

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Sect. 33
Prop-34B
Grid B12

Date 7/7/76 Case No. 825-8425

Owner GRIFFITH, DAVID L. Address Rt. 1 Box 247 COLLEPER, VA Phone 825-8425
(Mailing Address)

Occupant SAME Address _____ Phone _____
(Mailing Address)

Exact Location of Premises RT 29N. - RIGHT ON RT. 630 - LEFT ON RT. 710 - GO APPROX 1/2 MILE - RIGHT - IN FIELD 3/4 MILE UP HILL
(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 _____ feet. Trees _____ feet. Water Supplies NOT feet. Buildings 55 feet. TO TANK

(2) INSTALLATION AND DESIGN

Installed according to Permit Design ☒ Yes ☐ No. Have additional Household Appliances been added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal NONE
(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 SCH 40 NOT CONNECTED AT HOUSE Size 4 Inches.

(5) SEPTIC TANK

Constructed of CONCRETE (Kind of Material) Inside Dimensions Length 9 1/2 feet. Width 4 3/4 feet. Liquid Depth 4 3/4 feet. Depth of Air Space 15 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 1000 square feet. Number of ditches 5 Length of ditches 100 feet. Grade of ditches Minimum 3 1/2 inches per 100 feet. Maximum 6 1/2 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No. Type aggregate used GRAVEL Depth of aggregate under Tile 15 inches. Total depth of aggregate 15 inches. Depth of backfill over aggregate 18-22 Avg. 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: GARY RANKIN Address COLLEPER, VA. Phone _____

This Sewage Disposal System (Is) (has) Approved by MADISON Co. Health Department.

Date 7-7-76 Signed Charles A. Pichachop 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: WELL TO BE INSTALLED 100 FEET PLUS FROM DRAINFIELD.

PERMIT TO INSTALL ☒ REPAIR, ☐ REASONS FOR REJECTION ☐ *Set 33*
WATER SUPPLY ☐ SEWAGE DISPOSAL SYSTEM ☒ *Prop - 348*
Ord - 612

- (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 _____ Case No. _____

Owner GRIFFITH, DAVID L Address RT 1 Box 247 Culpeper, VA Phone 825-8425
(Mailing Address) 22701

Occupant SAME Address _____ Phone _____
(Mailing Address)

Exact Location of premises RT 29 N. Right on RT 630 - LEFT ON RT 710 - Go Approx 3 1/2 MILE, RIGHT, IN FIELD 3 1/2 mile with hill
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other Automatic Washing Machine ☒ Yes ☐ No Consumption 600 gal. per day
Actual ☐ Potential ☒ Bedrooms 3 Garbage Disposal Unit ☒ Yes ☐ No (☐ Actual ☒ Estimated Water)
Additional wastes None

(1) WATER SUPPLY (Existing) Class _____ Approved Yes ☐ No ☐ Other _____
(To be installed) Class _____ Cased to 10 ft. to be grouted 20 ft.
REQUIRED

DRIILLED WELL RECOMMENDED 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 _____ (If Known)

(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 _____

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

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of CONCRETE Material Liquid Capacity 1300 gallons.
Inside Dimensions Length 92 feet. Width 4 1/2 feet. Liquid Depth 4 1/2 feet. Depth of Air Space 1 1/2 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 1000 Type aggregate required Gravel

(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 30-34 inches from surface of original ground.

