

**Commonwealth of Virginia**  
**Application for a Sewage Disposal and/or Water Supply Permit**

Health Department ID C-04-111-0178

Map # 62-106

8-4-04

Z1947695 To Be Completed By The Applicant #62-106

Type of Sewage system:  New  Repair  Expanded  Conditional  
 FHA/VA yes  no  Case No. \_\_\_\_\_

Owner Steven Lakes Address 3571 Wheatland Rd Phone (473-1045) Cell phone 397-3094  
~~Delma Lakes~~ Fincastle VA 24090 Delma Steven

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions of Property From Fincastle - Take Spriggwood Rd. Take a right  
on Wheatland Rd (Rt 639) - Turn right at First Driveway -  
gray+white mobile home  
 Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Other Property Identification \_\_\_\_\_

Dimension/size of Lot/Property Approximately 2 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  Multi-family  
 (Number of Bedrooms 4) (Number of Units \_\_\_\_\_)

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 \_\_\_\_\_

**IV. Water Supply:**  Public  New  Existing  
 Private  New  Existing

Describe: Will place well on land

**V. Proposed Sewage Disposal Method:**

Onsite Sewage Disposal System:  Septic Tank Drainfield \_\_\_\_\_ LPD \_\_\_\_\_ Mound \_\_\_\_\_ Other \_\_\_\_\_

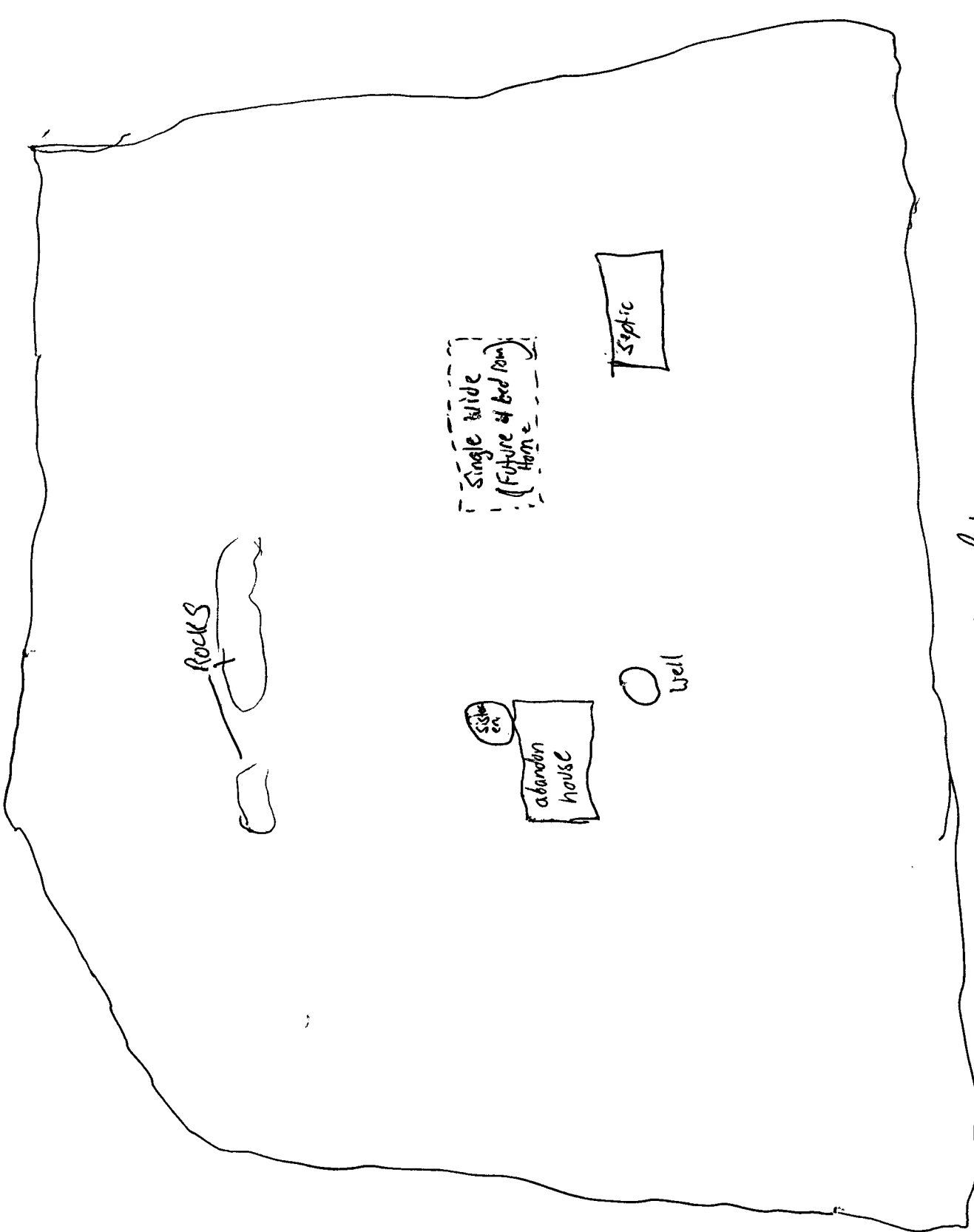
**Public Sewerage System**

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.

Delma Lakes  
 Signature of Owner/Agent

6-14-04  
 Date



Wheatland Rd.

0-04-111-0178



Botetourt County Health  
 Department  
 POB 220, Academy Street  
 Fincastle, VA  
 24090  
 (540) 473-8243  
 (540) 473-8242

**Site Evaluation Report**  
 Health Department ID Number: C-04-111-0178

<b>Facility Information</b>	
Facility Name:	C-04-111-0178
Site Evaluator:	Richard Sealey
HDID:	C-04-111-0178

<b>Evaluation Information</b>	
Scheduled Evaluation:	8/20/2004
Comments:	

<b>Site Evaluation</b>	
Date of evaluation(s):	8/20/2004 11:00:00 AM
Evaluation method:	Backhoe
Landscape Position:	Backslope (Sideslope)
Position Satisfactory?	Yes
Slope (range):	Min: 0% Max: 0%
Depth to rock:	>60 inches
Depth to seasonal water table:	>60 inches
Free water present?	No, at 0 to 0 inches
Depth to other limiting feature?	No, at to inches
Describe limiting feature:	
Soil texture group:	III
Estimated soil permeability:	=> 60 mpi at: 18 inches
Measured soil permeability:	at: inches
Type of test:	Other
Length of site (on contour):	65
Width of site (up and down slope):	120

<b>Preliminary Design Concepts</b>	
Treatment level:	Primary
Trench/bed width:	3 feet
Trench/bed depth:	18 inches
Trench spacing:	9 feet
Comments:	

In accordance with § 32.1-163.5 of the *Code of Virginia* and 12 VAC 5-615-360, I hereby certify that this evaluation and all associated work, including but not limited to system design information where applicable, complies with and was conducted in accordance with 12 VAC 5-610-20 et seq. (the *Sewage Handling and Disposal Regulations* ) and the policies of the Virginia Department of Health.

