



#25030398

EXCEPTION APPLICATION

CBPEC 25-11

An application for Exception is required for new, non-water-dependent development, redevelopment, and construction within 50' of the Resource Protection Area (RPA). A Water Quality Impact Assessment is required for review of ALL activity in the RPA.

APPLICANT/AGENT INFORMATION:

Name: Kevin O'Connell Phone: 757-903-6969
Mailing Address: 8342 Chestnut Point Lane
City/State/Zip: Hayes, VA 23072
Email: gillian.bura@gmail.com

PROPERTY OWNER INFORMATION:

Pool contractor: L H Outdoors

Name: Same as above Phone: _____
Mailing Address: _____
City/State/ Zip: _____
Email: _____

PROPERTY INFORMATION:

RPC 12597 TM# 51B(2) 15

Tax Map or RPC: 638 E911 Street Address: 8342 Chestnut Point Lane
Date Lot Recorded: 1967 Nearest Water Body: Sarah Creek
Distance to Feature: 67 ft. Sq Ft. of Encroachment: 189 sq ft.

DETAILS OF REQUEST: Removing existing concrete pad and walkway to install 9x21 ft pool w/ 3 ft of permeable paver border

DIRECTIONS TO THE PROPERTY: located on back side of residence

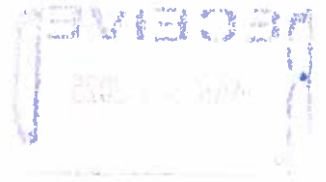
PRIVACY ACT STATEMENT: Information provided in the Chesapeake Bay application will be used in the permit review process and is a matter of public record once the application is filed. Disclosure of the requested information is voluntary, but it may not be possible to evaluate the permit application or to issue a permit if the information requested is not provided.

CERTIFICATION: I am hereby applying for all permits typically issued by Department of Environmental Quality, Virginia Marine Resource Commission, U.S. Army Corps of Engineers, Chesapeake Bay process, and/or Local Boards for the activities I have described herein. I agree to allow the duly authorized representatives of any regulatory or advisory agency to enter upon the premises of the project site at reasonable times to inspect and photograph site conditions, both in reviewing a proposal to issue a permit and after permit issuance to determine compliance with the permit. In addition, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Kevin O'Connell
Printed Name

Kevin O'Connell
Signature

3/28/25
Date



CHESAPEAKE BAY PRESERVATION ORDINANCE

Exception Process Guidance & Application

For CBPEC Activities in the Resource Protection Area (RPA)

Property owners interested in working in the Resource Protection Area (RPA) may be required to request a buffer reduction through the Exception process. The following are general guidelines and are not intended to represent every possible activity within the RPA. Please contact the Department of Environmental Programs for specific inquiries at 804-693-1217, or stop by the office, 6489 Main Street, Gloucester, or visit our website <https://gloucesterva.gov/environmental-programs>.

Exception Process (Preservation & Erosion Commission), defined in Sec. 5.5-14; for variance to requirements for Sec. 5.5-7B and 5.5-9C, requiring Public Hearing: \$275.00 application fee. Meetings held the 2nd Wednesday of each month, application deadline the last working day of the month. Applications available online or in the Department of Environmental Programs.

1. New construction on an undeveloped, non-conforming lot (existing before October 15, 1991) with buildable area outside of the Resource Protection Area.
2. Construction of, additions to, accessory structures (garages, pools, sheds, pads, impervious area, grade alteration, etc.).
3. Construction of, additions to, principal structures within the seaward 50' of RPA (between 0' -50').
4. Reviews, waiver appeals, and violation.

A Water Quality Impact Assessment is required for review of ALL activity in the RPA (Sec. 5.5-11).



Project #: _____

WATER QUALITY IMPACT ASSESSMENT

Required for all development/redevelopment in the Resource Protection Area; CBPO 5.5-1.1

A **site drawing**, which shows the following, must be attached to this water quality impact assessment:

- ☐ Location of the components of the RPA, including the 100' buffer area;
- ☐ Location and nature of any proposed encroachment into the buffer area, including type of paving material, areas of clearing or grading, location of any structures, drives, or other impervious cover, sewage disposal systems or reserve drain field sites, and wells;
- ☐ Type and location of proposed best management practices to mitigate the proposed encroachment;
- ☐ Location of existing vegetation onsite, including the number, type of trees, caliper, and other vegetation to be removed in the buffer to accommodate the encroachment or modifications; and
- ☐ Type, size, and location of replacement vegetation.
- ☐ Setbacks in accordance with Zoning regulations.

APPLICANT/AGENT INFORMATION:

Name: Kevin O'Connell Phone: 757-903-6969
Mailing Address: 8342 Chestnut Point Lane
City/State/Zip: Hayes VA 23072
Email: gillian.bura@gmail.com

PROPERTY OWNER INFORMATION:

Name: Same as above Phone: _____
Mailing Address: _____
City/State/Zip: _____
Email: _____

PROPERTY INFORMATION:

Tax Map or RPC: 638 E911 Street Address: 8342 Chestnut Point Ln
Date Lot Recorded: _____ Nearest Water Body: Sarah Creek

FOR GRANTING EXCEPTION

(Sec. 5.5-14)

Required by Code — please provide any input as to how your project complies.

