

Well/Water System Construction Permit

Loudoun County, Virginia
Division of Environmental Health
777-0234 Metro 478-8408



Health Department Identification Number 1484 FTW 99

Map Reference

0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

General Information Lot 2

New Repair Abandonment Upgrade Well ID.# WWT5-2000-0763
 Based on the application for a well/water supply system construction permit filed in accordance with Chapter 1040, Codified Ordinances, a construction permit is hereby issued to:
 Owner Sycamore, Springs EcoVillage Telephone 301-662-4646
 Address 1726 Shockstown Rd Frederick, MD 21702
 For a well/water system which is to be constructed on/at Take Rt 15 N to Rt 672 W to Rt 668 South. Property is third farm on east side of road.
 Subdivision EcoVillage Section/Block 11/71 Lot 2

DESIGN

Water supply, existing: (describe) N/A

To be installed: class III B
 Cased and Grouted to Bedrock plus 10' or a minimum cased 65' Grouted 65' whichever is greater
 Well Location See Page 2 & 3

I. If well yield as determined by 30 minute airlift test is less than 5 gallons per minute, a pumping test must be performed as follows:

- Pump and related equipment shall be installed and the static water level measured.
- Pumping shall begin at a rate of withdrawal greater than 5 GPM until water level drops to a point close to bottom of the well.
- At this point, the pump rate shall be adjusted so the water level remains constant.
- Measure and record the volume of water discharge and water level (electric tape) at 15 minute intervals throughout the test.
- Discharge water at least 50 feet from the well and sewage disposal area.
- Interruption of pumping longer than 15 minutes shall require extending the pumping time that amount of time.

The well/water system is to be constructed as specified by the permit or attached plans and specifications .

This water system construction permit is null and void if
 (a) conditions are changed from those shown on the application
 (b) conditions are changed from those shown on the construction permit.

NOTE: INSPECTION RESULTS

Water supply location: Satisfactory yes no
 Drillers Report (G.W.2) Received yes no
 Well Construction Approval yes no
 Sanitarian JPW Date 2-17-00 70'
 Well Driller _____ Lic # _____ meas
 Pump Installer _____ Lic # _____
 Chemical Quality Data Received yes no N/A
 Pumping Data Received yes no N/A
 As built sketch on page As permit
 Bacteriological Sample Received yes no
 Water System Approved yes no
 Sanitarian _____ Date _____

II. Criteria for approval of well and well yield are as follows:
 The well must produce a:

- Minimum of 1 gallon per minute for 6 continuous pumping hours after the well has been pumped out according to Part I, Sec. B of this permit.
- The pump test can be terminated early and well yield considered adequate if:
 - The well cannot be pumped out as stated in Part I B of this permit.
 - The Well yields 2.5 gpm or greater for 3 hours of continuous pumping after Part I B of this permit is completed.
- Sufficient storage and yield may be considered for approval.
- Person conducting the pump test shall collect a sample to be analyzed for constituents described in Codified Ordinances of Loudoun County Title 4, Chapter 1040, Appendix III.
- Replacement wells are exempt from this requirement.

Date: 1-2-2000 Issued by: [Signature]
 Sanitarian

Date: 1/4/00 Reviewed by: [Signature]
 Supervisory Sanitarian

This Construction Permit Valid until
<u>1-2-2001</u>

Wells located in the open space must have a surveyed easement of 50' Diameter.

Water lines must have 10' wide easement

TAX MAP NUMBER 11/71 ^{LOT 2} APPLICATION NUMBER 1484 FTU 99

OWNER Crowllye DATE 1-2-2000

SEWAGE DISPOSAL CONSTRUCTION PERMIT WATER SUPPLY CONSTRUCTION PERMIT - Drilled Well

LOC. 1 LOC. 1

This system is designed for a bedroom house with a maximum use of gallons per day.

Class IIIb Private Minimum case and grout feet. 65

Satisfactory bacteriological sample required prior to occupancy or well use.

 Class IIIc Private Minimum case and grout 20 feet, or bedrock + 10 feet, whichever is greater.

Required source capacity gallons per day.

