

Date 3-25-66 Case No. _____

Owner LLOYD NICEY, JR Address RT #1 CLIFTON FORGE Phone _____
(Mailing Address)

Occupant SAME Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 3RD HOUSE ON LEFT OF RT # 635 AFTER TURNING OFF ROUTE # 42
(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 _____ 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 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 C.I.
 Size 4 Inches.
- (5) SEPTIC TANK
 Constructed of PRECAST CONCRETE
(Kind of Material)
 Inside Dimensions Length 7 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 3
(Number)
 extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 600 square feet.
 Number of ditches 4 Length of ditches 50 feet.
 Grade of ditches Minimum 2 Inches per 100 feet.
 Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) Yes No
 Type aggregate used CRUSHED STONE
 Depth of aggregate under Tile 6 inches
 Total depth of aggregate 12 inches
 Depth of backfill over aggregate 12-30 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: M. R. COOK Address RT #1 CLIFTON FORGE Phone _____

This Sewage Disposal System (Is) ~~(Is Not)~~ Approved by RUEGHAN - COVINGTON Health Department.

Date 3-25-66 Signed Earl A. Mitchell Date 4-1-66 Approved John G. Fagan, M.D.
(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: The widening of Route 635 necessitated some repair work being done on this septic system. It was necessary to install a new distribution box and four new drain lines which were all that could be placed in the limited area available.

Because of the terrain it was necessary to place some of the lines deeper in the ground than recommended. It is my belief that this repaired system will function properly for a time, but I believe it might possibly cause some trouble in time to come. RAM

REPAIR

TRIPLICATE

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

Date 2/23/65 Case No. _____

Owner Lloyd W. Nicely Jr. Address RT # 1 - Chester Phone _____
(Mailing Address)

Occupant _____ Address _____ Phone _____
(Mailing Address)

Exact Location of Premises AIRPORT RD.
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO
 INSTALL REPAIR FOR
 Water Supply System Water Supply System Dwelling Other _____
 Sewage Disposal System Sewage Disposal System Actual or potential Bedrooms 2 Actual or estimated Water
 Septic Tank Septic Tank Consumption _____ gal. per day Automatic Washing Machine
Health Department recommends _____ Additional wastes _____
 Yes No Garbage Disposal unit Yes No

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.

(3) DETAILS OF CONSTRUCTION Watertight Septic Tank of
precast concrete Inside Dimensions Length 7 feet.
(Kind of Material)

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.

Width 3 1/2 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 750 gallons.

(4) HOUSE SEWER LINE Size 4 inches. Type of material required CI. Distance from Water Supply 120 feet.

(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)

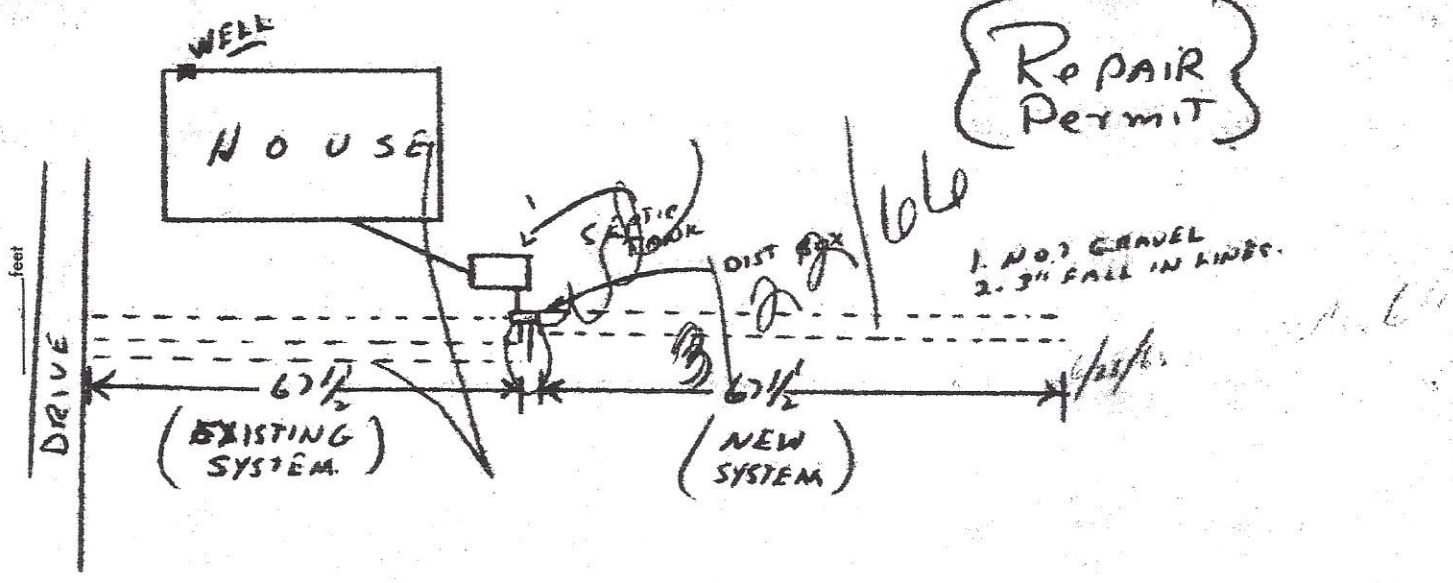
(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. 5 @ 1 1/2' L.

