



CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: Shady Grove Church
Location: 2171 Stamps-Shady Grove Rd.
Owner, Developer, Contractor, Installer, Etc.

- Type of system
☐ 1. Conventional
☐ 2. Low Pressure Pipe
☐ 3. Mound
☐ 4. Lagoon
☒ 5. Large Diameter Gravelless Pipe
(a) Sand backfill required Yes ☐ No ☐

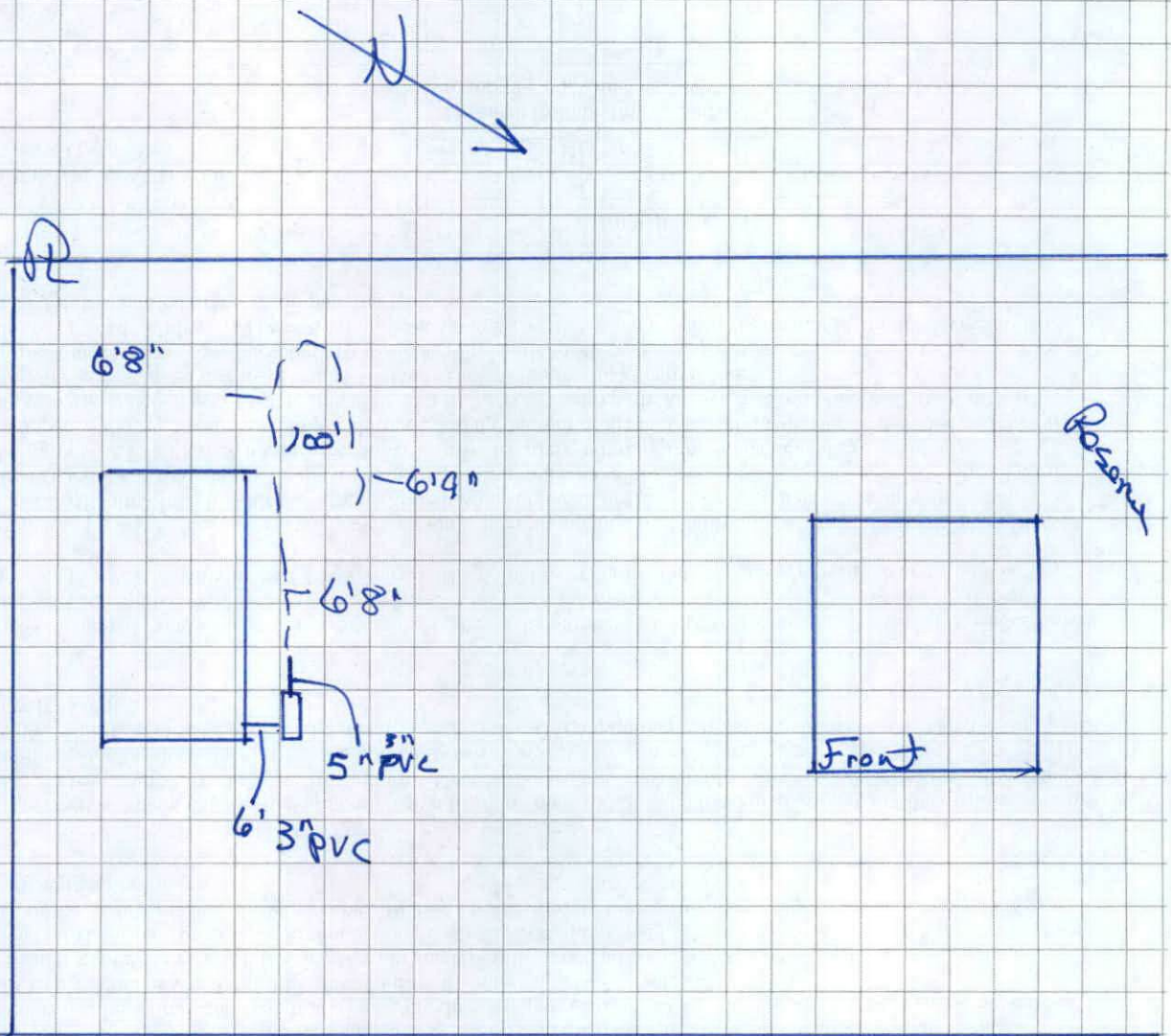
☐ 6. Other Cumb 1,000 gal Septic Tank
(type) (volume)

