

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Commonwealth of Virginia
Department on Health

Fauquier

Health Department



Health Department **P**
Identification Number SD91-387
Map Referenced 2A-1-36

General Information

Water Supply System: New Repair Public FIA 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 Warren O. Simonds TELEPHONE 703 528-5791

ADDRESS 3800 N Fairfax Dr, Apt 714 Arlington, VA 22203 For a type II Sewage Disposal System or ~~Well~~ to be constructed on/at (B) side main St, Village of Paris, 2nd House from US Rt 50

SUBDIVISION SECTION/BLOCK 2A/1 LOT 36 Actual or estimated water use 3 BR 450 GPD

DESIGN

NOTE: INSPECTION RESULTS Owner requested Has 2 Bedrooms only 4/5

Water supply, existing: (describe) Public

Water supply location: Satisfactory yes no CP
comments Public

To be installed: class N/A
cased grouted

G. W. 2 Received: yes no not applicable WSA 12/13/91

Building sewer:
EXISTING I.D. PVC 40, or equivalent
Slope 1.25" per 10' (minimum)
Other

Building sewer: yes no comments
Satisfactory Repaired 8/14/91

Septic Tank: Capacity 1000 gals. (minimum)
Other Existing - New T's installed per code

Pretreatment unit: yes no comments
Satisfactory Existing

Inlet-outlet structure: 8" in 18" out
PVC 40 4" tees or equivalent
Other stub T's existing 3/4" fall across T's

Inlet-outlet structure: yes no comments
Satisfactory Existing T's inspected 8/14/91

Pump and pump station: simplex pump w/ alarm
No Yes describe and show design
If yes: 1125 min see specs enclosed

Pump & pump station: yes no comments
Satisfactory TAPP 1125 Pump Station 8/30/91 call

Gravity mains: 4" or larger I.D. minimum 6" fall per 100' 1500 lb. crush strength or equivalent.
Other 2" tightline pressure piping

Conveyance method: yes no comments
Satisfactory

Distribution box: 1 master (8 port) + 2 satellites w/
Precast concrete with 8 ports grommet
Other Properly Bedded

Distribution box: yes no comments
Satisfactory OK

Header lines:
Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum.
Other

Header Lines: yes no comments
Satisfactory Beam over header ditch

1	2	3	4
6-7.25	6-7.5	7-6	7-6
6-4.75	6-5.25	7-2.5	7-3
2.50	2.125	3.5	3

Percolation lines:
Gravity 4" plastic 1000 lb per foot bearing load or equivalent, slope 2" 4" (min.max.) per 100'.
Other cover with untreated paper

Percolation lines: yes no comments
Satisfactory

5	7	8
7-6.8	4-0	8-0
7-2.8	7-10	7-9.25
2	2	2.75

Absorption trenches:
Square ft. required 1950; depth from ground surface to bottom of trench 18"; aggregate size 1/2 to 1 1/2"
Trench bottom slope 2-4" per 100 ft.
center to center spacing 12'; trench width 4'
Depth of aggregate 13";
Trench length 4-7.5'; Number of trenches 4

Absorption trenches: yes no comments 8/23/91
Deleted 1 unit - Beam only call
DATE 8/30/91 Inspected and approved by: cajacob
Sanitarian

