

CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

REGION 4	COUNTY 71	ID-NUMBER	DATE 06/09/88
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Owner, Developer, Contractor, Installer, Etc.
 To be constructed by
 (Installer)

STAFF
368

INSTALLATION: () 1. New Installation
 () 2. Repair to Existing System

Type of System: () 1. Standard () 3. Chapter 301 () 5. Other
 () 2. Alternating () 4. Chapter 212

Construction of a subsurface sewage disposal system is hereby authorized at:
 Lot # 30, Springdale, TN
 (No. and street; Subdivision name and lot no.)

For: () 1. Residential: No. B/R
 () 2. Commercial/Industrial: Gal/Day

Such a system shall consist of _____ gals.
 with _____ linear feet in _____ trenches,
 _____ inches wide, and _____ deep
 or _____

Evaluation based Upon: () 1. Soil Typing by Soil Scientist
 () 2. Soil Percolation Tests
 () 3. Other

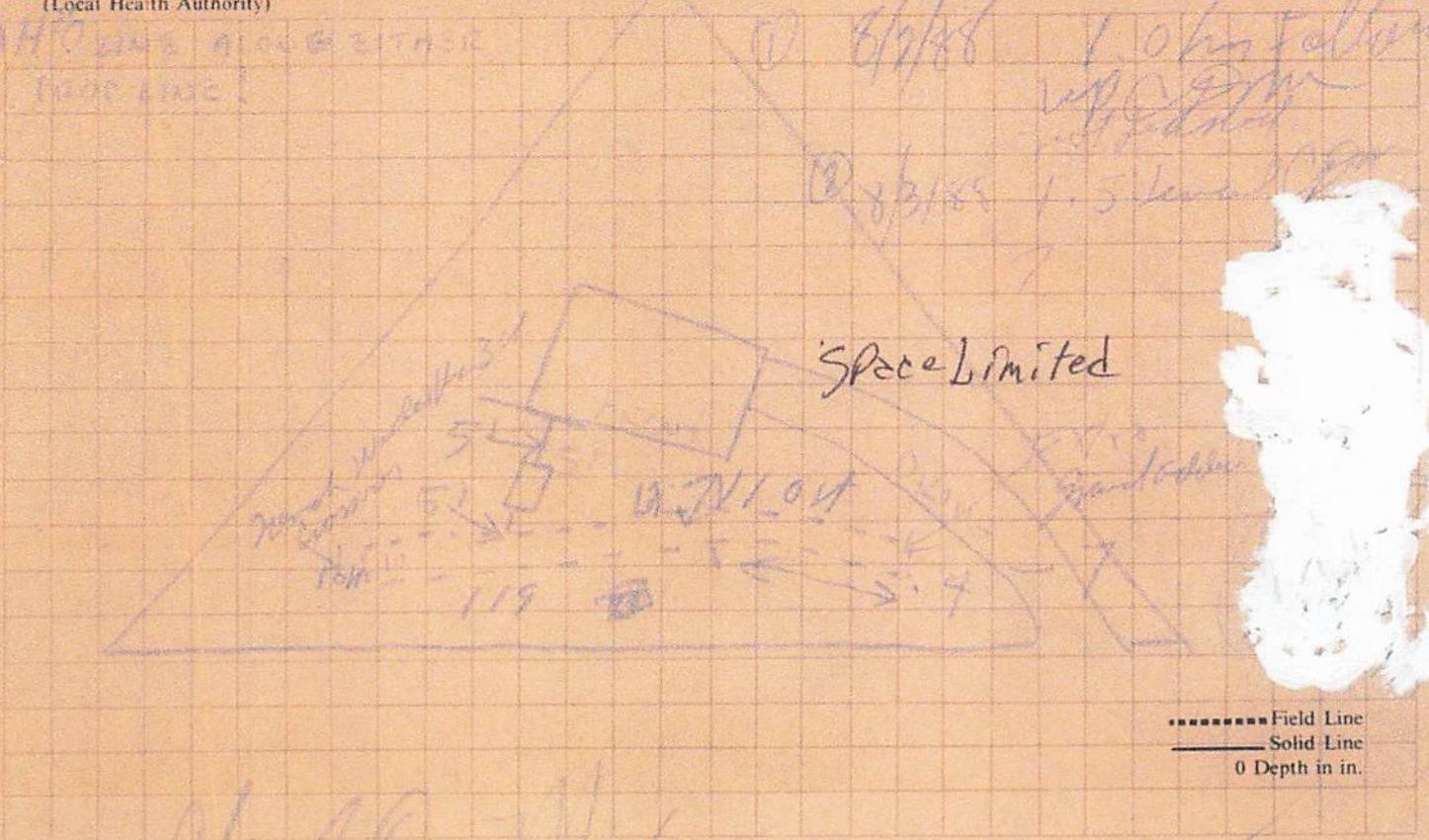
Permeability Rate 30 ml @ 30" 110

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.

(Signature of Recipient-Owner, Developer, Contractor, Etc.)
 Date 6-9-88

Issued at _____ Tennessee in the County of Putnam

By _____ Date 06/07/88
 (Local Health Authority)



