

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 3-14-67 Case No. _____

Owner Kenneth I. Devore Address Christiansburg, Va Phone _____
(Mailing Address)

Occupant SAME Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 3 miles East Christiansburg - Left 1st road beyond Bingers Esso
(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

- | | |
|---|---|
| <p>(1) LOCATION
 Allotted Area adequate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Distance from nearest lot lines _____ feet. Trees _____ feet. Water Supplies <u>2700</u> feet. Buildings <u>8</u> feet.</p> <p>(2) INSTALLATION AND DESIGN
 Installed according to Permit Design <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 Have additional Household Appliances been added NOT on Permit: <input checked="" type="checkbox"/> Automatic Washer <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Other _____
 <small>(Describe)</small></p> <p>(3) SOIL CONDITION
 Are there soil conditions now evident which indicate system may be unsatisfactory as designed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, show adjustments required under "Remarks" below.</p> <p>(4) HOUSE SEWER LINE
 Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Type of material <u>CAST IRON</u> Size <u>4</u> Inches.</p> <p>(5) SEPTIC TANK
 Constructed of <u>CINDER BLOCK - PLASTERED INSIDE</u>
 <small>(Kind of Material)</small>
 Inside Dimensions Length <u>13</u> feet. Width <u>5</u> feet. Liquid Depth <u>4</u> feet. Depth of Air Space <u>12</u> inches. Inside Fittings comply with requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.</p> | <p>(6) DISTRIBUTION BOX
 Watertight and equal surcharge to each line by Water Test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Distribution Box provided with <u>3</u> (Number) extra outlets for future use.</p> <p>(7) SUBSURFACE ABSORPTION FIELD <u>36" WIDTH</u>
 Total Area in bottom of ditches <u>1500</u> square feet. Number of ditches <u>5</u> Length of ditches <u>100</u> feet. Grade of ditches Minimum <u>2</u> Inches per 100 feet. Maximum <u>6</u> inches per 100 feet. Has system been checked by instruments (Level) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Type aggregate used <u>CRUSHED STONE</u>. Depth of aggregate under Tile <u>6</u> inches. Total depth of aggregate <u>12</u> inches. Depth of backfill over aggregate <u>14-24</u> inches.</p> <p>(8) SURFACE DRAINAGE
 Storm Drains from House and Basement flowing away from Subsurface Drainage Field: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Was Surface Drainage required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, has this been provided <input type="checkbox"/> Yes <input type="checkbox"/> No. Has area been drained by lowering Ground Water Table: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. <input type="checkbox"/> Not required.</p> <p>(9) Are follow-up inspections necessary <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.</p> |
|---|---|

Septic Tank Contractor: Garland Linkous Address Roanoke, Va Phone _____

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

Date 3-14-67 Signed W. Schuler 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)**

1967 Book

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Date 1-24-67 Case No. _____

Owner KENNETH J. DEVORE Address CHRISTIANSBURG, VA Phone _____
(Mailing Address)

Occupant SAIME Address _____ Phone _____
(Mailing Address)

Exact Location of Premises 3 miles EAST CHRISTIANSBURG - Left At BUYERS ESSO - END ROAD
(Subdivision, Street or Road Name, Section or Lot No.)

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

FOR
 REPAIR
 Water Supply System
 Sewage Disposal System
 Septic Tank

FOR
 Dwelling Other _____
 Actual or potential Bedrooms 6 Actual or estimated Water Consumption _____ gal. per day Automatic Washing Machine
 Yes No Garbage Disposal unit Yes No
 Additional wastes _____

