



COMMONWEALTH of VIRGINIA

IN COOPERATION WITH THE
STATE DEPARTMENT OF HEALTH

Franklin County Health Department

P. O. BOX 249

ROCKY MOUNT, VIRGINIA 24151

To: **SEWAGE DISPOSAL SYSTEM / WELL CONSTRUCTION PERMIT HOLDER**

From: **Franklin County Health Department**

Enclosed you will find your **WATER WELL COMPLETION REPORT (GW-2)**.

Your Well and/or Septic Tank Permit I.D. Number is: **133-06- 0865**

**PLEASE GIVE THE ATTACHED FORM TO YOUR WELL DRILLER TO COMPLETE
and RETURN TO THIS OFFICE PROMPTLY AFTER WELL CONSTRUCTION.
THIS FORM (GW-2, Water Well Completion Report) MUST BE RETURNED**

The Owner is Responsible for the submission of a Satisfactory Bacteriological Water Sample from the new well to a State Certified Laboratory. A SATISFACTORY REPORT must be submitted to the Health Department.

Your well does not meet State Regulations until: the GW-2 (Water Well Completion Report) and a Satisfactory Water Sample Report are received in this office.

If you have any questions, please contact this office at 540/484-0292.

*Listed below are some certified laboratories closest to this area. (This is not an endorsement).
We recommend you call to check their sampling schedule and fees.*

American Water Testing Company

122 S. Union Street
Danville, VA 24540
1-800-753-6129

Central Va. Lab & Consultants

116 S. Main St
Lynchburg, VA 24501
(540) 552-5548

Environmental Options

1 Energy Blvd
Rocky Mount, VA 24151
(540) 483-3920

Environmental Systems Services

500 Stone St
Bedford, VA 24523
(540) 586-5413

Envirotech Mid-Atlantic Labs

1861 Pratt Dr
Blacksburg, VA 24060
(800) 828-3862

Henry Co. Pub. Service Authority

3300 Kings Mt. Rd, Suite 214
Martinsville, VA 24112
(276) 634-2521

Olver, Inc

3109 Odd Fellows Rd
Blacksburg, VA 24060
(804) 847-2852

Water Chemistry, Inc

3404 Aerial Way Drive
Roanoke, VA 24018
(540)343-3618

**Commonwealth of Virginia
Uniform Water Well Completion Report**

Owner: Phillips, Larry J Rne VHD Permit # 133-06-0865
Address: _____
Phone: _____ Tax Map # _____
Location: _____ County _____

*** Well Data ***

General Information

Drilling Method _____
Depth to Bedrock _____
Static Water Level _____
Well Disinfected (Y or N) _____

Date Completed _____
Yield _____ (GMP)
Stabilized Water Level _____
Disinfectant Used _____

Total Depth of Well _____
Length of Test _____
Natural Flow (Rate) _____
Amount Used _____

Casing

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

From _____ To _____
Size _____ Material _____
Weight/Schedule _____

Gravel Pack

From _____ To _____

From _____ To _____

From _____ To _____

Grout

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

From _____ To _____
Bore Hole Size _____
Type _____
Method _____

Water Zones or Screened Intervals

From _____ To _____
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

From _____ To _____
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

From _____ To _____
Mesh Size _____ Diam _____
From _____ To _____
Mesh Size _____ Diam _____

*** Use Data ***

Private Well: Domestic _____ Agricultural _____ Industrial _____ Monitoring _____
Public Well: Community _____ Non-community _____

*** Abandonment Information ***

Bored or Dug Wells

Casing Removed, Y or N? _____
If Y, Depth to which casing was removed: _____
Depth and Type of Fill: _____
Source of Fill _____
Bentonite Plugs: From _____ to _____ From _____ to _____

Wells other than Bored Wells

Casing removed, Y or N? _____
Depth to which casing was removed: _____
Applicable, depth(s), and type of gravel/sand fill: _____
Source of gravel or sand: _____
Cement: From _____ to _____ From _____ to _____

Method of permanently marking location: _____



Franklin County Health Department
365 Pell Ave., P.O. Box 249
Rocky Mount, Virginia 24151
(540) 484-0292 Voice
(540) 484-0314 Fax

Private Well Construction Permit

Health Department ID Number: **133 06 0865**

Owner / Agent Information

Owner: Larry & Rose Phillips
404 Wilimington Circle
Oviedo, Florida 32765
Owner Phone: (540) 721-3323

Agent: Bruce Paxton
17 Bridgewater Plaza
Moneta Virginia 24121
Agent Phone: (540) 556-5764

