

**PERMIT TO INSTALL OR REPAIR  
WATER SUPPLY and/or SEWAGE DISPOSAL SYSTEMS**

Date \_\_\_\_\_ Case No. \_\_\_\_\_

Owner Ogle Address Christiansburg Va Phone \_\_\_\_\_  
(Mailing Address)

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

Exact Location of Premises Road Side - Pilot road  
(Subdivision - Section - Lot No.) (Street, Road, Name or Number)

OWNER DESIRES TO:  INSTALL  REPAIR  
 Water Supply System  Water Supply System  
 Sewage Disposal System  Sewage Disposal System  
 Septic Tank  Septic Tank  
 Health Department Recommends: \_\_\_\_\_

FOR:  
 Dwelling  Other \_\_\_\_\_  
 Actual or Potential Bedrooms 2 Actual or Estimated Water Consumption \_\_\_\_\_ Gal. Per Day Automatic Washing Machine  
 Yes  No Garbage Disposal Unit  Yes No  Additional Wastes: \_\_\_\_\_

**DETAILS OF RECOMMENDED SYSTEMS**

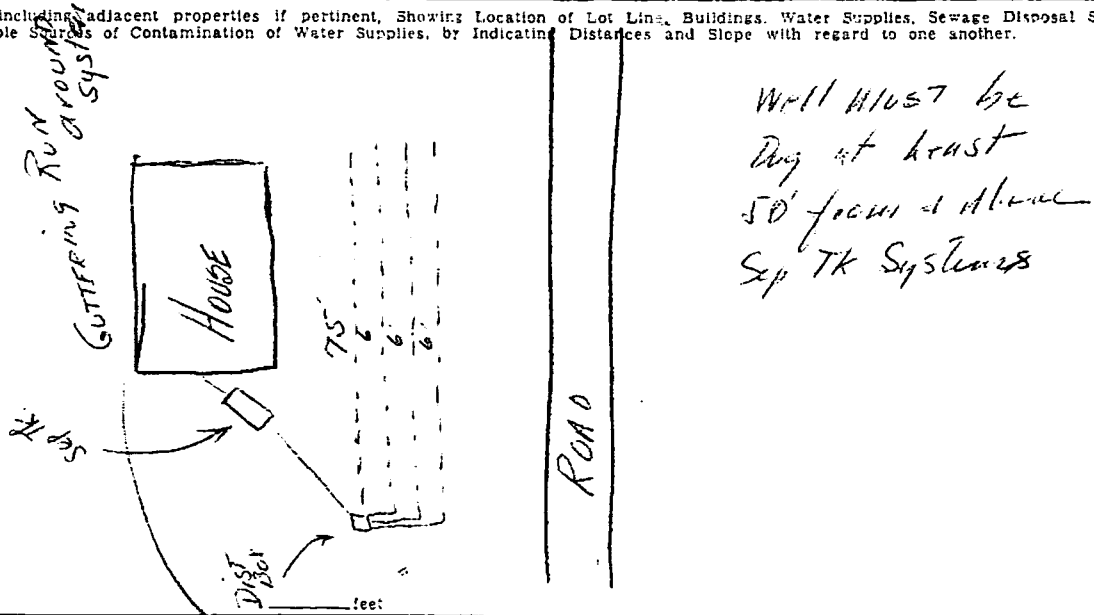
WATER-SUPPLY: Location to be approved by Sanitarian. Type:  
 Drilled Well  Driven Well  Bored Well  Dug Well  
 Other No Well Cased \_\_\_\_\_ feet.  
 Casing to be properly sealed and vented if necessary. Casing to extend at least 6 inches above pump room floor. Grouted \_\_\_\_\_ feet. All surface drainage to flow away from water supply. Well to have a platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions from casing, gently sloped for drainage.

SOIL STUDY: Naturally drained, suitable by sight  Yes  No  
 Technical Classification: \_\_\_\_\_  
 Rough Classification:  Sandy  Medium  Clay  Pipe Clay  
 Percolation Test Required:  Yes  No Rate \_\_\_\_\_  
 Minutes Per Inch Depth of Water Table \_\_\_\_\_ feet  
 (Estimated)

Surface Drainage Required:  Yes  No Area Drainage by Lowering Ground Water Table Required:  Yes  No

DETAILS OF CONSTRUCTION: Watertight Septic Tank of Concrete  
 (Kind of Material)  
 Inside dimensions: Length 7 feet. Width 3 1/2 feet. Liquid capacity 720 Gallons.  
 HOUSE SEWER LINE: Size 4 Inches. Type of material required Fiber. Distance from Water Supply \_\_\_\_\_ feet.  
 SUB-SURFACE ABSORPTION FIELD: Distribution Box required. Ditches of equal length required.  
 Number of square feet required 600. Type aggregate required:  Broken Stone  Gravel  Slag. Size range from 1/2 inch to 2 1/2 inches. Depth of aggregate from base of tile to bottom of ditches 6 inches.  
 Total aggregate must equal minimum depth of 12 inches or more.  
 Soil Cover over tile not to exceed 16 inches. Distance from Sewage Disposal System to the nearest point of a Water Supply System will be \_\_\_\_\_ feet. To be at least 50'

Rough Sketch of Premises (including adjacent properties if pertinent, showing location of Lot Lines, 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 \_\_\_\_\_ Health Department, Phone EX 23111 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 6-27-57 Signed W. B. Moschler  
 (Sanitarian or Health Director)

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 (Reviewing Authority)

RECORD OF INSPECTION SEWAGE DISPOSAL SYSTEM

Date \_\_\_\_\_ Case No. 123

Owner Mr Cagle Address Chbg Va. Phone \_\_\_\_\_  
(Mailing Address)

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

Exact Location of Premises Rose Hill Section - 1/2 mile South Chbg Limits  
(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.)

Well to be drilled at least 50' & above Sept.

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION:  
 Alloted Area Adequate:  Yes  No. Distance from nearest: Lot Lines 30 feet. Trees 30 feet. Water Supplies 5 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: Fiber Size 4 Inches.

(5) SEPTIC TANK:  
 Constructed of Concrete  
(Kind of Material)  
 Inside Dimensions: Length 7 feet. Width 3 1/4 feet. Liquid Depth 4 feet. Depth of Air Space 1 1/2 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) SUB-SURFACE ABSORPTION FIELD:  
 Total Area in Bottom of Ditches 600 square feet. Number of Ditches 4 Length of Ditches 75 feet. Grade of Ditches: Minimum 2 Inches per 100 feet. Maximum 6 inches per 100 feet. Has system been checked by instruments (Level)  Yes  No. Type Aggregate Used Crushed Stone Depth of Aggregate Under Tile 6 inches Total Depth of Aggregate 12 inches Depth of Backfill Over Aggregate 16-18 inches

(8) SURFACE DRAINAGE:  
 Storm Drains from House and Basement Flowing Away from Sub-Surface 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: Hull Bros. Address Christiansburg Va. Phone \_\_\_\_\_

This System (Is) (is Not) Approved by Montgomery Health Department.

With proper maintenance, approved systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: \_\_\_\_\_

Date 6-13-59 Signed H. P. Moschler  
(Sanitarian)

Date \_\_\_\_\_ Approved \_\_\_\_\_  
(Health Director)

Date \_\_\_\_\_ Approved \_\_\_\_\_  
(Advisory Sanitarian)

Date \_\_\_\_\_ Approved \_\_\_\_\_  
(Reviewing Authority - Other Agency)