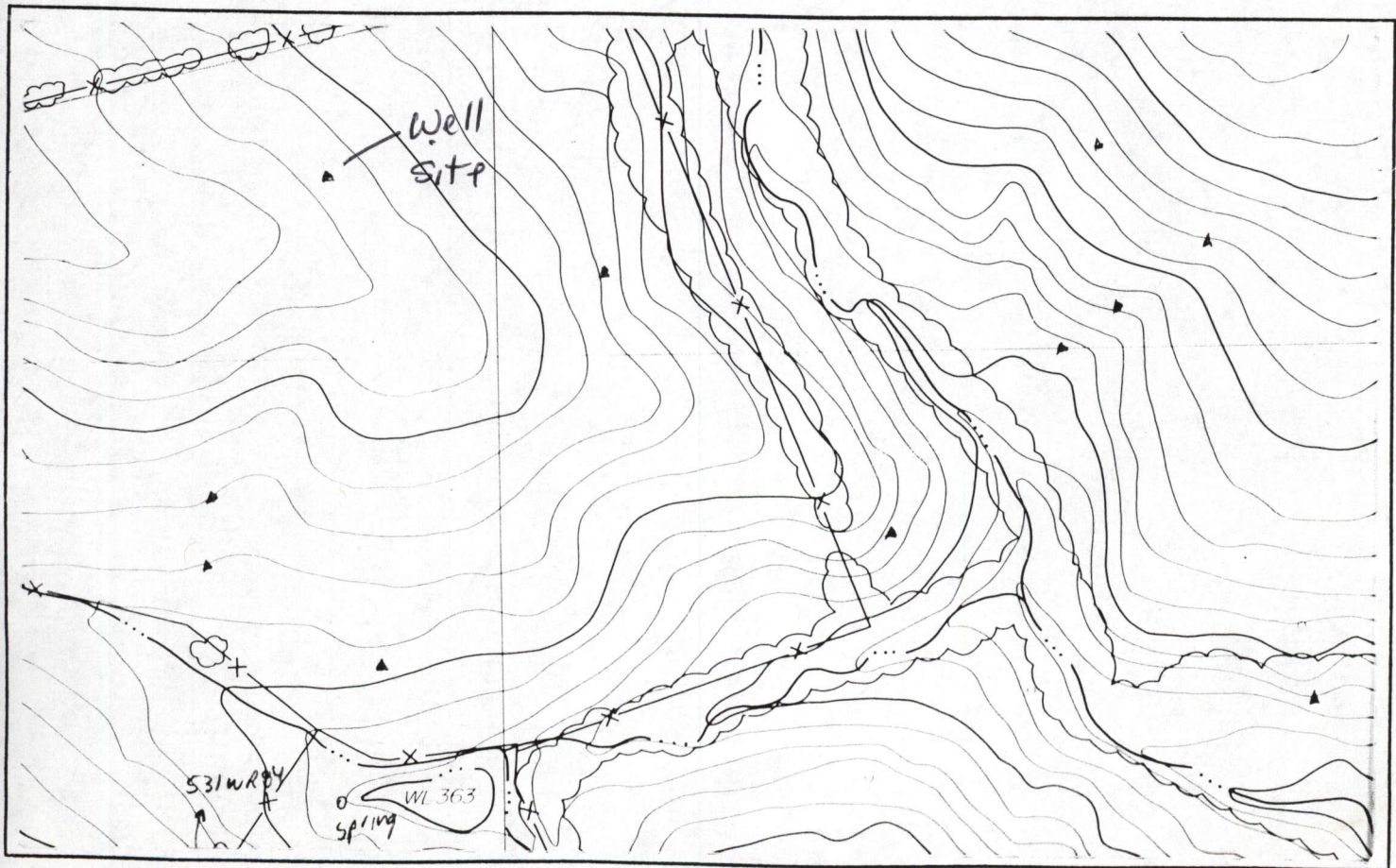
 Class IIB Other

SCALE 1" = 200' (1:2400)

PLANIMETRIC MAP 257

MAP SOURCE Loudoun County Photogrammetric Base Maps USGS 7-1/2 Minute Quadrangle Sheets, Enlarged

LOUDOUN COUNTY PHOTOGRAMMETRIC BASE MAPS ARE PROTECTED BY COPYRIGHT; REPRODUCTION OF THESE MATERIALS IS STRICTLY PROHIBITED BY FEDERAL LAW. USGS MATERIALS ARE NOT UNDER COPYRIGHT. Produced by Loudoun Co. Cartographics Div., 777-0515.





