

**TO INSTALL REPAIR, REASONS FOR REJECTION
 WATER SUPPLY SEWAGE DISPOSAL SYSTEM**

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 6-16/80 Case No. GR 46-22
 Owner Leo McCray Address Mc Dowell, VA Phone (2)
 Occupant Scmc Address _____ Phone _____
 (Mailing Address) (Mailing Address)

Exact Location of premises NE Side Rt 250 - 1/4 mi W of McDowell
 (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

(1) WATER SUPPLY (Existing) Class _____ Approved Yes No Other Public
 (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.)

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 _____

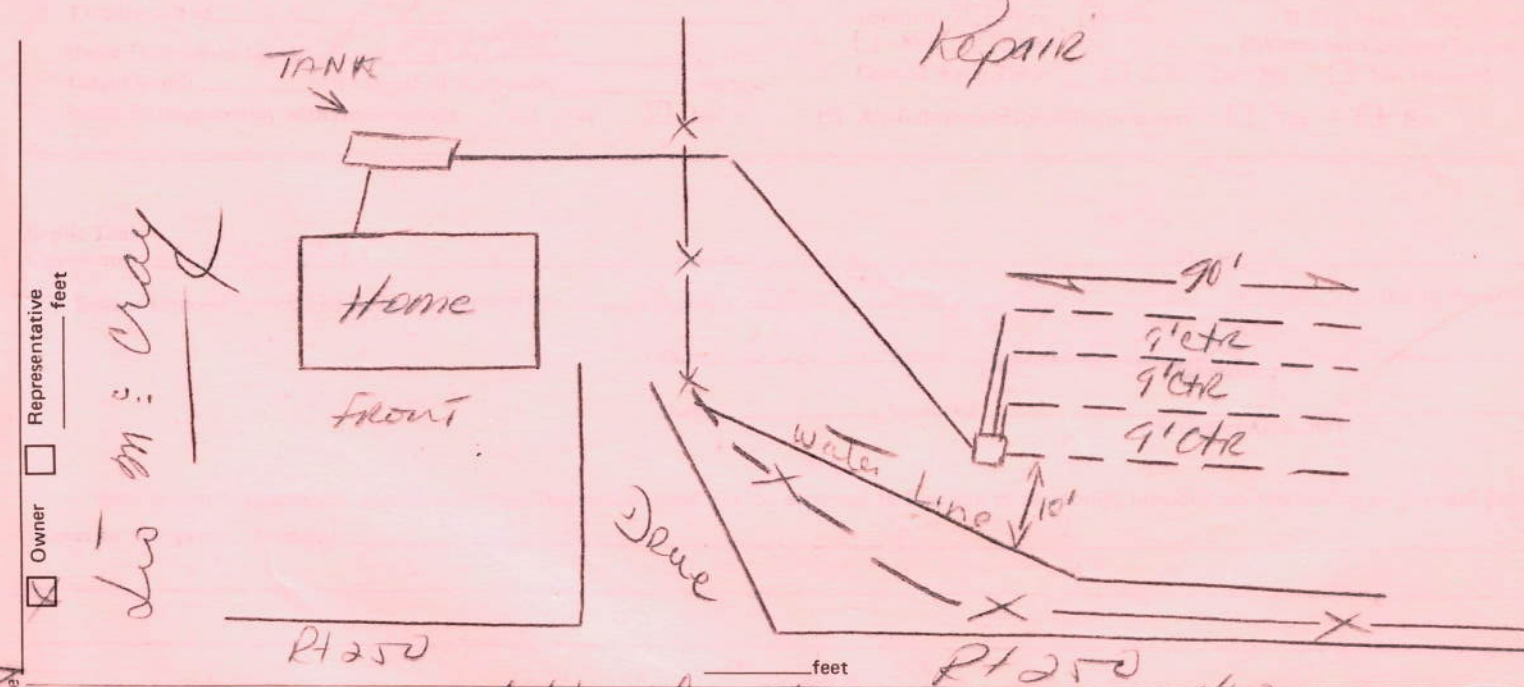
(3) HOUSE SEWER LINE Size 4 inches. Type of material required _____ Distance from Water Supply Existing feet.

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

SUBSURFACE ABSORPTION FIELD Number of square feet required 1000 Type aggregate required 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 6 inches or more. Depth of drainfield to be 24 inches from surface of original ground.
 Distance from well to septic tank 50 feet; distance from well to drainfield 100 feet. mid

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 Hyland County Health Department, Phone 4682270 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 6/16/80 Signed James Thompson (Sanitarian or Health Director)