----- Field Line
 _____ Solid Line
 0 Depth in in.

Inspected By _____ Local Health Authority
 Date 6/13/88

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

No. of Visits: 3
 Time 3:52

APPLICATION FOR ENVIRONMENTAL SERVICES
DIVISION OF GROUNDWATER PROTECTION

1. Service Requested:

Septic System Permit Reinspection Letter _____ Water Sample _____

2. Landowner:

Applicant: _____ Original Owner _____
Name PAUL STEPHENSON Name _____ Name _____
Address PO BOX 2562 Address _____
COOKEVILLE
Phone # 528-4790 Phone # _____

3. Is the lot in a subdivision? YES Name SPRINGDALE Lot # 30
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: a) Size of Lot 230x163x165 b) Number of Bedrooms 3
c) How many occupants _____ d) Basement Plumbing: Yes _____ No X
If yes, it will be washing machine _____ bathroom _____ other _____
e) Amount of water used monthly (gallons) _____
f) Water: Public X Well _____ Spring _____
g) Is the lot staked? YES Is the house site staked? YES
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

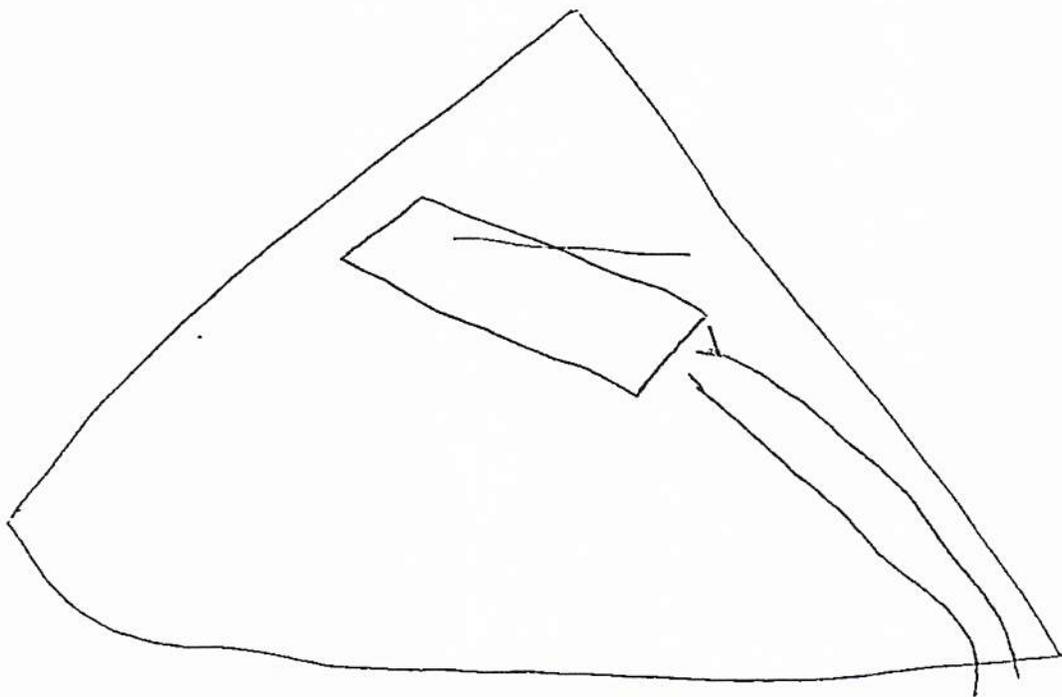
9. I certify that the above information is true and correct to the best of my knowledge.