GENERAL WELL SYSTEM INSTALLATION REQUIREMENTS

- * This permit is null and void if the site conditions are changed from those shown on the application or this permit.
- * The well must be located and drilled as permitted, maintaining the specified setback distances and casing and grout requirements.
- * The well installation area should not be physically altered (vehicular traffic, cutting, filling, etc.) prior to the well system installation.
- * The Well Contractor must be licensed by the Loudoun County Health Department to install water supply systems.
- * A satisfactory Health Department inspection is required for the well construction and location prior to grouting.
- * Contact the Health Department if there are any questions regarding system location.
- * A reinspection fee is required prior to scheduling reinspections.
- * All roof drainage should be diverted away from the well.
- * It is the owner's and builder's responsibility to ensure that the house and/or structures are located such that set back requirements to existing or proposed wells and/or drainfields are met by this lot and all neighboring properties. (If a water supply is within 200' from the proposed house site, please contact this Department for setback verification).
- * The well must be 50 feet (minimum) from all structures, unless constructed of solid masonry without termite treatment. Wells downslope of potential pollution sources must be placed at further distances or additional casing and grout is required.
- * If pit privies, septic tanks, cesspools, drainfields, underground storage tanks or other pollution sources or pertinent features are discovered within 100' of the proposed well installation, but are not shown on the permit sketch, please contact the Health Department immediately. **DO NOT** proceed with construction until, or unless, clearance is granted by the Department.
- * The well must be located 50 feet (minimum) from all septic tanks.
- * Additional casing and grout or setback distance is required for wells placed downslope of septic systems, structures and other actual/potential pollution sources. Contact the Health Department regarding minimum casing and grout requirements concerning downslope sited wells.
- * The well cannot be placed less than 50 feet from any sewer line, force main, or conveyance line unless special precautions are taken.
- * The well must be installed 10 feet (minimum) from all property lines.

Water Resources KP Date: 9-8-03
GIS KP Date: 9-5-03
LMIS _____ Date: _____

WATER WELL DATA

Property Tax map #: 11 23 2
 SEC IN DC BL LOT# S

MCPI #: 257389103

Permit #: 1484 FTW 99

Well ID #: WNIS-2000-0763
 Source Code Date Code Sequence #

Hydro Study ID#: _____

Plan-map #: 257

Construction Completion Date: 2/5/00 Well Status: Act
 mm dd yyyy

Inspection Approval Date: 2/17/00 Drilling Contractor: S&M
 mm dd yyyy

Total Depth: 380 feet bls

Depth to Bedrock: 25 feet bls

Casing Diam.: 6 inches

Total Yield: 10 gpm

Grout Depth: 70 feet bls

Yield Test Duration: 3 hrs

Casing Bottom Depth: 73 feet

Static Water Level Depth: 40 feet bls

Primary Yield: 8 gpm

Primary Water Zone: 365 feet bls

Secondary Yield: 2 gpm

Secondary Water Zone: 140 feet bls

Tertiary Yield: ✓ gpm

Tertiary Water Zone: ✓ feet bls

Well Completion Report Received (GW2)? Y / N

Artesian Flow? Y / N

Formation Cavities Encountered? Y / N

Modification Permit #: _____ Type of Modification: _____

Date of Modification: _____ / _____ / _____
 mm dd yyyy

Well Completion Report Received (GW2)? Y / N

* Note: Well located off site on lot PIN#: 257-39-6242

Form GW-2
1978-10,000

COMMONWEALTH OF VIRGINIA WATER WELL COMPLETION REPORT (Certification of Completion/County Permit)

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

• BWCM No. _____

County/City Loudoun

Virginia Plane Coordinates

_____ N
_____ E

Latitude & Longitude
_____ N
_____ W

• Topo. Map No. _____
• Elevation _____

• Formation _____

• Lithology _____

• River Basin _____

• Province _____

• Type Logs _____

• Testings _____

• Water Analysis _____

• Aquifer Test _____

County/City Stamp

• Owner Sycamore Springs Ecovillage

• Well Designation or Number _____
Address 7726 Shookstown Rd
Frederick MD 21702

Phone 307-662-4646

• Drilling Contractor SINGHAS & MICHAEL CORP.

Address 165 Lindey Lane
RRRRVTTT.E, VA 22611

Phone 540-955-3582

SWCB Permit _____
County Permit 1484 FTW 99

Certification of inspecting official.
This well does _____ does not
meet code/low requirements.
S. _____
Date _____

For Office Use

Tax Map I.D. No. 11/771/2
Subdivision Ecovillage
Section 17777
Block _____
Lot 2
Class Well I _____ 11A _____
11B _____ 11B yes
11C _____ 11D _____ 11E _____

WELL LOCATION: 15N (feet/miles 672 West direction) of to 668 South, Property is
and _____ (feet/miles) (direction) of third farm on east side of road
(If possible please include map showing location marked)

Date started 2/3/00 • Date completed 2/5/00 Type rig ROTARY

WELL DATA: New yes Reworked _____ Deepened _____

• Total depth 380 ft.

• Depth to bedrock 25 ft.