1. Requirements shall be minimum necessary to afford relief.

Removing ~ 500 sq ft of concrete, replacing w/ 189 sq ft of pool and additional permeable pavers

2. Reasonable and appropriate conditions are imposed, as warranted, that will prevent the allowed activity from causing a degradation of water quality.

Lesser square footage of non-permeable space will be replacing existing concrete

3. Granting waiver will not confer applicant any special privileges that are denied to other property owners subject to its provisions and are similarly situated.

Similar projects have been completed by neighboring residents

4. Waiver is in harmony with purpose and intent of Ordinance and not of substantial detriment to water quality.

5. Waiver not based on self-imposed/created conditions or circumstances.

6. Other findings, as appropriate and required by Gloucester County.

Appropriate horticulture to be included in plan as deemed necessary

Please use additional sheets if necessary for completing the questions above.

Wastewater (Septic) Element:

Attach legible, clean copy of Health Department approval information — to include calculations and dimensions.

Description of potential impacts of the proposed wastewater systems including and proposed mitigated measures for these impacts:

PRIVACY ACT STATEMENT: Information provided in the Chesapeake Bay application will be used in the permit review process and is a matter of public record once the application is filed. Disclosure of the requested information is voluntary, but it may not be possible to evaluate the permit application or to issue a permit if the information requested is not provided.

CERTIFICATION: I am hereby applying for all permits typically issued by the DEA, VMRC, U.S. Army Corps of Engineers, Chesapeake Bay process, and/or local Wetlands Boards for the activities I have described herein. I agree to allow the duly authorized representatives of any regulatory or advisory agency to enter upon the premises of the project site at reasonable times to inspect and photograph site conditions, both in reviewing proposal to issue a permit and after permit issuance to determine compliance with the permit. In addition, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Kevin O'Connell
Printed Name

Kevin O'Connell
Signature

3/28/25
Date

Site Conditions (of site and adjacent lands):

Existing topography: flat

Hydrology: natural

Soils: sand, clay, rock

Geology: _____

Fill Materials (source and composition): _____

Total Amount of Disturbed area (sq ft): 189

Total Amount of Cleared Area (sq ft): _____

Existing Vegetation:

Total Amount of Underbrush Removed (sq ft): 0 Types: _____

Number of Healthy Trees Removed: 0 Types: _____

Number of Trees Limbed or Pruned: 0 Types: _____

Number of Dead/Dying/Diseased Trees Removed: 0 Types: _____

Proposed Vegetation Mitigation Measures:

Number of New Canopy Trees Proposed: _____ Types: _____

Number of New Understory Trees Proposed: _____ Types: _____

Number of New Shrubs Proposed: _____ Types: _____

Proposed Erosion & Sedimentation Control Practices:

☐ Silt Fencing ☐ Temporary Construction Entrance

☐ Straw Bale Barrier(s)

☐ Inlet Protection ☐ Temporary/Permanent Seeding

☐ Mulching

☐ Tree Protection ☐ Sediment Trap

☐ Other: _____

Proposed Best Management Practices:

☐ Dry Well(s) ☐ Infiltration Trench(es)

☐ Vegetated Filter Strip(s) ☐ Grass Swale(s)

☐ Other: _____

OFFICE USE ONLY

Project #: 25030398 Received by: Renel Fee Paid: \$275 Receipt #: 40275028 Online
Date Received: 3/31/25 Reviewing Authority: LIBPEC
Lot recordation date verified with Clerk's Office YES ☒ Date: 3/31/25
Project Meers Zoning Setbacks: Yes ☒ No ☐ Date Verified: 3/31/25

STAFF DECISION:

APPROVED: _____ (Approval is valid for 36 months from the date of approval)

CODE REFERENCE/COMMENTS:

DENIED: _____

**Please be advised, you may appeal the Staff decision, in writing, and apply for Exception to be heard in front of the Chesapeake Bay Preservation & Erosion Commission (new application and fees apply)

CODE REFERENCE/COMMENTS:

Environmental Staff Signature

Date

.....
Mitigation plan required: ☐ YES ☐ NO _____ square foot minimum

Mitigation plan approved: _____ Entitled: _____ Dated: _____

Date mitigation completed: _____ Inspected by: _____

Amount of surety required: _____ Date surety released: _____

Date posted: _____ Receipt #: _____

Payor Name: _____ Phone #: _____

Payor Address: _____

STAFF ANALYSIS (OFFICE USE ONLY)

Staff responses to applicant information provided on reverse page

1.

2.

3.

4.

5.

6.