(signature & AOSE # if applicable)

If evaluated by a professional engineer, indicate name and # of AOSE consulted:

  
 Print name and title

## Soil Profile Descriptions

Health Department ID Number: C-04-111-0178

<b>Facility Information</b>	
Facility Name:	C-04-111-0178
Site Evaluator:	Richard Sealey
HDID:	C-04-111-0178

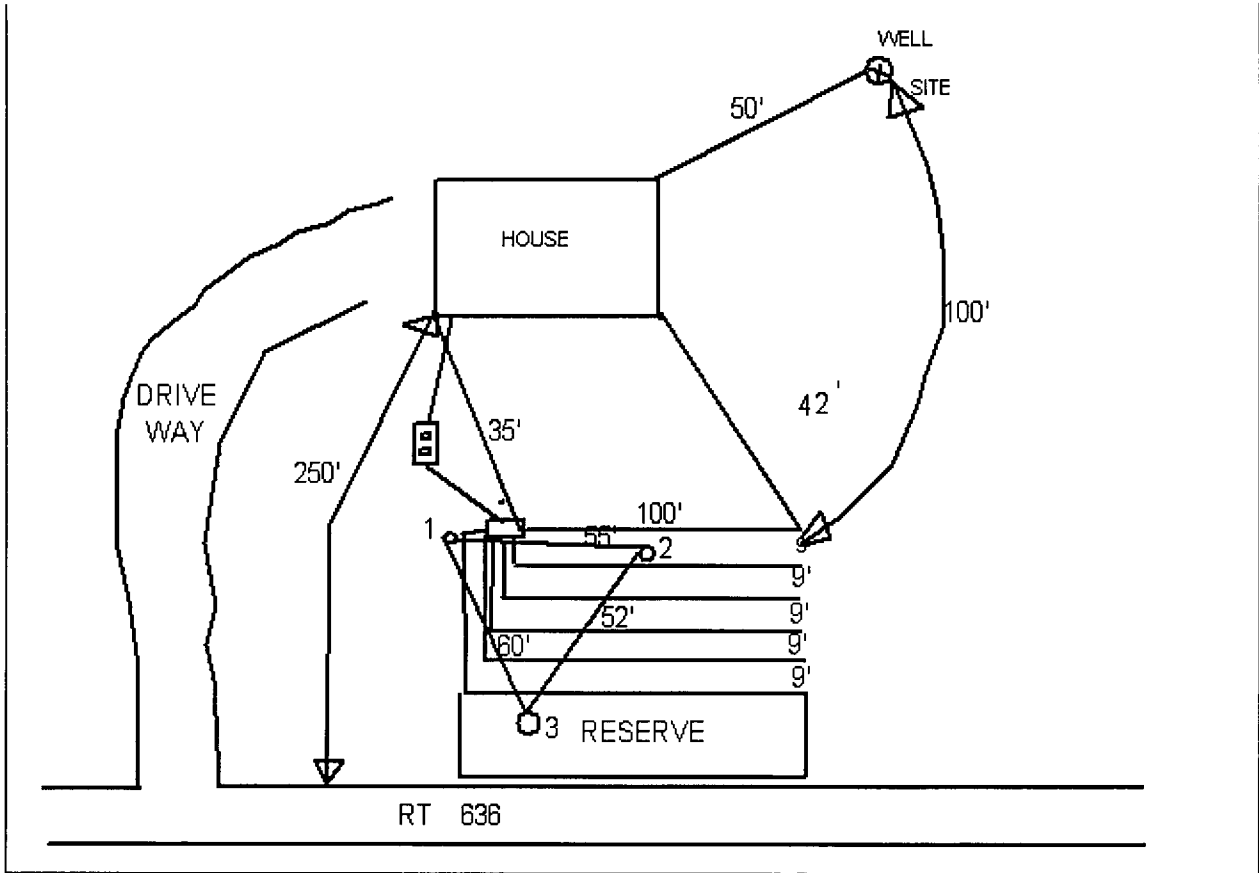
	Horizon	Depth	Color	Texture	Comments	Texture Group
Hole 1 8/20/2004 	A	0-4	BROWN	Loam		II (2)
	BT1	4-48	BROWN/RED	Silty Clay Loam		III (3)
	BT2	48-60	BROWN/YELL	Silty Clay Loam		III (3)
Hole 2 8/20/2004 11:00:00 AM	A	0-9		Loam	BROWN	II (2)
	BT1	9-15		Silty Clay	BROWN/RED	IV (4)
	BT2	15-60		Sandy Clay Loam	BROWN	II (2)
Hole 3 8/20/2004 11:00:00 AM	A		BROWN	Loam		II (2)
	BT1		BROWN/RED	Silty Clay Loam		III (3)
	BT2		BROWN/RED	Silty Clay Loam		III (3)

## Site Sketch

Health Department ID Number: C-04-111-0178

<b>Facility Information</b>	
Facility Name:	C-04-111-0178
Site Evaluator:	Richard Sealey
HDID:	C-04-111-0178

Site Sketch.



