



CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: Newberry, Channie
 Owner, Developer, Contractor, Installer, Etc.

Location: Wilson Hollow Rd
Rod Boiling Springs

Type of system

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

T.V. (type)

1000 (volume)

Septic Tank

Estimated Absorption Rate

60

(minutes per inch)

(x) New Installation

() Repair

() Other

Installed by:

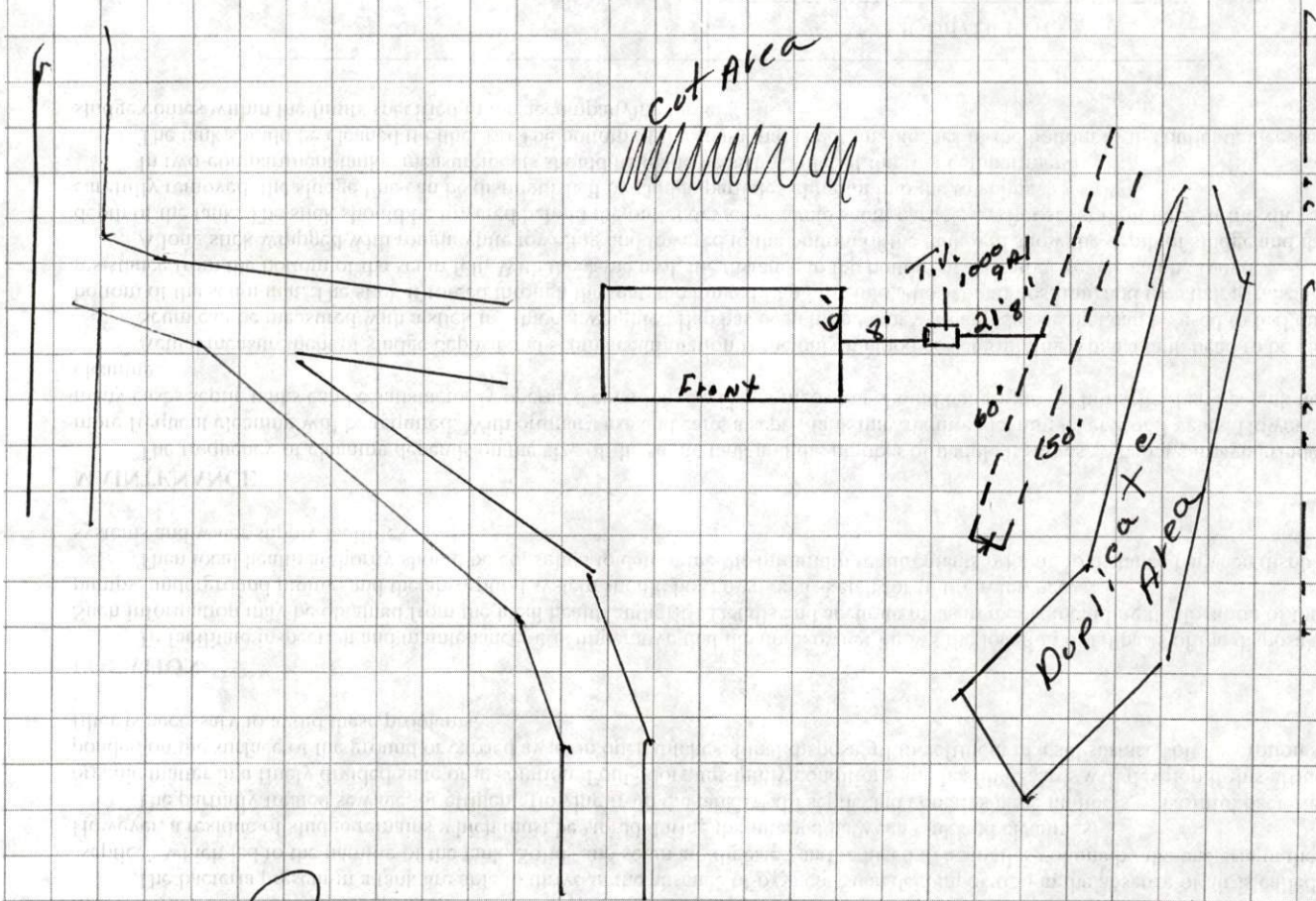
Self.

