PERMIT TO INSTALL 🖾	REPAIR, D RE		
(1) Void after (12) twelve months. (2) Autom		ISPOSA SYSTE onditions are langed from	
(3) Automatically cancelled should facts later	become known that a potenti	al hazard would be created	by continuing installation.
	FHA/VA 🗌 Yes 🛣	Fredericke	
OwnerRichard J. Daly, Jr.	Address 811 Kilarney]	Drive. Pho	one (703) 786-8693
	Address(Mallin	so Addroces IVIA T/AI	one
Exact Location of premises North of Route 621 and		odd House and Spi	ring, as shown on
attached plat. Lakeview Drive Ro	ad muicated not put	in yer, but lot car	be found by using old
FOR: W Dwening Uther	Automatic Washing Machine [Garbage Disposal Unit [Yes No CC	onsumption 770 gal. per day Actual 8 estimated Water)
	Additional wastes Yes No		
	proved DO Other to be grouted 20ft.		
	sitive evidence Class III is to be co	nsidered as to be installed.)	
SOIL STUDY Naturally drained, suitable by sight	Yes No Technical	Classification	(If Known)
(2) Estimated Percolation Rate 1-10 11-25	☐ 26-50 ☐ > 51 🗹 Per		res No Rate
	mate over 4 ft.) OTHER	(Minutes per inch to	nearest 10 minutes)
	ER DRAINAGE		
(3) HOUSE SEWER LINE Size 4 inches. Type of ma			
(4) DETAILS OF CONSTRUCTION Watertight Septic Tailor Inside Dimensions Length 8 feet, Width	А	Material Liquid Capaci 4 feet. Depth of Air	· ·
SUBSURFACE ABSORPTION FIELD Number of squ		Type aggregate required	
(5) Depth of aggregate from base of tile to bottom of ditc	•	vable fallto	4 inches.
Total aggregate minimum depth 15_inches or mo Distance from well to septic tank 50_ feet; distar	re. Depth of drainfield to be 2		original ground.
Rough Sketch of Premises (including adjacent properties	s if pertinent, Showing Location	of Lot Line, Buildings, Water	Supplies, Sewage Disposal Systems,
Trees, and Other Possible Sources of Contamination of W Please note circle on attached			
	Taki	-	•
-		•	
•			
	•		
feet			4 Direttes
Representative		•	84' LONG
Grand =	ず . ーー ー ー]	3 WIDE
(10)		Thomassey	3' Dezep
7-5	48	7 Jaki	α' Δ
, imo	3500HH-	Silas,	9 CONTERES
₹□	- (•	ž
	£		A 32 3
Note: Owner or his agent must notify	feet	Health Department, Phone	967-0770 when in-
stallation is ready for inspection. If any Sewage Disposal covered at the direction of the Health Director or his agen	System, or part thereof, is covered. CONDITIONS DISCOVERED	d before being inspected by the DURING INSTALLATION M.	
SYSTEM DESIGN. Changes from above specifications rec	quire Health Department approva	before being made.	<i>/</i>
Based on the above information, the undersigned recomme Oate Approved	ands that this permit be issued.	0/76 Signed H. Steph	len Rece
(Reviewing Author	rity)	(Sani	tarian or Health Director)
Virginia State Department of Health	ŗ		

DUPLICATE

 $\nabla^{(i)} = \mathbb{E}[\mathbf{E}_i = \hat{\mathbf{E}}_i]$

141 Matalantan 1	WATER SUP		ASONS FOI ISPOSASSY	STEM 🗆	
		tomatically cancelled when site contacts and the contact and t			
(S) Automatica	ny cancenda should facts	FHA/VA Yes X	No Date 8-	28-76 Case No	·
woer Richard	J. Daly, Jr.	Address 811 Kilarney I	rive, Frederi	icksburg, Virgir Phone <u>(703)</u> 786.	nia, 2240 .8693
cupant Non		Address	ng Address)	CPhone	
xact Location I	ot 5, as shown of	on attached plat, being N	North of Route	621 and North o	f private
OR: X Dwelling	Other 3	Automatic Washing Machine Garbage Disposal Unit	Yes X No	Consumption (Actual X e	gal. per da
tuar 8 3 i otentiar	Deciroonis 3	Additional wastes		/	
WATER SUPPLY (To be installed)	(Existing) ClassClass	Approved			····
		by positive evidence Class III is to be co	nsidered as to be installe	ed.)	
SOIL STUDY Natu	urally drained, suitable by sig	ht Yes No Technical	Classification	(If Known)	· · · · · · · · · · · · · · · · · · ·
Estimated Percolati (Minutes per in Depth to Grey Mot	nch)	.25	colation Test Required (Minutes per i		
Surface drainage re		OTHER DRAINAGE of material required CH.40 Distance	from Water Supply 3	feet.	,
		eptic Tank of CONCRETE		Capacity 1000 gallons	
Inside Dimensions	Lengthfeet.	Width 4 feet. Liquid Depth	feet. Depth	of Air Spacefeet	
		r of square feet required IDOO	4	<i>A</i>	-
	from base of tile, to bottom	of ditches <u>b</u> inches. Allow s or more. Depth of drainfield to be	vable fall to	inches.	
	•—		feet.	ece or original ground.	
ough Sketch of Pren	mises (including adjacent pro	operties if pertinent, Showing Location on of Water Supplies, by Indicating Dista	of Lot Line, Buildings,	Water Supplies, Sewage Direct to one another.	sposał System
Please no	te circle on attac	ched plat in area where		dwelling.	Δ
	•		•	4.70	
		I 1		/ l. li+2 ()	-
		House		4 DIRHES	•
				84 Long	
		House Sevice			
feet		SETTIC THANK		84 Long	
feet		Sertic Thank Distribution Sort		84' LONG 3' WIDE	
feer		Sertic Thank Distribution Sort		84' LONG 3' WIDE 3' DETE	
190g —	三三章	Sertic Thank Distribution Sort		84' LONG 3' WIDE 3' DETE	
, eet	=======================================	Sertic Thank Distribution Sort		84' LONG 3' WIDE 3' DETE	
	三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三	Sertic Thank Distribution Sort		84' LONG 3' WIDE 3' DETE	
1909	三三三二	Sertic Thank Distribution Sort		84' LONG 3' WIDE 3' DETE	
	=======================================	Sertic Thank Distribution Sort		84' LONG 3' WIDE 3' DETP 9' CENTERS	
feer	三三十二	Sertic Thank Distribution Sort		84' LONG 3' WIDE 3' DETE	
ote: Owner or his ag	84	Sertic Think Distribution Box Surface Teet	Health Department,	84' LONG 3' WIDE 3' DELP 9' CENTERS POND Phone 967-0770	
ote: Owner or his ag allation is ready for overed at the directio YSTEM DESIGN. Cr	ent must notify	feet Distribution Box Distribution Box JOUISA Ilsposal System, or part thereof, is covere nis agent. CONDITIONS DISCOVERED ions require Health Department approval	d before being inspected DURING INSTALLATI	POND Phone 967-0770 Phy the Health Department	when in, it shall be un
ote: Owner or his ag allation is ready for overed at the direction YSTEM DESIGN. Cr	gent must notify	feet Sevic Charles Control	d before being inspected DURING INSTALLATI	POND Phone 967-0770 Phy the Health Department	it shall be un

DUPLICATE

on the second of the second of

e de la companya de l La companya de la companya de

-