RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date 5-13-82 Case No. G-27

Owner DOVE, VERNON T. Address WEEMS, VA. (Mailing Address) Phone 438-5051

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of Premises VSH 630 (TAYLORS CK RD) TO NEAR END ON RIGHT FIRST HOME INDO NORRIS SUB. (Subdivision, Street or Road Name, Section or Lot No.) 27-32 Y

WATER SUPPLY INSPECTION

Installed according to Permit Design central / class II supply ☒ 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 existing _____ Size 4 Inches.

(5) SEPTIC TANK
Constructed of existing (Kind of Material)
Inside Dimensions Length 8 feet. Width 4 feet.
Liquid Depth 4 feet. Depth of Air Space 1 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 450 square feet.
Number of ditches 3 Length of ditches 50 feet.
Grade of ditches Minimum 4 2 inches per 100 feet.
Maximum _____ 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 6" 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: Earl Hayden Address Kilmarnock Phone 435-6129

This Sewage Disposal System (is) (is not) Approved by LANCASTER COUNTY Health Department

Date 9-2-82 Signed T 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: _____

Virginia Department of Health
LHS-141 Rev. 1/76

PERMIT TO INSTALL ☐ REPAIR, ☒ REASONS FOR REJECTION ☐
WATER SUPPLY ☐ SEWAGE DISPOSAL SYSTEM ☒ 27-32

(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 5-13-82 Case No. 27

Owner Vernon T Dove Address Weems, Va (Mailing Address) Phone 438-5051

Occupant ____ Address ____ (Mailing Address) Phone ____

Exact Location of premises VSH 630 (Taylors Ck Rd), to near end on right. First home into (Subdivision, Street or Road Name, Section or Lot No.) Norris Sub

FOR: ☒ Dwelling ☐ Other ____ Automatic Washing Machine ☒ Yes ☐ No Consumption 600 gal. per day
Actual ☐ Potential ☐ Bedrooms 3 Garbage Disposal Unit ☐ Yes ☒ No (☐ Actual ☒ estimated Water)
Additional wastes ____

(1) WATER SUPPLY (Existing) Class II A 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.)

SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification ____ (If Known)

(2) Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☒ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes No ☐ Rate ____ (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles ____ inches (estimate over 4 ft.) OTHER in sandy layer at 9-10½
Surface drainage required ☐ Yes ☒ No OTHER DRAINAGE ____

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

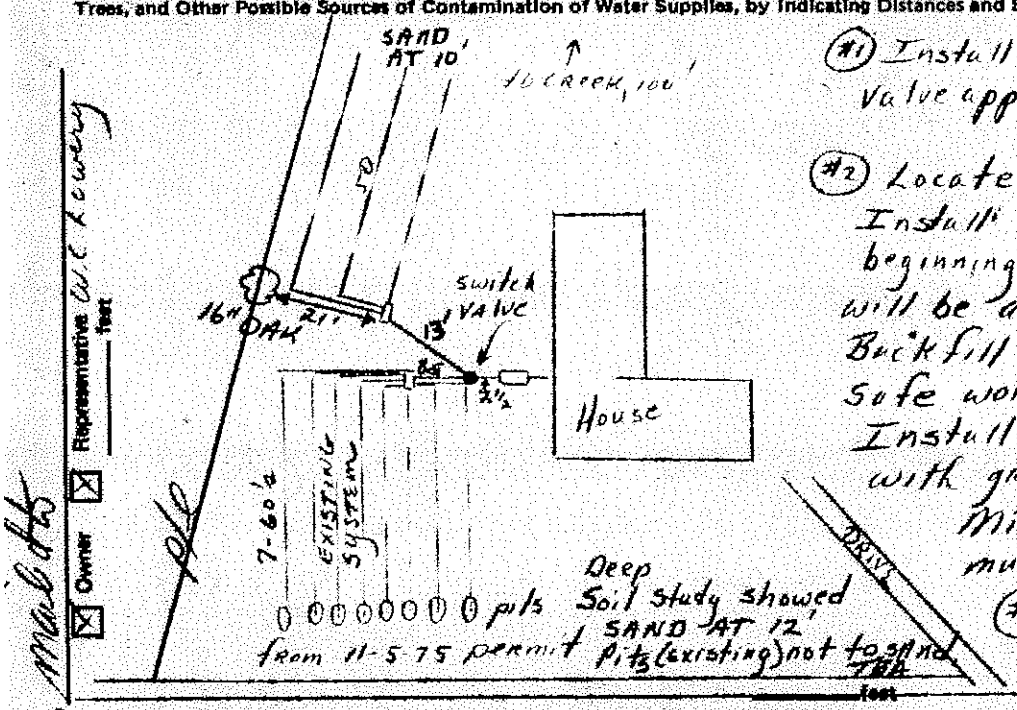
(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Existing Material Concrete Liquid Capacity 1000 gallons.
Inside Dimensions > Length 8 feet. Width 4 feet. Liquid Depth 4 feet. Depth of Air Space 1 feet.