• Hole size (Also include reamed zones)

- 10 inches from 0 to 72 ft.
- 6 inches from 72 to 380 ft.
- _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

- 6 inches from +1 to 73 ft.
Material steel
Wt. per foot 13 or wall thickness .188 in.
- _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
- _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.

• Screen size and mesh for each zone (where applicable)

- _____ inches from _____ to _____ ft.
- Mesh size _____ Type _____
- _____ inches from _____ to _____ ft.
- Mesh size _____ Type _____
- _____ inches from _____ to _____ ft.
- Mesh size _____ Type _____
- _____ inches from _____ to _____ ft.
- Mesh size _____ Type _____

• Gravel pack

- From _____ to _____ ft.
- From _____ to _____ ft.

Grout

- From 0 to 65 ft. Type pressure benseal
- From _____ to _____ ft. Type _____

2. WATER DATA • Water temperature 56 °F

- Static water level (unpumped level-measured) 40 ft
- Stabilized measured pumping water level _____ ft
- Stabilized yield 10 gpm after 3 hours
- Natural Flow: Yes _____ No no flow rate _____ gpm
- Comment on quality clear

3. WATER ZONES: From 140' ~~xxxx~~ 2 gpm
From 365' ~~xxx~~ 8 gpm From _____ To _____
From _____ To _____ From _____ To _____

4. USE DATA.

Type of use: Drinking yes Livestock Watering _____
Irrigation _____ Food processing _____ Household yes
Manufacturing _____ Fire safety _____ Cleaning _____
Recreation _____ Aesthetic _____ Cooling or heating _____
Injection _____ Other _____

• Type of facility: Domestic yes Public water supply _____
Public institution _____ Farm _____ Industry _____
Commercial _____ Other _____

5. PUMP DATA: Type _____ • Rated H.P. _____
• Intake depth _____ • Capacity _____ at _____ head

6. WELLHEAD: Type well seal _____
Pressure tank _____ gal. Loc. _____
Sample tap _____ Measurement port _____
Well vent _____ Pressure relief valve _____
Gate valve _____ Check valve (when required) _____
Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfected _____ yes _____ no
Date _____ Disinfectant used _____
Amount _____ Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____
Casing pulled yes _____ no _____ not applicable _____
Plugging grout From _____ to _____ material _____

BWCM No. _____

Owner Succamore Springs Ecolodge
 1484 FTW 99 11/77 2

9. State law requires submitting to the Virginia State Water Control Board information about groundwater and wells for every well made in the State intended for water, or any other non-exempt well. This information must be submitted whether the well is completed, on standby, or abandoned. Information required includes: an accurately and completely prepared water well completion report, full data from any aquifer pumping tests, drill cuttings taken at ten foot intervals (unless exemption is secured), the results of any chemical analyses, and copies of any geophysical logs. Quarterly pumpage and use reports are required from owners of public supply and industrial wells. County or State permits to drill may be required in some parts of the state. Some counties require submission of a water well completion report. The Virginia State Health Department requires a water well completion report for public supply wells.

10. DRILLERS LOG (use additional Sheets if necessary)			11.	12. DIAGRAM OF WELL CONSTRUCTION (with dimensions)
DEPTH (feet)		TYPE OF ROCK OR SOIL (color, material, fossils, hardness, etc.)	REMARKS (water, caving, cavities, broken, core, shot, (etc.))	Drilling Time (Min.)
From	To			
0'	25	overburden		
25	380	greenstone		
	140	waterbearing formation	2 gpm	
	365'	waterbearing formation	8 gpm	
		waterbearing formation		

13. Well lot dedicated? _____ Size _____ ft. X _____ ft. Well house? _____
 Distance to nearest pollutant source _____ ft., Type _____
 Distance to nearest property line _____ ft. Building _____ ft

14. WATER SERVICE PIPE: Checked under _____ p.s.f. for _____
 minutes. Pipe size _____ inches, Material _____
 Installer _____
 Date _____

15. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

State Water Control Board Regional Offices

Wiley Reg. Off.
 6 North Main Street
 O. Box 268
 Edgewater, Va. 22812
 3-828-2395

Piedmont Reg. Off.
 4010 West Broad Street
 P. O. Box 6616
 Richmond, Va. 23230
 804-257-1006

Winchester Reg. Off.
 8 East Main Street
 O. Box 476
 Kingdon, Va. 24210
 3-628-3183

Tidewater Reg. Off.
 287 Pembrooke Office Park
 Suite 310 Pembrooke No. 2
 Va. Beach, Va. 23462
 804-499-8742

West Central Reg. Off.
 Executive Park
 112 Peters Creek Road
 Snows, Va. 24019
 3-982-7432

