

Dear City Council,

My name is Glenda Chris Sorensen. I am 63 years old and disabled and have 2 brothers who live with me .

They are both mentally disabled and attend Hilltoppers Inc. We live at 90 Doris Dr. , in Crossville and

Have live here in this house for 22 years. We have a septic system , and we would like to be annex-

Into the city. I have been cited for having standing water in an area of our yard. We had our septic system

Worked on in 2000 , by Brady Excavating in Crab Orchard. They used dynamite and put a pump in . The

Pump did not work very long and they came back out to repair it. Again it did not work long. We have had

Our septic tank pumped also. After I was cited in May 2015, I called Pugh Septic and they came out and said that they

did not need to pump out our tank. They checked the second tank and said the float was hung up and

They worked with it and it did work for a short time that day. They called in man, who worked with

It and it worked for a short time and quit. We have little space to put in more field lines and it is not

Going to work. I am enclosing some paperwork that we were given. Dell Boydston was my mother. That

Is her name on the original paperwork.

My sister, Debra Charnetzky, has spoken to Brian Houston about all this. He called her last week and told

Her that to be annexed into the city would be over \$ 10,000. I have applied for our house to be refinanced

In the hopes that we can be annexed in . Originally , we were told it would be \$ 6,500.00.

Please seriously consider allowing us to be annexed into the city. This would help us so much.

Sincerely,

Glenda Chris Sorensen

931-484-5687

4-11-2016



CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: Boydstrom, Belle
Owner, Developer, Contractor, Installer, Etc.

Location: Lot 3 Valley Crest

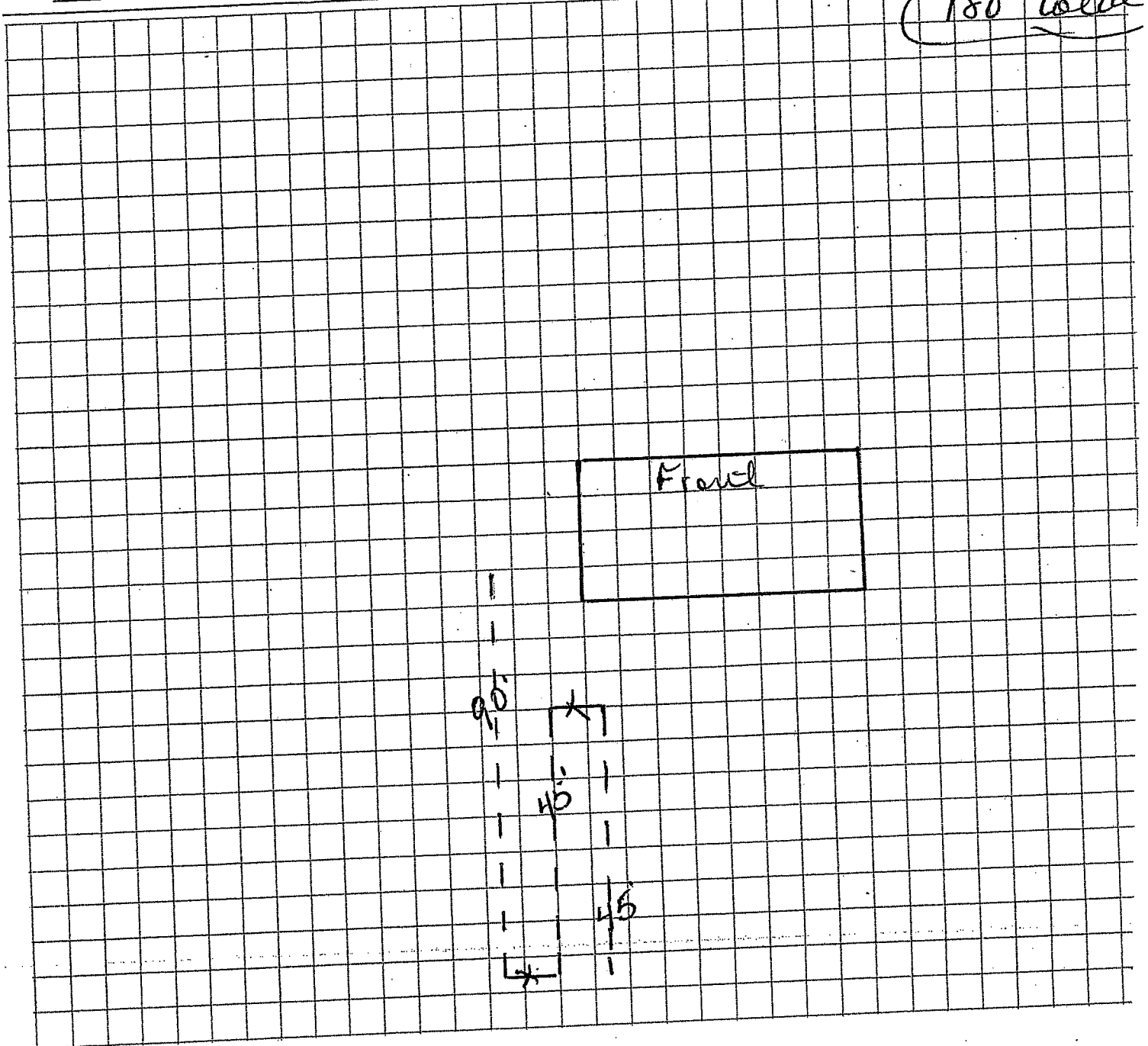
Type of system
 1. Conventional
 2. Low Pressure Pipe
 3. Mound
 4. Lagoon
 5. Large Diameter Gravelless Pipe
 (a) Sand backfill required Yes () No ()
 6. Other _____ Septic Tank
 (type) (volume)

