

# PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: <u>Auen, Jimmy</u> Owner, Developer, Contractor, Installer, Etc.	REGION <u>5</u>	COUNTY <u>11</u>	ID-NUMBER <u>SD-0074</u>	DATE <u>9/26/23</u>
	To be constructed by: <u>Hurst, Eric</u> (Installer)	STAFF <u>001</u>	INSTALLATION: <input checked="" type="checkbox"/> 1. New Installation <input type="checkbox"/> 2. Repair to Existing System	
Construction of a subsurface sewage disposal system is hereby authorized at: <u>Lot 102 Maplewood Subdivision</u> (No. and street; Subdivision name and lot no.)		Type of System: <input checked="" type="checkbox"/> 1. Standard <input type="checkbox"/> 3. Chapter 301 <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Alternating <input type="checkbox"/> 4. Chapter 212		
Such a system shall consist of a septic tank of <u>1000</u> gals. with <u>300</u> linear feet in <u>31 in</u> trenches, <u>36</u> inches wide, and <u>30 in</u> deep or <u>900 sq ft</u>		For: <input checked="" type="checkbox"/> 1. Residential: No. B/R <u>3</u> <input type="checkbox"/> 2. Commercial/Industrial; Gal/Day _____		
		Evaluation based Upon: <input type="checkbox"/> 1. Soil Typing by Soil Scientist <input type="checkbox"/> 2. Soil Percolation Tests <input checked="" type="checkbox"/> 3. Other Permeability Rate <u>45</u>		

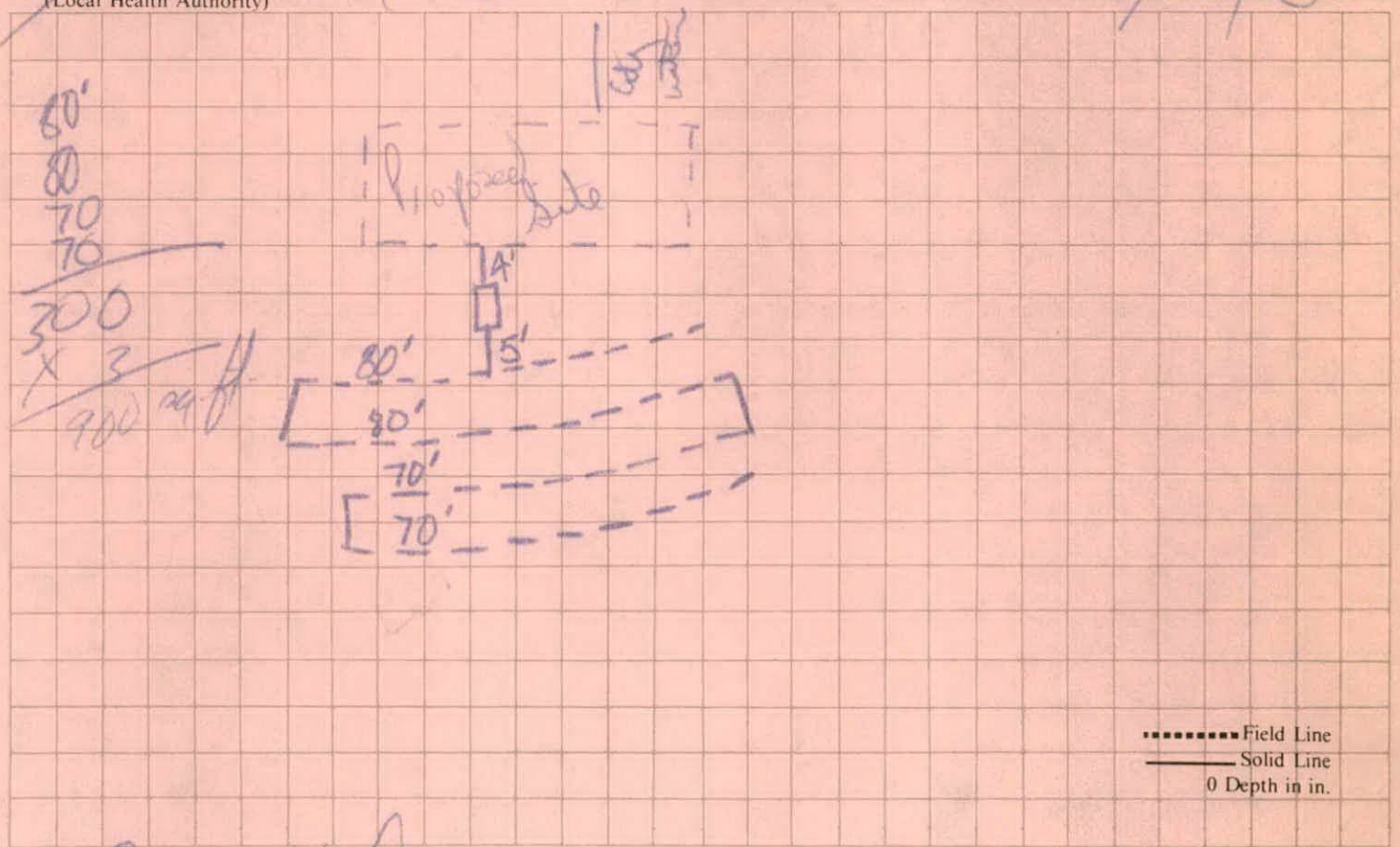
The recipient of this permit agrees to construct or have constructed the system in accordance with the rules and regulations under the authority of TCA 53-2054. The recipient must notify the local health authority when the system is ready for inspection. If any part of system is covered before being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

9/23/23

\_\_\_\_\_  
(Signature of Recipient-Owner, Developer, Contractor, Etc.) Date \_\_\_\_\_

Issued at Clarksville, Tenn, Tennessee in the County of Christian

By James H. [Signature] Date 9/26/23  
(Local Health Authority)



..... Field Line  
——— Solid Line  
0 Depth in in.

Inspected By [Signature] Local Health Authority Construction Approval:  1. Yes  2. No

Date 9/26/23 No. of Visits: 2 Time 020

PH-1488 ES 8/79 NO 31411