# APPLICATION TAG SHEET

Permit I.D. Number: C-04-111-0178

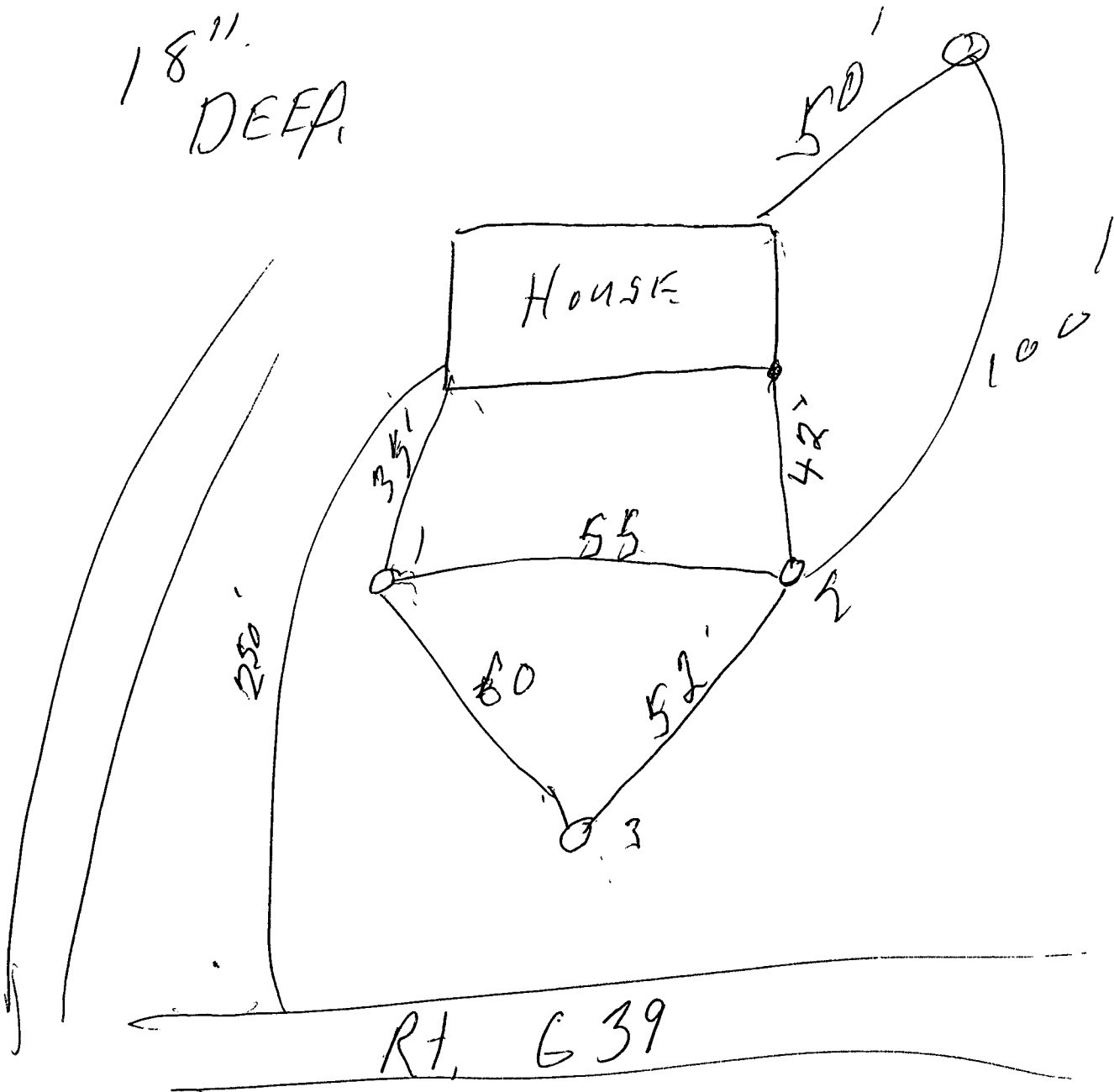
	INITIALS	DATE
Application Received:	<u>JD</u>	<u>8-4-04</u>
Application Reviewed:	<u>JD</u>	<u>"</u>
Fee Determination:	<u>JD</u>	<u>"</u>
Assigned to:	<u>JD</u>	<u>8-5-04</u>
Site Visit Scheduled:	<u>_____</u>	<u>_____</u>
Site Visit Made:	<u>_____</u>	<u>_____</u>
Follow-Up Visit:	<u>_____</u>	<u>_____</u>
Follow-Up Visit:	<u>_____</u>	<u>_____</u>
Issue/Deny Drafted:	<u>L/K</u>	<u>8/30/04</u>
Issue/Deny Reviewed:	<u>_____</u>	<u>_____</u>
Issue/Deny Countersigned:	<u>_____</u>	<u>_____</u>
Issue/Deny Mailed:	<u>JD</u>	<u>8-31-04</u>

65 R.

4 B.R.

60,000

18" DEEP





# COMMONWEALTH of VIRGINIA

*Botetourt County Health Department*

IN COOPERATION WITH THE  
STATE DEPARTMENT OF HEALTH

P. O. Box 220  
Fincastle, VA 24090

August 31, 2004

Steven Lakes  
3571 Wheatland Road  
Fincastle VA 24090

Re: Sewage Disposal and Water Supply Construction Permits  
Health Dept. ID# C-04-111-0178, Tax Map Ref. 62-106.

Enclosed is a copy of your Sewage Disposal System and Water Supply Construction Permits for the above referenced location for a 4-bedroom house with a sewage capacity of 600 Gallons Per Day (GPD). The Sewage Disposal System Construction Permit is to be given to your septic tank contractor and the Water Supply Construction Permit is to be given to your well contractor. They may begin construction of your sewage disposal system and well as soon as they receive these Permits.

Enclosed is a Uniform Water Well Completion Report for your well driller to complete and submit to this office. A satisfactory well water sample report, performed by a Virginia State Certified Laboratory, must be submitted to this office. After the Botetourt County Health Department receives these forms, and a final inspection is performed by a Specialist from this office, a Record Of Inspection-Nonpublic Drinking Water Supply System will be issued.

A Sewage Disposal System Construction Permit is valid for 18 months. If changes occur in the plan or site conditions within that time period, a new application and full fee must be submitted. If the original applicant has obtained a building permit or has started construction of the sewage disposal system within that time period, the Construction Permit can be revalidated. Sewage Disposal System and Water Supply Construction Permits are not transferable from one ownership to another.

Sincerely,

A handwritten signature in cursive script that reads "Richard Sealey".

Richard Sealey  
Environmental Health Specialist Senior

Enclosures

pc: Building Department

8-31-04  
Handwritten initials, possibly "RS", written in cursive.





Botetourt County Health  
 Department  
 POB 220, Academy Street  
 Fincastle, VA  
 24090  
 (540) 473-8243  
 (540) 473-8242

**Septic Tank - Soil Absorption System Construction Permit**  
 Health Department ID Number: C-04-111-0178

<b>Owner Information</b>		
Steven Lakes 3571 Wheatland Road Fincastle, VA 24090	Phone:	

<b>Location Information</b>			
Subdivision Name:	Wheatland Road	Tax Map:	62-106
Property Address:	Botetourt County	GPIN:	
County:	From Fincastle, take Springwood Road to T/R on Wheatland Road to T/R at first driveway, gray/white mobile home.	Legal Description:	Section Block Lot
Directions:			

<b>General Information</b>	
System Type: 1 Type of Property: Residential Conditions:	Number of Bedrooms: 4 Daily Flow: 600 gallons