Estimated Absorption Rate _____ (minutes per inch)

New Installation Repair Other

Installed by: Brady

180' total



Construction Approved By: _____ (Name and Title) _____ (date)

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

Location: 10454 from Belle
Lot 3 Valley Crest
 Owner, Developer, Contractor, Installer, Etc.
 Installation:
 1. New Installation
 2. Repair to Existing System
 Establishment:
 1. Residential: # Bedrooms 3
 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: 30 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: _____

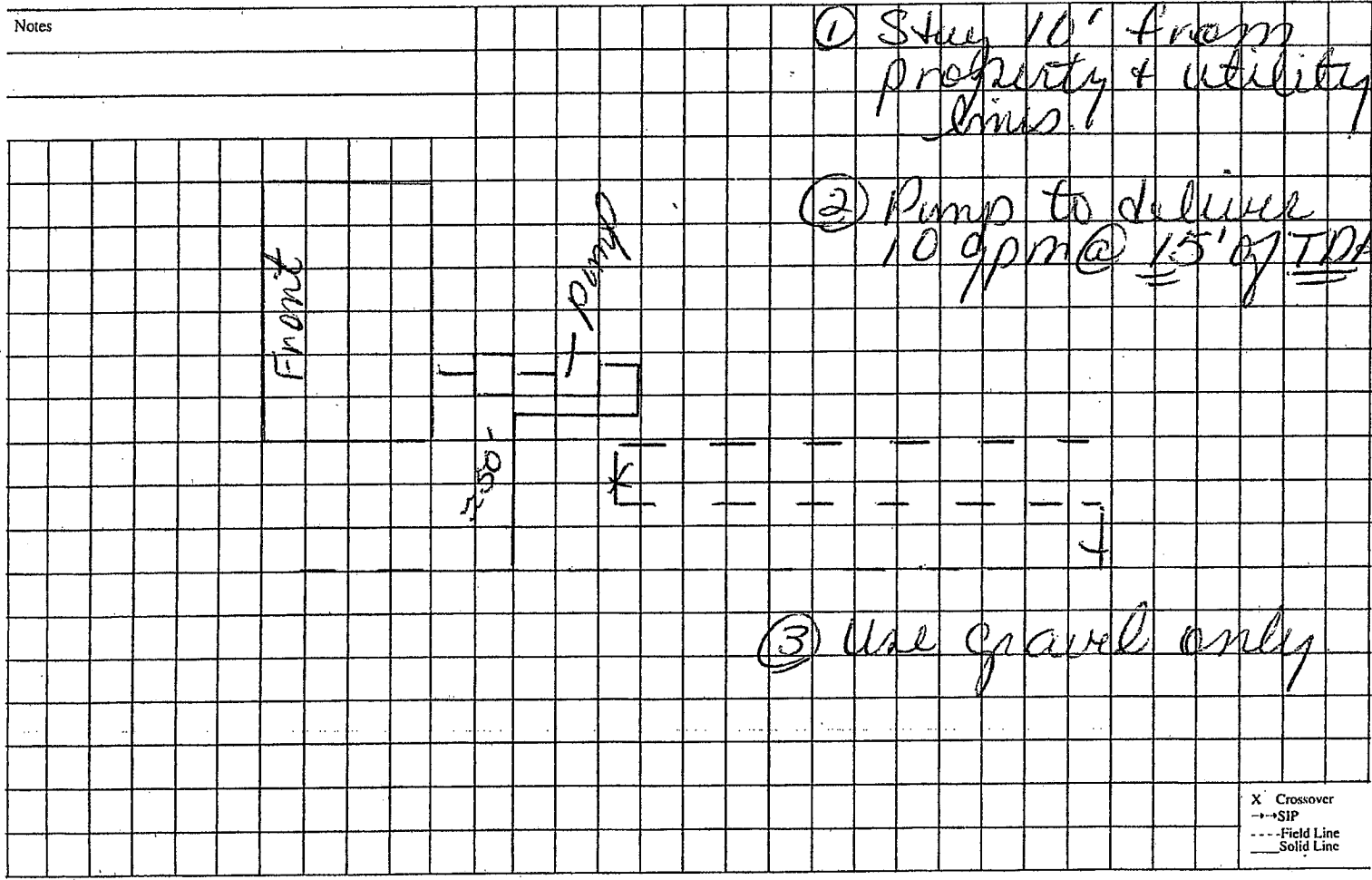
This system shall consist of a two compartment septic tank holding ~~500~~ some gallons, with 250 linear feet in 4-5 trenches, 36 inches wide and 24-36 inches deep. (Depth of gravel: 12 inches)

