Phone 651-8922
Lees Hill, VA 24077

Agent _____ Address _____ Phone _____

Directions to Property Turn rt. on 647 (west) of Lees Hill, bear left
at 1st intersection Turn left into Parkway South sign

Subdivision Parkway South Section 5 Block _____ Lot 6

Other Property Identification _____

Dimensions/size of Lot/Property 4.277 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
Basement Single Family Multifamily Number of Units _____ Number of Bedrooms 3
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 See

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

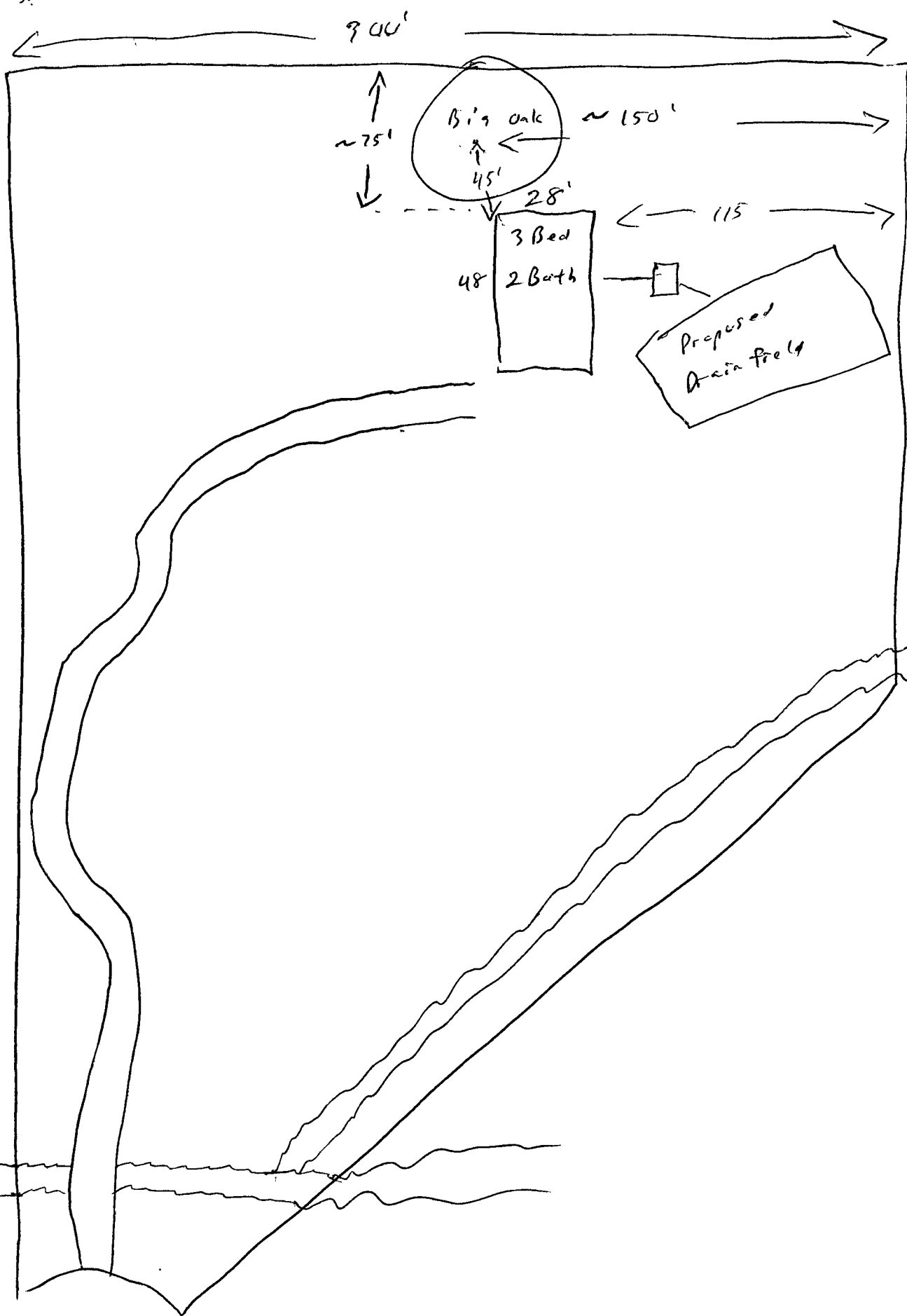
V. Proposed Installation: Septic tank and drainfield Other
If other, describe Site alteration (Ref. 91 131-4108)

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.

