

Kelly, William 73-30  
Hwy 674

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 10-3-79 Case No. 73-30

Owner William Kelley Address 41 Houston Kelley Phone (Mailing Address)

Occupant Same Address Cockburn R Le-wille Phone (Mailing Address)

Exact Location of Premises 46S to 715L to 673R to 674L 1.7 miles L (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design [X] Yes [ ] No. Distance to nearest House Sewer 60 feet. Distance to nearest Sewage Disposal System 100 feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION

Allotted Area adequate [X] Yes [ ] No. Distance from nearest lot lines 10 feet. Trees 10 feet. Water Supplies 100 feet. Buildings 10 feet.

(2) INSTALLATION AND DESIGN

Installed according to Permit Design [X] Yes [ ] No. Have additional Household Appliances been added NOT on Permit: [ ] Automatic Washer [ ] Garbage Disposal [ ] Other (Describe)

(3) SOIL CONDITION

Are there soil conditions now evident which indicate system may be unsatisfactory as designed: [ ] Yes [X] No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE

Installed [X] Yes [ ] No. Type of material 4" PVC Size 4 inches.

(5) SEPTIC TANK

Constructed of 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 [X] Yes [ ] No.

(6) DISTRIBUTION BOX

Watertight and equal surcharge to each line by Water Test [X] Yes [ ] No. Distribution Box provided with 3 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 1000 square feet. Number of ditches 4 Length of ditches 83 feet. Grade of ditches Minimum 2 inches per 100 feet. Has system been checked by instruments (Level) [X] Yes [ ] No. Type aggregate used #5 stone. Depth of aggregate under Tile 6 inches. Total depth of aggregate 13 inches. Depth of backfill over aggregate 30-36 inches.

(8) SURFACE DRAINAGE

Storm Drains from House and Basement flowing away from Subsurface Drainage Field: [X] Yes [ ] No. Was Surface Drainage required [ ] Yes [X] No. If Yes, has this been provided: [ ] Yes [X] No. Has area been drained by lowering Ground Water Table: [ ] Yes [ ] No. [X] Not required.

(9) Are follow-up inspections necessary [ ] Yes [X] No.

Septic Tank Contractor: W. W. Edwards Address Petersburg Phone

This Sewage Disposal System (Is) (Not) Approved by [Signature] Health Department

Date 10-3-79 Signed [Signature] (Sanitarian)

Date 10/10/79 Approved [Signature] (Reviewing Authority)

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

PERMIT TO INSTALL  REPAIR,  REASONS FOR REJECTION   
 WATER SUPPLY  SEWAGE DISPOSAL SYSTEM

(1) Void after 12 months. (2) Automatically cancelled when site conditions are changed from those shown on permit.   
 (3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

Owner William Kelly Address Coker R 2 L 673 Phone \_\_\_\_\_  
 Occupant Same Address R 2 L 673 Phone \_\_\_\_\_  
 (Mailing Address) (Mailing Address)

Exact Location of premises 465 to 785 L to 673 R to 674 L 2.7 mile on L  
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR:  Dwelling  Other feats Automatic Washing Machine  Yes  No Consumption 600 gal. per day  
 Actual  Potential  Bedrooms 3 Garbage Disposal Unit  Yes  No ( Actual  estimated Water)  
 Additional wastes \_\_\_\_\_

(1) WATER SUPPLY (Existing) Class \_\_\_\_\_ Approved  Yes  No Other \_\_\_\_\_  
 (To be installed) Class II Cased Bottom ft. to be grouted 20 ft.  
 (Unless supported by positive evidence Class III is to be considered as to be installed.)

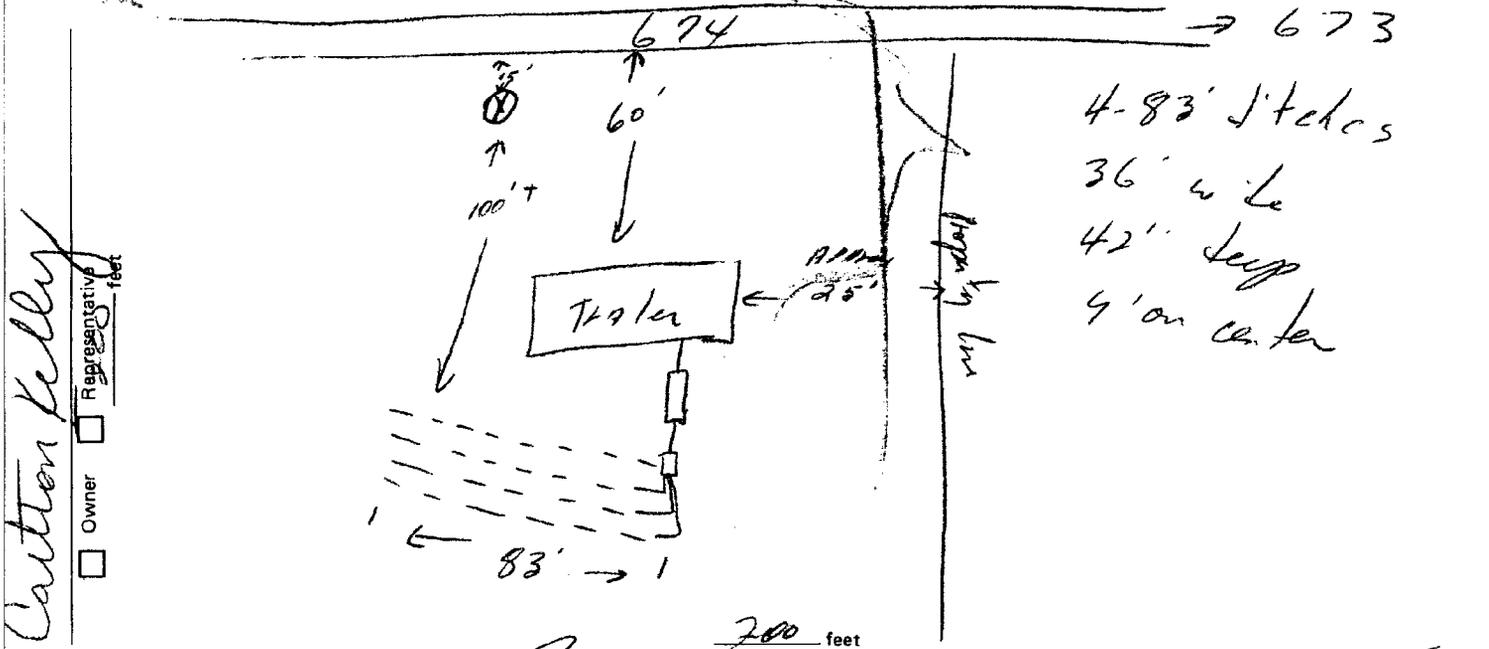
(2) SOIL STUDY Naturally drained, suitable by sight  Yes  No Technical Classification \_\_\_\_\_ (If Known)  
 Estimated Percolation Rate 1-10  11-25  26-50  51  Percolation Test Required  Yes  No  Rate \_\_\_\_\_  
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)  
 Depth to Grey Mottles 48 inches (estimate over 4 ft.) OTHER \_\_\_\_\_  
 Surface drainage required  Yes  No OTHER DRAINAGE \_\_\_\_\_

