

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

77-62

Date 10/6/81 Case No. G-10477 Block 462

Owner S. W. Dawls Address Franklin, Va. Phone _____
 (Mailing Address)
 Occupant Tenant Address _____ Phone _____
 (Mailing Address)

Exact Location of Premises _____
 (Subdivision, Street or Road Name, Section or Lot No.)

Public 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 ✓ feet. Trees 10+ 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 NO (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 PVC
 Size 3 Inches.
- (5) SEPTIC TANK
 Constructed of P.C. Concrete
 (Kind of Material)
 Inside Dimensions Length 6 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 2 (Number) extra outlets for future use.
- (7) SUBSURFACE ABSORPTION FIELD
 Total Area in bottom of ditches 900 square feet. Number of ditches 5 Length of ditches 90 feet. Grade of ditches Minimum 2 inches per 100 feet. Maximum 4 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: Dennis Wright Address Suffolk, Va. Phone _____
 This Sewage Disposal System (Is) (Is Not) Approved by Southampton Health Department
 Date 10/6/81 Signed J. B. Cleator (Sanitarian)
 Date 10-19-81 Approved DSH (Reviewing Authority)

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 ☒ **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 3/24/81 Case No. Grid # 77
Block # 62

Owner S. W. Rawls Address Franklin, Va. Phone 562-2723
 (Mailing Address)

Occupant Tenant Address _____ Phone _____
 (Mailing Address)

Exact Location of premises On @ Rawlsdale Road.
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☒ Other Trailer Automatic Washing Machine ☒ Yes ☐ No Consumption 600 gal. per day
 Actual ☐ Potential ☒ Bedrooms 3 Garbage Disposal Unit ☐ Yes ☒ No (☐ Actual ☒ estimated Water)
 Additional wastes None

(1) WATER SUPPLY (Existing ☒ Class _____ Approved ☒ Yes ☐ No Other CITY WATER
 (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.)

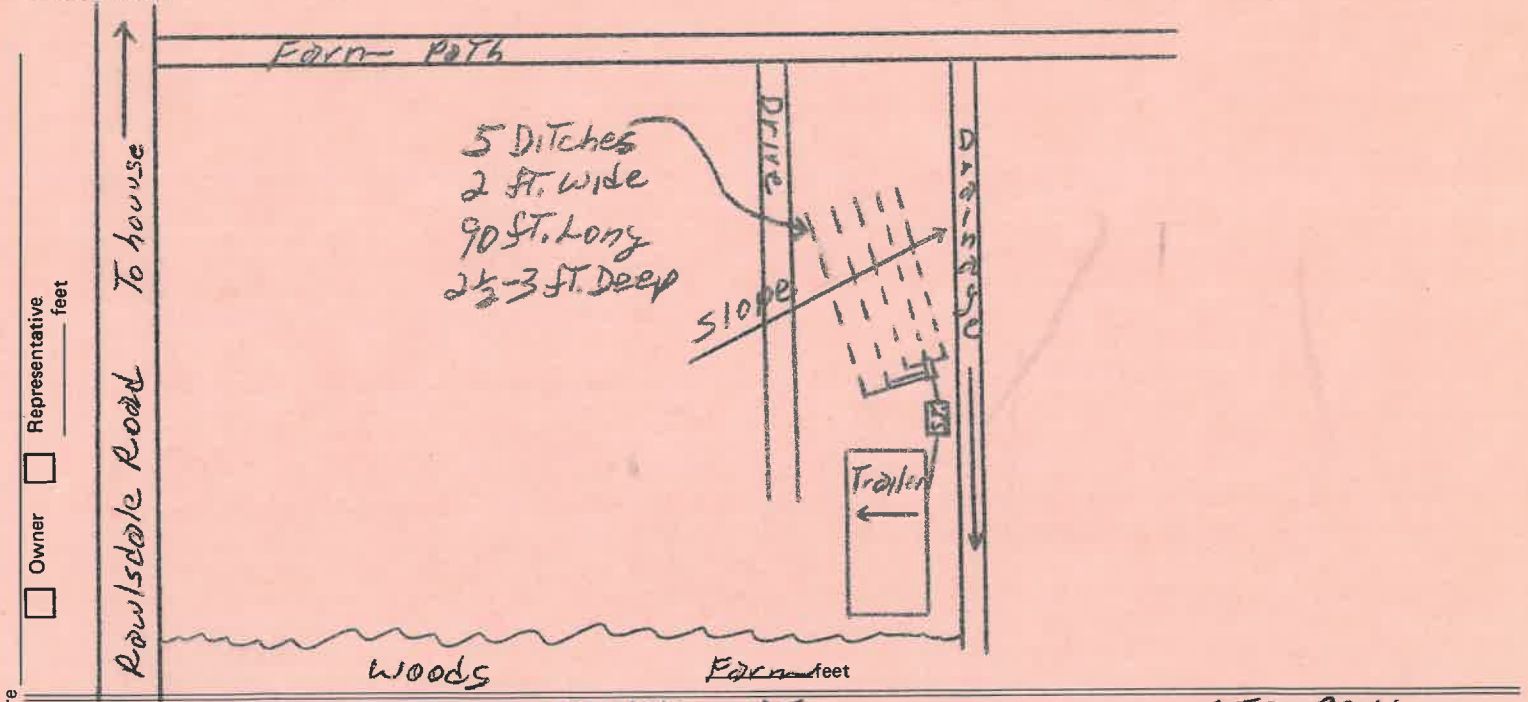
(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification Sandy Loam (If Known)
 Estimated Percolation Rate 1-10 ☐ 11-25 ☒ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes ☐ No ☒ Rate _____
 (Minutes per inch) (Minutes per inch to nearest 10 minutes)
 Depth to Grey Mottles 36+ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☐ Yes ☒ No OTHER DRAINAGE _____