Reviewed by: _____ Date: _____



THREE RIVERS HEALTH DISTRICT
Gloucester Health Department
P.O. BOX 663
Gloucester, Virginia 23061

Private Well Record of Inspection

Health Department ID Number: 136-22-0255

Tax Map/GPIN: 51B(2)-15

Owner Name: Kevin O'Connell
Owner Address: 8342 Chestnut Fork Rd
Hayes, Virginia 23072

Private Well Facility Information

Property Address: Same as above
County: Gloucester
Well Driller: Brown's Well Drilling
Date construction started: 11-09-22

Subdivision: Summerville
Section _____ Block _____ Lot _____
Well Class: Class III B
Water Well Completion Report Received: 12-6-22

Location Information

Building Sewer: 75' +
Pretreatment Unit: 85' +
Conveyance System: 85' +
Comments: None

Soil Absorption System: 100'
Property Line: 30'
Other Distance: Foundation 50'

Construction Information

Total depth of well: 77 feet
Type of casing: Well Casing SCH 40
Depth of casing: 57 feet
Diameter of casing: 4" inches
Casing extends: 18 in. above ground
Annular Space: sealed with bentonite to a depth of 50 feet.
Comments: None

Pitless adapter used: yes
Pitless properly installed: yes
Pitless properly vented: yes
Type of Well Seal: Well Cap
Screens: constructed of: PVC

Quantity & Quality

Yield and drawdown
Yield: 5 gpm
Drawdown: not reported
Static Water Level: Not reported
Type of storage: Pressure
Comments: None

Sample tap provided: Yes
Sample collected: Yes
Result of samples: Satisfactory
Date of Sample: 11-28-22

Satisfactory Construction: Yes on November 9, 2022

Well Approved for Use: Yes on January 26, 2023

Signed  January 26, 2023
Michael McMahan, EHS, Sr.

Form GW-2
Revised 8/19/2016
Page 1 of 4

COMMONWEALTH OF VIRGINIA
UNIFORM WATER WELL COMPLETION REPORT

DEQ Well # _____
USGS Local # _____
VDH HDIN # 138-22-0265
VDH PWSID # _____

*Indicates required field or section

**Indicates required field or section, if applicable

DEC 6 2022

1. Contact Information*

Contact:	Name	Address	Phone
Owner	Kevin O'Connell		
Driller	Brown's Well Drilling Co. Inc.	P. O. Box 57, Achilles, VA 23001	804-642-4879
System Provider	Joseph L. Brown III		

2. Well Location*

Physical Address: 8342 Chestnut Point Lane		County/City: Gloucester	
Subdivision Name:	Section:	Block:	Lot:
Tax Map/GPIN #: 51B(2)-15			
Latitude:	N	Longitude:	W
Datum Source	Horizontal: <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27		
Lat/Long Source (Check One):	<input type="checkbox"/> Map <input type="checkbox"/> GPS <input type="checkbox"/> PPDGPS <input type="checkbox"/> Survey <input type="checkbox"/> Imagery <input type="checkbox"/> WAAS		
Location Information Collected By:			
Physical Location Description:			

3. Facility & Use*

Type of Facility (Check One):	Type of Use (Check All That Apply):
<input checked="" type="checkbox"/> Private	<input checked="" type="checkbox"/> Drinking/Domestic Use <input type="checkbox"/> Agricultural <input type="checkbox"/> Food Processing
<input type="checkbox"/> Waterworks	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Irrigation <input type="checkbox"/> Injection
<input type="checkbox"/> Observation/Monitoring Well	<input type="checkbox"/> Geothermal (Cooling/Heating) <input type="checkbox"/> Fire Safety
	<input type="checkbox"/> Closed
	<input type="checkbox"/> Open <input type="checkbox"/> Returned to Surface
	<input type="checkbox"/> Returned to Aquifer

4. Well Construction*

Well designation, Name or Number:			
Date Started: 11-9-22	Date Completed: 11-9-22	Type Rig: Mud Rotary	
Class Well (Check One): <input type="checkbox"/> I <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IIIC <input type="checkbox"/> IIID <input type="checkbox"/> IIIE <input type="checkbox"/> IV			
Construction Type (Check One): <input type="checkbox"/> New <input type="checkbox"/> Existing-Modified: <input type="checkbox"/> Well <input type="checkbox"/> Pump: Date 0			
Well Depth: 77 ft.	Total Hole (borehole) Depth: ft.	Depth to Bedrock: ft.	
Hole Size (Include reamed zones): 8" inches from to ft.		Inches from to ft.	
Height of Casing above Land Surface: ft. inches			
Casing Size (I.D.) and Materials: (below)		Total Depth of Casing: ft.	
4 inches from 0 to 57 ft. <input type="checkbox"/> infilled	Material PVC sch 40	Weight per ft.	or wall thickness in.
inches from to ft. <input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness in.
inches from to ft. <input type="checkbox"/> infilled	Material	Weight per ft.	or wall thickness in.
Screen Size & Mesh:			
2 inches from 57 to 77 ft. <input type="checkbox"/> infilled	Mesh Size	Type PVC sch 40	
inches from to ft. <input type="checkbox"/> infilled	Mesh Size	Type	
inches from to ft. <input type="checkbox"/> infilled	Mesh Size	Type	
Water Zones: from 57 to 77 ft. from to ft. from to ft.			
Gravel Pack:			
Size: Type: from 57 to 77 ft.	Size: Type: from to ft.		
Grout Type:		Grouting Method:	
<input checked="" type="checkbox"/> Bentonite Slurry <input type="checkbox"/> Neat Cement		<input type="checkbox"/> Poured from surface	
<input type="checkbox"/> Bentonite pellets/chips <input type="checkbox"/> Concrete		<input type="checkbox"/> Poured through tremmie pipe	
<input type="checkbox"/> Neat Cement (6% bentonite)		<input type="checkbox"/> Pumped from bottom upward	
from 0 to 50 ft.		Type of Seal:	
from to ft.		<input checked="" type="checkbox"/> pitless adapter	
		<input type="checkbox"/> sanitary seal	
Camera Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Conducted:	
Additional Well Construction Form Information Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Form GW-2
Revised 8/19/2016
Page 2 of 4

