

PERMIT FOR CONSTRUCTION OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

10
5

Putnam County Health Department

Issued to

~~Putnam~~ Stop Texaco 9-40 56 Hwy.
(OWNER OR DEVELOPER)

to be constructed by:

Shelby Ford
(PLUMBER OR CONTRACTOR)

Construction of an individual sewage disposal system consisting of a septic tank and underground tile disposal field, or _____ is hereby authorized at _____

(OTHER APPROVED SYSTEM)

(PROPERTY ADDRESS)

9-40 56 Hwy

NO. AND STREET, SUBDIVISION NAME AND LOT NO., ETC.)

50
3
150

3

Such system shall be constructed in accordance with the rules and regulations and specific instructions of the Health Department and shall consist of a septic tank of 2000 gallons liquid capacity with 800 linear feet of field tile in 4 trenches 3 1/2 inches wide and 9 1/2 inches deep, or _____

(DESCRIPTION OF OTHER APPROVED SYSTEM)

No part of the system is to be within 100 feet of a well water supply and no part of system is to be covered with soil until it has been inspected and approved by an appropriate Health Department representative.

3=
200

Issued at Shelby Ford, Tennessee, this _____ day of March, 190.

9-40 56 Intersected
W. M. Berry, Sanitarian

FIRST VISIT
SUBSEQUENT VISIT
UNKNOWN

INSTALLATION OR REPAIR RECORD OF SEPTIC TANK SYSTEM

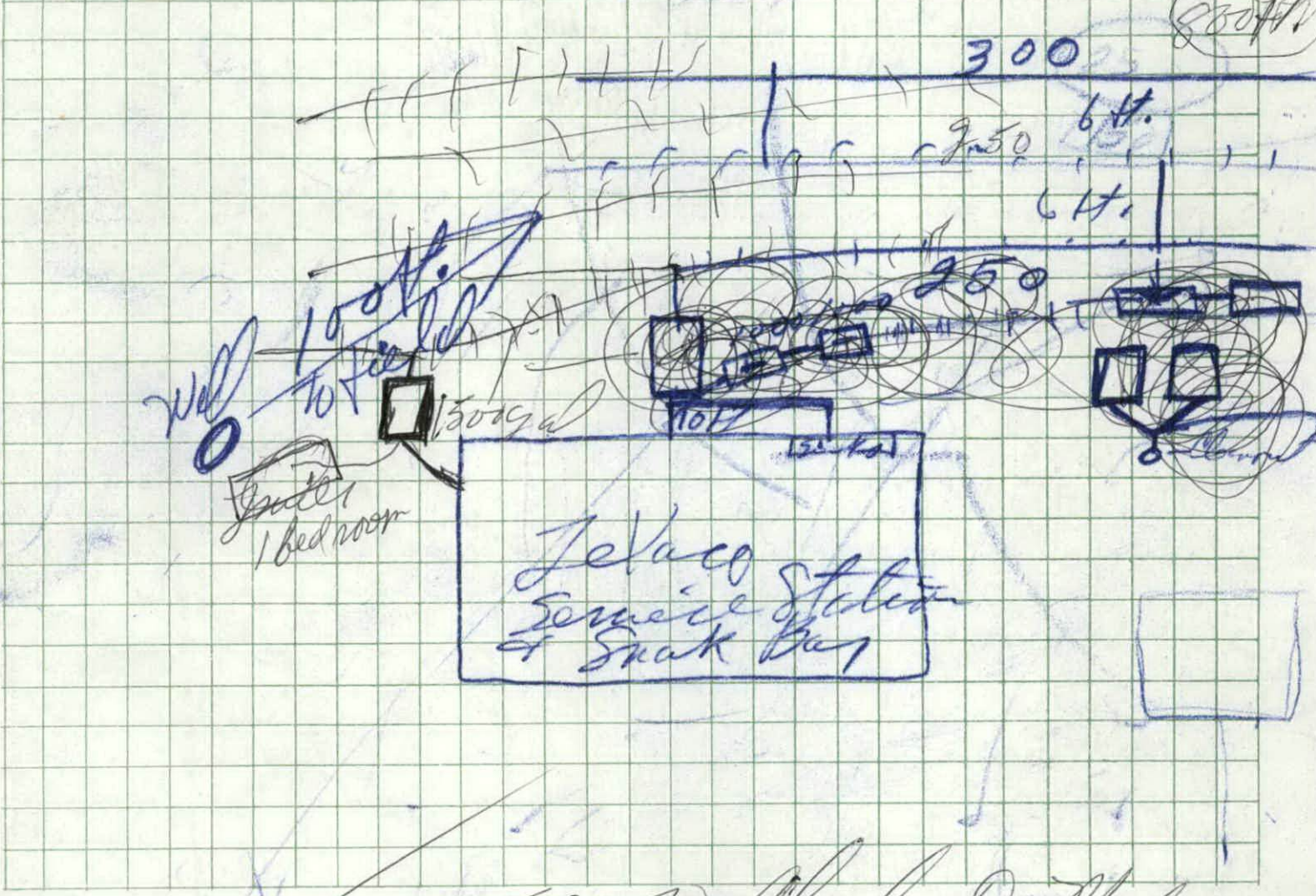
Service Station
TYPE OF ESTABLISHMENT

OWNER Step L. Yarn 2-40456 at Silver Point
