



SUBSURFACE SEWAGE DISPOSAL SYSTEM PERMIT DISCLOSURE

1 Regarding: 816 Barker Branch Rd Del Rio Tn 37727
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 2
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.

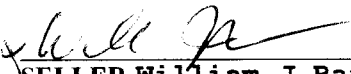
21 _____

22 **BUYER** **BUYER**

23 _____ at _____ o'clock am/ pm _____ at _____ o'clock am/ pm

24 **Date** **Date**

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

26 

27 **SELLER William J Barker** **SELLER**

28 12/10/2022 at 12:00 o'clock am/ pm _____ at _____ o'clock am/ pm

29 **Date** **Date**

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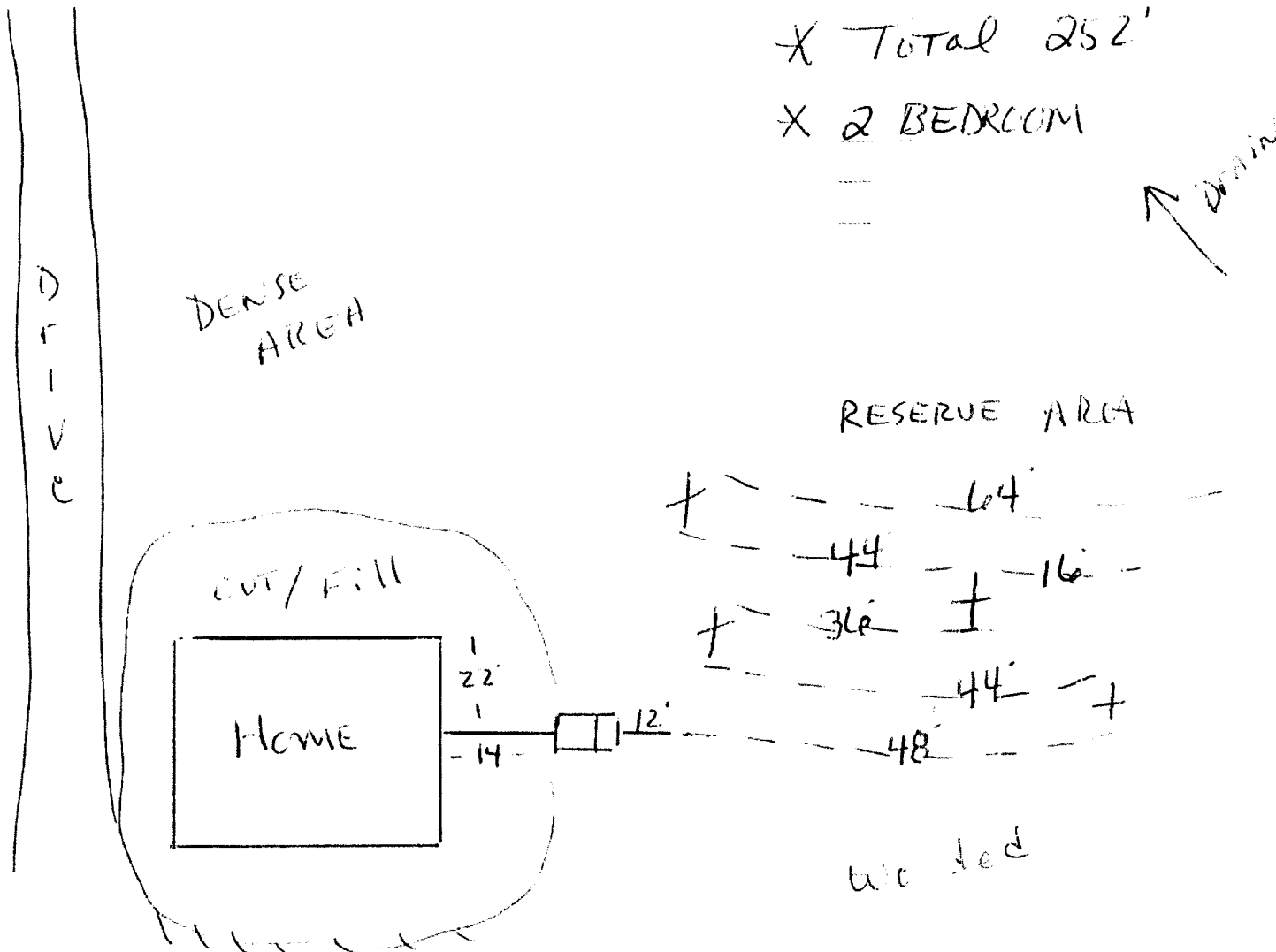
TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF WATER RESOURCES
 312 ROSA L. PARKS AVE., 11th FLOOR
 NASHVILLE, TN 37243

CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to Braker, William
 Owner, Developer, Contractor, Installer, Etc.