Location Information

Subdivision: Brooks Mill Acres , Lot 11
Property Address: Brooks Lane
Locality: Franklin
Directions: 40E, R834, R914, L-Brooks Ln to lot on R

Tax Map: **46-41.11**

General Information

| | | |
|-------------------------------|--------------------------------------|-------------------------------------|
| Well Class: Class IIIB | Minimum Casing Depth: 50 feet | Minimum Grout Depth: 50 feet |
|-------------------------------|--------------------------------------|-------------------------------------|

Comments:

- * Contact Health Department 24 hours in advance of pressure grouting to schedule observation.
- * In order to approve this well after it is completed, the owner must provide the Health Department with a satisfactory report of bacteriological analysis for coliform bacteria, and either a Well Completion Report or a completed GW-2 form.
- * Maintain 45' minimum from well to center of public roadway.
- * Maintain 50' minimum from IIIB well to any subsurface sewage disposal system.
- * Maintain 50' minimum from well to any septic tank and/or sewer line.
- * Maintain 50' minimum from well to any termite treated foundation.
- * See the Construction Drawing page for site sketch showing the well location.
- * The minimum casing and grouting requirements cited are subject to certain exceptions provided for in Section 410 of the Private Well Regulations.
- * Well must not be located in Public Utility Easement.

This permit is issued based upon a site evaluation conducted by Christopher A. Carter, EHS on June 12, 2006. See following page for Construction Drawing.

Notice: The Virginia Department of Health may revoke or modify this permit if, at a later date, it finds the conditions that formed the basis for issuing the permit do not substantially comply with the *Private Well Regulations*, 12 VAC 5-630-10 et seq., or if the well would threaten public health or the environment.