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.

X Dell Boydston (Signature of Recipient) Date 9-22-00
 Issued at Crossville Tennessee, in Cumberland County
 By Jim Vapp ESTD Date 9/21/00
 (Name and Title) (Date of Issue)

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



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

**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
APPLICATION FOR GROUND WATER PROTECTION SERVICES**

SERVICE REQUESTED: (check service)	APPLICANT COMPLETE QUESTIONS:	FEE 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 checked="" 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*		\$ _____	78099
<input type="checkbox"/> Large Alternative System Plan Review*		\$ _____	78099
<input type="checkbox"/> Experimental System Plan Review*		\$ _____	78072
<input type="checkbox"/> Subdivision Evaluation: Lots: _____*		\$ _____	
<input type="checkbox"/> Soil Mapping: Type _____ Acres _____*		\$ _____	Yes
<input type="checkbox"/> Installer Permit: Type(s) _____*		\$ _____	78026 Yes
<input type="checkbox"/> Pumper Permit*		\$ _____	78028
<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.

2. **LANDOWNER:** Names: Belle Baylerton **APPLICANT** Name: _____ **ORIGINAL OWNER** Name: _____
 Address: 90 Don. S Dr Address: _____
Crossville TN
 Day Phone: 424-5687 Day Phone: _____

3. **LOCATION OF LOT OR SITE:** a) In a subdivision? _____ b) Name: Valley Crest Lot # 3
 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: _____

water standing on top of ground

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 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? _____

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: 9-15-10 SIGNATURE: Ray Phine AMOUNT PAID: \$ _____ RECEIPT NUMBER: _____
 White: File Canary: Owner

Pugh's Septic Service
 91 Old Mt. Zion Rd
 Crossville, TN 38571
 931-277-3417

No.	
DATE	5/28/15
ORDER NO.	

NAME *Chris Jones*

ADDRESS *90 Davis Dr.*

CITY, STATE, ZIP *Crossville, TN*

SOLD BY CASH C.O.D. PAID OUT

CHARGE MERCHANDISE RETURNED

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	Check Rear Tank		
	<i>Float was not working when house, instead float is gone work fine as should float floats where they would not hang up anymore</i>		

SIGNATURE _____

© J. Adams
 NC2581

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL.