

Commonwealth of Virginia

Application for: ☐ Sewage System ☒ Water Supply

Owner J. Amanda de Coligny

Mailing Address PO Box 628
Amherst, VA 24521

Agent _____

Mailing Address _____

Site Address 243 Huff Creek Trail
Amherst, VA 24521

Directions to Property: 60 West - right on E Monitor - right on Huff Creek Trail - left drive

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 81-A-40 Other Property Identification _____ Dimension/Acreage of Property 55.6

VDH Use Only
Health Department ID# _____
Due Date _____

Phone 434 946 7574 work

Phone 434 946 7176 home

Fax 942-8467-10/12

Phone _____

Phone _____

Fax _____

Email adecole@sbc.edu

Sewage System (New Construction)

Construction permits are valid for 18-months. Owners are advised to apply for a construction permit if they intend to build within 18 months of completing this application. Certification letters do not expire, may be recorded in the land records, and transfer with a property sale. For which are you applying? ☐ Certification Letter ☐ Construction Permit

Sewage System (Existing Construction)

Check all that apply: ☐ Repair ☐ Modification ☐ Expansion ☐ Replacement ☐ Upgrade

Do you wish to apply for a betterment loan eligibility letter? _____ If yes, there is a \$50.00 fee for determination of eligibility.

Sewage System (New or Existing Construction)

☐ Single Family Home (Number of Bedrooms _____) ☐ Multi-Family Dwelling (Total Number of Bedrooms _____)

☐ Other (describe) _____

Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one). Fixtures in Basement? Yes/No (circle one).

Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of seasonal use ☐ Seasonal or temporary use not to exceed 1 year

Water Supply

Will the water supply be Public or Private (circle one). Is the water supply Existing or Proposed (circle one).

If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).

Will any buildings within 50' of the proposed well be termite treated? Yes/No (circle one).

Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

Signature of Owner/Agent

Date

10 October, 2012

Property line

House

Gradual downward slope
to springs.

more recent spring
14.11
Some where in this
area older
older spring
recent spring

Property = 55.6 acres

Sept 11

Garden

Packed
Well

Garden

park

House

drive

Field

Huff Creek Trail

ground well even less water

1.1.1

Private Water Well Abandonment Permit

Health Department ID Number: **104-12-0166**

Owner / Agent Information

Owner: J. Amanda de Coligny
P. O. Box 628
Amherst, VA 24521
Owner Phone: 434-942-8667

Page 1 of 2

Location Information

Property Address: 243 Huff Creek Trail
Locality: Amherst County
Directions: Rt. 60W, right onto E. Monitor Road, right onto Huff Creek Road, property on left.

Tax Map #: **81-A-40**

General Information - Drilled Well Abandonment

Well Class: III- C	Existing Casing Depth: 30 feet	Existing Grout Depth: 20 feet
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Comments:

The well abandonment must be completed by a licensed well driller/water well service provider (WWSP). Please contact the Amherst County Health Department, prior to initiating the abandonment so that this procedure may be witnessed.

Abandonment of Drilled Well, ID # 104-11-0135W
Completed 9/2/11 by Kenneth R. Sites, Well Driller.
Well Completion Report provides the following information: Total Depth of Well 400';
Depth to Bedrock 28';
Casing from 0 to 30' (PVC Plastic); Grout from 0 to 20'.

**** There are currently two drilled wells located on the property. This abandonment permit is for the well that is not in use (no water line or electricity connections). This well is located farthest from the house at the edge of the field, nearest the woods.**

**** Call (434)946-9408 to schedule abandonment - Health Department to witness abandonment procedure. Permit for replacement well to be issued after abandonment has been completed.**

Water Well Abandonment Permit

HD ID #: 104-12-0166

Owner Information

J. Amanda de Coligny
P. O. Box 628
Amherst, VA 24521

Phone: 434-942-8667

Page 2 of 2

Drilled Well Abandonment

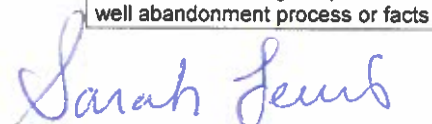
12 VAC 5-630-450. Well abandonment. (Private Well Regulations July 1, 2000)

C. Permanent abandonment. The object of proper permanent abandonment is to prevent contamination from reaching ground water resources via the well. A permanently abandoned well shall be abandoned in the following manner:

1. All casing material may be salvaged.
2. Before the well is plugged, it shall be checked from land surface to the entire depth of the well to ascertain freedom from obstructions that may interfere with plugging (sealing) operations.
3. The well shall be thoroughly chlorinated prior to plugging (sealing).
4. The well shall be filled with sand or gravel to a depth at least five feet (5') below the consolidated rock (Bedrock at 28' - Gravel/Sand from the bottom of the well to no higher than 33') The remainder shall be filled with grout or clay slurry.
5. The owner has the option of filling the entire depth of the well with grout or clay slurry, pumped from the bottom upwards.

A water well completion report for this abandonment must be completed and submitted to the Health Department prior to the issuance of a Well Construction Permit for a replacement well.

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 abandonment process or facts associated with well would threaten public health or the environment.


Issued by: Sarah Lewis, EHS

October 23, 2012
Issue Date

October 23, 2013
Expiration Date

Commonwealth of Virginia

Application for: ☐ Sewage System ☒ Water Supply

Owner J. Amanda de Coligny
Mailing Address PO Box 628
Amherst, VA 24521

Agent _____

Mailing Address _____

Site Address 243 Huff Creek Trail

Amherst, VA 24521

Directions to Property: 60 West - right on E Monitor - right on Huff Creek Trail - left drive

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Section _____

Block _____

Lot _____

Tax Map 81-A-40

Other Property Identification _____

Dimension/Acreage of Property 55.6

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Sewage System (Existing Construction)

Check all that apply: ☐ Repair ☐ Modification ☐ Expansion ☐ Replacement ☐ Upgrade

Do you wish to apply for a betterment loan eligibility letter? _____ If yes, there is a \$50.00 fee for determination of eligibility.

Sewage System (New or Existing Construction)

☐ Single Family Home (Number of Bedrooms _____) ☐ Multi-Family Dwelling (Total Number of Bedrooms _____)

☐ Other (describe) _____

Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one). Fixtures in Basement? Yes/No (circle one).

Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent or seasonal use ☐ Seasonal or temporary use not to exceed 1 year

Water Supply

Will the water supply be Public or Private (circle one). Is the water supply Existing or Proposed (circle one).

If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).

Will any buildings within 50' of the proposed well be tentatively treated? Yes/No (circle one).

Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

Signature of Owner/Agent J. Amanda de Coligny

Date 10 October, 2012

Property line

Gradual downward slope
to springs

more recent spring
Some where in this area older
between older spring & more
recent spring

H.I.I

House

park

drive

Field

Property line

second well even less water

property = 55' 6" across

slightly
Garden

failed
well

Garden

Huff Creek Trail

House

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



Owner Amanda de Coligan Tax Map ID 81-A-40
 Address P.O. Box 628 VDH Permit 104-11-01350
Amherst Va. 24521 WWCB Permit _____
 Phone _____ WWCB ID _____
 Location _____ County Amherst

*** Well Data ***

General Information

Drilling Method Rotary Date Completed 9-2-11 Total Depth of Well 400 ft.
 Depth of Bedrock 28 ft. Yield 0 (GMP) Length of Test 1 hr
 Static Water Level _____ Stabilized Water Level _____ Natural Flow (Rate) _____
 Well Disinfected (Y or N) _____ Disinfectant Used _____ Amount Used _____

Casing

From 42 To 30 ft. From _____ To _____ From _____ To _____
 Size 6 in Material PVC Size _____ Material _____ Size _____ Material _____
 Weight/Schedule S&P 27.6 Weight/Schedule _____ Weight/Schedule _____

Gravel Pack

From _____ To _____ From _____ To _____ From _____ To _____

Grout

From 0 To 20 ft. From _____ To _____ From _____ To _____
 Bore Hole Size 10 inch Bore Hole Size _____ Bore Hole Size _____
 Type Bentonite Type _____ Type _____
 Method pumped Method _____ Method _____

Water Zones or Screened Intervals

From _____ To _____ From _____ To _____ From _____ To _____
 Mesh Size _____ Diam _____ Mesh Size _____ Diam _____ Mesh Size _____ Diam _____
 From _____ To _____ From _____ To _____ From _____ To _____
 Mesh Size _____ Diam _____ Mesh Size _____ Diam _____ 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? _____
 If Y, Depth to which casing was removed/ _____
 Applicable, Depth(s), and type of grave/sand fill: _____
 Source of gravel or sand: _____
 Cement: From _____ to _____ From _____ to _____

Method of permanently marking location: _____

* Drillers Log *

Depth	Description of Formation or Sediment	Remarks
0-8 ft	Red clay	
8-28 ft	soft brown rock	
28 ft - 400 ft	grey rock	

(Use Additional Sheets if necessary)

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Name: KRS Excavating and Well Drilling
Address: 12898 Rockfish River Road
Shipman, VA 22971
Phone: 434-263-6612

Drillers Signature :

Date: 7-2-12 Representing _____Virginia Contractors License Number: 2705034631 2719 000205

Private Well Construction Permit
Health Department ID Number: **104-11-0135W**

Owner / Agent Information

Owner: Amanda deColigny
P. O. Box 628
Amherst, VA 24521
Owner Phone: (434) 946-7176

Page 1 of 2

Location Information

Property Address: 243 Huff Creek Trail
Locality: Amherst County
Directions: Rt. 60W, right onto E. Monitor Road, right onto Huff Creek Road, property on left.

Tax Map: 81-A-40

General Information

Well Class: Class IIIC	Minimum Casing Depth: 20 feet	Minimum Grout Depth: 20 feet
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Comments:

- * Class IIIC well to be 100' + from sewage disposal system or any other potential source of contamination.
- * Mark all utilities prior to drilling well (Miss Utility Dial 811)
- * The well casing shall be extended at least 12 inches above grade.
- * The well may not be placed in a low area or an area subject to the collection of pollutants.
- * The well site shall be graded to divert surface water away from the well.
- ** Please submit (GW2) Water Well Completion Report (from well driller) and the Bacteriological Examination to the Health Department.
- ** This Permit is valid for drilling only one (1) well. If Alternate site is desired contact Health Department for approval (prior to drilling) **

This permit is issued based upon a site evaluation conducted by Sarah Lewis, EHS on August 12, 2011.
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.