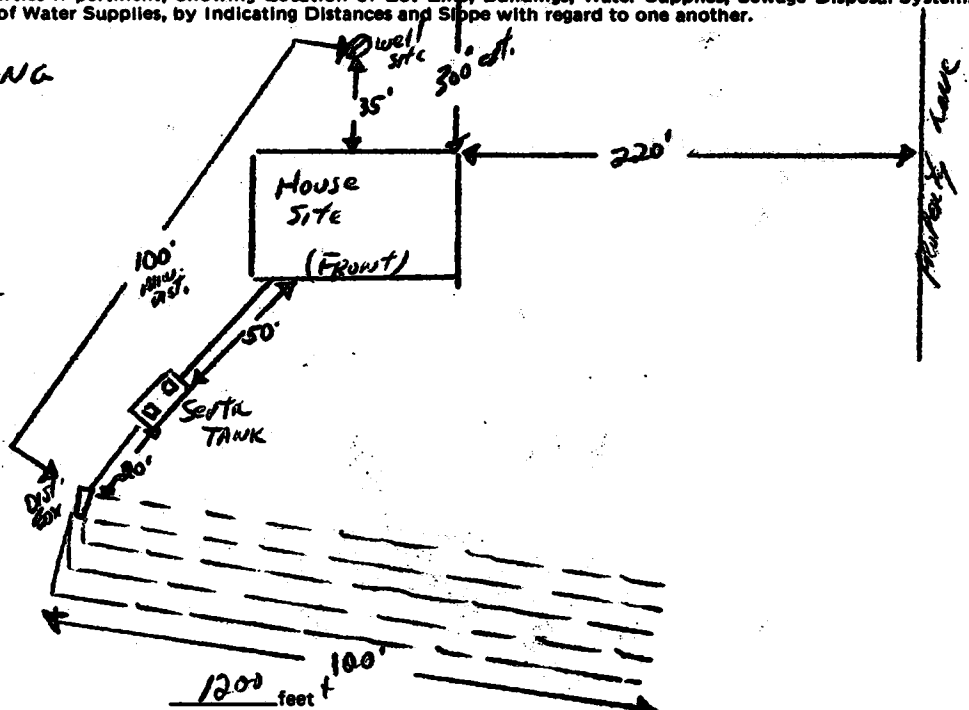
Distance from well to septic tank 50 feet; distance from well to drainfield 100 feet. *RECOMMENDED*

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.

FIVE LINES 100 FEET LONG
TWO FEET WIDE
SIX FOOT CENTERS

* KEEP DRAINFIELD 100 FEET
FROM ALL POTABLE WATER
SUPPLIES.

* REPLACES PERMIT ISSUED
ON 9/11/75 - SITE CHANGED!



Signature _____ 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 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. 3/9/76 Signed Charles A. Richardson
Date _____ Approved _____ (Reviewing Authority) (Sanitarian or Health Director)

PERMIT TO INSTALL ☒ **REPAIR** ☐ **REASONS FOR REJECTION** ☐ **Set 33** **WATER SUPPLY** ☐ **SEWAGE DISPOSAL SYSTEM** ☒ **Prop 34** (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 9-11-75 Case No. _____
 Owner GRIFFITH, DAVID L. Address RT 1 Box 247 CULPEPER, VA Phone 825-8425
 (Mailing Address) 22701
 Occupant SAME Address _____ Phone _____
 (Mailing Address) _____

Exact Location of premises RT 29 N. - Right on RT. 630 - LEFT ON RT. 710 - Go APPROX 1 MILE - RIGHT, IN FIELD 3/4 MILE ON MILL
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption 400 gal. per day
 Actual ☐ Potential ☒ Bedrooms 2 Garbage Disposal Unit ☒ Yes ☐ No (☐ Actual ☒ Estimated Water)
 Additional wastes None

(1) **WATER SUPPLY** (Existing) Class _____ Approved ☐ Yes ☒ No Other _____
 (To be installed) Class _____ Cased 75 ft. to be grouted 20 ft.

Drilled well Recommended (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 _____

