

**A RECORD OF INSPECTION—INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Tax Map: 125A-51-C2

NEW INSTALLATION  
 REPAIRS TO OLD INSTALLATION

OWNER R. L. Bailey County or Municipality Rockingham DATE 4-20-54  
 ADDRESS 101 N. 1st St. PHONE \_\_\_\_\_  
 OCCUPANT OR OTHER Brian D. & Melissa A. Gragey ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
2862 Osceola Springs Rd, Rockingham, VA 22801 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EXACT LOCATION Rd # 704 2 miles S. Old Pitt Rd Subdivision-section-lot no. \_\_\_\_\_ St. or Road name or number \_\_\_\_\_ Other description \_\_\_\_\_

Single Dwelling Unit  Multiple Dwelling Unit, Number of Bedrooms (actual or potential) 2

LOT SIZE: Width Factor ft. Depth \_\_\_\_\_ ft. Acres: 0.50

WATER SUPPLY:  Public System  Community System  Individual system on site

SEWAGE DISPOSAL:  Septic Tank System  Other \_\_\_\_\_ describe \_\_\_\_\_

DESIGNED FOR: Only ordinary household wastes—Yes  No ; Automatic Laundry machine—Yes  No ; Garbage disposal device—Yes  No

DESIGN OF SYSTEM  
 Tank capacity 720 Gallons; Tank dimensions: Length 7 ft. Width 3 1/2 ft. Depth 5 ft.  
 Subsurface drainage; Number of ditches 2; Total drainage 400 sq. ft.

INSPECTION FINDINGS:

(1) LOCATION: Lot size adequate  Yes  No. Entire system accepted distance from water supply  Yes  No. Properly located relative to property lines, buildings, etc.  Yes  No.

(1a) SOIL CONDITION: Naturally drained and suitable by sight  Yes  No. Sufficient surface drainage ditches provided  Yes  No. Percolation tests made  Yes  No. Acceptable results  Yes  No.

(2) HOUSE SEWER: Type of pipe Covered at 7.11 Laid to proper grade  Yes  No.

(3) SEPTIC TANK: Installed according to permit design  Yes  No. Approved construction for water tightness  Yes  No. Inside fixtures comply with requirements  Yes  No. Storm drains from house and basements not flowing into or on tank  Yes  No. Trees, etc. within 10 feet of tank  Yes  No.

(4) DISTRIBUTION BOX: Watertight and equal surcharge by Water Test  Yes  No. Inlets and outlets caulked tightly  Yes  No. Adequate number of extra outlets  Yes  No. Separate, tight lines connected to outlets and leading into subsurface ditches—no leaks  Yes  No.

(5)  Yes  No. Surcharge lines graded to not less than 1 inch to 10 feet length  Yes  No.

(5a) DRAINAGE FIELD: Total length of ditches 200 feet. All ditches of equal length  Yes  No. Width \_\_\_\_\_ ft. Depth 2 ft. Properly located  Yes  No. Bottom of ditches of proper grade  Yes  No. Ditches laid—6 foot centers  Yes  No.

(5b) DRAINAGE FIELD (Materials, etc.): Open joints protected on top with approved strips  Yes  No. Approved filter material  Yes  No. Depth of filter material under tile \_\_\_\_\_ in. Filter material packed around and encasing the entire tile  Yes  No.

(5c) DRAINAGE FIELD (Grading): Storm drains from house and basements not flowing into or on ditches. Ditches properly backfilled and area graded  Yes  No.

(6) DO THE ABOVE DEFECTS IN CONSTRUCTION WARRANT REJECTION?  Yes  No.

(7) IS A FOLLOW-UP REINSPECTION NECESSARY?  Yes  No.

REMARKS: \_\_\_\_\_

Based on the above information, this is to certify that this system (has) (~~has not~~) been located and installed according to  Local  County State Requirements. This system requires proper use and adequate maintenance.

Date July 19, 1954 Signed R. V. Bodkin (Inspector)  
Sanctarian (Title)  
 Signed W. D. [Signature] (Reviewing Official)  
 \_\_\_\_\_ (Title)

With proper maintenance and avoidance of overloading, this system can be expected to function satisfactorily if no physical damage occurs to any part of the system and favorable soil conditions continue.