HD ID #: 133 06 0865

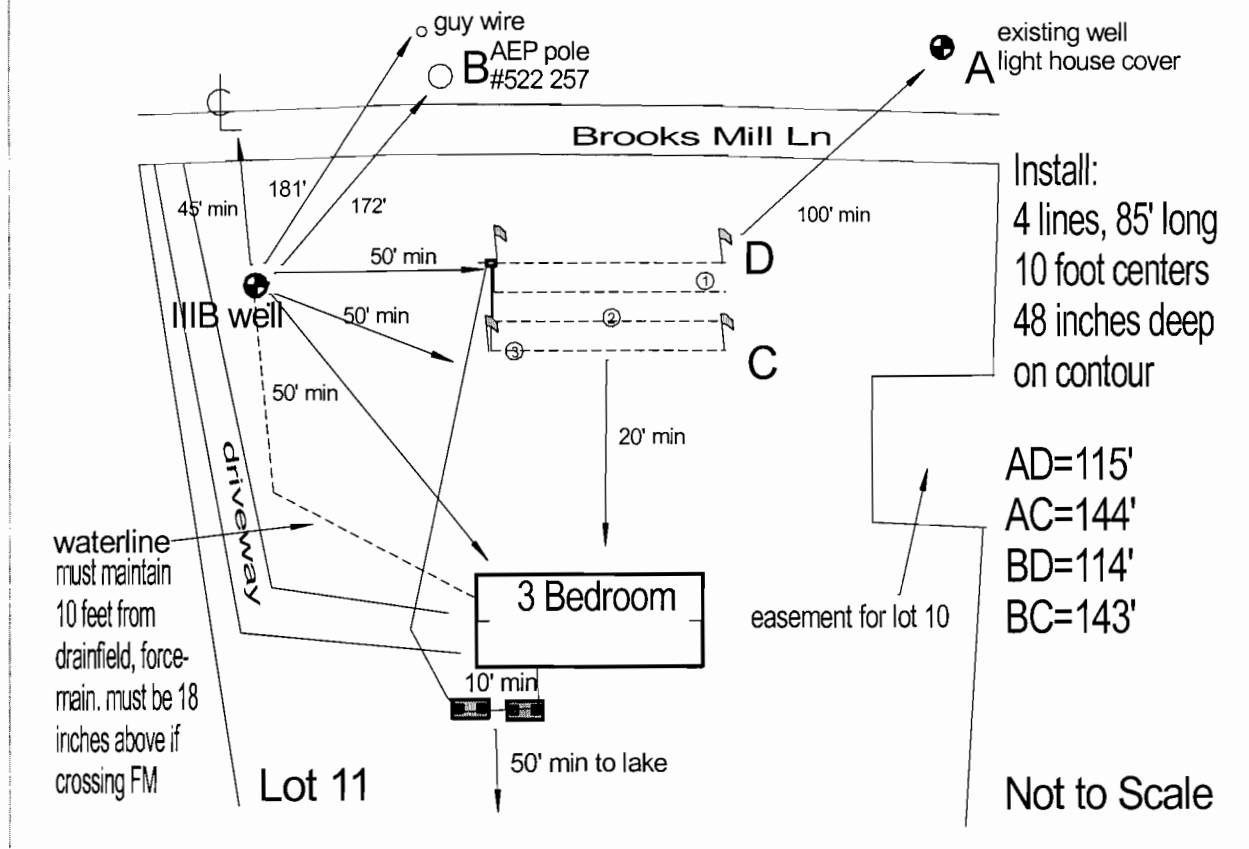
Owner Information

Larry & Rose Phillips
404 Wilimington Circle
Oviedo, Florida 32765

Phone: (540) 721-3323

Construction Drawing

Scale drawing of the well site and related features.



Show the property lines, all existing and proposed structures, existing and proposed sewage systems and water supplies, slope, and any topographic features which may impact the design of the well.

Issued by: Christopher A. Carter

November 6, 2006
Issue Date

May 6, 2008
Expiration Date



Franklin County Health Department
 365 Pell Ave., P.O. Box 249
 Rocky Mount, Virginia 24151
 (540) 484-0292 Voice
 (540) 484-0314 Fax

Septic Tank - Soil Absorption System Construction Permit

Health Department ID Number: **133 06 0865**

| | |
|---|---|
| Owner / Agent Information | |
| Owner: Larry & Rose Phillips 404 Wilimington Circle Oviedo, Florida 32765 Owner Phone: (540) 721-3323 | Agent: Bruce Paxton (Coldwell Banker) 17 Bridgewater Plaza Moneta Virginia 24121 Agent Phone: (540) 556-5764 |
| Location Information | |
| Subdivision: Brooks Mill Acres , Lot 11 Property Address: Brooks Lane Locality: Franklin Directions: 40E, R834, R914, L-Brooks Ln to lot on R | Tax Map: 46-41.11 |
| General Information | |
| System Type: septic tank effluent and drainfield | Daily Flow: 450 gallons |
| Type of Property: Residential | Number of Bedrooms: 3 maximum |
| Sewer Line | |
| 3" or 4" Sch. 40 PVC or equivalent (cleanouts required at 50' to 60' intervals) | Distribution Box Information |
| | No. of Boxes: 1 |
| | No. of Outlets: 8 |
| Conveyance Line / Force Main Information | |
| Method: Pump to Distribution Box | Header Line Information |
| Material: Pressure type with pressure-type joints | ASTM F405 pipe or better (1500 # crush or equivalent) |
| Pipe Diameter: 2" | Minimum slope 2" per 100' |
| Minimum Slope: 6" per 100' (only for non-pump) | |
| Septic Tank - Inlet Outlet Structure | |
| Capacity: 1000 gallons | Percolation Lines and Absorption Area |
| The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank | Slope: 2-4" per 100' Percolation Lines: 4" diameter Center to Center Spacing: 10' Installation Depth: 48" Depth of Aggregate: 13" , Size of Aggregate: 0.5-1.5" Total Number of Laterals: 4 Laterals to be 85' long, x 3' wide Install 1020 Square Feet Total 0% Reserve Area Required for Future Repairs |

Please Note: All excavations must comply with OSHA safety regulations.

Divert roof drains and surface water from drainfield area.

Drainfield shall be 5' minimum from property boundaries, 10' minimum from building foundations, and 20' minimum from below grade basements.

Driveways and parking areas shall not be constructed over the distribution box unless adequate structural protection is provided and access provisions are made.

Driveways and parking areas shall not be constructed over the drainfield unless the top of the gravel is deeper than 30 inches and the driveway is paved with Portland cement or bituminous concrete.

Maintain 100' minimum from subsurface sewage disposal system to all wells.

Maintain 50' minimum from septic tank to all wells.

Maintain 50' minimum from subsurface sewage disposal system to IIIB wells.

Professional Engineer must submit 3 sets of plans to VDH prior to construction.

See the Construction Drawing page for site sketch showing the system location.

The flood level of all plumbing fixtures must be higher than finished grade over drainfield or a pump will be required.

