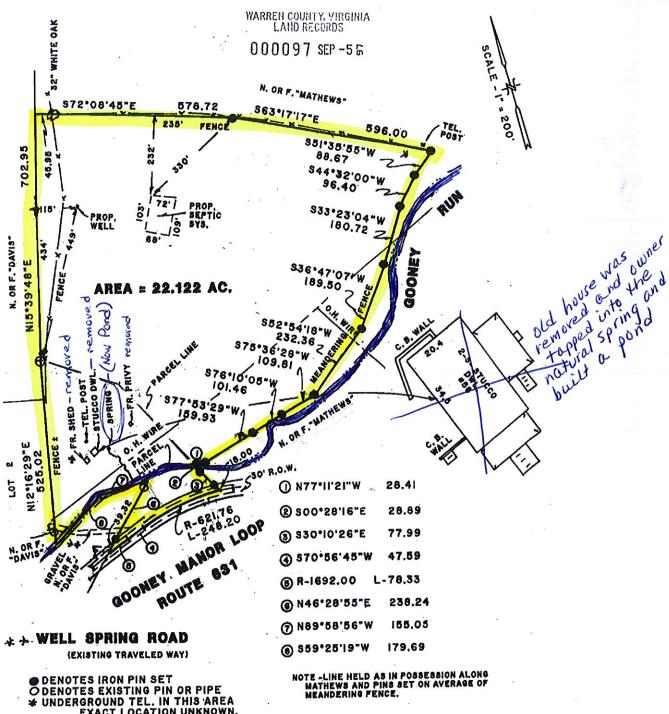


January 19, 2017



Source: Esri, DigialGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community



EXACT LOCATION UNKNOWN.
NOTE -FIRM MAP NOT PRINTED.

SURVEY OF THE DOROTHY C. RUDACILLE ET. ALS. PROPERTY RECORDED IN D. B. 436, PG. 476.

SOUTH RIVER MAGISTERIAL DISTRICT

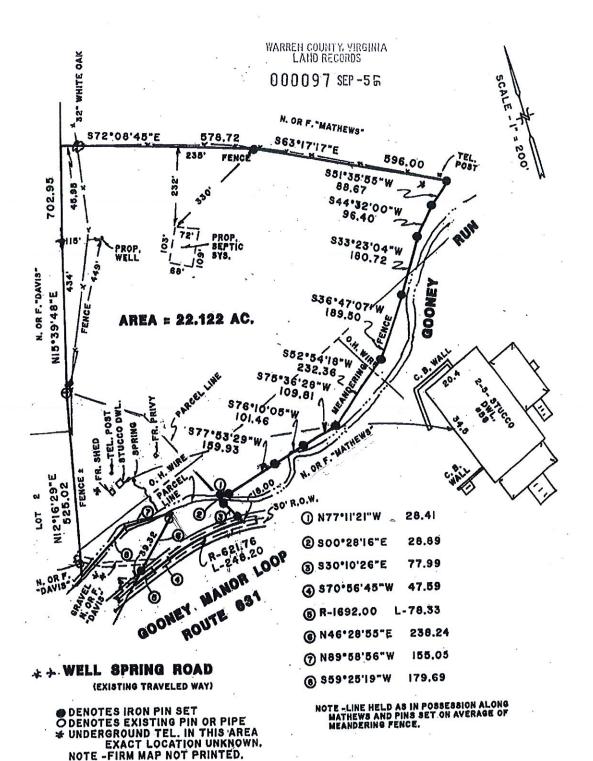
WARREN COUNTY, VIRGINIA

PREPARED BY

LARRY C. HIMELRIGHT P. C. PROFESSIONAL LAND SURVEYOR 694 RED BUD ROAD, STRASBURG, VA. PHONE 465-8767

AUGUST 20, 1997

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SURVEY OF THE DOROTHY C. RUDACILLE ET. ALS. PROPERTY RECORDED IN D. B. 436, Pg. 476.

