

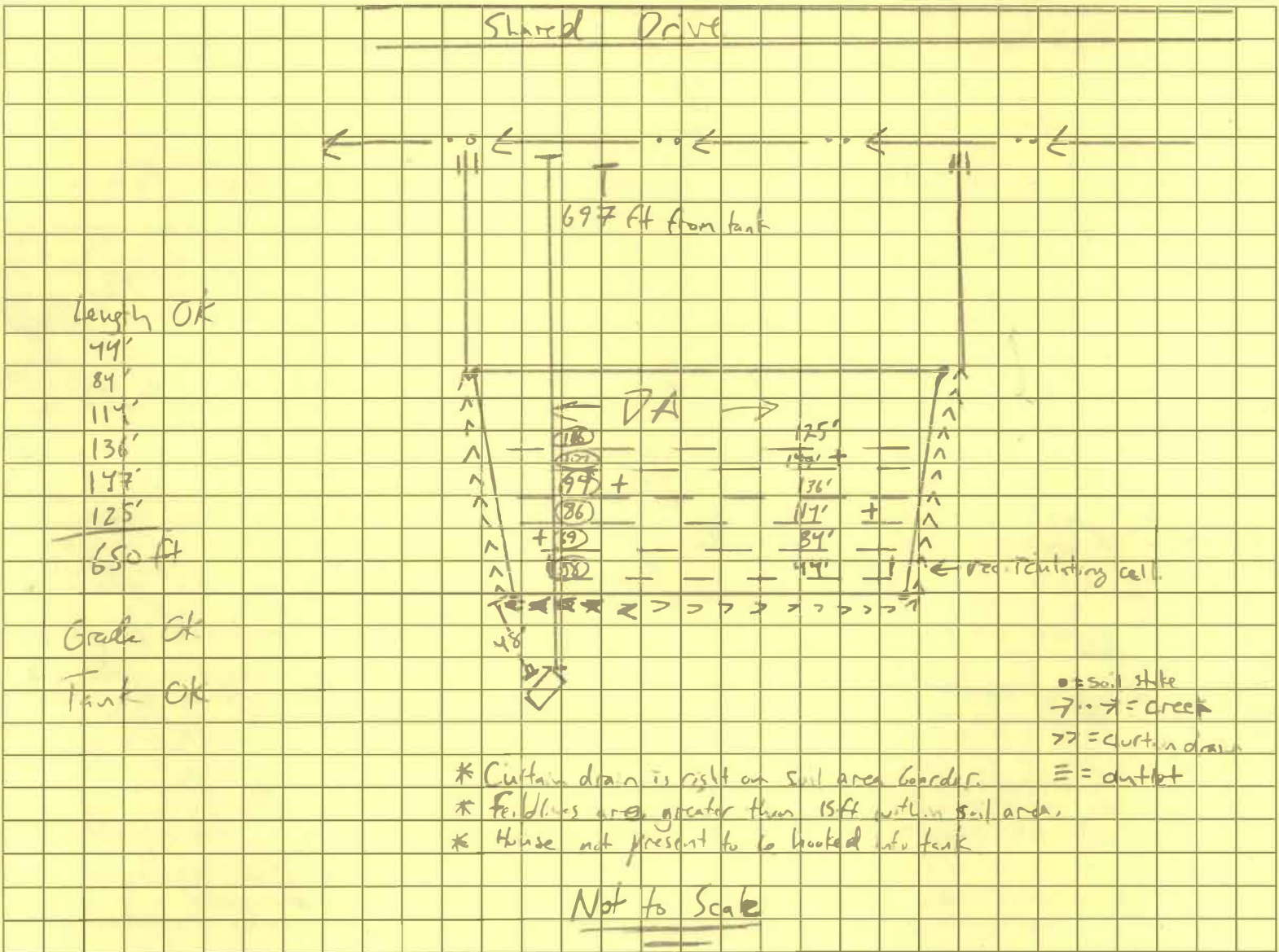


TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF WATER RESOURCES

Land-Based System Unit
 William R. Snodgrass – Tennessee Tower
 312 Rosa L. Parks Ave., 11th Floor
 Nashville, TN 37243-1102

CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: <u>Drew Rouse</u> Owner, Developer, Contractor, Installer, Etc.	Type of System <input checked="" type="checkbox"/> 1. Conventional <input type="checkbox"/> 2. Modified Conventional <input type="checkbox"/> 3. Conventional System Substitute <input type="checkbox"/> Chamber <input type="checkbox"/> Poly Expanded Styrene <input type="checkbox"/> Large Diameter Gravelless Pipe <input type="checkbox"/> Sand Backfill required <input type="checkbox"/> 4. Low Pressure Pipe <input type="checkbox"/> 5. Mound <input type="checkbox"/> 6. Lagoon <input type="checkbox"/> 7. Subsurface Drip System <input type="checkbox"/> 8. Other: _____
Location: <u>1181 Chicken Rd</u> <u>114.77 acres</u> <u>5 Bedroom</u>	Septic Tank <u>T-H</u> (type) <u>1500gal</u> (volume)
Parcel: <u>9.03</u> Map: <u>124</u>	Estimated Absorption Rate <u>75</u> (minutes per inch) <input checked="" type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> Other _____
	Installed by: <u>Redney</u>



Construction Approved by: Paul A. Ann ESII
 (Name and Title)

2/2/2017
 Date

Original - File

Copy - Owner



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Nashville, TN 37243-1102**

APPLICATION FOR WATER RESOURCES 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	\$ <u>500.00</u>	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	\$ _____		
_____ Conventional Construction Inspection.....	2,3,4,7,8,9	\$ _____	78064A	Yes
_____ System Modification.....	2,3,4,7,8,9	\$ _____	78030	
_____ Inspection Letter.....	2,3,5,7,8,9	\$ _____	78030	
_____ Certificate of Verification.....	2,3,4,7,8,9	\$ _____	78032	Yes
_____ Water Sample				
_____ Total Coliform.....	2,3,4,7,8,9	\$ _____	78036	Yes
_____ Fecal Coliform.....	2,3,4,7,8,9	\$ _____	78038	Yes
_____ Alternative System Permit*.....		\$ _____	78068	
_____ Large or Alternative Construction Inspection.....	2,3,4,7,8,9	\$ _____	78068A	Yes
_____ Large Conventional System Plan Review*.....		\$ _____	78090	
_____ Large or Alternative System Plan Review*.....		\$ _____	78090	
_____ Experimental System Plan Review*.....		\$ _____	78072	
_____ Subdivision Evaluation: Lots: _____ *.....		\$ _____	78084 (A,B,C)	
_____ Installer Permit: Type(s) _____ *.....		\$ _____	78026	Yes
_____ Pumper Permit *.....		\$ _____	78028	
_____ Domestic Septage Disposal Site Permit.....		\$ _____	78031	

*Applicant may review these service requests with a staff member prior to processing application.

2. **LANDOWNER:** Names: Drew Rouse **APPLICANT** Names: same **ORIGINAL OWNER** Name: _____
 Address: 571 Amber Drive Address: _____
mt. Juliet TN, 37122 Day Phone: _____
 Day Phone: 615-585-3633 Day Phone: _____

3. **LOCATION OF LOT OR SITE:** a) in a subdivision? _____ b) Name: _____ Lot # _____
 c) Non-Subdivision Give specific directions and address to the lot or site 1181 Chicken Rd.
 d) Tax Map 124 Parcel 9.03

4. **FOR SSDS PERMIT ONLY:** a) Size of lot 114.77 acres b) Number of Bedrooms 5
 c) How many occupants? 4 d) Excavated Basement? Yes _____ No _____
 e) Basement Plumbing Fixtures? Yes x No _____
 f) Amount of water used monthly (gallons) _____
 g) Water Supply: Public x Well x 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: Drew Rouse

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 wastewater "backing up" into plumbing fixtures? _____ Surfacing on the ground? _____
 f) All wastewater 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 TENNESSE.**

9. I certify that the above information is true and correct to the best of my knowledge; I have been authorized by the above named landowner to submit this application for Environmental Services to the Division of Water Resources.

DATE: 1/7/16 SIGNATURE: [Signature] AMOUNT PAID: \$ 500.00 RECEIPT NUMBER: _____