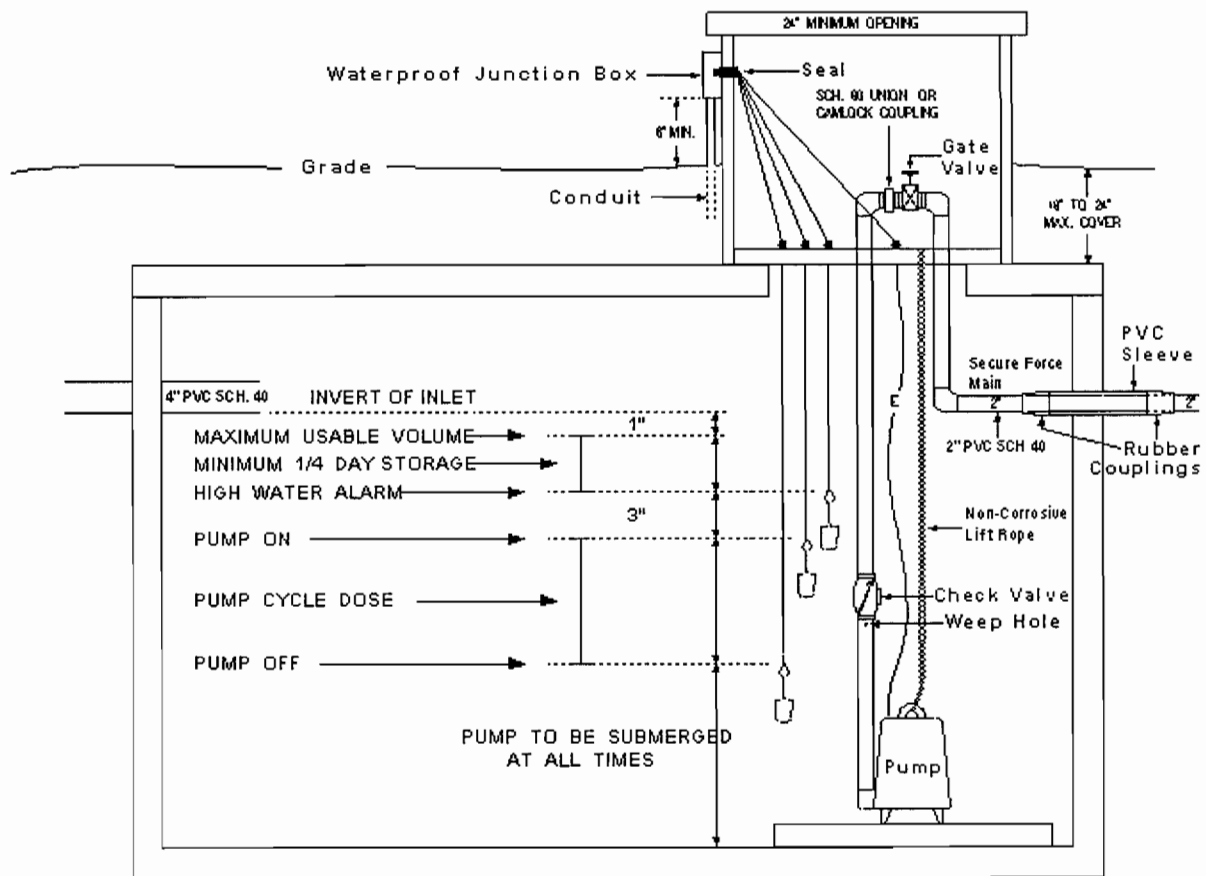
This permit is null and void if the house location is changed and interferes with the approved sewage disposal system area.

Water Supply = proposed IIIB well.

Pump Specifications

HD ID #: 133 06 0865

| Pump Specifications | |
|---|------------------------|
| Pump Chamber Size: | gallons |
| Drawdown (Each Pump Cycle): | gallons |
| | inches |
| 1/4 Day Storage: | gallons |
| Maximum Pump Cycle Time | mins., secs. |
| Minimum Pump Capacity: | GPM |
| Minimum Pump Cycle Time | mins., secs. |
| Maximum Pump Capacity: | GPM |
| Static Head: | feet |
| Friction Head: | feet at gallons/minute |
| Total Dynamic Head: | feet at gallons/minute |
| Force Main Shall be SCH. 40 PVC Pressure Pipe with Pressure Fittings. | |
| Pump Must Provide Gallons per Minute at System Head. | |