Location 814 Baker Branch

Type of System
 1. Conventional
 2. Low Pressure Pipe
 3. Mound
 4. Lagoon
 5. Large Diameter Gravelless Pipe
 (a) Sand backfilled required Yes () No ()
 6. Other 2 Chamber
Naillon 1000 Septic Tank
 (type) (volume)
 Estimated Absorption Rate 75
 (minutes per inch)
 New Installation Repair Other
 Installed by: ERIC Naillon



X Total 252'

X 2 BEDROOM

Construction Approved by:

Brian Murphy
 (Name and Title)

8-02-2017
 (Date)



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

PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: <u>BARKER, William</u> (Owner, Developer, Contractor, Installer, etc.) Location: <u>816 Barker Branch 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) Gals/Day _____	Evaluation Based Upon: <input checked="" 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. DWR/LBS Staff Member <u>75</u> Estimated Absorption Rate: _____ MPI	Type of System <input checked="" type="checkbox"/> 1. Conventional <input type="checkbox"/> 2. Modified Conventional <input checked="" type="checkbox"/> 3. Conventional System Substitute <input checked="" type="checkbox"/> Chamber <input checked="" type="checkbox"/> Poly Expanded Styrene <input checked="" type="checkbox"/> Large Diameter Gravelless Pipe <input checked="" type="checkbox"/> 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: _____
	Approval based upon: Statute No.: T.C.A. §68-271-403 <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 (open only) <input checked="" type="checkbox"/> Other <u>Current Standards</u>	

This system shall consist of a two compartment septic tank holding 750¹ gallons with 250 linear feet in 4¹ trenches, 18 3/4 inches wide and 24-34 inches deep. (Depth of gravel: 12 inches)

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

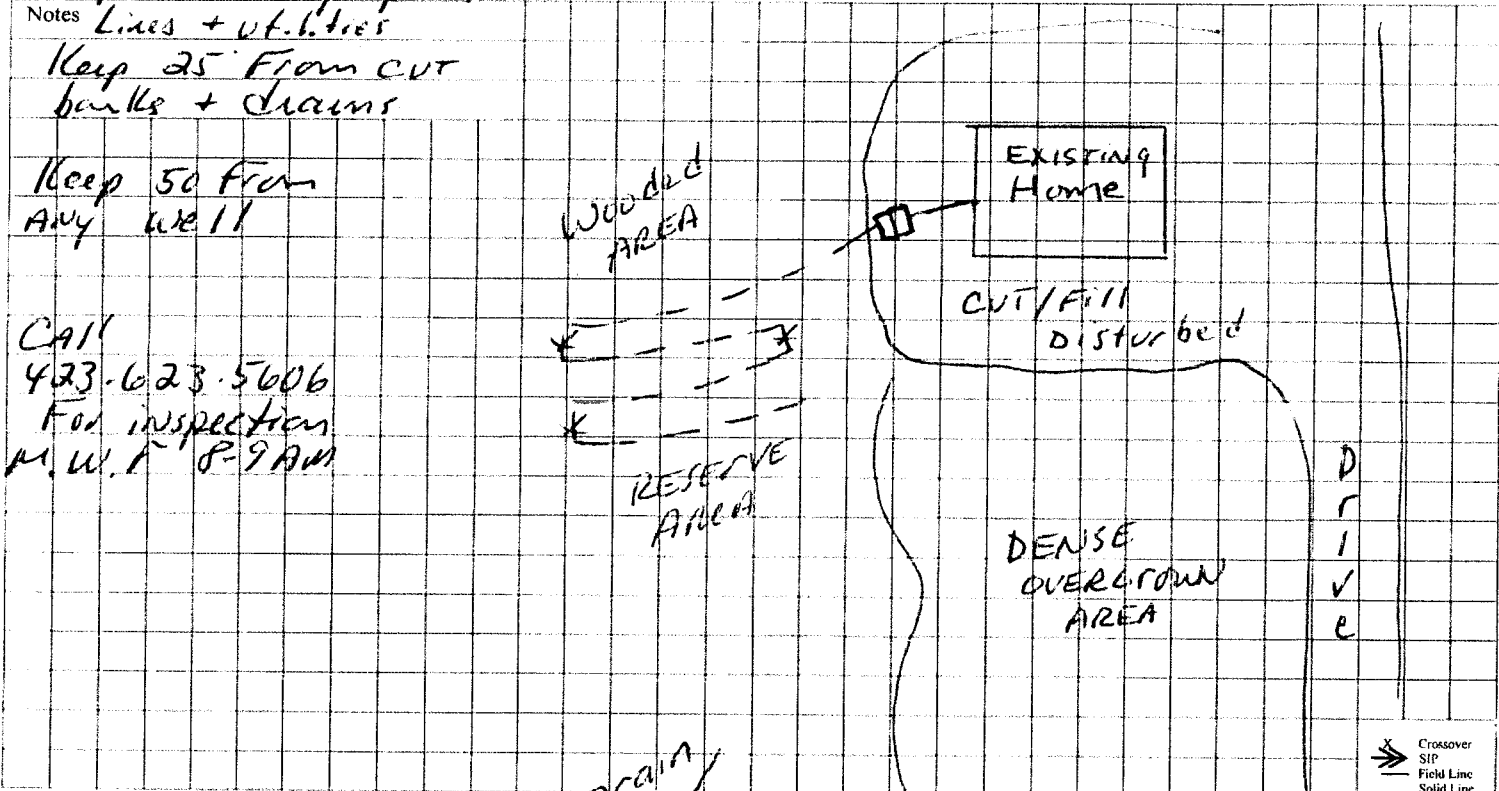
All installers of subsurface sewage disposal systems must hold a valid annual license from the Tennessee Department of Environment and Conservation