Number of square feet required 100. Type aggregate required Broken Stone Gravel Slag. Size range from 1/2 inches to 2 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.

Surface drainage required Yes No. Area Drainage by Lowering Ground Water Table required Yes No

Soil Cover over tile not to exceed 10-12 inches. Distance from well to septic tank 50 feet; distance from well to drain tile field 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 or his agent must notify _____ Health Department, Phone 962-2173 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 2/23/65 Signed Harry K. Rye
Date _____ Approved _____ (Reviewing Authority) Date _____ Signed _____ (Sanitarian or Health Director)
Virginia State Department of Health

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

Date 3-27-66 Case No. _____

Owner LLOYD NICELY JR. Address RT 1 CHATEAU FOREST Phone _____
(Mailing Address)

Occupant SAME Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 3RD HOUSE ON LEFT SIDE OF RT 635 AFTER TURNING OFF ROUTE 42
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO
 INSTALL REPAIR
 Water Supply System Water Supply System
 Sewage Disposal System Sewage Disposal System
 Septic Tank Septic Tank
 Health Department recommends _____

FOR
 Dwelling Other _____
 Actual or potential Bedrooms 3 Actual or estimated Water Consumption 40 gal. per day Automatic Washing Machine Yes No
 Garbage Disposal unit Yes No
 Additional wastes NONE

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
PRECAST CONCRETE Inside Dimensions Length 7 feet.
 (Kind of Material)

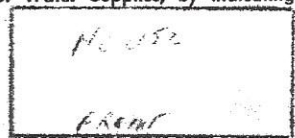
Width 3 1/2 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 760 gallons.

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

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. 400 square feet required. Type aggregate required Broken Stone Gravel Slag. Size range from 1/2 inches to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches. Total aggregate must equal minimum depth of 12 inches or more. Soil Cover over tile not to exceed 12 inches. Distance from well to septic tank 3 feet; distance from well to drain tile field 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.

REPAIR PERMIT



**NEW DISTRIBUTION BOX PROVIDED
 4 NEW LINES 50' x 3'
 NO 7 STONE REQUIRED
 MIN OF 2" MAN. 4" FALL IN LINE**



Owner or his agent must notify MURRAY COVINGTON Health Department, Phone 963-3173 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 _____ Date 3-27-66 Signed Carl A. Mitchell
 LHS - 121 Rev. 1-65 (Reviewing Authority) (Sanitarian or Health Director)
 Virginia State Department of Health

TRIPLICATE

RECORD OF INSPECTION—INDIVIDUAL SEWAGE DISPOSAL SYSTEM

1955 Page 14

Case No. _____

- NEW INSTALLATION
- REPAIRS TO OLD INSTALLATION

DATE 10-27-55

OWNER Lloyd W. Nicely, Allegheny Co. RFD 1, Clifton Forge ADDRESS _____ PHONE _____

OCCUPANT OR OTHER _____ ADDRESS _____ PHONE _____

CONTRACTOR _____ ADDRESS _____ PHONE _____

EXACT LOCATION Route 42 off Route 60, then Road No. 635 Subdivision-section or lot no. _____ St. or Road name or number _____ Other description _____

- Single Dwelling Unit
- Multiple Dwelling Unit, Number of Bedrooms (actual or potential) _____

LOT SIZE: Width 150 ft. Depth 200 ft.