HD ID #: 133 06 0865

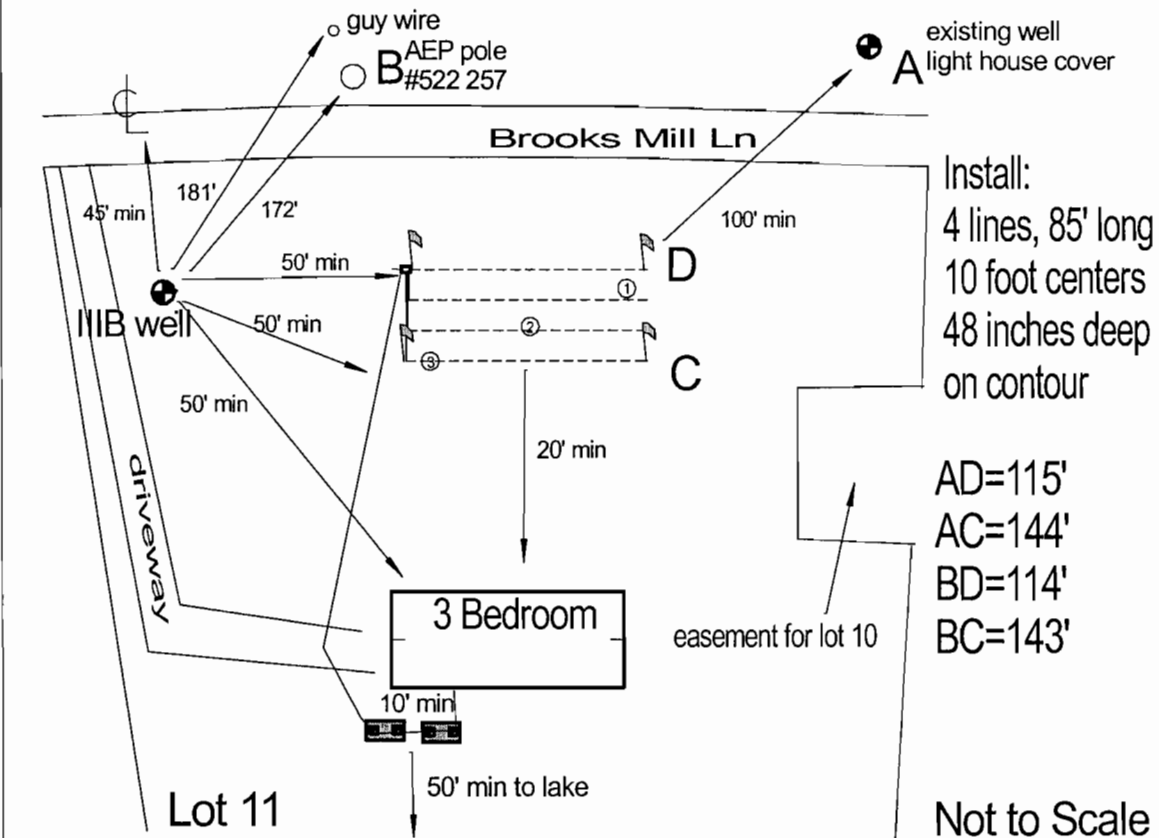
Owner Information

Larry & Rose Phillips
404 Wilimington Circle
Oviedo, Florida 32765

Phone: (540) 721-3323

Construction Drawing

Schematic drawing of sewage disposal system and topographic features.



This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: (Not Entered) ; Site Evaluation By: Christopher A. Carter


Christopher A. Carter

November 6, 2006
Issue Date

May 6, 2008
Expiration Date

ATTENTION: SEPTIC TANK PERMIT HOLDER

*****Please keep this page*****

Your septic system permit is designed on the basis of the application and sketch you submitted to the Health Department. Please examine the diagram closely. If the permit differs from your plans, call the Health Department immediately.

If ANY changes are made in the location of the house or the site conditions of the lot without **PRIOR APPROVAL** of the Health Department the permit is void and the changes may prevent the installation of a septic system.

Be sure the plumber examines the permit so he knows the location of the house drain. Septic tank and drainfield are to be installed in the location shown regardless of where houses plumbing exits house.

Be sure utility companies are made aware of the tank and drainfield locations prior to their installing any underground cables or lines.

Your septic system contractor **SHOULD NOT** make any changes in the design of the system, regardless of how minor the changes appear to him, including changes in tank location, number of length of lines, depth of lines, etc. ANY changes **MUST** be approved by the local Health Department **PRIOR** to construction of the system.