COMMONWEALTH OF VIRGINIA
UNIFORM WATER WELL COMPLETION REPORT

DEQ Well # _____
USGS Local # _____
VDH HDIN # 136-22-0255
VDH PWSID # _____

Well designation, Name or Number*: 51B(2)-15

5. Disinfection

Well Disinfected: ☒ Yes ☐ No Date: 11-9-22

6. Abandonment (*When abandoning the well, Sections 1 thru 4 must be completed and/or attach original GW-2)

Date Started: 11-9-22	Date Completed: 11-9-22
Static Water Level (unpumped level measured):	ft.
Casing Size (I.D.) and Materials: 2"	Casing Pulled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncased Well
Depth of Fill:	Type and Source of Fill:
Grout: From 0 to 88' Type: Bentonite	From to Type:
Method of permanently marking location:	

7. Pump Test**

Static Water Level (unpumped level measured):	ft.
Date:	Method (Check One): <input type="checkbox"/> Water Tape <input type="checkbox"/> Airline <input type="checkbox"/> Transducer <input type="checkbox"/> Other
Stabilized measured pumping water level:	ft.
Date:	Method (Check One): <input type="checkbox"/> Top of Well <input type="checkbox"/> Top of Casing <input type="checkbox"/> Surface Level
Test Pump Intake Depth:	ft. Stabilized Yield: gpm after hours
Natural Flow: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Flow Rate 5 gpm
Estimated Well Yield:	gpm

8. Pump Data**

Type: <input checked="" type="checkbox"/> submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Shallow Jet <input type="checkbox"/> Deep Jet <input type="checkbox"/> Other: _____	Motor HP: _____
Production Pump Intake Depth: ft	Rated Capacity: gpm at ft TDH

9. Geologic Information

Type Logs: _____	Aquifer Test Performed: _____
Water Quality Results Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Comments:

Formation _____	Lithology _____	Province _____	Geologic Map Used _____
Elevation _____			
For Office Use			

DEQ Well # _____
USGS Local # _____
VDH HDIN # 136-22-0255
VDH PWSID # _____

*Indicates required field or section, if applicable

Well designation, Name or Number: 518(2)-15

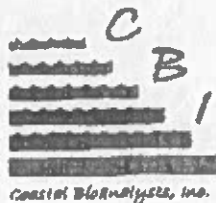
Depth (feet)		Type of Rock or Soil	Remarks	Drilling Time (Min.)	Diagram of Well Construction (with dimensions)
From	To	(Color, material, fossils, hardness, etc.)	(Water, caving, cavities, etc.)		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

License Number: 2705 018849

01/15/2014 00:42 FAX

002



5400 Enterprise Court
Gloucester, VA 23061
PH: 804-694-8285
FAX: 804-695-1129
www.coastalbio.com

222402
(Laboratory Sample ID - Lab Use only)

EPA# VA01118
VELAP# 460030

CERTIFICATE OF ANALYSIS: Total Coliform Bacteria (Drinking Water)

Please complete the upper portion of this form. Incomplete information may delay processing of the sample. Payment must accompany sample unless charged to an established account.

PWS ID (if applicable)						WATER SYSTEM NAME AND ADDRESS					
						Okrell					
Is supply chlorinated?						834a Chestnut Point Ln.					
Yes <input type="checkbox"/> No <input type="checkbox"/>						518(2)-15 Gloucester, VA					
CL2 Residual: PPM						SAMPLE LOCATION					
SAMPLE TYPE						COLLECTION DATE & TIME					
I.D. OR LOCATION CODE						MO. DAY YR. TIME hhmm					
well						11 28 22 800					
ANALYSIS REQUESTED: Presence/Absence <input checked="" type="checkbox"/> OR MPN (Count) <input type="checkbox"/>											
24 h Turn around <input checked="" type="checkbox"/> OR 18 h Turn around (Additional cost) <input type="checkbox"/>											
COLLECTED BY: Phone #:											
Name (Print): Brown, Well Drilling Affiliation:											
<small>*Sample Type (PWS Only): CO=confirmation (source after E. coli positive Triggered sample), RT=routine distribution or entry point; scheduled raw water, RP = Repeat (verification after positive TC), ST=split (QC), TG=triggered (source after TC positive in distribution), BP=special</small>											
Results: <input type="checkbox"/> Email: 612 9188 <input type="checkbox"/> Mail: <input type="checkbox"/> Pick Up											

LAB USE ONLY

RECEIVED BY: A. Harwood				DATE mmddyy				TIME hhmm			
				11 28 22				11 20			
Payment Amount:				<input type="checkbox"/> Check # <input type="checkbox"/> Card <input type="checkbox"/> Cash				*Sample Rejection Code:			
<small>*SAMPLE CONDITION UNSATISFACTORY - PLEASE RESAMPLE (BR=broken, CL=chlorine present, EH=exceeds 30 h hold time, HS=excessive head space, FZ=frozen sample, IN=insufficient information, VO=insufficient volume, BP=invalid sampling point, IP=invalid sampling protocol, LA=lab accident, LT=leaked in transit. (No notation = Sample Condition Acceptable)</small>											

TEST METHOD: COLILERT		Coliforms Absent <input checked="" type="checkbox"/>		Coliforms Present <input type="checkbox"/>	
		E. coli Absent <input checked="" type="checkbox"/>		E. coli Present <input type="checkbox"/>	
MPN (number of organisms/100 ml):		Total coliforms:		E. coli:	
COMMENTS:					

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP/VELAP.