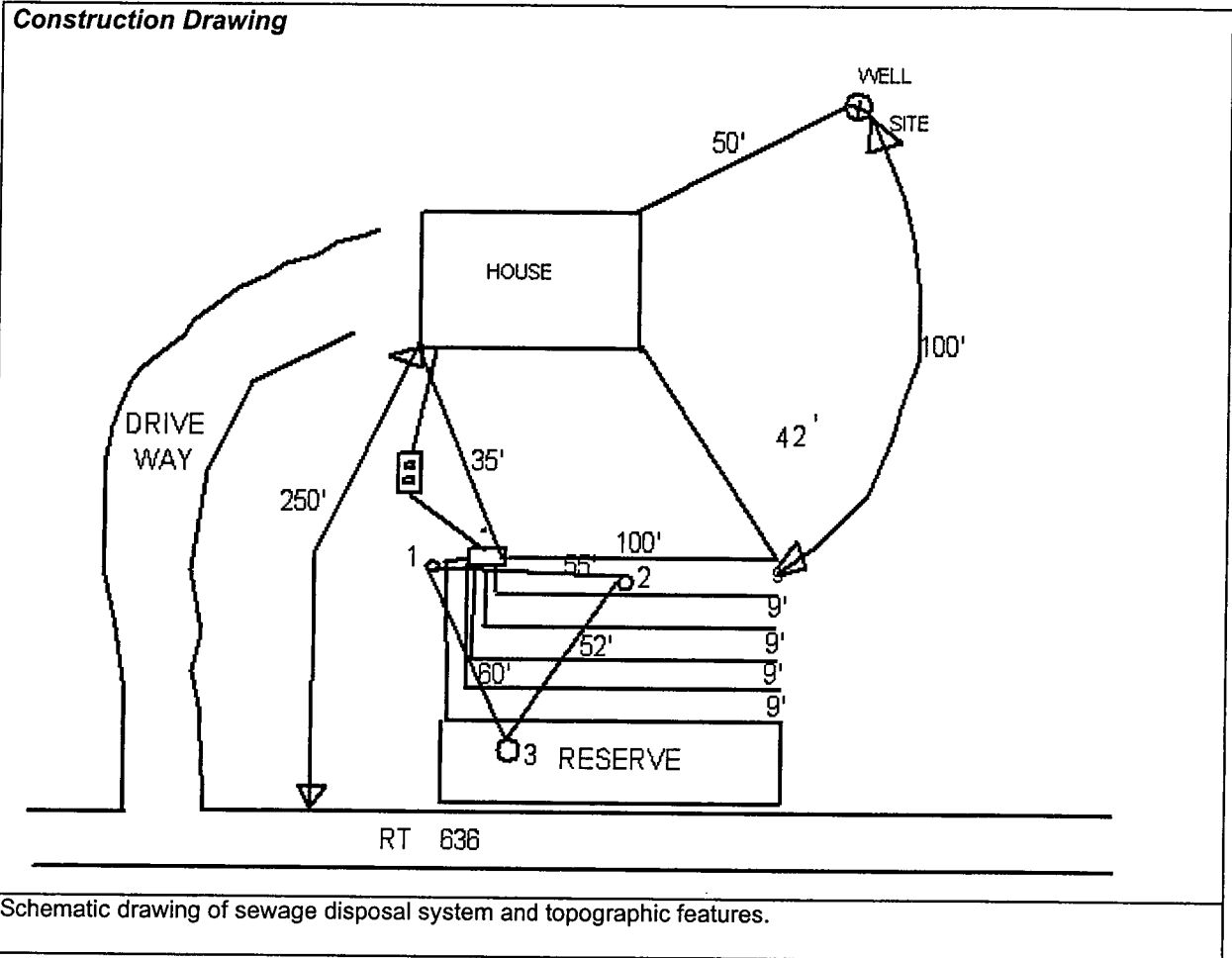
<b>Sewer Line</b>	<b>Distribution Box Information</b>
[Default 4"] SCH 40 PVC or equivalent	No. of Boxes: 1 No. of Outlets: 9

<b>Conveyance Line/Force Main Information</b>	<b>Header Line Information</b>
Method: Gravity Distribution Box Material: 4" diameter, minimum crush strength 1500# Pipe Diameter: 4" Slope: only for non-pump - 6" per 100'	1500# crush Minimum slope 2"

<b>Septic Tank - Inlet Outlet Structure</b>	<b>Percolation Lines and Absorption Area</b>
Capacity: 1500 gallons The inlet structure shall be one to two inches higher than the outlet structure and shall extend six to eight inches below and eight to ten inches above the normal liquid level. The outlet structure shall extend 35-40% below the normal liquid level and eight to ten 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: 9' Installation Depth: 18" Depth of Aggregate: 13" Size of aggregate: 0.5-1.5" # of Laterals: 6 Lateral Length: 100' Lateral Width: 3' # of Square Feet: 1800

# Construction Drawing

<b>Owner Information</b>	
Steven Lakes 3571 Wheatland Road Fincastle, VA 24090	Phone: HD ID #: C-04-111-0178



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: Richard Sealey  
 Site Evaluation Conducted By: Richard Sealey

*Richard Sealey*  
 Richard Sealey

8/20/2004  
 Issue Date

2/4/2006  
 Expiration Date



Botetourt County Health  
 Department  
 POB 220, Academy Street  
 Fincastle, VA  
 24090  
 (540) 473-8243  
 (540) 473-8242

**Private Well Construction Permit**  
 Health Department ID Number: C-04-111-0178

<b>Owner Information</b>		
Steven Lakes 3571 Wheatland Road Fincastle, VA 24090	Phone:	

<b>Location Information</b>			
Subdivision Name:	Wheatland Road	Tax Map:	62-106
Property Address:		GPIN:	
County:	Botetourt County	Legal Description:	Section Block Lot
Directions:	From Fincastle, take Springwood Road to T/R on Wheatland Road to T/R at first driveway, gray/white mobile home.		

<b>General Information</b>			
Well Class:	Class IIIC	Minimum Casing Depth:	20 feet
		Minimum Grout Depth:	20 feet

Comments:

**<WellComments>**

This permit is issued based upon a site evaluation conducted by [NAME], [TITLE] on [EVALUATION DATE].

