

VETERANS ADMINISTRATION REPORT OF INSPECTION, INDIVIDUAL WATER SUPPLY AND SEWAGE-DISPOSAL SYSTEM

(TOP SECTION TO BE FILLED IN BY VA.)

REGIONAL OFFICE Veterans Administration 701 North Main St. Winston-Salem, N.C.			PROPERTY ADDRESS 6701 Astor Place Spring Lake, N.C.			SUBDIVISION NAME Rolling Springs		
						BLOCK NO.	LOT NO. 159	
NAME OF BUILDER Wellco Contractors, Inc. P. O. Box 766 Spring Lake, N.C. 28390			NAME OF LENDER First Atlantic Corp. P. O. Box 3362 Fayetteville, N.C. 28305			CASE NO. 255556		
						TYPE OF INSTALLATION <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		
TOTAL NUMBER		BASEMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CAN ATTIC OR OTHER AREA BE MADE INTO ADDITIONAL BEDROOMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, HOW MANY?	WATER SUPPLY AND SEWAGE DISPOSAL (Check)			
LIVING UNITS	BEDROOMS				BATHS		PUBLIC	COMMUNITY
1	3	1½						
						WATER SUPPLY BY <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> INDIVIDUAL		
						SEWAGE DISPOSAL BY <input type="checkbox"/> PUBLIC <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> INDIVIDUAL		

PART I—FOR USE OF INSPECTING OFFICIAL (Fill in below information applicable to subject installation)

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.

INDIVIDUAL WATER SUPPLY SYSTEM

Distance to nearest public water main, 8 mi. feet. Size of main, _____ inches.

Individual wells are are not customary in neighborhood.

Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood are are not being developed with both individual water-supply and sewage-disposal systems.

Lot size: 75' feet wide, 85' feet deep. Dwelling set back from front property line, 34.5' feet.

Individual water supply from: Drilled well. Driven well. Dug well. Bored well.

Distance of well from: community supply app.

Building foundation, _____ feet; nearest lot line at front, 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, _____ Depth of casing, _____ feet.

Approximate depth of pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.

Sealed watertight to depth of _____ feet.

Exterior space around casing 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: Basement. Pump room off basement. Pump house above ground. Pump pit.

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 _____, 19____.

Quality of water is is not satisfactory for human consumption.

Installation does does not comply with approved exhibits, if any.

INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of Septic tank. Cesspool.

Septic tank:

Distance from well, 1000+ feet. Material, concrete Number of compartments 1

Total liquid capacity, 1000 gallons. Capacity inlet compartment, 1000 gallons.

Inside length, 8' feet. Inside width, 3' 6" feet. Liquid depth, 5' 0" 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 Distribution box and Tile disposal field. Seepage pits. Other _____

Tile disposal field:

Distance from: Well, 1000+ feet; foundation, 25 feet; nearest lot line at front, side, rear, 20 feet.

Total length of tile lines, 192 feet. Number of lines, 2 Distance between lines, _____ feet.

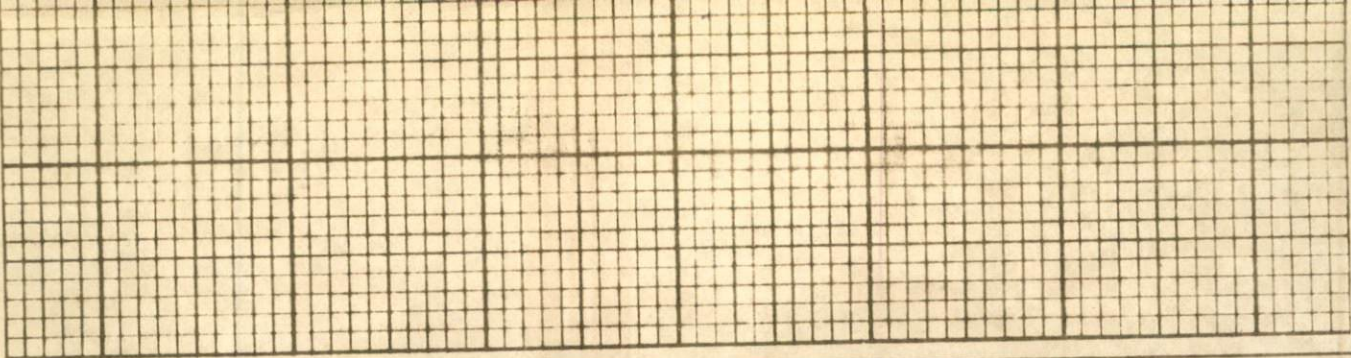
Total effective absorption area in bottom of trenches, 576 square feet. Trench width, 72 inches.

Length of each line, 96 feet. Depth, top of tile to finish grade, 24 inches.

Type of filter material: Gravel. Broken stone. Cinders. Other _____

_____ 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 SUPPLY SYSTEM MADE BY:		DATE OF INSPECTION
<input checked="" type="checkbox"/> STATE	<input type="checkbox"/> COUNTY	<input type="checkbox"/> LOCAL HEALTH AUTHORITY
<input type="checkbox"/> VA COMPLIANCE INSPECTOR		
SIGNATURE OF INSPECTING OFFICIAL		TITLE

INSPECTION OF INDIVIDUAL SEWAGE-DISPOSAL SYSTEM MADE BY:		DATE OF INSPECTION
<input type="checkbox"/> STATE	<input checked="" type="checkbox"/> COUNTY	<input type="checkbox"/> LOCAL HEALTH AUTHORITY
<input type="checkbox"/> VA COMPLIANCE INSPECTOR		
SIGNATURE OF INSPECTING OFFICIAL		TITLE

PART II—FOR USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING REPORT

BASED ON THE INFORMATION REPORTED HEREON AND OTHER AVAILABLE INFORMATION, IT IS THE OPINION OF THE (Check)		<input checked="" type="checkbox"/> SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY
<input type="checkbox"/> STATE	<input checked="" type="checkbox"/> COUNTY	<input type="checkbox"/> LOCAL DEPARTMENT OF HEALTH
THAT THIS INDIVIDUAL WATER SUPPLY SYSTEM IS:		<input type="checkbox"/> 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)		<input checked="" type="checkbox"/> CAN BE EXPECTED TO FUNCTION SATISFACTORILY AND IS NOT LIKELY TO CREATE AN INSANITARY CONDITION
<input type="checkbox"/> STATE	<input checked="" type="checkbox"/> COUNTY	<input type="checkbox"/> LOCAL DEPARTMENT OF HEALTH
THAT THIS INDIVIDUAL SEWAGE-DISPOSAL SYSTEM, WITH PROPER MAINTENANCE:		<input type="checkbox"/> CANNOT BE EXPECTED TO FUNCTION SATISFACTORILY

REMARKS

DATE	SIGNATURE OF REVIEWING OFFICIAL	TITLE
1-26-76	<i>Dr. Womble</i>	<i>Sen. II</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	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not acceptable
individual sewage-disposal system be considered	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not acceptable

REMARKS

DATE	SIGNATURE OF CHIEF, APPRAISAL SECTION
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