ENVIRONMENTAL SERVICE REPORT

NAME Wendell Walls

LOCATION Tuckers Rd.

NAME OF OWNER

ADDRESS

REGION 5 COUNTY 75

ID. NO.

DATE 11 / 14 / 85

STAFF 102

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

(X) 55. OTHER

Notes and Remarks: Mr. Walls wants to add 1 B.R. to house. The other bedroom is very small and is being used as store room.

We have no record of the system. The septic tank and fieldlines appear to be on the opposite side of the house than the proposed 1 B.R. addition. Also, the 1 B.R. addition is being built over soils that are heavy in clay and shallow to rock; therefore I don't think this would encroach upon the system.

(See attached sheet)

Lesli Kapadia
Signature

Number of Visits 1 Total Time 0 1 0

PH-1463
ES 8/76

23 **PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM** No 314218

REGION	COUNTY	ID-NUMBER	DATE
5	75		2-13-90

Issued to: Hensil Walls
Owner, Developer, Contractor, Installer, Etc.

STAFF: 447

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

To be constructed by _____
(Installer)

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

Construction of a subsurface sewage disposal system is hereby authorized at:
236 Rt. 1 Rucker Rd
(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 a septic tank of _____ gals.
with 100 linear feet in _____ trenches, not
_____ inches wide, and 24 min/max deep
on 12" of gravel - bullrun value

Evaluation based Upon: ( ) 1. Soil Typing by Soil Scientist
( ) 2. Soil Percolation Tests
( ) 3. Other
Permeability Rate N/A

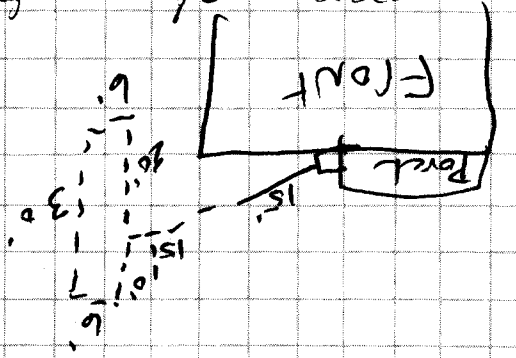
The recipient of this permit agrees to construct or have constructed the system in accordance with the rules and regulations under the authority of TCA 53-2054. The recipient must notify the local health authority when the system is ready for inspection. If any part of system is covered before being inspected and approved, it shall be uncovered by the recipient of the permit at the direction of the local health authority.

Hensil C. Walls Date 2-13-90
(Signature of Recipient-Owner, Developer, Contractor, Etc.)

Issued at Murfreesboro, Tennessee in the County of Rutherford

By Karen L. Pippin (Local Health Authority) Date 2-13-90

install 400' of field line w/bullrun value at 24" min/max depth for addition of one bedroom.



Field Line
Solid Line
0 Depth in in.

