

Primary Barcode:



Property Owner:



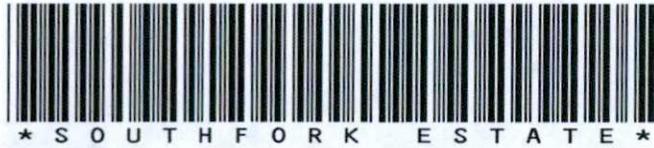
Street Address:



Zip Code:



Subdivision:



Lot Number:



Nearest Town:



Tennessee Department of Environment and Conservation Application for Ground Water Protection Services

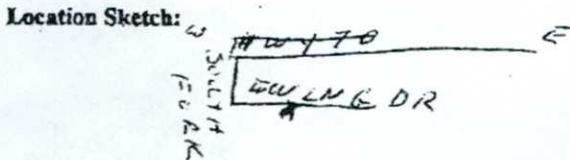
Application for Septic System Repair Permit (No Application Fee Required)

Landowner	Applicant	Original Owner
Name: <u>Ernest & Beulah Howell</u>	Name: <u>Ernest N Garrett</u>	Name: _____
Address: <u>2222 Ewing Dr</u>	Address: <u>2222 Ewing Dr</u>	
<u>Lebanon TN 37087</u>	<u>Lebanon TN</u>	
	<u>37087</u>	
Day Phone: <u>615-449-4816</u>	Day Phone: <u>615-449-4816</u>	

MUST HAVE MAP NUMBER 056E **PARCEL NUMBER** 04600

Location of Lot or Site: Subdivision Name and Lot Number South Fork ~~Lebanon~~ # 39
If not in a subdivision, give the address of the site: _____

Give specific directions to the lot/property:
HWY 70 TO SOUTH FORK DR
(L) EWING
2nd HOUSE ON RIGHT



Age of House? 184RS Is House Vacant? NO How Long? _____
 Original sewage system inspected by State Regulatory Personnel? _____
 Date of previous repairs _____ Were the repairs inspected? _____
 Is wastewater "backing up" into plumbing fixtures? _____
 Is wastewater surfacing on the ground? NO
 Is all wastewater, including washing machine water, routed into the septic tank? YES

I certify that the above information is true and correct to the best of my knowledge, and that I have been authorized by the above-named landowner to submit this Application for Environmental Services to the Division of Ground Water Protection.

DATE: 11/2/05 SIGNATURE: Ernest N Garrett

Our fax # is 443-2857

WILSON COUNTY

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 Reinspection Letter Water Sample

Landowner: Applicant: Original Owner:
Name: John Slater Name: Re/Max Cumberland Co Name:
Address: 2223 Ewing Dr Address: 121 Square West Address:
Lebanon, TN Lebanon, TN
Phone#: Phone#: 443-7653 Phone#:

3. Is the lot in a subdivision? Yes Name: Southfork Lot#: 39
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 4 yrs B) Is house vacant? Yes How long? 4 months
C) Original sewage system inspected by health department? Yes
D) Date of previous repairs Inspected?
E) Waste water "backing up" into plumbing fixtures? NO surfacing on the ground? No
F) All waste water including washing machines routed into septic tank? YES

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 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

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

DATE 6/11/90 Signature: [Signature]

Receipt No.

*** WE PREFER CASH, CASHIER'S CHECK OR CERTIFIED CHECK ***

PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

121152

Issued to: John M. Slater
Owner, Developer, Contractor, Installer, Etc.

REGION	COUNTY	ID-NUMBER	DATE
<u>5</u>	<u>95</u>		

To be constructed by Aubrey Hawthorth
(Installer)

STAFF 201
INSTALLATION: 1. New Installation
 2. Repair to Existing System

Construction of a subsurface sewage disposal system is hereby authorized at:
Lot 39 Southfork Box 2222
(No. and street; Subdivision name and lot no.)

Type of System: 1. Standard 3. Chapter 301 5. Other
 2. Alternating 4. Chapter 212
For: 1. Residential: No. B/R 4
 2. Commercial/Industrial: Gal/Day _____

Such a system shall consist of a septic tank of 1000 gals.
with 440 linear feet in _____ trenches 30 inches wide, and 24-30" deep
or _____

Evaluation based Upon: 1. Soil Typing by Soil Scientist
 2. Soil Percolation Tests
 3. Other
Permeability Rate 60 gpd

