

Primary Barcode:



Property Owner:



Street Address:



Zip Code:



Subdivision:



Lot Number:



Nearest Town:



Department of Health & Environment

400 EAST SPRING STREET
LEBANON, TENNESSEE 37087

Application for Environmental Services
Division of Groundwater Protection

1 Services Requested:

2. Septic System Permit X Reinspection Letter _____ Water Sample _____

Landowner:	Applicant:	Original Owner:
Name _____	Name <u>PMA Home</u>	Name _____
Address _____	Address <u>Rt 6 Box 412</u>	Address _____
Phone# _____	Phone# <u>449-7209</u>	Phone# _____

3. Is the lot in a subdivision? C Name Hambin-Property Lot# 6
If not in subdivision, give specific directions: _____

Map Number _____ Parcel Number _____

4. For reinspection letter only: Will Pick-up _____ Please Mail _____

A) Age of house _____ B) Is house vacant? _____ How long? _____

C) Original sewage system inspected by health department? _____

D) Date of previous repairs _____ Inspected? _____

E) Waste water "backing up" into plumbing fixtures? _____ surfacing on the ground? _____

F) All waste water including washing machines routed into septic tank? _____

5. For water sample only: A) Is there an outside faucet? _____ B) Sanitary seal on casing _____

C) Is the well chlorinated _____ D) Casing 6 inches above ground _____

6. For SSD Permit only: Size of Lot _____ B) Number Bedrooms 3 C) How many occupants _____

D) Basement Plumbing: Yes _____ No _____ If yes, it will be washing machine _____ Bathrooms _____

E) Amount of water used monthly (gallons) _____ F) WATER: Public _____ Well _____ Spring _____

G) Is the lot staked _____ Is the house site staked _____

H) Installer if known: _____

7. Make a rough sketch on the back of this page showing property lines, house site, well location planned driveway and utilities.

8. ALL FEES ARE DUE IN ADVANCE AND ARE NON-REFUNDABLE

Septic System permit \$50.00 up to 1000 gpd	Reinspection Letter \$30.00
\$10.00 each additional 1000 gpd	30 working days required
Water Samples: total coliform \$20.00	
fecal coliform \$25.00	

I certify that the above information is true and correct to the best of my knowledge.

DATE 10-11-89 Signature [Handwritten Signature]

Receipt No. 372485

23 PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

№ 328645

Issued to: OMA Homes
 Owner, Developer, Contractor, Installer, Etc.

To be constructed by Terry Agee
 (Installer)

Construction of a subsurface sewage disposal system is hereby authorized at:
Rutledge Ln.
Lot #6 Hawkins Prop
 (No. and street; Subdivision name and lot no.)

Such a system shall consist of a septic tank of 1000 gals,
 with 380 linear feet in _____ trenches,
36 inches wide, and upto 36" deep
and equally divide by switch

