



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Owner, Developer, Contractor, Installer, Etc. Cecil Barnett

Location Woodcliff Hill
Monterey

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

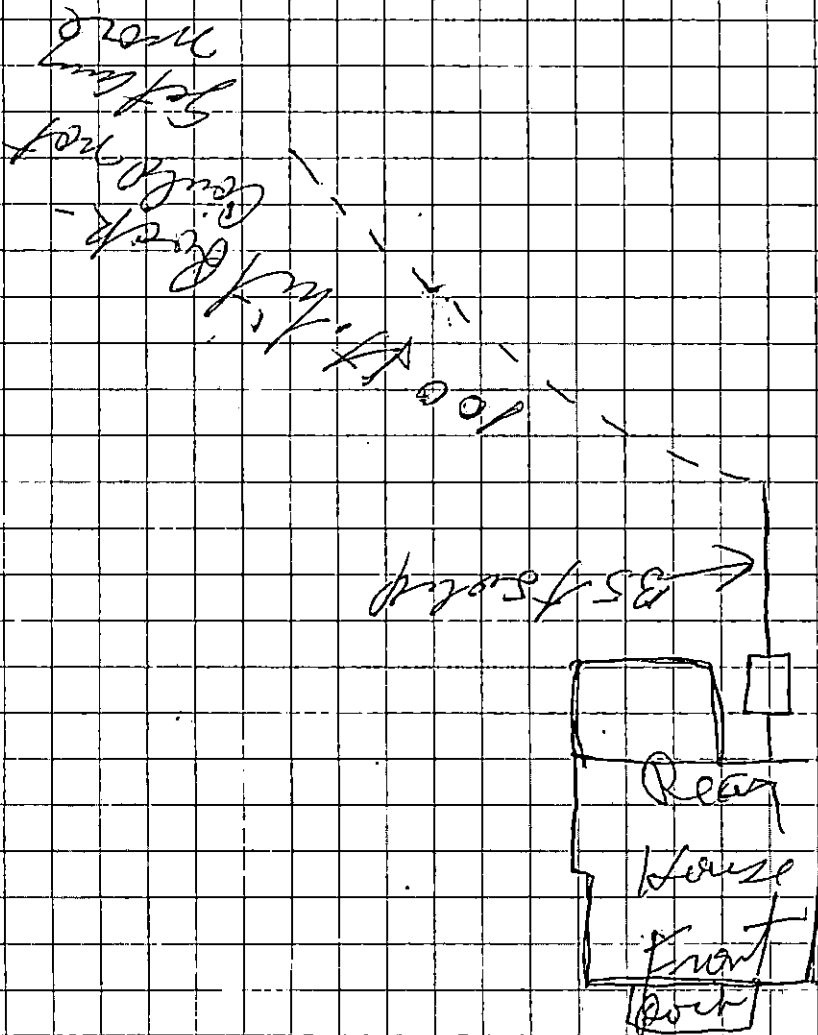
Septic Tank (volume) Ed Kelley

Estimated Absorption Rate 27 (minutes per inch)

☐ New Installation ☒ Repair ☐ Other

Installed by Steve Roneal

Hit rock could
not get any more



Construction Approved By:

[Signature]
(Name and Title)

11/24/93
(date)

Issued to: <u>Garrett, Cecil</u> Owner, Developer, Contractor, Installer, Etc. Location: <u>605 Woodcliff Rd.</u> <u>Monterey</u>	Evaluation Based Upon: <input type="checkbox"/> 1. Soil typing by Soil Scientist <input type="checkbox"/> 2. Soil Percolation Test <input checked="" type="checkbox"/> 3. Environmental Specialist Estimated Absorption Rate: <u>REPAIR</u> _____ Minutes per inch	Permit Requirements Based Upon: <input type="checkbox"/> Soil Texture/Structure <input type="checkbox"/> Soil Depth <input type="checkbox"/> Soil Drainage <input type="checkbox"/> Presence of Restrictive Layers <input type="checkbox"/> Position
Installation: <input type="checkbox"/> 1. New Installation <input checked="" 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 _____	Conventional Systems: Type of System: <input checked="" type="checkbox"/> 1. Standard <input type="checkbox"/> 2. Alternating <input type="checkbox"/> 3. Chapter _____ <input type="checkbox"/> 4. Other _____	Alternative Systems: <input type="checkbox"/> 1. Low Pressure Pipe <input type="checkbox"/> 2. Mound <input type="checkbox"/> 3. Lagoon <input type="checkbox"/> 4. Large diameter graveless pipe <input type="checkbox"/> 5. Other _____
		See attached design package

Also required:

- ☐ 1. Curtain Drain
- ☐ 2. Flow Diversion Valve
- ☐ 3. Sewage Pump
- ☐ 4. Other:

The recipient of this permit agrees to construct or have constructed the above described system in accordance with 68-13-401 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.