6035-80-1-2007

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

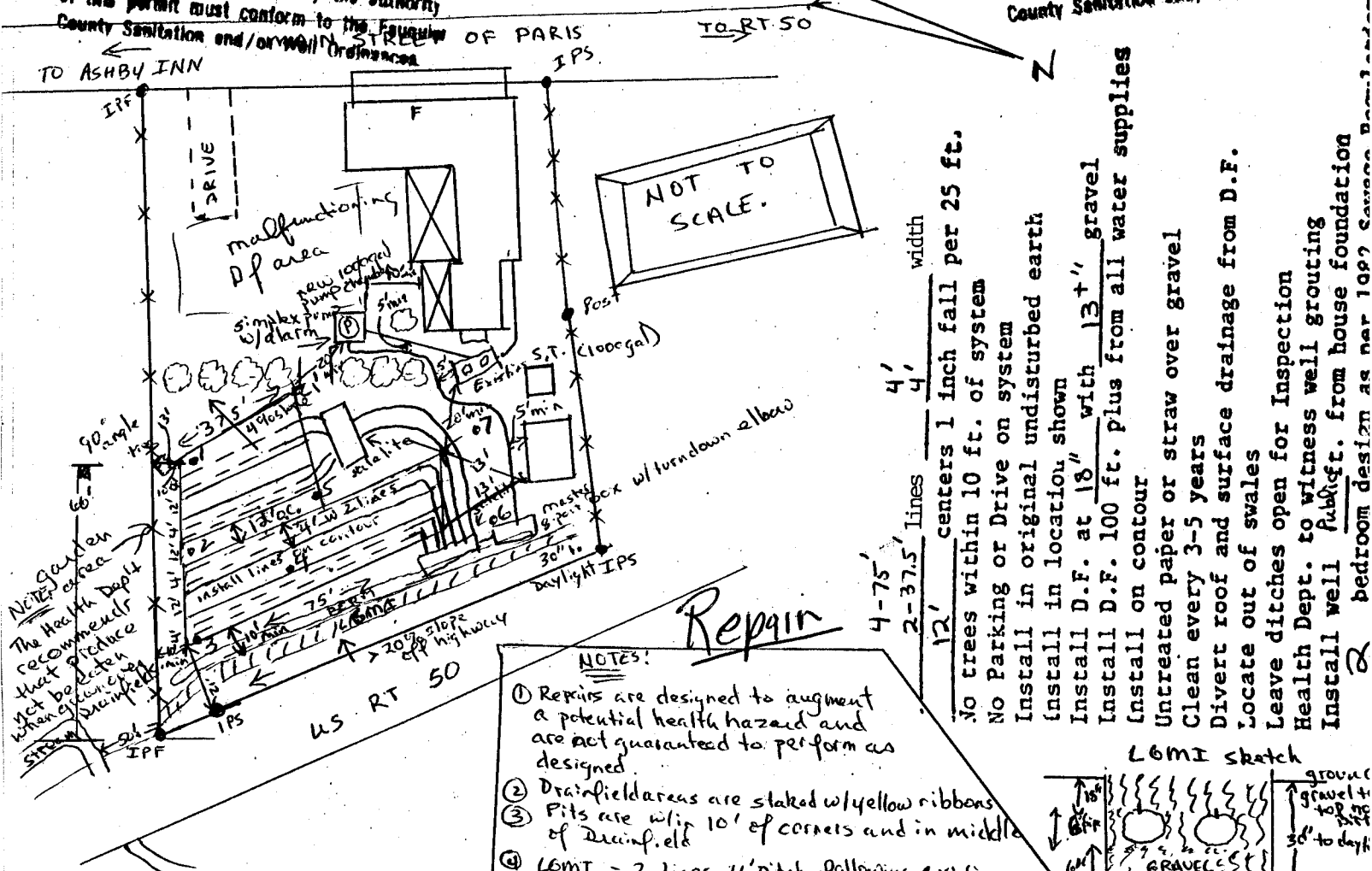
Show the lot, lines of the building lot and building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing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

Sewage Repair Permit only for 3 Bedroom Designated Section 2A Parcel 36 Block 1 of Town of Paris

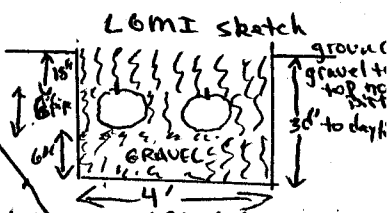
The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.

The system to be installed by the authority of this permit must conform to the Fauquier County Sanitation and/or Well Ordinances.

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- NOTES:**
- ① Repairs are designed to augment a potential health hazard and are not guaranteed to perform as designed.
 - ② Drainfield areas are staked w/ yellow ribbons
 - ③ Pits are w/ 10' of corners and in middle of drainfield
 - ④ L6MI - 2 lines, 4' ditch following existing Ditch - Barn on south side - see sketch
 - ⑤ Pump information on back of permit



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

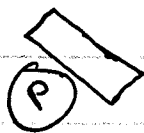
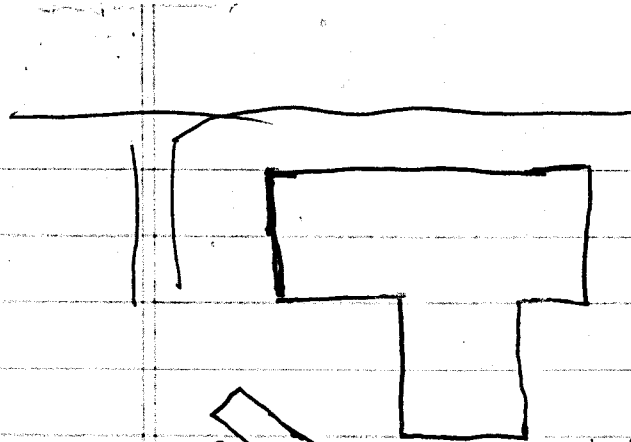
This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on construction permit.