Estimated Absorption Rate 45 (minutes per inch)

☒ New Installation ☐ Repair ☐ Other

Installed by: John Herron

outlet = 3'10"
line 6'8"



Construction Approved By:

Dan Phillips, E.S. April 23, 2009
(Name and Title) (date)

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

Issued to: Shady Grove F.W. Baptist
Owner, Developer, Contractor, Installer, Etc.
Location: 2171 Storms-Shady Grove Rd.

Evaluation Based Upon:
() 1. Soil typing by Soil Scientist
() a. General
() b. High Intensity
() c. Extra High Intensity
() 2. Soil Percolation Test
(x) 3. Environmental Specialist
Estimated Absorption Rate: 45 MPI

Type of System:
(x) 1. Conventional
() 2. Low Pressure Pipe
() 3. Mound
() 4. Lagoon
(x) 5. Large Diameter Graveless Pipe
() a. Sand backfill required
() 6. Other

Installation:
(x) 1. New Installation
() 2. Repair to Existing System
Establishment:
() 1. Residential: # Bedrooms
(x) 2. Other: Rec. Bldg
(specify)
Gal/Day 25 gpd

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: Reg's

This system shall consist of a two compartment septic tank holding 750 gal. gallons, with 100 linear feet in 2 trenches 36/18 inches wide and 24 on top inches deep. (Depth of gravel: 12 inches)

Also required:
() 1. Soil Improvement Practice (SIP)
() 2. Flow Diversion Valve
() 3. Sewage Pump
() 4. Other:

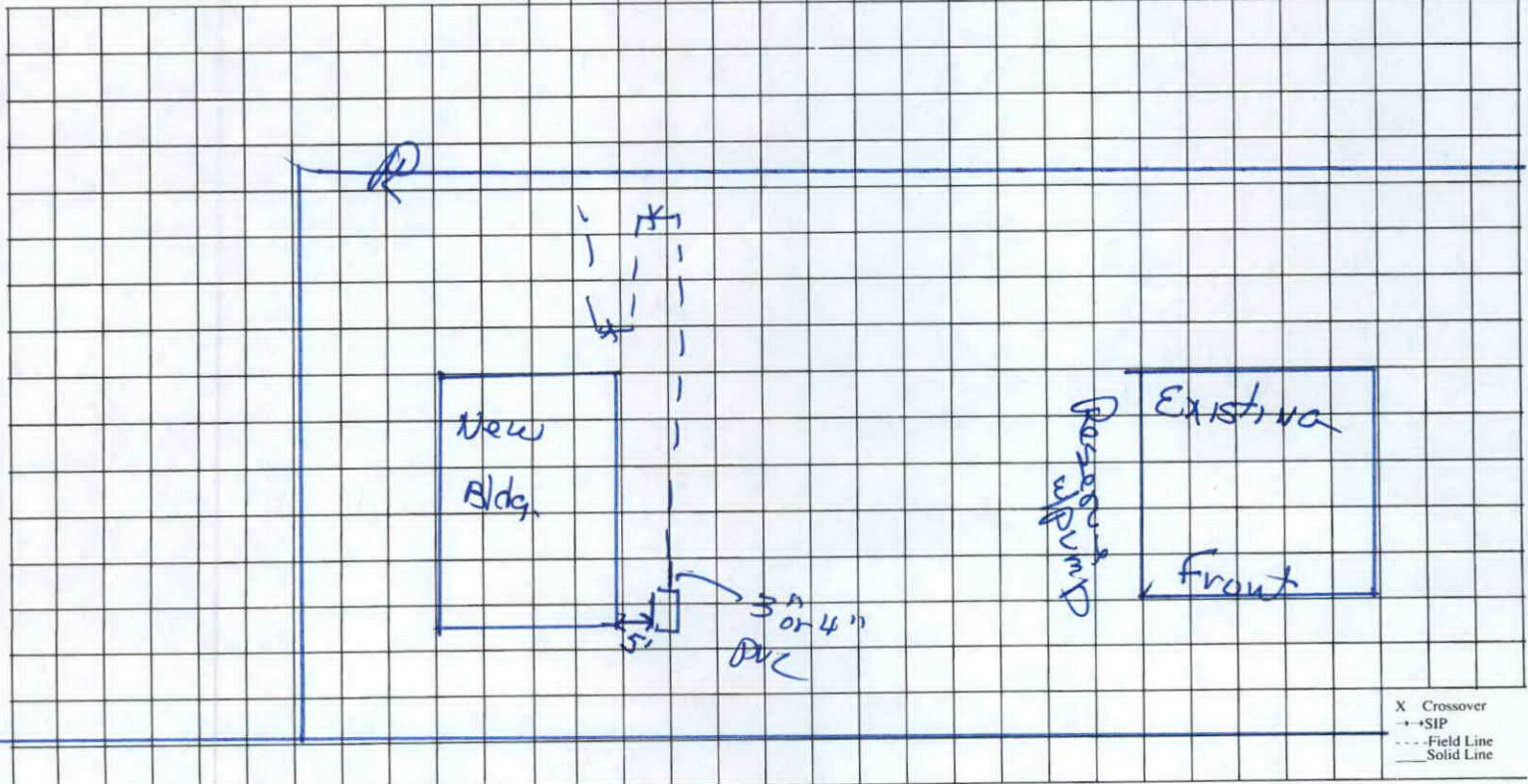
All installers of subsurface sewage disposal systems must hold a valid annual license from the Tennessee Department of Environment and Conservation.

