

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 10-15-73 Case No. 394-73

Owner BOWMAN, Mr. Donald Wayne Address 309 Ohio Ave., Harrisonburg, Va. 22801 Phone _____
 (Mailing Address)
 Occupant _____ Address _____ Phone _____
 (Mailing Address)
 Exact Location of Premises Rd. #689 (1/4 mile East of Rd. #659)
 (Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION *drilled well*

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 _____ 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 _____ (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 1250 g Concrete (Kind of Material)
 Inside Dimensions Length _____ feet. Width _____ feet.
 Liquid Depth _____ feet. Depth of Air Space _____ 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 1 (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 800 square feet.
 Number of ditches 5 Length of ditches 80 feet.
 Grade of ditches Minimum 2 Inches per 100 feet.
 Maximum 6 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 12-76 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: _____ Address _____ Phone _____
 This Sewage Disposal System (Is) (~~Is~~) Approved by R-ham-H-burg Health Department.
 Date 10-15-73 Signed B. B. Johnson 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: _____

HB

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

(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 6-6-73 Case No. 394-73

Owner Donald Wayne Bowman Address 209 Ohio Ave City Phone _____
 (Mailing Address)

Occupant _____ Address _____ Phone _____
 (Mailing Address)

Exact Location of premises Rd # 689C 11/4 mile E. of H6591
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption _____ gal. per day
 Actual ☐ Potential ☒ Bedrooms 3 Garbage Disposal Unit ☐ Yes ☒ No (☐ Actual ☐ estimated Water)
 Additional wastes _____

(1) WATER SUPPLY (Existing) Class III Approved ☐ Yes ☐ No Other _____
 (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 _____
 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 24 inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☐ Yes ☒ No OTHER DRAINAGE _____

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

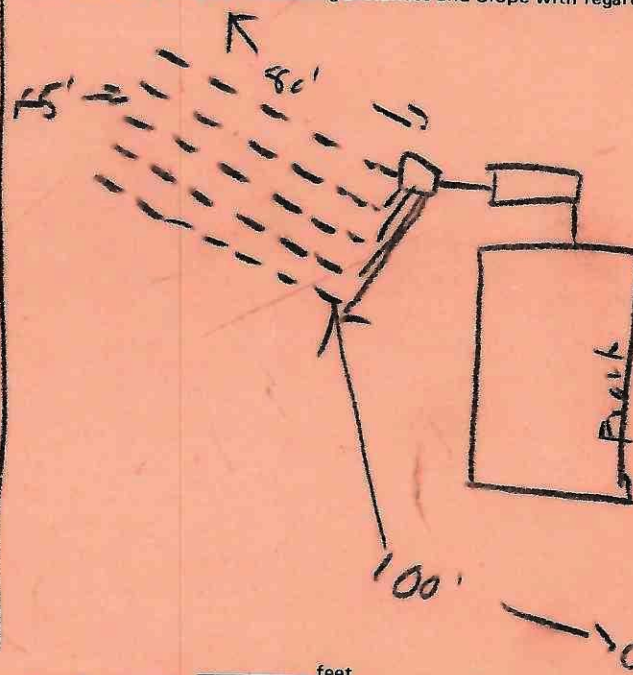
(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete Material _____ Liquid Capacity 1000 gallons.
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 1/4 feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 800 Type aggregate required #6 gravel
 Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 6 inches.

(5) Total aggregate minimum depth 13 inches or more. Depth of drainfield to be 135 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.

5 Lines 80' long
 6 Lines 67' long
 114 ft. 11.4 in



Signature _____
 Owner ☒ Representative ☐ _____ feet

Note: Owner or his agent must notify _____ Health Department, Phone 434-1771 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 6-6-73 Signed E.B. Gallula
 Approved _____ (Sanitarian or Health Director)
 LHS - 121 REV. 12/71 (Reviewing Authority)
 Virginia State Department of Health

DUPLICATE

HB

COUNTY OF ROCKINGHAM, VIRGINIA

Application for Building and/or Zoning Permit and/or Mobile Home Placement

Date May 4, 1973

Building Permit No. _____

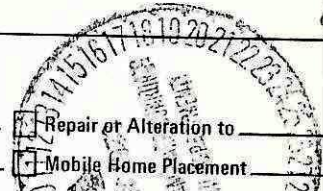
Mobile Home Placement No. _____

Application is hereby made for a Building and/or Zoning Permit and/or Mobile Home Placement Permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all County and State laws and ordinances and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit.