SOUTH RIVER MAGISTERIAL DISTRICT

WARREN COUNTY, VIRGINIA

PREPARED BY

LARRY C. HIMELRIGHT P. C. PROFESSIONAL LAND SURVEYOR 694 RED BUD ROAD, STRASBURG, VA, PHONE 465-8767

7

AUGUST 20, 1997

SOLUTION SOL

WARREN COUNTY, VIRGINIA LAND RECORDS

DEED

000063 MAY 109

This Deed is made and entered into this / day of / 2010, by and between RODNEY T. SHARP and KAREN A. SHARP, Grantors, herein called Grantors, and WILLIAM H. SKIPPER and Eléna Leventis SKIPPER, Husband and Wife, of 2625 Stedding Hill be. Oakton Vo. 22124, Grantee, herein called Grantee,

WITNESSETH:

That for and in consideration of the sum of TEN DOLLARS (\$10.00), cash in hand paid to the Grantors, and other good and valuable consideration, the receipt of which is hereby acknowledged, the Grantors do hereby grant, bargain, sell, and convey, with General Warranty and English Covenants of Title, unto the Grantee, as tenants by the entirety with the common law right of survivorship, the following described real estate, to-wit:

ALL THAT certain tract or parcel of land with all improvements thereon, together with all appurtenances thereunto appertaining, lying and being situate in the South River Magisterial District of Warren County, Virginia, on the north side of Gooney Manor Loop (Route 631) containing 22.122 acres, more or less, as shown on that certain plat and survey made by Larry C. Himelright, P.C., dated August 20, 1997 and attached to Deed recorded as Instrument No. 970004680, of record in the Clerk's Office of the Circuit Court of Warren County, Virginia.

TAX MAP #44-21, 44-26 and 44-19A.

Consideration: 317,00000 Assessed Value: \$ 276,700.00 WARREN COUNTY, VIRGINIA LAND RECORDS 000064 MAY 109

The aforesaid property is the identical real estate conveyed to the Grantors herein, by deed dated the 26th day of August, 1997, from Dorothy C. Rudacille, et als, said deed being of record in the aforesaid Clerk's Office as Instrument No. 970004680.

Reference is hereby made to the aforesaid plat, deed, and records for a more complete description and further derivation of title.

This conveyance is made subject to all restrictions, easements and rights of way of record, if any, affecting the aforesaid real estate.

WITNESS the following signatures and seals:

STATE OF Dirsema

COUNTY OF

The foregoing instrument was acknowledged before me this 104h day of May 2010, by Rodney T. Sharp and Karen

A. Sharp.

My Commission Expires:

THIS INSTRUMENT WAS PREPARED BY Douglas C. Arthur, Attorney at Law, and the preparer did not perform a title examination in connection with the preparation of this instrument.

INSTRUMENT \$100002377
RECORDED IN THE CLERK'S OFFICE OF
WARREN COUNTY ON
MAY 10, 2010 AT 12:50PM
\$317.00 GRANTOR TAX WAS PAID AS
REQUIRED BY SEC 58.1-802 OF THE VA. COD
STATE: \$158.50 LOCAL: \$158.5

JENNIFER R. SIMS, CLERK RECORDED BY: STK

2

PERMIT

COMMONWEALTH OF VIRGINIA DEPARTMENT OF HEALTH

IDENTIFICATION # 98021122 DATE OF ISSUE: November 14, 1997

TAX MAP # 44-21 EXPIRATION DATE: N/A

OPERATOR: Rodney Sharp ADDRESS: P. O. 1452

Front Royal, VA 22630

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 WARREN COUNTY HEALTH DEPARTMENT to operate the following:

- (X) ON-SITE SEWAGE DISPOSAL SYSTEM
 SYSTEM TYPE / BEDROOMS IN STRUCTURE: 1/3
 DESIGN CAPACITY (gallons per day) / MAXIMUM OCCUPANCY: 450/6
 OTHER:
- (X) PRIVATE WATER SUPPLY SYSTEM
 Class of non-public water well: 3C
 Based on the inspection of this water supply system, the information contained on the water completion report and the sample results, this water supply meets the requirements of the PRIVATE WELL REGULATIONS: (X)
- () ALTERNATIVE DISCHARGING SYSTEM
 SYSTEM TYPE / BEDROOMS IN STRUCTURE:
 DESIGN CAPACITY (gallons per day) / MAXIMUM OCCUPANCY:
 OTHER:

NOTICE FOR ALTERNATIVE DISCHARGING SYSTEMS: THE OPERATION AND MAINTENANCE OF THIS SYSTEM IS THE RESPONSIBILITY OF THE OWNER AND DISCHARGES IN EXCESS OF THE LIMITS ESTABLISHED IN THE "GENERAL PERMIT", NOW OR IN THE FUTURE MAY CAUSE THE DEPARTMENT TO MANDATE THE REPAIR, EXPANSION OR REPLACEMENT OF THIS DISCHARGING SYSTEM. THIS ALTERNATIVE DISCHARGING PERMIT IS NOT TRANSFERABLE.