**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.

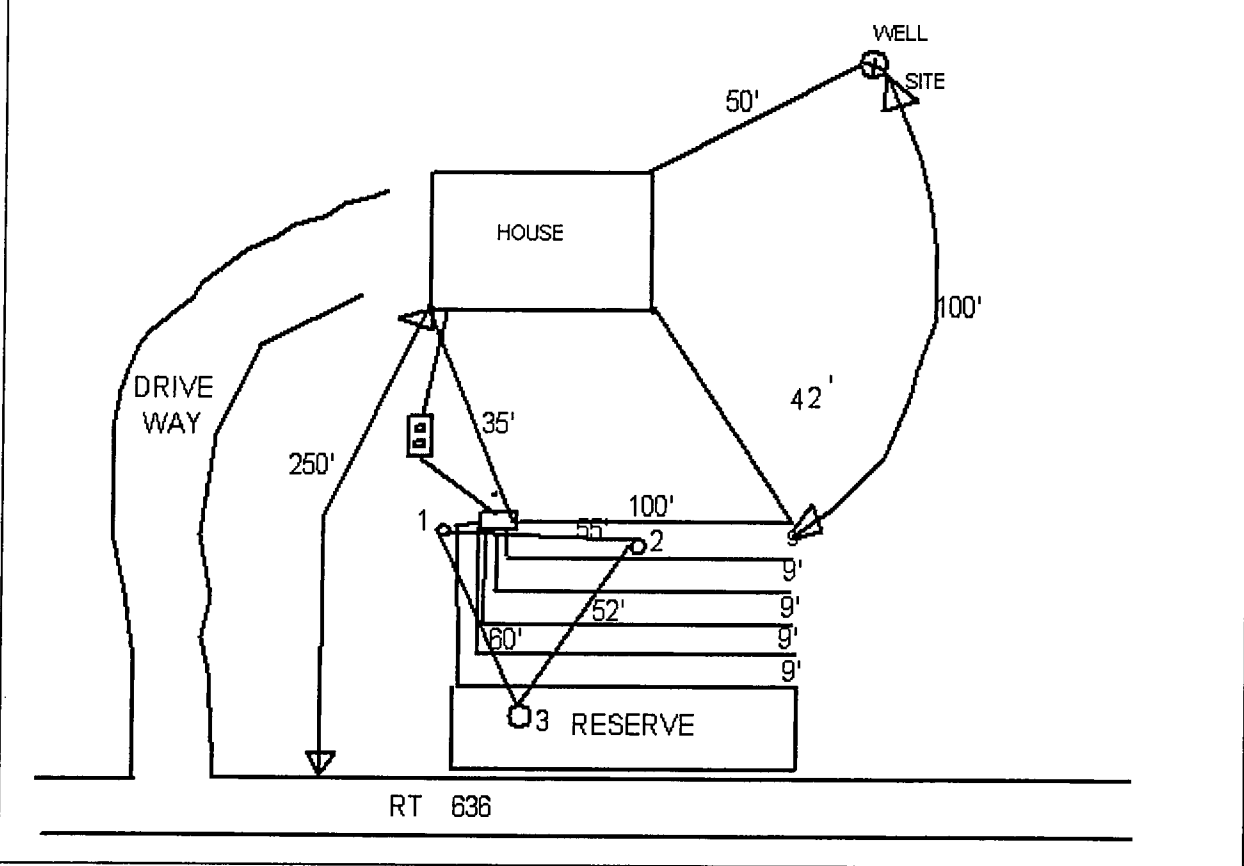
**Owner Information**

Steven Lakes  
3571. Wheatland Road  
Fincastle, VA 24090

Phone:  
HD ID #: C-04-111-0178

**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.

*Richard J. Sealey*

Issued by: Richard Sealey

8/30/2004  
Issue Date

2/28/2006  
Expiration Date



Botetourt County Health Department  
POB 220, Academy Street  
Fincastle, VA 24090  
(540) 473-8243 Voice  
(540) 473-8242 Fax

## Sewage System Construction Inspection Report

### Property Owner

**Steven Lakes**  
3571 Wheatland Road  
Fincastle, VA 24090  
Phone:

Health Dept. ID: **C-04-111-0178**

Tax Map: **62-106**

Locality: Botetourt County

### Property Location

Property Address: Wheatland Road

Directions: From Fincastle, take Springwood Road to T/R on Wheatland Road to T/R at first driveway, gray/white mobile home.

=====

### Sewer Line

Diameter: 4", Material: Sch 40 Plastic, Grade: 1 1/4"/10' minimum  
Inspected on January 27, 2006 by Richard Sealey  
Satisfactory: **Yes**

### Septic Tank(s)

Tank Identifier	Tank Size (gallons)	Tank Material
1	1500	Concrete (pre-cast)

Total # Tanks: 1                      1500 Gallons Total Septic Tank Volume  
Inspected on January 27, 2006 by Richard Sealey  
Satisfactory: **Yes**

### Treatment Device

Make and Model: None  
Capacity:  
Inspected on January 27, 2006 by Richard Sealey  
Satisfactory:

### Effluent Conveyance System

Method: Gravity  
Make and Model:  
Dosing Volume:                      Drawdown:  
1/4 Day Storage: Yes                      Storage Volume:                      High Water Alarm: Yes  
Chamber Total Size:  
Inspected on January 27, 2006 by Richard Sealey  
Satisfactory:

### Conveyance Line

Diameter: 4" Material: Smooth Bore Plastic  
Grade: 6"/100' minimum  
Inspected on January 27, 2006 by Richard Sealey  
Satisfactory: **Yes**

**Distribution System**

Method: Gravity Distribution Box  
Material: Concrete Box  
Inspected on January 27, 2006 by Richard Sealey  
Satisfactory: **Yes**

**Header Lines**

Diameter: 4", Material: Smooth-bore plastic  
Inspected on January 27, 2006 by Richard Sealey  
Satisfactory: **Yes**

**Dispersal Area**

Dispersal Method: Gravel-less System  
Make and Model: Ring Industrial Group, EZflow, EZ1203H  
Number of Trenches: 40, Trench Length: 90', Trench Width: 3'  
Number of Units Installed per Trench:  
Trench Bottom Depth: 18", Center to Center Spacing: 9'  
Was the installed system a reduction from the original permitted design? **Yes**  
Inspected on January 27, 2006 by Richard Sealey  
Satisfactory: **Yes**

**Constructed by:** DENNIS GIVIENS

**Documentation Received:**

Completion Statement Received By: Richard Sealey on January 27, 2006

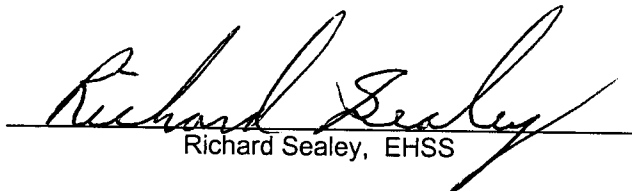
As-Built Sketch Received By: Richard Sealey on January 27, 2006

Notice of Substitution Received By: on

**Overall Result**

Satisfactory Construction: **Yes**  
**Approved for Operation Permit: Yes** on April 25, 2006

I hereby certify that this system was installed substantially in accordance with the Sewage Handling and Disposal Regulations, relevant VDH policies, and manufacturer recommendations. All deviations from these standards of practice were determined to be minor variations, are noted above, and in my opinion will not materially affect the safe and sanitary operation of the system.