Name of Owner Donald P. Hays Address 209 Chick Ave Nelly
Name of Contractor _____
Builder _____ Address _____

Certified State Contractors No. _____

Application made for: ☒ New Construction of Building ☐ Addition to _____
☐ Use or Zoning Permit For _____ ☒ Repair or Alteration to _____
☒ Mobile Home Placement _____



USE	CONSTRUCTION	EXTERIOR FINISH	INTERIOR FINISH	ROOFING	GENERAL FEATURES	PLUMBING & HEATING
Dwelling <input checked="" type="checkbox"/> 1 Family <input type="checkbox"/> 2 Family <input type="checkbox"/> Family	Wood Frame <input checked="" type="checkbox"/>	Wood Siding <input checked="" type="checkbox"/>	Plaster <input type="checkbox"/>	Comp. Sh. <input checked="" type="checkbox"/>	Basement <input checked="" type="checkbox"/>	Bathrooms <input checked="" type="checkbox"/>
	Steel Frame <input type="checkbox"/>	Brick <input type="checkbox"/>	Wall Board <input checked="" type="checkbox"/>	Slate <input type="checkbox"/>	No. Rooms <input checked="" type="checkbox"/>	Auto. Wash. <input checked="" type="checkbox"/>
	Tile-C. Blk. <input type="checkbox"/>	Asb-wood shing. <input type="checkbox"/>	Panel <input type="checkbox"/>	Asbestos <input type="checkbox"/>	No. Stories <input checked="" type="checkbox"/>	Fireplace <input type="checkbox"/>
	Brick <input type="checkbox"/>	C. Block <input type="checkbox"/>	<input type="checkbox"/>	Metal <input type="checkbox"/>	Foundation <input checked="" type="checkbox"/>	Stoves <input type="checkbox"/>
	Mill <input type="checkbox"/>	Stucco <input type="checkbox"/>	<input type="checkbox"/>	Tar & Grav. <input type="checkbox"/>	Floors <input checked="" type="checkbox"/>	Cent. Heat <input checked="" type="checkbox"/>
Other	Reinf. Conc. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed Rooms <input checked="" type="checkbox"/>	Floor Fur. <input checked="" type="checkbox"/>

Size: 28' X 48'

Estimated Cost 12,500.00 Permit Fee _____

Location: NESW Side of Road No. 659 about 2 miles/feet E of Road 659 District Caddy

Lot No. _____ Block _____ Section _____ of _____ SubDiv. _____

Size of Lot _____ X _____ Depth 25,000 ft

Zone GR-2 Frontage _____ or Acres _____

Occupancy Permit No. _____ Date _____

January 1 this land was in the name of James H. Hays

Sanitation: Water Supply: Well ☒ Spring _____ Cistern _____ Pub System _____

Sewage Disposal: Septic System ☒ Public Sy _____ Other _____

HEALTH DEPARTMENT PERMIT REQUIRED FOR SEPTIC SYSTEM INSTALLATIONS BEFORE THIS PERMIT IS APPROVED.

Health Dept. Permit Number 6-6-73 394-73

Health Dept. Issue Date 6-6-73

Expiration Date 6-6-74

E. R. Hallaker
Sanitarian

Approved _____

under provisions of Zoning Ordinance adopted October 14, 1969
If construction is not started within 1 year the permit is void.

Administrator _____

Rejected _____

under provisions of Article _____

Paragraph _____ Zoning Ordinance adopted
October 14, 1969

Administrator _____

I hereby certify that I have the authority to make the foregoing application, that the information given is correct and that the construction will conform with the regulations in the Building Code, Zoning Ordinances and private building restrictions, if any, which may be imposed upon the above property by deed.

Donald P. Hays
Signature of owner or authorized agent

Address _____

434-8005

Telephone Number