

C.H.

# RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Owner H. Hopson Address Woodford Date 4/72 Case No. \_\_\_\_\_  
 (Mailing Address) Phone \_\_\_\_\_  
 Occupant maid quarters Address \_\_\_\_\_ Phone \_\_\_\_\_  
 (Mailing Address) Phone \_\_\_\_\_  
 Exact Location of Premises Pl. 2, Moringo Farm  
 (Subdivision, Street or Road Name, Section or Lot No.)

## Existing WATER SUPPLY INSPECTION

Installed according to Permit Design  Yes  No. Distance to nearest House Sewer 50 feet. Distance to nearest Sewage Disposal System 100 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 line \_\_\_\_\_ feet. Trees \_\_\_\_\_ 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 C.I. Size 4 Inches.
- (5) SEPTIC TANK  
 Constructed of concrete 1000 gal.  
 (Kind of Material)  
 Inside Dimensions Length \_\_\_\_\_ feet. Width \_\_\_\_\_ feet. Liquid Depth \_\_\_\_\_ feet. Depth of Air Space \_\_\_\_\_ 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 600 square feet. Number of ditches \_\_\_\_\_ Length of ditches \_\_\_\_\_ feet. Grade of ditches Minimum \_\_\_\_\_ Inches per 100 feet. Maximum \_\_\_\_\_ inches per 100 feet. Has system been checked by instruments (Level)  Yes  No. Type aggregate used \_\_\_\_\_ Depth of aggregate under Tile \_\_\_\_\_ inches. Total depth of aggregate \_\_\_\_\_ inches. Depth of backfill over aggregate \_\_\_\_\_ 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: H. Jones Address Spoky Phone \_\_\_\_\_  
 This Sewage Disposal System (Is) ~~is not~~ Approved by Spoky Health Department.  
 Date \_\_\_\_\_ Signed P. Deel 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: \_\_\_\_\_

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

J. K.  
Jones

Date 4/21/21 Case No. \_\_\_\_\_

Owner H. Hopson Address Woodford Phone \_\_\_\_\_  
(Mailing Address)

Occupant Arad Quarters Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of Premises At 2. Just Prior to Co. Line on Right  
(Subdivision, Street or Road Name, Section or Lot No.) Morongo Farm

OWNER DESIRES TO

<input checked="" type="checkbox"/> INSTALL	<input type="checkbox"/> REPAIR	FOR
<input type="checkbox"/> Water Supply System	<input type="checkbox"/> Water Supply System	<input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Other _____
<input type="checkbox"/> Sewage Disposal System	<input type="checkbox"/> Sewage Disposal System	Actual or potential Bedrooms <u>1</u> Actual or estimated Water Consumption <u>100</u> gal. per day Automatic Washing Machine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Septic Tank	Garbage Disposal unit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Health Department recommends \_\_\_\_\_ Additional wastes None

*Existing* **DETAILS OF RECOMMENDED SYSTEMS**

(1) WATER SUPPLY Location to be approved by Sanitarian. Type  
 Drilled Well  Driven Well  Bored Well  Dug Well  
 Other \_\_\_\_\_ 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

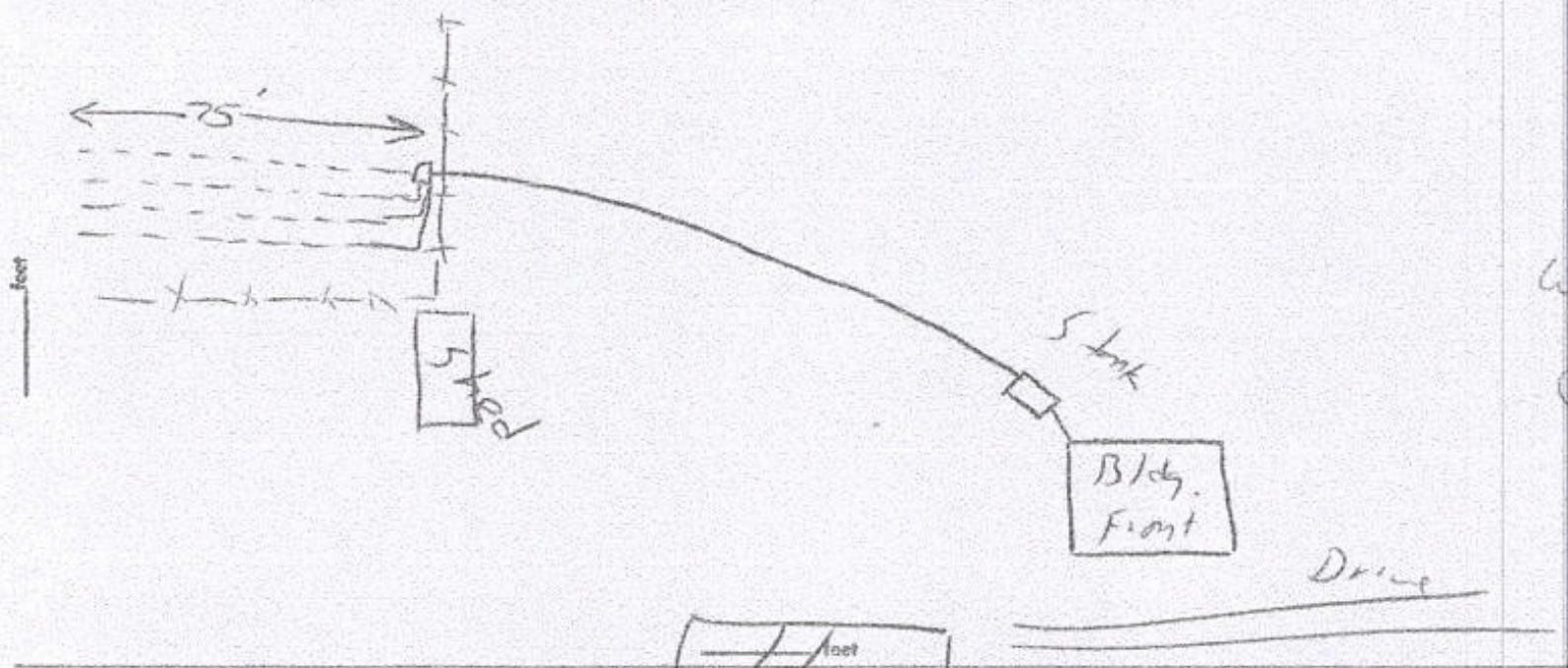
(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete  
(Kind of Material) Inside Dimensions Length 8 feet.

Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 1000 gallons.

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

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. Number of square feet required 600 Type aggregate required  Broken Stone  Gravel  Slag. Size range from  $\frac{1}{2}$  inches to  $2\frac{1}{2}$  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 file not to exceed 20 inches. Distance from well to septic tank \_\_\_\_\_ feet; distance from well to drain tile field \_\_\_\_\_ 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 \_\_\_\_\_ 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 of \_\_\_\_\_