Date 5-31-88

Signature Paul J. Stephenson

Receipt No. 329971

House site staked.



FIELD AND ACTIVITY REPORT
DIVISION OF GROUND WATER PROTECTION

COUNTY Putnam CITY Cookeville DATE 5/10/88

HEALTH DEPARTMENT OFFICIALS CONTACTED Ashburn

OTHER INDIVIDUALS CONTACTED _____

REPORT (1. Purpose of Visit, 2. Activities, 3. Recommendations, 4. Comments)

Lot 30 Springdale SW
(1) Attachment

ANY CUTTING OR FILLING WILL
VOID THIS SOIL MAP

Note: Red & Yellow or Red & Green -The subsurface sewage lines should be at 24" in depth, over 24" will have a 75 plus M.P.I.

Final soils map completed by Tennessee
Department of Health and Environment
SOILS SCIENTIST _____ DATE _____

AKB 5/10/88
The signature of the Soils Scientist does not constitute approval by the health department.

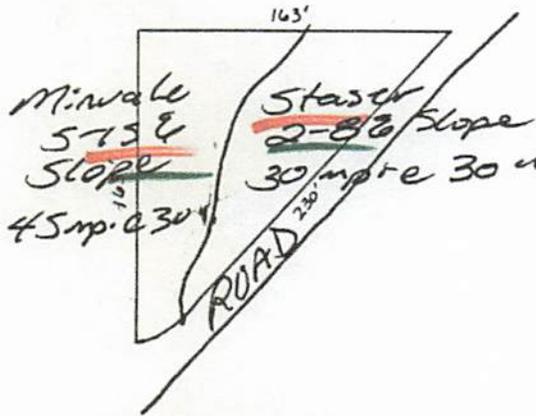
LEGEND

DRAINAGE WAY	
SINKHOLE	
POND	
DEPRESSION	
SPRING	

The use of colors on soil maps are to show the estimated absorption rates of soils in minutes per inch as follows:

<u>Green -</u>	10 through 60 minutes per inch (When rate not assigned use rate in soils chart)
<u>Yellow -</u>	61 through 75 minutes per inch (Use 75 rate when MPI is not assigned)
<u>Red -</u>	75 minutes per inch (May be due to absorption rates greater than 75 minutes per inch, drainage, depth, slopes or fill material (non-soils).

NAME: PAUL G. STEPHENSON
ADDRESS: Rt. 2 Box 8
PHONE: 526-9740
DISTANCE FROM COOKEVILLE: 1 MILE
DETAIL LOCATION: LOT 30 SPRINGDALE SUBDIVISION



1 inch = 100'

LOT # 30 SPRINGDALE

I understand if my lot is not properly marked so the Soil Scientist can do the soil work it may result in a longer delay in receiving soil information.

Signature Paul G. Stephenson

for
Paul
5/10/89

I (we) MARY ANN FLOREK, being the deeded owner(s) of property,
(NAME)
located LOT 30 SPRINGDALE, further described as
(ADDRESS)
30 in DUTYAM County Deed Book
PARCEL/LOT NUMBER (COUNTY NAME)
1, page # 1, do authorize Paul B. Stephen,
(NAME)

as my agent/optionee, to request and obtain soil evaluation(s) and/or septic tank permit(s) on my behalf.

Signature Property Owner(s) Mary Florek by Paul B. Stephen

Signature Agent/Optionee Paul B. Stephen

Effective from 5-9-88 to 6-9-88
DATE DATE