# RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Sect. 24 (3/8)

Date 6/6/73 Case No.

Owner AYLOR, MRS. ELVA Address REVA, VA. (Mailing Address) Phone

Occupant SAME Address (Mailing Address) Phone

Exact Location of Premises RT. 29 NORTH. LEFT ON RT. 609. GO 3.1 MILES ON LEFT AT POWER SUBSTATION. GO UP HILL PROPERTY ON LEFT.
(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 — feet. Buildings 6 feet.

(2) INSTALLATION AND DESIGN FROM TANK
Installed according to Permit Design ☑ Yes ☐ No
Have additional Household Appliances been added NOT on Permit: ☐ Automatic Washer ☐ Garbage Disposal ☐ Other 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 PLASTIC Size 4 Inches.

(5) SEPTIC TANK
Constructed of CONCRETE (Kind of Material)
Inside Dimensions Length 7 feet. Width 3½ 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 2 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 400 square feet.
Number of ditches 4 Length of ditches 100 feet.
Grade of ditches Minimum 4 Inches per 100 feet.
Maximum 5" inches per 100 feet. Has system been checked by instruments (Level) ☑ Yes ☐ No
Type aggregate used GRAVEL
Depth of aggregate under Tile 6 inches
Total depth of aggregate 13 inches
Depth of backfill over aggregate 18+ 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: MADISON EXCAVTING CO. Address ROCHELLE, VA. Phone

This Sewage Disposal System (Is) (Is Not) Approved by MADISON CO. Health Department.

Date 6/7/73 Signed C. A. Richardson (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:

# PERMIT TO INSTALL ☑ REPAIR, ☐ · REASONS FOR REJECTION ☐
# WATER SUPPLY ☐ SEWAGE DISPOSAL SYSTEM ☑

SEC-24 PROP-30

(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 11/14/72 Case No. GRID-I 13

Owner MRS. ELVA AYLOR Address REVA, VA. (Mailing Address) Phone 948-2387

Occupant SAME Address (Mailing Address) Phone

Exact Location of premises RT. 29 NORTH, LEFT ON RT. 609—GO 3.1 MILES ON LEFT @ POWER SUBSTATION—GO UP HILL PROPERTY ON LEFT
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☐ Dwelling ☐ Other TRAILER Automatic Washing Machine ☑ Yes ☐ No Consumption 405 gal. per day
Actual ☑ Potential ☐ Bedrooms 3 Garbage Disposal Unit ☐ Yes ☑ No (☐ Actual ☑ Estimated Water)
Additional wastes

(1) WATER SUPPLY (Existing) Class Approved Yes ☐ No ☐ Other RECOMMEND DRILLED WELL CASED TO ROCK WITH CEMENT SLURRY GROUT TO 20' DEPTH AROUND CASING
(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.)