APPROVED: L. Thomas
Name

Signature

11/29/22
Date



THREE RIVERS HEALTH DISTRICT
GLOUCESTER COUNTY
P.O. BOX 663
GLOUCESTER, VIRGINIA 23061
804-693-6130

Private Well Construction Permit

September 8, 2022

Kevlin O' Connell
8342 Chestnut Fork Rd
Hayes, VA 23072

Tax Map/ GPIN #: 51B(2)-15
Site Address: 8342 Chestnut Fork Rd
IIDID #: 136-22-0255

Directions: 17 S to R on Guinea Rd to R on Mark Pine Rd to R on Little England Rd to R on Oyster Cove to Chestnut Point Ln

The attached drawings and below specifications constitute your permit to install a private well on the property referenced above. This permit is null and void if conditions are changed from those shown on your application or if conditions are changed from those shown on the attached construction drawings and specifications. VDH may revoke or modify any permit if, at a later date, it finds that the site conditions, well location, and/or design 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. There may be other local, state, or federal laws or regulations that apply to the proposed construction of this private well. The landowner is responsible at all times for complying with all applicable local, state, and federal laws and regulations, and for ensuring that the water well is properly located on the landowner's property and in the approved area indicated on the attached schematic.

Your private well must be inspected by a representative of the local health department. Your private well may not be placed into operation until you have obtained a Record of this Inspection (ROI) from the Gloucester County Health Department. This construction permit is transferable until expired or deemed null and void. A permit transfer form may be found on the VDH website at <http://www.vdh.virginia.gov/environmental-health/gmp-2015-01-forms/>.

Before you can obtain your ROI, or O.P. you must provide the Health Department with a complete Water Well Completion Statement /GW-2 from your well driller.

Well Purpose: Residential Drinking Water

Minimum Casing Depth: 50'

Well Class: Class IIIB

Minimum Grout Depth: 50'

Distance from Building Sewer: 50'

Distance from Septic/Pretreatment Tank: 50'

Distance from Conveyance System: 50'

Distance from Absorption Area: 50'

Distance from Property Line: 50'

Distance from Home Foundation 50'

THIS PERMIT EXPIRES: March 8, 2027

Issued by:

Michael McMahan, EHS, Sr.

Date:

