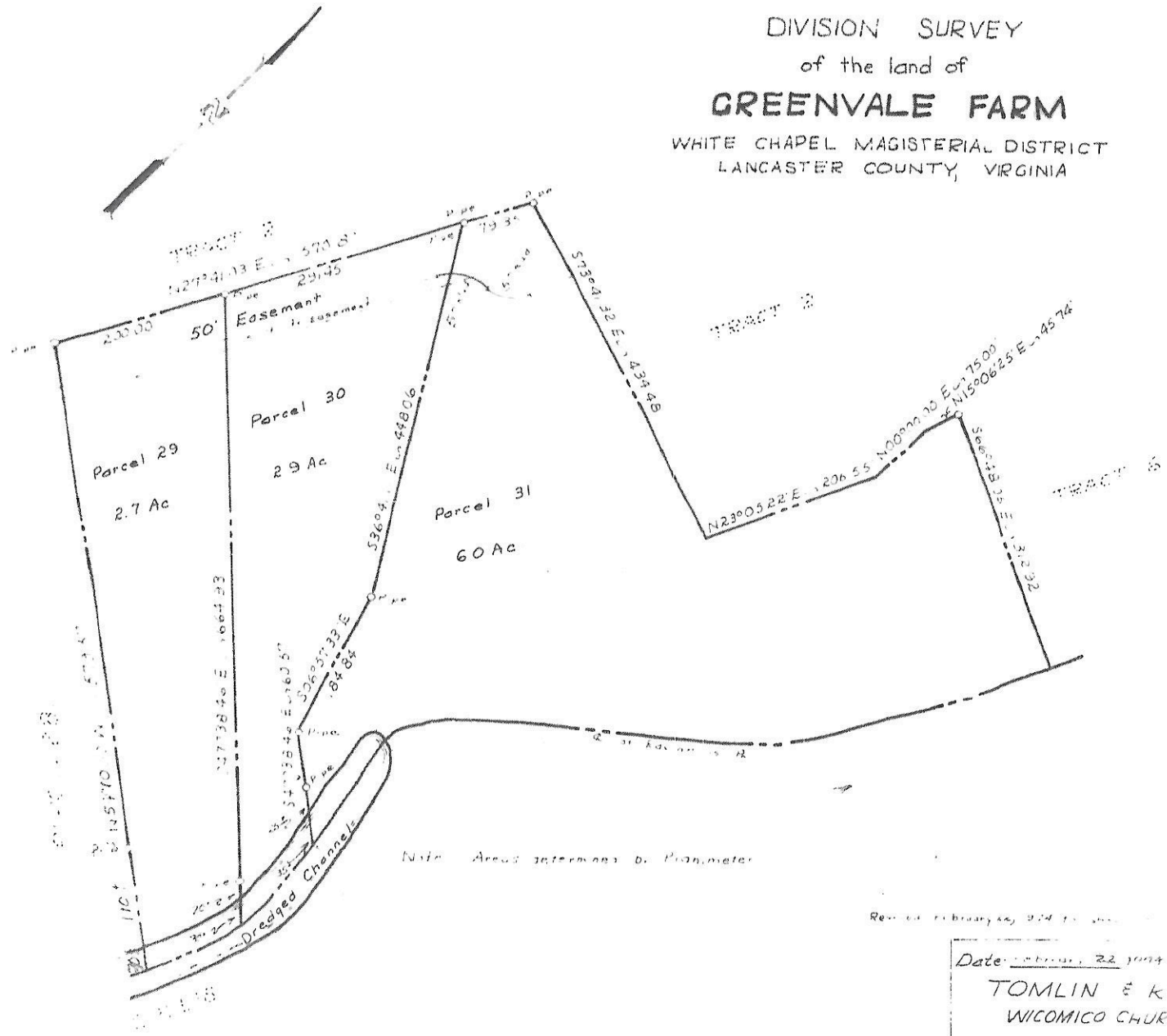


DIVISION SURVEY  
of the land of  
**GREENVALE FARM**  
WHITE CHAPEL MAGISTERIAL DISTRICT  
LANCASTER COUNTY, VIRGINIA



Note Areas determined by Planimeter

Revised February 24, 1974

Date February 22, 1974

TOMLIN & KEY  
WICOMICO CHURCH

Drawn by [signature] and [signature]  
Checked By [signature]

# RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 9-19-77 Case No. G-20 G(4) 30

Owner DEZENDORF, NELSON C. Address MOLLUSK VA Phone \_\_\_\_\_  
(Mailing Address)

Occupant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of Premises VSH 354 PAST MOLLUSK TO GREENVILLE FARM LOT # 20  
(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 \_\_\_\_\_ 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 2-1000 concrete  
(Kind of Material)  
 Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 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 \_\_\_\_\_ (Number) extra outlets for future use.

**(7) SUBSURFACE ABSORPTION FIELD**

Total Area in bottom of ditches 700 square feet. Number of ditches 0 Length of ditches 50 feet. Grade of ditches Minimum 3 2 Inches per 100 feet. Maximum 4 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 35 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: Beasley Brothers Address \_\_\_\_\_ Phone \_\_\_\_\_

This Sewage Disposal System (Is) (Is Not) Approved by LANCASTER COUNTY Health Department

Date 6-22-78 Signed Thomas Bruce Anderson  
(Sanitarian)

Date \_\_\_\_\_ Approved \_\_\_\_\_  
(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: excellent red sand, excellent installation

**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.

Owner Nelson C. Dezendorf Address Mollusk, Va. Phone 462-1022  
FHA/VA  Yes  No Date 9/19/77 Case No. 6-20  
(Mailing Address)

Occupant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Mailing Address)

Exact Location of premises VSH 354 part Mollusk to Greenvalle Farm Lot # 30  
(Subdivision, Street or Road Name, Section or Lot No.)

