

Document Prepared by:
Rutherford County Regional Planning Commission
One Public Square South, Suite 200
Murfreesboro, TN 37130

RUTHERFORD COUNTY
BOARD OF ZONING APPEALS
ORDER OF ACTION

Appeal No. 2000-025

Date: March 9, 2000

Applicants: Alice Wilma & Sammy Eugene Scales

Address of Appeal: 4034 Hill Road, Rockvale 37153

Tax Map: 117

Group:

Parcel No. 41.00

Current Zoning of Property: Residential-20
224

Deed Book: 224

Page No.

Type of Appeal:

Conditional Use Permit to allow a second residence on the same parcel in the R-20 zone

FINDING OF FACT:

The Board found that the request met the following

Standards of General Applicability Article VII, Section 7.02:

- A. That the proposed building or use will not have a substantial or undue adverse effect upon adjacent property, the character of the neighborhood, traffic conditions, parking, utility facilities, and other matter affecting the public health, safety, and general welfare.
- B. That the proposed building or use will be constructed, arranged, and operated so as to be compatible with the immediate vicinity and not interfere with the development and use of adjacent property in accordance with the applicable district regulations.
- C. That the proposed building or use will be served adequately by essential public facilities and services, such as highways, streets, parking spaces, drainage structures, refuse disposal, fire protection, water, and sewers; or that the persons or agencies responsible for the establishment of the proposed use will provide adequately for such services.
- D. That the proposed building or use will not result in the destruction, loss, or damage of any features determined by the Board, to be of significant natural, scenic or historic importance.
- E. That the proposed building or use complies with all additional standards imposed by the Board.
- F. All sink holes are to be protected as permanent open space, therefore, all uses must take care not to generate additional runoffs into a sinkhole or cause excess sediment to reach the sinkhole.

MOTION: Eris Read moved, seconded by Tony Webb, to approve the conditional use permit on the above described property with the following conditions:

- Only family members shall live in the second residence.
- The conditional use permit shall be reviewed in two years.

VOTE: AYES 5 NAYES 0

Jennifer Gerhart, Register
Rutherford County Tennessee
Rec #: 204544 Instrument 1000774
Rec'd: 8.00 NBK: 56 Pg 55
State: 0.00
Clerk: 0.00 Recorded
EDP: 2.00 4/20/2000 at 12:57 PM
Total: 10.00 in Record Book
1 Pages 2303-2304

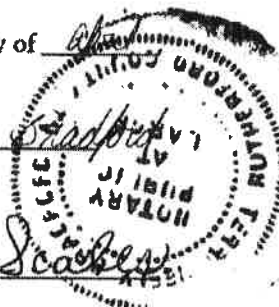
Zane Cantrell
Chairman

John Davis
Secretary

Witness My hand and official seal at Murfreesboro, Tennessee, this 12th day of April, 2000

MY COMM. EXPIRES APRIL 16, 2000
My Commission Expires: _____

Toni July
Notary Public



Alice Wilma Scales
Alice Wilma Scales
Applicants

Sammy Eugene Scales
Sammy Eugene Scales
Applicants

Witness My hand and official seal at Murfreesboro, Tennessee, this 15th day of March, 2000