Inspected By Karen L. Pippin
Local Health Authority

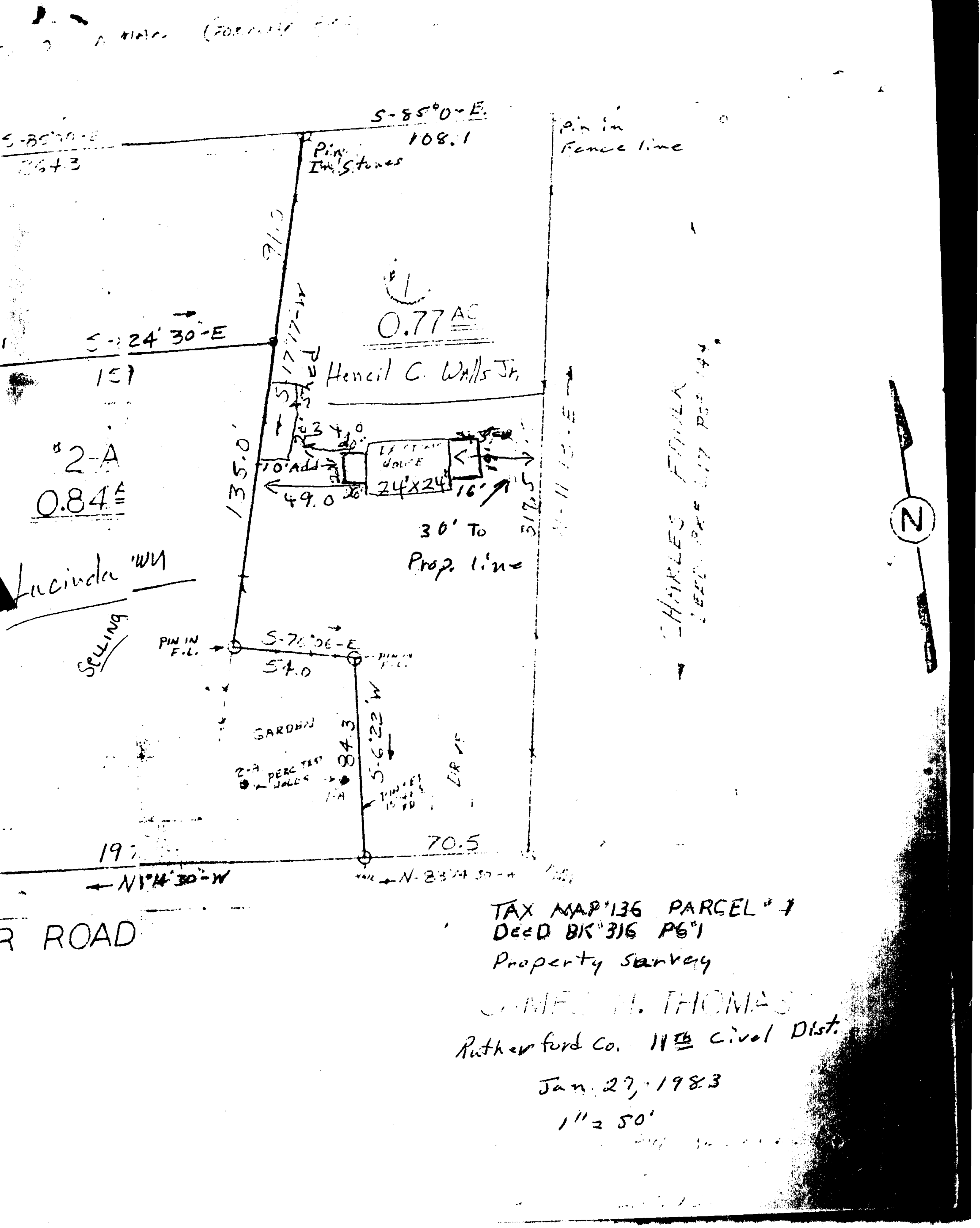
Date 9-4-90

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

No. of Visits: 2

Time 0 3 0

PH-1488
ES 8/79


S-85°0-E
108.1
Pin In Stones
Pin in Fence line
91.0
0.77 AC
Hencil C. Walls Jr.
S-24'30-E
2-A
0.84 A
135.0'
10' Add
49.0
24'X24'
16'
30' To Prop. line
Lucinda Wall
Selling
PIN IN F.L.
S-76°06-E
54.0
GARDEN
84.3
S-6°22-W
PERC TEST HOLES
70.5
N-1°14'30-W
Charles Fowler
R ROAD
TAX MAP 136 PARCEL 1
DEED BK 316 PG 1
Property Survey
Rutherford Co. 11th Civil Dist.
Jan. 27, 1983
1" = 50'