Terry L. Westmoreland
Signature of owner/agent

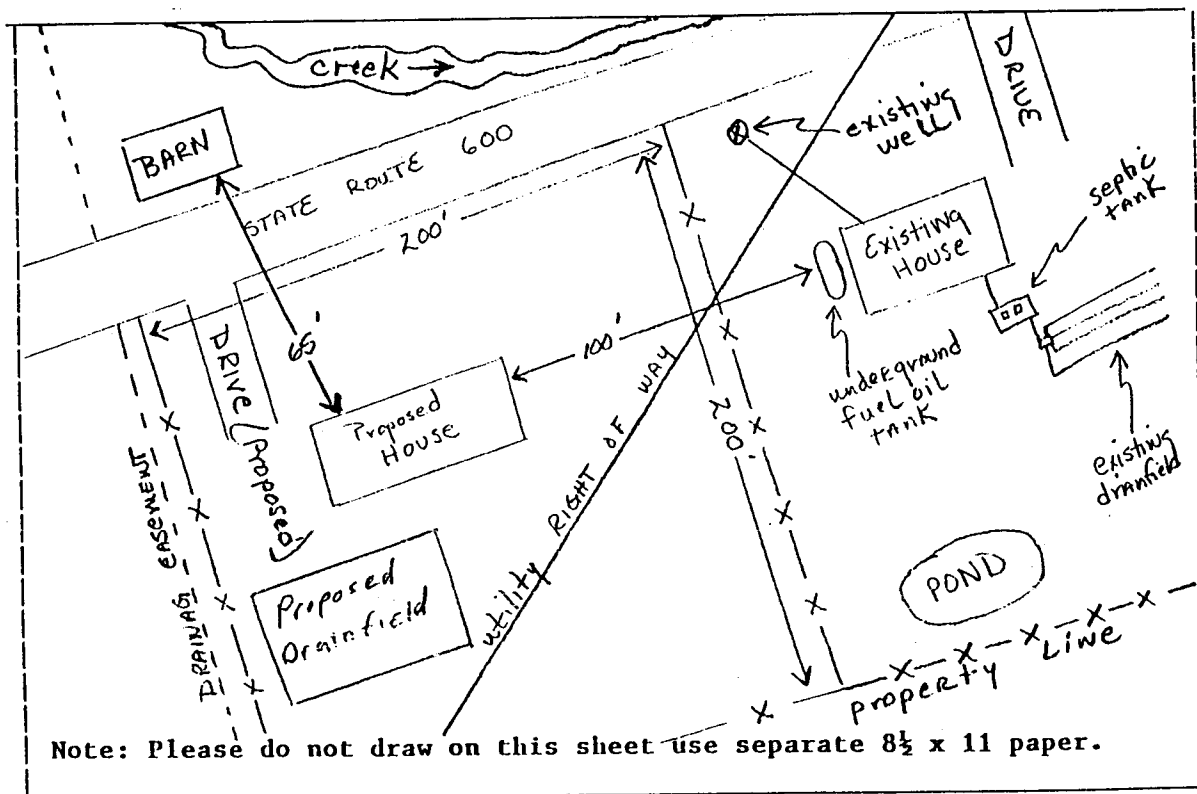
9/23/93
Date



FLOYD COUNTY ENVIRONMENTAL HEALTH SERVICE
INSTRUCTIONS FOR SEWAGE APPLICATION

1. Clear lot of all undergrowth before sanitarian visits site.
2. Stake all lot corners clearly and flag each corner stake of lot.
3. Stake the location of house, mobile home, etc. on the lot.
4. Dimensions of dwelling.
5. See example below of a house and lot sketch. This will give you an idea of how your sketch should be drawn. Show all existing wells and septic tanks and drainfields within 200 feet of the center of your proposed home, including your neighbors across the road and beside your lot. Also show all creeks, springs, right-of-ways, proposed driveways, underground utilities (phone lines, power lines, water lines, etc.) and drainage ways located on your lot.
6. Stake proposed drainfield area (100 foot area is suggested).
7. Please put a daytime telephone number on your application.

