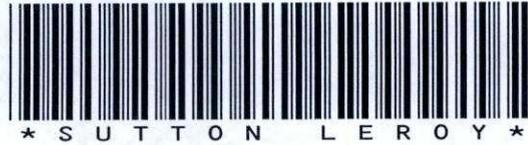


Primary Barcode:



Property Owner:



Street Address:



Zip Code:



Subdivision:



Lot Number:



Nearest Town:





**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
APPLICATION FOR GROUND WATER PROTECTION SERVICES**

| 1. SERVICE REQUESTED: (check service)                           | APPLICANT COMPLETE QUESTIONS: | FEES DUE       | PTBMS CODES V689 Code Supp/Code |
|---|-------------------------------|----------------|---------------------------------|
| <input type="checkbox"/> Septic System Construction Permit      |                               |                |                                 |
| <input type="checkbox"/> Dwelling                               | 2, 3, 4, 7, 8, 9              | \$ _____       | 78064 Yes                       |
| <input type="checkbox"/> Commercial: gpd                        | 2, 3, 4, 7, 8, 9              | \$ _____       | 78064 Yes                       |
| <input type="checkbox"/> System Modification                    | 2, 3, 4, 7, 8, 9              | \$ _____       | 78064 Yes                       |
| <input checked="" type="checkbox"/> Repair                      | 2, 3, 4, 7, 8, 9              | \$ <u>NONE</u> | 78032                           |
| <input type="checkbox"/> Inspection Letter                      | 2, 3, 5, 7, 8, 9              | \$ _____       | 78030                           |
| <input type="checkbox"/> Water Sample                           |                               |                |                                 |
| <input type="checkbox"/> Total Coliform                         | 2, 3, 6, 7, 8, 9              | \$ _____       | 78036 Yes                       |
| <input type="checkbox"/> Fecal Coliform                         | 2, 3, 6, 7, 8, 9              | \$ _____       | 78038 Yes                       |
| <input type="checkbox"/> Alternative System Permit*             |                               | \$ _____       | 78068                           |
| <input type="checkbox"/> Large Conventional System Plan Review* |                               | \$ _____       | 78099                           |
| <input type="checkbox"/> Large Alternative System Plan Review*  |                               | \$ _____       | 78099                           |
| <input type="checkbox"/> Experimental System Plan Review*       |                               | \$ _____       | 78072                           |
| <input type="checkbox"/> Subdivision Evaluation: Lots: _____    |                               | \$ _____       |                                 |
| <input type="checkbox"/> Soil Mapping: Type _____ Acres _____   |                               | \$ _____       | 78026 Yes                       |
| <input type="checkbox"/> Installer Permit: Type(s) _____        |                               | \$ _____       | 78028 Yes                       |
| <input type="checkbox"/> Pumper Permit*                         |                               | \$ _____       |                                 |
| <input type="checkbox"/> Plat Approval — Individual Lot         |                               | \$ _____       | 78029                           |
| <input type="checkbox"/> Domestic Septage Disposal Site Permit  |                               | \$ _____       | 78031                           |

\*Applicant may review these service requests with Environmental Specialist prior to processing application.

2. **LANDOWNER:** Names: Leroy Sutton APPLICANT Name: Same ORIGINAL OWNER Name: \_\_\_\_\_  
 Address: Rt. 4 Box 318 Address: Same  
 City: Shelbyville, TN 37869 Day Phone: 423-233-2544 (Dads)

3. **LOCATION OF LOT OR SITE:** a) In a subdivision? \_\_\_\_\_ b) Name: \_\_\_\_\_ Lot # \_\_\_\_\_  
 b) Non-Subdivision \_\_\_\_\_ Give specific directions and address to the lot or site: \_\_\_\_\_

4. **FOR SSDS PERMIT ONLY:** a) Size of lot \_\_\_\_\_ b) Number of Bedrooms \_\_\_\_\_  
 c) How many occupants? \_\_\_\_\_ d) Excavated Basement? Yes \_\_\_\_\_ No \_\_\_\_\_  
 e) Basement Plumbing Fixtures? Yes \_\_\_\_\_ No \_\_\_\_\_  
 f) Amount of water used monthly (gallons) \_\_\_\_\_  
 g) Water Supply: Public \_\_\_\_\_ Well \_\_\_\_\_ Spring \_\_\_\_\_  
 h) Is the lot staked? \_\_\_\_\_ If not, date it will be staked: \_\_\_\_\_  
 Is the house staked? \_\_\_\_\_ If not, date it will be staked: \_\_\_\_\_  
 i) Installer, if known: \_\_\_\_\_

*Handwritten directions:*  
 Hwy 33  
 TO Big Creek Rd.  
 Turn left at TED Mall store  
 Go approx 1/2 mile -  
 TO Jones store  
 First Rd. on right  
 2nd driveway on left  
 White house on top  
 of hill

5. **FOR INSPECTION 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) Is waste water "backing up" into plumbing fixtures? \_\_\_\_\_ Surfacing on the ground? \_\_\_\_\_  
 f) All waste water including washing machines routed into septic tank \_\_\_\_\_

6. **FOR WATER SAMPLE ONLY:** a) Source of Supply: Spring \_\_\_\_\_ Well \_\_\_\_\_  
 b) Is there an outside faucet? \_\_\_\_\_ c) Is the source chlorinated? \_\_\_\_\_  
 d) For Wells: Is the casing 6" above the ground? \_\_\_\_\_ Is a sanitary seal on the casing? \_\_\_\_\_

7. MAKE A ROUGH SKETCH ON BACK OF THIS PAGE SHOWING DIRECTIONS TO PROPERTY, PROPERTY LINES, HOUSE SITE, WELL LOCATION, SPRING LOCATION, PLANNED DRIVEWAY AND UTILITIES.

8. ALL FEES DUE IN ADVANCE AND ARE NON-REFUNDABLE (except upon appeal). See Fee Schedule on reserve. Make check payable to: **TREASURER, STATE OF TENNESSEE**

9. 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: 11/16/98 SIGNATURE: Leroy Sutton AMOUNT PAID: \$ 0 RECEIPT NUMBER: \_\_\_\_\_

White: File      Canary: Owner