HEALTH OFFICIAL OF, Eds

DATE

Completion Statement Commonwealth of Virginia

State Department of Health	Health Department Identification Number	13081130
	Warren Co.	Health Department
Name of Company/Corporation/Individual: Wines Constructi		
Address: 503 Remount Road Front Royal VA 22630 Te	lephone: 540-635-5	5464
Owner's Name Rodney Sharp		
Owner's Address P.D. Box 1452 Front Royal, VA 28	2630	SILES 16 17 78 19
Location of Installation: Lot		oc7 1997
Section:Subdivision	on:	THURST WALLE
Other: Rt. 649 to Gooney Manor Loop Apr	prox. I mile on R	
hereby certify that the onsite sewage disposal system has been inst truction permit issued (date)	talled and completed in	accordance with the con-
landling and Disposal Regulations and when appropriate the plans		
October 7, 1997	Sherrie C. Lanol	erry
Date	* Signature	e and fitle

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

Please sermit Commonwealth of Virginia Application for a Sewage Disposal and/or Water Supply Permit Rodney Sharp C To Be Completed By The Applicant ___Expanded ___ Repair Type of sewage system: 631-0640 FHA/VA Case No. Address Directions of Property Subdivision Other Property Identification Dimension/size of Lot/Property Other Application Information I. Building/facility New Existing Intermittent Use Yes No If yes, describe_ II. Residential Use X Yes No Termite Treatment Yes No _ Single Family Multi-family (Number of Bedrooms (Number of Units ____) Y Yes Basement Fixtures in Basement ____ Yes III. Commerical Use X No Yes Describe: Commerical/Wastewater ___ Yes ____ No Number of Patrons Number of Employees ____ If yes, give volumes and describe IV. Water Supply: _ Public New Existing × Private * New Existing Describe:_

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: Septic Tank Drainfield LPD Mound Other

Public Sewerage System

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

Signature of Owner/Agent

8-7-97 Date

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia Department of Health WARREN Co. Health Department	Health Department 98021122
	Map Reference 44-21-147
	Information
Sewage Disposal System: New Repair Expa Based on the application for a sewage disposal system of E, of the Sewage Handling and Disposal Regulations and Construction permit is hereby issued to:	construction permit filed in accordance with Section 2.13 ad/or Section 2.13 of the Private Well Regulations a
Owner_ RODNEY SHARP Address 1.0.Boy 1452 BENTONVILLE F.R.V be constructed on/at 649 to GOONEY MANOR	Telephone (540) 631-0640 A For a Type I Sewage Disposal System or Well to Right Lot Approx Ini on Right Lot Actual or estimated water use 450gpt
3 BEDROOM DESIGN 450 gpd	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) NowE To be installed: class TIL C	Water supply location: Satisfactory yes ☑ no ☐ comments Completion Report
cased 20 min. grouted 20 min.	G. W. 2 Received: yes no □ not applicable □
Building sewer:I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). □ Other	Building sewer: yes no comments Satisfactory STUBBER 191 CIENNOVIS OK 11/14/19
Septic tank: Capacity gals. (minimum).	Pretreatment unit: yes ✓ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other	Inlet-outlet structure: yes ☐ no ☐ comments Satisfactory S'4' 3'6' Z
Pump and pump station: TRANSFERABLE AND IS No ☑ Yes □ describe and Show design THE OWNER INDICATED ON THIS PERMIT.	Pump & pump station: yes □ no □ comments Satisfactory
Gravity mains: For larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. Other USE 4"	Conveyance method: yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with	Distribution box: yes ☑ no ☐ 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. ☐ Other————————————————————————————————————	Header lines: yes ☑ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other	Percolation lines: yes no comments Satisfactory 7'9'4 5'11'4 8734 116'4 9'23/4 3'12 6'2348'11'2 11'9'2 9'7'
Absorption trenches: Square ft. required 1500 : depth from ground surface to bottom of trench 26"; aggregate size 12"-12": Trench bottom slope 2"-4"/100:	Absorption trenches: yes ☑ no □ comments Satisfactory
center to center spacing /0'; trench width 3'; Depth of aggregate /3"; Trench length /00'; Number of trenches 5	Date 10/7/97 Inspected and approved by: PARTIAL Sanitarian

RODNEY SHARP P.O. BOY 1452 F.R., Va. 22630 BENTONVILLE, VA TM# 44-21-147

PROPOSED

THIS PERMIT IS NOT

TRANSFERABLE AND IS ONLY VALID TO THE OWNER

INDICATED ON THIS PERMIT.