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 department. Any part of any installation which has been covered prior to approval shall be uncovered if necessary upon the direction of the Department.

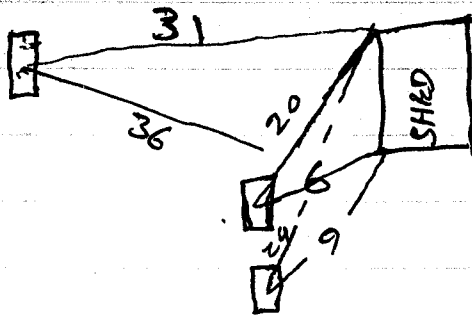
DATE: 8/16/91 ISSUED by: *John D. Sargent* Sanitarian

DATE: 8/16/91 REVIEWED by: *John D. Sargent* Supervisory Sanitarian

This construction Permit Valid until 8/16/92



SEPTIC TANK



New Installation
 Repairs

Date MAR 5 1957

PERMIT TO INSTALL OR REPAIR WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

Owner Read Thomas Address Paris VA Over Farm Phone 442-1112 100
(Must be filled in) (Mailing Address)
Agent Robert Address _____ Phone _____
(Mailing Address)
Contractor Piers Williams Address Waverly VA Phone 447-512
(Mailing Address)

Location of Premises Paris, VA
Directions 2nd house west of small stream road x U.S. 50 1st road on Rt.
(Subdivision, Street or Road Name or Number, Section, Lot No.)

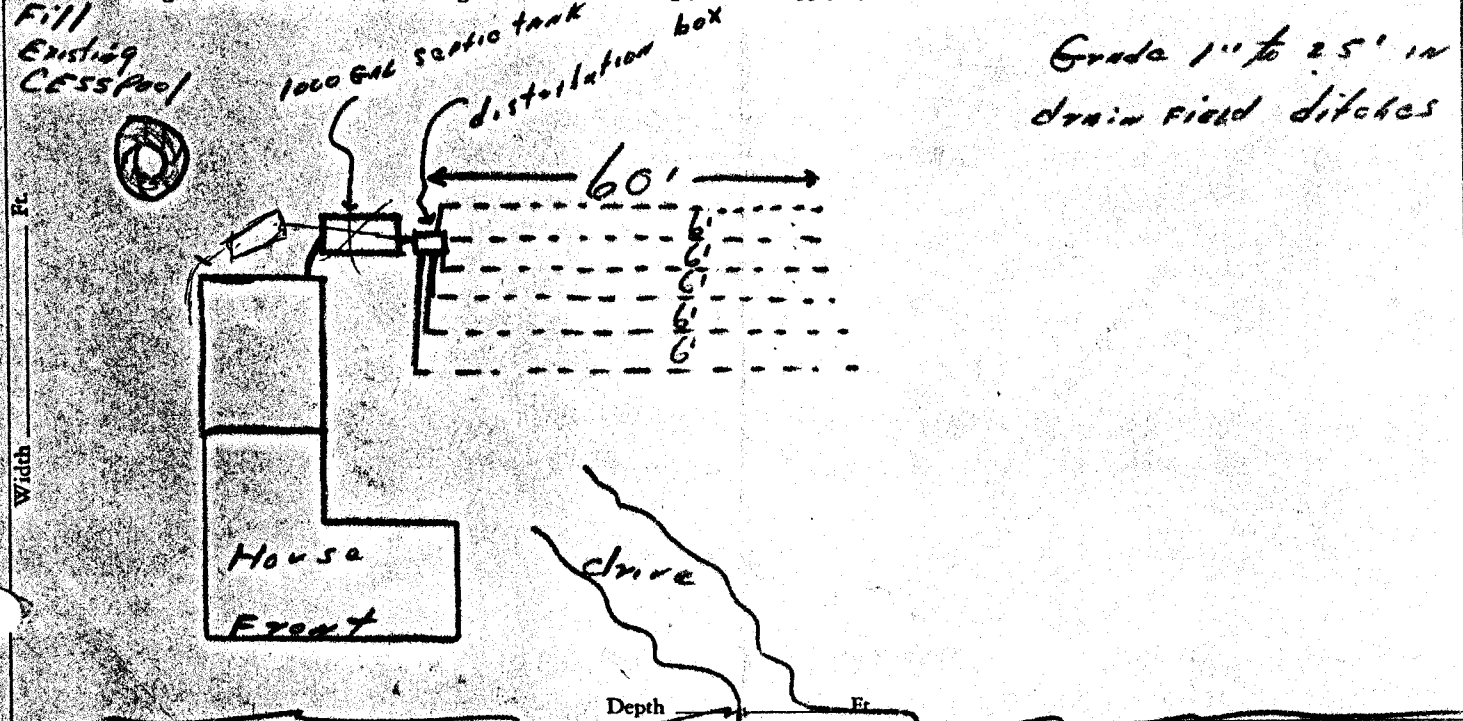
OWNER DESIRES TO: Install Repair Water Supply System Sewage Disposal System Septic Tank Other _____ (Explain)
LOT SIZE: Width 100± Ft. Depth 300± Ft.
FOR: Single Unit Dwelling Multiple Unit Dwelling
SEPTIC TANK SYSTEM: Ordinary Household Sewage & Wastes In Addition Wastes from Automatic Washing Machine
FOR DISPOSAL OF: Additional Living Quarters _____ (Explain) Garbage Disposal Device Other _____ (Explain)
Estimated or Actual Water Consumption 100± Gallons/day