Issued by: Sarah Lewis

August 15, 2011
Issue Date

February 15, 2016
Expiration Date

ARRANDIA DE WIGGINS
P.O. BOX 628, AMHERST

243 HUFF CREEK TRAIL

TII# 61-A-40

Class III C Well Permit

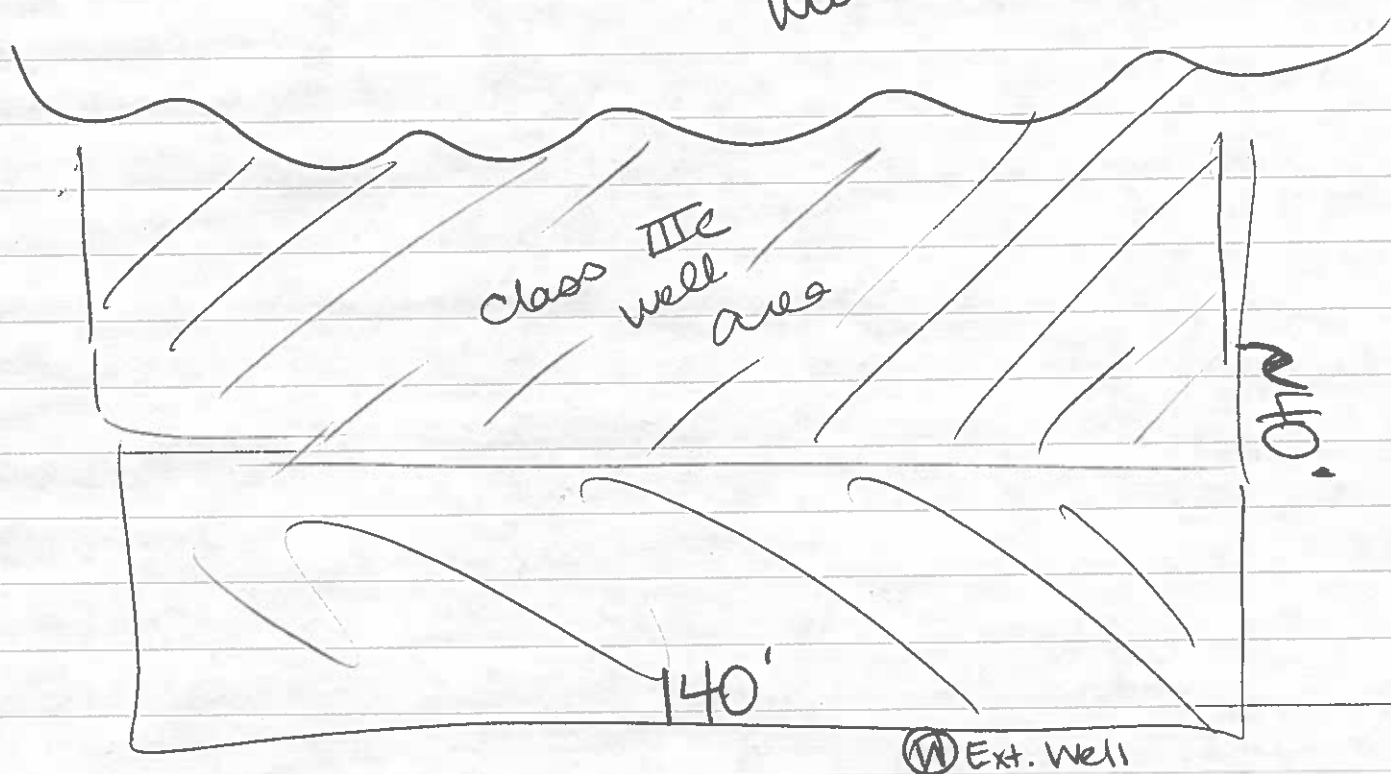
ID# 104-11-0135W



Heartland blueberries -
10 plants @ .55

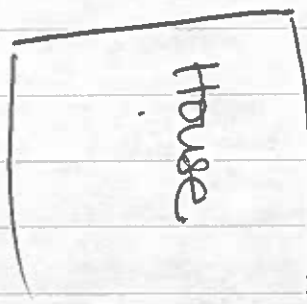
below -
dark side
above -
full moon

woods.



Kenneth Sites -
Well Driller

Garden
Area



DF
area

Call Bill going
out the
head
Bill

Commonwealth of Virginia

Application for: ☐ Sewage System ☒ Water Supply

Owner Amanda deColigny

Mailing Address PO Box 628

Amherst, VA 24521

Agent _____

Mailing Address _____

Site Address 243 Huff Creek Trail

Amherst VA 24521

Directions to Property: 60W Emmonitor right on Huff Creek left into drive

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 81-A-40 Other Property Identification _____

LD# 009A19478
VDH Use Only
Health Department ID# 104/110135W
Due Date _____
Phone 946 7574 day
946 7176 evening
Fax _____
Phone 942 8667 cell
Phone _____
Fax _____



Sewage System (New Construction)
Construction permits are valid for 18-months. Owners are advised to apply for a construction permit if they intend to build within 18 months of completing this application. Certification letters do not expire, may be recorded in the land records, and transfer with a property sale. For which are you applying? ☐ Certification Letter ☐ Construction Permit

Sewage System (Existing Construction)
Check all that apply: ☐ Repair ☐ Modification ☐ Expansion ☐ Replacement ☐ Upgrade
Do you wish to apply for a betterment loan eligibility letter? _____ If yes, there is a \$50.00 fee for determination of eligibility.

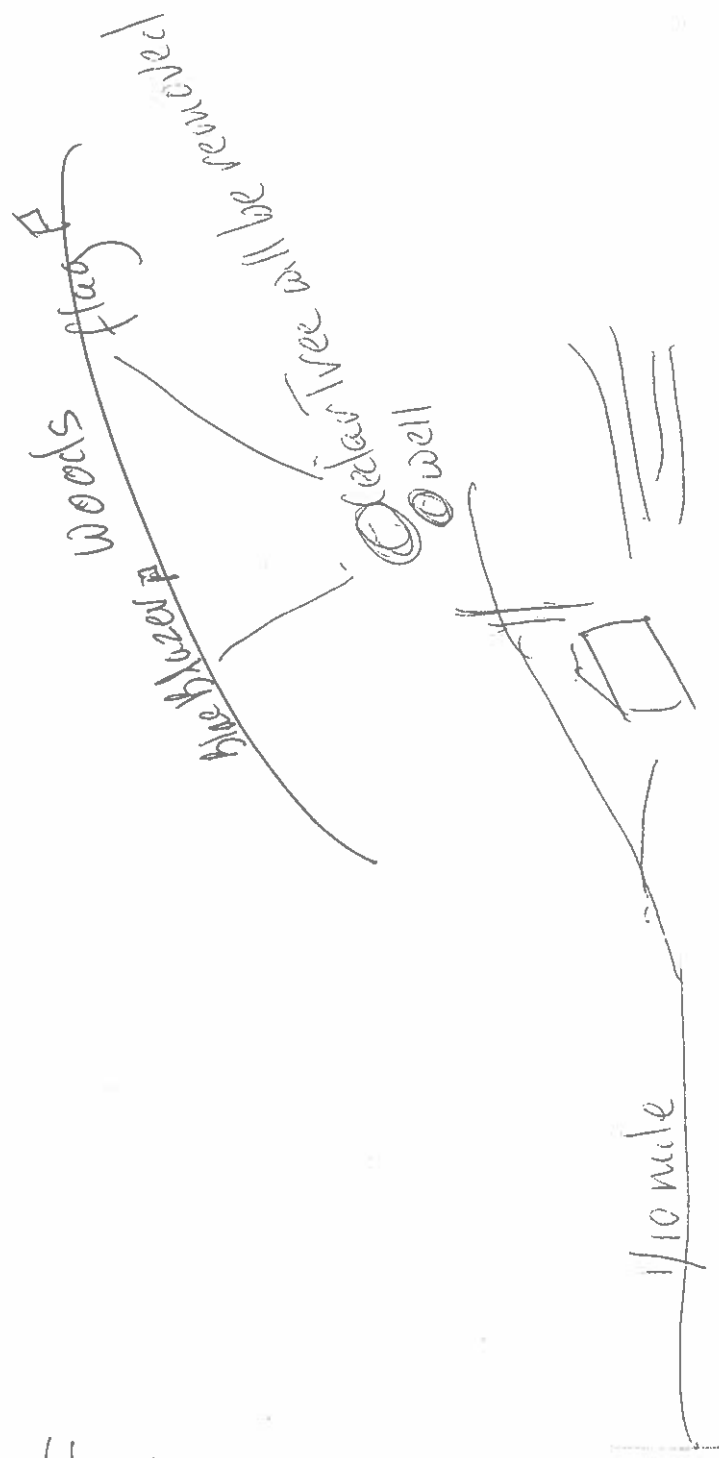
Sewage System (New or Existing Construction)
☐ Single Family Home (Number of Bedrooms _____) ☐ Multi-Family Dwelling (Total Number of Bedrooms _____)
☐ Other (describe) _____
Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one) Fixtures in Basement? Yes/No (circle one).
Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?
☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of seasonal use ☐ Seasonal or temporary use not to exceed 1 year

Water Supply
Will the water supply be Public or Private (circle one). Is the water supply Existing or Proposed (circle one).
If proposed, is this a replacement well? Yes/No (circle one). Will the old well be abandoned? Yes/No (circle one).
Will any buildings within 50' of the proposed well be termite treated? Yes/No (circle one).