1) We must receive a **COMPLETION STATEMENT** from your septic tank contractor upon completion of the system. 2) If you install a Substitute Septic System we must receive a Completed and Signed **WARRANTY FORM** for the system from you or your septic tank installer. 3) If you install a Pump System we must receive the **ENGINEERS' APPROVAL LETTER** on the pump system from you or your engineer. 4) Your new 911 **ADDRESS** must be submitted to this office before you Operations Permit can be issued

*****IF YOUR HOME IS TO BE SERVED BY A PRIVATE WELL: please be advised that the OPERATION PERMIT for the septic system will not be issued until the septic system is installed AND the well is completed and approved.*****

Your well cannot be inspected until the well driller submits a properly completed **WATER WELL COMPLETION REPORT**. It is imperative that your well driller submits this form immediately after completing the well. Your **WATER WELL COMPLETION REPORT** is attached to the WELL PERMIT which is to be given to your well driller.

The well driller must be made aware of the location of the well as shown on the septic system permit. Any changes in the location of the well without **PRIOR** consent of the Health Department may prevent the approval of the well by the Health Department and necessitate the construction of another new well. Well Drillers should pay particular attention to the separation of wells from chemical termite treated houses and the requirements for additional separation and/or grout due to slope.

If any questions arise concerning the design or installation of a septic system or well please do not hesitate to call the local Health Department Environmental Health staff for assistance at telephone number (540) 484-0292.

In order for the operation permit to be issued for YOUR SEWAGE/WELL SYSTEM, the following must be received in this office in addition to the above mentioned items:

1) WATER WELL COMPLETION REPORT which is enclosed, must be returned by you or your well driller. **2) SATISFACTORY WATER SAMPLE** must be taken from the new well and submitted to a state certified laboratory. **3) SATISFACTORY WATER SAMPLE REPORT** must be submitted to this office.

A list of laboratories is enclosed for your convenience.

****PLEASE NOTE THAT THERE ARE COPIES OF YOUR PERMIT ENCLOSED FOR****
Septic Tank Contractor, Building Inspector,
and Well Driller, if applicable.

This is your second notice of what will be needed in order to get your Operation Permit!



Franklin County Health Department
 365 Pell Ave., P.O. Box 249
 Rocky Mount, Virginia 24151
 (540) 484-0292 Voice
 (540) 484-0314 Fax

Septic Tank - Soil Absorption System Construction Permit

Health Department ID Number: **133 06 0865**

| | |
|---|--|
| Owner / Agent Information | |
| Owner: Larry & Rose Phillips 404 Wilimington Circle Oviedo, Florida 32765 Owner Phone: (540) 721-3323 | Agent: Bruce Paxton (Coldwell Banker) 17 Bridgewater Plaza Moneta Virginia 24121 Agent Phone: (540) 556-5764 |
| Location Information | |
| Subdivision: Brooks Mill Acres , Lot 11 Property Address: Brooks Lane Locality: Franklin Directions: 40E, R834, R914, L-Brooks Ln to lot on R | |
| Tax Map: 46-41.11 | |
| General Information | |
| System Type: septic tank effluent and drainfield | Daily Flow: 450 gallons |
| Type of Property: Residential | Number of Bedrooms: 3 maximum |
| Sewer Line | |
| 3" or 4" Sch. 40 PVC or equivalent (cleanouts required at 50' to 60' intervals) | Distribution Box Information |
| | No. of Boxes: 1 |
| | No. of Outlets: 8 |
| Conveyance Line / Force Main Information | |
| Method: Pump to Distribution Box | Header Line Information |
| Material: Pressure type with pressure-type joints | ASTM F405 pipe or better (1500 # crush or equivalent) |
| Pipe Diameter: 2" | Minimum slope 2" per 100' |
| Minimum Slope: 6" per 100' (only for non-pump) | |
| Septic Tank - Inlet Outlet Structure | |
| Capacity: 1000 gallons | Percolation Lines and Absorption Area |
| The inlet structure shall be 1-2 inches higher than the outlet structure and shall extend 6-8 inches below and 8-10 inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and 8-10 inches above the normal liquid level. To comply with the maintenance requirements of 12 VAC 5-610-817 the septic tank must be provided with one of the following three options: 1) Inspection port, 2) Effluent filter, 3) Reduced maintenance tank | Slope: 2-4" per 100' Percolation Lines: 4" diameter Center to Center Spacing: 10' Installation Depth: 48" Depth of Aggregate: 13" , Size of Aggregate: 0.5-1.5" Total Number of Laterals: 4 Laterals to be 85' long, x 3' wide Install 1020 Square Feet Total 0% Reserve Area Required for Future Repairs |

Please Note: All excavations must comply with OSHA safety regulations.

Divert roof drains and surface water from drainfield area.

Drainfield shall be 5' minimum from property boundaries, 10' minimum from building foundations, and 20' minimum from below grade basements.