SUBSURFACE ABSORPTION FIELD Number of square feet required 450 Type aggregate required gravel

(5) Depth of aggregate from base of tile to bottom of ditches 6 inches. Allowable fall 2 to 24 inches.
Total aggregate minimum depth 12 inches or more. Depth of drainfield to be 10½ feet below from surface of original ground.

Distance from well to septic tank N/A feet; distance from well to drainfield N/A 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.



(#1) Install Bull Run Switch Valve or other Valve approved by Health Dept.

(#2) Locate D-box near surface, and lateral lines. Install lines into sandy layer beginning at 9 feet. Bottom of ditch will be about 10½ feet deep. Backfill with gravel to 72" or safe working depth for men. Install regular drain line & cover with gravel. Thickness of gravel minimum ~~depth~~ must be 36 inches.

(#3) Check deeper than 10½ feet for high quality sand at end of first line.

Note: Owner or his agent must notify Lancaster Co. Health Department, Phone 462-5197 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.

Signature

Based on the above information, the undersigned recommends that this permit be issued. 5-13-82

Date ____ Approved ____ (Reviewing Authority) Date ____ Signed T Bruce Anderson (Sanitarian or Health Director)

LHS - 121 REV. 12/71
Virginia State Department of Health

DUPLICATE (over)

APPLICATION FOR PERMIT TO INSTALL A SEWAGE DISPOSAL SYSTEM

OWNER: DOVE, VERNON T. Mailing Address: 711 So. VIEW TERR
ALEXANDRIA VA 22314

Location of property: (Use State highway, or sketch location on back:)

Rt. 630 (KNOWN AS TAYLOR CREEK RD.) former property of
LOT #1 Jos A + CORNELIA E. MORRIS

House: ✓ Trailer: _____ Business: _____ No. of employees: _____

Housing Details:
No. of bedrooms: 3
No. of occupants: 2
Automatic washer: Yes ✓ No _____
Garbage Disposal: Yes _____ No ✓
Dishwasher: Yes ✓ No _____

Water Supply:
Public Water Supply: _____
Drilled Well: ✓
Dug Well: _____
Bored Well: _____
Driven Well: _____
Others: (Specify) _____

Location of bath in house: Back: _____ Side: ✓ Front: _____

Is house already constructed: Yes: _____ No: ✓

Is there another water supply within 100' of property line: Yes: _____ No: ✓

BUILDING SITE: (MUST BE FILLED IN)

Lot Shape: _____ Rectangular: _____ Square: _____ Irregular: ✓

Lot Size: _____ Width: 334.27 Depth: 258 No. Acres: 1.1

* PLEASE USE STAKES TO MARK OFF LOCATION OF HOUSE, IF NEW HOUSE: _____

DRIVEWAY: Left Side: _____ Right Side: ✓ Around House: _____

REMARKS: _____

* LOTS ~~IN SUBDIVISIONS~~ or property MUST BE STAKED OFF AND NUMBERED: _____

NOTE: Wells and septic tanks must be 50' apart. Shallow wells and drain tile must be 100 ' apart. Tile field must be 50' from any river, creek or stream, with minimum elevation of 3' above high water mark. Use of garbage disposal requires two septic tanks.

If any changes are made in my plans affecting the information submitted herein, I agree to consult with the Health Department before commencing work on the changes, in order to permit reconsideration and/or re-design of the waste disposal system.

DATE: 5/18/75

Telephone No: 703-836-8116 Home
392-8693 office

Vernon T Dove
Signature of property owner