Note: For sewage systems, a plat of the property may be required and a site sketch is always expected. For water supplies, a plat of the property is not required and a site sketch is always expected. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. Your property lines, building location and the proposed well and sewage system sites must be clearly marked and sufficiently visible to see the topography.

I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.
Amanda deColigny Signature of Owner/Agent
9 August, 2011 Date

Stuff Creek Trail





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

Owner Amanda de Coligny Tax Map ID 81-A-40
 Address P.O. Box 628 VDH Permit 104-11-0028W
Amherst Va 24521 WWCB Permit _____
 Phone _____ WWCB ID _____
 Location _____ County Amherst

*** Well Data ***

General Information

Drilling Method Rotary Date Completed 4-1-11 Total Depth of Well 360 ft
 Depth of Bedrock 28 ft Yield 3 (GMP) Length of Test 1 hr
 Static Water Level _____ Stabilized Water Level 50 ft Natural Flow (Rate) _____
 Well Disinfected (Y or N) _____ Disinfectant Used _____ Amount Used _____

Casing

From 42 To 30 ft From _____ To _____ From _____ To _____
 Size 6 in Material PVC Size _____ Material _____ Size _____ Material _____
 Weight/Schedule SOR 27.6 Weight/Schedule _____ Weight/Schedule _____

Gravel Pack

From _____ To _____ From _____ To _____ From _____ To _____

Grout

From 0 To 20 ft From _____ To _____ From _____ To _____
 Bore Hole Size 10 inch Bore Hole Size _____ Bore Hole Size _____
 Type Bentonite Type _____ Type _____
 Method pumped Method _____ Method _____

Water Zones or Screened Intervals

From 65 To 70 ft From 90 To 95 ft From _____ To _____
 Mesh Size _____ Diam _____ Mesh Size _____ Diam _____ Mesh Size _____ Diam _____
 From _____ To _____ From _____ To _____ From _____ To _____
 Mesh Size _____ Diam _____ Mesh Size _____ Diam _____ 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? _____
 If Y, Depth to which casing was removed/ _____
 Applicable, Depth(s), and type of grave/sand fill: _____
 Source of gravel or sand: _____
 Cement: From _____ to _____ From _____ to _____

Method of permanently marking location: _____

*** Drillers Log ***

Depth	Description of Formation or Sediment	Remarks
0-8 ft	Red clay	
8-28 ft	soft brown rock	
28-360 ft	grey rock	

(Use Additional Sheets if necessary)

I certify that the information contained here is true and that this well was installed and constructed in accordance with the permit and further that the well complies with all applicable state and local regulations, ordinances and laws.

Name: KRS Excavating and Well Drilling
Address: 12898 Rockfish River Road
Shipman, VA 22971
Phone: 434-263-6612

Drillers Signature: 
Date: 4-4-18 Representing _____

Virginia Contractors License Number: 2705034631 2719 000205

Private Well Construction Permit
Health Department ID Number: 104-11-0028W

Owner / Agent Information

Owner: J. Amanda deColigny
P. O. Box 628
Amherst, VA 24521
Owner Phone: (434) 946-7176

Pg. 1 of 2

Location Information

Property Address: 243 Huff Creek Trail
Locality: Amherst County
Directions: Rt. 60W, R- E. Monitor Road, R- Huff Creek Trail, drive on L just before DeerField Dr.

Tax Map: 81-A-40

General Information

Well Class: Class IIIC	Minimum Casing Depth: 20 feet	Minimum Grout Depth: 20 feet
-------------------------------	--------------------------------------	-------------------------------------

Comments:

- * Class IIIC well to be 100' + from sewage disposal system or any other potential source of contamination.
- * Mark all utilities prior to drilling well (Miss Utility Dial 811)
- * Class IIIC well must be 50'+ from house foundation.
- * The well casing shall be extended at least 12 inches above grade.
- * The well may not be placed in a low area or an area subject to the collection of pollutants.
- * The well site shall be graded to divert surface water away from the well.
- ** Please submit (GW2) Water Well Completion Report (from well driller) and the Bacteriological Examination to the Health Department.
- ** This Permit is valid for drilling only one (1) well. If Alternate site is desired contact Health Department for approval (prior to drilling) **

This permit is issued based upon a site evaluation conducted by Sarah Lewis, EHS on March 14, 2011.
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.



