

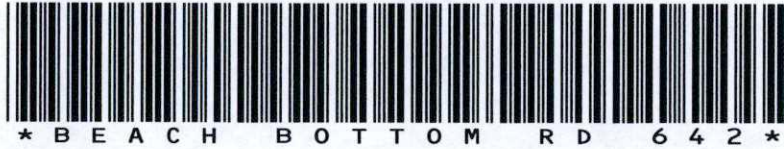
Primary Barcode:



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	PTBMIS CODES V689 Code Supp/Code	
<input checked="" type="checkbox"/> Septic System Construction Permit				
<input checked="" type="checkbox"/> Dwelling	2, 3, 4, 7, 8, 9	\$ 100.00	78064	Yes
Commercial: gpd	2, 3, 4, 7, 8, 9	\$	78064	Yes
System Modification	2, 3, 4, 7, 8, 9	\$	78064	Yes
Repair	2, 3, 4, 7, 8, 9	\$	78032	
Inspection Letter	2, 3, 5, 7, 8, 9	\$	78030	
Water Sample				
Total Coliform	2, 3, 6, 7, 8, 9	\$	78036	Yes
Fecal Coliform	2, 3, 6, 7, 8, 9	\$	78038	Yes
Alternative System Permit*		\$	78068	
Large Conventional System Plan Review*		\$	78099	
Large Alternative System Plan Review*		\$	78099	
Experimental System Plan Review*		\$	78072	
Subdivision Evaluation: Lots: *		\$		
Soil Mapping: Type _____ Acres _____ *		\$		Yes
Installer Permit: Type(s) _____ *		\$	78026	Yes
Pumper Permit*		\$	78028	
Plat Approval — Individual Lot		\$	78029	
Domestic Septage Disposal Site Permit		\$	78031	

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

2. **LANDOWNER:** Names: J. BRADSHAW Address: _____ Day Phone: _____

APPLICANT Name: JAME Address: _____ Day Phone: Call Holiday Inn Express Rm 129 444-7020

ORIGINAL OWNER Name: _____

3. **LOCATION OF LOT OR SITE:** a) In a subdivision? b) Name: Charles Taylor Lot # 9

b) Non-Subdivision _____ Give specific directions and address to the lot or site: TOP OF HILL @ REAR

4. **FOR SSDS PERMIT ONLY:** a) Size of lot 15.6 AC b) Number of Bedrooms 3

c) How many occupants? 2 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: 10-12-95

i) Installer, if known: _____

MAP PARCEL
Wm. Reese Propy

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, PLANED 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: 10-11-95 SIGNATURE: [Signature] AMOUNT PAID: \$ 100.00 RECEIPT NUMBER 138357

White: File Canary: Owner

**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF GROUND WATER PROTECTION
PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM**

Issued to: <u>J. Bradshaw</u> <small>Owner, Developer, Contractor, Installer, Etc.</small> Location: <u>Beach Bottom Rd</u> <u>William Reese</u> <u>Lot 9</u> Installation: <input type="checkbox"/> 1. New Installation <input type="checkbox"/> 2. Repair to Existing System Establishment: <input type="checkbox"/> 1. Residential: # Bedrooms _____ <input type="checkbox"/> 2. Other: _____ (specify) Gal/Day _____	Evaluation Based Upon: <input type="checkbox"/> 1. Soil typing by Soil Scientist <input type="checkbox"/> a. General <input type="checkbox"/> b. High Intensity <input type="checkbox"/> c. Extra High Intensity <input checked="" type="checkbox"/> 2. Soil Percolation Test <input checked="" type="checkbox"/> 3. Environmental Specialist Estimated Absorption Rate: <u>25</u> MPI Approval based upon: Statute No. <u>T.C.A. 68-221-403</u> <input type="checkbox"/> (c) Percolation test <input type="checkbox"/> (d) Grandfather clause. Current standards except those specified <input type="checkbox"/> (f) 12" (karst) and 6" (non-karst) buffer required <input type="checkbox"/> (i) 9" buffer required (24"-36" total soil depth) <input type="checkbox"/> (k) Grandfather clause — meets June 30, 1990 standards (repair only) <input type="checkbox"/> Other _____	Type of System: <input checked="" type="checkbox"/> 1. Conventional <input type="checkbox"/> 2. Low Pressure Pipe <input type="checkbox"/> 3. Mound <input type="checkbox"/> 4. Lagoon <input type="checkbox"/> 5. Large Diameter Graveless Pipe <input type="checkbox"/> a. Sand backfill required <input type="checkbox"/> 6. Other
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This system shall consist of a two compartment septic tank holding 1000 gallons, with 380 linear feet in 54 trenches, 36 inches wide and 24 inches deep. (Depth of gravel: 12 inches)

- Also required:
- 1. Soil Improvement Practice (SIP)
 - 2. Flow Diversion Valve
 - 3. Sewage Pump
 - 4. Other: _____