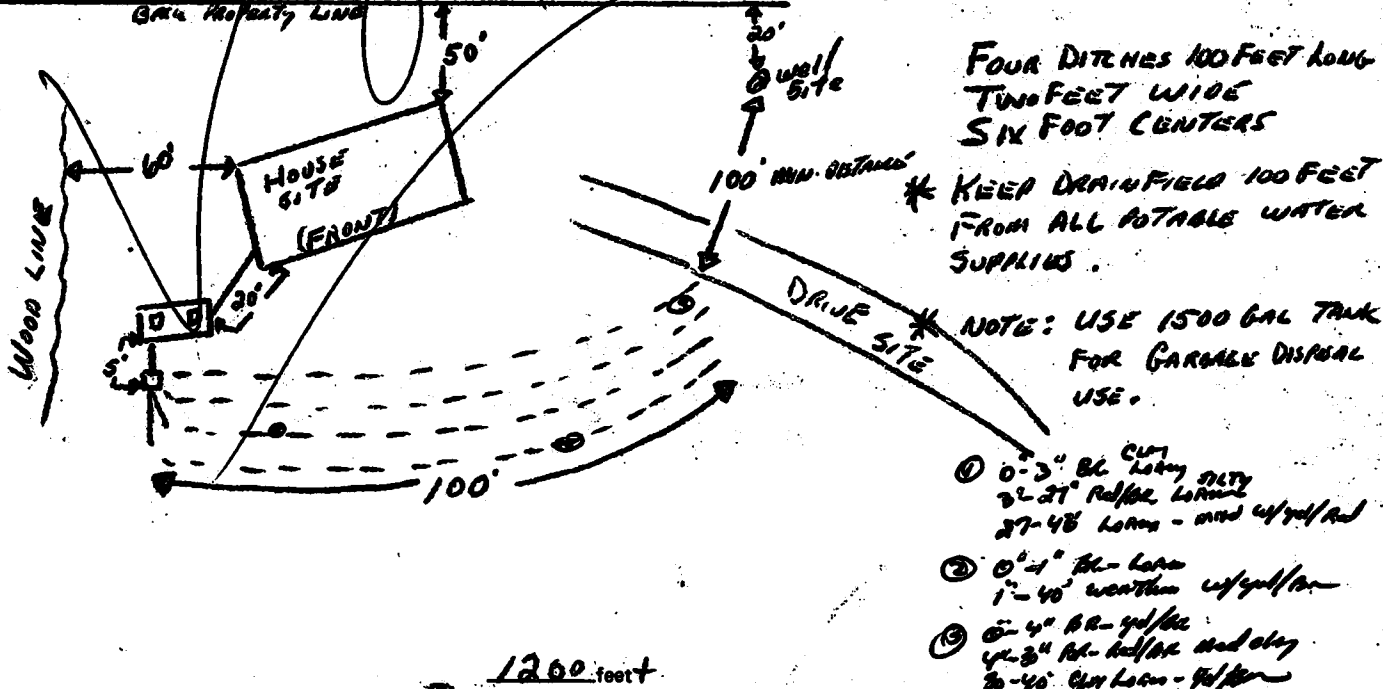
(3) **HOUSE SEWER LINE** Size 4 inches. Type of material required P.V. Distance from Water Supply 50 feet.

(4) **DETAILS OF CONSTRUCTION** Water-tight Septic Tank of Concrete Material Liquid Capacity 1500 gallons.
 Inside Dimensions Length 9 1/2 feet. Width 4 3/4 feet. Liquid Depth 4 1/2 feet. Depth of Air Space 1 1/2 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 1000 Type aggregate required GRAVEL

(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 24-28 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.



Signature _____ Date 9/11/75 Health Department, Phone 798-5481 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 9/11/75 Signed Charles A. Richardson (Sanitarian or Health Director)

COUNTY OF MADISON, VIRGINIA
OFFICE OF THE ZONING ADMINISTRATOR

District

APPLICATION FOR ZONING & BUILDING PERMIT

Permit No. 213

INSTRUCTIONS: Prepare FOUR COPIES; Secure approval of Health Department; Submit to Zoning Administrator together with scaled plot plan showing lot dimensions, building location on lot, distance from road front, distance from adjacent owners, building dimensions and building plans.

Name of Owner David L. Griffith

Address Rt. 1, Box 247, Culpeper, Va. 22701 Telephone 325-4425

Name of Contractor Owner

Address Telephone

Property Location—Highway No. 710 Street Lot No. Parcel D

Block Section Subdivision Land Map No. 32-34

Lot Size 17.55 acres Frontage Depth ☐ Corner ☐ Inside

Zoning Classification A-1 Classification of Adj. Land A-1

BUILDING DATA

Type of Structure house Proposed Use dwelling

☒ New Building ☐ Addition ☐ Mobile Home (Yr.) Other

Size 28 x 40 No. Floors 2 Units 1 Height 17 Ft. Total Area 1720 Square Feet
2 beds

Rooms 4 Baths 1 Kitchen 1 Interior Wall Construction dry

Exterior Wall Construction clapboard Type Roof & Covering Asp. Shingles
yes

Garbage Disposals no Heat (type) Oil Basement no (☐ full ☐ partial ☐ finished)

If there are any other buildings on the property, attach a sketch indicating location, dimensions, use, type of construction, distance to road and property line.