  
Richard Sealey, EHSS

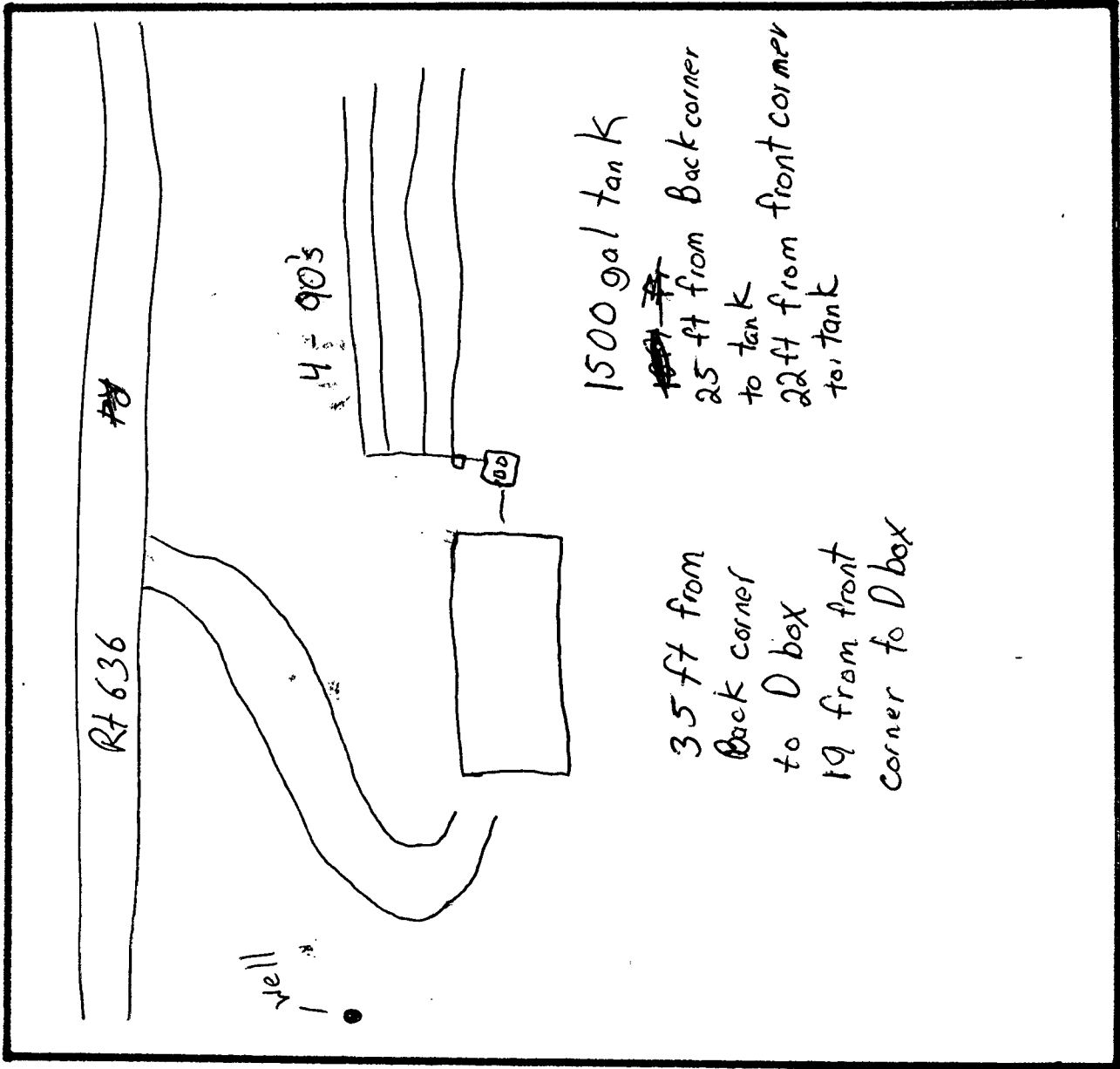
April 25, 2006



For all your dewatering needs.

EZflow LP

65 Industrial Park Dr • Oakland, TN 38060



WARRANTY, NOTICE OF SUBSTITUTION and WAIVER OF LIABILITY

County/City of Botetourt
Sewage Disposal System Construction Permit ID # C-04-111-0178 Tax Map # 62-106
property description: Wheatland Road
Owner: Steven Lakes Date: 1-27-06

LIMITED FIVE YEAR WARRANTY

- a) Ring Industrial Group, EZflow warrants that the EZflow™ EPS Aggregate System manufactured by Ring Industrial Group, EZflow, when installed and operated in accordance with the manufacturer’s instructions and the current Virginia Department of Health GMP 116, Use of Gravelless Systems Manufacturer’s Specifications, and pursuant to all necessary building permits, are warranted for a period of five (5) years from the date of installation (i) to be free from defective materials and workmanship; and (ii) to perform in accordance with the state performance requirements in effect on the date of installation. This warranty extends only to the property owner. For purposes of this warranty, the EZflow™ EPS Aggregate System must be installed in accordance with all site conditions specified in the Local Health Department Construction Permit and sized according to the Company’s specification.
b) System failures determined to be due to improper siting, excessive water usage, improper grease disposal, improper installation, improper operation, or improper maintenance are not part of this warranty.

Upon notification of a system failure, the Company may, at its option, perform or have performed certain tests to determine the cause of failure. A registered soil scientist or professional engineer may be used to evaluate the soil conditions and compare those conditions with any original evaluation, which may appear on the permit.

In order to exercise these warranty rights, the property owner must notify the Company in writing at its corporate headquarters within 15 days of discovery of the alleged defect. The notice shall be accompanied by (i) a copy of the warranty which is signed and dated by the installer and the property owner as set forth below; (ii) a copy of the appropriate permit for the septic system; and (iii) proof to the Company’s satisfaction that the septic tank has been maintained in accordance with the Company’s operating instructions. In the event of breach of warranty due to a failure of the trench, the Company will provide and install EZflow™ EPS Aggregate System units as necessary to extend the size of the trench to provide a fully functional wastewater system. The Company will not be responsible for pumps and any other necessary mechanical devices needed to extend the trench.

- c) THE WARRANTY IN SUBPARAGRAPH (a) AND THE REMEDIES IN SUBPARAGRAPH (b) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES. ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE SHALL NOT EXTEND BEYOND THE PERIOD IN SUBPARAGRAPH (a). THE WARRANTY DOES NOT EXTEND TO INCIDENTAL, CONSEQUENTIAL, SPECIAL, OR INDIRECT DAMAGES. THE COMPANY SHALL NOT BE LIABLE FOR PENALTIES OR LIQUIDATED DAMAGES, LOSS OF PRODUCTION AND PROFITS, LABOR AND MATERIALS, OVERHEAD COSTS, OR OTHER LOSS OR EXPENSE. SPECIFICALLY EXCLUDED ARE DAMAGE DUE TO ORDINARY WEAR AND TEAR, ALTERATION, ACCIDENT, MISUSE, ABUSE, OR NEGLIGENCE; THE UNITS BEING SUBJECTED TO STRESSES OR VEHICLE TRAFFIC GREATER THAN THOSE PRESCRIBED IN THE INSTALLATION INSTRUCTIONS OR OPERATION INSTRUCTIONS; FAILURE TO MAINTAIN THE MINIMUM GROUND COVERS SET FORTH IN THE OPERATION INSTRUCTIONS; THE PLACEMENT OF IMPROPER MATERIALS INTO THE SYSTEM; OR ANY OTHER EVENT NOT CAUSED BY THE COMPANY. THIS WARRANTY SHALL BE VOID IF THE PROPERTY OWNER FAILS TO COMPLY WITH ALL OF THE TERMS SET FORTH IN SUBPARAGRAPH (b).

FURTHERMORE, IN NO EVENT SHALL THE COMPANY BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE PROPERTY OWNER, THE UNITS, OR ANY THIRD PARTY RESULTING FROM THE INSTALLATION OR SHIPMENT OF THE UNITS, OR FROM ANY PRODUCT LIABILITY CLAIMS OF THE ORIGINAL PROPERTY OWNER OR ANY THIRD PARTY. THE COMPANY SHALL NOT BE RESPONSIBLE FOR ENSURING THAT INSTALLATION OF THE SYSTEM IS COMPLETED IN ACCORDANCE WITH ALL APPLICABLE LAWS, CODES, RULES, AND REGULATIONS.