Follow-ups: Date \_\_\_\_\_

# RECORD OF INSPECTION—INDIVIDUAL SEWAGE DISPOSAL SYSTEM

NEW INSTALLATION  
 REPAIRS TO OLD INSTALLATION

OWNER R. L. Bailey County or Municipality Rockingham Case No. \_\_\_\_\_  
 ADDRESS Rt. 1 H'burg DATE 4-20-54  
 OCCUPANT OR OTHER To Rent ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 EXACT LOCATION Rd. # 704 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 Subdivision-section-lot no. 2 miles S. Old Pitt Rd St. or Road name or number \_\_\_\_\_ Other description \_\_\_\_\_  
 Single Dwelling Unit  Multiple Dwelling Unit, Number of Bedrooms (actual or potential) 2

LOT SIZE: Width Far ft. Depth \_\_\_\_\_ ft.

WATER SUPPLY:  Public System  Community System  Individual system on site

SEWAGE DISPOSAL:  Septic Tank System  Other \_\_\_\_\_ describe \_\_\_\_\_

DESIGNED FOR: Only ordinary household wastes—Yes  No ; Automatic Laundry machine—Yes  No ; Garbage disposal device—Yes  No

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Tank capacity 720 Gallons; Tank dimensions: Length 7 ft. Width 3 1/2 ft. Depth 5 ft.

Subsurface drainage; Number of ditches 2; Total drainage 400 sq. ft.

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(1a) SOIL CONDITION: Naturally drained and suitable by sight  Yes  No. Sufficient surface drainage ditches provided  Yes  No. Percolation tests made  Yes  No. Acceptable results  Yes  No.

(2) HOUSE SEWER: Type of pipe Covered at 7 1/2 in. Laid to proper grade  Yes  No.

(3) SEPTIC TANK: Installed according to permit design  Yes  No. Approved construction for water tightness  Yes  No. Inside fixtures comply with requirements  Yes  No. Storm drains from house and basements not flowing into or on tank  Yes  No. Trees, etc. within 10 feet of tank  Yes  No.

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 \_\_\_\_\_ (Title)  
 Signed \_\_\_\_\_ (Reviewing Official)  
 \_\_\_\_\_ (Title)

With proper maintenance and avoidance of overloading, this system can be expected to function satisfactorily if no physical damage occurs to any part of the system and favorable soil conditions continue.

Follow-ups: Date \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- New Installation
- Repairs

# PERMIT TO INSTALL OR REPAIR WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM

Date 4-12-59

Owner R. H. Bailey Address Rd 1, #1117 Phone \_\_\_\_\_  
 (Must be filled in) (Mailing Address)  
 Occupant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Location of Premises Rd # 714 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 (Mailing Address)