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)
Issued at Cookeville
By Doreen Phillips, E.S.
(Name and Title)
Date 4/14/09
Tennessee, in Putnam County
Date April 8, 2009
(Date of Issue)

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

Notes
Install on contour. Observe all applicable regulations.
*Drawing not to scale



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 | | | | |
| Dwelling..... | 2, 3, 4, 7, 8, 9 | \$ | 78064 | Yes |
| <input checked="" type="checkbox"/> Commercial: gpd..... | 2, 3, 4, 7, 8, 9 | \$ <u>250.00</u> | 78064 | Yes |
| System Modification..... | 2, 3, 4, 7, 8, 9 | \$ | 78064 | Yes |
| Repair..... | 2, 3, 4, 7, 8, 9 | \$ | | |
| <input checked="" type="checkbox"/> Inspection Letter <u>Construction fee</u> | 2, 3, 5, 7, 8, 9 | \$ <u>100.00</u> | 78030 | |
| Certificate of Verification..... | 2, 3, 5, 7, 8, 9 | \$ | 78032 | Yes |
| 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*..... | | \$ | 78090 | |
| Large Alternative System Plan Review*..... | | \$ | 78090 | |
| Experimental System Plan Review*..... | | \$ | 78072 | |
| Subdivision Evaluation: Lots:.....* | | \$ | 78084 | |
| 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.
2. **LANDOWNER:** Names: Shady Grove F.W. Baptist **APPLICANT** Name: Kay Adenhold **ORIGINAL OWNER** Name: _____
Address: 21715 Stamps Shady Grove Rd Monterey TN 38506 Address: 2331 Morgan Manor Rd Cookeville TN 38506
Day Phone: 267-0515 Day Phone: 267-0515
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 1 acre b) Number of Bedrooms 15 people
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: 3/25/09 SIGNATURE: Kay Adenhold AMOUNT PAID: \$350.00 RECEIPT NUMBER 3962

White: File

Canary: Owner



1058

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 checked="" type="checkbox"/> Repair	2, 3, 4, 7, 8, 9	\$ 0		
<input type="checkbox"/> Inspection Letter	2, 3, 5, 7, 8, 9	\$	78030	
<input type="checkbox"/> Certificate of Verification	2, 3, 5, 7, 8, 9	\$	78032	Yes
<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 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:

APPLICANT

ORIGINAL OWNER

Names: Shady Grove Church Name: _____
Address: 214 Stamps Cemetery Rd Address: _____
Monterey TN
Day Phone: 239-7883 Day Phone: _____

Name: _____

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: _____

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d) Date of previous repairs _____ Inspected _____
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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: 3/23/09 SIGNATURE: Harold E. Hays AMOUNT PAID: \$ 0 RECEIPT NUMBER

White: File

Canary: Owner

PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

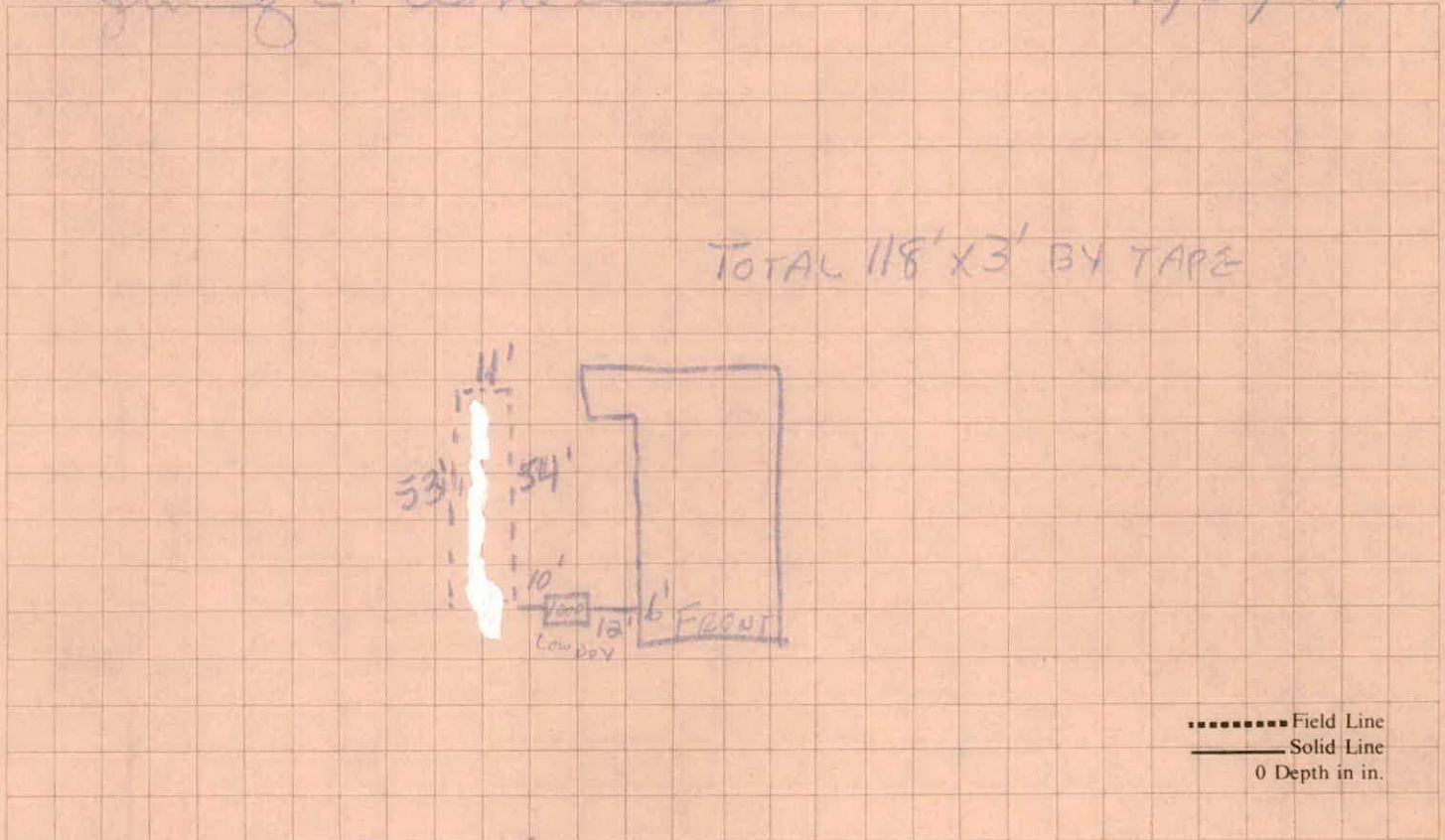
Issued to: <u>Shady Grove Church</u> Owner, Developer, Contractor, Installer, Etc.	REGION	COUNTY	ID-NUMBER	DATE
To be constructed by <u>S. S. Backhaus</u> (Installer)	STAFF <u>4</u>	INSTALLATION: () 1. New Installation (X) 2. Repair to Existing System		<u>10/20/87</u>
Construction of a subsurface sewage disposal system is hereby authorized at:	Type of System: () 1. Standard () 3. Chapter 301 () 5. Other (X) 2. Alternating () 4. Chapter 212			
<u>Shady Grove Rd.</u> (No. and street; Subdivision name and lot no.)	For: () 1. Residential: No. B/R _____ () 2. Commercial/Industrial; Gal/Day _____			
Such a system shall consist of a septic tank of _____ gals, with _____ linear feet in _____ trenches, <u>100</u> inches wide, and <u>2</u> deep or <u>36</u> <u>24" x 30"</u>	Evaluation based Upon: () 1. Soil Typing by Soil Scientist () 2. Soil Percolation Tests (X) 3. Other <u>U.S. SOIL MAN. + AUGERING</u> Permeability Rate <u>4.5 mPT</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.