- d) No representative of the Company has the authority to change this warranty in any manner whatsoever, or to extend this warranty. No warranty applies to any party other than to the property owner.

NOTICE OF SUBSTITUTION (WHERE AN AOSE OR PE SPECIFIES A SUBSTITUTED SYSTEM)

This is to notify the Virginia Department of Health (“VDH”) that a EZflow™ EPS Aggregate System – Model EZ 100, (“Substituted System”) Will be substituted for a gravel- type drainfield system.

I understand that the Substituted System is not the system that would be designed by the Botetourt County/City Health Department. The Substituted System, however, is authorized for use in the Commonwealth of Virginia pursuant to VDH’s Guidance Memoranda and Policy (GMP) #116. I further understand that the Substituted System is covered by a manufacturer’s warranty and that such a warranty is not available for the system that would be prescribed by VDH. I understand that, regardless of whether the Substituted System or the gravel-type drainfield system is installed, the Commonwealth of Virginia requires that the owner maintain and preserve the entire approved absorption area (including reserve area where applicable) that was required by the permit. This condition is intended to assure that any absorption area that is not used will be available in the future should it become necessary to repair or replace the System. I hereby agree that I will maintain and preserve the entire absorption area as required.

WAIVER

As OWNER of the property described above and subject to the exception described below, I hereby release and agree to hold harmless the Virginia Department of Health and the Commonwealth of Virginia, including, without limitation, any and all of its agencies, boards, and commissions, their insurer(s), officers, directors, employees, representatives, and agents [hereafter referred to as the “COMMONWEALTH OF VIRGINIA”], from any and all claims, complaints, demands, actions, causes of action, liabilities and obligations, of whatever source or nature, whether administrative, legal or equitable, whether known or unknown, which the OWNER now has or has in the future relating to or arising out of the installation of the Substituted System including, without limitation, any and all claims due to the failure of any person to comply with federal, state, or local laws or regulations, claims under the Virginia Tort Claims Act, the Virginia Constitution, the United States Constitution and amendments thereto, or under common law.

I understand that the COMMONWEALTH OF VIRGINIA does not warrant in any way the performance of any System and that the manufacturer’s warranty is the sole remedy available to me with respect to any performance deficiency associated with a Substituted System. Furthermore, I agree to first seek and exhaust any and all remedies under the manufacturer’s warranty before applying for indemnification under the Onsite Sewage Indemnification Fund.

EXCEPTION- Onsite Sewage Indemnification Fund: I do not release the COMMONWEALTH OF VIRGINIA from any liabilities, claims, or causes of action provided under §32.1-164.1:01 of the Code of Virginia (Onsite Sewage Indemnification Fund). I acknowledge and affirm that the Onsite Sewage Indemnification Fund shall be the sole remedy for failure of the Substituted System where such failure results from negligence on the part of VDH. I also acknowledge and affirm that the Virginia Department of Health’s authorization of the Substituted System pursuant to GMP #116 shall not constitute an act of negligence pursuant to §32.1-164.1:01 of the Code of Virginia.

This agreement shall be binding upon all subsequent owners of this property including any and all HEIRS, SUCCESSORS, and ASSIGNS.

ACKNOWLEDGEMENT

I acknowledge that I have read this WARRANTY, NOTICE OF SUBSTITUTION, and WAIVER and that I understand their terms. I also understand that there is no warranty if I do not comply with all of the above steps or if the system is not installed or maintained properly. I acknowledge to the Company that this warranty is part of my original agreement to purchase the septic system and that the warranty and its limitations were provided to me at the time of purchase.

Wheatland Rd Steven Lakes
Address of Installation (Street) Name (print) and Address of Property Owner
Fincastle Va, 24090
(Subdivision Name) (Lot #) Property Owner Signature Date

I acknowledge to the Company and the homeowner that the septic system and the EZflow™ EPS Aggregate System units have been installed in accordance with GMP 116, the installation instructions of the Company and in accordance with all state trench requirements and other applicable laws.

Givens Const Daniel Givens
Business Name of Installer Name (print)
338 4th St New Castle Va, 24127
Address of Installer (Street/P.O. Box) (City) (State) (Zip)
(Phone) Signature Date



# Completion Statement

Commonwealth of Virginia  
State Department of Health

Health Department  
Identification Number C-04-111-0178

B. Lefert Co. Health Department

Name of Company/Corporation/Individual: Givens Const

Address: 338 4th St New Castle Va. 24127 Telephone: 540-864-6376

Owner's Name Steven Lakes

Owner's Address 3571 Wheatland Road Fincastle, VA 24090

Location of Installation: Lot \_\_\_\_\_ Block \_\_\_\_\_

Section: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Other: Wheatland Road from Fincastle first driveway on the right

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 5/30/04 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

1/27/06

Date

Y. David Diner

Signature and Title



Botetourt County Health Department  
POB 220, Academy Street  
Fincastle, VA 24090  
(540) 473-8243 Voice  
(540) 473-8242 Fax

**Record of Inspection - Nonpublic Drinking Water Supply System**

Property Owner

Steven Lakes  
3571 Wheatland Road  
Fincastle, VA 24090  
Phone:

Health Dept. ID: C-04-111-0178  
Tax Map: 62-106

Locality: Botetourt County

Property Location

Property Address: Wheatland Road

Directions: From Fincastle, take Springwood Road to T/R on Wheatland Road to T/R at first driveway, gray/white mobile home.

=====

Well Driller: DON GRIFFIN

Nonpublic drinking water well class: Class IIIC

Date construction started: March 4, 2006

Has water well completion report been filed as required by Sec. 12 VAC 5-630-440. Yes

Well Location / Distances from sources of pollution:

(See Table 3.1 and 12 VAC 5-630-380 of the Private Well Regulations)

Building Sewer 50 feet; Pretreatment Unit 50 feet; Conveyance System 100 feet; Subsurface Soil Absorption System 100 feet (nearest point); Property Line 10 feet; Other: \_.

Construction, General: (See 12 VAC 5-630-400 and 410 of the Private Well Regulations)

Total depth of well 560 feet; Type of casing Sch 80 PVC WC ; Depth of casing 90 feet; Diameter of casing 6 inches. Casing extends 12 inches above ground. Annular space was sealed with bentonite to a depth of 20 feet, and was Poured from Surface. Screens (if used) are constructed of SCH 80 PVC. Well head and opening to the interior protected: Yes. Type of well seal: Well cap. Pitless adapter used: Yes. If so, was it properly installed: Yes; and properly vented: Yes.

Quantity: Yield and drawdown determined by continuous pumping of 1 hours.

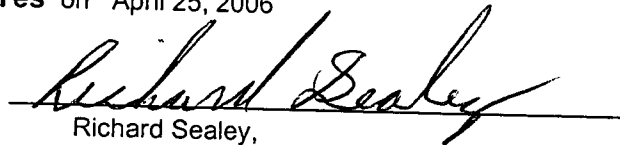
Yield: 2 GPM; Drawdown: feet; Static Water Level: feet; Type of storage: \_.

