RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM 1969-44

Date 6-12-69 Case No. Not F.H.A.

Owner George P. Dickerson Address Rt. #2-Willis, Va. Phone None
(Mailing Address)

Occupant Same Address Same Phone None
(Mailing Address)

Exact Location of Premises ± 3/4 mile South of intersection of Rts. #737 & #631 on latter
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer Not Available 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 Not E feet. Trees ± 25 feet. Water Supplies ± 85 feet. Buildings _____ 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 3½ 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 15 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 450 square feet.
Number of ditches 2 Length of ditches 75 feet.
Grade of ditches Minimum 3 Inches per 100 feet.
Maximum 3 3/4 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 ± 24 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: Bowers & Austin Address Floyd, Va. Phone _____

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

Date 6-12-'69 Signed James A. Hall (Sanitarian) Date _____ Approved _____ (Health Director)

Date _____ Approved _____ (Advisory Sanitarian) Date _____ Approved _____ (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:

Easement secured from John C. Dickerson for drainfield on his land.

Virginia Department of Health
LHS - 141 Rev. 11-57

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

Date 5-13-19 Case No. Not T. E. A.

Owner George P. Dickerson Address Rt. #2 - Willis Va (Mailing Address) Phone None

Occupant Same Address Same (Mailing Address) Phone None

Exact Location of Premises ± 3/4 mile South on intersection of Rte. #777 & #631 on Left
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

- ☒ INSTALL
- ☐ Water Supply System
- ☐ Sewage Disposal System
- ☒ Septic Tank

☐ REPAIR
☐ Water Supply System
☐ Sewage Disposal System
☐ Septic Tank

Health Department recommends _____

FOR ☐ Dwelling ☒ Other One Trailer Only

Actual or potential Bedrooms ~ Actual or estimated Water Consumption ± 250 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 ± 98' DEEP Cased ± 30 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 ± 15 feet (Estimated)

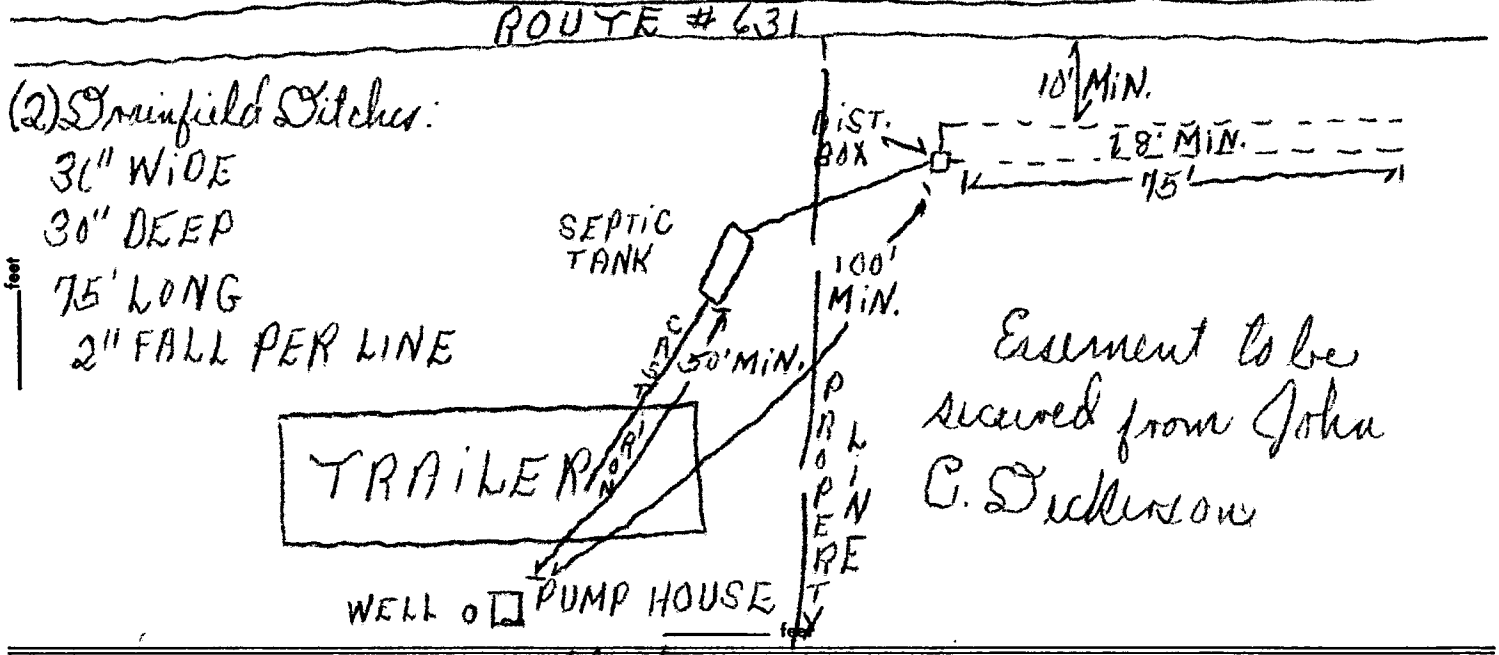
Surface drainage required ☐ Yes ☒ No _____ Area Drainage by Lowering Ground Water Table required ☐ Yes ☒ No

(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete (Kind of Material). Inside Dimensions Length 7 feet. Width 3½ 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 ± 26 feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required.
Number of square feet required 450 Type aggregate required ☒ Broken Stone ☐ Gravel ☐ Slag. Size range from ½ inches to 2½ 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 18 inches. Distance from well to septic tank MIN. 50 feet; distance from well to draintile 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.



Note: Owner or his agent must notify Health Department, Phone 786-2111 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 _____ Approved _____ Date 5-13-19 Signed _____
(Reviewing Authority) (Sanitarian or Health Director)

LHS - 121 Rev. 1-65
Virginia State Department of Health

TRIPLICATE