9/8/2022

WELL CONSTRUCTION PERMIT
8342 CHESTNUT POINT LANE
TAX MAP 51B(2)-15
HDID 136-22-0255

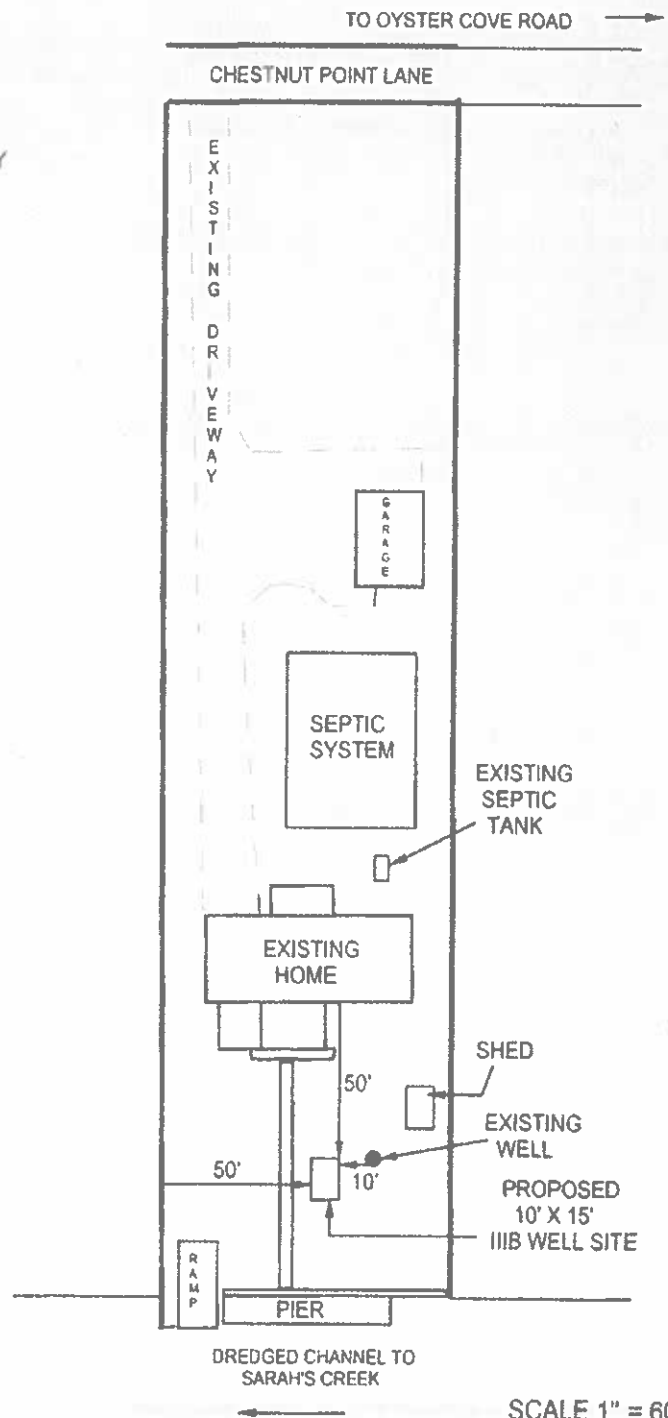
PAGE 2 OF 4

INSTALL III B WELL
CASE AND GROUT 50' MINIMUM DEPTH
KEEP WELL 50'+ MINIMUM FROM ALL PARTS OF EXISTING SEPTIC SYSTEM
KEEP WELL 50' MINIMUM FROM ANY HOME FOUNDATION THAT WAS TREATED
WITH SOIL POISONS FOR TERMITES
KEEP 50' MINIMUM FROM ALL SOURCES OF CONTAMINATION

OWNER IS RESPONSIBLE TO
ENSURE PROPOSED NEW
WELL AREA IS LOCATED ON
THEIR PROPERTY

RECOMMEND THAT EXISTING WELL BE PROPERLY
ABANDONED BY A LICENSED WELL DRILLER

CALL MISS UTILITY AT (811)
BEFORE ANY CONSTRUCTION



**Tax Map 51B(2)-15
HDID # 136-22-0255**

**Private Well Construction Permit with
Abandonment of Existing**

Before you can obtain your ROI, you must provide the Health Department with a complete Water Well Completion Statement /GW-2 from your well driller and a record of a satisfactory bacteriological sample result. If you desire a refund for the well construction permit fee, also provide the well driller's abandonment documentation along with the enclosed Refund Request form. The \$300 well construction Permit Fee is Refundable upon submission of the well driller's well abandonment documentation.

Notes:

This permit authorizes construction of a new well and abandonment of the existing.

The applicant is to contract with a licensed well driller.

The well driller, or home owner, is to contact the health dept. with an expected construction, installation date.

The well is to be constructed according to the 1992 Private Well Regulations

Class IIIB well: case & grout minimum 50'

Class IIIA well: case 100' minimum and grout 20' minimum

Per 12 VAC 5-630-440 a copy of the well construction documentation report shall be provided to the health department for approval of the well as a drinking water source.

Per 12 VAC 5-630-370 a water sample absent/negative for the coliform bacteria shall be provided to the health department for approval of the well as a drinking water source. Note that the well driller will not conduct the water sample unless applicant specifically contracts with the well driller.

The well must be abandoned by a licensed well driller (effective July 2010).

A Record of Inspection is issued as documentation that the new well is approved as a drinking water source.

Class IIIA or IIIB Setbacks: 50' from on site wastewater disposal system, 50' from chemically soil poisoned foundations, 50' from underground fuel storage tanks, 10' from building foundations not chemically soil poisoned, 50' from cemetery, 50' from a dump station, & OSHA required safe distance from overhead power lines - or utility policy (25' for Dom Va Power), and 50' from agriculture field.

It shall be the landowner's responsibility to ensure that the water well is properly located within their boundary.