Issued by: Sarah Lewis

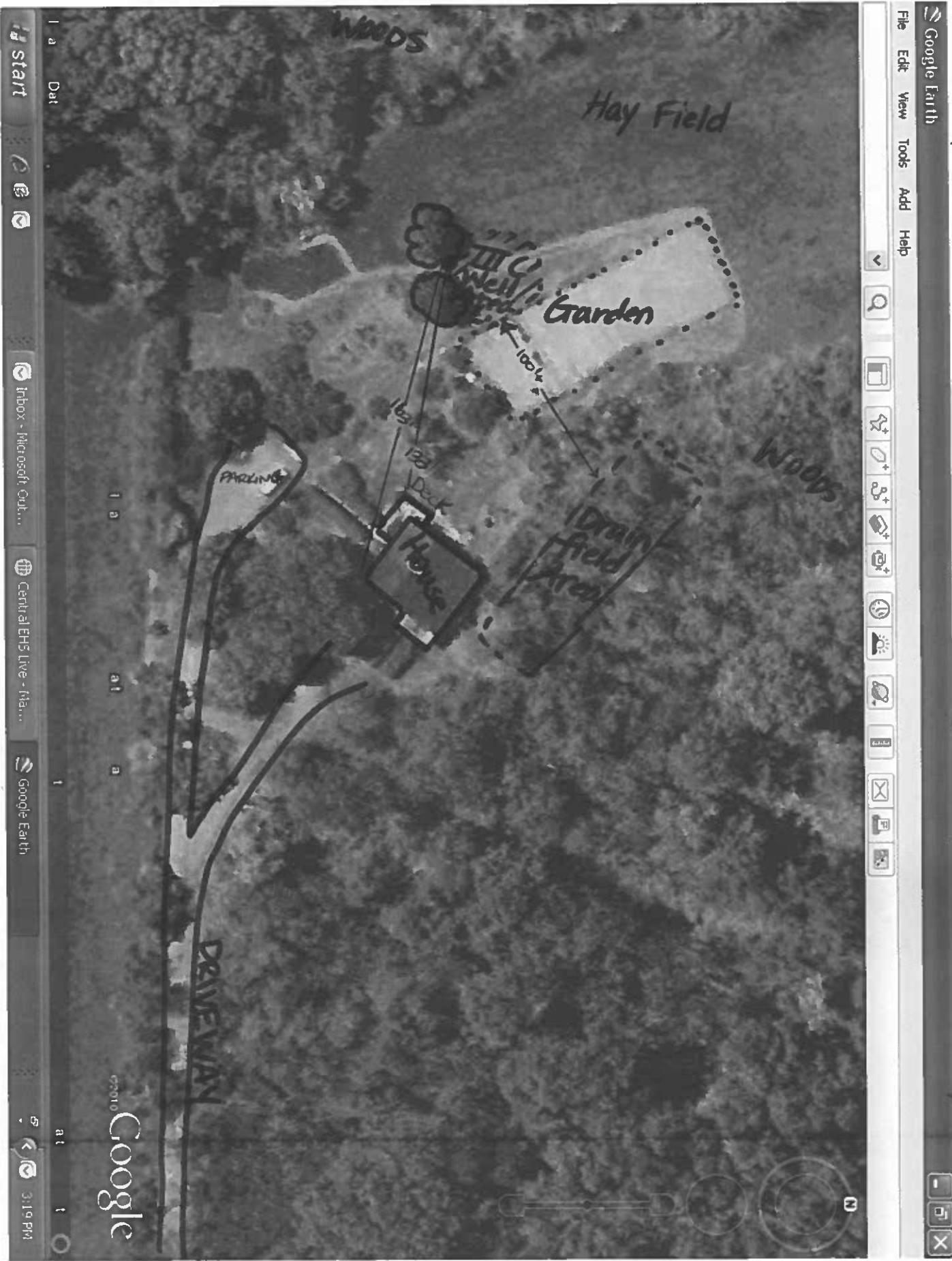
March 14, 2011
Issue Date

September 14, 2015
Expiration Date

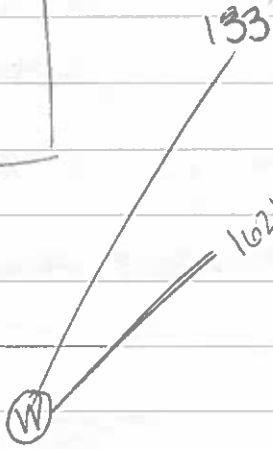
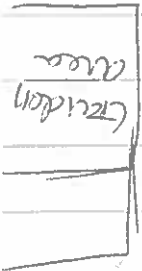
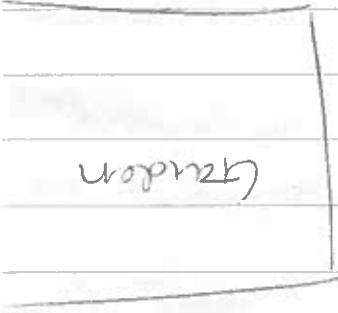
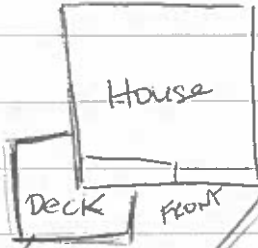
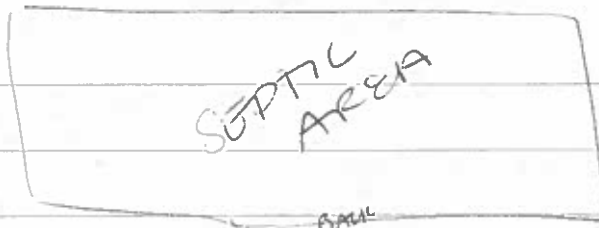
J. Amanda deColigny
243 Huff Creek Trail
Tax Map # 81-A-40

IIIc well Construction Permit
ID# 104-11-0028W

3/14/11
Page 2 of 2



3/14/11



mail permit

WOODS

Ref. #009A19070

Commonwealth of Virginia

Application for: ☐ Sewage System ☒ Water Supply

VDH Use Only
Health Department ID# 104-11-00282
Due Date _____

Owner J. Amanda deCigny

Phone 434 946 7574 work

Mailing Address PO Box 1628
Amherst VA 24521

Phone 434 946 7176 home

Agent _____

Fax _____

Mailing Address _____

Phone going out

Phone *dog*

Fax _____

Site Address 243 Huff Creek Trail
Amherst, VA 24521

Email _____

Directions to Property: West on (d) right on E. Monitor, right on Huff Creek, left into drive

Subdivision _____ Section _____ Block _____ Lot _____

Tax Map 81-A-40 Other Property Identification _____ Dimension/Acreage of Property _____

Sewage System (New Construction)

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☐ Single Family Home (Number of Bedrooms _____) ☐ Multi-Family Dwelling (Total Number of Bedrooms _____)
☐ Other (describe) _____

Basement? Yes/No (circle one). Walk-out Basement? Yes/No (circle one) Fixtures in Basement? Yes/No (circle one).
Conditional permit desired? Yes/No (circle one). If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of seasonal use ☐ Seasonal or temporary use not to exceed 1 year

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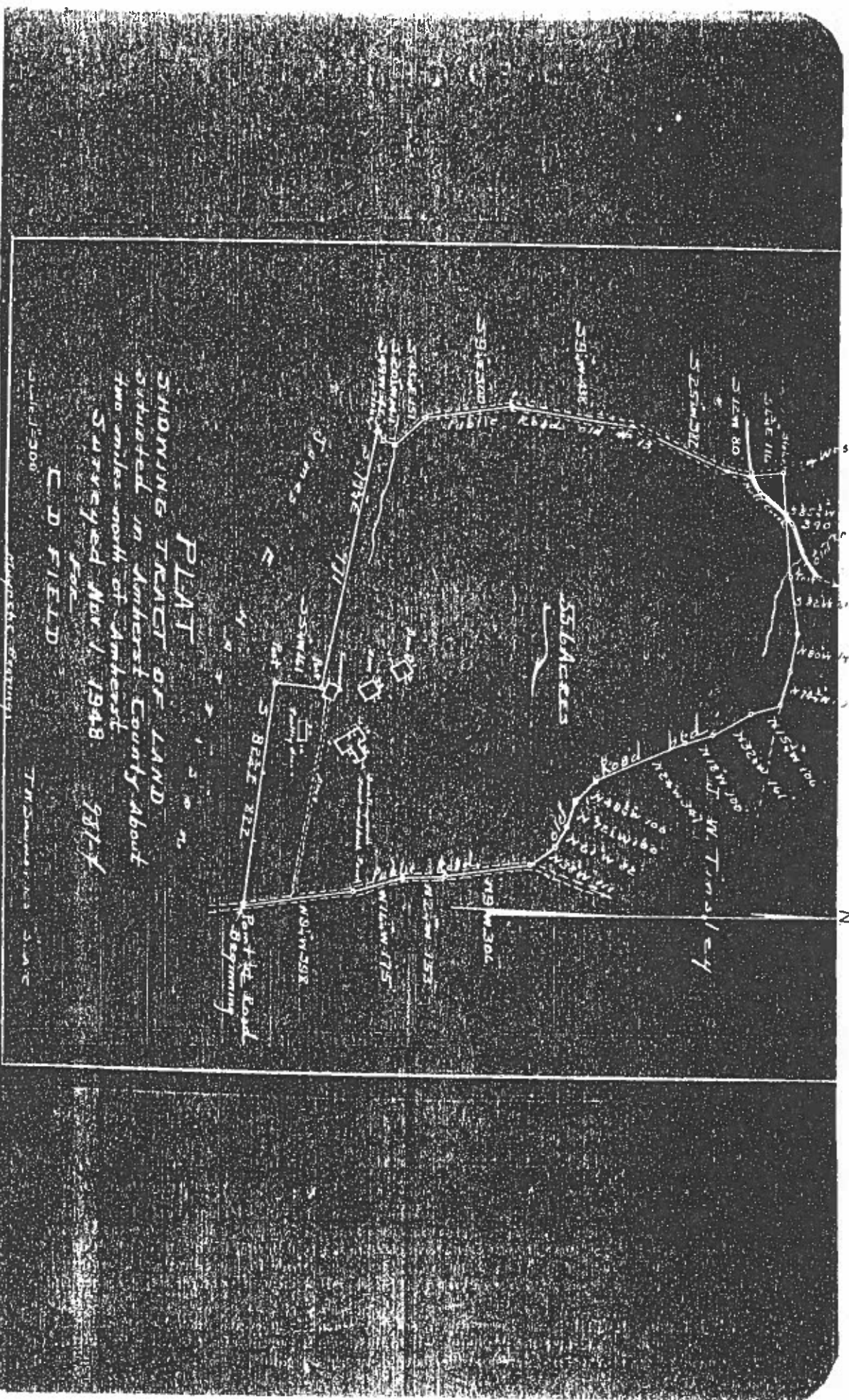
I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved.