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

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

SUBSURFACE ABSORPTION FIELD Number of square feet required 900 Type aggregate required Broken 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 13 inches or more. Depth of drainfield to be 30-36 inches from surface of original ground To bottom of Ditch.
 Distance from well to septic tank _____ feet; distance from well to drainfield _____ 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 _____ Health Department, Phone 653-9361 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 3/24/81 Signed J. B. Cleator (Sanitarian or Health Director)

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 3/6/81 Case No. Grid 477

Owner S. W. Rauls Address Franklin, Va. R.D. Box 777 Phone 562-2723
 (Mailing Address)

Occupant Tenants Address _____ Phone _____
 (Mailing Address)

Exact Location of premises On R. Rauls Road
 (Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☒ Other Trailer Automatic Washing Machine ☒ Yes ☐ No Consumption 600 gal. per day
 Actual ☐ Potential ☒ Bedrooms 3 Garbage Disposal Unit ☐ Yes ☒ No (☐ Actual ☒ Estimated Water)
 Additional wastes None

(1) WATER SUPPLY (Existing) Class _____ Approved ☒ Yes ☐ No Other City water
 (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.)

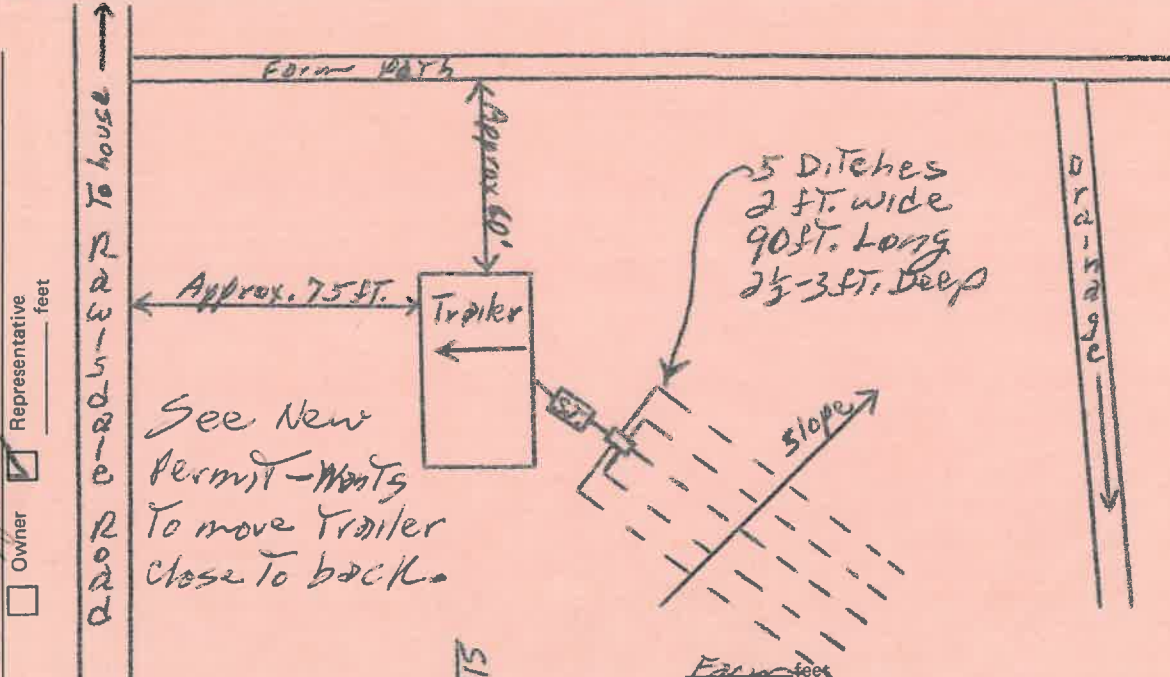
(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification Sandy Loam (If known)
 Estimated Percolation Rate 1-10 ☐ 11-25 ☒ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes ☒ No Rate _____
 (Minutes per inch) Depth to Grey Mottles 36+ inches (estimate over 4 ft.) OTHER _____
 Surface drainage required ☐ Yes ☒ No OTHER DRAINAGE _____

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

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Based on the above information, the undersigned recommends that this permit be issued.
 Date 3-24-81 Approved [Signature] Date 3/6/81 Signed T. B. Platon
 (Reviewing Authority) (Sanitarian or Health Director)