WATER SUPPLY. Public System Community System Individual system on site

SEWAGE DISPOSAL: Septic Tank System Other _____ describe _____

DESIGNED FOR: Only ordinary household wastes—Yes No ; Automatic Laundry machine—Yes No ; Garbage disposal device—Yes No

DESIGN OF SYSTEM Inside
Tank capacity 750 Gallons; Tank dimensions: Length 7 ft. Width 3 1/2 ft. Depth 5 ft.
Subsurface drainage; Number of ditches 3; Total drainage 402 sq. ft.

INSPECTION FINDINGS:

- (1) LOCATION: Lot size adequate Yes No. Entire system accepted distance from water supply Yes No. Properly located relative to property lines, buildings, etc. Yes No.
- (1a) SOIL CONDITION: Naturally drained and suitable by sight Yes No. Sufficient surface drainage ditches provided Yes No. Percolation tests made Yes No. Acceptable results Yes No.
- (2) HOUSE SEWER: Type of pipe Cast Iron Laid to proper grade Yes No.
- (3) SEPTIC TANK: Installed according to permit design Yes No. Approved construction for water tightness Yes No. Inside fixtures comply with requirements Yes No. Storm drains from house and basements not flowing into or on tank Yes No. Trees, etc. within 10 feet of tank Yes No.
- (4) DISTRIBUTION BOX: Watertight and equal surcharge by Water Test Yes No. Inlets and outlets caulked tightly Yes No. Adequate number of extra outlets Yes No. Separate, tight lines connected to outlets and leading into subsurface ditches—no leaks Yes No.
- (5a) DRAINAGE FIELD: Total length of ditches 200 feet. All ditches of equal length Yes No. Width 2 ft. Depth 2 ft. Properly located Yes No. Bottom of ditches of proper grade Yes No. Ditches laid—6 foot centers Yes No.
- (5b) DRAINAGE FIELD (Materials, etc.): Open joints protected on top with approved strips Yes No. Approved filter material Yes No. Depth of filter material under tile 6 in. Filter material packed around and encasing the entire tile Yes No.
- (5c) DRAINAGE FIELD (Grading): Storm drains from house and basements not flowing into or on ditches. Ditches properly backfilled and area graded Yes No.
- (6) DO THE ABOVE DEFECTS IN CONSTRUCTION WARRANT REJECTION? Yes No.
- (7) IS A FOLLOW-UP REINSPECTION NECESSARY? Yes No.

REMARKS: (5b) size gravel substandard in drain field

Based on the above information, this is to certify that this system (has) ~~has not~~ been located and installed according to Local County State Requirements. This system requires proper use and adequate maintenance.

Date 10-27-55 Signed R. S. Linnard (Inspector) Sanitarian (Title)

Signed _____ (Reviewing Official)

(Title)

With proper maintenance and avoidance of overloading, this system can be expected to function satisfactorily if no physical damage occurs to any part of the system and favorable soil conditions continue.

Follow-ups: Date _____

New Installation
 Repairs

Date 10 May '55

PERMIT TO INSTALL OR REPAIR WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

Owner Lloyd W. Nicely, Jr. Address R.F.D. I, Clifton Forge, Va. Phone _____
(Must be filled in) (Mailing Address)
Occupant Same Address _____ Phone _____
Contractor Mr. Beck Address Rosnoke, Va. Phone _____
(Mailing Address)

Location of Premises Rt 42, then Rd 635
(Subdivision, Street or Road Name or Number, Section, Lot No.)

Directions Second house on left on 635

Owner Desires to: Install Repair Water Supply System: Type _____
 Sewage Disposal System: Septic Tank Other _____
Lot Size: Width 150 Ft. Depth 200 Ft.