SAMPLE DRAWING



Utility lines such as water, gas, telephone, cable TV, power and sewer lines, both above and below ground installations, should be noted on all sewage applications requests.

Special caution shall be taken in allowing wheeled and tracked vehicles to traverse the area selected for placement of the absorption system before, during and after construction of the trenches, especially during wet weather. Alteration of soil structure (compaction) by movement of vehicles may be grounds for rejection of the site and/or system.

Site 1

Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health



Health Department
Identification Number 91-131-4108
Map Reference PARKWAY SOUTH LOT 6

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 TERRY L. WESTMORELAND Telephone 334-5581
 Address RT 1 BX 862 BOONES MILL, VA. 24065
 For a Type I Sewage disposal system which is to be constructed on/at _____
 Subdivision PARKWAY SOUTH Section/Block _____ Lot 6
 Actual or estimated water use 300

DESIGN	NOTE: INSPECTION RESULTS
Water supply, existing: (describe) _____ To be installed: class <u>III-C WELL MINIMUM</u> <u>cased 20' MINIMUM grouted 20' MINIMUM</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>5000</u> gals. (minimum). <input type="checkbox"/> Other _____	Pretreatment unit: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Inlet-outlet structure: <u>PVC 40, 4" tees or equivalent.</u> <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 <u>100', 1500 lb. crush strength or equivalent.</u> <input type="checkbox"/> Other _____	Conveyance method: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Distribution box: Precast concrete with <u>8</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>720</u> ; depth from ground surface to bottom of trench <u>48"</u> ; aggregate size <u>1.5"</u> ; Trench bottom slope <u>2" - 4"</u> ; center to center spacing <u>9'-10"</u> ; trench width <u>36"</u> ; Depth of aggregate <u>13"</u> ; Trench length <u>80'</u> ; Number of trenches <u>3</u>	Absorption trenches: yes <input type="checkbox"/> no <input type="checkbox"/> comments _____ Satisfactory
Date _____ Inspected and approved by: _____ 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 SHEET 3086 FOR: 2. SEPTIC LAYOUT !!
b. WELL AREA !!
- ② KEEP ACTUAL WELL CASEING 100' FROM
HOUSE SITE FOUNDATION! KEEP WELL 100'
FROM DRAIN FIELD, SITE.
- ③ DRAIN FIELD IS LOCATED IN PARTIAL WOODED
TERRAIN (SEE TEST HOLE LOCATION)

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: 7/17/91 Issued by: T. N. King
Date: 7-18-91 Reviewed by: [Signature]
Sanitarian
Supervisory Sanitarian

This Construction
Permit Valid until
1-96

If FHA or VA financing

Reviewed by Date _____ Date _____
Supervisory Sanitarian Regional Sanitarian

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number 91-131-9108
Tax Map Number PARKWAY SOUTH LOT 6

7/2/91

General Information

7/16/91
Date 7/17/91 FLOYD C Health Department
Applicant T. C. WESTMORELAND Telephone No. 334-5581
Address R-1 BX 862 BOONES MILL, VA. 29065
Owner S Address _____
Location _____
Subdivision PARKWAY SOUTH Block/Section _____ Lot 6

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe HEAVY WOODED TERRAIN
VARIABLE SLOPES

2. Slope 4/2 % Lg. SURFACE ROCK ONLY!

3. Depth to rock/impervious strata Max. _____ Min. _____ None 6" 18" ONLY!

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 130 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. King, Consultant

Signature: T. N. King

Department Use

Site Approved: Drainfield to be placed at 48" 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 _____