HEALTH DEPARTMENT: Recommends Water Supply System Rejects Sewage Disposal System
Reasons for Rejection and Recommended Alternatives _____

DETAILS OF RECOMMENDED SEPTIC TANK SYSTEM

Kind of Material for Tank: Concrete Other _____ (Explain)
Size of Tank: Length 8 Ft. Width 4 Ft. Depth 5 Ft. Capacity 1000 Gallons
Subsurface Drainage Field: No. of Ditches 6 Exact Length of Each Ditch 60 Ft. Width of Ditches 2 Ft. Depth of Ditches 24 Inches
Depth of Filter Material From Base to Cover Tile 12 Inches. Water Table _____ Ft. Surface Drainage Required _____ Linear Ft.
 Percolation Tests Required No. of Holes None Results _____
Signed Richard W. Cantrell (Sanitarian)

Rough Sketch of Premises Showing Location of Buildings, Water Supply System, Sewage Disposal System and other Pertinent Details



Note: This is a Permit to Construct or Repair Subject to Inspection. (Owner or his Agent) must Notify Fauquier County Health Department when Installation is ready for Inspection. If any Septic Tank or Part thereof is covered before being inspected by the Health Department it shall be uncovered by the owner at the direction of the Health Officer or his Agent.

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Commonwealth of Virginia
Department of Health



Health Department SD-91-387

Identification Number _____

Map Referenced 2A/36

Fauquier 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 Warren Simonds TELEPHONE 528-5791

ADDRESS 3800 N. Fairfax Dr., Apt. 714 Arlington, Va. 22203 for a type I Sewage Disposal System or Well to be constructed on/at 17N (D) to Paris to Ashby Inn, (D) on Main St., 2nd House on R. private

SUBDIVISION _____ SECTION/BLOCK 2A LOT 36 Actual or estimated water use 450 gpd 3BR ^{US 50.}