Northern Virginia Reg. Off.
 5515 Cherokee Avenue
 Suite 404
 Alexandria, Va. 22312
 703-750-9111

Signature Anna Singhas (Seal) Date 2-7-00
 (Well driller or authorized person)
 License No. W0014

Class B 2705-014285
 EMW WNC Water Well Drillers Contractors

FROM : NATINAL TESTING LABS

PHONE NO. : 4404498585

Mar. 09 2000 11:46AM P9



NATIONAL TESTING LABORATORIES, LTD.
 536 South Mansfield, Ypsilanti, MI 48197-5166
 (440) 449-2525 • Fax (440) 449-8585



Date: 03/09/00 Report #: 1225601 Laboratory ID #: 00417

Client: SINGHAS & MICHAEL CORP
 165 LINDEY LANE
 BERRYVILLE, VA 22611

Date Collected: 02/22/00
 Time Collected: 09:00
 SOURCE: ECOVILLAGE LOT 2
 SYCAMORE SPRINGS ECOVILLAGE
 1726 SHOOKSTOWN RD.
 FREDERICK, MD 21702
 TM: 11/71/2
 ID: 1484 FTW 99

Date received at lab: 02/23/00

Time received at lab: 10:30

NOTE: "*" The MCL (Maximum Contaminant Level) or an established guideline has been exceeded for this contaminant.
 "xk" Bacteria results may be invalid due to lack of collection information or because the sample has exceeded the 30-hour holding time.
 "ND" This contaminant was not detected at or above our stated detection level.
 "NBS" No bacteria submitted. "NBR" No Bacteria Required.
 "P" = PRESENCE "A" = ABSENCE
 "EP" = E. COLI PRESENCE "EA" = E. COLI ABSENCE

Analysis Performed	MCL (mg/l)	Det. Level	Level Detected
Total coliform		P P	NBS
Inorganic chemicals - metals:			
Aluminum	0.2	0.1	ND
Arsenic	0.05	0.020	ND
Barium	2	0.30	ND
Cadmium	0.005	0.002	ND
Chromium	0.1	0.010	ND
Copper	1.3	0.004	ND
Iron	0.3	0.020	0.31*
Lead	0.015	0.002	ND
Manganese	0.05	0.004	0.26*
Mercury	0.002	0.001	ND
Nickel	0.1	0.02	ND
Selenium	0.05	0.020	ND
Silver	0.1	0.002	ND
Sodium	---	1.0	12
Zinc	5	0.004	0.009

OK Sat. Eva 10-17-14

FROM : NATIONAL TESTING LABS

PHONE NO. : 4404498585

Mar. 09 2000 11:46AM P10



NATIONAL TESTING LABORATORIES, LTD.
 556 South Mansfield, Ypsilanti, MI 48197-5166
 (440) 449-2525 • Fax (440) 449-8585



Page 2. Sample code: 1225601

Analysis performed	MCL (mg/l)	Detection Level	Level Detected
--------------------	---------------	--------------------	-------------------

Inorganic chemicals - other, and physical factors:

Alkalinity (Total as CaCO ₃)	---	20	95
Chloride	250	5.0	7.0
Fluoride	4	0.5	ND
Nitrate as N	10	0.5	ND
Nitrite as N	1	0.5	ND
Sulfate	250	5.0	20
Hardness (as CaCO ₃)	---	10	79
pH (Standard Units)	6.5-8.5	---	7.3
Total Dissolved Solids	500	20	120
Turbidity (Turbidity Units)	1.0	0.1	2.5*
Corrosivity	---	---	-0.76
Foaming Agents	0.5	---	ND

Organic chemicals - trihalomethanes:

Bromoform	0.080	0.004	ND
Bromodichloromethane	0.080	0.002	ND
Chloroform	0.080	0.002	ND
Dibromochloromethane	0.080	0.004	ND
Total THMs	0.080	0.002	ND

FROM : NATIONAL TESTING LABS

PHONE NO. : 4404498585

Mar. 09 2000 11:46AM P11



NATIONAL TESTING LABORATORIES, LTD.
556 South Mansfield, Ypsilanti, MI 48197-5166
(440) 449-2525 • Fax (440) 449-8585



Page 3. Sample code:1225601.