The recipient of this permit agrees to construct or have constructed the above described system in accordance with T.C.A. §68-401 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 condition on the aforementioned property after this day may render this approval null and void.

Signature of Recipient: [Signature] Date: 7/25/17
 Issued at: Newport Tennessee, in: Cokeville
 by: Bill Murphy (Name and Title) Date: 6-30-17 (Date of Issue)

- * Keep 10' From property Lines + ut. lines
- * Keep 25' From cut banks + drains
- * Keep 50' From Any well
- * Call 423-623-5606 For inspection M, W, F 8-9 AM

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





TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES

Land-Based Systems Unit
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Ave., 11th Floor
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	\$.....	78064	Yes
<input type="checkbox"/> Commercial bpd.....	.....2,3,4,7,8,9	\$.....	78064	Yes
<input type="checkbox"/> System Modification.....	.....2,3,4,7,8,9	\$.....	78064	Yes
<input type="checkbox"/> Repair.....	.....2,3,4,7,8,9	\$.....		
<input type="checkbox"/> Conventional Construction Inspection.....	.....2,3,4,7,8,9	\$.....	78064A	Yes
<input type="checkbox"/> System Modification.....	.....2,3,4,7,8,9	\$.....	78030	
<input type="checkbox"/> Certificate of Verification.....	.....2,3,4,7,8,9	\$.....	78032	Yes
<input type="checkbox"/> Water Sample				
<input type="checkbox"/> Total Coliform.....	.....2,3,4,7,8,9	\$.....	78036	Yes
<input type="checkbox"/> Fecal Coliform.....	.....2,3,4,7,8,9	\$.....	78038	Yes
<input type="checkbox"/> Alternative System Permit*.....		\$.....	78068	
<input type="checkbox"/> Large or Alternative Construction Inspection.....	.....2,3,4,7,8,9	\$.....	78068A	Yes
<input type="checkbox"/> Large Conventional System Plan Review*.....		\$.....	78090	
<input type="checkbox"/> Large or 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 _____*		\$.....		Yes
<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	

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

2. LANDOWNER: William Barker APPLICANT: Big Barker Braehead ORIGINAL OWNER: _____
 Names: _____ Names: _____ Names: _____
 Address: 244 Byrd Rd Address: 816 Barker Braehead
Crescent City FLA Del Rio 37727
 Day Phone: 423 613 0756 3212 Day Phone: Cell 386 279 2161

3. LOCATION OF LOT OR SITE: a) in a subdivision? NO b) Name: _____ Lot # _____
 c) Non-Subdivision _____ Give specific directions and address to the lot or site _____
 d) Tax Map C 88 Parcel 628.00

4. FOR SSDS PERMIT ONLY: a) Size of lot _____ b) Number of Bedrooms 2
 c) How many occupants? 1 d) Excavated Basement? Yes _____ No X
 e) Basement Plumbing Fixtures? Yes _____ No X
 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: _____

CALL 423-613-0756
1st then cell.

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 TENNESSEE~~ COCKE COUNTY CLERK

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: 4/12/17 SIGNATURE: Wal J AMOUNT PAID: 525.00 RECEIPT NUMBER: CO15-1924