My Commission Expires: Jan 19, 2004

Phyllis R. Gault
Notary Public

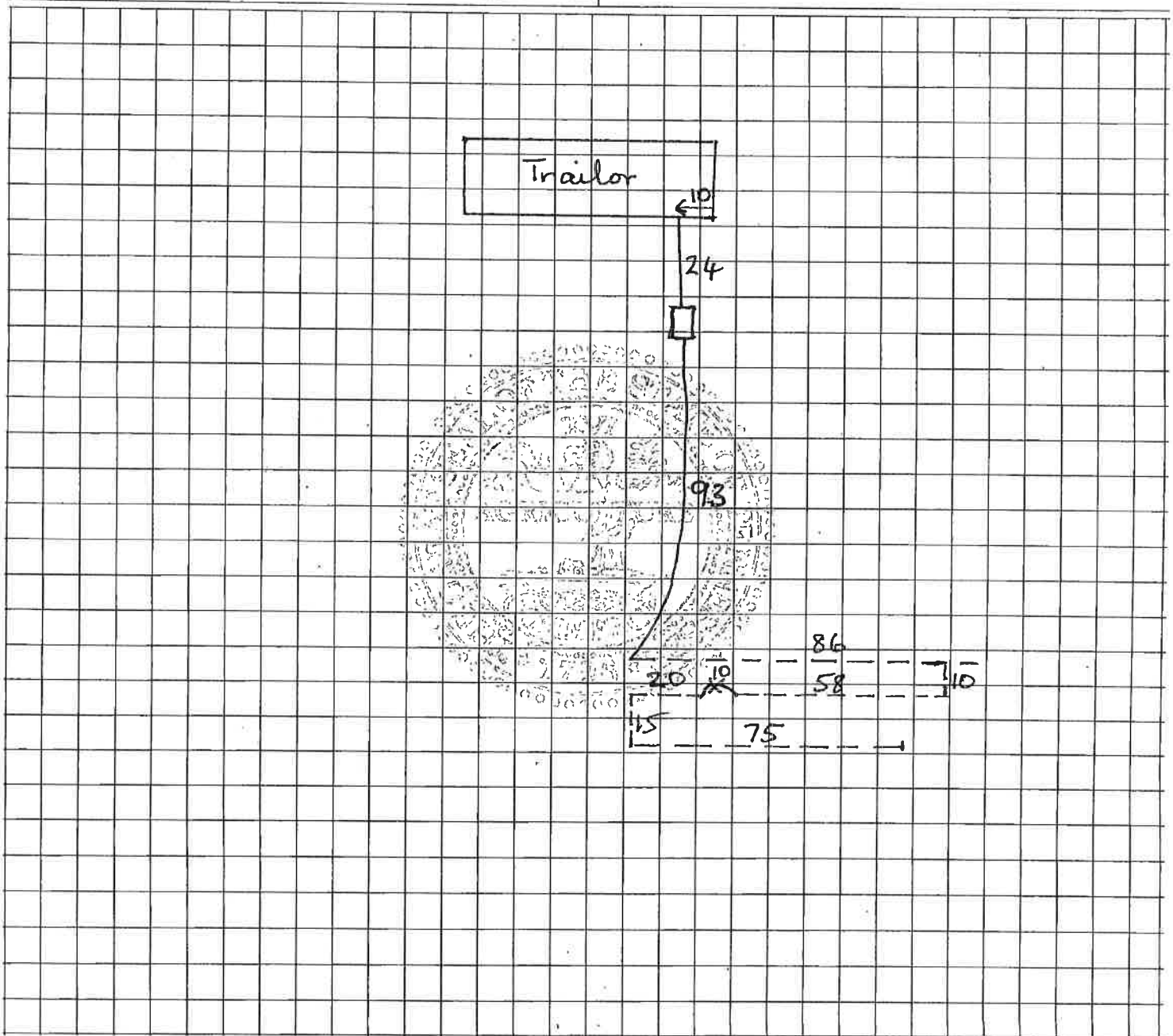


Issued to: Alice Wilong Scales
Location: Hill Rd
Owner, Developer, Contractor, Installer, Etc.

Estimated Absorption Rate 15
(minutes per inch)

☒ New Installation ☐ Repair ☐ Other

Installed by: Walter Alcorn



Construction Approved By: Julius Nwaakalo, Engr. Spec. II 12/4/92
(Name and Title) (date)

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: <u>Alice W. Scales</u> <small>Owner, Developer, Contractor, Installer, Etc.</small> Location: <u>Hill Rd</u> Installation: <input checked="" type="checkbox"/> 1. New Installation <input type="checkbox"/> 2. Repair to Existing System Establishment: <input checked="" type="checkbox"/> 1. Residential: # Bedrooms <u>(2) Two</u> <input type="checkbox"/> 2. Other: _____ <small>(specify)</small> Gal/Day: _____	Evaluation Based Upon: <input checked="" type="checkbox"/> 1. Soil typing by Soil Scientist <input type="checkbox"/> 2. Soil Percolation Test <input type="checkbox"/> 3. Environmental Specialist Estimated Absorption Rate: <u>75</u> <small>Minutes per inch</small> Conventional Systems: Type of System: <input checked="" type="checkbox"/> 1. Standard <input type="checkbox"/> 2. Alternating <input type="checkbox"/> 3. Chapter _____ <input type="checkbox"/> 4. Other _____	Permit Requirements Based Upon: <input checked="" type="checkbox"/> 1. Soil Texture/Structure <input checked="" type="checkbox"/> 2. Soil Depth <input type="checkbox"/> 3. Soil Drainage <input type="checkbox"/> 4. Presence of Restrictive Layers <input type="checkbox"/> 5. Position Alternative Systems: <input type="checkbox"/> 1. Low Pressure Pipe <input type="checkbox"/> 2. Mound <input type="checkbox"/> 3. Lagoon <input type="checkbox"/> 4. Large diameter graveless pipe <input type="checkbox"/> 5. Other _____ See attached design package
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This system shall consist of a two compartment septic tank holding 1000 gallons, with 240 linear feet in _____ trenches, 36 inches wide and 24 inches deep.