Application for a Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

For Department Use Only

Health Department

Identification Number 91-131-4108

Map Reference _____

Health Department

Date Received 6-17-91

TRK 720- 50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100
#417

To Be Completed By The Applicant

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

Owner Terry L. Westmoreland Address Rt. 1, Box 862 Phone 334-5581
Boones Mill, VA 24065

Agent Bob Minor Address Roanoke Land Auction Phone 774-5263
Roanoke, VA

Directions to Property Rt. 647 @ Copper Hill to Parkway South. Once in Parkway South go all the way to end making no left turns - Lot #6

Subdivision Parkway South Section _____ Block _____ Lot #6

Other Property Identification _____

Dimensions/size of Lot/Property 4.227 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
Basement Yes No
Fixtures in Basement Yes No
Single Family Multifamily Number of Units 1 Number of Bedrooms 2
Possibly 3

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: Well to be dug
 Private Existing

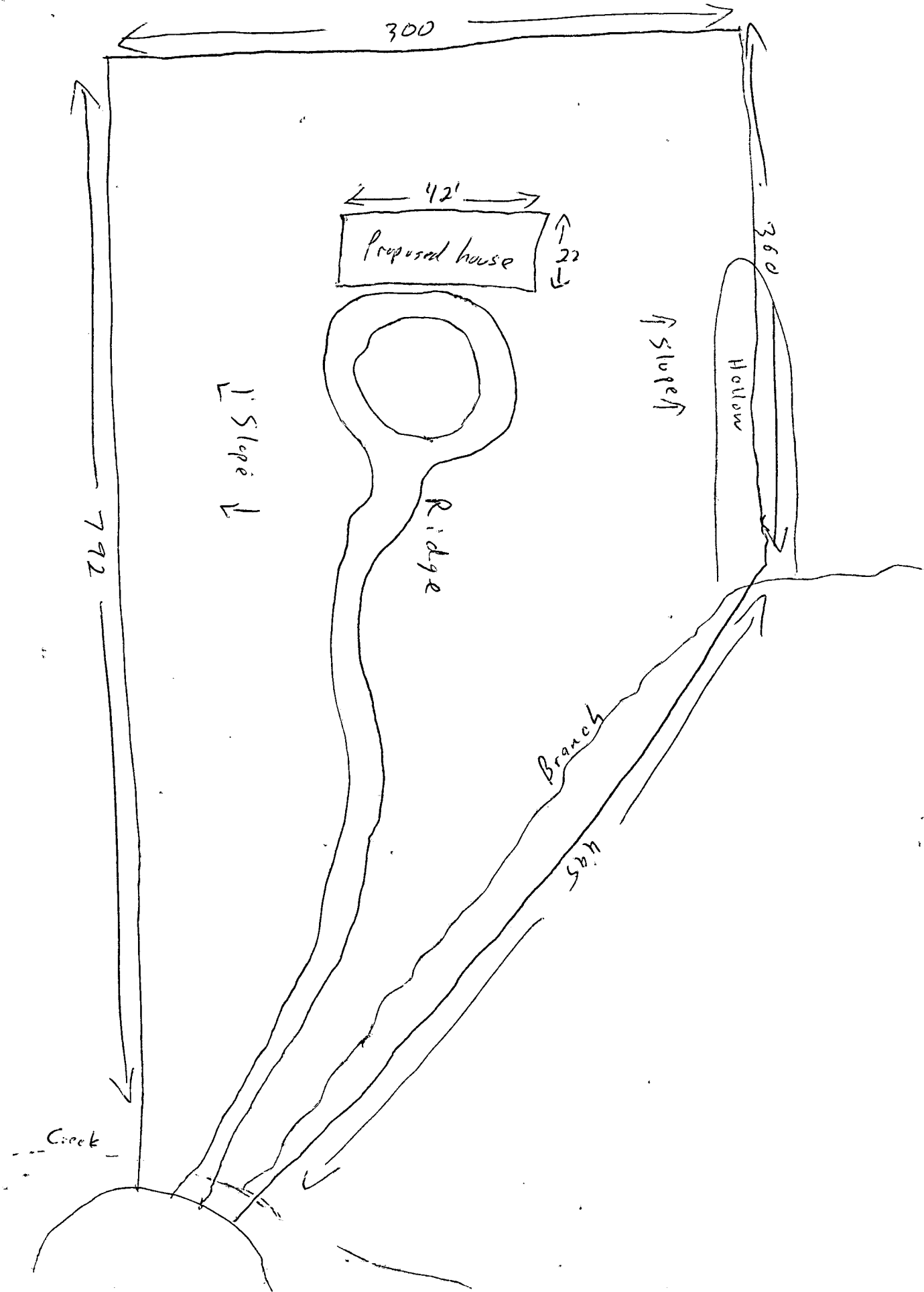
V. Proposed Installation: Septic tank and drainfield Other
If other, describe _____