J. Amanda deCigny
Signature of Owner/Agent

3/2/11
Date



P.O. Box 638
Amherst, 14



Huff Creek Trail

1/10 mile

1/10 mile



Dead Trees will be removed
Well

Computer Assisted Mass Re-Appraisal Amherst County Property Lookup

02 AMH AMHERST
 Rec# 597 1
 DE COLIGNY AMANDA
 Map No 81 A 40
 Acct 3987 P O BOX 628
 GIS# AMHERST VA
 Acreage 55.600 Class 5 24521 0628

N W OF AMHERST

Property Location:

00243 HUFF CREEK TRL
 AMHERST VA 24521

Parent R#/M#:

81 A 40

Assessed Value			Land Use & Value			
Year	1/01/2008	Type	Acres	Price	Adj	Value
Land	203,300	H/S-C305	1	27,500		33,500
Impr	150,500	PASTURE	12	3,500		42,000
Minrl		WOODED	42.6	3,000		127,800
Tot	353,800					
Use	57,700					
Front	Depth	Dp Fac	Area	Unit	Rate	Adj

Min Val Under Dev-

Min Val Not Under Dev-

Computer Assisted Mass Re-Appraisal Amherst County Property Lookup

02 AMH AMHERST
Rec# 597 1

Property Card Inquiry

COURT HOUSE

DE COLIGNY AMANDA

Map No 81 A 40

Acct 3987

P O BOX 628

GIS#

AMHERST VA

Acreage 55.600 Class 5

24521 0628

N W OF AMHERST

Property Location:

00243 HUFF CREEK TRL

AMHERST VA 24521

81 A 40

Parent R#/M#:

Assessed Value			Land Use & Value			
Year	1/01/2008	Type	Acres	Price	Adj	Value
Land	203,300	H/S-C305	1	27,500		33,500
Impr	150,500	PASTURE	12	3,500		42,000
Minrl		WOODED	42.6	3,000		127,800
Tot	353,800					
Use	57,700					
Front	Depth	Dp Fac	Area	Unit	Rate	Adj

Min Val Under Dev-

Min Val Not Under Dev-

Computer Assisted Mass Re-Appraisal Amherst County Property Lookup

09 AMH	AMHERST	Property Card Inquiry	COURT HOUSE
Rec#	597 1	Map# 81 A 40	DE COLIGNY AMANDA
Record of Prior Ownership (newest to oldest)			
1 DE COLIGNY JULIA SADLER EST		Date: 8/02/1994	Price
C/O NATIONS BANK TRUST		DBk/WBk:	131 419
		Instr#:	
		Date:	Price
		DBk/WBk:	
		Instr#:	
		Date:	Price
		DBk/WBk:	
		Instr#:	
		Date:	Price
		DBk/WBk:	
		Instr#:	
		Date:	Price
		DBk/WBk:	
		Instr#:	

Computer Assisted Mass Re-Appraisal

Amherst County Property Lookup

03 AMH AMHERST	Property Card Inquiry	COURT HOUSE
Rec# 597 1 Map# 81 A 40	DE COLIGNY AMANDA	
Improvement Descriptions:		
Exterior:	Found CINDERBLOCK	Occupancy DWELLING
	Walls FRAME	No. Story 1.50
	Roof Type GABLE	Age 039 1969 Eff Age
	Roofing METAL	Cond A
Interior:	No Rooms 7	Class C
	Bd Rooms 4	Zoning A1
	No Baths 3	No Units
	No 1/2 Bths 0	RLES
	Walls paneled	At Home N 11/28/2006
	Floor WOOD	Neighborhood: 0001
	Heat B. BOARD	Fuel: ELECTRIC A/C: Y SF
	Fireplace 1 #Stacked- 1	#NV-FP/FL- Utility Value: 6,000
	Flue	Gas FP-
	Basemt FULL	%Fin 100 Fin Rate 20.00
	Garage NONE	No cars Carport NONE
	Blt In Garage No Cars	Garage2 No Cars 00
Site:	Right of Way PUBLIC	Water PUBLIC Gas N
	Easement PAVED	Sewer SEPTIC Elec Y
Terrain ON	Char ROLLING/SLOPING Othr Desc	
Remarks		

ID # 104- 99- 0206 W

NAME de Coligny

DATE: COMMENTS/REMARKS:

6/3/99 Can't locate old permit - owner said she was here four years ago. Owner brought in her copy of permit. It was dated 9/15/69 - 10/06/69 - found original and placed in file. Wants permit drawn asap.

6/11/99 After several attempts to contact owner and set up time Eric Royer met Mrs. de Coligny. She declined having Eric draw up permit stating "wants an experienced person."

6/15/99 Steve Simpson spoke with owner at 10:00 am. Declined stating "didn't have time."