Health Department Identification Number

98021122

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. 3 BEDROOM, 6 occupants 450 gpd MAX. DESIGN.

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.

SPECIFCATIONS:

- 1.) Install 5-100' lines 10' c-c, ON CONTOUR.
- 2) TRENCHES 26" DEED AND 3' WIDE.
- 3.) KEEP SEPTIC TANK 20' min. FROM HOUSE.
- 4) InSTALL CLASS III C WELL WITH 20' MIN. CASING AND grouT.
- 5.) KEEP III C WELL 50' MIN. FROM TERMITE TREATED FOUNDATION, SEPTIC TANK, AND 100' min. From DRAINFIELD.

* NOTE: DRAINFIELD AND WELL SITE STAKED

G) SIEEVE LINES WHERE EVER DRIVE WAY CROSSES

- NOT TO SCALE ~

The sewage disposal system is to be constructed as specified by the permit [4] or attached plans and specifications [7].

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.

____Reviewed by:

Date -

This Construction Permit Valid until

If FHA or VA financing

Reviewed by Date

Supervisory Sanitarian

Regional Sanitarian

C.H.S. 202B Revised 6/84

II-2A

WARREN COUNTY HEALTH DEPARTMENT

134 PEYTON STREET
P. O. BOX 1318
FRONT ROYAL, VA 22630

IN COOPERATION WITH THE STATE DEPARTMENT OF HEALTH

540-635-3159 FAX # 540-635-9698

SEPT. 18, 1997

Neville Derflinger Warren County Building Official 22 S. Royal Ave. Front Royal, VA 22630

RE: Authorization For A Building Permit
To Be Issued for TM# 44-21
Site Location: Gravey Marion Loop

Size of Lot: 22.122 Acres
Owner's Name: Rodney SHARP

98021122

Dear Mr. Derflinger:

This letter is authorization that a sewage disposal system construction permit is available for the above referenced lot. The area evaluated is suitable to accommodate a 3 bedroom house using a system design of 950 gallons per day. The water supply serving this property will be A PR:VATE WELL .

A construction permit will be issued to $\frac{Regular}{SHRP}$ when it has been verified that a building permit has been obtained.

This letter is issued in accordance with Section 32.1-165, et Seq. of the Code of Virginia and the intent of Senate Bill 415.

This letter is not transferable.

Sincerely,

Environmental Health Specialist Senior

S-015/06-94



Wines Construction, Inc.

EXCAVATING AND BUILDING CONTRACTOR 503 Remount Road, Front Royal, VA 22630 540-635-5464

November 14, 1997

Ms. Bonita Taylor Warren County Health Department Peyton Street Front Royal, VA 22630

Dear Ms. Taylor:

In regard to the sewer line installed for Rodney Sharp, Permit #98021122, Wines Construction, Inc. used 100 feet of 4 inch Schedule 40 pipe with a 10 foot fall.

If you have any additional questions, please feel free to contact our office.

Sincerely,

James S. Wines General Manager

COMMONWEALTH OF VIRGINIA MATER WELL COMPLETION REPORT

AND THE COMPLETION OF Completion/County Permit)

*8WCM No. 98021122

State Water Control Bo P. . Box 11143 2111 North Hamilton St Richmond, VA 23230

County/City WARREN /

County Permit Certification of inspecting official This well does _____ does not __ County/City Stamp meet code/law requirements. S Date * Owner SHARP, RODNEY For office use * Well Designation or Number 94052 Address P.O. BOX 1452 FRONT ROYAL, VA 22630-Tax Map I.D. No. 44-21-147 (540)631-0640 Subdivision Section Block

SWCB Permit

* Virginia Plane Coordinates N Ε Latitude & Longitude * Topo Hap No. * Elevation ft. * Formation * Lithology * River Basin * Province # Type Logs DRILLERS * Cuttings * Water Analysis * Aquifer Test

* From 0

* From

to 20

ft., Type BENTONITE

ft., Type NONE

* Drilling Contractor VALLEY DRILLING CORP. VA Address 9172 JOHN S. MOSBY HWY. Lot UPPERVILLE, VA 20184 Class Well Phone (800)582-9355 WELL LOCATION FEET direction of 649 TO GOONEY MANOR LOOP APPROX. 1 MILE FEET direction of ON RIGHT. and (If possible please include map showing location marked)

