

WATER SUPPLY

County/City Culpeper Date 3/21/80 Case No. 42A1-3

Proposed Public Non-Public Drinking
 Record of Inspection Quasi-Public

Owner John F. Livesay Address Rt 2, Box 181, Culpeper Phone _____
(Mailing Address)

Occupant Ames Draperies, Inc Address 1414 Church St, Vienna, VA Phone (703) 281-1016
(Mailing Address)

Exact Location of Premises South side Rt 29 (Bus), 4/10 mi East of Int 29/666
(Subdivision, Street or Road Name, Section or Lot No.)

TYPE CUSTOMERS: Community Industrial Recreational Other:
TYPE SOURCE PROPOSED: Drilled Well
TOTAL PROPOSED ULTIMATE CONNECTIONS: _____
TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES) SERVED: 4
TOTAL PROPOSED PRESENT CONNECTIONS: 1
TOTAL PROPOSED PRESENT POPULATION SERVED: 4

* Notify Division of Engineering (Regional Engineer) of impending development of a Public Water Supply.

AN INDIVIDUAL WATER SUPPLY New Existing FROM Drilled Well Driven Well Bored Well
 Dug Well Other _____ FOR Home Restaurant Trailer Court Motel
 Service Station Other Draperies Store

If a new supply, inspect for compliance with standards. If an existing supply, furnish as much information as may be available.
SOURCE OF INFORMATION Leazer Drilling, Remington IS PUBLIC WATER SUPPLY AVAILABLE Yes No
SEWAGE DISPOSAL BY PUBLIC SEWER COMMUNITY SYSTEM INDIVIDUAL SYSTEM ON SITE.

INSPECTION FINDINGS

- (1) WATERSHED Surface Drainage away from source in all directions
 Yes No. Distance Source from possible causes of contamination Sewer Line 45 feet. Type of material used in Sewer Line Cast Iron Septic Tank 50 feet.
(Describe) Seepage Pit _____ feet. Subsurface Absorption Field (nearest point) 60 feet. Other _____ feet.
Note any serious obstacles in watershed on back of form.
- (2) TYPE OF SOIL FORMATION Tight Clay Limestone
 Sandstone Other _____ (Describe)
- (3) CLASSIFICATION OF WELL Type - 1 Type - 2A
 Type - 2B Type - 3 Other
- (4) CONSTRUCTION DETAILS Total depth 175 feet. Diameter 6 inches. Type of casing Steel
(Describe) Depth of casing 52 feet. Exterior space ground casing sealed with Concrete grout to depth of 52 feet.
 Poured in place Pumped in under pressure Other type backfill _____ to depth of _____ feet.
(Describe) casing extends 13 inches above ground.
- (5) WATER SOURCE COVER Concrete Metal Other
_____ Opening in Cover watertight
(Kind of Material) Yes No. If no, explain _____
- (6) PUMP Shallow Well Deep Well. Length of Drop Pipe 100 feet. Well capacity 7 gallons per minute. Size of Feeder Pipe 1 inches.
- (7) PUMP LOCATION In Well Over Well Offset. If offset, does watertight casing extend to Pump Yes No Pump room located _____ feet from Well. Pump room drained by gravity through 4-inch or larger pipe to surface to ground Yes No. Pump platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions, sloped to drain: Yes No. Pump mounting watertight Yes No. Sanitary Well Seal in casing and properly vented Yes No.
- (8) TYPE OF STORAGE Pressure Gravity. Capacity _____ gallons. If gravity, is overflow pipe screened Yes No.

