



CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: Curtis Atkinson (Ross Atkinson)
Owner, Developer, Contractor, Installer, Etc.

Location: 600 Cash Dollar Rd

Type of system

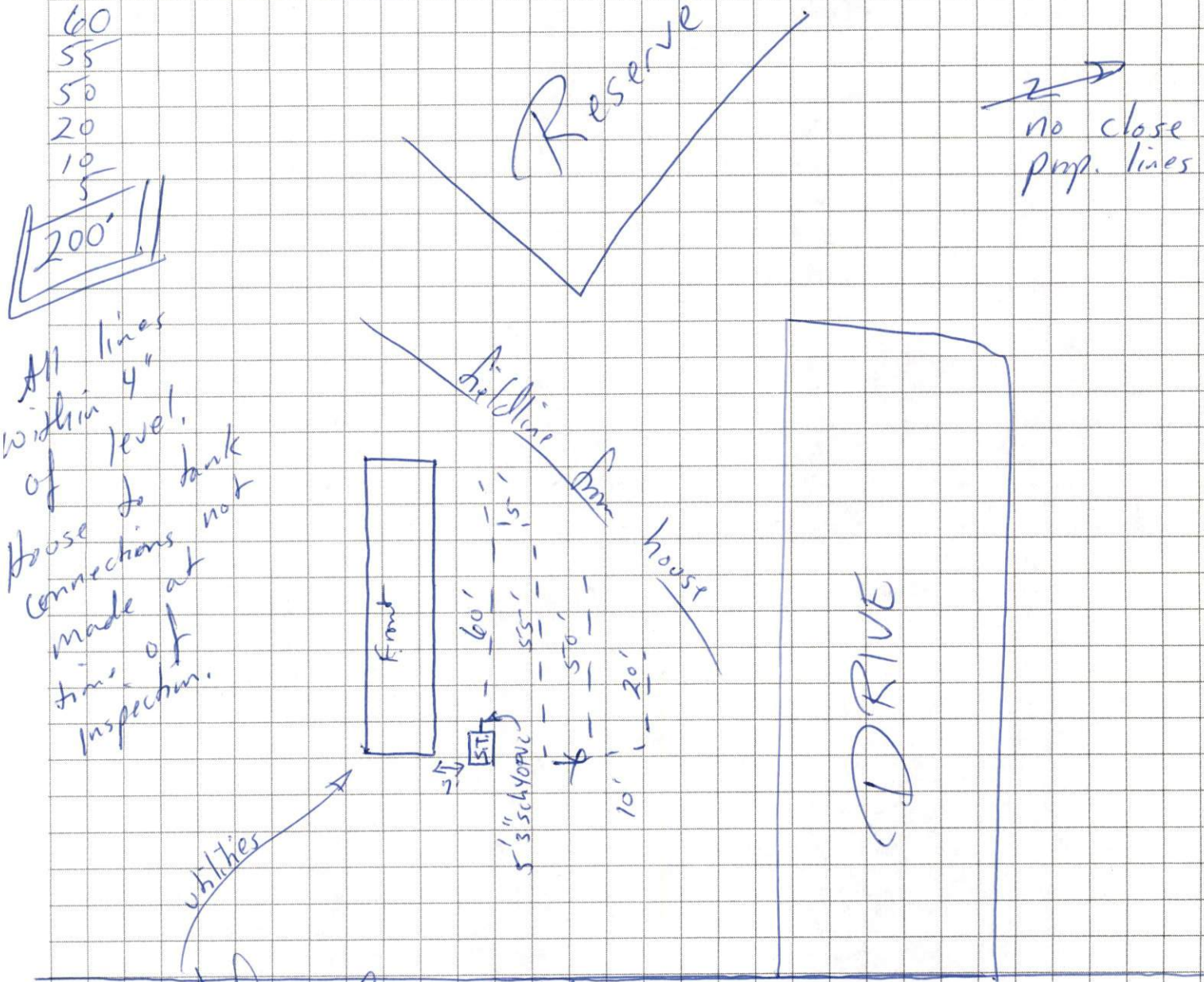
- ☒ 1. Conventional
☐ 2. Low Pressure Pipe
☐ 3. Mound
☐ 4. Lagoon
☐ 5. Large Diameter Gravelless Pipe
 (a) Sand backfill required Yes () No ()

☐ 6. Other 2-comp Plateau 1000 gallons Septic Tank
 (type) (volume)

Estimated Absorption Rate _____
(minutes per inch)

☒ New Installation () Repair () Other

Installed by: Greg Weeks



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

Issued to: <u>Curtis Atkinson (Ross Atkinson)</u> Owner, Developer, Contractor, Installer, Etc. Location: <u>600 Cash Dollar Rd.</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>2</u> <input type="checkbox"/> 2. Other: _____ (specify) _____ 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 type="checkbox"/> 2. Soil Percolation Test <input checked="" type="checkbox"/> 3. Environmental Specialist <u>YS</u> Estimated Absorption Rate: <u>45</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 checked="" type="checkbox"/> Other <u>standard</u>	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 Gravelless 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 or larger gallons, with 200 linear feet in 3-4 trenches, 36 inches wide and 24-36 inches deep. (Depth of gravel: 12 inches)