Date started 10/09/97

Phone

* Date completed 10/10/97

Type rig ROTARY RIG 1

IIIC

1. WELL DATA: NEW * Total depth 480 ft. * Depth to bedrock 19 ft. * Hole size (Also include reamed zones) * 10 inches from 0 to 20 ft. * 6 inches from 20 to 480 ft. İ inches from ft. to * Casing size (I.D.) and material inches from 1+ * 6 Material STEEL Wt. per foot 13 or wall thickness .188 in. inches from to Material NONE Wt. per foot or wall thickness in. inches from to ft. Material NONE Wt. per foot or wall thickness * Screen size and mesh for each zone (where applicable) inches from ft. to * Mesh size Type inches from ft. * Mesh size Type inches from to ft. * Mesh size Type inches from to ft. * Mesh size Туре * Gravel Pack * From ft. to * From to ft. * Grout

2. WATER DATA * Water Temperature 56 * Static water level (unpumped level measured) 21 ft * Stabilized measured pumping water level ft * Stabilized yield 5 gpm after 3 hours Natural Flow NO flow rate gp m Comment on quality CLEAR 3. WATER ZONES: From 435 To 436 From To From To From To From To 4. USE DATA: Type of use: DRINKING

Type of facility: DOMESTIC

5. PUMP DATA: Type * Rated HP * Intake depth * Capacity 6. WELLHEAD: Type well seal WATERTIGHT CAP Pressure tank gal., Loc. Sample tap Measurement port NO Well vent Pressure relief valve NO Gate valve Check valve (when required) NO Electrical disconnect switch on power supply 7. DISINFECTION Well disinfected NO Date / / Disinfectant used Hours used Amount 8. ABANDONMENT (where applicable) * NO . Casing pulled Not Applicable Plugging grout Fr mat

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. 0	RILLER	5 L(OG (Use additional sheets if necessary)	,	11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH	(feet)	TYPE OF ROCK OR SOIL	REMARKS	Drilling	
From	To		(Color, material, fossils, hardness, etc.	(water, caving, cavities, broken, core, shot, etc.)	Time (Min.)	
0	19	1	OVERBURDEN	1	(
19	480	!	GRANITE	ĺ	1 1	
435	436	i	WATER BEARING	5 GPM @ 436'	_	

13. Well lot dedicated? NO Size ft. X	ft. Well House? NO
Distance to nearest pollutant source	ft., Type NONE
Distance to nearest property line	ft., Building ft.
14. WATER SERVICE PIPE: Checked under	p.s.i. for minutes
Pipe size inches, Material NONE	• Scaling and State Stat
Installer	
Date	
15. I certify that the information contained he	erein is true and correct and that this well
and/or system has been installed and constr	ructed in accordance with the requirements
for well construction as specified in compl	liance with appropriate county or independent
city ordinances and the laws and rules of	the Commonwealth of Virginia
26 at 100 at	The state of the s
Signature franta Section	(Seal) Date 10-11-97
(Well driller or authorized person)	(30al) Date 10-77-77
Cherr diffiel of auchorized beison)	
	License No.
	Class A-2705 027957A

DIRECTIONS	FROM NEAREST TOWN 50 To 17 To 55 To Left on 340
<u></u>	7 708 M1415
BARLLA	Town Ad Gung Mouter Long S& Wall SPBING 13 of
	Town Ad Gung Monte tong 58 Wall SPIRING 13 d.
мар 🌃	GOONEY MANOR LOOP
	Will it top of Hill
	were so of for

× ...

BEST EXTERMINATING SERVICES, INC. P. O. BOX 475 FRONT ROYAL, VA 22630 540-635-8930

April 22, 2010

William Skipper 4697 Gooney Manor Loop Bentonville, VA 22610

Mr. Skipper:

A visual walkover inspection was made of the septic system serving the above property. The drain field for the system appeared to be void of any current sign of malfunction the day the walkover was performed. There did not appear to be any obvious signs of past malfunction in the drain field area. Overall the sysem appeared to be functioning properly the day this walkover was completed. This is not a guarantee that it will continue to do so in the future.

We appreciate the opportunity to serve you.

Sincerely,

Christopher Conner

Chris Conner

Registered Technician #103301-T

BL# 91000082