

**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 8-28-76 Case No. \_\_\_\_\_

Owner Richard J. Daly, Jr. Address 811 Kilarney Drive, Fredericksburg, Virginia, 22401 Phone (703) 786-8693  
 (Mailing Address)

Occupant None Address \_\_\_\_\_ Phone \_\_\_\_\_  
 (Mailing Address)

Exact Location Lot 4 - North of Route 621 and just North of Old Dodd House and Spring, as shown on attached plat. Lakeview Drive Road indicated not put in yet, but lot can be found by using old road going to Old Dodd House.  
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR:  Dwelling  Other \_\_\_\_\_ Automatic Washing Machine  Yes  No Consumption 20 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 III Cased \_\_\_\_\_ 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 \_\_\_\_\_ inches (estimate over 4 ft.) OTHER \_\_\_\_\_  
 Surface drainage required  Yes  No OTHER DRAINAGE \_\_\_\_\_

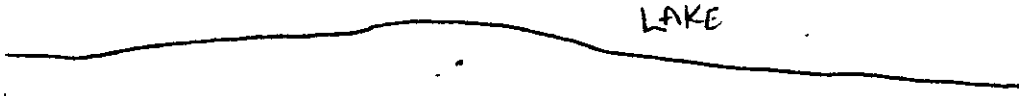
(3) HOUSE SEWER LINE Size 4 inches. Type of material required S.H. 40. Distance from Water Supply 50 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of CONCRETE Material Liquid Capacity 1000 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 CRUSHED 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 36 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.

Please note circle on attached plat in area where owner prefers dwelling.