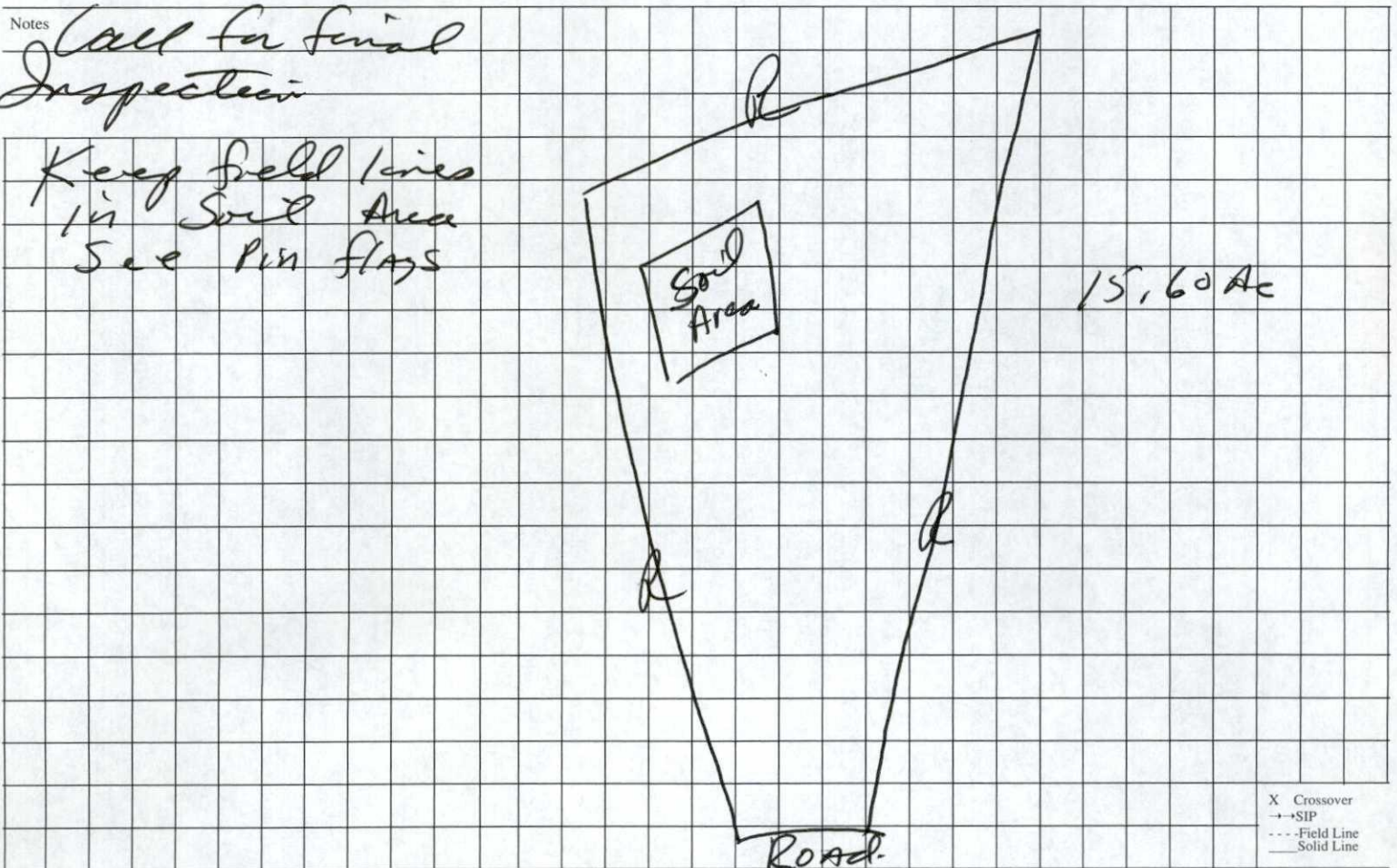
All installers of subsurface sewage disposal systems must hold a valid annual license from the Tennessee Department of Environment and Conservation.

The recipient of this permit agrees to construct or have constructed the above described system in accordance with T.C.A. 68-221-401 et. seq. and The Regulations To Govern Subsurface Sewage Disposal Systems. If any part of the system is covered before being inspected and approved, it shall be uncovered by the recipient of the permit at the direction of personnel of the Department of Environment and Conservation. Any cutting, filling or alterations of the soil conditions on the aforementioned property after this day may render this approval null and void.

James J. Bradshaw Date 4-26-96
 (Signature of Recipient)

Issued at Lebanon Tennessee, in Wilson County
 By Jan Williams ES&E Date 4/26/96
 (Name and Title) (Date of Issue)

This permit is valid for 3 years from date of issue.



This is a permit to construct and is not intended to imply approval of any work proposed or completed on this lot.



CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: J. Bradshaw
 Owner, Developer, Contractor, Installer, Etc.

Location: William Reese Pkg #9
Back Bottom Rd.

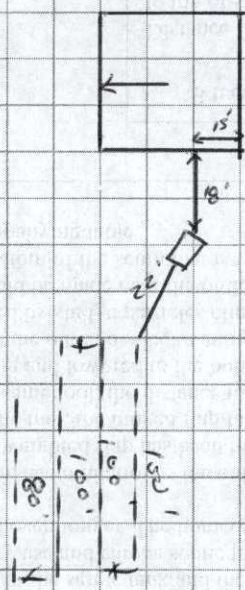
Type of system
 1. Conventional
 2. Low Pressure Pipe
 3. Mound
 4. Lagoon
 5. Large Diameter Gravelless Pipe
 (a) Sand backfill required Yes () No ()

6. Other _____
 (type) HCP 1000 (volume) _____ Septic Tank

Estimated Absorption Rate 75 (minutes per inch)

New Installation Repair Other

Installed by: Young



Construction Approved By: Ben K. Co ESI 5-28-97
 (Name and Title) (date)



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF GROUND WATER PROTECTION

FIELD ACTIVITY REPORT

Person Contacted:

Name: _____ Phone: () _____

Location: _____

Owner: _____ Phone: () _____

Address: _____

Property Owner

Installer

Developer

Realtor

Complaint

Technical Assistance

Enforcement

Wm. Reese Prop Lot 9

NOTES AND REMARKS:

*CK Rear Part of Lot 15.6 Ac
Found Area To Lt Side of House site
75 MPIJEW*

Jim Williams ESIT
Environmental Specialist

Wilson
County

10/1/95
Date