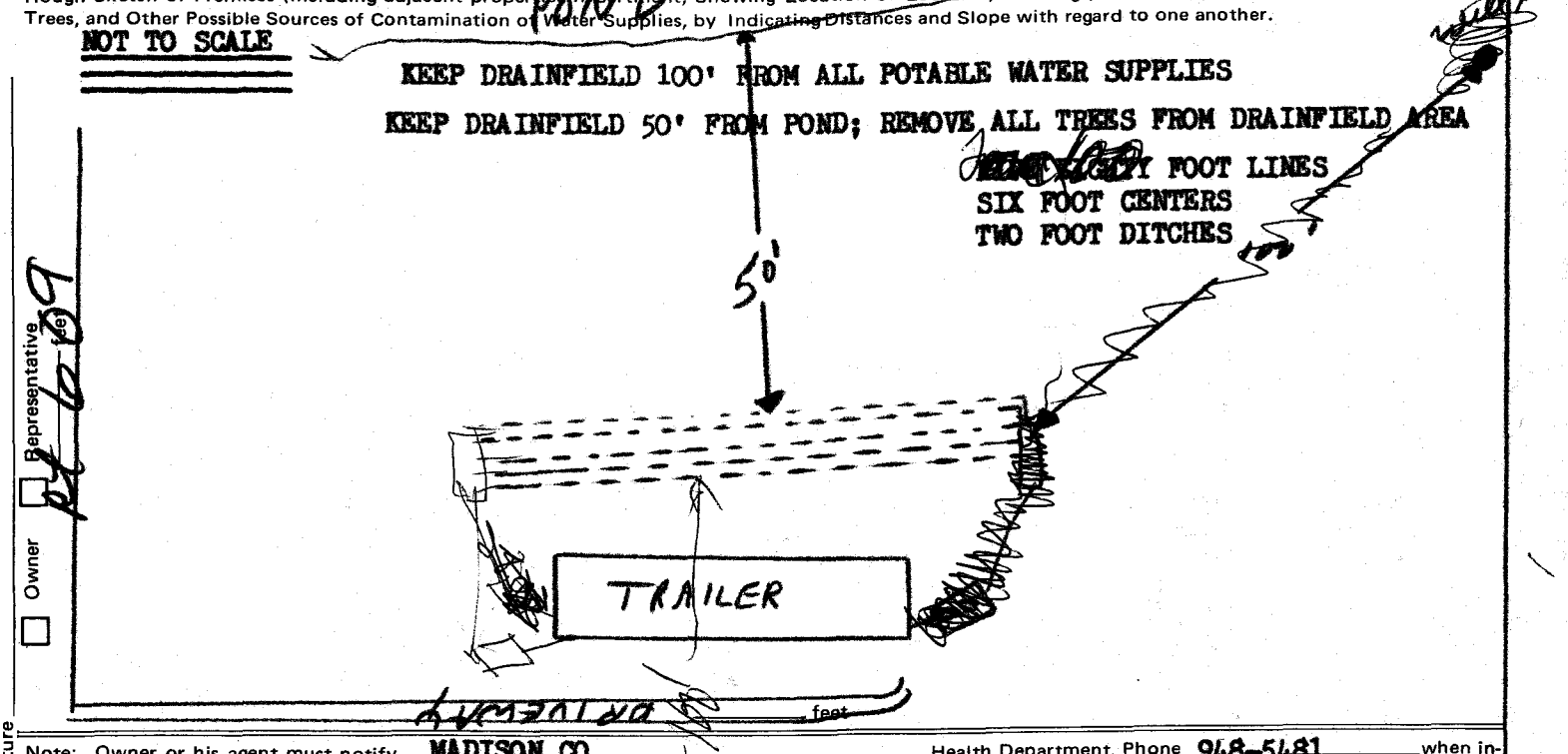
(2) SOIL STUDY Naturally drained, suitable by sight ☑ Yes ☐ No Technical Classification (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☐ 26-50 ☐ >51 ☑ Percolation Test Required ☐ Yes ☐ No ☑ Rate (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles inches (estimate over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

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

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete Material Liquid Capacity 750 gallons.
Inside Dimensions Length 7 feet. Width 3½ feet. Liquid Depth 4 feet. Depth of Air Space 1 feet
SUBSURFACE ABSORPTION FIELD Number of square feet required 800 Type aggregate required broken stone

(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 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.




☐ Owner ☐ Representative (Title) 11-29-72

Signature

Note: Owner or his agent must notify MADISON CO. Health Department, Phone 948-5481 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 Signed William T. Graham (Sanitarian or Health Director)

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

DUPLICATE

COUNTY OF MADISON, VIRGINIA
OFFICE OF THE ZONING ADMINISTRATOR

District .....

# APPLICATION FOR ZONING & BUILDING PERMIT

Permit No. .....

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 Mrs. Elva Aylor

Address Reva, Va. Telephone 948-2387

Name of Contractor .....

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

**Property Location**—Highway No. 609 Street ..... Lot No. .....

Block ..... Section ..... Subdivision ..... Land Map No. 24-31B

Lot Size 8 acres Frontage 400 plus Ft. Depth ..... ☐ Corner ☐ Inside

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

**BUILDING DATA**

Type of Structure Mobile Home Proposed Use .....

☐ New Building ☐ Addition ☒ Mobile Home (Yr. 1972) Other Fleetwood

Size 12 x 65 No. Floors ..... Total Area ..... Square Feet

Units ..... Height ..... Rooms 3 beds 4 Baths 1 Kitchen 1

Garbage Disposals ..... Heat (type) Oil Basement ..... (☐ full ☐ partial ☐ finished)

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

☐ Garage ☐ Carport ☐ Attached ☐ Detached Size ..... x ..... Total Area ..... Sq. Ft.

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 20 Ft. Side Road (if any) width .....

Building Setback: 100 Feet from Frontage Road; Side Yard 25 Feet from Walter Aylor (ADJACENT OWNER)

Side Yard 25 Feet from Thomas Loins (ADJACENT OWNER); Rear Yard 50 Feet from T. Broyles (ADJACENT OWNER)

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

**UTILITIES**

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

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

Estimated Cost $8300.00 Work to Begin ..... To Be Completed .....

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: Mrs. Elva Aylor Date Nov. 10, 1972

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

73½ 75 80 83
70½ 71¼ 78½ 90
68½ 70 76 88
4½ 5 4 5