FOR:  Dwelling  Other \_\_\_\_\_ Automatic Washing Machine  Yes  No Consumption 1000 gal. per day  
Actual  Potential  Bedrooms 4 Garbage Disposal Unit  Yes  No ( Actual  Estimated Water)  
Additional wastes \_\_\_\_\_

(1) WATER SUPPLY (Existing) Class \_\_\_\_\_ Approved  Yes  No Other You must grant your well with concrete 50 ft. deep to have an approved water source.  
(To be installed) Class III Cased \_\_\_\_\_ ft. to be grouted 20 ft. is to be considered as to be installed.  
(Unless supported by positive evidence Class III is to be considered as to be installed.)

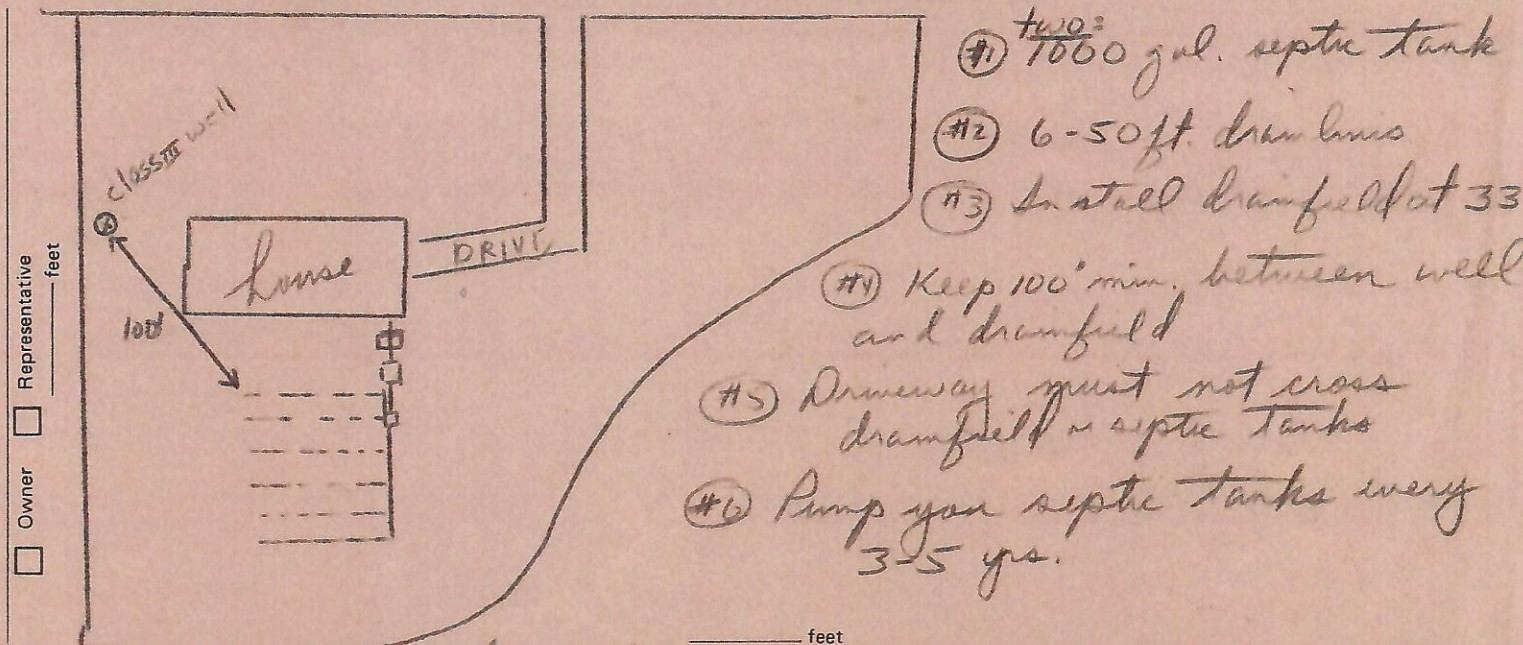
(2) SOIL STUDY Naturally drained, suitable by sight  Yes  No Technical Classification \_\_\_\_\_  
Estimated Percolation Rate 1-10  11-25  26-50  > 51  Percolation Test Required  Yes No  Rate \_\_\_\_\_  
(Minutes per inch) (Minutes per inch to nearest 10 minutes)  
Depth to Grey Mottles \_\_\_\_\_ inches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

(3) HOUSE SEWER LINE Size 4 inches. Type of material required PVC-40 Distance from Water Supply 10 feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of concrete Material \_\_\_\_\_ Liquid Capacity 2-1000 gallons.  
Inside Dimensions Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space \_\_\_\_\_ feet.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required 900 Type aggregate required gravel  
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 33 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.



Note: Owner or his agent must notify Linchester Co Health Department, Phone 462-2462 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 9/19/77 Approved \_\_\_\_\_ Signed Thomas Bruce Anderson  
Date \_\_\_\_\_ Approved \_\_\_\_\_ (Reviewing Authority) (Sanitarian or Health Director)