DESIGN

NOTE: INSPECTION RESULTS

<p>Water supply, existing: (describe) <u>public</u></p> <p>To be installed: class <u>N/A</u> cased <u>grouted</u></p>	<p>Water supply location: Satisfactory yes no comments _____</p> <p>G. W. 2 Received: yes no not applicable</p>
<p>Building sewer: <u>4</u> I.D. PVC 40, or equivalent Slope <u>1.25"</u> per 10' (minimum) Other <u>use Fernco coupler betw cast iron + sch 40 PVC</u></p>	<p>Building sewer: <u>yes</u> no comments Satisfactory <u>Ferng cast iron 5' final. 2" fall to ST.</u></p>
<p>Septic Tank: Capacity <u>existing</u> gals. (minimum) Other <u>Raise inlet 7" above outlet</u></p>	<p>Pretreatment unit: <u>yes</u> no comments <u>TH</u> Satisfactory</p>
<p>Inlet-outlet structure: <u>8" in 18" out</u> PVC 40 4" tees or equivalent Other <u>padge as needed</u> <u>1.5" Beltes led.</u></p>	<p>Inlet-outlet structure: <u>yes</u> no comments Satisfactory <u>3/4" Fall to DB Box</u></p>
<p>Pump and pump station: No <input checked="" type="checkbox"/> Yes describe and show design If yes: _____</p>	<p>Pump & pump station: yes <u>no</u> comments Satisfactory</p>
<p>Gravity mains: <u>4"</u> or larger I.D. minimum 6" fall per 100' 1500 lb. crush strength or equivalent. Other <u>New sch 40 line to DB Box</u></p>	<p>Conveyance method: yes no comments Satisfactory</p>
<p>Distribution box: <u>Locate + ck levelness</u> Precast concrete with _____ ports. Other <u>padge about new line.</u></p>	<p>Distribution box: yes no comments Satisfactory <u>Broken lid cracked Box</u></p>
<p>Header lines: Material: <u>4"</u> I.D. 1500 lb. crush strength plastic or equivalent from distribution box to <u>2'</u> into absorption trench. Slope <u>2"</u> minimum. Other _____</p>	<p>Header Lines: yes no comments Satisfactory</p>
<p>Percolation lines: Gravity <u>4"</u> plastic 1000 lb per foot bearing load or equivalent, slope <u>2" 4"</u> (min. max.) per 100'. Other _____</p>	<p>Percolation lines: yes no comments Satisfactory <u>#2 - never had any effluent #1 Broken 1" from DB Box permit showed 6 lines & only 5 installed & only 1 taking</u></p>
<p>Absorption trenches: Square ft. required _____ : depth from ground surface to bottom of trench _____ : aggregate size _____ Trench bottom slope _____ : trench width _____ center to center spacing _____ : trench width _____ Depth of aggregate _____ : Trench length _____ : Number of trenches _____</p>	<p>Absorption trenches: yes no comments <u>effluent</u> <u>permit showed to line owner requested aband. of exist system & new of of Pump.</u></p> <p>DATE <u>8/14/91</u> Inspected and approved by: <u>Calvin J. [Signature]</u> Sanitarian</p>

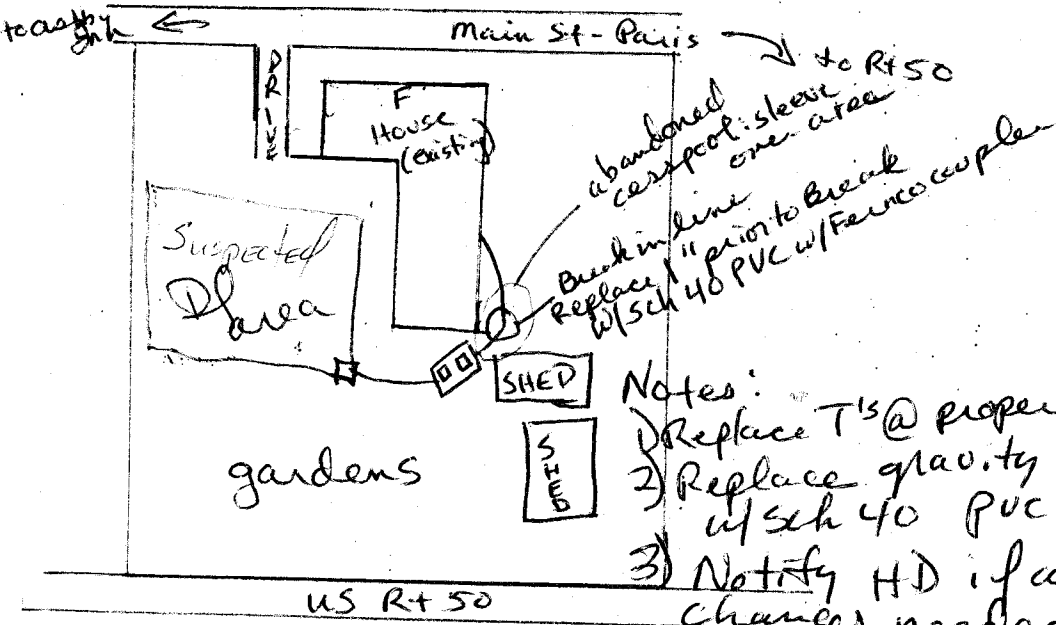
Schematic drawing of sewage disposal and/or water system and topographic features

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 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.

Septic Repair Only Section 2A Parcel 36 Block 1

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

The system to be installed by the authority of this permit must conform to the Fauquier County Sanitation and/or Well Ordinances.