Analysis performed	MCL (mg/l)	Detection Level	Level Detected

Organic chemicals - volatiles:			

Benzene	0.005	0.001	ND
Vinyl Chloride	0.002	0.001	ND
Carbon Tetrachloride	0.005	0.001	ND
1,2-Dichloroethane	0.005	0.001	ND
Trichloroethene	0.005	0.001	ND
1,4-Dichlorobenzene	0.075	0.001	ND
1,1-Dichloroethene	0.007	0.001	ND
1,1,1,-Trichloroethane	0.2	0.001	ND
Bromobenzene	---	0.002	ND
Bromomethane	---	0.002	ND
Chlorobenzene	0.1	0.001	ND
Chloroethane	---	0.002	ND
Chloromethane	---	0.002	ND
2-Chlorotoluene	---	0.001	ND
4-Chlorotoluene	---	0.001	ND
Dibromochloropropane (DBCP)	---	0.001	ND
Dibromomethane	---	0.002	ND
1,2-Dichlorobenzene	0.6	0.001	ND
1,3-Dichlorobenzene	0.6	0.001	ND
Dichlorodifluoromethane	---	0.002	ND
1,1-Dichloroethane	---	0.002	ND
Trans-1,2-Dichloroethene	0.1	0.002	ND
cis-1,2-Dichloroethene	0.07	0.002	ND
Dichloromethane	0.005	0.002	ND
1,2-Dichloropropane	0.005	0.002	ND
trans-1,3-Dichloropropene	---	0.002	ND
cis-1,3-Dichloropropene	---	0.002	ND
2,2-Dichloropropane	---	0.002	ND
1,1-Dichloropropene	---	0.002	ND
1,3-Dichloropropene	---	0.002	ND
Ethylbenzene	0.7	0.001	ND
Ethylenedibromide (EDB)	---	0.001	ND
Styrene	0.1	0.001	ND

This report cannot be reproduced, except in full, without the written approval of National Testing Laboratories, Ltd.



NATIONAL TESTING LABORATORIES, LTD.
556 South Mansfield, Ypsilanti, MI 48197-5166
(440) 449-2525 • Fax (440) 449-8585



Page 4. Sample code:1225601

Analysis performed	MCL (mg/l)	Detection Level	Level Detected
1,1,1,2-Tetrachloroethane	---	0.002	ND
1,1,2,2-Tetrachloroethane	---	0.002	ND
Tetrachloroethene (PCE)	0.005	0.002	ND
1,2,4-Trichlorobenzene	0.07	0.002	ND
1,2,3-Trichlorobenzene	---	0.002	ND
1,1,2-Trichloroethane	0.005	0.002	ND
Trichlorofluoromethane	---	0.002	ND
1,1,3-Trichloropropane	---	0.002	ND
Toluene	1	0.001	ND
Xylene	10	0.001	ND

Organic chemicals - pesticides, herbicides and PCBs

Alachlor	0.002	0.001	ND
Atrazine	0.003	0.002	ND
Chlordane	0.002	0.001	ND
Aldrin	---	0.002	ND
Dichloran	---	0.002	ND
Dieldrin	---	0.001	ND
Endrin	0.002	0.0001	ND
Heptachlor	0.0004	0.0004	ND
Heptachlor Epoxide	0.0002	0.0001	ND
Hexachlorobenzene	0.001	0.0005	ND
Hexachlorocyclopentadiene	0.05	0.001	ND
Lindane	0.0002	0.0002	ND
Methoxychlor	0.04	0.002	ND
PCBs	0.0005	0.0005	ND
Pentachloronitrobenzene	---	0.002	ND
Silvex(2,4,5-TP)	0.05	0.005	ND
Simazine	0.004	0.002	ND
Toxaphene	0.003	0.001	ND
Trifluralin	---	0.002	ND
2,4-D	0.07	0.010	ND

THESE TEST RESULTS MAY BE USED FOR COMPLIANCE PURPOSES IN
LOUDOUN COUNTY, VIRGINIA.

James C. Bahen

James C. Bahen, Lab Director

This report cannot be reproduced, except in full, without the written approval of National Testing Laboratories, Ltd

LOUDOUN COUNTY HEALTH DEPARTMENT

APPLICATION FOR: SEWAGE DISPOSAL WELL PERMIT BOCA
 SEPTIC REPAIR WELL/SEPTIC ABANDONMENT
 CERTIFICATION LETTER

APPLICANT Grady O'Rear HOME TELEPHONE 301-662-4646
 MAILING ADDRESS 1726 Shookstown Rd. OFFICE TELEPHONE 301-662-4646
Frederick, MD 21702

OWNER Sycamore Springs Eco Village, LLC TELEPHONE 301-662-4646
 MAILING ADDRESS 1726 Shookstown Road
Frederick, MD 21702

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG) Take Rt 15 N to Rt 672 W to Rt 668 South. Property is third farm on east side of road.