Quality: Sample tap provided at entry into system: Yes. Sample(s) collected: Yes. Result of samples: Satisfactory. Date of Sample: April 25, 2006

Satisfactory Construction: Yes on April 25, 2006

Well Approved for Use: Yes on April 25, 2006

Signed April 25, 2006

  
Richard Sealey,

Commonwealth of Virginia  
Uniform Water Well Completion Report

Owner: Stevem Lakes  
Address: 3571 Wheatland Rd.  
Fincastle, Va. 24090  
Phone: \_\_\_\_\_  
Location: \_\_\_\_\_

Tax Map ID: \_\_\_\_\_  
VDH Permit: C-04711-0178  
VWCB Permit: \_\_\_\_\_  
VWCB ID: \_\_\_\_\_  
County: Bolehurst

Well Data

General Information

Drilling Method Rotary Date Completed 3/4/06 Total Depth of Well 560  
Depth to Bedrock 65 Yield 2 (GPM) Length of Test 1hr. blow  
Static Water Level \_\_\_\_\_ Stabilized Water Level \_\_\_\_\_ Natural Flow (Rate) no  
Well Disinfected (Y or N) Y Disinfectant Used Clorox Amount used 1mg.

Casing

From ±1 to 90 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Size 2.5 Material heavy wall Size \_\_\_\_\_ Material \_\_\_\_\_ Size \_\_\_\_\_ Material \_\_\_\_\_  
Weight/Schedule 80 Weight/Schedule \_\_\_\_\_ Weight/Schedule \_\_\_\_\_

Gravel Pack

From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

GROUT

From 0 to 20 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Bore Hole Size 10 Bore Hole Size \_\_\_\_\_ Bore Hole Size \_\_\_\_\_  
Type Bentonite Type \_\_\_\_\_ Type \_\_\_\_\_  
Method 40 Method \_\_\_\_\_ Method \_\_\_\_\_

Water Zones or Screened Intervals

From 392 to 395 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_  
From 481 to 484 From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_ Mesh Size \_\_\_\_\_ Diam. \_\_\_\_\_

Use Data

Private Well: Domestic X Agricultural \_\_\_\_\_ Industrial \_\_\_\_\_ Monitoring \_\_\_\_\_  
Public Well: Community \_\_\_\_\_ Non Community \_\_\_\_\_

Abandonment Information

Bored or Dug Wells

Casing Removed: Y or N?

Wells other than Bored Wells

Casing removed: Y or N?

C-0011-0178

0-17 clay

17-65 wet clay

65-392 gray limestone → set 90' PVC

392-395 black limestone → 1 gpm

395-481 gray limestone

481-484 broken gray limestone → 1 gpm

484-560 gray limestone

**DON GRIFFIN DRILLING CO., INC.**  
P.O. Box 571  
Vinton, VA 24179  
Va. Contractor #2705007263





3404 Aerial Way Drive • Roanoke, VA 24018  
 Phone (540) 343-3618 • Fax (540) 342-2054

**Environmental Services Division**  
**Certificate of Analysis**

Givens Construction Co.  
 Route 3, Box 551

**Date Reported: April 14, 2006**

**Sample Code: 06-1349**

**Bacti Code 0848**

New Castle VA 24127

**Chain of Custody Information**

**Date Collected:** April 12, 2006

**Date Received:** April 12, 2006

**Time Collected:** 0930

**Time Received:** 1550

**Collected By:** Dennis Givens

**Sample Type:** Well

**Sample Notes:** Performed for: Steven & Ashely Lakes  
 Health Dept. ID # C-04-111-0178

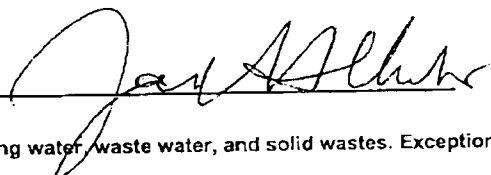
**Sample Location:** 3571 Wheatland Rd., Fincastle, Va.

**Analytical Data**

Parameter	Result	Method	Date	Analyst
Total Coliform Bacteria	Absent	ONPG-MUG	04/13/06	JHW
E. Coli Bacteria	Absent			

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

**Laboratory Certification No:** Virginia #00423

By: 

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.



Botetourt County Health Department  
POB 220, Academy Street  
Fincastle, VA 24090  
(540) 473-8243 Voice  
(540) 473-8242 Fax

**Sewage Disposal System Operation Permit**

**Property Owner**

**Steven Lakes**  
3571 Wheatland Road  
Fincastle, VA 24090  
Phone:

Health Dept. ID: **C-04-111-0178**  
Tax Map: **62-106**

Locality: Botetourt County

**Property Location**

Property Address: Wheatland Road  
Fincastle, VA 24090

Directions: From Fincastle, take Springwood Road to T/R on Wheatland Road to T/R at first driveway, gray/white mobile home.

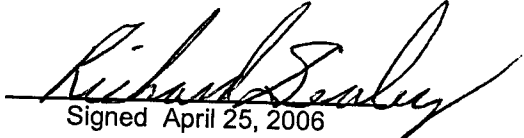
=====

**Steven Lakes** is hereby granted permission to operate a septic tank effluent and drainfield Sewage System at the above referenced location, having a design capacity of **600** gallons per day, or **4** bedrooms maximum.

This permit is issued in accordance with the provisions of Title 32.1, Chapter 6 of the Code of Virginia as Amended, and Section 12VAC 5-610-340 of the Sewage Handling and Disposal Regulations of the Virginia Department of Health. The issuance of an operation permit does not denote or imply any guarantee by the department that the sewage disposal system will function for any specified period of time. It shall be the responsibility of the owner or any subsequent owner to maintain, repair, or replace any sewage disposal system that ceases to operate in accordance with the regulations.

April 25, 2006  
Effective Date

Richard Sealey  
EHS

  
Signed April 25, 2006



# COMMONWEALTH of VIRGINIA

*Botetourt County Health Department*

P. O. Box 220  
Fincastle, VA 24090

IN COOPERATION WITH THE  
STATE DEPARTMENT OF HEALTH

April 25, 2006

Steven Lakes  
3571 Wheatland Road  
Fincastle VA 24090

Re: Sewage Disposal Operation Permit - Water Supply System Approval  
Health Dept. ID# C-04-111-0178, Tax Map Ref. 62-106.

Enclosed is the Operation Permit for your Sewage Disposal and a Record Of Inspection-Nonpublic Drinking Water Supply System for the above referenced location.

It is most important that you retain this information with your deed and other information regarding this property.

If this office can be of further assistance to you, please call (540) 473-8243.

Sincerely,

A handwritten signature in cursive script that reads "Richard Sealey".

Richard Sealey  
Environmental Health Specialist Senior

Enclosures

pc: Building Department

⊕ 4-25-06  
R