

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 7-30-69 Case No. _____

Owner Ashby May Address Warm Springs, Va. Phone _____
(Mailing Address)

Occupant Same Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Near Game Warden's home on Bacova Road,
(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 0 feet. Trees 2 feet. Water Supplies 100 feet. Buildings 10 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 Near (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 Pre-cast Concrete (Kind of Material)
 Inside Dimensions Length 8 feet. Width 4 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 5 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD

Total Area in bottom of ditches 960 square feet.
 Number of ditches 6 Length of ditches 80 feet.
 Grade of ditches Minimum 3 Inches per 100 feet.
 Maximum 6 inches per 100 feet. Has system been checked by instruments (Level) Yes No
 Type aggregate used Broken Stone
 Depth of aggregate under Tile 6 inches
 Total depth of aggregate 13 inches
 Depth of backfill over aggregate 18-24 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: Carl Folks Address Montevy, Va. Phone _____

This Sewage Disposal System (Is) ~~(Is Not)~~ Approved by Bath County Health Department.

Date 7-30-69 Signed L.W. Layton 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: _____

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

Date 8-2-68 Case No. _____

Owner Ashley May Address Warm Springs, Va. Phone _____
(Mailing Address)

Occupant Same Address _____ Phone _____
(Mailing Address)

Exact Location of Premises Lot near Dame Warden's home on Bocova Rd off lot 39
(Subdivision, Street or Road Name, Section or Lot No.)

OWNER DESIRES TO

<input checked="" type="checkbox"/> INSTALL	<input type="checkbox"/> REPAIR	FOR
<input type="checkbox"/> Water Supply System	<input type="checkbox"/> Water Supply System	<input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Other <u>Liquid beauty shop</u>
<input checked="" type="checkbox"/> Sewage Disposal System	<input type="checkbox"/> Sewage Disposal System	Actual or potential Bedrooms <u>2 1/2</u> Actual or estimated Water Consumption <u>200</u> gal. per day Automatic Washing Machine
<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No Garbage Disposal unit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Health Department recommends _____ 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 8 feet.
(Kind of Material)

Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet. Liquid Capacity 1000 gallons.

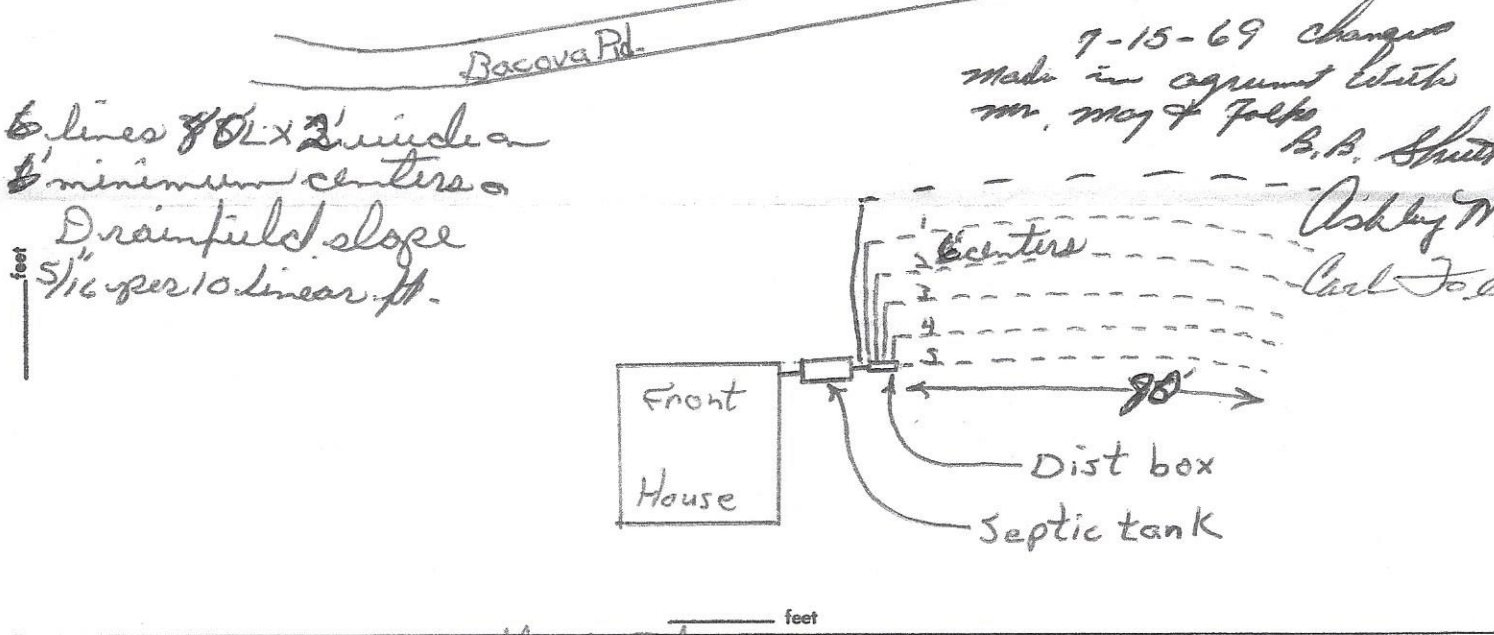
(4) HOUSE SEWER LINE Size 4 inches. Type of material required approved. Distance from Water Supply 50+ feet.

(5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required.

Number of square feet required 960 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. Soil Cover over tile not to exceed 18 inches. 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.



Note: Owner or his agent must notify Bath County Health Department, Phone 839-2233 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 8-2-68 Approved _____ (Reviewing Authority)
Signed C.R. McSweeney (Sanitarian or Health Director)

ORIGINAL