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health

Amherst

Health Department

Health Department

Identification Number *#104-99-0206*

Map Reference

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 *J. Amanda de Poligny* Telephone *946-7574*

Address *243 Huff Creek Trail, Amherst VA 24521* Type *III C* Sewage Disposal System or Well to

be constructed on/at *60W, 2 on E. Monitor (689), 7 on Huff Creek (690), 1.5 mi on L*

Subdivision ☐ Section/Block *811A* Lot *40* Actual or estimated water use *N/A*

DESIGN

Water supply, existing: (describe) *public*

To be installed: class *III C*

cased *20'* grouted *20'*

Building sewer:

☐ I.D. PVC Schedule 40, or equivalent.

Slope 1.25" per 10' (minimum).

☐ Other

Septic tank: Capacity ☐ gals. (minimum).

☐ Other

Inlet-outlet structure:

PVC Schedule 40, 4" tees or equivalent.

☐ Other

Pump and pump station:

No ☒ Yes ☐ describe and show design.

if yes:

Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent.

☐ Other

Distribution box:

Precast concrete with ☐ ports.

☐ Other

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

Percolation lines:

Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'.

☐ Other

Absorption trenches:

Square ft. required ☐: depth from ground surface to bottom of trench ☐; aggregate size ☐:

Trench bottom slope ☐;

center to center spacing ☐; trench width ☐;

Depth of aggregate ☐;

Trench length ☐; Number of trenches ☐

NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS

Water supply location: Satisfactory yes ☐ no ☐ comments

Completion Report

G. W. 2 Received: yes ☐ no ☐ not applicable ☐

Building sewer: yes ☐ no ☐ comments
Satisfactory

Pretreatment unit: yes ☐ no ☐ comments
Satisfactory

Inlet-outlet structure: yes ☐ no ☐ comments
Satisfactory

Pump & pump station: yes ☐ no ☐ comments
Satisfactory

Conveyance method: yes ☐ no ☐ comments
Satisfactory

Distribution box: yes ☐ no ☐ comments
Satisfactory

Header lines: yes ☐ no ☐ comments
Satisfactory

Percolation lines: yes ☐ no ☐ comments
Satisfactory

Absorption trenches: yes ☐ no ☐ comments
Satisfactory

Date ☐ Inspected and approved by:

Sanitarian

de Coligny

Health Department
Identification Number #104-99-0206

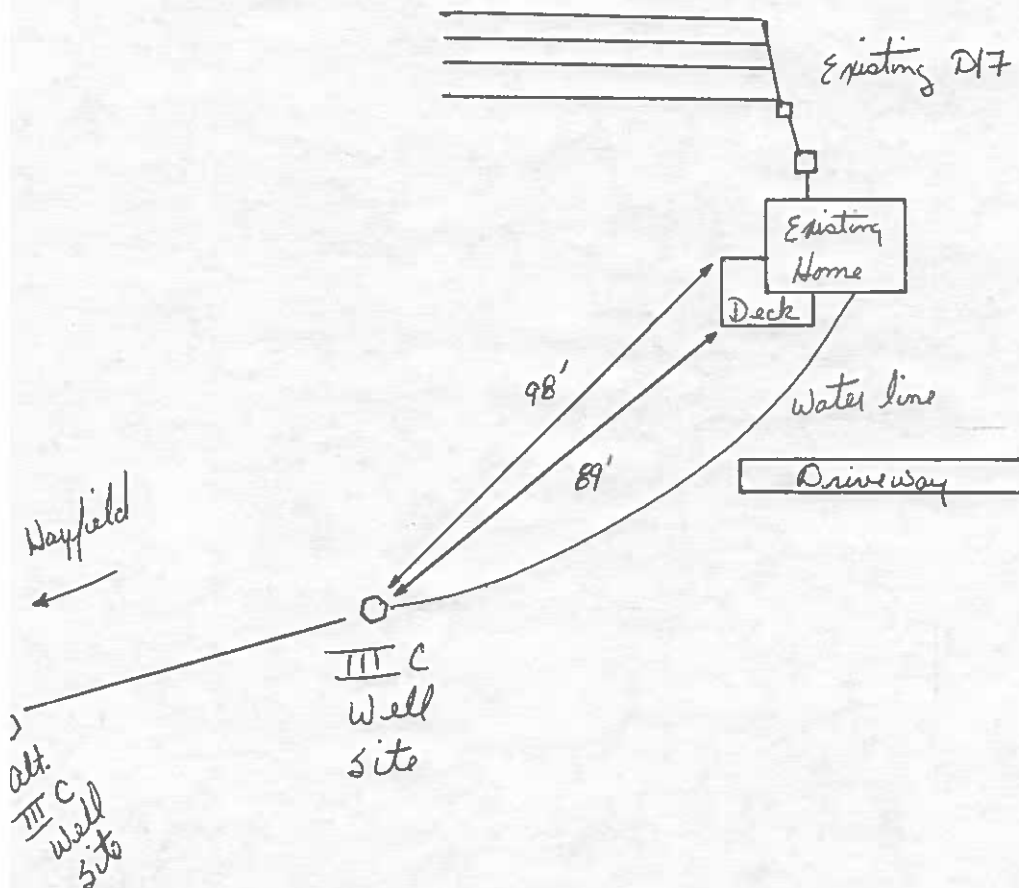
Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the 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.

- ☐ 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.

Not to Scale

Install;
• III C Well
• case 20' ft.
• grout 20' ft.



This 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 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.

Date: 6/18/99 Issued by: P. Wayne Burnett ENSS
Sanitarian

Date: _____ Reviewed by: _____
Supervisory Sanitarian

This Construction
Permit Valid until
12/03

If FHA or VA financing

Reviewed by Date _____ Date _____
Supervisory Sanitarian Regional Sanitarian

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

Health Department ID 104-99-0206W

2769389
pd \$40.00
6/3/99

To Be Completed By The Applicant

Type of sewage system: ☐ New ☐ Repair ☐ Expanded ☐ Conditional
FHA/VA yes ☐ no ☐ Case No.