THIS WATER SUPPLY SYSTEM Is Recommended by Culpeper County Div. Engineering
 Is not Approved Health Department

REMARKS: _____

Date 3/21/80 Signed [Signature] Date _____ Approved _____ (Health Director)

Date _____ Approved _____ Date _____ Approved _____ (Reviewing Authority-Other Agency or Engineer)

See 42A, B 5 (42A1-3) S. 42A1-3

**PERMIT TO INSTALL REPAIR, REASONS FOR REJECTION
WATER SUPPLY SEWAGE DISPOSAL SYSTEM**

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
 (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/Va Yes No Date 12/4/79 Case No. 42A1-3

Owner John F. Livesay Address Box 181, Route 2 Phone _____
 (Mailing Address)
 Occupant Same Address Culpeper Phone _____
 (Mailing Address)

Exact Location of premises S. side Rt 29N(Bus); 6/10 mi. W of INT 29/665
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other Office Automatic Washing Machine Yes No Consumption 200 gal. per day
 Actual Potential Bedrooms _____ Garbage Disposal Unit Yes No (Actual estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other Grouting to be witnessed
 (To be installed) Class II Cased 50/ft to be grouted 50 by Health Dpt. Representative.
 (Unless supported by positive evidence Class III is to be considered as to be installed.)

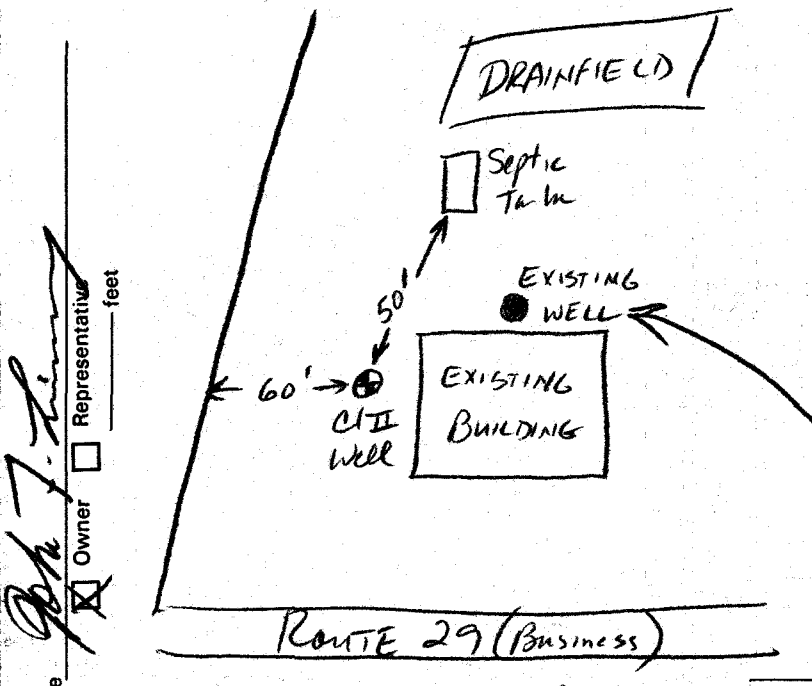
(2) SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification _____
 Estimated Percolation Rate 1-10 11-25 26-50 > 51 Percolation Test Required Yes No Rate _____
 (Minutes per inch) (If Known) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size _____ inches. Type of material required _____ Distance from Water Supply _____ feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of _____ Material _____ Liquid Capacity _____ gallons.
 Inside Dimensions Length _____ feet. Width _____ feet. Liquid Depth _____ feet. Depth of Air Space _____ feet.

(5) SURFACE ABSORPTION FIELD Number of square feet required _____ Type aggregate required _____
 Depth of aggregate from base of tile to bottom of ditches _____ inches. Allowable fall _____ to _____ inches.
 Total aggregate minimum depth _____ inches or more. Depth of drainfield to be _____ inches from surface of original ground.
 Distance from well to septic tank _____ feet; distance from well to drainfield _____ feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies; by Indicating Distances and Slope with regard to one another.)



NOT TO SCALE

Keep Class II well at least 50' away from all sources of contamination.

