

M.R.

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

Date 7-12-67 Case No. _____

Owner Samuel O. Blosser Address Crimora, Rt 1 Phone _____
(Mailing Address)

Occupant 11 Address 11 Phone _____
(Mailing Address)

Exact Location of Premises White Frame House on 5th side of RT 616, 2 1/2 miles East of New Hope
(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

FOR

- ☒ Dwelling ☐ Other _____
Actual or potential Bedrooms 3 Actual or estimated Water Consumption 300 gal. per day Automatic Washing Machine ☐ Yes ☒ No Garbage Disposal unit ☐ Yes ☒ No
Additional wastes _____

Health Department recommends _____

DETAILS OF RECOMMENDED SYSTEMS

- (1) WATER SUPPLY Location to be approved by Sanitarian. Type
☐ Drilled Well ☐ Driven Well ☐ Bored Well ☐ Dug Well
☐ Other cisterns 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 _____ 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 PVC. Distance from Water Supply 50 feet.

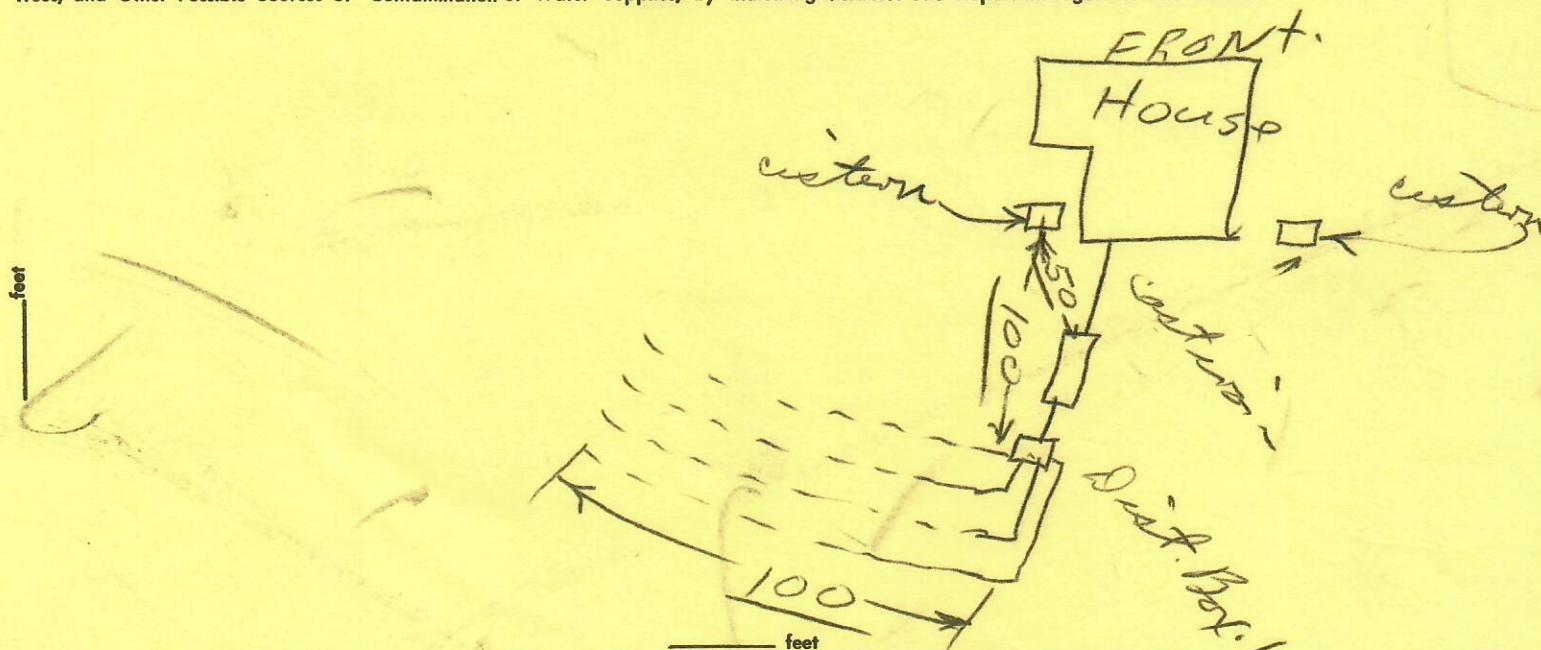
- (5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required.

Number of square feet required 800 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 18 inches. Distance from well to septic tank 50 feet; distance from well to drain tile field 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 8860783 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 7-12-67 Signed O. B. Wade
LHS - 121 Rev. 1-65 (Reviewing Authority) (Sanitarian or Health Director)
Virginia State Department of Health

DUPLICATE

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

M.R.

Date 9/19/67 Case No. _____

Owner Samuel O. Blosser Address Crimora, Route 1, Virginia Phone _____
(Mailing Address)

Occupant Samuel O. Blosser Address Route 1, Crimora, Virginia Phone _____
(Mailing Address)

Exact Location of Premises White Frame house on west side of Route 616, 2 1/2 miles East of New Hope
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION *Cistern*

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer _____ 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 OK feet. Trees OK feet.
Water Supplies 100 feet. Buildings 50 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 _____
(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 _____ 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 3
(Number)
extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 500 square feet.
Number of ditches 2 Length of ditches 100 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 gravel
Depth of aggregate under Tile 6 inches
Total depth of aggregate 13 inches
Depth of backfill over aggregate 14 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: Walter Cline Address Waynes Camp Phone _____

This Sewage Disposal System (Is) (Is Not) Approved by Augusta Co. Health Department.

Date 9-19-67 Signed D. B. Wade 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: _____