

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Owner MOYERS, Mr. Harold D. Date 4/4/76 Case No. 204-76
 Address Rt. #1, Box 183, Linville, Va. 22834 Phone no phone
 (Mailing Address)
 Occupant _____ Address _____ (Mailing Address) Phone _____
 Exact Location West of Rd. #752, 7/10 miles South of Rd. #753. (Grid #63-2)
 of Premises _____
 (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 _____ 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 5 feet. Trees 5 feet.
 - Water Supplies _____ feet. Buildings _____ 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 _____ Size _____ Inches.
- (5) SEPTIC TANK
 - Constructed of Pre cast concrete 750 (Kind of Material)
 - Inside Dimensions Length 7 1/2 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 _____ (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 - Total Area in bottom of ditches 220 square feet.
 - Number of ditches 6 Length of ditches 60 feet.
 - Grade of ditches Minimum 2 Inches per 100 feet. Maximum 6 inches per 100 feet. Has system been checked by instruments (Level) Yes No
 - Type aggregate used gravel
 - Depth of aggregate under Tile 13 inches
 - Total depth of aggregate _____ inches
 - Depth of backfill over aggregate 10-24 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: Jess Gosh Address A'burg, Va. Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by R. H. Smith Health Department.
 Date 4/4/76 Signed Allen H. Smith (Sanitarian) 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: _____

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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 4/9/76 Case No. 204-76
 Owner Harold D. Moyers Address Rt. 1 Box 183 Linville, Va. Phone no phone
 (Mailing Address)
 Occupant _____ Address _____ (Mailing Address) Phone Grid # 63-2
 Exact Location of premises W of Rd. 752, 1/2 mile S of Rd. 753
 (Subdivision, Street or Road Name, Section or Lot No.)

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

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other neighbor's well
 (To be installed) Class _____ Cased _____ 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 _____
 Estimated Percolation Rate 1-10 11-25 26-50 > 51 (If Known) Percolation Test Required Yes No Rate _____
 (Minutes per inch) Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required Yes No OTHER DRAINAGE _____

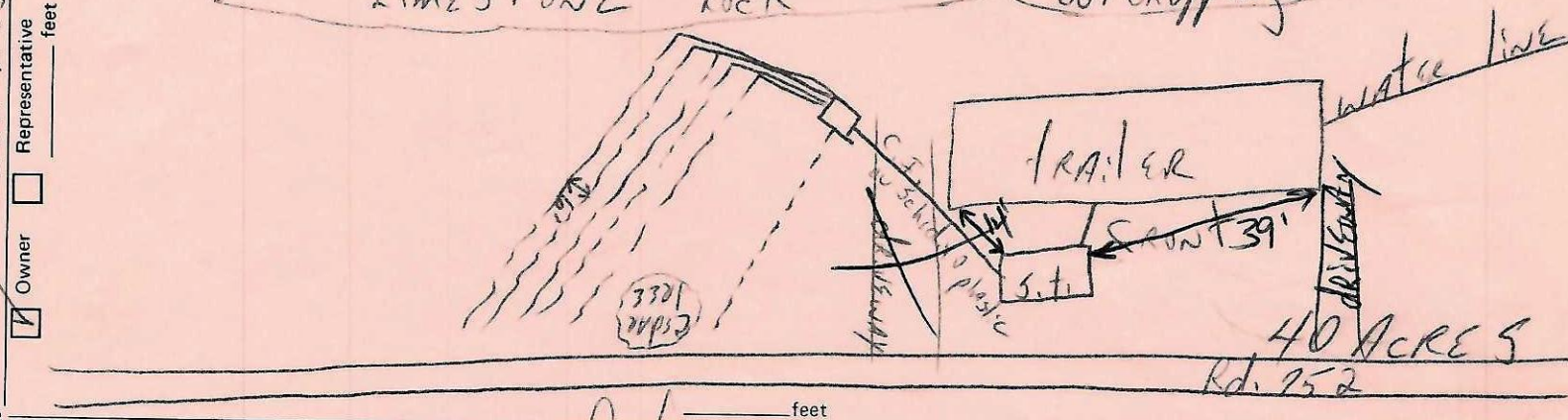
(3) HOUSE SEWER LINE Size 4 inches. Type of material required C.I. Distance from Water Supply 35 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of concrete Material Liquid Capacity 750 gallons.
 Inside Dimensions Length 7 1/2 feet. Width 3 1/2 feet. Liquid Depth 4 feet Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 720 Type aggregate required #5 sub gravel
 (5) Depth of aggregate from base of tile to bottom of ditches 6 inches Allowable fall 2 to 6 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.)

6-60' drain lines.
 1" fall per 25' in drain lines.
 Stay 5' from property lines.
 Limestone rock outcroppings
 USE CAST IRON OR SCHEDULE 40 plastic under driveway between septic tank and dist. box.



Note: Owner or his agent must notify _____ Health Department, Phone 434-1971 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 4/9/76 Approved _____ (Reviewing Authority) Signed Arthur W. Hutchalls (Sanitarian or Health Director)