HIGHWAY DATA, SETBACK, YARDS, PARKING

Frontage Road: Total width of R/W 50 Ft. Side Road (if any) width

Building Setback: 50 Feet from Frontage Road; Side Yard 25 Feet from property line

Side Yard 25 Feet from pl; Rear Yard 50 Feet from pl

ADJACENT OWNER

ADJACENT OWNER

Type of Surface Off-Street Parking (No. Cars)

UTILITIES

Domestic Water: ☒ Individual ☐ Public Sewerage: ☒ Individual ☐ Public

Health Permit Approved by Health Dept.
(DATED) (DATE)

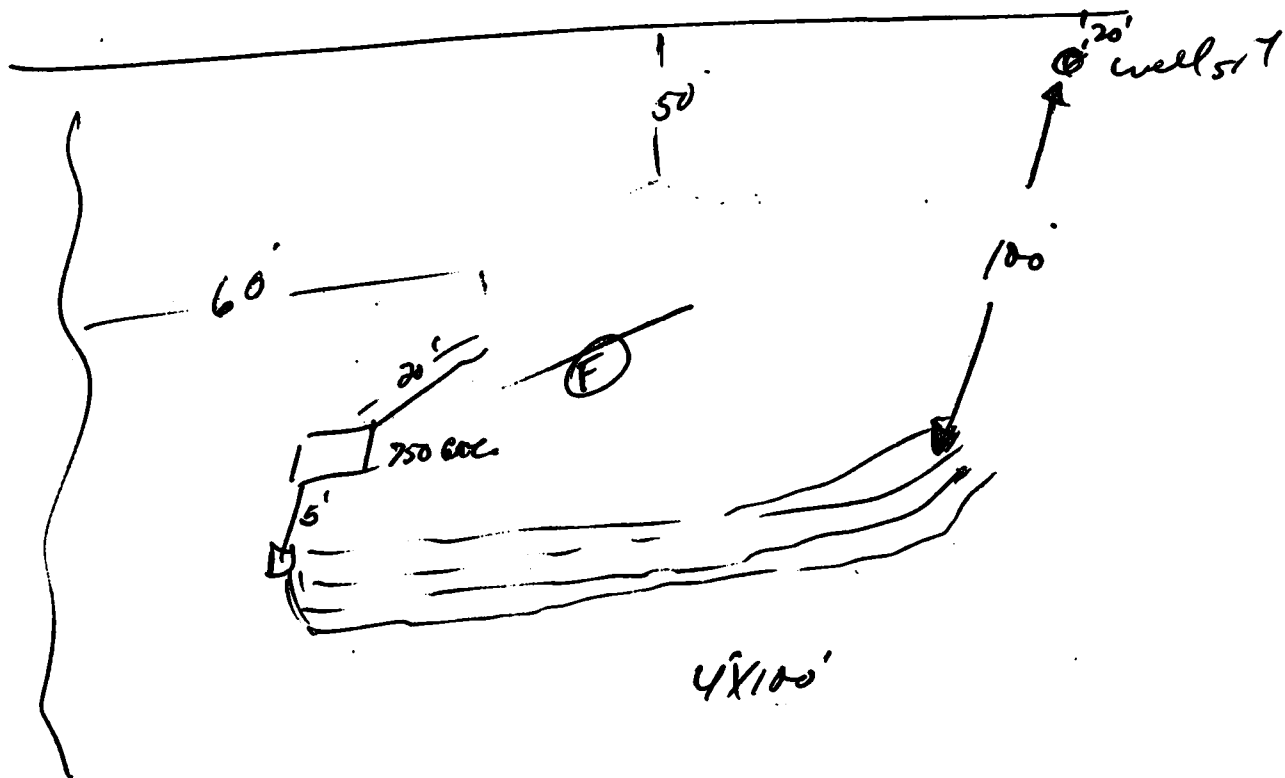
Estimated Cost \$20,000.00 Work to Begin Oct. 1975 To Be Completed 12 mos.

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and the use or construction shall conform to the County Health Regulations, the Zoning Ordinance, and private deed restrictions, if any, which are imposed on the above property. I further agree to restore any and all damage which may result from this work.

