

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

#1
Grid # 43

Date 1-19-71 Case No. Not G.H.O.

Owner H. Williams Address Rt. #3 - Floyd, Va. Phone ---
(Mailing Address)
Occupant Same Address Same Phone ---
(Mailing Address)

Exact Location of Premises 1 3/4 mile from intersection of Rts. #2214 & #115 on Rt. #115 N.
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☒ Yes ☐ No. Distance to nearest House Sewer 35 feet. Distance to nearest Sewage Disposal System 65+ 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 60+ feet. Trees 10+ feet. Water Supplies 65+ 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 Cast Iron Size 4 Inches.

(5) SEPTIC TANK

Constructed of Concrete
(Kind of Material)
Inside Dimensions Length 7 feet. Width 3 1/2 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 4
(Number)
extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 525 square feet. Number of ditches 9 Length of ditches 65 feet. Grade of ditches Minimum 2 1/4 Inches per 100 feet. Maximum 3 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 FROM 14 TO 18 inches.

(8) SURFACE DRAINAGE

Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☒ 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: A. Moran Address Floyd, Va. Phone ---

This Sewage Disposal System (Is) (~~Is Not~~) Approved by Floyd Health Department.

Date 1-19-71 Signed James A. Hall 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: Cast Iron house sewer line will be installed by building contractor.

JAN 19 1971

**PERMIT TO INSTALL OR REPAIR
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS
(VOID AFTER TWELVE (12) MONTHS)**

Grid # 43

Date 1-15-71 Case No. 1173-4-4

Owner H. Williams Address Rt #3-Flay Rd Phone
(Mailing Address)

Occupant Same Address Same Phone
(Mailing Address)

Exact Location of Premises ± 3/4 mile from intersection of Rts. #221 & #615 on Bl. #615 N.
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

- ☒ INSTALL
☐ Water Supply System
☐ Sewage Disposal System
☒ Septic Tank
Health Department recommends _____
- ☐ REPAIR
☐ Water Supply System
☐ Sewage Disposal System
☐ Septic Tank

FOR

- ☒ Dwelling ☐ Other _____
Actual or potential Bedrooms 2 Actual or estimated Water Consumption ± 25 gal. per day Automatic Washing Machine ☒ Yes ☐ No Garbage Disposal unit ☐ Yes ☒ No
Additional wastes None

DETAILS OF RECOMMENDED SYSTEMS

- (1) WATER SUPPLY Location to be approved by Sanitarian. Type
☒ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well
☐ Other _____ 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 _____
Rough Classification ☐ Sandy ☒ Medium ☒ Clay ☐ Pipe Clay. Percolation Test required ☐ Yes ☒ No. Rate _____ Minutes per inch. Depth of Water Table ± 8 feet (Estimated)

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

- (3) DETAILS OF CONSTRUCTION Watertight Septic Tank of

Concrete Inside Dimensions Length 7 feet.
(Kind of Material)

Width 3 1/2 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 720 gallons.

- (4) HOUSE SEWER LINE Size 4 inches. Type of material required cast iron Distance from Water Supply ± 35 feet.

- (5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required.

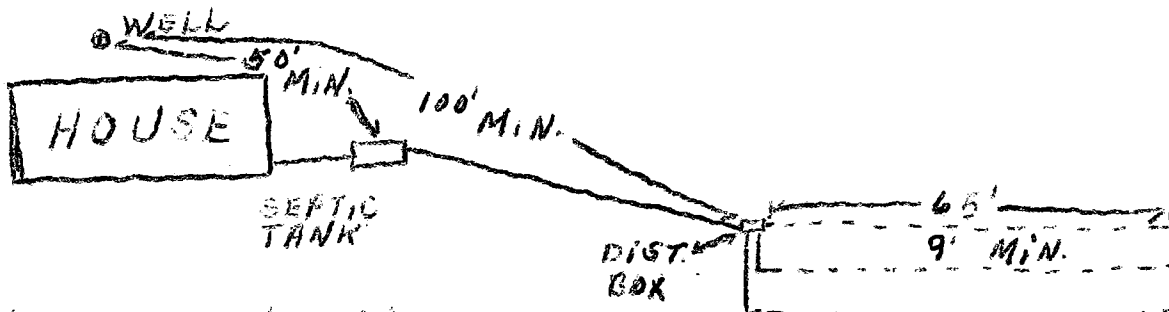
Number of square feet required 585 Type aggregate required ☒ Broken Stone ☐ Gravel ☐ Slag. Size range from 1/2 inches to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.

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

Soil Cover over tile not to exceed 15 inches. Distance from well to septic tank Min. 50 feet; distance from well to drain tile field Min. 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.

ROUTE # 615



(3) Drainfield Ditches:

36" WIDE
65' LONG
1 1/2" FALL PER LINE
24" DEEP ON DOWNHILL SIDE feet

Note: Owner or his agent must notify _____ Health Department, Phone 743-8141 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 1-15-71 Approved _____ Date 1-15-71 Signed James A. Hall
LHS - 121 Rev. 1-65 (Reviewing Authority) (Sanitarian or Health Director)
Virginia State Department of Health

TRIPLICATE