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

Issued at _____, Tennessee in the County of Putnam

By _____ Date 10/20/87
(Local Health Authority) James E. Ashel



Inspected By James E. Ashel
Local Health Authority
Date 11/02/87

Construction Approval: (X) 1. Yes () 2. No

No. of Visits: 2

030
Time

APPLICATION FOR ENVIRONMENTAL SERVICES
DIVISION OF GROUNDWATER PROTECTION

1. Service Requested:
Septic System Permit ☒ Reinspection Letter _____ Water Sample _____
2. Landowner: _____ Applicant: _____ Original Owner _____
Name Shady Grove Church Name CB Richardson Name _____
Address Monterey Rt 2 Address _____
Antelope Jn _____
Phone # _____ Phone # 537-6923
3. Is the lot in a subdivision? _____ Name _____ Lot # _____
If not in subdivision, give specific directions: _____

Map Number _____ Parcel Number _____
4. For reinspection 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) Waste water "backing up" into plumbing fixtures? _____ surfacing on the ground? _____
f) All waste water including washing machines routed into septic tank? _____
5. For water sample only: a) Is there an outside faucet? _____ b) Sanitary seal on ti
casing? _____ c) Is the well chlorinated? _____ d) Casing 6 inches abo
ground? _____
6. For SSD Permit only: a) Size of Lot 2 ac b) Number of Bedrooms _____
c) How many occupants _____ d) Basement Plumbing: Yes _____ No _____
If yes, it will be washing machine _____ bathroom _____ other _____
e) Amount of water used monthly (gallons) _____
f) Water: Public ☒ Well _____ Spring _____
g) Is the lot staked? yes Is the house site staked? yes
h) Installer if known: CB Richardson
7. Make a rough sketch on the back of this page showing property lines, house site, well locatio
planned driveway and utilities.
8. ALL FEES ARE DUE IN ADVANCE AND ARE NON-REFUNDABLE.
Septic System permit \$50.00 up to 1000 gpd Reinspection letter \$30.00
\$10.00 each additional 1000 gpd 30 working days required
Water Samples: total coliform \$20.00
fecal coliform \$25.00

9. I certify that the above information is true and correct to the best of my knowledge.

Date 10/19/87

Signature _____

Receipt No. 3296a