

# 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 extra outlets for future use. (Number)

(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 \_\_\_\_\_

Occupant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Exact Location of premises Rd # 689 (1/4 mile E. of H659)  
 (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)

(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) (If Known)  
 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.

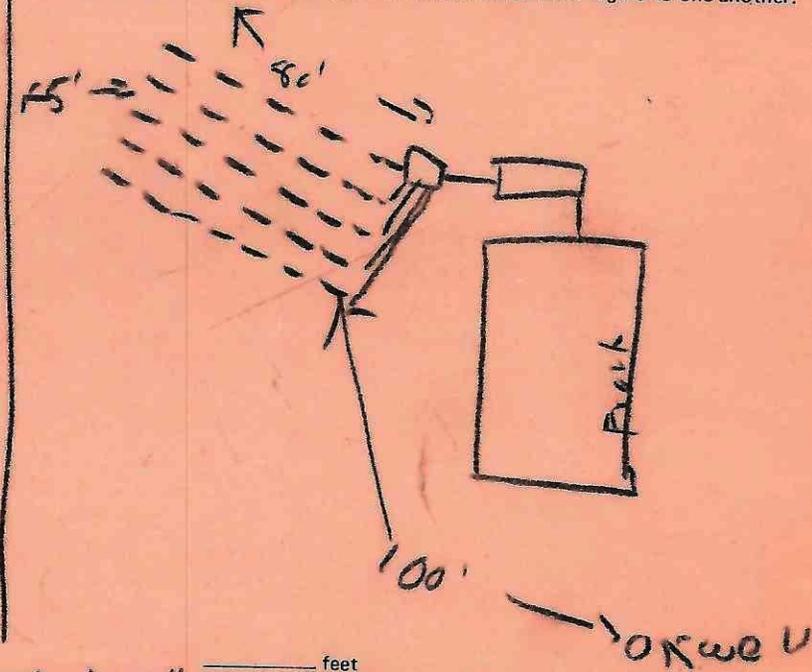
(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Concrete Material \_\_\_\_\_ Liquid Capacity 1000 gallons.  
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4'11/4" feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 800 Type aggregate required #6 5/8" HVS  
 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' fall in 25' in



Signature \_\_\_\_\_  
 Owner  Representative \_\_\_\_\_ feet

Note: Owner or his agent must notify Rocky Mountain 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 Approved E.B. Gallala  
 (Reviewing Authority) Date Signed (Sanitarian or Health Director)

*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 Wayne Brown Address 209 Chickadee Hwy 78

Name of Contractor \_\_\_\_\_ Address \_\_\_\_\_  
 Builder \_\_\_\_\_ Address \_\_\_\_\_

Certified State Contractors No. \_\_\_\_\_

Application made for:  New Construction of Shed  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	Plaster	Comp. Sh. <input checked="" type="checkbox"/>	Basement <input checked="" type="checkbox"/>	Bathrooms <u>2</u>
	Steel Frame	Brick	Wall Board	Slate <input checked="" type="checkbox"/>	No. Rooms <u>7</u>	Auto. Wash. <input checked="" type="checkbox"/>
	Tile-C. Blk.	Asb-wood shing.	Panel	Asbestos	No. Stories <u>1</u>	Fireplace
	Brick	C. Block		Metal	Foundation <u>block</u>	Stoves
Other	Mill	Stucco		Tar&Grav.	Floors <u>Carpet</u>	Cent. Heat <u>oil</u>
	Reinf. Conc.	<u>Stucco</u>			Bed Rooms <u>3</u>	Floor Fur. <u>oil</u>

Size: 28' X 48'

Estimated Cost 12,500.00 Permit Fee \_\_\_\_\_

Location: N Side of Road No. 659 about 2 miles/feet E of Road 659 District County

Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ of \_\_\_\_\_ SubDiv. \_\_\_\_\_

Size of Lot \_\_\_\_\_ X \_\_\_\_\_ Depth 25,000 ft or Acres \_\_\_\_\_

Zone R-2 Occupancy Permit No. \_\_\_\_\_ Date \_\_\_\_\_

January 1 this land was in the name of James W. Hutto

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 6673 394-73

Health Dept. Issue Date 6-6-73

Expiration Date 6-6-74  
E. R. Haddock  
 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 Wayne Brown  
 Signature of owner or authorized agent

Address \_\_\_\_\_

434-8005  
 Telephone Number