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.

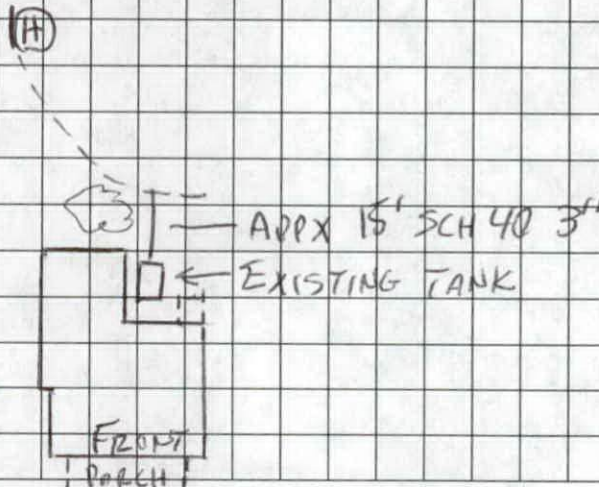
Mrs. Cecil E. Laneet Date _____
(Signature of Recipient)

Issued at Cookeville Tennessee, in Putnam County

By Jim E. Ashby, Env. Sp. III Date 11/12/93
(Name and Title) (Date of Issue)

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

Notes



- * Crossover
- Curtain Drain
- - - Field Line
- Solid Line

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

Original—File
Copy—Owner





Mrs. Gannett
TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
APPLICATION FOR GROUND WATER PROTECTION SERVICES

1. SERVICE REQUESTED: (check service)	APPLICANT COMPLETE QUESTIONS:	FEES DUE	PERMIS 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: _____ *		\$ _____	78084	
<input type="checkbox"/> Soil Mapping: Type _____ Acres _____ *		\$ _____		Yes
<input type="checkbox"/> Installer Permit: Type(s) _____ *		\$ _____	78026	Yes
<input type="checkbox"/> Pumper Permit*		\$ _____	78028	

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

(2) LANDOWNER: Names: <u>Coile E. Gannett</u> Address: <u>605 Woodchiff</u> Day Phone: <u>837-2887</u>	APPLICANT Name: _____ Address: _____ Day Phone: _____	ORIGINAL OWNER Name: _____
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(3) **LOCATION OF LOT:** a) In a subdivision? _____ b) Name: Woodchiff Lot # _____
b) Non-Subdivision _____ Give specific directions to the lot: Woodchiff Rd off Highway 84

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: _____

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 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: _____ SIGNATURE: Mrs. Coile E. Gannett AMOUNT PAID: \$ _____ RECEIPT NUMBER _____



tennessee DEPARTMENT OF ENVIRONMENT AND CONSERVATION
APPLICATION FOR GROUND WATER PROTECTION SERVICES

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1. SERVICE REQUESTED: (check service)	APPLICANT COMPLETE QUESTIONS:	FEES DUE	ITEMS CODES V689 Code Supp/Code	
<input checked="" type="checkbox"/> Septic System Construction Permit				
Dwelling	2, 3, 4, 7, 8, 9	\$	78064	Yes
Commercial: gpd	2, 3, 4, 7, 8, 9	\$	78064	Yes
System Modification	2, 3, 4, 7, 8, 9	\$	78064	Yes
<input checked="" type="checkbox"/> 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: *		\$	78084	
Soil Mapping: Type Acres *		\$		Yes
Installer Permit: Type(s) *		\$	78026	Yes
Pumper Permit*		\$	78028	

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

2. LANDOWNER:	APPLICANT	ORIGINAL OWNER
Names: <u>Cecil Garrett</u>	Name: _____	Name: _____
Address: <u>605 Woodcliff Rd</u>	Address: _____	
<u>Monteagle</u>		
Day Phone: <u>839-2887</u>	Day Phone: _____	

3. LOCATION OF LOT: a) In a subdivision? _____ b) Name: _____ Lot # _____
b) Non-Subdivision ☒ Give specific directions to the lot: _____

4. FOR SDDS PERMIT ONLY: a) Size of lot 422' X 79' b) Number of Bedrooms 3
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? _____ If not, date it will be staked: _____
 Is the house staked? _____ If not, date it will be staked: _____
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needs
11/9/93

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? _____
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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: 10-27-93 SIGNATURE: By Phone AMOUNT PAID: \$ _____ RECEIPT NUMBER _____