Case # 79-0147

E-5 ✓

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Nethers Mill

Date 7/15/80 No. Sec. 9 (20)

Owner Light House Tabernacle Address Nethers (Mailing Address) Phone

Occupant Church Bldg. Address (Mailing Address) Phone

Exact Location of Premises 1/10 mile N.W. of RT 646 on South side of RT 707 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer no sewer feet. Distance to nearest Sewage Disposal System none 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 10 feet. Trees — feet.
Water Supplies 100+ 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 No Water in Church (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 ____ (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 ____ 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: Self Address Nethers Phone

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

Privy

Date 7/15/80 Signed Stanley Borden (Sanitarian)

Date ____ Approved ____ (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: ____

System Not guaranteed to function indefinitely only that it has been installed according to code.

Virginia Department of Health
LHS - 141 Rev. 1/76

PERMIT TO INSTALL ☑ REPAIR, ☐ REASONS FOR REJECTION ☐ 79-014; Privy V E-5
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 11-16-79 Permit No. Sec. 9 (20)

Owner Nethers Mill Lighthouse Tabernacle Address C/o Mary Jenkins Ethel, Va. Phone
(Mailing Address)

Occupant Church. Address Phone
(Mailing Address)

Exact Location of premises 4/10 mile N.W. of Rt 646 on South Side of Rt 707
(Subdivision, Street or Road Name, Section or Lot No.)
Rt 23 N to left on 646 to left on 707 go 4/10 mile on left

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

(1) WATER SUPPLY (Existing) Class III Approved Yes ☐ No ☑ Other WATER is Not in Building
(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.)

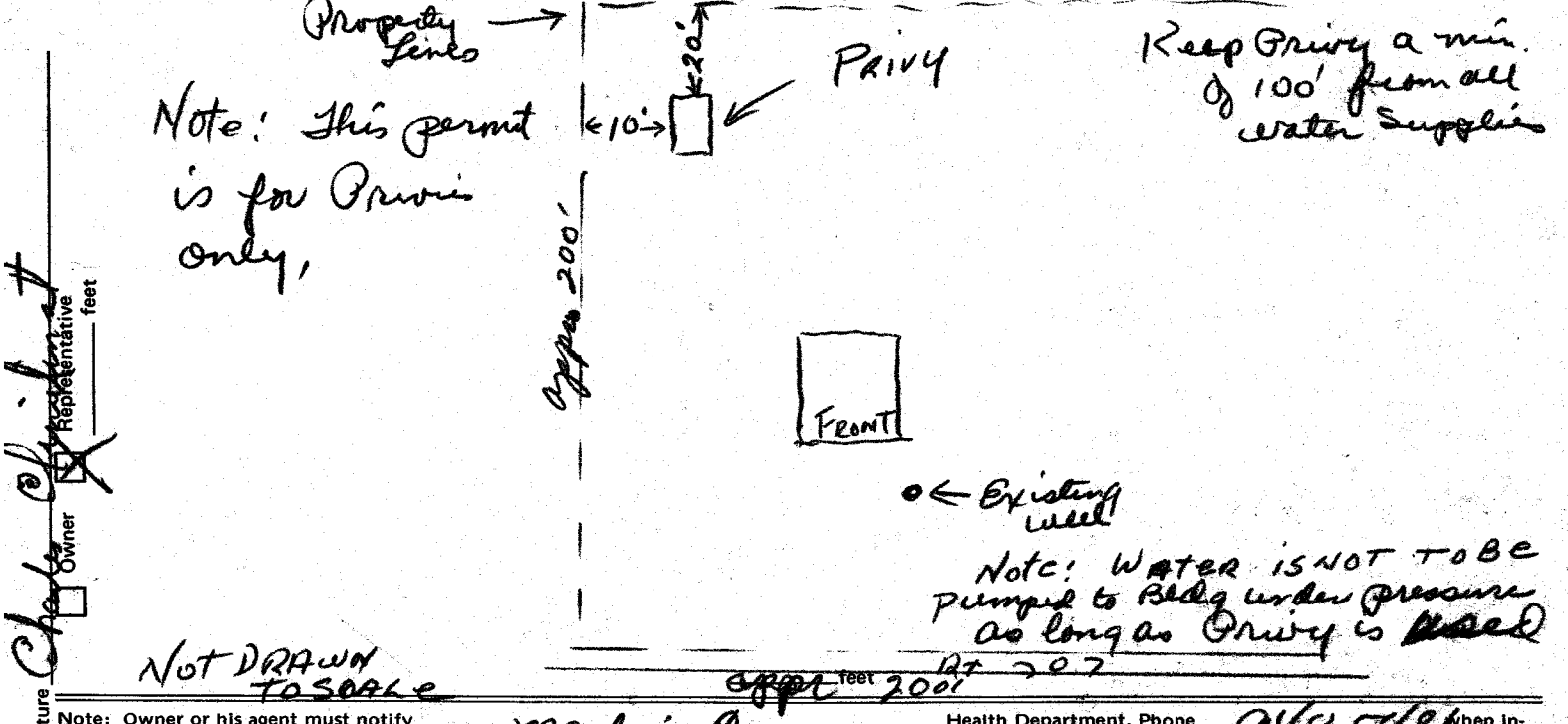
(2) SOIL STUDY Naturally drained, suitable by sight ☐ Yes ☐ No Technical Classification (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes No ☐ Rate (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles inches (estimate over 4 ft.) OTHER
Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE

