5 BC(A)114

☐ New Installation
☐ Repairs

Date 10-21-52

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

Owner Mr. Charles Bodley (Must be filled in) Address Greenbackville, Va. (Mailing Address) Phone

Occupant Same Address (Mailing Address) Phone

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

Directions

Owner Desires to: ☒ Install ☐ Repair ☐ Water Supply System: Type ~~concrete or cinder block~~
☐ Sewage Disposal System: ☒ Septic Tank ☐ Other

Lot Size: Width Ft. Depth Ft.

FOR: ☒ Single Dwelling Unit ☐ Multiple Dwelling Unit Total No. Bed Rooms 2 Estimated or Actual Water Consumption 250 Gal.

Septic Tank System For Disposal of: ☒ Ordinary Household Sewage & Wastes ☐ In Addition Wastes from Automatic Washing Machine ☐ Garbage Disposal Device

Additional Living Quarters (Explain) 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

Size of Tank: Length 7' Ft. Width 3½' Ft. Depth 5' Ft. Capacity 720 Gallons

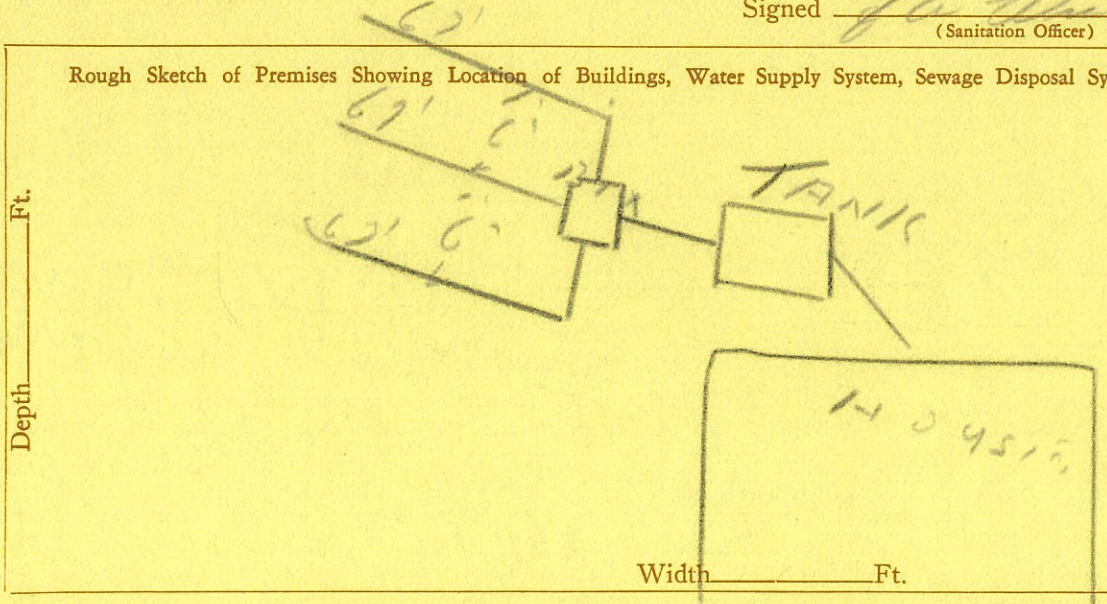
Subsurface Drainage Field: No. of Ditches 3 Exact Length of Each Ditch 67 Ft. Width of Ditches 20 Ft. Depth of Ditches 22 Inches

Depth of Filter Material From Base to Cover Tile 9" Inches. Depth of Water Table 5 ft. Ft. Surface Drainage Required 200 Linear Ft.

Percolation Tests Required ☐ No. of Holes None Results

Signed (Sanitation Officer) Date 10-30-52

Rough Sketch of Premises Showing Location of Buildings, Water Supply System, Sewage Disposal System, and other Pertinent Details



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.

LHS 121 Rev. 4-52—25M Virginia State Department of Health

RECORD OF INSPECTION—INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Case No. _____

☒ NEW INSTALLATION
☐ REPAIRS TO OLD INSTALLATION Accomack (County or Municipality) DATE 10-21-52

OWNER Mr. Charles Bodley ADDRESS Greenbackville, Va. PHONE _____

OCCUPANT OR OTHER Same ADDRESS _____ PHONE _____

EXACT LOCATION _____ (Subdivision-section-lot no.) _____ (St. or Road name or number) _____ (Other description)

☒ Single Dwelling Unit ☐ Multiple Dwelling Unit, Number of Bedrooms (actual or potential) _____

LOT SIZE: Width 1 acre 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 ☐; Garbage disposal device—Yes ☐ No ☒; Automatic Laundry machine—Yes ☐ No ☒

Tank capacity 720 Gallons; Tank dimensions: Length 7' ft. Width 3½' ft. Depth 5' ft.

Subsurface drainage; Number of ditches 3; Total drainage 200 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 Vitrified tile Size ..... 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. 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 ..... 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 _____ Signed _____ (Inspector)

_____ (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 _____

Va. State Dept. of Health
LHS-141 1/52—50 M