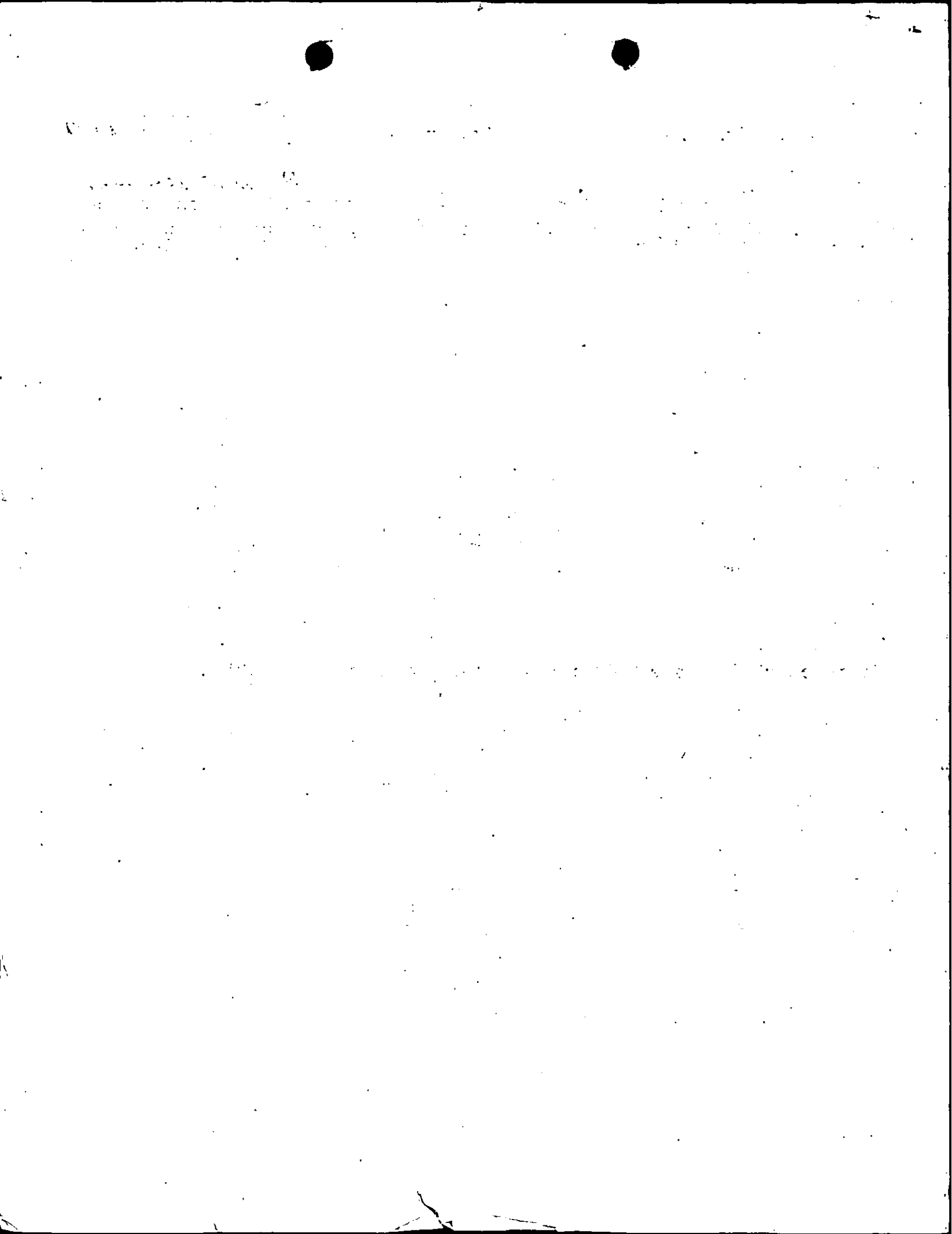


4 DITCHES  
 84' LONG  
 3' WIDE  
 3' DEEP  
 9' CENTERES

Signature \_\_\_\_\_ Representative  Owner

Note: Owner or his agent must notify LOUISA Health Department, Phone 967-0710 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 9/10/76 Signed H. Stephen Rice (Sanitarian or Health Director)



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 Owner Richard J. Daly, Jr. Address 811 Kilarney Drive, Fredericksburg, Virginia, 22401  
 Phone (703) 786-8693

Occupant None Address \_\_\_\_\_ Phone McChy - Whitlock Sub.  
 (Mailing Address) (Mailing Address)

Exact Location of premises Lot 5, as shown on attached plat, being North of Route 621 and North of private lake shown on plat, which is just North of Old Dodd House.  
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR:  Dwelling  Other \_\_\_\_\_ Automatic Washing Machine  Yes  No Consumption 420 gal. per day  
 Actual  Potential  Bedrooms 3 Garbage Disposal Unit  Yes  No ( Actual  estimated Water)

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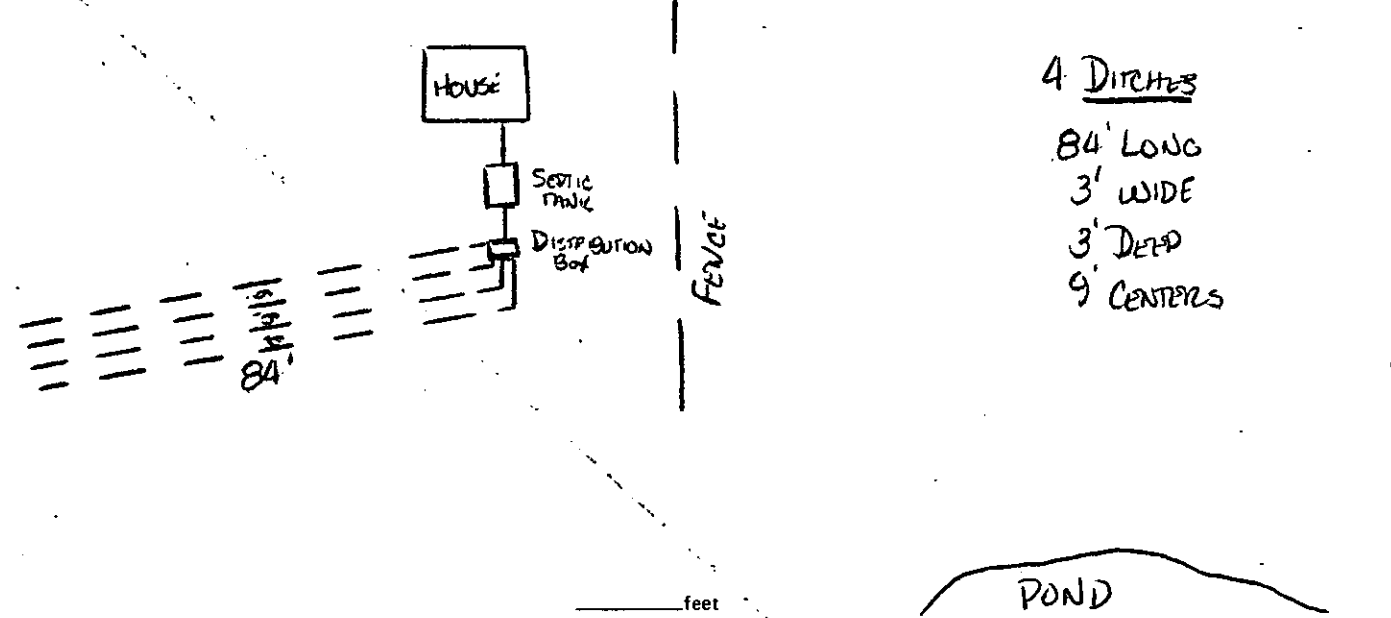
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Please note circle on attached plat in area where owner prefers dwelling.



Signature Ch. M. Schuler  
 Representative  
 Owner

Note: Owner or his agent must notify LOUISA Health Department, Phone 967-0770 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 9/10/76 Signed H. Stephen Price (Sanitarian or Health Director)