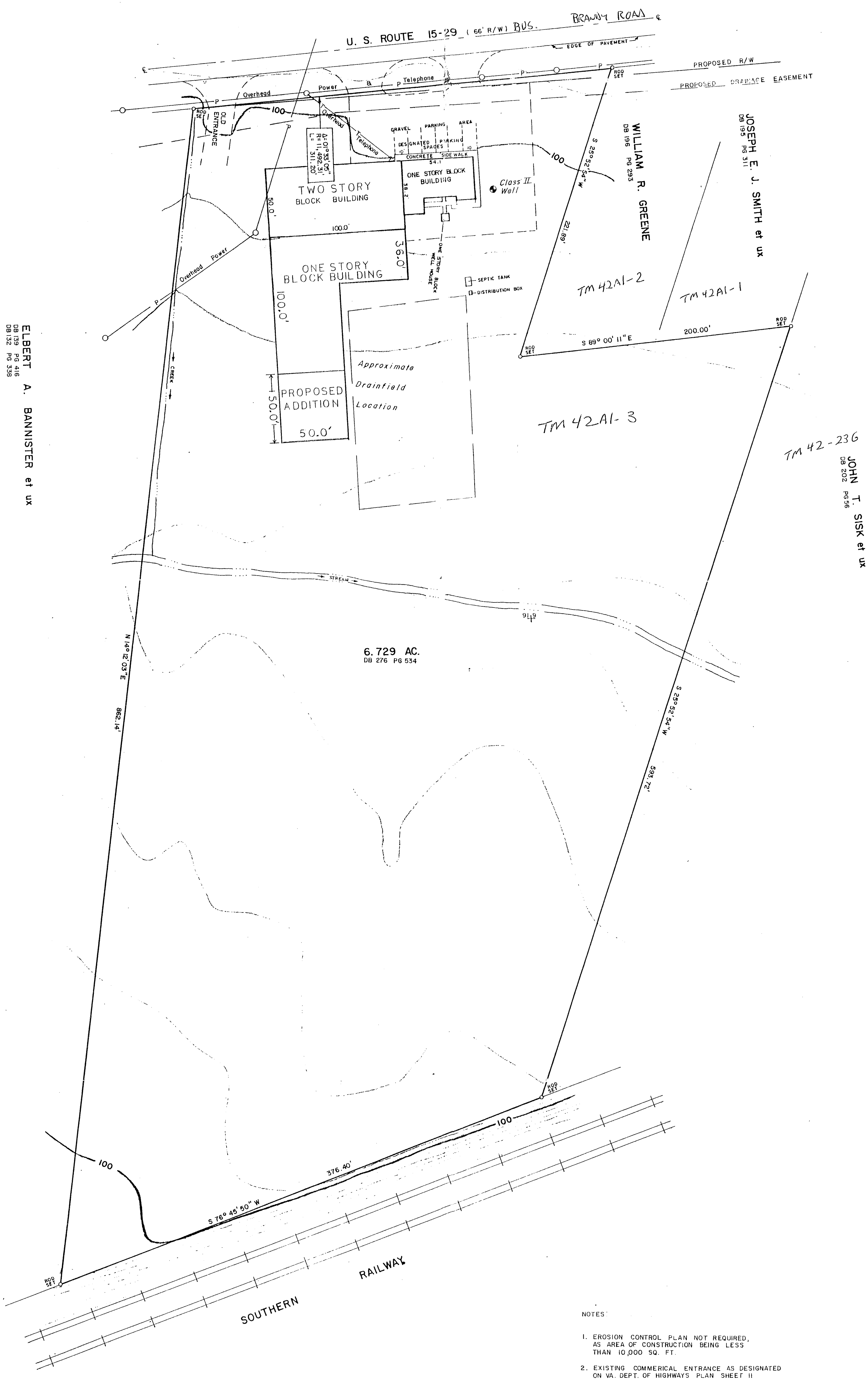
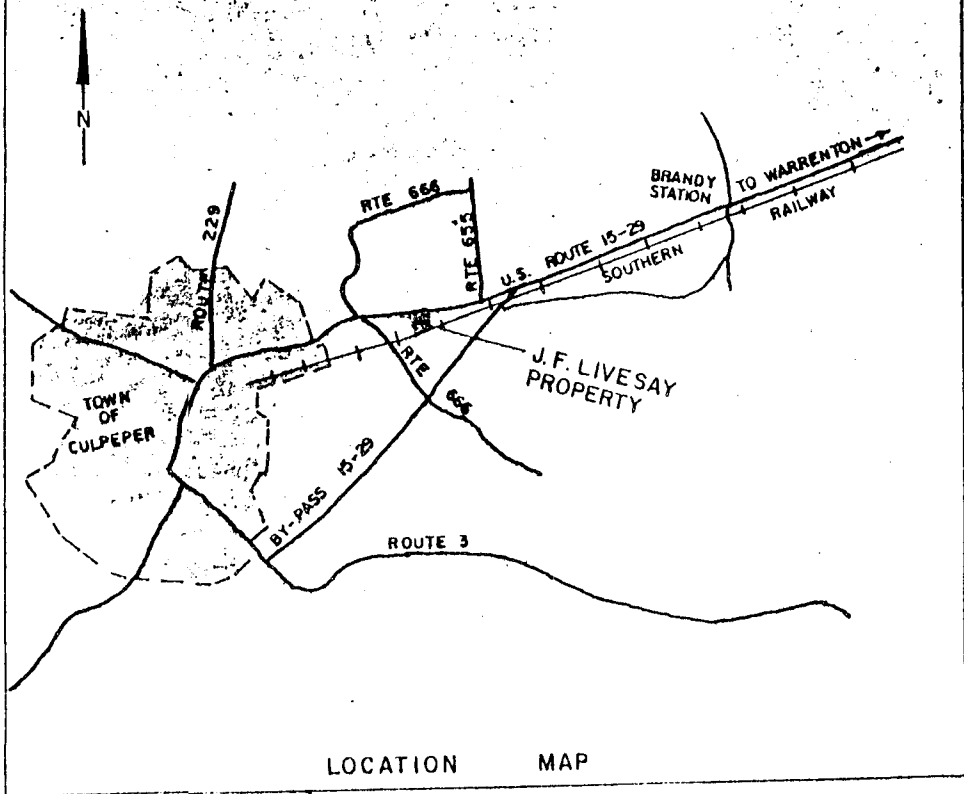
Existing well to be filled in after installation of new well.