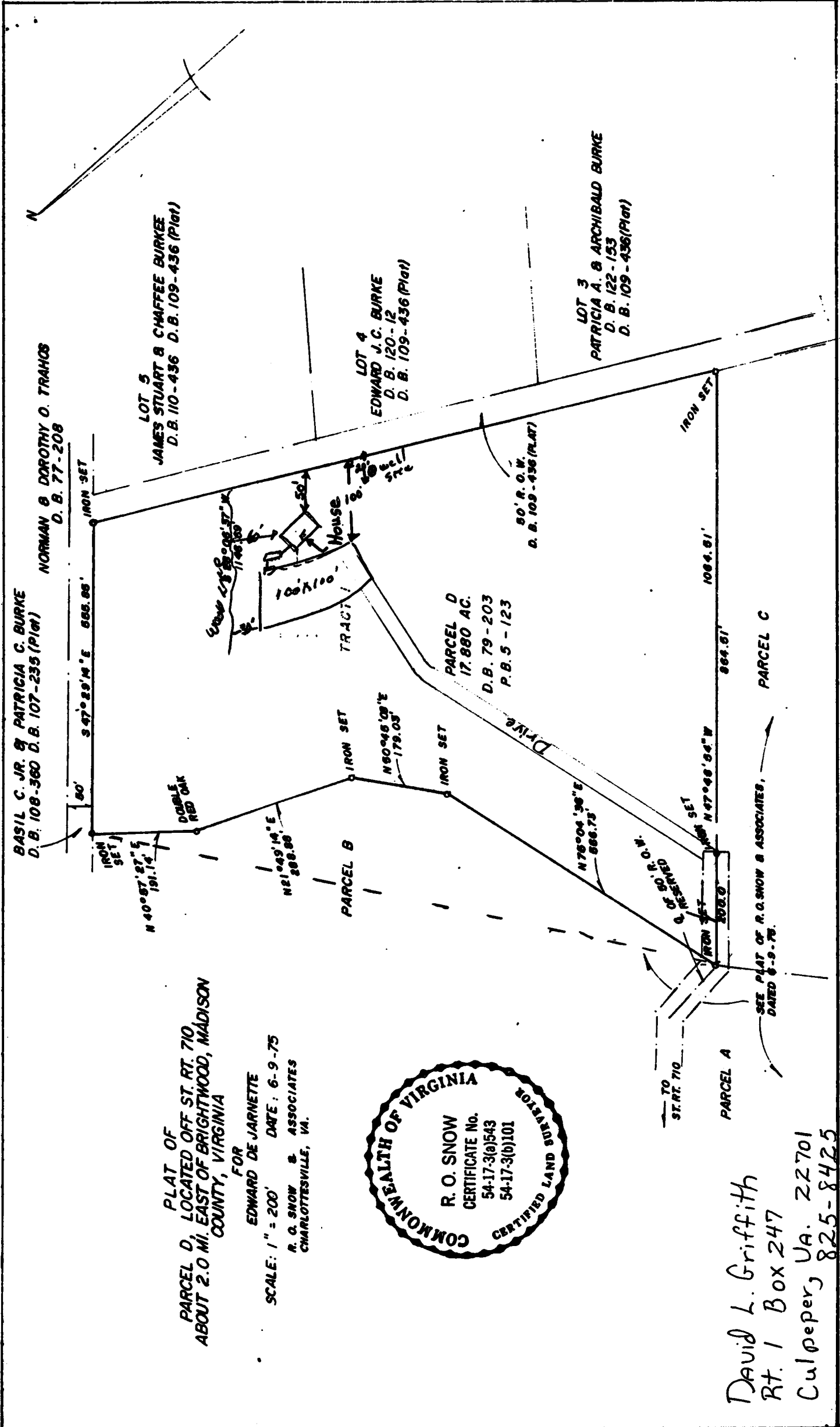
Signature of
Owner or Agent: Date Sept. 9, 1975

Approved by Building Inspector Date

Approved by Zoning Administrator: Date



David



David L. Griffith
Rt. 1 Box 247
Culpeper, VA. 22701
825-8425

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$$\begin{array}{r} 67\frac{1}{2} \\ 65\frac{1}{2} \\ 63 \\ \hline 4 \end{array}$$

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Rt. 1 Box 247

Culpeper, Va. 22701

825-8425

