WATER SUPPLIED SEWAGE DISPOSAL STEM 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 2/2/23 Case No.
Owner C. W. LEWIS Address GENERAL delivery Phone
Occupant SAME Address KiNS GEORSE Phone
of premises LOT = 9, SECTION F FOEN ESTATES (BACK OF WAShINGTON) (Subdivision, Street or Road Name, Section or Lot No)
FOR: Dwelling Other Automatic Washing Machine Yes No Consumption 60 gal. per day Actual Potential Bedrooms 3 Garbage Disposal Unit Yes No (Actual estimated Water) Additional wastes
(1) WATER SUPPLY (Existing) Class Approved Approved ft, to be grouted ft.
(Unless supported by positive evidence Class III is to be considered as to be installed.) SOIL STUDY Naturally drained, suitable by sight Yes No Technical Classification
(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 inches (estimate over 4 ft.) OTHER Surface drainage required Yes No OTHER DRAINAGE
HOUSE SEWER LINE Size 4 inches. Type of material required C.T. Distance from Water Suppl Fub 4 feet.
(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of LONCAETE Material Liquid Capacity LOOD gallons. Inside Dimensions Length feet. Width feet. Liquid Depth feet. Depth of Air Space feet. SUBSURFACE ABSORPTION FIELD Number of square feet required for aggregate required WAShed STWIE OR GRAVE. Depth of aggregate from base of tile to bottom of ditches finches. Allowable fall to finches.
Total aggregate minimum depth
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. INSTALL 7-70'L'INES 2'WI'dE. INSTALL 7-70'L'INES 2'WI'dE. PUMP CYCLE - 100 GALS. CONTRACTOR TO PROVIDE FOLLOWING SPEC'S ON PUMP: (I.) SIZE (2.) FEET Of head (3.) GALS. PER MIN. NOT TO EXCEED ATTICS PERMIT REPLACES PERMIT REPLACES PERMIT ISSUED FASE MENT-> STREET feet
Note: Owner or his agent must notify Kill CEOFICE Health Department, Phone 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. DateApproved
LIBS-121 REV. 12/71 Virginia State Department of Health