(3) HOUSE SEWER LINE Size 4 inches. Type of material required 5/8" x 4" Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete Material Liquid Capacity 960 gallons.  
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 1000 Type aggregate required 3 stone  
 (5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 4 inches.  
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 42 inches from surface of original ground.  
 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.)



Signature William Kelly  
 Representative  
 Owner

Note: Owner or his agent must notify B. W. ... Health Department, Phone 48-2521 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.

Based on the above information, the undersigned recommends that this permit be issued. Date 9-14-79 Signed R. H. Steed  
 Date \_\_\_\_\_ Approved \_\_\_\_\_ (Reviewing Authority) Date \_\_\_\_\_ Signed \_\_\_\_\_ (Sanitarian or Health Director)

# RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 10-3-79 Case No. 73-30

Owner William Kelly Address 4141 Winston Kelly Phone \_\_\_\_\_  
(Mailing Address)

Occupant James Address Cochran 12 1/2 mile Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of Premises 465 to 715 L to 673 R to 6741 1.2 mile L  
(Subdivision, Street or Road Name, Section or Lot No.)

## WATER SUPPLY INSPECTION

Installed according to Permit Design  Yes  No Distance to nearest House Sewer 60 feet Distance to nearest Sewage Disposal System 100 feet  
(Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

## SEWAGE DISPOSAL SYSTEM INSPECTION

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| <p><b>(1) LOCATION</b><br/>                 Allotted Area adequate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Distance from nearest lot lines <u>10</u> feet Trees <u>10</u> feet Water Supplies <u>100</u> feet Buildings <u>10</u> feet</p> <p><b>(2) INSTALLATION AND DESIGN</b><br/>                 Installed according to Permit Design <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 Have additional Household Appliances been added NOT on Permit:<br/> <input type="checkbox"/> Automatic Washer <input type="checkbox"/> Garbage Disposal<br/> <input type="checkbox"/> Other _____<br/> <small>(Describe)</small></p> <p><b>(3) SOIL CONDITION</b><br/>                 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, show adjustments required under "Remarks" below.</p> <p><b>(4) HOUSE SEWER LINE</b><br/>                 Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type of material _____ Size <u>4</u> Inches</p> <p><b>(5) SEPTIC TANK</b><br/>                 Constructed of <u>concrete</u><br/>                 Inside Dimensions Length <u>8</u> feet Width <u>4</u> feet<br/>                 Liquid Depth <u>4</u> feet Depth of Air Space <u>12</u> inches<br/>                 Inside Fittings comply with requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b>(6) DISTRIBUTION BOX</b><br/>                 Watertight and equal surcharge to each line by Water Test <input type="checkbox"/> Yes <input type="checkbox"/> No Distribution Box provided with <u>8</u> extra outlets for future use. <small>(Number)</small></p> <p><b>(7) SUBSURFACE ABSORPTION FIELD</b><br/>                 Total Area in bottom of ditches <u>1000</u> square feet<br/>                 Number of ditches <u>4</u> Length of ditches <u>82</u> feet<br/>                 Grade of ditches Minimum <u>2</u> inches per 100 feet<br/>                 Maximum <u>7</u> inches per 100 feet Has system been checked by instruments (Level) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 Type aggregate used <u>#55</u><br/>                 Depth of aggregate under Tile <u>6</u> inches<br/>                 Total depth of aggregate <u>13</u> inches<br/>                 Depth of backfill over aggregate <u>36-36</u> inches</p> <p><b>(8) SURFACE DRAINAGE</b><br/>                 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Surface Drainage required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, has this been provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>                 Has area been drained by lowering Ground Water Table: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required</p> <p><b>(9) Are follow-up inspections necessary</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
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Septic Tank Contractor: W. W. Edwards Address \_\_\_\_\_ Phone \_\_\_\_\_

This Sewage Disposal System (Is) (Is Not) Approved by: \_\_\_\_\_ Health Department

Date 10-3-79 Signed \_\_\_\_\_ (Sanitarian)  
 Date 10/10/79 Approved \_\_\_\_\_ (Reviewing Authority)

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