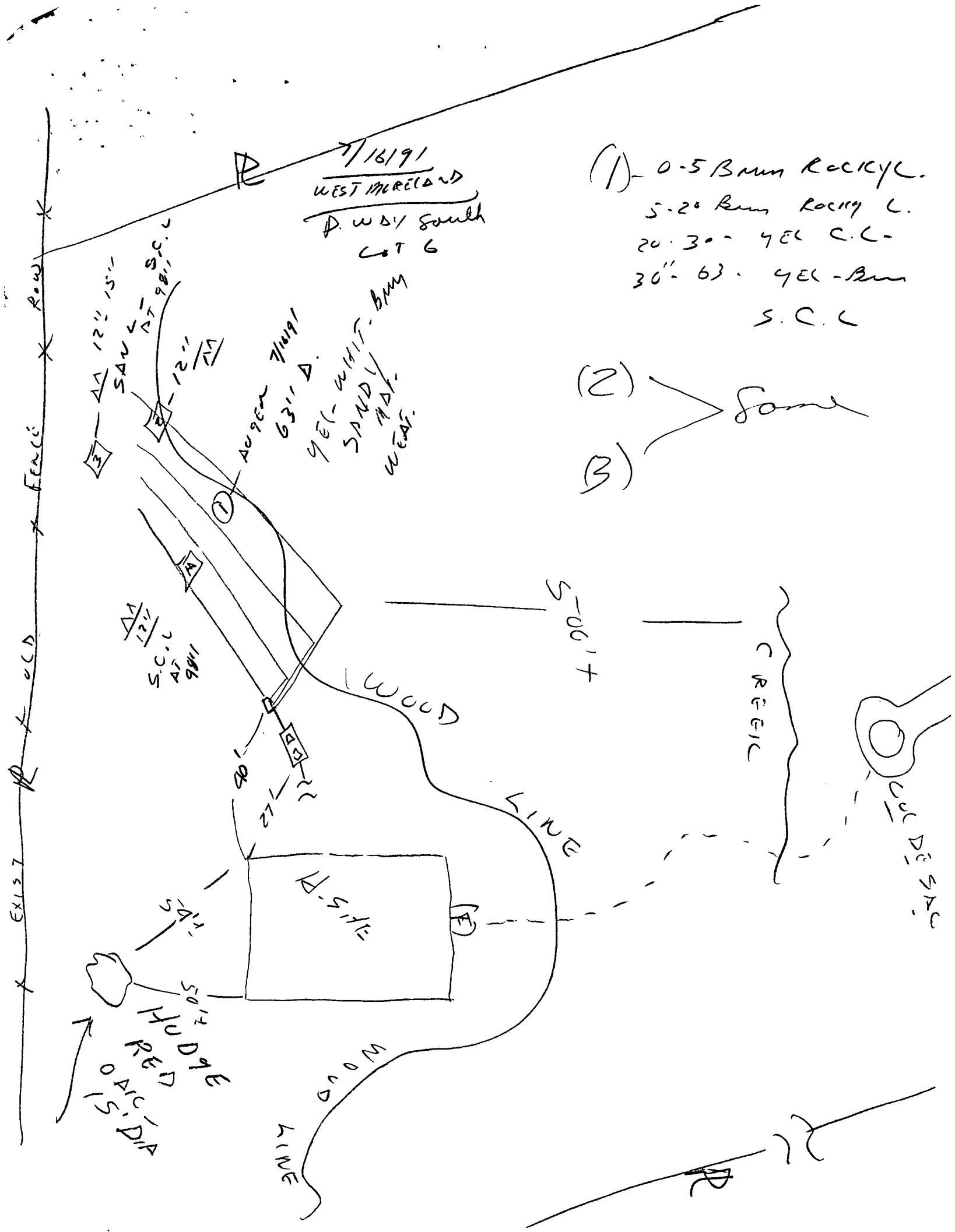
SITE PLAN Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption systems, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed building or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

