

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 4/22/75 Case No. 30 # 110

Owner J.C. Wood Address 1907 Delwood Rd. Phone _____
 (Mailing Address)
 Occupant _____ Address Charl, Va. 22901 Phone _____
 (Mailing Address)
 Exact Location of Premises East side of pt 15 at intersection with pt 661
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design Yes No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System Existing Spring 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 100 feet. Trees 15 feet. Water Supplies 100 feet. Buildings 100 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 _____ Size _____ Inches.
- (5) SEPTIC TANK
 Constructed of Concrete (Kind of Material)
 Inside Dimensions Length 10 feet. Width 5 feet. Liquid Depth 4 feet. Depth of Air Space 1 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 3 extra outlets for future use. (Number)
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 600 square feet. Number of ditches 3. Length of ditches 607 feet. Grade of ditches Minimum 2 inches per 100 feet. Maximum 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 12 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.C. Thacher Address Charl, Va. Phone _____
 This Sewage Disposal System (Is) (~~Is~~) Approved by F. L. ... Health Department.
 Date 5/21/75 Signed John A. ... 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: Septic tank should be cleaned every 3-5 yrs. System not guaranteed to function indefinitely only that it has been installed according to code.

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

- (1) Void after (12) twelve 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.

FHA/VA Yes No Date 4/22/75 Case No. 3077116

Owner J.E. WOOD Address 1907 BELLWOOD RD Phone _____
 (Mailing Address)

Occupant _____ Address CHARL., VA. 22901 Phone _____
 (Mailing Address)

Exact Location of premises Eastside of Pt. 15 at int. with Rt. 661
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: Dwelling Other _____ Automatic Washing Machine Yes No Consumption 400 gal. per day
 Actual Potential Bedrooms 2 Garbage Disposal Unit Yes No (Actual Estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class III Approved Yes No Other Epistaling Spring
 (To be installed) Class _____ ft. to be grouted _____ 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 NI/II
 (If Known)

(2) 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 None
 Surface drainage required Yes No OTHER DRAINAGE None

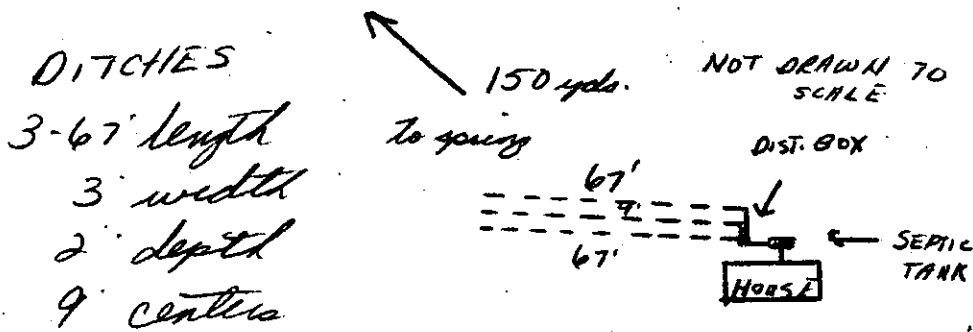
(3) HOUSE SEWER LINE Size 4 inches. Type of material required sch. 40 Plastic Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete Material Liquid Capacity 1500 gallons. required by owner
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space _____ feet.

SUBSURFACE ABSORPTION FIELD. Number of square feet required 600 Type aggregate required Broken stone

(5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 1 inches.
 Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 24 inches from surface of original ground.
 Distance from well to septic tank 50 feet; distance from well to drainfield 100 feet. minimum distances

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 FLUORANNA Health Department, Phone 589-8057 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 _____ (Reviewing Authority) Date 4/27/75 Signed John Nuttman (Sanitarian or Health Director)