SITE PLAN

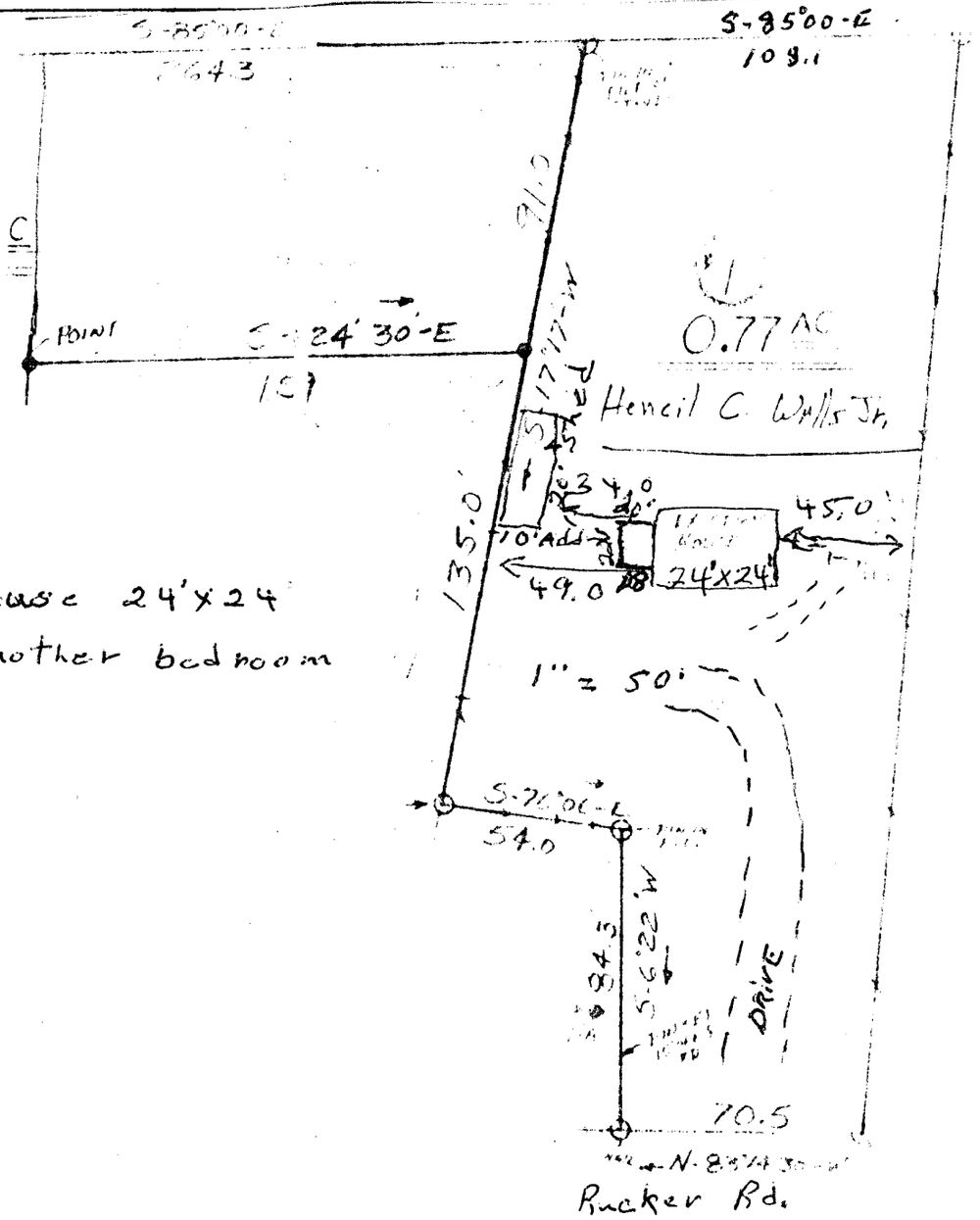
OPERTY OWNER: Hencil C. Walls Sr. ADDRESS: Rucker Rd Murfreesboro Tn. #1 Box 236 PHONE: 896-9258 work-893-0575

OPERTY ADDRESS: Same

OPERTY TAX MAP NO. # 136 GROUP NO. # PARCEL NO. # 4

AT DOES A PLOT PLAN SHOW? - A plot plan must contain the following information:

Identification of the drawings scale. (1" = 30' or 1" = 50')
The property lines and property dimensions.
Identification of adjacent streets (by name), alleys or other adjacent public property.
Location, size and shape of any structures presently on the site and proposed for construction
Dimensions showing: front, side & rear yard setbacks, size of structure, paving, porches/decks
Identification of exactly what work is to be done, including the changes that are proposed to the physical features of the site or existing structures.
Any easements that cross the property or other pertinent legal features.
The location and dimension of all parking and driveways (existing and proposed).



1. One Bedroom house 24'x24' want to add another bedroom 18' x 20'
2. No easements

HEALTH DEPARTMENT CERTIFICATION

PROPOSED ACCESSORY STRUCTURE AND/OR ADDITION as shown on this SITE PLAN DOES NOT ENCROACH N FIELD LINES OR THE REQUIRED DUPLICATE AREA.

Lalit Kapadia
LOCAL HEALTH AUTHORITY DATE: 11/14/85

Karen

2/n/90 LM

APPLICATION FOR ENVIRONMENTAL SERVICES
DIVISION OF GROUNDWATER PROTECTION

Repair

1. Service Requested:
Addition
Septic System Permit_____ Reinspection Letter_____ Water Sample_____

2. Landowner: Applicant: Original Owner

Name H.C. Walls Name H.C. Walls Name James Thomas

Address Rt 1 Box 236 Address_____

Murfreesboro _____

Phone # 896-9258 Phone #_____

3. Is the lot in a subdivision? No Name_____ Lot #_____
If not in subdivision, give specific directions:_____

Hy. 231 S. Left on Rucker Rd - 3rd House on Right

Map Number 136 Parcel Number 1

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 the casing?_____ c) Is the well chlorinated?_____ d) Casing 6 inches above ground?_____