- Notes:
- 1) Replace T's @ proper levels
 - 2) Replace gravity main w/ sch 40 PVC.
 - 3) Notify HD if any other changes needed prior to completing work.
 - 4) Not to scale
 - 5) Locate & check DB Box

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

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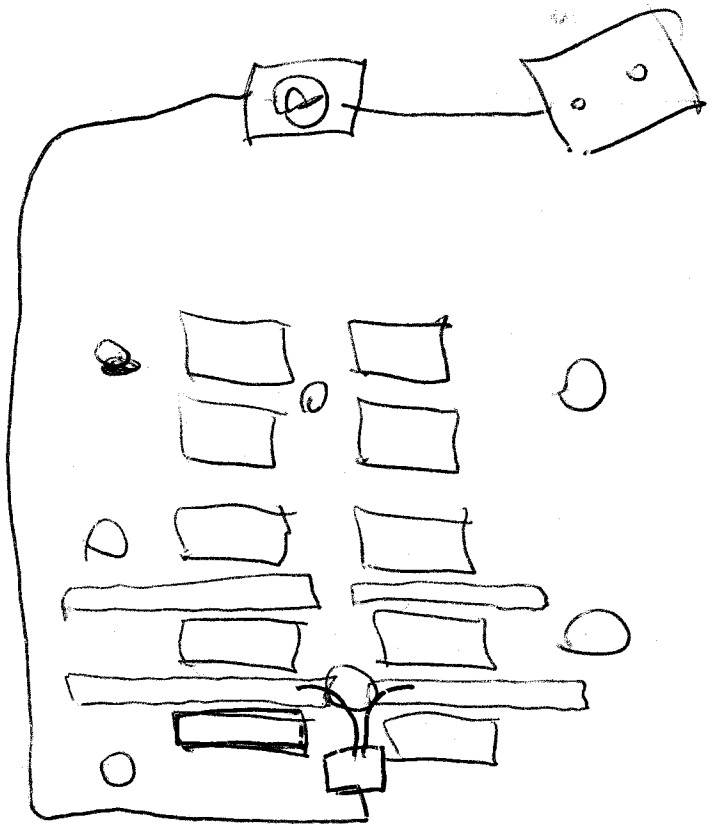
DATE: 8/9/91 ISSUED by: [Signature] Sanitarian

DATE: 8-12-91 REVIEWED by: [Signature] Supervisory Sanitarian

This construction Permit Valid until 8/9/92

If FHA or VA financing Reviewed by DATE _____

CHS 202 B _____ Supervisory Sanitarian _____ DWIE _____ Regional Sanitarian



Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department
Identification Number SD 91 387

Fauquier Co Health Department

Name of Company/Corporation/Individual: Southern American

Address: 16721 WHEATLEY SCHL RD MARSHALL VA Telephone: 364-4171

Owner's Name Warren O. Simonds

Owner's Address Paris VA

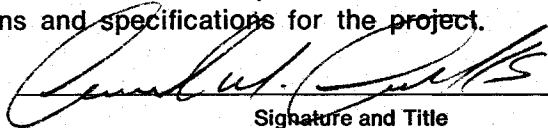
Location of Installation: Lot 36 Block 1

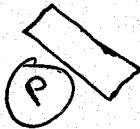
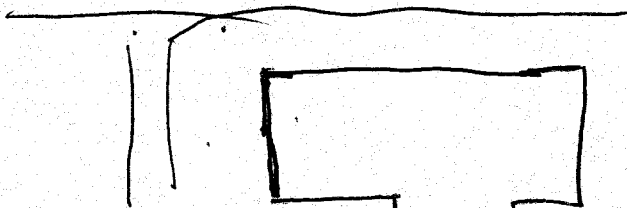
Section: 2A Subdivision: _____

Other: _____

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 8/16/91 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

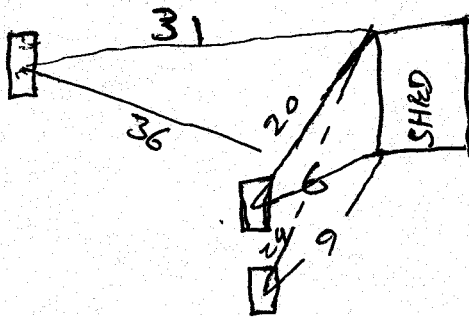
8/30/91
Date


Signature and Title



Raised lids

SEPTIC TANK



REPAIR

Date of Appl. 8-9-91

Tax Map 2A-1-36

Appendix 1

Commonwealth of Virginia
APPLICATION FOR A SEWAGE DISPOSAL AND/OR WATER SUPPLY PERMIT

Health Dept. I.D. SD 91-387

To Be Completed By The Applicant

Type sewage system: New Repair Expanded Conditional

FHA/VA yes no Case No.