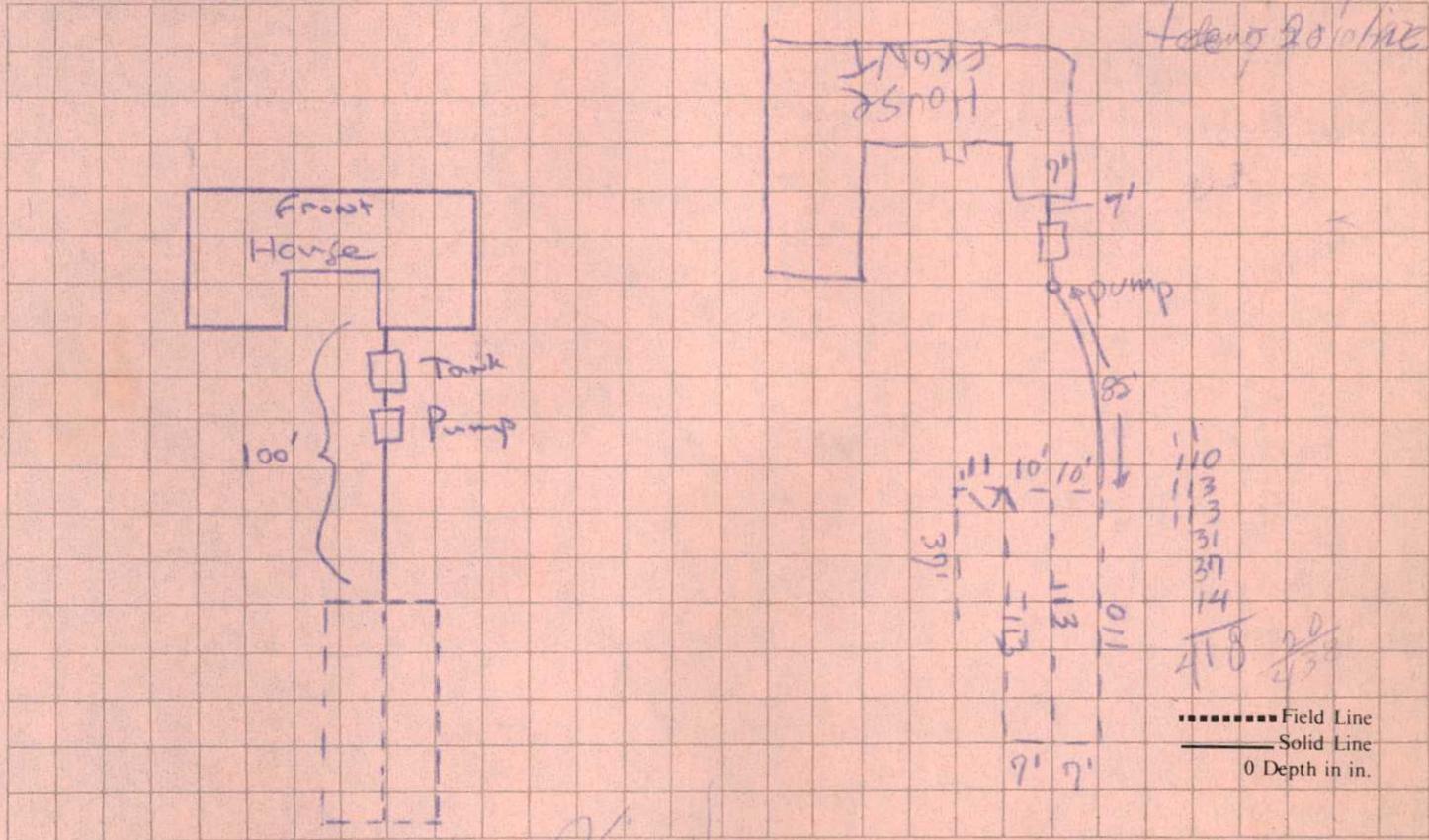
The recipient of this permit agrees to construct or have constructed the system in accordance with the rules and regulations under the authority of TCA 53-2054. The recipient must notify the local health authority when the system is ready for inspection. If any part of system is covered before being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

John M. Slater
(Signature of Recipient-Owner, Developer, Contractor, Etc.)

Date _____

Issued at Lebanon, Tennessee in the County of Wilson

By Joe Kington Date 7-24-88
(Local Health Authority)



Inspected By Joe Kington
Local Health Authority

9-10-87

Construction Approval: 1. Yes 2. No

Date _____

No. of Visits: 3

Time 025



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF GROUND WATER PROTECTION

FIELD ACTIVITY REPORT

Person Contacted:

Name: _____ Phone: () _____

Location: _____

- Property Owner
- Installer
- Developer
- Realtor
- _____

South Fork Lot #39

Owner: *Beulah Garrett* Phone: () _____

Address: *2222 Ewing Dr.*
Lebanon, TN

- Complaint
- Technical Assistance
- Enforcement
- Repair*

NOTES AND REMARKS:

*11-7-05 Site visit by Julius N. Appears to be an area of saturation near the pump. Advise checking pump. He spoke with homeowner regarding this repair
Louis N. Gibson EST IV Wilson 11-7-05*

Environmental Specialist

County

Date



TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

Dear Mr. Stater

On 6-19-90, an investigation of the subsurface sewage disposal system, which does not include plumbing and other fixtures preceding the septic tank, was performed at Lot 39 Southfork Subd. 2222 Ewing Dr. Lebanon, Tenn. Wilson Co.
(city) (county)

At the time of the investigation the following observation(s) were made: (city) (County)

- There was no evidence of sewage or effluent outcropping to the ground surface.
- Sewage or effluent from the sewage system was outcropping to the ground surface.
- The house appears vacant; therefore, the performance of the sewage system, when typically loaded, can not be realistically evaluated.

A thorough search of our files indicate the following:

- The sewage system was inspected and approved by a representative of this Department. The system was designed on an estimated absorption rate of 60 minutes per inch or a percolation rate of _____ minutes per inch.
- The sewage system was inspected and disapproved by a representative of this Department.
- No record of the site evaluation could be found.
- No record of the sewage system construction or approval could be found.
- The site was evaluated on _____ and determined unfavorable for subsurface sewage disposal.
- A repair was attempted to the subsurface sewage disposal system on _____. These modifications do _____ do not _____ meet the minimum standards of this Department.

Remarks: *There is no evidence of past failure.
System was designed for a 4 bedroom residence.*

If you have any questions or comments concerning the contents of this letter, please feel free to contact me at Wilson Co Health Dept 400 E Spring Lebanon, Tenn. 37087.

Sincerely,

Dennis E. Smith

Division of Ground Water Protection

SG/Hold I

PH-2790
6/86