60
 50

 110'

All lines are within
 2" of level

No close property lines



Construction Approved By:

Junior L Hall E.S. III
 (Name and Title)

6-26-84
 (date)

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

Issued to: <u>Newberry, Channie</u> <small>Owner, Developer, Contractor, Installer, Etc.</small> Location: <u>Whitson Hollow Rd</u> <u>Red Boiling Springs, TN</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>1</u> <input type="checkbox"/> 2. Other: _____ <small>(specify)</small> Gal/Day _____	Evaluation Based Upon: <input type="checkbox"/> 1. Soil typing by Soil Scientist <input type="checkbox"/> a. General <input type="checkbox"/> b. High Intensity <input type="checkbox"/> c. Extra High Intensity <input checked="" type="checkbox"/> 2. Soil Percolation Test <input checked="" type="checkbox"/> 3. Environmental Specialist Estimated Absorption Rate: <u>60</u> MPI Approval based upon: Statute No. <u>T.C.A. 68-221-403</u> <input type="checkbox"/> (c) Percolation test <input type="checkbox"/> (d) Grandfather clause. Current standards except those specified <input type="checkbox"/> (f) 12" (karst) and 6" (non-karst) buffer required <input type="checkbox"/> (i) 9" buffer required (24"-36" total soil depth) <input type="checkbox"/> (k) Grandfather clause — meets June 30, 1990 standards (repair only) <input type="checkbox"/> Other _____	Type of System: <input checked="" type="checkbox"/> 1. Conventional <input type="checkbox"/> 2. Low Pressure Pipe <input type="checkbox"/> 3. Mound <input type="checkbox"/> 4. Lagoon <input type="checkbox"/> 5. Large Diameter Graveless Pipe <input type="checkbox"/> a. Sand backfill required <input type="checkbox"/> 6. Other _____
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This system shall consist of a two compartment septic tank holding 750 gallons, with 110 linear feet in 2-3 trenches, 36 inches wide and 24 inches deep. (Depth of gravel: 12" inches)

Also required:

- ☐ 1. Soil Improvement Practice (SIP)
- ☐ 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 Environment and Conservation.

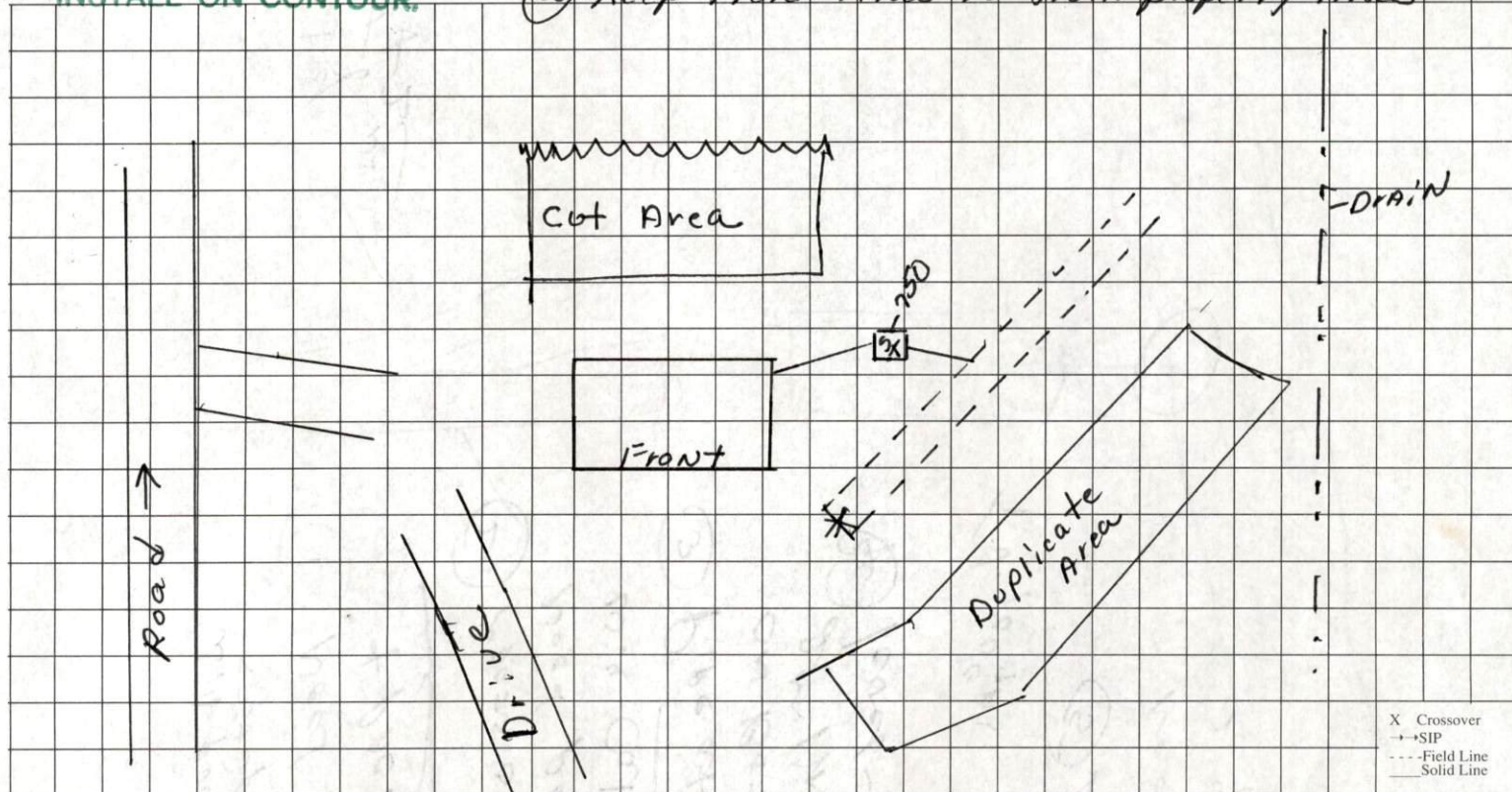
The recipient of this permit agrees to construct or have constructed the above described system in accordance with T.C.A. 68-221-401 et. seq. and The Regulations To Govern Subsurface Sewage Disposal Systems. If any part of the system is covered before being inspected and approved, it shall be uncovered 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.