Driveways and parking areas shall not be constructed over the distribution box unless adequate structural protection is provided and access provisions are made.

Driveways and parking areas shall not be constructed over the drainfield unless the top of the gravel is deeper than 30 inches and the driveway is paved with Portland cement or bituminous concrete.

Maintain 100' minimum from subsurface sewage disposal system to all wells.

Maintain 50' minimum from septic tank to all wells.

Maintain 50' minimum from subsurface sewage disposal system to IIIB wells.

Professional Engineer must submit 3 sets of plans to VDH prior to construction.

See the Construction Drawing page for site sketch showing the system location.

The flood level of all plumbing fixtures must be higher than finished grade over drainfield or a pump will be required.

This permit is null and void if the house location is changed and interferes with the approved sewage disposal system area.
Water Supply = proposed IIIB well.

Pump Specifications

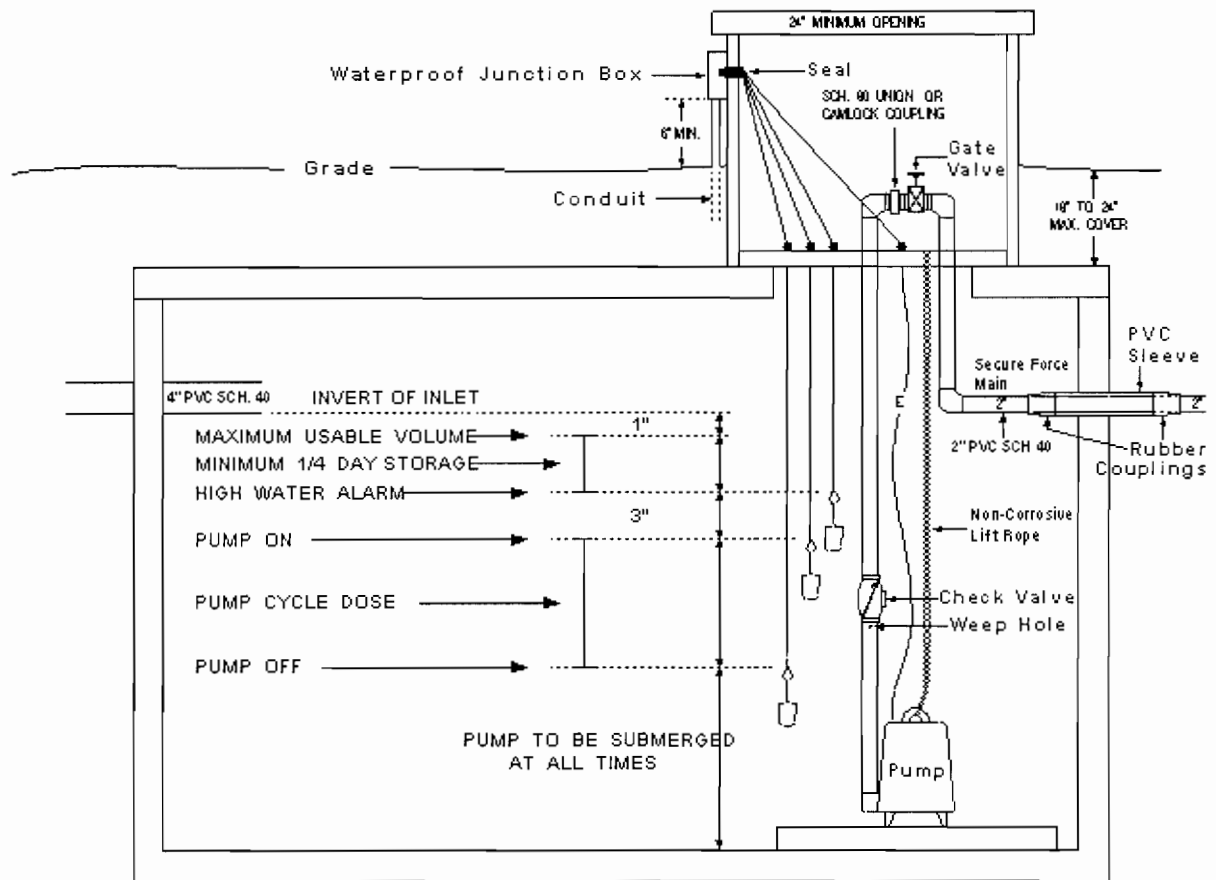
HD ID #: 133 06 0865

Pump Specifications

| | |
|-----------------------------|------------------------|
| Pump Chamber Size: | gallons |
| Drawdown (Each Pump Cycle): | gallons |
| | inches |
| 1/4 Day Storage: | gallons |
| Maximum Pump Cycle Time | mins., secs. |
| Minimum Pump Capacity: | GPM |
| Minimum Pump Cycle Time | mins., secs. |
| Maximum Pump Capacity: | GPM |
| Static Head: | feet |
| Friction Head: | feet at gallons/minute |
| Total Dynamic Head: | feet at gallons/minute |

Force Main Shall be SCH. 40 PVC Pressure Pipe with Pressure Fittings.