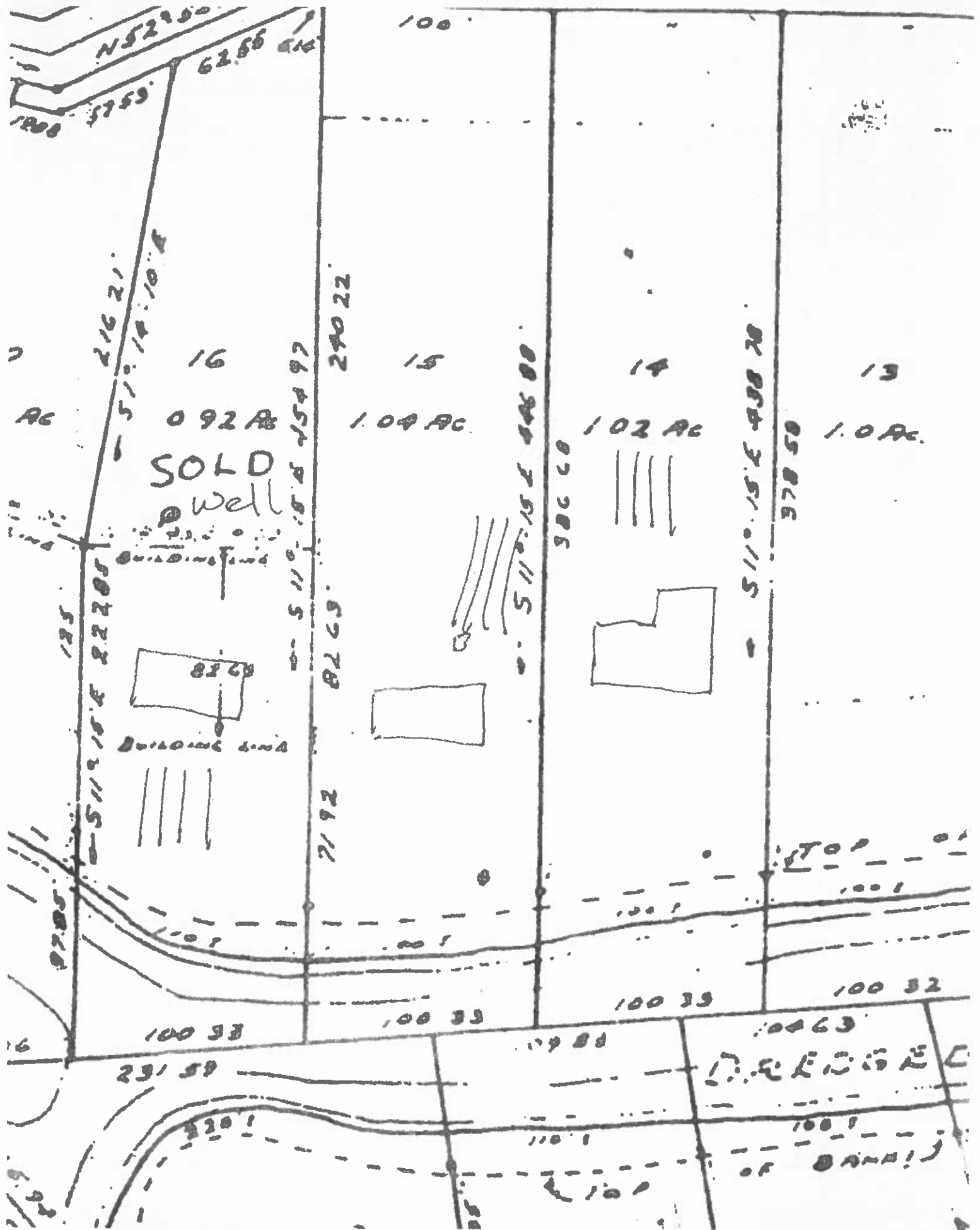
Issuance of the Record of Inspection can be delayed if the health department is unaware of the well installation/construction. After receipt of the required documentation, it can take up to 5 working days to process a Record of Inspection.

Tax Map 51B(2)-15
HDID # 136-22-0255

1992 Private Well Regulation – Abandonment requirements

12 VAC 5-630-450. Well abandonment.

- A. Well abandonment is governed jointly by the Department of Environmental Quality and the Department of Health pursuant to section 62.1-44.92(6) of the Ground Water Act of 1973 (Repealed). In addition, the abandonment of any private well governed by this chapter, or any private well abandoned as a condition of a permit issued under this chapter, shall be administered by the Department of Health in conformance with this section.
- B. A temporarily abandoned well shall be sealed with a water-tight cap or well head seal. Such a well shall be maintained so that it will not be a source or channel for contamination to ground water during temporary abandonment.
- 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. Bored wells and uncased wells shall be backfilled with clean fill to the water level. A two-foot-thick bentonite plug shall be placed immediately above the water level. Clean fill shall be placed on top of the bentonite plug and brought up to at least five feet from the ground surface. The top five feet of the well casing, if present, shall be removed from the bore hole. In an open annular space is present around the well casing, the annular space shall be filled with grout to the maximum depth possible, but less than or equal to 20 feet. A one-foot-thick cement or bentonite grout plug that completely fills the bore void space shall be placed a minimum of five feet from the ground surface. The remaining space shall be filled with clean fill which is mounded a minimum of one foot above the surrounding ground surface. Bored wells or uncased wells abandoned in this manner shall be treated as wells with respect to determining the minimum separation distance to sources of contamination listed in Table 3.1. The location of these wells shall be permanently marked for future location.
 5. Wells constructed in collapsing material shall be completely filled with grout or clay slurry by introduction through a pipe initially extending to the bottom of the well. Such pipe shall be raised, but remain submerged in grout, as the well is filled.
 6. Wells constructed in consolidated rock formations or which penetrate zones of consolidated rock may be filled with sand or gravel opposite the zones of consolidated rock. The top of the sand or gravel fill shall be at least five feet below the top of the consolidated rock and at least 20 feet below land surface. The remainder of the well shall be filled with grout or clay slurry.
 7. Other abandonment procedures may be approved by the division on a case by case basis.
 8. Test and exploration wells shall be abandoned in such a manner to prevent the well from being a channel for the vertical movement of water or a source of contamination to ground water.
 9. When bored wells are bored and a water source is not found, and the casing has not been placed in the bore hole, the bore hole may be abandoned by backfilling with the bore spoils to at least five feet below the ground surface. A two-foot-thick bentonite grout plug shall be placed at a minimum of five feet from the ground surface. The remainder of the bore hole shall be filled with the bore spoils.



