



# SUBSURFACE SEWAGE DISPOSAL SYSTEM PERMIT DISCLOSURE

1 Regarding: 7107 Wells Cemetery Rd Dickson TN 37055  
PROPERTY ADDRESS

2 **The owner of this residential property discloses the following:**

3  According to the subsurface sewage disposal system permit issued for this property, this property is permitted for 3  
4 (number of) bedrooms. A copy of the permit was obtained from the appropriate governmental permitting authority and  
5 is attached to this disclosure.

6  I/We have requested a copy of the subsurface sewage disposal system permit issued for this property from the  
7 appropriate governmental permitting authority. However, I/we were informed that

8  The file could not be located.

9 **OR**

10  A permit was not issued for this property.

11 As a result, I/we do not have any knowledge as to the number of bedrooms for which this property has been permitted.

12 **NOTE:** There may be additional information which may be of interest and/or concern to Buyers contained in the official file  
13 with the Tennessee Department of Environment and Conservation, Groundwater Protection division located in the  
14 county office regulating septic systems. This file may contain information concerning maintenance that has been done  
15 on the system as well as any violations imposed by the state. Buyers are encouraged to obtain this information and  
16 if of concern to them, to have a soil engineer interpret the contents of the file. Real estate licensees are not soil  
17 engineers and are not experts who can provide an interpretation of the contents of the official file.

18 The following parties have reviewed the information above and certify, to the best of their knowledge, that the information  
19 they have provided is true and accurate and acknowledge receipt of a copy:

20 The party(ies) below have signed and acknowledge receipt of a copy.

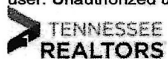
21 _____	_____
22 <b>BUYER</b>	<b>BUYER</b>
23 _____ at _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm	_____ at _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm
24 <b>Date</b>	<b>Date</b>

25 The party(ies) below have signed and acknowledge receipt of a copy.

26 <u>Mike Olin</u>	<u>Sally Olin</u>
27 <b>SELLER Mike Olin</b>	<b>SELLER Sally Olin</b>
28 <u>5/8/23</u> at _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm	<u>5/8/23</u> at _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm
29 <b>Date</b>	<b>Date</b>

*NOTE: This form is provided by Tennessee REALTORS® to its members for their use in real estate transactions and is to be used as is. By downloading and/or using this form, you agree and covenant not to alter, amend, or edit said form or its contents except as where provided in the blank fields, and agree and acknowledge that any such alteration, amendment or edit of said form is done at your own risk. Use of the Tennessee REALTORS® logo in conjunction with any form other than standardized forms created by Tennessee REALTORS® is strictly prohibited. This form is subject to periodic revision and it is the responsibility of the member to use the most recent available form.*

This form is copyrighted and may only be used in real estate transactions in which Mr. Chuck is involved as a Tennessee REALTORS® authorized user. Unauthorized use of the form may result in legal sanctions being brought against the user and should be reported to Tennessee REALTORS® at 615-321-1477.



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

Issued to: <u>Mike E Shorse Rudd</u> <small>Owner, Developer, Contractor, Installer, Etc.</small> Location: <u>Flunders Crk to Wells con.</u> <u>Rd. 1/8 mi on Rt.</u> Installation: <input checked="" type="checkbox"/> 1. New Installation <input checked="" type="checkbox"/> 2. Repair to Existing System Establishment: <input checked="" type="checkbox"/> 1. Residential: # Bedrooms <u>3</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 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 checked="" 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 type="checkbox"/> Other _____	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 Graveless Pipe <input type="checkbox"/> a. Sand backfill required <input type="checkbox"/> 6. Other _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

This system shall consist of a two compartment septic tank holding 1000 gallons, with 300 linear feet in 3 trenches, 36 inches wide and 24-30 inches deep. (Depth of gravel: 12 inches)

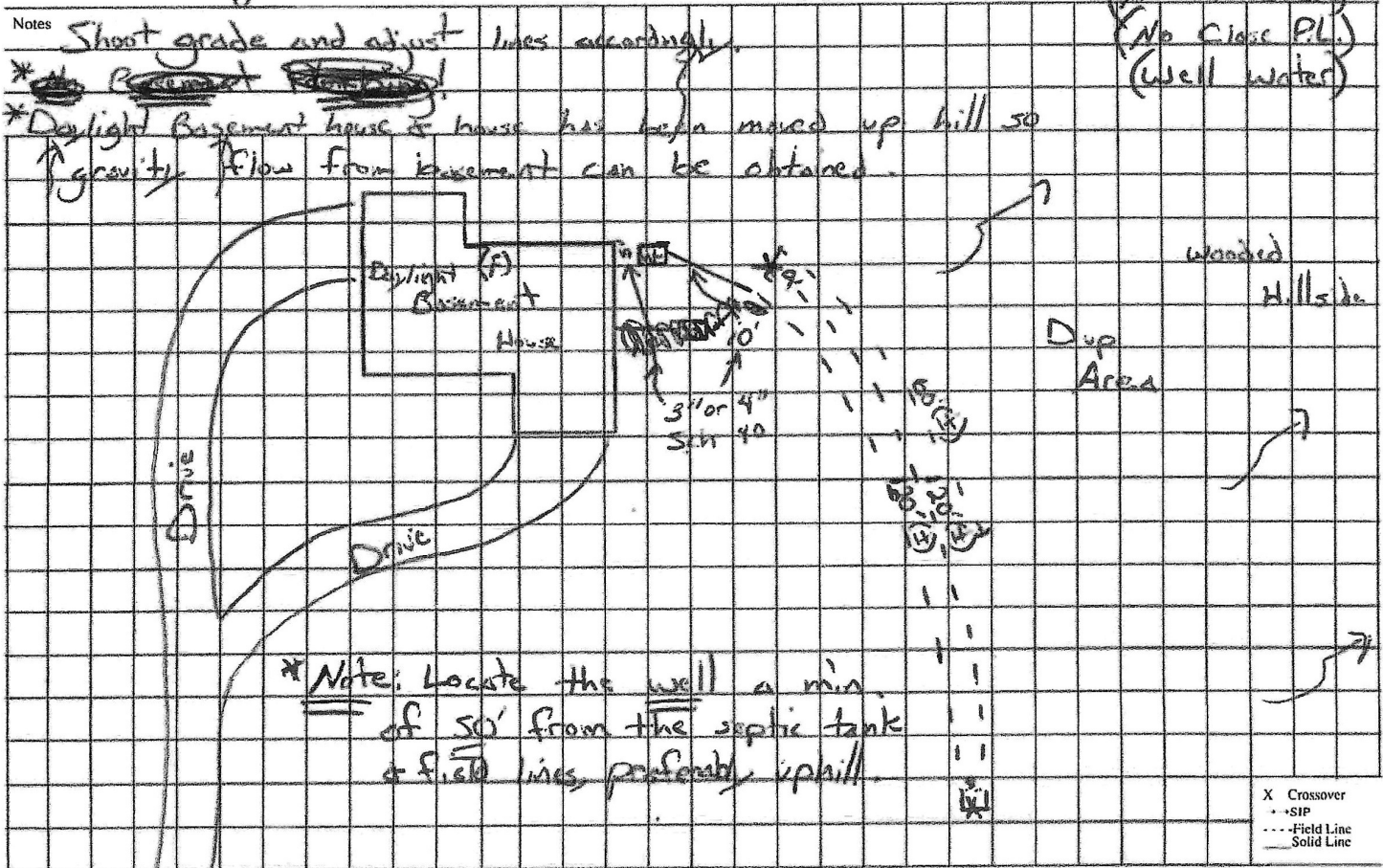
Also required:  
 1. Soil Improvement Practice (SIP)  
 2. Flow Diversion Valve  
 3. Sewage Pump  
 4. Other: \_\_\_\_\_

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.

X Robert Carter (Signature of Recipient) Date X 8/26/04  
 Issued at Centerville Tennessee, in Hickman County  
 By Jerry Beard, F.S.T.T. (Name and Title) Date 8-24-04 (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.



CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

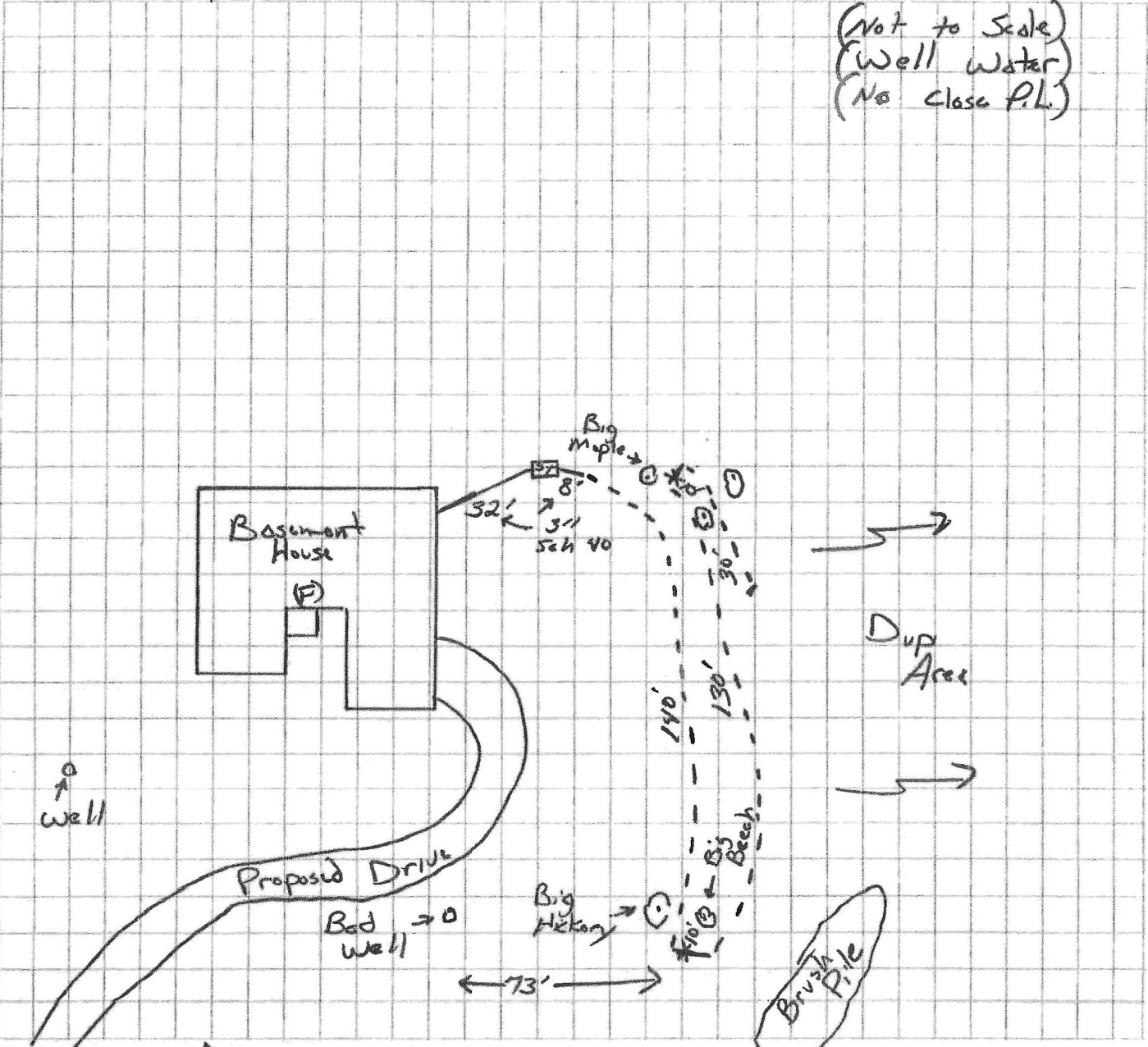
Issued to: Mike & Sherree Rudd  
Owner, Developer, Contractor, Installer, Etc.

Location: Plunders Crk. to Wells cemetery  
Rd. 1/2 mi on Rt

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 E-Z Flow 1401  
B-B 1000 Septic Tank  
(type) (volume)

Estimated Absorption Rate 45  
(minutes per inch)

New Installation  Repair  Other  
 Installed by: Lynn Campbell



Construction Approved By: Jerry Reenan ESTII  
(Name and Title)

5-4-05  
(date)



**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 checked="" type="checkbox"/> Dwelling .....	2, 3, 4, 7, 8, 9	\$ <u>200.00</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	\$ _____	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* .....		\$ _____	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: Jerry Christopher      **APPLICANT** Name: Mike & Sheree Rudd      **ORIGINAL OWNER** Name: \_\_\_\_\_  
 Address: 109 Jerry Lynn Dr. Hendersonville, TN.      Address: 2839 Hwy. 230 W. Nunnally, TN. 37137  
 Day Phone: \_\_\_\_\_      Day Phone: (615) 943-3075

3. **LOCATION OF LOT OR SITE:** a) In a subdivision? no      b) Name: \_\_\_\_\_ Lot # \_\_\_\_\_  
 b) Non-Subdivision  Give specific directions and address to the lot or site: Wells Cem. + Plunders Creek Rds, Dickson, Hickman Co., TN.