Pump Must Provide Gallons per Minute at System Head.



Construction Drawing

HD ID #: 133 06 0865

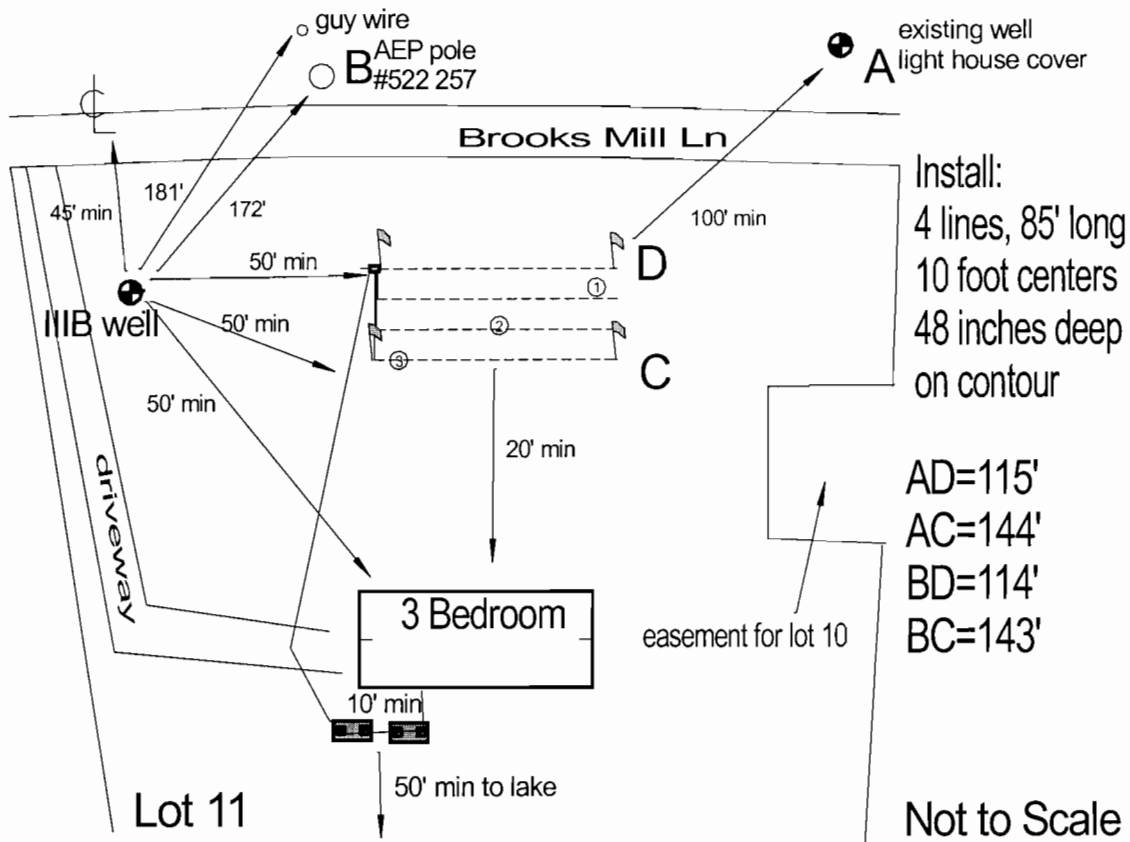
Owner Information

Larry & Rose Phillips
404 Wilimington Circle
Oviedo, Florida 32765

Phone: (540) 721-3323

Construction Drawing

Schematic drawing of sewage disposal system and topographic features.



This sewage disposal system construction permit is null and void if conditions are changed from those shown on the application or construction permit. No part of any installation may be covered or used until inspected, corrections made if necessary and the system is approved. The inspection will normally be made by the system designer, who may be an AOSE, PE, or EHS. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon direction of the Department or the system designer.

System Design By: (Not Entered) ; Site Evaluation By: Christopher A. Carter


Christopher A. Carter

November 6, 2006
Issue Date

May 6, 2008
Expiration Date