

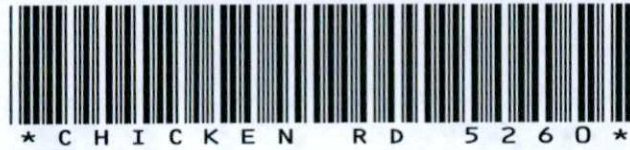
Primary Barcode:



Property Owner:



Street Address:



Zip Code:



Subdivision:



Lot Number:



Nearest Town:



APPLICATION FOR ENVIRONMENTAL SERVICES  
DIVISION OF GROUNDWATER PROTECTION

No signs of  
past failure  
observed.  
B7 10-4-91

1. Service Requested:

Septic System Permit \_\_\_\_\_ Reinspection Letter X Water Sample \_\_\_\_\_

2. Landowner:

Name TERRY WALKER Applicant: Name SAMC Original Owner Name \_\_\_\_\_  
Address 5266 CHICKEN RD Address \_\_\_\_\_  
LOBANON, IN  
Phone # 286-2750 Phone # \_\_\_\_\_

#4/F RTG

3. Is the lot in a subdivision? No Name \_\_\_\_\_ Lot # \_\_\_\_\_  
If not in subdivision, give specific directions: DOAKS CROSS RDS TURN RIGHT OFF OF  
CAINSVILLE PK ON to CHICKEN RD 4<sup>th</sup> House ON LEFT.

Built in  
86/87

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

4. For reinspection letter only: Will pick-up ✓ Please mail \_\_\_\_\_  
a) Age of house 5 YRS b) Is house vacant? NO How long? \_\_\_\_\_  
c) Original sewage system inspected by health department? yes 1986  
d) Date of previous repairs N/A 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? yes b) Sanitary seal on the casing? \_\_\_\_\_  
c) Is the well chlorinated? N/A d) Casing 6 inches above ground? \_\_\_\_\_

6. For SSD Permit only: a) Size of Lot \_\_\_\_\_ b) Number of Bedrooms \_\_\_\_\_  
c) How many occupants \_\_\_\_\_ d) Basement Plumbing: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, it will be washing machine \_\_\_\_\_ bathroom \_\_\_\_\_ other \_\_\_\_\_  
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 \$100.00 up to 1000 gpd Reinspection letter \$100.00  
\$10.00 each additional 1000 gpd 30 working days required

Water Samples: total coliform \$25.00  
fecal coliform \$50.00

9. I certify that the above information is true and correct to the best of my knowledge.  
Date 9/30/91 Signature Terry Walker  
Receipt No. \_\_\_\_\_

# PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

121147

Issued to: Terry Walker  
 Owner, Developer, Contractor, Installer, Etc.

REGION	COUNTY	ID-NUMBER	DATE
5	95		9/29/84

To be constructed by \_\_\_\_\_  
 (Installer)

STAFF: 107  
 INSTALLATION:  1. New Installation  
 2. Repair to Existing System

Construction of a subsurface sewage disposal system is hereby authorized at:  
Tract 4 Paul Edge Cstg.  
 (No. and street; Subdivision name and lot no.)

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

Such a system shall consist of a septic tank of 1000 gals.  
 with 380 linear feet in \_\_\_\_\_ trenches,  
36 inches wide, and 24 to 36 deep  
 or equally divided by s.w.t.s.

For:  1. Residential: No. B/R 3  
 2. Commercial/Industrial; Gal/Day \_\_\_\_\_

Evaluation based Upon:  1. Soil Typing by Soil Scientist  
 2. Soil Percolation Tests  
 3. Other  
 Permeability Rate Min 212