PROPERTY IDENTIFICATION NUMBER: SEC. _____ ALPHA _____ DC _____ BLOCK _____ LOT #2
 (IF APPLICABLE) NAME OF SUBDIVISION: Eco Village PIN # _____

ACRES AND/OR SQ. FT. IN THIS PARCEL: 90 ATTACH SITE PLAN (SKETCH) ON FORM PROVIDED.
(approximate)

TYPE OF SEWAGE DISPOSAL: _____
 PROPOSED PUBLIC SEWER (SYSTEM: _____)
 EXISTING SEPTIC TANK DRAINFIELD SYSTEM
 REPAIR OTHER (DESCRIBE: _____)
 INTERMITTENT

TYPE OF WATER SUPPLY: _____
 PROPOSED PUBLIC-CENTRAL (SYSTEM NAME: _____)
 EXISTING PRIVATE DRILLED WELL
 OTHER (DESCRIBE: _____)

TYPE OF CONSTRUCTION: _____
 PROPOSED SINGLE FAMILY DWELLING
 EXISTING COMMERCIAL
 REMODELING OTHER } → ATTACH A COMPLETE DESCRIPTION OF ALL
 (DESCRIBE) ACTIVITIES - INCLUDE NO. OF EMPLOYEES,
 ETC., AND ALL OTHER PERTINENT
 INFORMATION

CONSTRUCTION INFORMATION:
 Number of marketable bedrooms _____
 Will foundation be chemically treated for termites YES NO
 Will plumbing fixtures be installed in basement YES NO

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPT. NO YES
 IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.) approved hamlet hydro study

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.

IF THE APPLICANT IS OTHER THAN THE LEGAL OWNER OF THE PROPERTY AT THE TIME APPLICATION IS MADE, THEN THE LEGAL OWNER MUST SIGN, THEREBY GIVING CONSENT TO THE AGENTS OF THE COUNTY TO ENTER ONTO THE PROPERTY AND MAKE SUCH TESTS AS ARE NECESSARY AND/OR REQUIRED.

APPLICANT SIGNATURE Grady O'Rear
 DATE 11-17-99
 LEGAL OWNER Grady O'Rear, General Manager
 DATE 11-17-99

ATTACH SITE PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
 1 HARRISON STREET, S.E., LEESBURG, VA 20175

(FOR OFFICIAL USE ONLY)
 RECEIVED AND ACCEPTED _____ DATE 11-17-99 INITIAL [Signature] SYSTEM TYPE _____
 SITE VISIT 12-1-99 _____ PLANS RECEIVED _____ FHAVA NO. _____
 SOIL EVALUATION _____ INITIAL [Signature] ENGINEER'S NAME _____
 APPROVED/DENIED 1-2-2000 _____ TELEPHONE NO. _____
 COMMENTS: _____ OTHER APPROVAL REQUIRED _____

DATE: 11-17-99 FEE PAID YES NO
 APPLICATION NUMBER: 1484 FTW99 (ATTACH RECEIPT)
 PLANIMETRIC MAP-NUMBER _____

NOTE: COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL BE RETURNED (CALL (703) 777-0234 FOR ASSISTANCE)

COUNTY OF LOUDOUN, VIRGINIA
 VIRGINIA DEPARTMENT OF HEALTH - ENVIRONMENTAL SERVICES
 LEESBURG, VIRGINIA

RECEIPT NO. **09331**

11-17 19 99

RECEIVED FROM Sycamore Springs Ec Village
Four thousand forty and xx/100 DOLLARS

FOR well permit

TC - IND - OBJ	AMOUNT	TC - IND - OBJ	AMOUNT	<input type="checkbox"/> CASH	<input checked="" type="checkbox"/> CHECK NO. <u>1094</u>
101-680207-0433	\$ _____	101-680207-0486	\$ _____	101-680207-0492	\$ _____
101-680207-0444	\$ <u>4,040.00</u>	101-680207-0487	\$ _____	101-680207-0711	\$ _____
101-680207-0445	\$ _____	101-680207-0488	\$ _____	101-680207-0772	\$ _____
101-680207-0447	\$ _____	101-680207-0489	\$ _____	101-680207-0766	\$ _____
101-680207-0448	\$ _____	101-680207-0490	\$ _____	101-680207-0800	\$ _____
101-680207-0452	\$ _____	101-680207-0491	\$ _____	RECEIVED BY: <u>DDR</u>	

