



CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

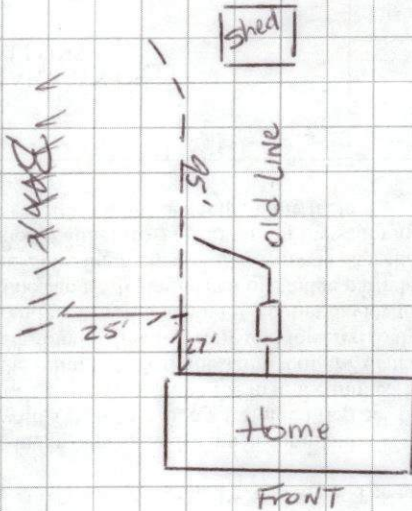
Issued to: Broyles Clarence  
Owner, Developer, Contractor, Installer, Etc.

Location: 1111 Spout Springs Road

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 \_\_\_\_\_  
 (type) N/A (volume) \_\_\_\_\_ Septic Tank

Estimated Absorption Rate \_\_\_\_\_ (minutes per inch)  
 New Installation  Repair  Other  
 Installed by: Kilgore

disconnected from old line and connected to new 95XUDGP



Spout Springs Road

Construction Approved By: Shari Weathers ES. IV 9/10/98  
(Name and Title) (date)

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

Owner, Developer, Contractor, Installer, Etc.  
**Broyles Clarence**  
Location: **1111 Spout Springs Rd.**

Installation:  
 1. New Installation  
 2. Repair to Existing System

Establishment:  
 1. Residential: # Bedrooms **2**  
 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: \_\_\_\_\_ MPI

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

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

This system shall consist of a two compartment septic tank holding **750** gallons, with **140** linear feet in **3** trenches, **36** inches wide and **24-42** inches deep. (Depth of gravel: \_\_\_\_\_ 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.

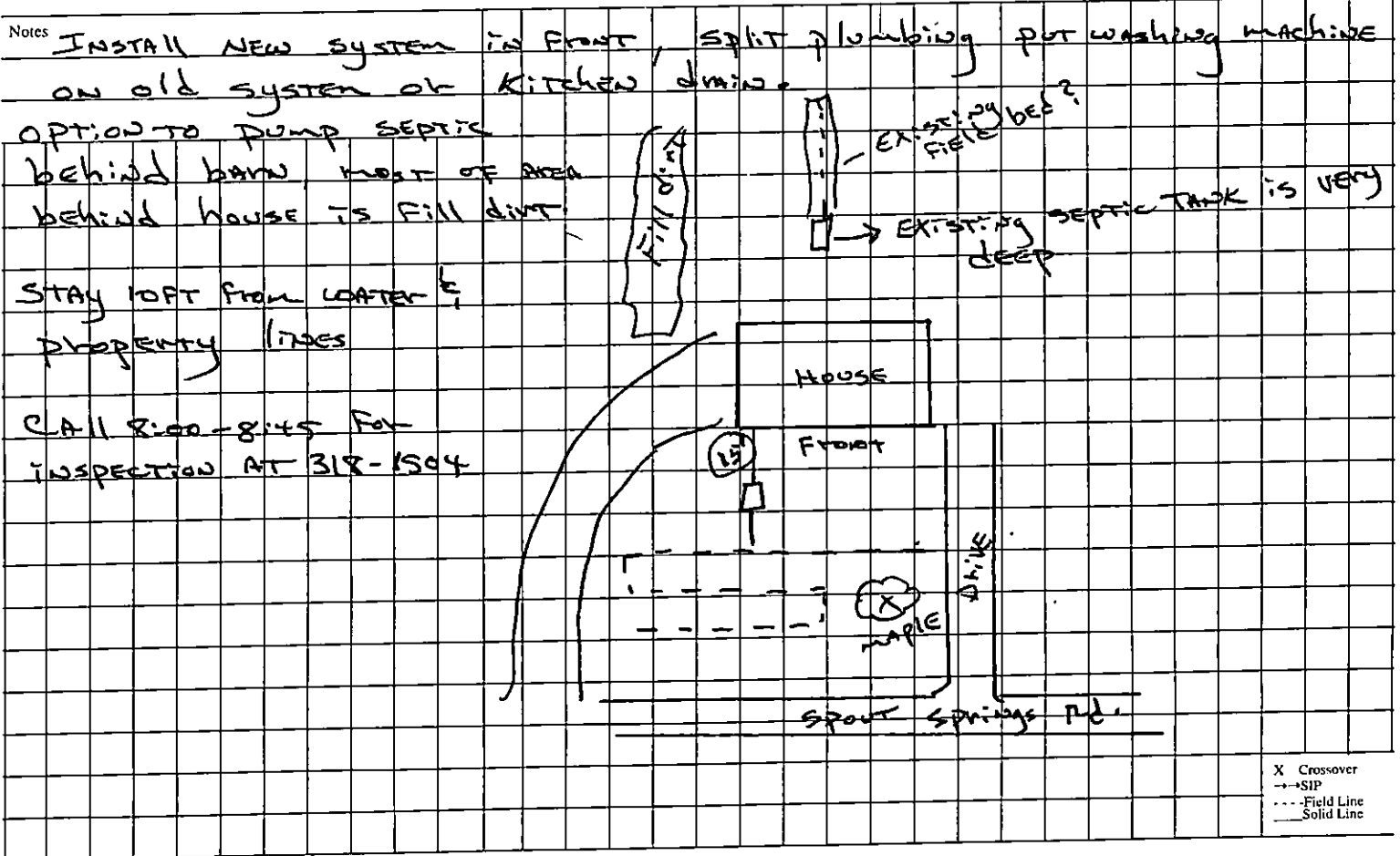
The recipient of this permit agrees to construct or have constructed the above described system in accordance with T.C.A. 68-221-401 et. seq. and The Regulations To Govern Subsurface Sewage Disposal Systems. If any part of the system is covered before being inspected and approved, it shall be uncovered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

By **Clarence Broyles** (Signature of Recipient) Date **09-08-98**

Issued at **MOHISTOWN** Tennessee, in **HAMBLETON** County

By **J. E. Ramsey ESTD** (Name and Title) Date **9-3-98** (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**

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
_____ 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: _____*		\$ _____		
_____ 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: \_\_\_\_\_ **APPLICANT** Name: CLARONNE BROYLES **ORIGINAL OWNER** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Day Phone: (586-6794-KILBORE PLUMBING)

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: 1111 SPOUT SPRINGS ROAD

4. **FOR SSDS PERMIT ONLY:** a) Size of lot \_\_\_\_\_ b) Number of Bedrooms 2  
 c) How many occupants? \_\_\_\_\_ d) Excavated Basement? Yes  No \_\_\_\_\_  
 e) Basement Plumbing Fixtures? Yes \_\_\_\_\_ No  NO RECORDS OF LAYOUT  
 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: KILBORE PLUMBING

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, PLANED DRIVEWAY AND UTILITIES.

8. 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 09-01-98 SIGNATURE [Signature] AMOUNT PAID: \$ 710 RECEIPT NUMBER 710  
REPAIR

Write: File      Canary: Owner