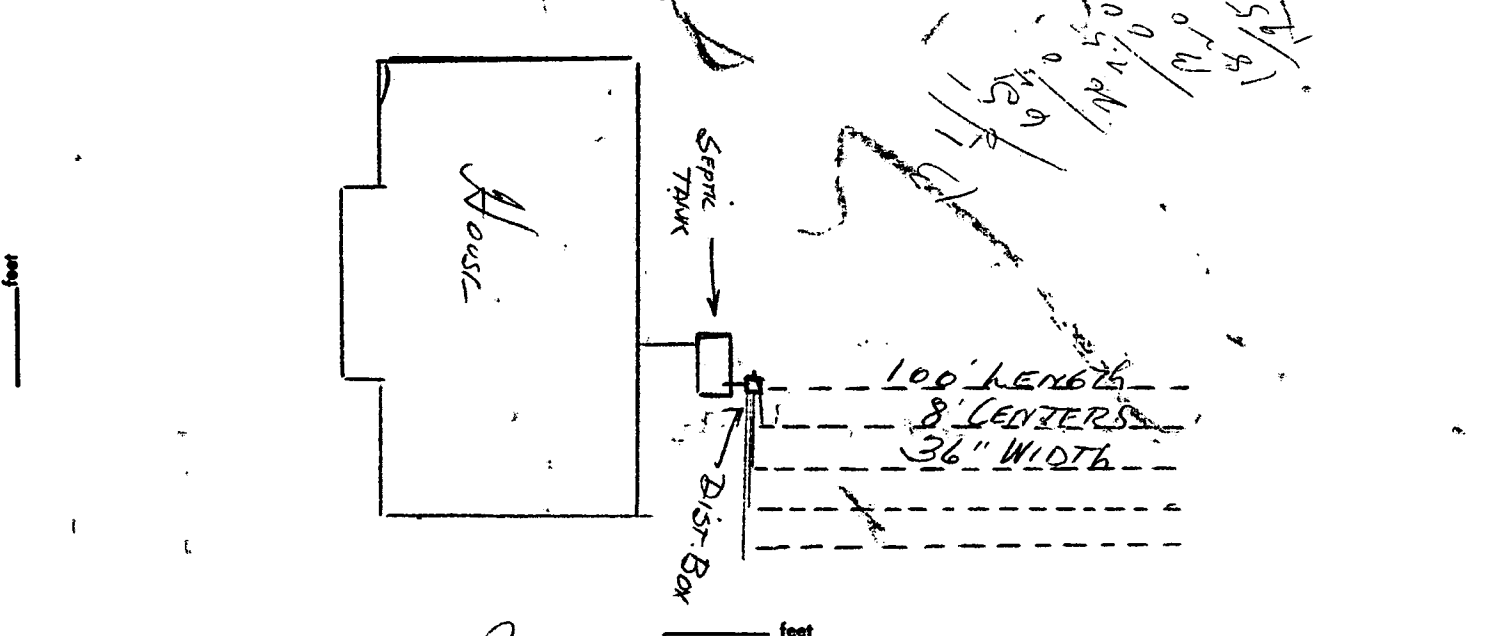
DETAILS OF RECOMMENDED SYSTEMS

(1) WATER SUPPLY Location to be approved by Sanitarian. Type
 Drilled Well Driven Well Bored Well Dug Well
 Other SPRING - 1500' 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 CONCRETE Block - PLASTERED INSIDE
 (Kind of Material) Inside Dimensions Length 12 feet.
 Width 6 feet. Liquid Depth 5 feet. Depth of Air Space _____ feet. Liquid Capacity 400 gallons.
 (4) HOUSE SEWER LINE Size 4 inches. Type of material required C.I.. Distance from Water Supply 1500 feet.
 (5) SUBSURFACE ABSORPTION FIELD Distribution Box required. Ditches of equal length required. Number of square feet required 1500. Type aggregate required Broken Stone Gravel Slag. Size range from $\frac{1}{2}$ inches to 2 $\frac{1}{2}$ 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 24 inches. Distance from well to septic tank 1500 feet; distance from well to drain tile field 1500 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 582-3111 when installation 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 1-24-67 Signed [Signature]
 Date _____ Approved _____ (Reviewing Authority) Date _____ Signed _____ (Sanitarian or Health Director)
 LHS - 121 Rev. 1-65 Virginia State Department of Health

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$$\begin{array}{r} 250 \\ \hline 2000 \end{array}$$

$$\begin{array}{r} 1220 \\ \hline 200 \end{array}$$

$$\begin{array}{r} 13 \\ \hline 65 \\ \hline 260 \\ 7.5 \\ \hline 1300 \\ 1820 \\ \hline 1950 \end{array}$$