Owner J. Amanda de Coligny Address 213 Huff Creek Trail Phone 804 946 7574 daytime
Amherst, VA 24521

Agent _____ Address _____ Phone _____

Directions of Property Rt 60 W right on E Monitor right on Huff Creek Trail
1/2 mile turn left into drive

Subdivision _____ Section 81 Block A Lot 40

Other Property Identification _____

Dimension/size of Lot/Property 55.6 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) (Number of Units)

Basement ☒ Yes ☐ No
Fixtures in Basement ☒ Yes ☐ No

III. Commerical Use ☐ Yes ☐ No 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: Well only

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

Date

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

C

Owner Mrs. Colvert G. Dec. 1/17/74 Date 10/6/69 Case No. _____
 Address Amherst Va Phone _____
 (Mailing Address)
 Occupant Same Address _____ Phone _____
 (Mailing Address)
 Exact Location of Premises See permit
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

- (1) LOCATION
 Allotted Area adequate ☒ Yes ☐ No. Distance from nearest lot lines N/A feet. Trees 3 feet. Water Supplies 106 feet. Buildings 10 feet.
- (2) INSTALLATION AND DESIGN
 Installed according to Permit Design ☒ Yes ☐ No. Have additional Household Appliances been added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal ☐ Other None
 (Describe)
- (3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☒ No. If Yes, show adjustments required under "Remarks" below.
- (4) HOUSE SEWER LINE
 Installed ☒ Yes ☐ No. Type of material 4 CI
 Size _____ Inches.
- (5) SEPTIC TANK
 Constructed of Pre-cast Concrete
 (Kind of Material)
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 12 inches. Inside Fittings comply with requirements ☒ Yes ☐ No.
- (6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test ☒ Yes ☐ No. Distribution Box provided with 2-3
 (Number)
 extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 500 square feet. Number of ditches 4 Length of ditches 100 feet. Grade of ditches Minimum 5 Inches per 100 feet. Maximum 6 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No. Type aggregate used Broken stone. Depth of aggregate under Tile 6 inches. Total depth of aggregate 13 inches. Depth of backfill over aggregate 15-24 inches.
- (8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: N/A Yes ☐ No. Was Surface Drainage required ☐ Yes ☒ No. If Yes, has this been provided ☐ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☒ Not required.
- (9) Are follow-up inspections necessary ☐ Yes ☒ No.

Septic Tank Contractor: Gregor Well Drilling Address Lynchburg Va Phone _____
 This Sewage Disposal System (Is) (Inspected) Approved by Amherst County Health Department.
 Date 10/6/69 Signed R. E. Rouse Date _____ Approved _____
 (Sanitarian) (Health Director)
 Date _____ Approved _____ Date _____ Approved _____
 (Advisory Sanitarian) (Reviewing Authority — Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: _____

5

Date 9/15/69

Owner Mrs. Culvert G. Dec 01/1974 Address _____

Occupant Same

**Exact Location
of Premises** _____

Health Department recommends

☒ Dwelling ☐ Other _____
 Actual or potential Bedrooms 3 Actual or estimated Water Consumption 600 gal. per day Automatic Washing Machine
☒ Yes ☐ No Garbage Disposal unit ☐ Yes ☒ No
 Additional wastes _____

DETAILS OF RECOMMENDED SYSTEMS

- (1) WATER SUPPLY Location to be approved by Sanitarian. Type
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well
☒ Other Spring 200-300 ft Cased _____ feet.

Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted _____ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

- (2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No
 Technical Classification UNK Now
 Rough Classification ☐ Sandy ☐ Medium ☒ Clay ☐ Pipe
 Clay. Percolation Test required ☐ Yes ☒ No. Rate _____
 Minutes per inch. Depth of Water Table 107 feet

Surface drainage required ☐ Yes ☒ No _____ Area Drainage
by Lowering Ground Water Table required ☐ Yes ☒ No

- (3) DETAILS OF CONSTRUCTION Watertight Septic Tank of
Precast Concrete Inside Dimensions Length 8 feet.
 (Kind of Material)

Width 4 feet. Liquid Depth 4 feet. Depth of
Air Space 1 feet. Liquid Capacity 1000 gallons.

- (4) HOUSE SEWER LINE Size 4 inches. Type of material required CI. Distance from Water Supply 507 feet.
- (5) SUBSURFACE ABSORPTION FIELD Distribution Box required.

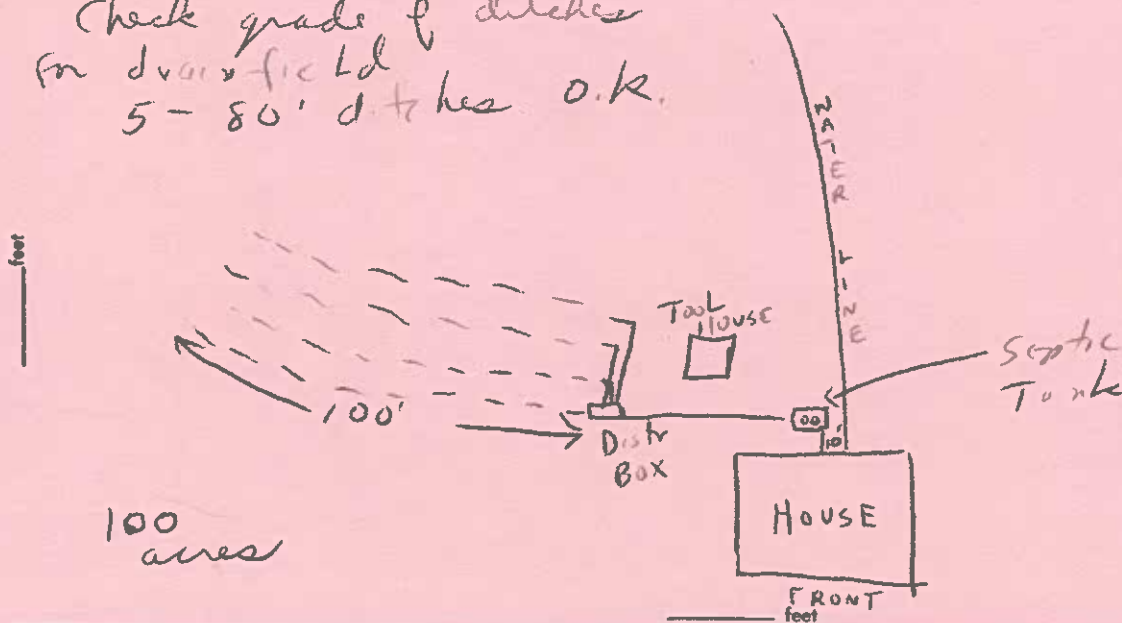
- (5) SUBSURFACE ABSORPTION FIELD Distribution Box required.
Ditches of equal length required.
Number of square feet required 500 Type aggregate
required ☒ Broken Stone ☐ Gravel ☐ Slag. Size range from
 $\frac{1}{2}$ inches to $2\frac{1}{2}$ inches. Depth of aggregate from base of tile
to bottom of ditches 6 inches.

Total aggregate must equal minimum depth of 13 inches or more.

Soil Cover over tile not to exceed 30 inches. Distance from well to septic tank 50 + feet; distance from well to drainfield 100 + 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.

Check grade of ditches
for drain field
5-80' ditches o.k.



Note: Owner or his agent must notify Adams County Health Department, Phone 946 5535 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.

Date _____ Approved _____
LHS - 121 Rev. 1-65

Date 7/15/77 Signed _____

(Sanitarian or Health Director)

TRIPLICATE