4. **FOR SDDS PERMIT ONLY:** a) Size of lot 8.39 Ac.      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? yes      If not, date it will be staked: \_\_\_\_\_ (partially staked)  
 Is the house staked? yes      If not, date it will be staked: \_\_\_\_\_  
 i) Installer, if known: Lynn Campbell

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: 8-17-04      SIGNATURE: Sheree Rudd      AMOUNT PAID: \$ 200.00      RECEIPT NUMBER #20550

White: File      Canary: Owner

**FEE SCHEDULE**

Evaluation for Conventional, LDGP or Chamber Septic System Permit

Repair  
 Inspection Letter  
 Subdivision Evaluation  
 Water Samples:  
 Total Coliform  
 Fecal Coliform

Soil Mapping:  
 General Intensity  
 High Intensity  
 Extra High Intensity  
 (Minimum is for each separate acre or part of acre to be mapped)

Alternative System Application Processing

Large Conventional or Large Alternative Plan Review  
 Experimental System Application Processing  
 Pumper Permit  
 Installer Permit

Plat Approval — Individual Lots

Domestic Septage Disposal Site Permit

\$200.00 up to 1000 gpd  
 \$100.00 for each additional 1000 gpd or portion thereof

\$None  
 \$200.00  
 \$ 40.00 per lot

\$ 50.00  
 \$ 100.00

\$ 80.00 per acre — \$ 80.00 minimum  
 \$130.00 per acre — \$130.00 minimum  
 \$200.00 per acre — \$200.00 minimum

\$300.00 up to 1000 gpd  
 \$150.00 for each additional 1000 gpm or portion thereof

\$600.00 per proposed system  
 \$500.00  
 \$200.00  
 \$200.00 for conventional, LDGP and chamber  
 \$100.00 for each alternative system

\$ 40.00 per lot

\$400.00

PTBMS SUPP/CODE  
 78066

78036P  
 78036P

78078  
 78040  
 78042

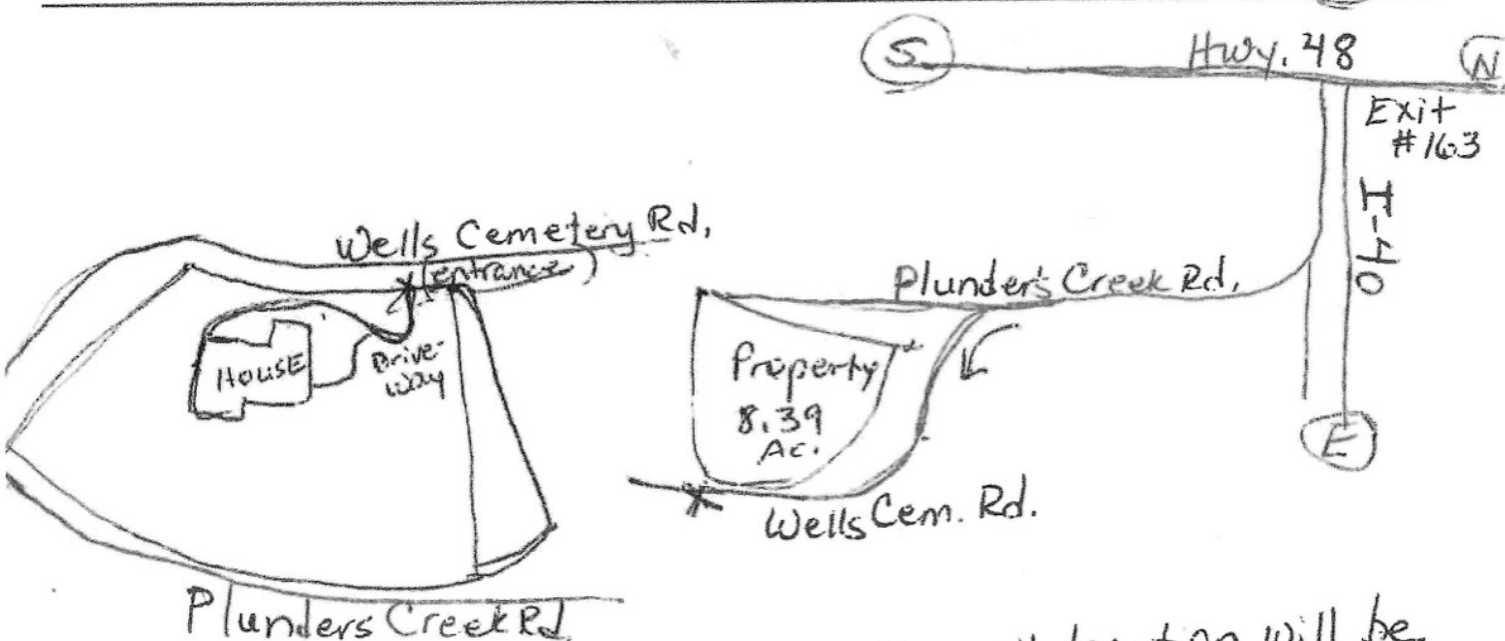
78071  
 78070

78080

78029

78031

**SKETCH**



The well location will be \*determined by septic location.

**Official Use:**

File Search  
 Absorption Rate \_\_\_\_\_ At Depth \_\_\_\_\_  
 Percolation Rate \_\_\_\_\_ At Depth \_\_\_\_\_  
 Other Requirements