LOCATION 240 56 at Silver Point
CIVIL DISTRICT _____

OCCUPANT new ADDRESS _____
TANK: TYPE concrete LIQUID CAPACITY (GAL.) 1500
2500

FIELD LINE: LINEAR FEET OF TILE 800 WIDTH OF TRENCH 3 ft LENGTH OF TRENCH 250-250-300
DEPTH OF TRENCH 2 ft DEPTH OF STONE 12" GARBAGE GRINDER PROPOSED: YES () NO ()

SKETCH OF SYSTEM: BY Charles D. Hubery DATE 4-6-70 INSTALLED BY _____



FINAL APPROVAL: YES () NO () DATE 5-20-70 Charles D. Hubery SIGNATURE

REMARKS: _____

NOTE: Plumber must notify the _____ Health Department (Phone _____) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Standard System (01.1) Alternating System (01.2) Other (01.3)

Issued To: (02.) Bever Jackson
(Owner, Developer, Contractor, Installer, Etc.)

To Be Constructed By: (03.) _____
(Installer)

Construction of a subsurface sewage disposal system consisting of a septic tank and underground disposal field, or (04.) _____ is hereby authorized at (05.) I-40 exit at Taylor Super Station
(Other Approved System) (Property Address - No. and Street - Subdivision Name and Lot No., Etc.)

Such system shall consist of a septic tank of (06.) 1000 gallons liquid capacity with (07.) 800 linear feet of field line in (08.) 4 trenches (09.) 36 inches wide and (10.) 30 deep, or (11.) _____
(Description of Other Approved System)

designed for (12.1) 1 Residential (12.2) _____ or (13.1) Commercial or Industrial (13.2) _____
(No. of Bedrooms) (Gal. per Day)