Owner Warrena Simonds Address 3800 N Fairfax DR Apt 714 Arlington 528-5791 Phone 592-3734

~~Paris~~ AG 1 UA 22203

Agent Southern American Address Phone 364-4171

2620

Directions to Property (R) side of main Street NE intersection of US 50 - Paris

Subdivision Section 2A Block 1 Lot 36

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 No. Units

Basement Yes No No. of bedrooms 3 Limited

Fixtures in basement Yes No

III. Commercial Use Yes No Describe:

Commercial/Wastewater Yes No No. of patrons No. employees
If yes, give volumes and describe

IV. Water Supply: Public New Describe:
 Private Existing

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other

Public Sewerage System

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.

Southern American

Signature of owner/agent

8/9/91

Date

per telephone conversation w/ MR Simonds

8:30am 8/9/91

OSD 91 387

Soil Evaluation Form

Commonwealth of Virginia
Department of Health

Health Department
Identification Number SD 91-387
Tax Map Number 2A-1-36

General Information

Date 8/15/91 Fauquier Health Department
Applicant _____ Telephone No. _____
Address _____
Owner Warren Simonds Address _____
Location _____
Subdivision _____ Block/Section 2A-1 Lot 36

Soil Information Summary

1. Position in landscape satisfactory Yes No Describe NW s. deslope
2. Slope 3-4 %
3. Depth to rock/impervious strata Max. _____ Min. 30 None _____
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 No Texture group I II III IV
Estimated rate 55-60 min/inch
7. Percolation test performed Yes No Number of percolation test holes _____
Depth of percolation test holes _____
Average percolation rate _____
Name and title of evaluator: CA Jackson JR Sanitarian 05194
Signature: CA Jackson JR

Department Use

Site Approved: Drainfield to be placed at 18" depth at site designated on permit.
 Site Disapproved:

Reasons for rejection:

1. Position in landscape subject to flooding or periodic saturation.
2. Insufficient depth of suitable soil over hard rock.
3. Insufficient depth of suitable soil to seasonal water table.
4. Rates of absorption too slow.
5. Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.
6. Proposed system too close to well.
7. Other Specify _____

Date of Evaluation 8/15/91

Profile Description
SOIL EVALUATION REPORT

Health Department
Identification No. SD 91 387

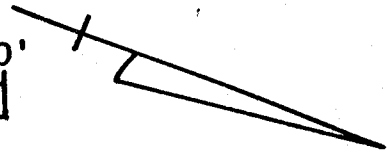
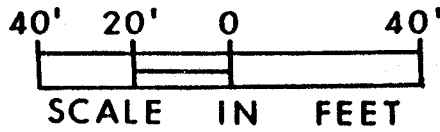
Page 2 of 2

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.