WHITE - PAYOR YELLOW - TRANSMIT PINK - AUDITOR BLUE - AGENCY

060182 11/97

Ref. No. G 055900056

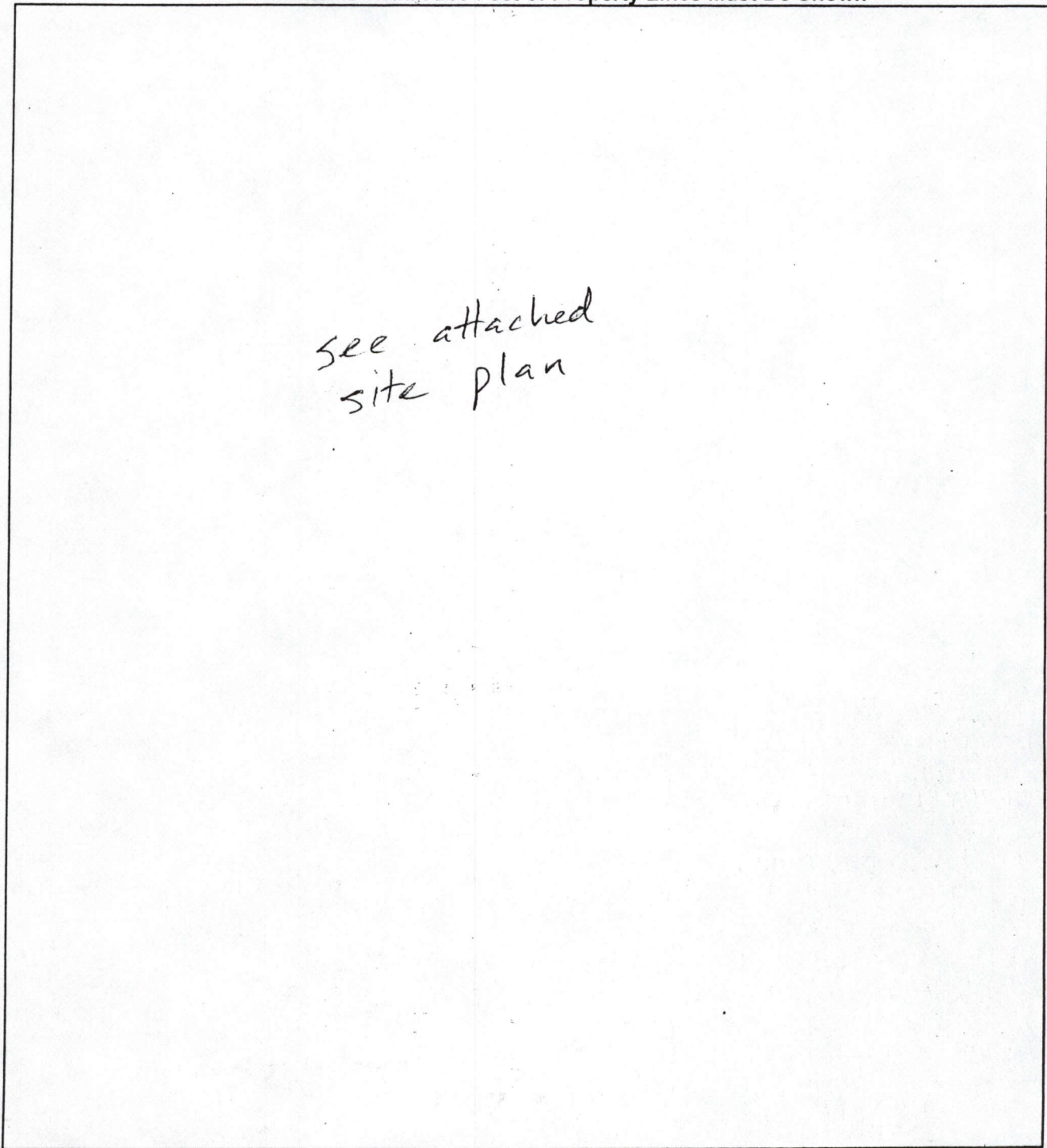
SITE PLAN

All Items Below Are Required To be Shown On the Site Plan

- Property Lines (proposed and existing)
- House & Structures (proposed and existing)
- Sewage System (DF, privy, P & H, discharge, cesspool, etc.) proposed and existing
- Site features, topographical (drainage ways, Swampy areas, rock outcrops, sinkholes, disturbed soil areas, dump sites, fuel tanks, etc.
- Underground utilities (must be field marked) proposed and existing
- Water supply (wells, springs, cisterns, etc.) proposed and existing

SEE APPLICATION PAMPHLET
FOR MORE DETAILS

All Items Within 200 Feet of Property Lines Must Be Shown



I have accurately and clearly shown all required items on this Site Plan.

Owner/Agent *[Signature]* Date 11-17-99