Signature of Recipient: Channie Newberry Date: 6-21-96
 Issued at: Lafayette, TN Tennessee, in MACON County
 By: James L Hall E.S. III Date: 6-19-96
(Name and Title) (Date of Issue)

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

FOR INSPECTION CALL 666-2142
BETWEEN 8:00 & 8:45 A.M.
m-w-th
INSTALL ON CONTOUR.

- ① Keep field lines 10' from water lines & 50' from well.
- ② Keep field lines 10' from property lines



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

1. SERVICE REQUESTED: (check service)	APPLICANT COMPLETE QUESTIONS:	FEES DUE	PTBMIS CODES V689 Code Supp/Code	
<input checked="" type="checkbox"/> Septic System Construction Permit				
<input checked="" type="checkbox"/> Dwelling	2, 3, 4, 7, 8, 9	\$ 100.00	78064	Yes
Commercial: gpd	2, 3, 4, 7, 8, 9	\$	78064	Yes
System Modification	2, 3, 4, 7, 8, 9	\$	78064	Yes
Repair	2, 3, 4, 7, 8, 9	\$	78032	
Inspection Letter	2, 3, 5, 7, 8, 9	\$	78030	
Water Sample				
Total Coliform	2, 3, 6, 7, 8, 9	\$	78036	Yes
Fecal Coliform	2, 3, 6, 7, 8, 9	\$	78038	Yes
Alternative System Permit*		\$	78068	
Large Conventional System Plan Review*		\$	78099	
Large Alternative System Plan Review*		\$	78099	
Experimental System Plan Review*		\$	78072	
Subdivision Evaluation: Lots:		\$		
Soil Mapping: Type _____ Acres _____ *		\$		Yes
Installer Permit: Type(s) _____ *		\$	78026	Yes
Pumper Permit*		\$	78028	
Plat Approval — Individual Lot		\$	78029	
Domestic Septage Disposal Site Permit		\$	78031	

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

<input checked="" type="checkbox"/> LANDOWNER:	APPLICANT	ORIGINAL OWNER
Names: _____	Name: _____	Name: _____
Address: _____	Address: _____	
Day Phone: _____	Day Phone: _____	

☒ 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: _____

☒ FOR SSDS PERMIT ONLY: a) Size of lot _____ b) Number of Bedrooms 1

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 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, PLANED DRIVEWAY AND UTILITIES.

☒ ALL FEES DUE IN ADVANCE AND ARE NON-REFUNDABLE (except upon appeal). See Fee Schedule on reserve. 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: 6-19-96 SIGNATURE: Shannie Newberry AMOUNT PAID: \$ 100.00 RECEIPT NUMBER 11392

White: File Canary: Owner