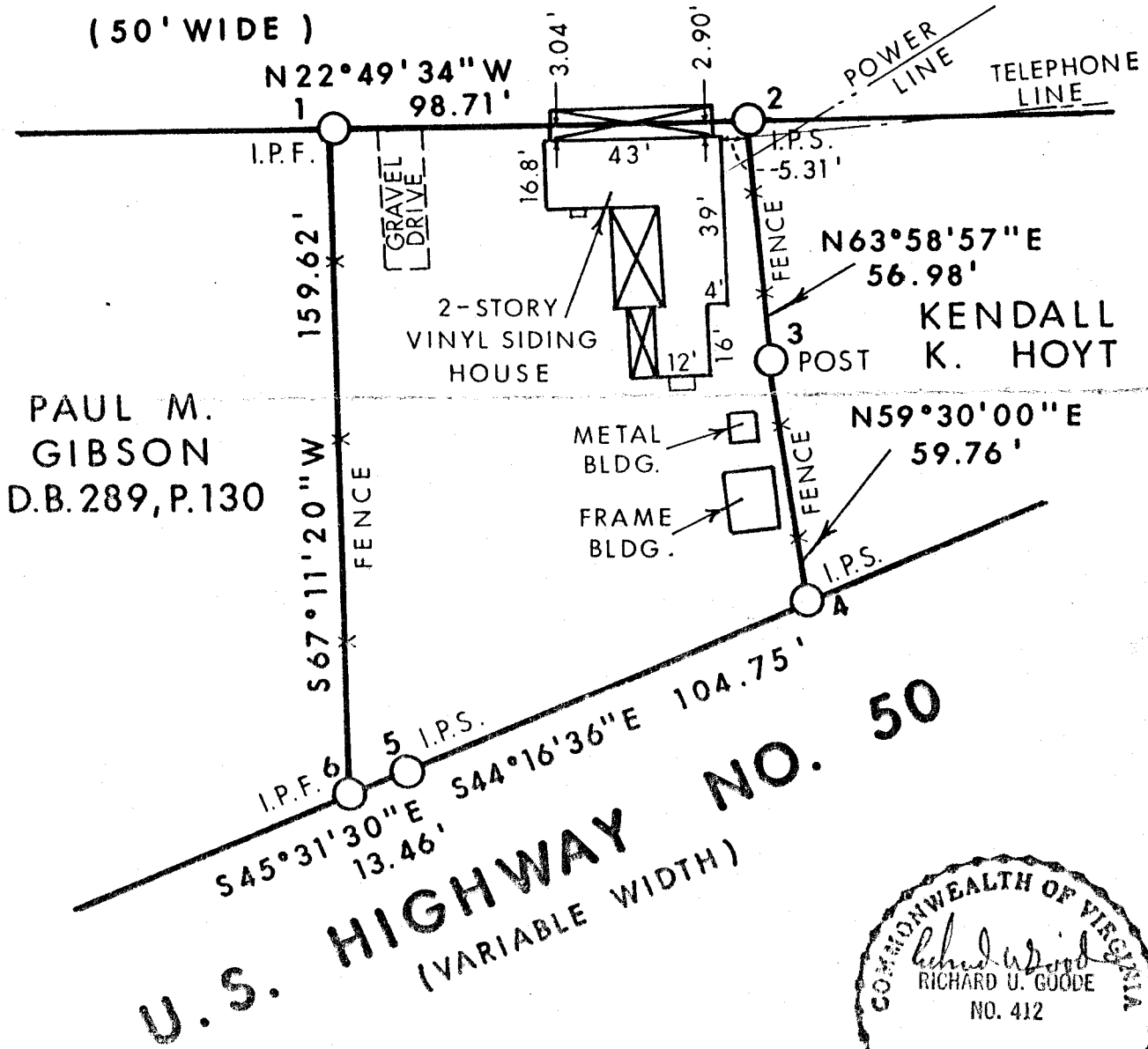
- See application sketch See construction permit See sketch on reverse side or page attached to this form.

Hole #	Horizon	Depth (Inches)	Description of, color, texture, etc.	Texture Group
1	A	0-6	7.5YR 6/4 Lt Br SiL (Fill)	III
	B	6-20	7.5YR 5/6 Strong Br SiL	III
	C	20-30	5YR 5/6 YR SiL	III
2	A	0-4	7.5YR 6/4 Lt Br SiL gravelly	III
	B	4-18	7.5YR 6/4 Lt Br SiL cobbly	III
	C	18-20	5YR 6/8 RL SiL w/ greenstone cobbles	III
3	A	0-8	7.5YR 6/4 Lt Br SiL	III
	B	8-24	7.5YR 6/8 RY SiL	III
	C	24-36	7.5YR 4/6 St Brown SiL	III
4	Ap	0-4	7.5YR 6/4 Lt Br SiL	III
	Bt	4-12	7.5YR 5/4 Br SiL	III
	Bt	12-24	7.5YR 7/6 RY SiL	III
	C	24-32	5.5YR 6/4 Lt R Br SiL w/ greenstone frags	III
		32-36	5YR 5/4 R Br SiL	III
5	A	0-8	7.5YR 6/4 Lt Br SiL	III
		8-20	7.5YR 6/4 Lt Br SiL w/ cobbles	III
		20-30	5YR 5/8 YR SiL	III
6	A	0-10	7.5YR 6/4 Lt Br SiL	III
	Bt	10-27	7.5YR 6/4 Lt Br SiL w/ green schist + Mn	III
	Cr	27+	AR greenstone ledge	IV
7	A	0-12	7.5YR 6/4 Lt Br SiL	III
	Bt	12-24	7.5YR 6/4 Lt Br SiL	III
	Cr	24+	AR greenstone ledge	III

Remarks NOT TO SCALE Repair area
TB 18" max,



ROAD NO. 759 (MAIN STREET)
(50' WIDE)



LAND OF
WARREN O. STMONDS AND ANGELA D. STMONDS