# RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM 31B1(A)

Date 4/24/74 Case No. 4158

Owner Clarence Nenno Address 6301 N. 19th Street (Mailing Address) Phone

Occupant Address Arlington, Va - 22205 (Mailing Address) Phone

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

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## WATER SUPPLY INSPECTION

680 - C81 682684

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer feet. Distance to neares 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 PVC Size 4 Inches.

(5) SEPTIC TANK
Constructed of Concrete (Kind of Material)
Inside Dimensions Length 8 feet. Width 4 feet.
Liquid Depth 4'3" 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 Tes ☑ Yes ☐ No. Distribution Box provided with 2 (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 600 square feet.
Number of ditches 5 Length of ditches 60 fee
Grade of ditches Minimum 2 Inches per 100 fee
Maximum 4 inches per 100 feet. Has system bee checked by instruments (Level) ☐ Yes ☐ No
Type aggregate used Stone
Depth of aggregate under Tile 6 inche
Total depth of aggregate 13 inche
Depth of backfill over aggregate 14 - 18 inche

(8) SURFACE DRAINAGE
Storm Drains from House and Basement flowing away fro Subsurface Drainage Field: ☐ Yes ☐ No. Was Surfac Drainage required ☐ Yes ☐ No. If Yes, has this been pr vided ☐ Yes ☐ No. Has area been drained by lowerin Ground Water Table: ☐ Yes ☐ No. ☐ Not required.

(9) Are follow-up inspections necessary ☐ Yes ☑ No.

Septic Tank Contractor: Bliss & Co Inc Address Greenbush, Va - Phone 741 4035

This Sewage Disposal System (Is) (Is Not) Approved by Accomack Health Departmer

Date 4/24/74 Signed John N. Brown (Sanitarian) Date Approved (Health Director)

Date Approved (Advisory Sanitarian) Date Approved (Reviewing Authority — Other Agency)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloadi or physical damage occurs to the system. Remarks: Subject to Rising Water Table

Virginia Department of Health
LHS - 141 Rev. 12/71

31B1 7

# 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 3-5-74 Case No. _____

Owner Clarence R. Hanna Address 6301 N. 19th Street Arlington, Va. 22205 (Mailing Address) Phone _____

Occupant Rental Property Address North Main St., Chincoteague (Mailing Address) Phone _____

Exact Location of premises North Main St., Chincoteague, Va.
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☐ Dwelling ☐ Other Apartment Automatic Washing Machine ☐ Yes ☐ No Consumption _____ 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 Town Supply
(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.)

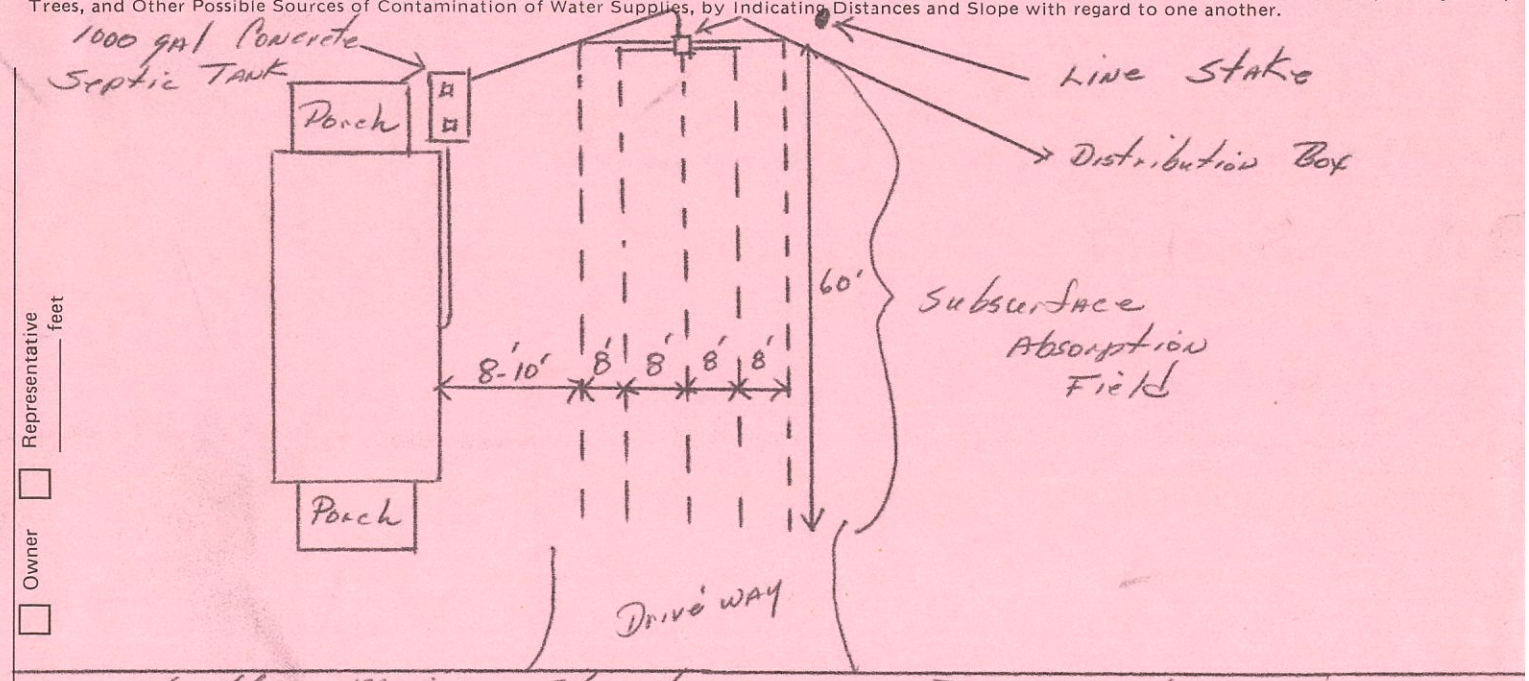
(2) SOIL STUDY Naturally drained, suitable by sight ☐ Yes ☒ No Technical Classification Filled Area (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes No ☐ Rate _____ (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles _____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

(3) HOUSE SEWER LINE Size 4 inches. Type of material required CI + PVC Distance from Water Supply Town 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 4½ feet. Depth of Air Space 1 feet.
SUBSURFACE ABSORPTION FIELD Number of square feet required 600 Type aggregate required 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 24 inches from surface of original ground.
Distance from well to septic tank Town feet; distance from well to drainfield Town 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.




☐ Owner ☐ Representative _____ feet

Signature

Note: Owner or his agent must notify Accomack County Health Department, Phone 787-4421 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 3-18-74

Date _____ Approved _____ (Reviewing Authority) Date _____ Signed J. C. James (Sanitarian or ~~Health Director~~)

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

DUPLICATE