		11	C		Form Approved Budget Bureau	d. No. 76-R376.			
DEDON'T OF WEDGETON WAY	VETERANS ADMINISTR	ATION							
REPORT OF INSPECTION, INDIVIDUAL WATER SUPPLY AND SEWAGE-DISPOSAL SYSTEM									
REGIONAL OFFICE									
veterans Administration 6705 Astor Place				SUBDIVISION NAME					
	701 N. Main St. Spring Lake N.C. 29300				Rolling Springs BLOCK NO. LOT NO.				
winston-salem, N.C.				BLOCK NO.		NO. 157			
NAME OF LENDER									
Wellco Contractors, Inc. P. O. Box 766 First Atlantic Corp. P. O. Box 7762				255561					
Spring Lake, N.C. 28390	P. O. Box 3362			TYPE OF INSTALLATION					
20211 1111112	Fayetteville, N.C. 28305			NEW EXISTING					
LIVING UNITS BEDROOMS BATHS YES ADDITIONAL BEDI	HER AREA BE MADE INTO DOMS? WATER SUPP		WATER SUPPLY A						
				PUBLIC		INDIVIDUAL			
	NO		SEWAGE DISPOSAL BY		X	v			
PART I—FOR USE OF INSPECTING OF	FICIAL (Fill in below inf	ormation appl	licable to subject in	stallation)		X			
INSTRUCTIONS: If new installation, inspect for compliance with approved exhibits and record any observed information not shown on, or which varies from, the approved exhibits. If existing installation, furnish as much of the information as may be available. As applicable use inspector's sketch on reverse.									
and the state of t	DIVIDUAL WATER SUPPL	ay be available	As applicable use	inspector's	sketch on re	verse.			
Distance to nearest public water main, 8 Mi. feet. Size o		T STSIEM							
Individual wells X are are not customary in neighborhood.	f main,inches.								
Give most recent record of failure of wells in immediate vicinity	to furnish adequate supply	of water							
	to termin duedodie supply	or water	95 64 65						
Properties in neighborhood 🛭 are 🗌 are not being developed with both individual water-supply and sewage-disposal systems.									
Lot size: 115' feet wide, 95 feet de	ep. Dwelling set back from	front property	line, 19.5	_feet.					
Individual water supply from: A Drilled well. Driven well	Dug well. Bored	vell.							
Distance of well from: Community supply app									
Building foundation,	feet; nearest lot line at []	ront, side,	rear,			feet;			
cast iron sewer,feet; tile sewer,feet; septic tank,feet; disposal field,feet; seepage pit,feet; cesspool,feet; other sources of possible pollution,feet.									
Well construction:									
Diameter,inches. Total depth,feet. Type of casing,									
Approximate depth of pumping level of water in well,feet. Approximate yield,allows per minute.									
Sealed watertight to depth offeet.									
Exterior space around cosing sealed with: Cement grout. Puddled clay. Ordinary backfill.									
Well cover: Concrete. Wood. Metal. Openings in well cover watertight: Yes. No. Pump: Shallow well. Deep well. Length of drop pipe, feet. Pump capacity, gallons per minute.									
Located in:									
Pump room properly drained: Yes. No. Pump mounting watertight: Yes. No.									
Type of storage: Pressure. Gravity. Capacity, gallons.									
Has bacteriological examination of water been made? Yes. No. If answer is "yes," give date									
Installation does does not comply with approved exhibits, if any.									
and the comply will approved exhibits, if any.									
	DUAL SEWAGE-DISPOS	AL SYSTEM							
PRIMARY TREATMENT consists of Septic tank. Cesspool.				4-1					
Septic tank:	rote								
Distance from well, 1000+ feet. Material, CONCrete 900 Number of compartments									
Total liquid capacity, 900 gallons. Capacity inlet compartment, 900 gallons. Inside length, 8 101 feet. Inside width, 3 1611 feet. Liquid depth, 5 1011 feet.									
Cesspool:									
Distance from: Well,feet; foundation,feet; nearest lot line at front, side, rear,feet.									
Inside diameter,feet. Depth,feet. Liquid capacity,gallons. Lining material									
SECONDARY TREATMENT consists of [7] Distribution has and [7]									
SECONDARY TREATMENT consists of X Distribution box and X Tile disposal field. Seepage pits. Other									
Distance from: Well, 1000+ feet; foundation, 25 feet; negrest lot line at front side 1000+ 206-24									
Total length of file lines, 1.36 feet Number of lines, 4 Distance between lines 2 feet									
Total effective absorption area in bottom of trenches, 576 square feet. Trench width, 72 moches									
Length of each line, 96 feet. Depth, top of tile to finish grade, 24 inches.									
Type of filter material: Gravel. Broken stone. Cinders. Other									
De inches. De	pin of filter material over ti	Depth of filter material beneath tile, 6 inches. Depth of filter material over tile, 2 inches.							

COMMENTS (Note any supplemental pertinent information. If conditions are found which may result in an opinion that the system is unsatisfactory, describe in detail.)								
INSPECTION OF INDIVIDUAL WATER	DATE OF INSPECTION							
STATE COUNTY	LOCAL HEALTH AUTHORITY	VA COMPLIANCE INSPECTOR						
		TITLE						
INSPECTION OF INDIVIDUAL SEWAG			DATE OF INSPECTION					
SIGNATURE OF INSPECTING OFFICIAL	L LOCAL HEALTH AUTHORITY	VA COMPLIANCE INSPECTOR TITLE						
Olwandle Lant								
PART II—FOR USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING REPORT BASED ON THE INFORMATION REPORTED HEREON AND OTHER AVAILABLE INFORMATION,								
SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY THAT THIS INDIVIDUAL WATER SUPPLY SYSTEM IS: SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY NOT SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY								
BASED ON THE INFORMATION REPORTED HEREON, AND OTHER AVAILABLE INFORMATION, IT IS THE OPINION OF THE (Check) CAN BE EXPECTED TO FUNCTION SATISFACTORILY AND IS NOT LIKELY TO CREATE AN INSANITARY CONDITION								
STATE COUNTY LOCAL DEPARTMENT OF HEALTH THAT THIS INDIVIDUAL SEWAGE-DISPOSAL SYSTEM, WITH PROPER MAINTENANCE: CANNOT BE EXPECTED TO FUNCTION SATISFACTORILY								
REMARKS CANNOT BE EXPECTED TO FUNCTION SATISFACTORILY								
DATE	SIGNATURE OF REVIEWING OFFICIAL	TITLE						
1-14.76 ORWanble San I								
PART III—FOR USE OF VA OFFICE								
I have reviewed the foregoing and the pertinent VA Compliance Inspection Report and recommend that the individual water supply system be considered Acceptable Not acceptable								
individual sewage-disposal system be considered Acceptable Not acceptable								
REMARKS								
DATE	SIGNATURE OF CHIEF, APPRAISAL SECTION							