Also required:
☐ 1. Curtain Drain
☐ 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 Health and Environment.

The recipient of this permit agrees to construct or have constructed the above described system in accordance with 68-13-101 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 Health and Environment. Any cutting, filling or alterations of the soil conditions on the aforementioned property after this day may render this approval null and void.

<u>Danny Eugene Scales</u> <small>(Signature of Recipient)</small>	Date <u>10-26-92</u>
Issued at <u>Murfreesboro</u>	Tennessee, in <u>Rutherford</u> County
By <u>Juline Nwaokolo</u> <small>(Name and Title)</small>	Date <u>10/23/92</u> <small>(Date of Issue)</small>

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

Notes	<p>(1) Site house outside of useable soil area.</p> <p>(2) Install 240ft of fieldline @ 24" min-max depth in soil area highlighted on the attached sheet.</p> <p>(3) Keep system compact to preserve duplicate area</p> <p align="center">(see attached sheet)</p>
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This is a permit to construct and is not intended to imply approval of any work proposed or completed on this lot.

Original—File
 Copy—Owner

☐ Crossover
☐ Curtain Drain
☐ Field Line
☐ Solid Line

PH-1488
 WGW Rev 8/89

C. DEGRAFFENDREID
DEED BK# 427 PG# 593

S. 6° 23' 30" W →
 91.62

 N. 2° 11' 30" E
 75.61, 91.62, 11.71, 5.1

14.35' ± TO THE E OF PATTERSON ROAD

101.44

21-27 36-3

108.0

18' 25" A

Q HILL ROAD

BUYER: SAMMY EUGENE SCALFS

— Crossover
 - - - Curtain Drain
 . . . Field Line
 — Solid Line

- Crossover
- *Curtain Drain
- Field Line
- Solid Line

Original—File :
Copy—Owner

PH-1488
WGW Rev. 8/89

Julius

APPLICATION FOR ENVIRONMENTAL SERVICES
DIVISION OF GROUNDWATER PROTECTION

gd 100.00
10/20/92
54

1. Service Requested:

Septic System Permit _____ Reinspection Letter _____ Water Sample _____

2. Landowner:

Applicant:

Original Owner

Name Alice Wilma Scales Name Sammy Eugene Scales Name _____

Address 303 Highland Ave Address 303 Highland Ave

Phone Franklin, Tenn. 37065 Phone Franklin, Tenn.
P.O. Box 1533 P.O. Box 1533
794-1943 794-1943

Call:
Sammy Scales
350-4400 - W

3. Is the lot in a subdivision? NO Name of S/D Call Bottom Rd to Hill Rd Lot # 7 past camper
If not in a subdivision, give specific directions on left .3 mile

Map Number _____ Parcel Number _____

4. For reinspection letter only: Will pick up _____ Mail _____ (out of state)

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" above ground? _____

6. For SSD Permit only: a) Size of Lot 21 acres b) Number of Bedrooms 2
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 _____ Spring _____
g) Is the lot staked? yes Is the house site staked? _____
h) Installer if known: Walter Alcorn

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.
Make checks payable to : STATE OF TENNESSEE

Septic system permit: \$100.00 up to 1000 gpd Reinspection letter: \$100.00
\$50.00 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 10-20-92

Signature Sammy Eugene Scales

Receipt Number 423178



APPLICANT
COMPLETE QUESTIONS:

Julius
2/20/00
Call when Read

1. SERVICE REQUESTED: (check service)
☒ Septic System Construction Permit
☒ Dwelling 2, 3, 4, 7, 8, 9
☐ Commercial: gpd 2, 3, 4, 7, 8, 9
☐ System Modification 2, 3, 4, 7, 8, 9
☐ Repair 2, 3, 4, 7, 8, 9
☐ Inspection Letter 2, 3, 5, 7, 8, 9
☐ Water Sample
☐ Total Coliform 2, 3, 6, 7, 8, 9
☐ Fecal Coliform 2, 3, 6, 7, 8, 9
☐ Alternative System Permit*
☐ Large Conventional System Plan Review*
☐ Large Alternative System Plan Review*
☐ Experimental System Plan Review*
☐ Subdivision Evaluation: Lots: *
☐ Soil Mapping: Type Acres *
☐ Installer Permit: Type(s) *
☐ Pumper Permit*
Fees Due: \$
Permit Codes V689: 78064 Yes, 78064 Yes, 78064 Yes, 78032 Yes, 78030, 78036 Yes, 78038 Yes, 78068, 78099, 78099, 78072, 78084, Yes, 78026 Yes, 78028

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

2. LANDOWNER: Names: Alice W. Sany Sealor
Address: 4034 Hill Rd
Rockvale, TN
Day Phone: 274-3750
APPLICANT: Name: Mary B. Sealor
Address: 11836 Hill Rd
Rockville, TN
Day Phone: 274-3750
ORIGINAL OWNER: Name:

3. LOCATION OF LOT: a) In a subdivision? b) Name: Lot #
b) Non-Subdivision Give specific directions to the lot:
Gcims from Hill Rd, Patterson Rd, to Hill Rd.
Make right turn on Hill Rd, on the left, on the Hill Rd.
4. FOR SDDS PERMIT ONLY: a) Size of lot 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:
i) Installer, if known:

2nd residence

5. FOR INSPECTION LETTER ONLY: Will pick up Please mail
a) Age of house b) Is house vacant? How long? TAX I D #
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?

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.

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

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: 4-20 SIGNATURE: Mary B. Sealor AMOUNT PAID: \$ 100.00 RECEIPT NUMBER 270775



CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: Alice & Samy Scales
 Location: Hill Rd.
 Owner, Developer, Contractor, Installer, Etc.

Type of system

- ☒ 1. Conventional
☐ 2. Low Pressure Pipe
☐ 3. Mound
☐ 4. Lagoon
☐ 5. Large Diameter Gravelless Pipe
 (a) Sand backfill required Yes () No ()