Commonwealth of Virginia

Application for: ☐ Sewage System ☒ Water Supply

VDH Use only
Health Department ID# 131-22-0255
Due Date _____

Owner Kevin O'Connell

Mailing Address 8342 Chestnut Point Lane
Hayes, VA 23072

Agent _____

Mailing Address _____

Site Address Same as above

Phone 757-287-6075

Phone _____

Fax _____

Phone _____

Phone _____

Fax _____

Email gillian.burn@gmail.com

Directions to Property: _____

Subdivision Oyster Cove

Section _____

Block _____

Lot 15

Tax Map 51B(2)-15

Other Property Identification 12597

Dimension/Acreage of Property 1.04

Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) **only when ready to build.**

☐ Certification Letter ☒ Construction Permit ☐ Voluntary Upgrade ☐ Repair Permit ☐ Minor Modification

Proposed Use:

Single Family Home (Number of Bedrooms 2)

Multi-Family Dwelling (Total Number of Bedrooms _____)

Other (describe) _____

Basement? ☐ Yes ☒ No

Walk-out Basement? ☐ Yes ☒ No

Fixtures in Basement ☐ Yes ☒ No

Conditional permit desired? ☐ Yes ☒ No

If yes, which conditions do you want?

☐ Reduced water flow ☐ Limited Occupancy ☐ Intermittent or seasonal use ☐ Temporary use not to exceed 1 year

Do you wish to apply for a betterment loan eligibility letter? ☐ Yes ☒ No *There is a \$50 fee for determination of eligibility.

Water Supply

Will the water supply be ☐ Public or ☒ Private?

Is the water supply ☒ Existing or ☐ Proposed?

If proposed, is this a replacement well? ☒ Yes ☐ No

If yes, will the old well be abandoned? ☒ Yes ☐ No

Will any buildings within 50' of the proposed well be termite treated? ☐ Yes ☒ No

Well Type (e.g. domestic use, agricultural, irrigation, etc.) domestic

All Applicants

Is this property intended to serve as your (owners) principal place of residence? ☒ Yes ☐ No

All applications must be accompanied by private sector evaluations and designs, unless a petition for VDH services is approved. Is a Petition for Service form attached? ☐ Yes ☐ No

In order for VDH to process your application for a sewage system you must attach a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage sites must be clearly marked and the property sufficiently visible to see the topography. I give permission to the Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

Signature of Owner/ Agent Gillian O'Connell

Date 9/7/22

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 7/1/2019

SITE PLAN SKETCH

Or attached scaled site plan (if available)

Attached

Owner/Agent Signature

Gillian O'Connell

Date

9/7/22

Petition for VDH Services Form

Kevin?
1. Gillian O'Connell, am petitioning VDH to provide evaluation and design services based on (select one):

- ☐ Means test (household income at or below 100% of the federal poverty guidelines)
☒ VDH Hardship Guidelines

If you selected VDH Hardship Guidelines, please check all of the following guidelines that apply:

- ☐ Qualify for fee waiver pursuant to 12VAC5-620-80.A.
☒ Replacement well
☒ Well abandonment
☐ Safe, Adequate, and Proper Evaluation
☐ Onsite sewage system repair or pit privy fee waiver
☒ Insufficient number of private sector service providers
☐ Other: If other, please provide a detailed description of your hardship in obtaining private sector evaluation and design Services along with any relevant documents that you believe supports your request. Please provide the names of the Private sector service providers you contacted, prior to submitting this petition. (Detailed description can be attached)

Gillian O'Connell

Owners / Agents Signature

9/7/22

Date

(OFFICE USE ONLY) Petition for services: ☒ APPROVED ☐ DENIED

Lakia Elam

Reviewed By

09.07.2022

Date

<http://www.vdh.virginia.gov/environmental-health/onsite-sewage-water-services-updated/have-you-considered-using-the-private-sector/>

Documentation Required for Sewage System OP &/or Record of Inspection for well

Tax Map #: 51B(2)-15

HDID#: 1316-22-0255

Sewage System Construction Permit

Minor Mod ☐

New Construction ☐

Repair ☐

VU ☐

Needed	Received Date	Action/Paperwork Description
		Inspection by EHS
		Inspection by Private Sector (OSE, OSE/A, PE)
		Contractor Completion Statement
		Recorded Notice for Recordation
		Recorded Deed, or easement, or other
		Signed Survey Plat Waiver form (attachment B)

☐ EHD Updated _____

☐ Repair Log Updated _____

SDS GPS Coordinates: _____

Date OP requested: _____ Date OP needed: _____

Date OP issued: _____ Date OP to building official: _____

Private Well Construction Permit

New Construction ☐

Replacement ☒

Abandonment Only ☐

Needed	Received Date	Action/Paperwork Description
		As-built for Geothermal Well System
		Statement: 50' setback not met, all treatment used
		Inspection by EHS
✓	1-25-23	Inspection by Private Sector (OSE, OSE/A, PE)
	12.06.2022	Satisfactory Water Sample
	12.06.2022	Water Well Completion Statement – new/replacement
	12.06.2022	Water Well Abandonment Statement

☐ EHD Updated Installed? _____ ☐ EHD Updated with construction info? _____

Abandonment: does action qualify for refund? Yes ☐ No ☐ Not primary residence or property is commercial

	Well Driller abandonment documentation on file
	Refund form Received
	Refund approval obtained
	Refund processed to payee

☐ EHD Updated Abandoned? _____ ☐ EHD Updated with construction info? _____

Well GPS Coordinates: _____

Date ROI requested: _____ Date ROI needed: _____

Date ROI issued: 1-26-23 Date ROI to building official: NA



Gloucester County, VA
www.gloucestercountyva.org



Gloucester County assumes no responsibility or liability for, or in connection with the accurate use or use of the information provided herein.

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