Terry L. Westmoreland Signature of owner/agent 6/14/91 Date

No septic or drain field w/in 200 ft





7/16/91
 WEST MORELAND
 D. W. South
 Lot 6

- (1) 0-5' Brun Rocky L.
- 5-20' Brun Rocky L.
- 20-30' YEL C.L.
- 30'-63' YEL-Brun S.C.L

- (2) } Same
- (3) }

EXIST ROAD
 FENCE
 ROW

12" 15"
 SAND AT 981' S.C.L

AUGER 7/16/91
 63" Δ.
 YEL-WHIT. BRN SANDY MAT. WEAR.

12"
 S.C.L AT 981'

WOOD

5-00' +

CREEK

WOOD LINE

WOOD LINE

50' Δ.
 HULL'S RED SOILS
 DIA

CUT DESSAC

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

•BWCM No. 91-131-9108

(Certification of Completion/County Permit)

State Water Control Board
P. O. Box 11143
2171 North Hamilton St.
Richmond, Va. 23230

County/City Floyd County

County/City Stamp

SWCB Permit _____
County Permit _____
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 Mr. Terry L. Westmoreland

• Well Designation or Number _____

Address Rt. 1, Box 862 7665 Connor Rd NE
Boones Mill, Va. 24065 Copper Hill VA

Phone 334-5581 651-8922 24079

• Drilling Contractor Flowing Waters Drilling, Inc.

Address P. O. Box 20987
Roanoke, Va. 24018

Phone 774-0157

Tax Map I.D. No. <u>Parkway Sub-</u>
Subdivision <u>division - Lot 6</u>
Section _____
Block _____
Lot _____
Class Well: I _____, IIA _____
IIIB _____, IIIA _____, IIIB _____
IIIC <u>X</u> , IIID _____, IIIE _____

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ (feet/miles _____ direction) of Parkway Subdivision - Lot 6
(If possible please include map showing location marked)

Date started 10-20-93 • Date completed 11-17-93 Type rig Rotary

1. WELL DATA: New X Reworked _____ Deepened _____

• Total depth 175 ft.

• Depth to bedrock 47 ft.

• Hole size (Also include reamed zones)

• 6 1/4 inches from 0 to 47 ft.

• _____ inches from 47 to 175 ft.

• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• 6 1/4 inches from 0 to 47 ft.

Material Certainteed

Wt. per foot _____ or wall thickness _____ in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• Screen size and mesh for each zone (where applicable)

• _____ 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.

• Grout

• From 0 to 20 ft. Type Benseal

• From _____ to NOT ft. Type _____

2. WATER DATA • Water temperature _____ of _____

• Static water level (unpumped level-measured) 55 ft.

• Stabilized measured pumping water level _____ ft.

• Stabilized yield 5 gpm after Air Test hours

Natural Flow: Yes _____ No X flow rate: _____ g pm

Comment on quality Clear

3. WATER ZONES: From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

4. USE DATA:

Type of use: Drinking X Livestock Watering _____

Irrigation _____ Food processing _____ Household X

Manufacturing _____ Fire safety _____ Cleaning _____

Recreation _____ Aesthetic _____ Cooling or heating _____

Injection _____ Other _____

• Type of facility: Domestic X 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 Regulation 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 _____

7-7-94 No
grout in well

OVER

DEC 13 1993

Owner Terry L. Westmoreland

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)

10. DRILLERS LOG (use additional Sheets if necessary)			11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL	REMARKS (water, caving, cavities, broken, core, shot, (etc.))	Drilling Time (Min.)
From	To	(color, material, fossils, hardness, etc.)		
0	45	Sand Clay Granite		
45	175			

Handwritten notes:
175
175
175
175

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 _____

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.