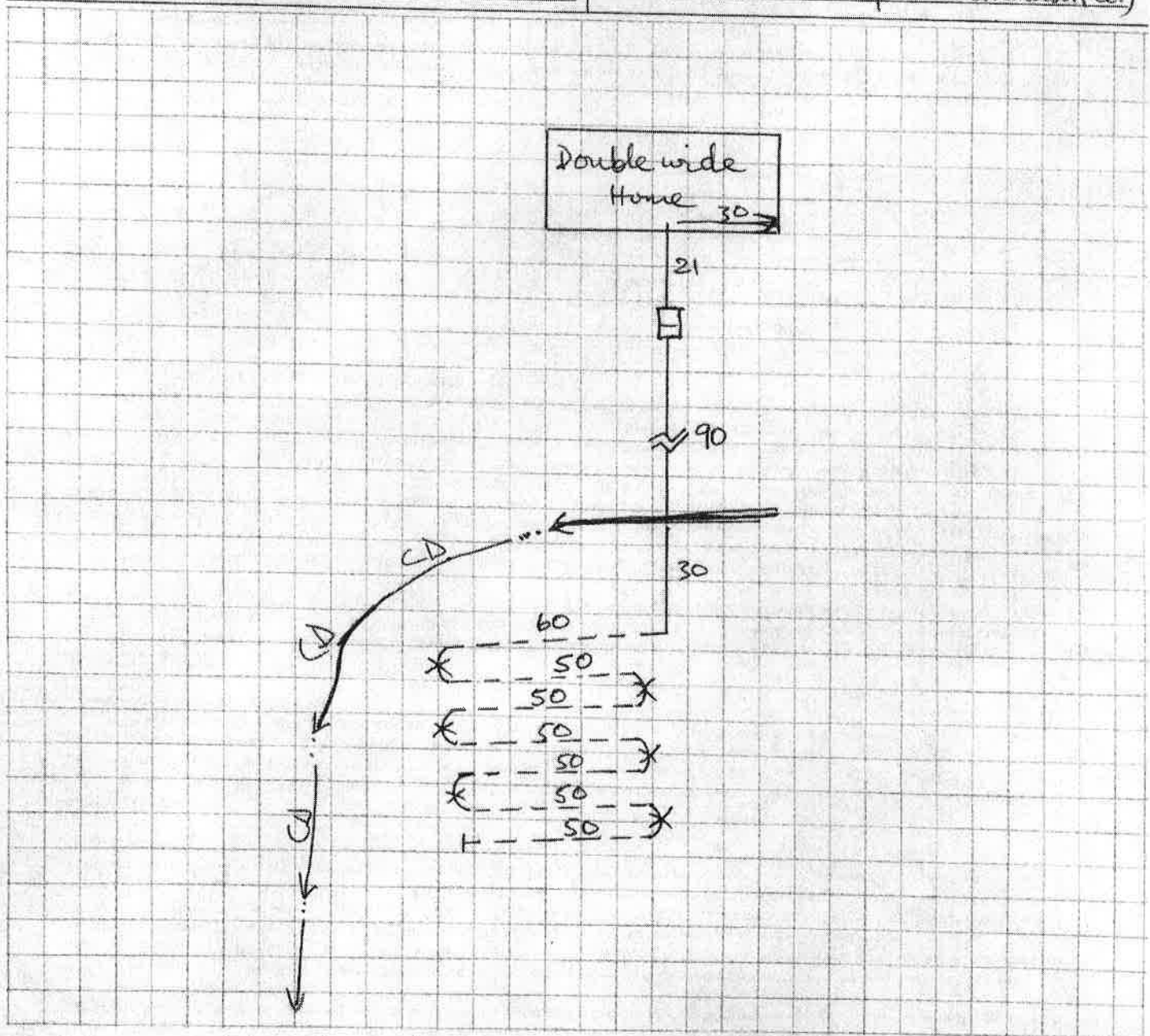
☐ 6. Other
Conc. 2 Compartment, 1000 gallons Septic Tank
 (type) (volume)

Estimated Absorption Rate 75
 (minutes per inch)

☒ New Installation () Repair () Other
 Installed by: William Harper (Williamson Co.)

(3) Three Bedrooms

map 117 / Par 41.00



Construction Approved By:

Julius Nwaokolo, Env. Spec. III
 (Name and Title)

10-18-00
 (date)

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

Issued to: Alice & Sammy Scales
Owner, Developer, Contractor, Installer, Etc.

Location: Hill Rd

Installation:

- ☒ 1. New Installation
☐ 2. Repair to Existing System

Establishment:

- ☒ 1. Residential: # Bedrooms (3) Three

- ☐ 2. Other: _____
(specify)

Gal/Day _____

Evaluation Based Upon:

- ☒ 1. Soil typing by Soil Scientist

- ☐ a. General
☒ b. High Intensity
☐ c. Extra High Intensity

- ☐ 2. Soil Percolation Test

- ☐ 3. Environmental Specialist

Estimated Absorption Rate: 75 MPI

Type of System:

- ☒ 1. Conventional
☐ 2. Low Pressure Pipe
☐ 3. Mound
☐ 4. Lagoon
☐ 5. Large Diameter Graveless Pipe
☐ a. Sand backfill required
☐ 6. Other

Approval based upon:

Statute No. T.C.A. 68-221-403

- ☐ (c) Percolation test

- ☐ (d) Grandfather clause. Current standards except those specified

- ☐ (f) 12" (karst) and 6" (non-karst) buffer required

- ☒ (i) 9" buffer required (24"-36" total soil depth)
☒ (k) Grandfather clause — meets June 30, 1990 standards (repair only)
☐ Other

Also required:

- ☒ 1. Soil Improvement Practice (SIP)
☐ 2. Flow Diversion Valve
☐ 3. Sewage Pump
☐ 4. Other:

This system shall consist of a two compartment septic tank holding 1000 gallons, with 370 linear feet in _____ trenches, 36 inches wide and 24 inches deep. (Depth of gravel: 12 inches)

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.