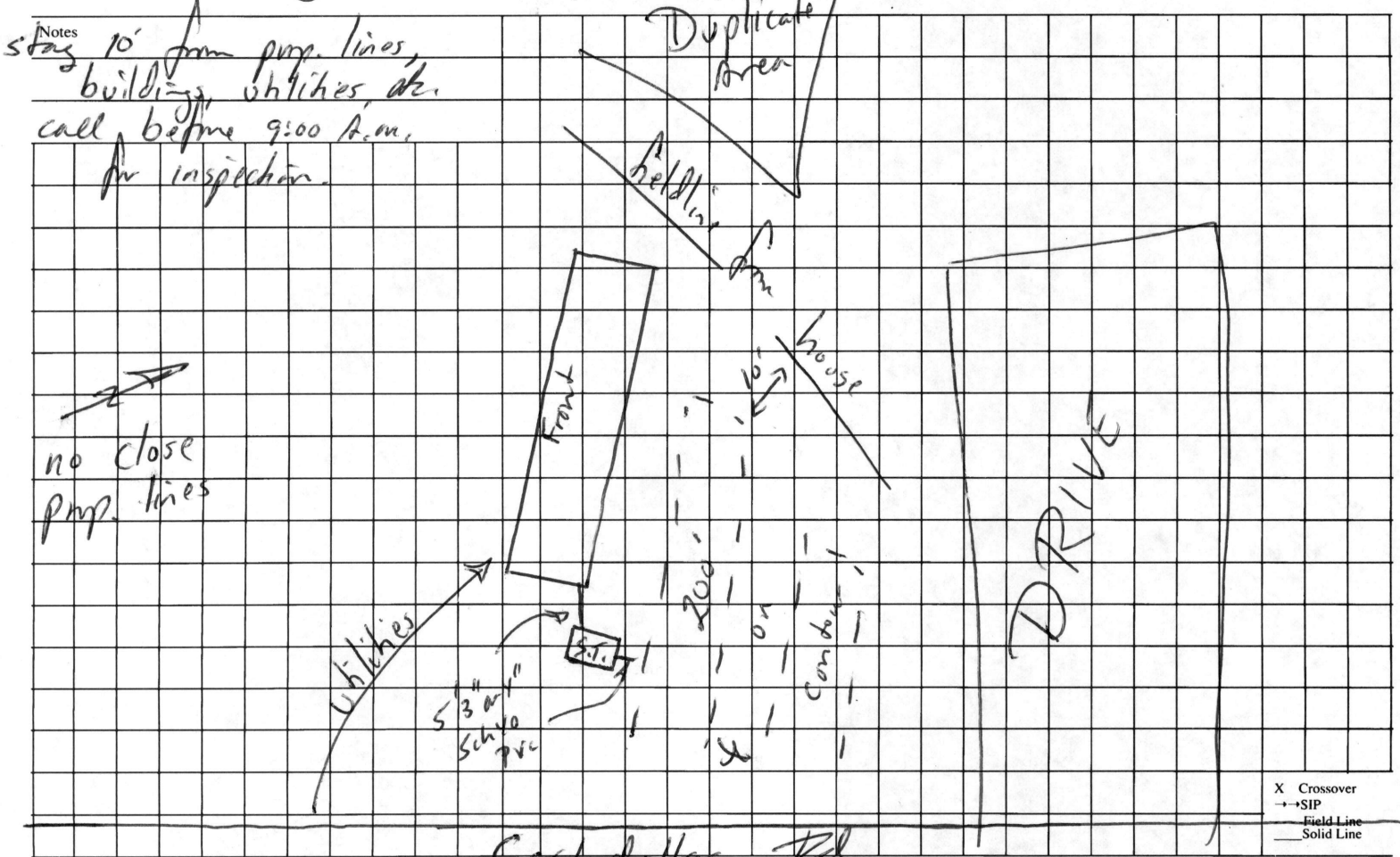
Also required:
☐ 1. Soil Improvement Practice (SIP)
☐ 2. Flow Diversion Valve
☐ 3. Sewage Pump
☐ 4. Other: _____

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: <u>[Signature]</u> Issued at: <u>Spaulding</u> By: <u>[Signature]</u> (Name and Title) Date: _____ Tennessee, in <u>White</u> County Date: <u>5-2-03</u> (Date of Issue)	
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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

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 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			78064 Yes
<input type="checkbox"/> Repair			78032
<input type="checkbox"/> Inspection Letter			78030
<input type="checkbox"/> Water Sample			
<input type="checkbox"/> Total Coliform			78036 Yes
<input type="checkbox"/> Fecal Coliform			78038 Yes
<input type="checkbox"/> Alternative System Permit*			78068
<input type="checkbox"/> Large Conventional System Plan Re			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 *			
<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

PATH 0002601834 CHART# NONE 093 01
ENCH 0125186 DATE 04/25/03 PAYOR 1
NAME ATKINSON, ROSS DOB 03/16/68 RC SEX
SSN 999999999 YRS 0 MON 0 DAYS 0 PLAN:
ADDR: 618 CASHDOLLAR RD
CITY: SPARTA TN 38583

Single well mobile

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

2. LANDOWNER: Names: Curtis Atkinson Address: 618 CASHDOLLAR RD SPARTA TN 38583 Day Phone: 931-761-4404
- APPLICANT Name: Ross Atkinson Address: _____ Day Phone: _____
- ORIGINAL OWNER 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: 35 Acre own Home
4. FOR SSDS PERMIT ONLY: a) Size of lot 35 Acres b) Number of Bedrooms 2
- c) How many occupants? 2 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? yes If not, date it will be staked: _____
- Is the house staked? yes 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 4-25-03 SIGNATURE Ross Atkinson AMOUNT PAID: \$ 200.00 RECEIPT NUMBER 41220

White: File

Canary: Owner