State Water Control Board Regional Offices

Valley Reg. Off.
116 North Main Street
P. O. Box 268
Bridgewater, Va. 22812
703-828-2595

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

West Central Reg. Off.
Executive Park
5312 Peters Creek Road
Roanoke, Va. 24019
703-982-7432

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

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

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

Signature *Terry L. Westmoreland* (Seal), Date 12-3-93
(Well driller or authorized person) License No. 2705-015415

Well made in
in sturdy, or parts
quicker pumping tests. Quarter
geophysical logs. Quarter
be required in some parts of
ites a water well completion

WCM

Water ^{inc.} Chemistry

3404 Aerial Way Drive • Roanoke, VA 24018
Phone (703) 343-3618 • Fax (703) 342-2054

Environmental Services Division Laboratories and Consultants

Floyd County Health Department
P.O. Box 157

Date Reported: August 1, 1994
Sample Code: 28910

Floyd VA 24091

Bacti Code 6753

Chain of Custody Information

Date Collected: July 29, 1994
Time Collected: 0900
Collected By: Terry Westmoreland

Date Received: July 29, 1994
Time Received: 1000
Sample Type: Well

Sample Notes: Garden faucet

Sample Location: 8926 Valley Drive - Copper Hill, VA 24079

Analytical Data

Parameter	Result	Method	Date	Analyst
Total Coliform Bacteria	Absent	ONPG-MUG	7-30-94	J. Morris
E. Coli Bacteria	Absent			

Analytical Notes: Analysis indicates sample meets the standards established by the U.S.E.P.A. for drinking water.

By: J. Morris

Analytical data meet precision and accuracy criteria established by the U.S.E.P.A. for drinking water, waste water, and solid wastes. Exceptions are noted in the analytical notes section of the certificate of analysis.

AUG 2 1994

Environmental Testing, Consulting, and Field Services

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT*

BWCM No. _____

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

(Certification of Completion/County Permit)

County/City Floyd

County/City Stamp filed
64

SWCB Permit _____
County Permit _____
Certification of inspecting official: This well does _____ does not _____ meet code/flow 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 Westmordand

• Well Designation or Number _____
Address _____
Phone _____

• Drilling Contractor _____
Address _____
Phone _____

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

Date started _____ • Date completed _____ Type rig _____

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

1. WELL DATA: New _____ Reworked _____ Deepened _____

• Total depth _____ ft.
• Depth to bedrock _____ ft.

• Hole size (Also include reamed zones)

- _____ inches from _____ to _____ ft.
- _____ inches from _____ to _____ ft.
- _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

- _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
- _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
- _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.

• Screen size and mesh for each zone (where applicable)

- _____ 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.

• Grout

- From 0 to 20 ft. Type cement
- From _____ to _____ ft. Type _____

2. WATER DATA • Water temperature _____ of _____

- Static water level (unpumped level measured) _____ ft.
- Stabilized measured pumping water level _____ ft.
- Stabilized yield _____ gpm after _____ hours

Natural Flow: Yes _____ No _____ flow rate: _____ gpm

Comment on quality _____

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

4. USE DATA:

Type of use: Drinking _____, Livestock Watering _____
Irrigation _____, Food processing _____, Household _____
Manufacturing _____, Fire safety _____, Cleaning _____
Recreation _____, Aesthetic _____, Cooling or heating _____
Injection _____, Other _____

• Type of facility: Domestic _____, Public water supply _____
Public institution _____, Farm _____, Industry _____
Commercial _____, Other _____

5. PUMP DATA: Type 2-w • Rated H.P. 314
• Intake depth _____ • Capacity 79 gpm 200 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 _____