Signature _____
 Representative Owner

Note: Owner or his agent must notify _____ Health Department, Phone 825-1300 when installation is ready for inspection. If any Sewage Disposal System or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

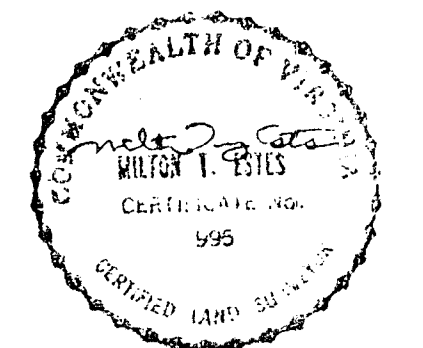
Based on the above information, the undersigned recommends that this permit be issued. Date 12/4/79 Approved _____ Signed WNB
 (Reviewing Authority) (Sanitary or Health Director)

79-02635 Section B-5



ELBERT A. BANNISTER et ux
DB 189 PG 416
DB 132 PG 339

- NOTES:
1. EROSION CONTROL PLAN NOT REQUIRED, AS AREA OF CONSTRUCTION BEING LESS THAN 10,000 SQ. FT.
 2. EXISTING COMMERCIAL ENTRANCE AS DESIGNATED ON VA. DEPT. OF HIGHWAYS PLAN SHEET II PROJECT 0015-023-107



MILTON TERRY ESTES
C.L.S. NO. 995