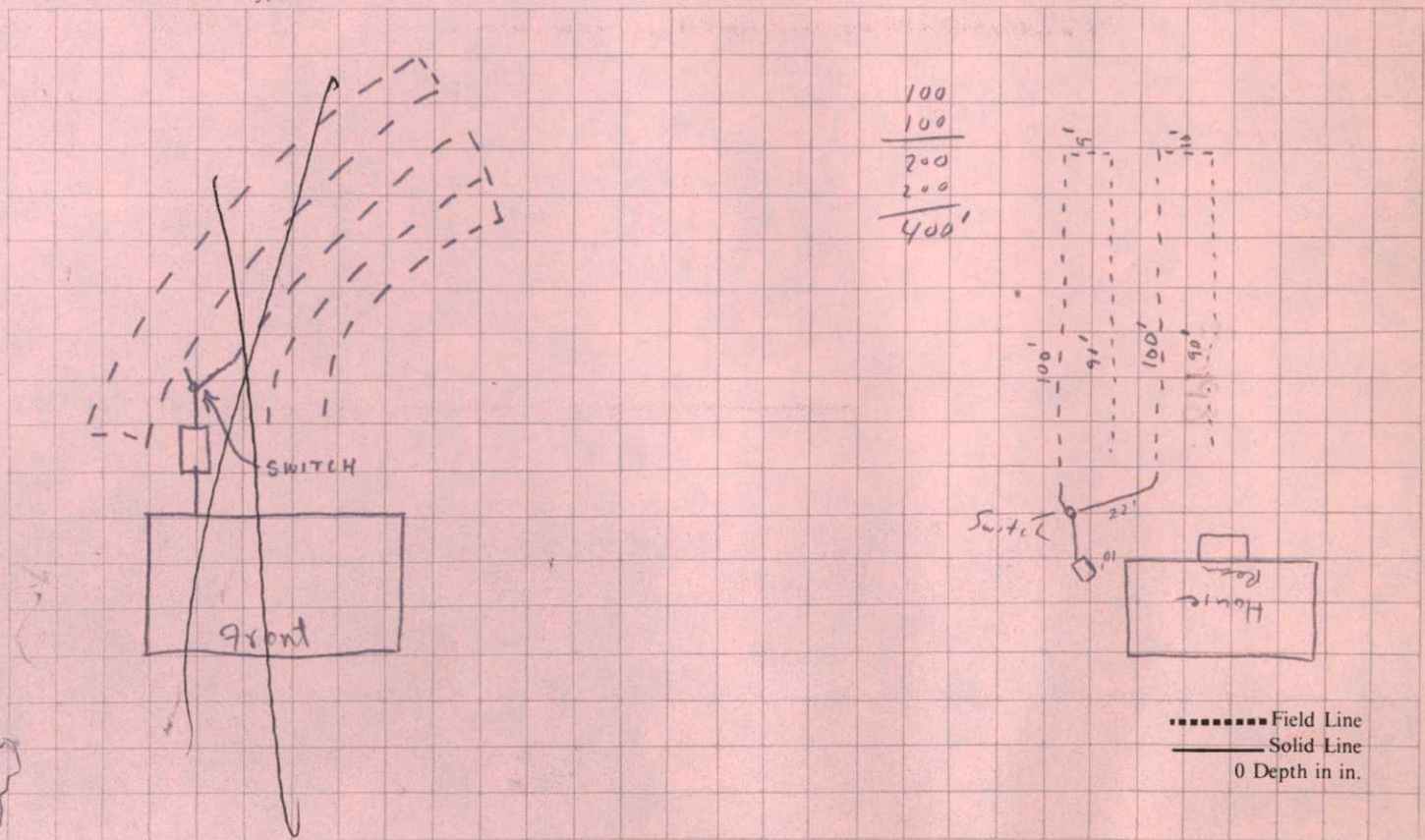
REGION <u>5</u>	COUNTY <u>95</u>	ID-NUMBER	DATE <u>1-24-90</u>
STAFF <u>403/382</u>	INSTALLATION: (X) 1. New Installation () 2. Repair to Existing System		
Type of System: () 1. Standard () 2. Alternating		() 3. Chapter 301 (X) 5. Other () 4. Chapter 212 <u>6735</u>	
For: (X) 1. Residential: No. B/R <u>3</u> () 2. Commercial/Industrial; Gal/Day _____			
Evaluation based Upon: () 1. Soil Typing by Soil Scientist (X) 2. Soil Percolation Tests () 3. Other			
Permeability Rate <u>76mpi</u>			

The recipient of this permit agrees to construct or have constructed the system in accordance with the rules and regulations under the authority of TCA 53-2054. The recipient must notify the local health authority when the system is ready for inspection. If any part of system is covered before being inspected and approved, it shall be uncovered by the recipient of the permit at the direction of the local health authority.

Billy M. [Signature] Date 10-1-89
 (Signature of Recipient-Owner, Developer, Contractor, Etc.)

Issued at Lebanon, Tennessee in the County of Wilson

By Dennis E. Smith Date 10-12-89
 (Local Health Authority)



Inspected By Kevin Adams / Dennis Smith
 Local Health Authority

Date 1-24-90

Construction Approval: (X) 1. Yes () 2. No

No. of Visits: 1

Time 020

REPORT OF SOIL ABSORPTION TEST

2. Sheet 1 of 1
 3. Date 5/30/89

Presoaking Data	
Date	Time
5/29	3:00

4. TRACT 6, GROVER HAWKINS, RUTLEDGE LANE, WILSON
 Location (Subdivision Name or Number, Lot Number or Street Numbers, County and/or Town)

5. ESTEL FLEMING Owner/Developer 6 Address

Lot and Hole No.	Hole Depth In.	Depth to Gravel In.	Depth Pre-Soak Water In.	Initial Water In.	Initial Time	PERIODIC CHECK TIMES																Final Period		Min. Per In.
						FIRST		SECOND		THIRD		FOURTH		FIFTH		SIXTH		SEVENTH		FINAL	Fall In.	Time Min.		
						DB	T	DB	T	DB	T	DB	T	DB	T	DB	T	DB	T	DB			T	
7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A	24	22	20 1/2	16	3:00	16 1/2	3:30		4:00		4:30		5:00									1/2	30	60
B	24	22	22	16	3:00	17 1/4	3:30	17	4:00	17	4:30	17	5:00	16 3/4	5:30	17 1/4	6:00	16 1/2	6:30	17	7:00	1/2	30	60

Remarks _____

Paul B. Burkett
 Engineer/Architect/Surveyor/Soil Scientist