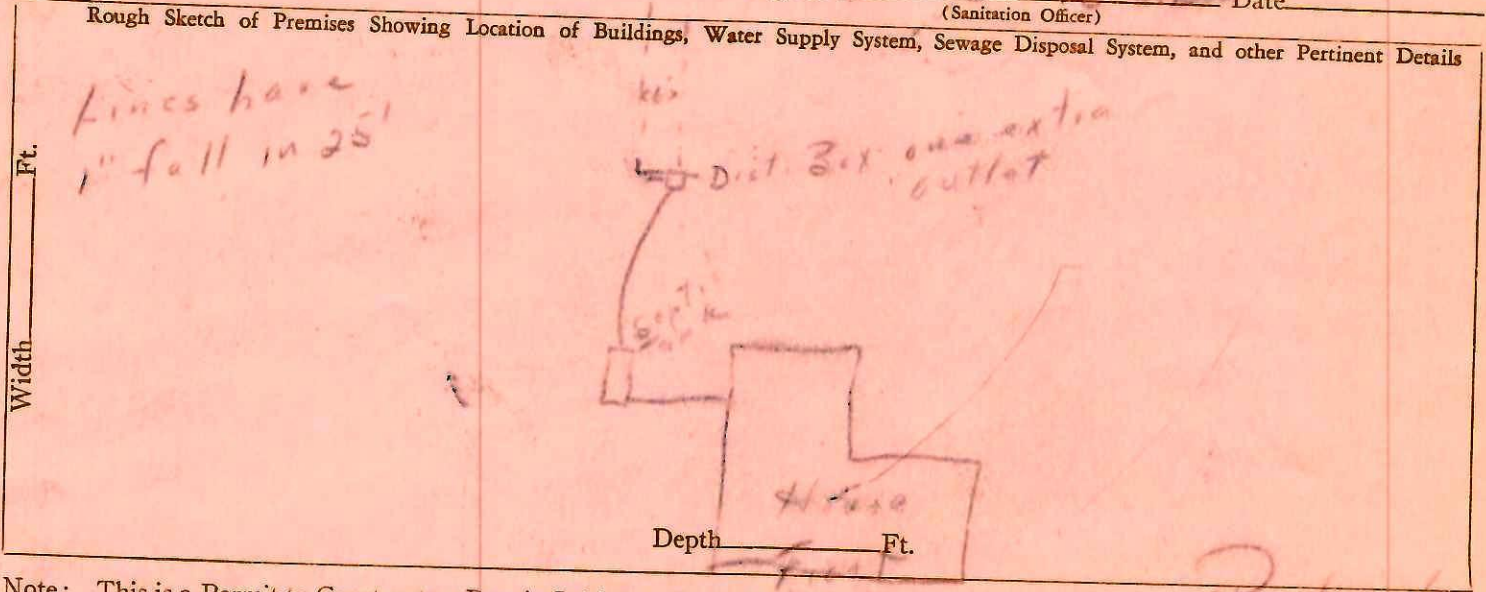
Directions \_\_\_\_\_ (Subdivision, Street or Road Name or Number, Section, Lot No.)  
 Owner Desires to:  Install  Repair  
 Sewage Disposal System:  Water Supply System: Type \_\_\_\_\_  
 Septic Tank  Other \_\_\_\_\_  
 Lot Size: Width 70 Ft. Depth \_\_\_\_\_ Ft.

FOR:  Single Dwelling Unit  Multiple Dwelling Unit  
 SEPTIC TANK SYSTEM FOR DISPOSAL OF:  Ordinary Household Sewage & Wastes  
 Additional Living Quarters \_\_\_\_\_  
 Total No. Bed Rooms 2 Estimated or Actual Water Consumption \_\_\_\_\_ Gal.  
 In Addition Wastes from Automatic Washing Machine  Garbage Disposal Device  
 Other \_\_\_\_\_ (Explain) \_\_\_\_\_

Health Department:  Recommends  Rejects: Water Supply System  
 Recommends  Rejects: Sewage Disposal System  
 Reasons for Rejection and Recommended Alternatives: \_\_\_\_\_

## DETAILS OF RECOMMENDED SEPTIC TANK SYSTEM

Kind of Material for Tank:  Concrete  Other Block (plastered)  
 Size of Tank: 7 Length Ft. 3 1/2 Width Ft. 5 Depth Ft. Capacity 720 Gallons  
 Subsurface Drainage Field: Ditches 2 No. of Ditches 100 Exact Length Ft. 2 Width of Ditches Ft. 24 Depth of Ditches Inches  
 Depth of Filter Material From Base to Cover Tile 12 Inches. Depth of Water Table \_\_\_\_\_ Ft. Surface Drainage Required 200 Ft.  
 Percolation Tests Required  No. of Holes 2 Results \_\_\_\_\_  
 Signed H. H. Bunker (Sanitation Officer) Date \_\_\_\_\_



Note: This is a Permit to Construct or Repair Subject to Inspection. (Owner or his Agent) must Notify Health Department when Installation is ready for Inspection. If any Septic Tank or Part thereof is covered before being inspected by the Health Department, it shall be uncovered by the owner at the direction of the Health Officer or his Agent.

*Handwritten signatures and initials*