

Issued to: <u>H &amp; H Builders</u> Owner, Developer, Contractor, Installer, Etc.	REGION <u>05</u>	COUNTY <u>75</u>	ID-NUMBER	DATE <u>5-22-71</u>
To be constructed by <u>DAVID BATEY</u> (Installer)	STAFF <u>015</u>		INSTALLATION: ( ) 1. New Installation ( ) 2. Repair to Existing System	
Construction of a subsurface sewage disposal system is hereby authorized at: <u>LOT 64 PALMER ACRES II</u> (No. and street; Subdivision name and lot no.)	Type of System: ( ) 1. Standard ( ) 3. Chapter 301 ( ) 2. Alternating ( ) 4. Other			
Such a system shall consist of a septic tank of <u>1000</u> gals. with <u>300</u> linear feet in _____ trenches, <u>36</u> inches wide, and _____ deep or <u>12" R/o/r</u>	For: ( ) 1. Residential: No. B/R <u>3</u> ( ) 2. Commercial/Industrial; Gal/Day _____			
	Evaluation based Upon: ( ) 1. Soil Typing by Soil Scientist ( ) 2. Soil Percolation Tests ( ) 3. Other			
	Permeability Rate <u>45</u> <u>cm/hr</u>			

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.

\_\_\_\_\_ Date April 2, 1972  
(Signature of Recipient-Owner, Developer, Contractor, Etc.)  
Issued at \_\_\_\_\_, Tennessee in the County of Putnam  
By James B. Harbison Date April 2, 1972  
(Local Health Authority)

Inspected By \_\_\_\_\_ Local Health Authority  
Date \_\_\_\_\_

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

No. of Visits: \_\_\_\_\_

Time

# ENVIRONMENTAL SERVICE REPORT

NAME Dick Keller  
 LOCATION Lot 64 Palmer Acres South  
 NAME OF OWNER same  
 ADDRESS \_\_\_\_\_

REGION 5 COUNTY 75  
 ID. NO. — — — — —  
 DATE 9 17 184  
 STAFF 102

## SERVICE

☒ 50. SEWAGE CONSULTATION - recert.

☐ 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: Checked s.s.d.s. for recertification letter. System appeared to be functioning correctly at the time of inspection.

Juli Kapadia Number of Visits 1 Total Time 010  
 Signature

September 18, 1984

FK/djm