

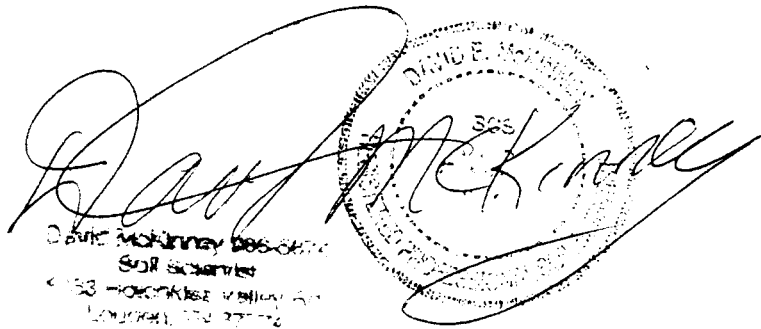
5-23-08

To: whom it may concern

Subject: Prelim Soil Info for 'Hezdrick' tract  
Lakeland dr. (map attached)

Specifically: for a residential dwellings develop  
using septic fields for disposal & meeting  
TDEC groundwater reqs

Findings: Soils perc good - a small  
area is too steep and there will be  
a 25 ft setback from drains, road  
cuts, creek or lake bank.

  
David McKinney 886-0816  
Soil Scientist  
453 Hotchkiss Valley Rd  
Loudon, TN 37774



**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 type="checkbox"/> Septic System Construction Permit				
<input type="checkbox"/> Dwelling	2, 3, 4, 7, 8, 9	\$ _____	78064	Yes
<input type="checkbox"/> Commercial: gpd	2, 3, 4, 7, 8, 9	\$ _____	78064	Yes
<input type="checkbox"/> System Modification	2, 3, 4, 7, 8, 9	\$ _____	78064	Yes
<input type="checkbox"/> Repair	2, 3, 4, 7, 8, 9	\$ _____	78032	
<input type="checkbox"/> Inspection Letter	2, 3, 5, 7, 8, 9	\$ _____	78030	
<input type="checkbox"/> Water Sample				
<input type="checkbox"/> Total Coliform	2, 3, 6, 7, 8, 9	\$ _____	78036	Yes
<input type="checkbox"/> Fecal Coliform	2, 3, 6, 7, 8, 9	\$ _____	78038	Yes
<input type="checkbox"/> Alternative System Permit*		\$ _____	78068	
<input type="checkbox"/> Large Conventional System Plan Review*		\$ _____	78090	
<input type="checkbox"/> Large Alternative System Plan Review*		\$ _____	78090	
<input type="checkbox"/> Experimental System Plan Review*		\$ _____	78072	
<input type="checkbox"/> Subdivision Evaluation: Lots: _____*		\$ _____	78084	
<input checked="" type="checkbox"/> Soil Mapping: Type _____ Acres <u>2.130000</u>		\$ <u>130.00</u>		
<input type="checkbox"/> Installer Permit: Type(s) _____*		\$ _____	78026	Yes
<input type="checkbox"/> Pumper Permit*		\$ _____	78028	Yes
<input type="checkbox"/> Plat Approval — Individual Lot		\$ _____	78029	
<input type="checkbox"/> Domestic Septage Disposal Site Permit		\$ _____	78031	

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

<b>2. LANDOWNER:</b>	<b>APPLICANT</b>	<b>ORIGINAL OWNER</b>
Names: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Day Phone: _____	Day Phone: _____	

**3. LOCATION OF LOT OR SITE:** a) In a subdivision? \_\_\_\_\_ b) Name: \_\_\_\_\_ Lot # \_\_\_\_\_  
 b) Non-Subdivision \_\_\_\_\_ Give specific directions and address to the lot or site: \_\_\_\_\_

**4. FOR SSDS PERMIT ONLY:** a) Size of lot \_\_\_\_\_ b) Number of Bedrooms \_\_\_\_\_  
 c) How many occupants? \_\_\_\_\_ 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: \_\_\_\_\_

**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 \_\_\_\_\_  
 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 WHITE PAGE SHOWING DIRECTIONS TO PROPERTY, PROPERTY LINES, HOUSE SITE, WELL LOCATION, SPRING LOCATION, PLANNED DRIVEWAY AND UTILITIES.**

**8. 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**

**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: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

White: File      Canary: Owner