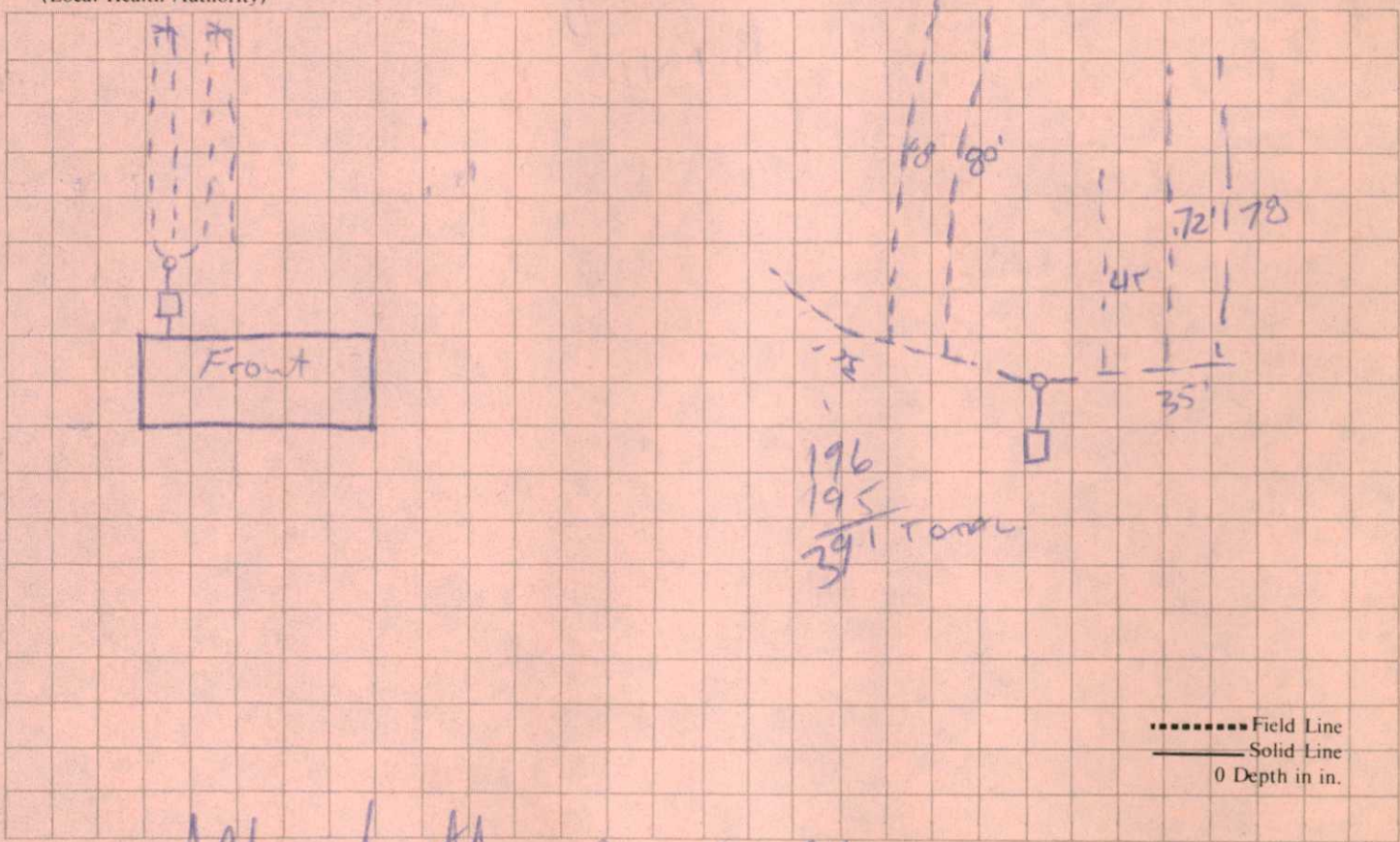
The recipient of this permit agrees to construct or have constructed the system in accordance with the rules and regulations under the authority of TCA 53-2054. The recipient must notify the local health authority when the system is ready for inspection. If any part of system is covered before being 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 \_\_\_\_\_

Issued at Jebann, Tennessee in the County of Wilson

By Ken Shaulder  
 (Local Health Authority) Date 9-10-84



Inspected By Allen Walker + Kevin Smith  
 Local Health Authority  
 Date 9/29/84

Construction Approval:  1. Yes  2. No

No. of Visits: 1

Time 1:00



# ENVIRONMENTAL SERVICE REPORT

NAME Paul Edge Ert.  
 LOCATION Lot 4  
 NAME OF OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

REGION 5 COUNTY 95  
 ID. NO.          
 DATE 7/8/13  
 STAFF 024

## SERVICE

50. SEWAGE CONSULTATION

51. RABIES CONTROL:  1. Animal Bite Investigation;  2. Rabies Vaccination Report, \_\_\_\_\_ #Dogs, \_\_\_\_\_ # Cats;  3. Other

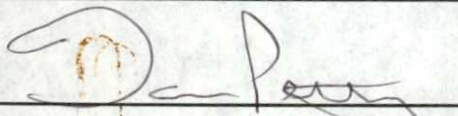
52. WATER PROTECTION:  1. Water Samples, \_\_\_\_\_ #Collected;  2. Well Protection Approval;  3. Other

53. LOCAL PROGRAM:  1. \_\_\_\_\_  2. \_\_\_\_\_  3. \_\_\_\_\_  4. \_\_\_\_\_  5. \_\_\_\_\_

54. VECTOR CONTROL \_\_\_\_\_

55. OTHER \_\_\_\_\_

Notes and Remarks: Look out 5 acre tract for Douglas Hobbs to determine if suitable for sub-surface sewage disposal. on Chicken road - turn right at Doaks XR. Hobbs sign on lot - also half of pond and barn on lot.  
2-P need Clog. 212 perc.

  
 Signature

Number of Visits: 1 Total Time  10

WILSON COUNTY  
Department of Public Health

Tennessee State Health Department Cooperating

LEBANON, TENNESSEE 37087

Re Tract 4

Paul Edge Cr4.

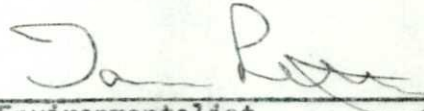
Lebanon, TN

TO WHOM IT MAY CONCERN:

The above tract of land has been approved by this department for the construction of a subsurface sewage system. A sewage disposal system permit can be issued for this tract with 380 square feet of field line.

<sup>A</sup>  
per bedroom

Should you need additional information please contact us.



Environmentalist  
Wilson County Health Department