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

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Material Liquid Capacity gallons.
Inside Dimensions Length feet. Width feet. Liquid Depth feet. Depth of Air Space feet.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required Type aggregate required
Depth of aggregate from base of tile to bottom of ditches inches. Allowable fall to inches.
Total aggregate minimum depth inches or more. Depth of drainfield to be inches from surface of original ground.
Distance from well to septic tank feet; distance from well to drainfield 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 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 11/16/79 Signed (Sanitarian or Health Director)

LHS - 121 REV. 12/71
Virginia State Department of Health

DUPLICATE

H.D. Mr. Borders

COUNTY OF MADISON, VIRGINIA
OFFICE OF THE ZONING ADMINISTRATOR

District .....

APPLICATION FOR ZONING & BUILDING PERMIT

Permit No. 351

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 Nethers Mill Lighthouse Tabernacle

Address Mary Jenkins Sec. Etlan, VA 22719 Telephone 987-8447Secretary

Name of Contractor ?

Address ..... Telephone .....

Property Location—Highway No. 601 Street ..... Lot No. .....

Block ..... Section ..... Subdivision ..... Land Map No. 9-20

Lot Size .50 Frontage ..... Depth ..... ☐ Corner ☐ Inside

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

BUILDING DATA

Type of Structure 2 Outdoor Privys Proposed Use With Wiring

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

Size .....x..... No. Floors ..... Units ..... Height ..... Total Area ..... Square Feet

Rooms ..... Baths ..... Kitchen ..... Interior Wall Construction .....

Exterior Wall Construction ..... Type Roof & Covering .....

Garbage Disposals ..... Heat (type) ..... Basement ..... (☐ 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 Back behind and main structure.

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

Building Setback: ..... Feet from Frontage Road; Side Yard ..... Feet from ..... (ADJACENT OWNER)

Side Yard ..... Feet from ..... (ADJACENT OWNER); Rear Yard ..... Feet from ..... (ADJACENT OWNER)

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

UTILITIES Privys

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

Health Permit 11-16-79 (DATED) # 79-0147 Approved by Health Dept. Stanley Borders 11-16-79 (DATE)

Estimated Cost $800.00 Work to Begin Nov. 1979 To Be Completed 12 months

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 11-13-79

Approved by Building Inspector ..... Date .....

Approved by Zoning Administrator: ..... Date .....