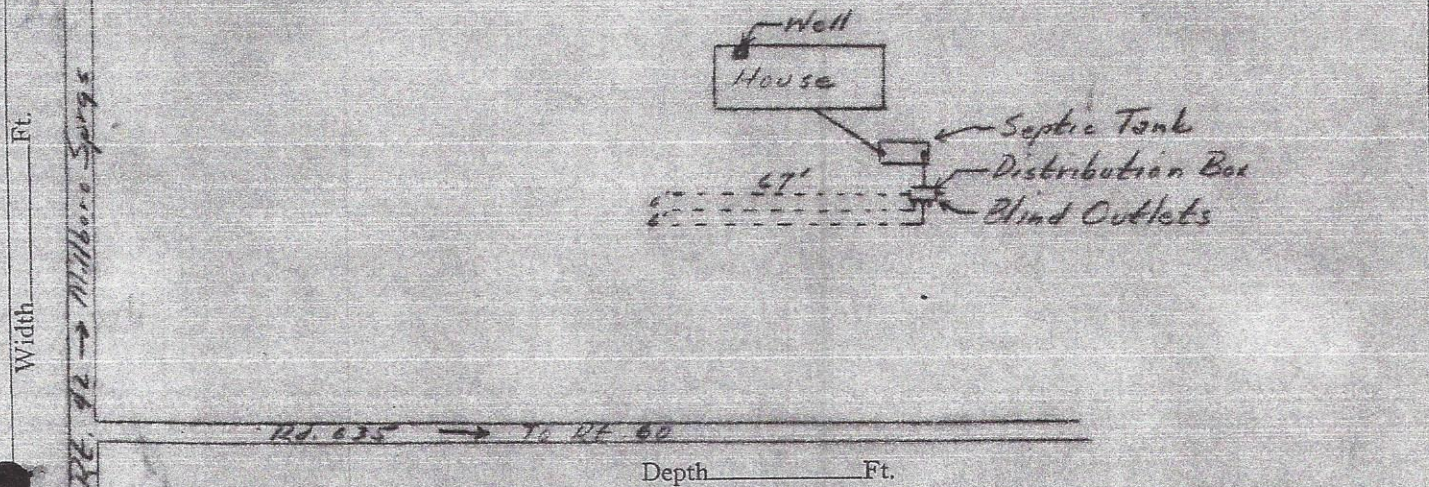
FOR: Single Dwelling Unit Multiple Dwelling Unit Total No. _____ Estimated or Actual
Bed Rooms 2 Water Consumption 100 Gal.
SEPTIC TANK SYSTEM Ordinary Household Sewage & Wastes In Addition Wastes from _____ Garbage
FOR DISPOSAL OF: Automatic Washing Machine _____ Disposal Device _____
 Additional _____
Living Quarters _____ Other _____
(Explain) (Explain)

Health Department: Recommends Rejects: Water Supply System
 Recommends Rejects: Sewage Disposal System
Reasons for Rejection and Recommended Alternatives: _____

DETAILS OF RECOMMENDED SEPTIC TANK SYSTEM

Kind of Material for Tank: Concrete Other Pre-Cast Reinforced Concrete
Size of Tank: Length 7 Ft. Width 3 1/2 Ft. Depth 5 Ft. Capacity 720 Gallons
Subsurface Drainage Field: Ditches 3 No. of Ditches 24 Inches Exact Length 67 Ft. of Each Ditch Width of Ditches 2 Ft. Depth of Filter Material 12 Inches. Depth of Water Table _____ Ft. Surface Drainage _____ Ft. Linear
Percolation Tests Required No. of Holes _____ Results _____
Signed E. S. Hanger Date 10 May '55
(Sanitation Officer)

Rough Sketch of Premises Showing Location of Buildings, Water Supply System, Sewage Disposal System, and other Pertinent Details



Note: This is a Permit to Construct or Repair Subject to Inspection. (Owner or his Agent) must Notify Alleghany Co. Health Department when Installation is ready for Inspection. If any Septic Tank or Part thereof is covered before being inspected by the Health Department, it shall be uncovered by the owner at the direction of the Health Officer or his Agent.