May E. Seal
(Signature of Recipient)

Date 4-27-2000

Issued at Murfreesboro

Tennessee, in Rutherford County

By Julius Nwaokolo, Env. Spec. III
(Name and Title)

Date April 26, 2000
(Date of Issue)

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

Notes

- (1) Site house outside of useable soil area
 - (2) Install 370 ft of fieldlines @ 24" min-max depth on contour in designated soil area.
 - (3) Install curtain drain as shown, at a min. depth of 36" with a positive outlet.
 - (4) Keep system at least 25ft away from CD.
- No encroachment upon duplication/repair soil area ~~highlighted~~ shown on the attached sheet.
(See attached sheet)

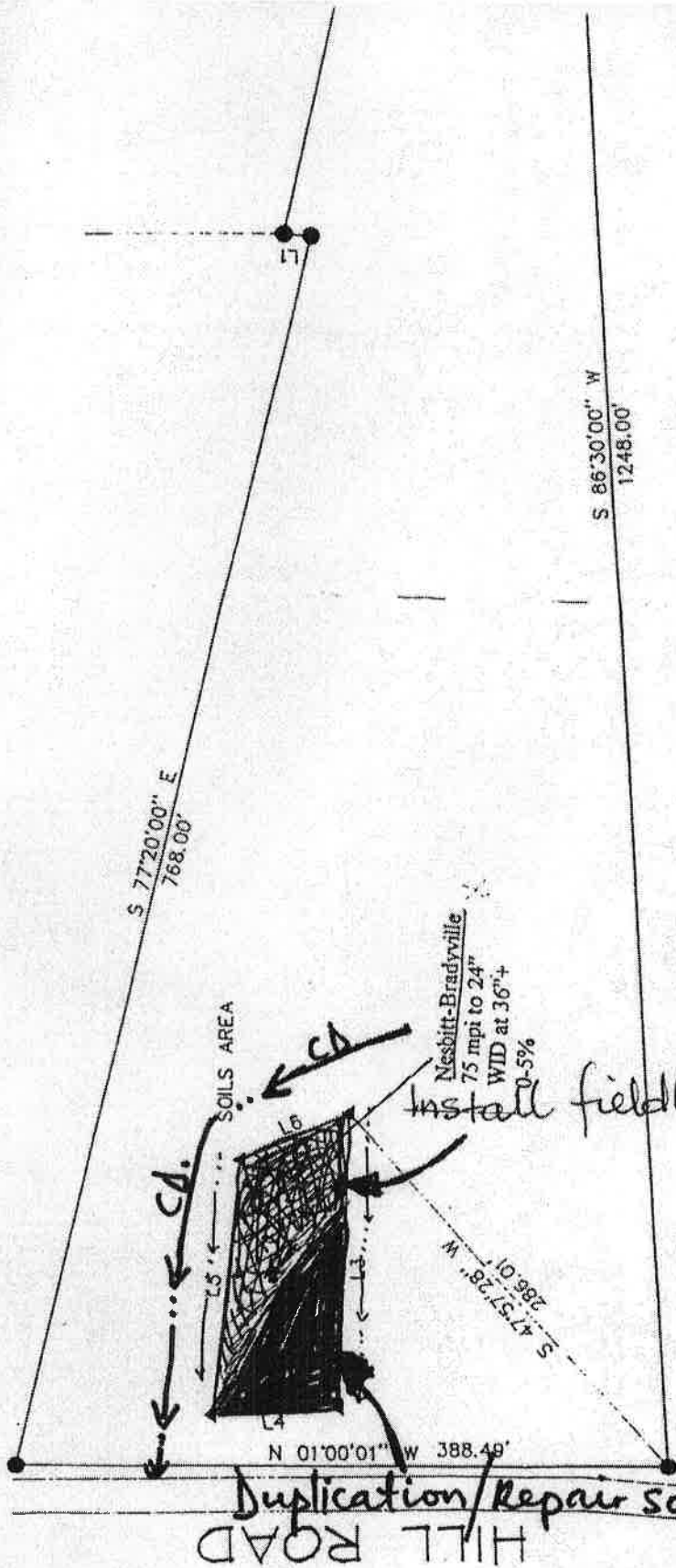
X Crossover
→ SIP
--- Field Line
___ Solid Line

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



KELLY PAMELA KAY
D.B. 607, P. 124

JOE H. DEGRAFFENDRIED
D.B. 477, P. 726



BOUNDARY
S A SOILS
DIMENSIONS
NSIONS BY