6. For SSD Permit only: a) Size of Lot 317'x 108' b) Number of Bedrooms 2 (adding 1 more)
c) How many occupants 2 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_____ Well X Spring_____
g) Is the lot staked? X Is the house site staked?_____
h) Installer if known: Not 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
$10.00 each additional 1000 gpd
Reinspection letter $30.00
30 working days required

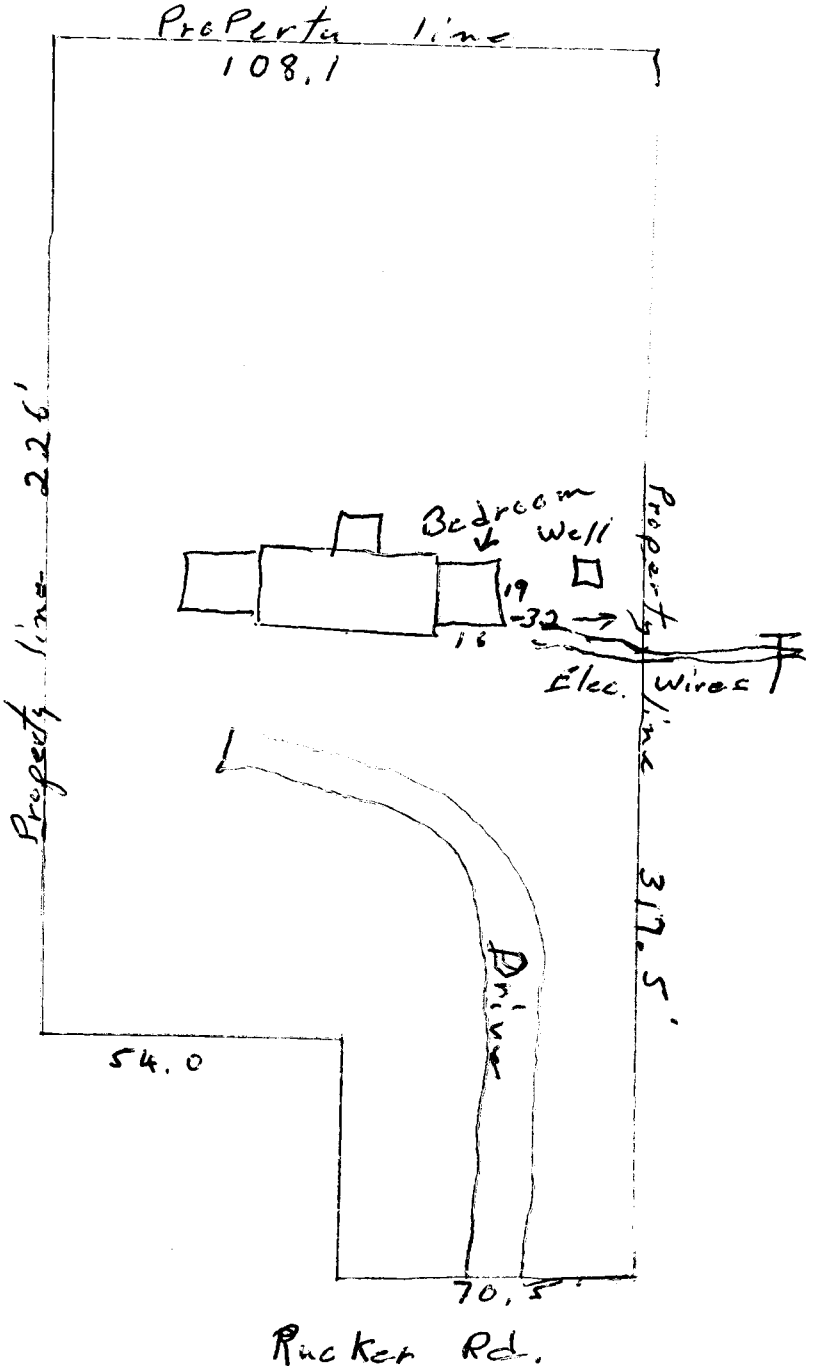
Water Samples: total coliform $20.00
fecal coliform $25.00

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

Date 2-7-90 Signature H.C. Walls

Receipt No._____

SF 11646 (12)


Property line
108.1
Property line 226'
Bedroom
Well
19
32
16
Elec. Wires
Property line 317.5'
54.0
70.5'
Rucker Rd.