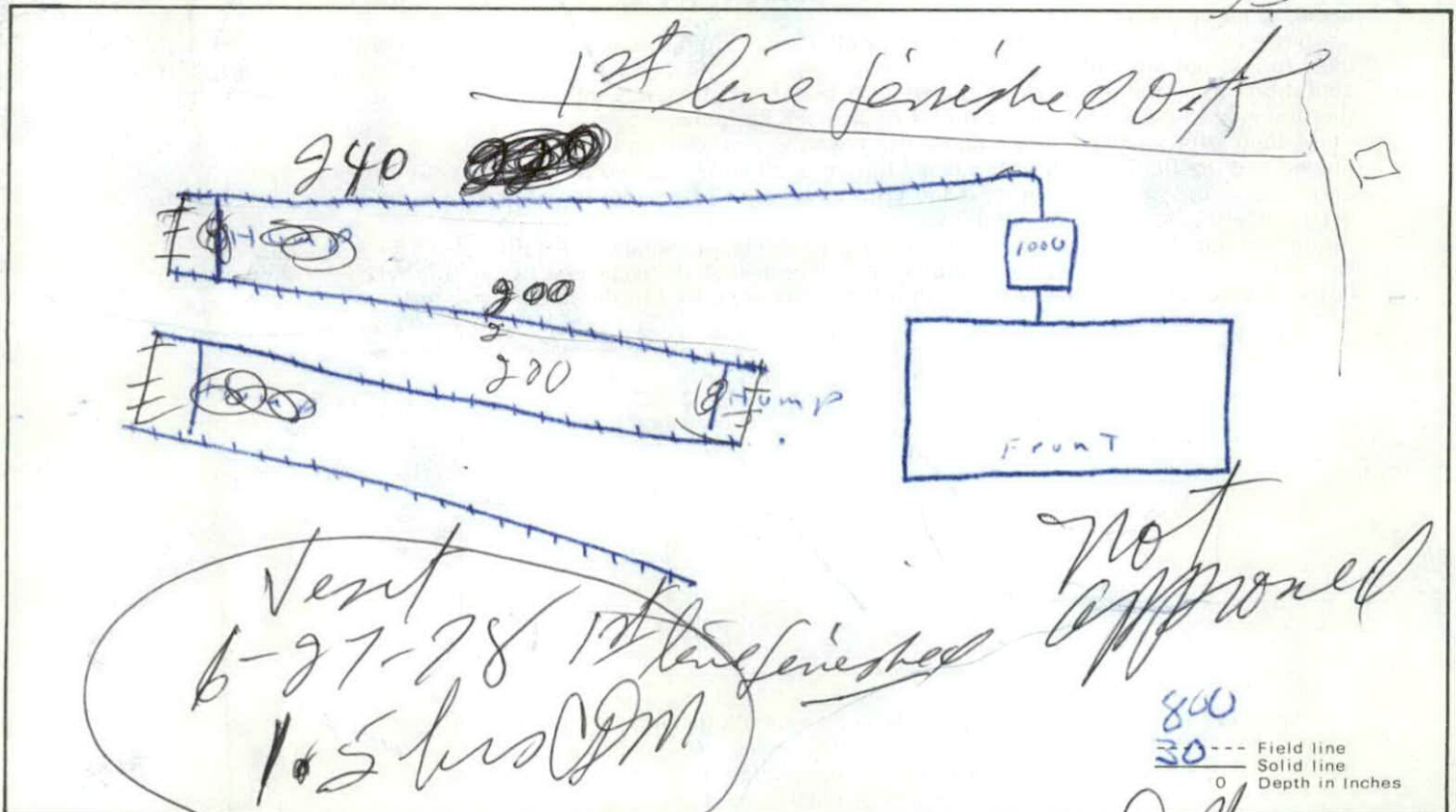
The recipient of this permit agrees to construct or have constructed the system in accordance with the rules and regulations under the authority of TCA 53-2042 thru 53-2054. The recipient must notify the local health authority when the system is ready for inspection. If any part of the system is covered before being inspected and approved, it shall be uncovered by the recipient of the permit at the direction of the local health authority.

(14.) _____ Date (15.) 10-18-76
(Signature of Recipient—Owner, Developer, Contractor, Etc.)

Issued at (16.) Bowen, Tennessee in the County of (17.) Putnam

(18.) _____, Local Health Authority Date (19.) 10-18-76

Sketch of System By: (20.) Neil Hall 35'



(21.) Construction Approval: Yes _____ No Date (22.) _____, Inspected By (23.) [Signature]
(Local Health Authority)

(24.) Provisions of Sewage Regulations Met: Yes _____ No _____

(25.) Remarks: _____

FIRST VISIT SUBSEQUENT VISIT UNKNOWN VISIT

SANITATION INSPECTION REPORT

Restaurant

TYPE OF ESTABLISHMENT

NUMBER _____

OWNER Lewis Jackson ADDRESS Boma

NAME OF ESTABLISHMENT _____

LOCATION _____

CIVIL DISTRICT _____

OCCUPANT _____ ADDRESS _____

PERSON(S) CONTACTED Mr Jackson

PURPOSE OF VISIT _____

REMARKS

When visit was made to layout sewage system the septic tanks had already been set. The tanks was set too ~~deep~~ deep. Mr Mabery and I told Mr Jackson he would have to re set tanks.

DATE 10-20-76

Neil Hall
Charles Mabery SIGNATURE