



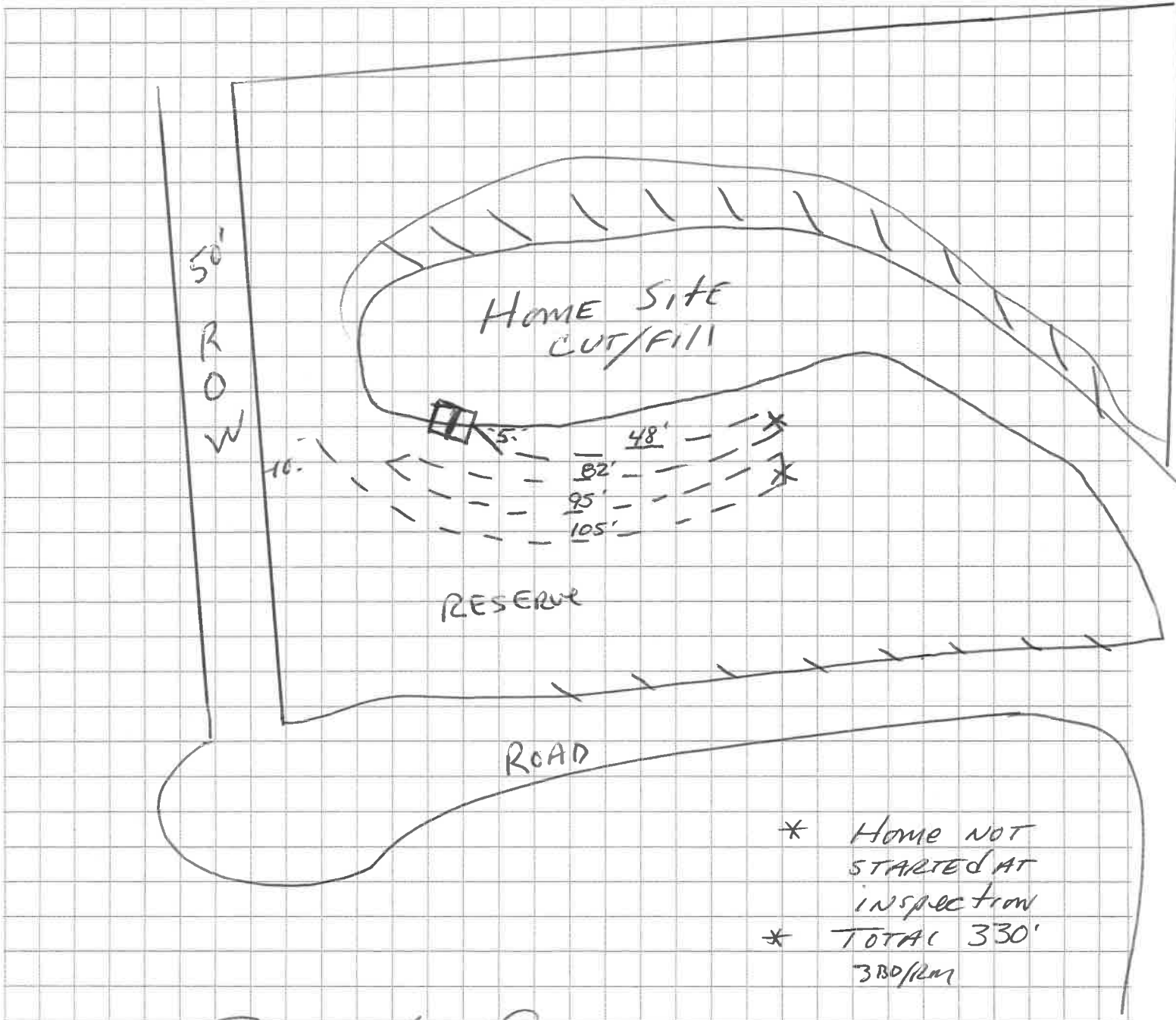
CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: LEVAN, DAN
Owner, Developer, Contractor, Installer, Etc.

Location: Rocky Top EST
LOT 24

220 Kiowa Way

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 NAILON 900 Gal Septic Tank
 (type) (volume)
 Estimated Absorption Rate 60
 (minutes per inch)
 New Installation () Repair () Other
 Installed by: TONY phillips



Construction Approved By:

Brian Murphy ESQA
(Name and Title)

6-27-07
(date)



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
APPLICATION FOR GROUND WATER PROTECTION SERVICES**

1. SERVICE REQUESTED: (check service)	APPLICANT COMPLETE QUESTIONS:	FEES DUE	PTBMS 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>250.00</u>	78064	Yes
<input checked="" type="checkbox"/> 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	\$ _____		
Inspection Letter	2, 3, 5, 7, 8, 9	\$ _____	78030	
Certificate of Verification	2, 3, 5, 7, 8, 9	\$ _____	78032	Yes
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: TONY + TRACY BERRY Address: 478 BRIGANTON RD MILLERSVILLE MD 21108 Day Phone: _____
APPLICANT Name: DAN LEVAN Address: 124 SELMA LN LAFOLLETTE TN 37766 Day Phone: 937-210-2284
ORIGINAL OWNER Name: GARY SPAN

3. **LOCATION OF LOT OR SITE:** a) In a subdivision? YES b) Name: ROCKY TOP ESTATES Lot # 2A
 b) Non-Subdivision _____ Give specific directions and address to the lot or site: _____

4. **FOR SSDS PERMIT ONLY:** a) Size of lot 2 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: _____
 Is the house staked? NO 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 _____
 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: 5-23-07 SIGNATURE: [Signature] AMOUNT PAID: \$ 250.00 RECEIPT NUMBER COU-15-0182

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

Issued to: <u>LeVan, Dan</u> <small>Owner, Developer, Contractor, Installer, Etc.</small> Location: <u>Rocky Top Est Lot 24</u> <u>220 Kiowa way</u> <u>Del Rio, TN</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>3</u> <input type="checkbox"/> 2. Other: _____ (specify) Gal/Day _____	Evaluation Based Upon: <input checked="" type="checkbox"/> 1. Soil typing by Soil Scientist <input checked="" 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 type="checkbox"/> 3. Environmental Specialist Estimated Absorption Rate: <u>60 to 38"</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 checked="" type="checkbox"/> 5. Large Diameter Graveless Pipe <input type="checkbox"/> a. Sand backfill required <input checked="" type="checkbox"/> 6. Other _____
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This system shall consist of a two compartment septic tank holding 900 gallons, with 330 linear feet in 3+ trenches, 36 inches wide and 24-38 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.

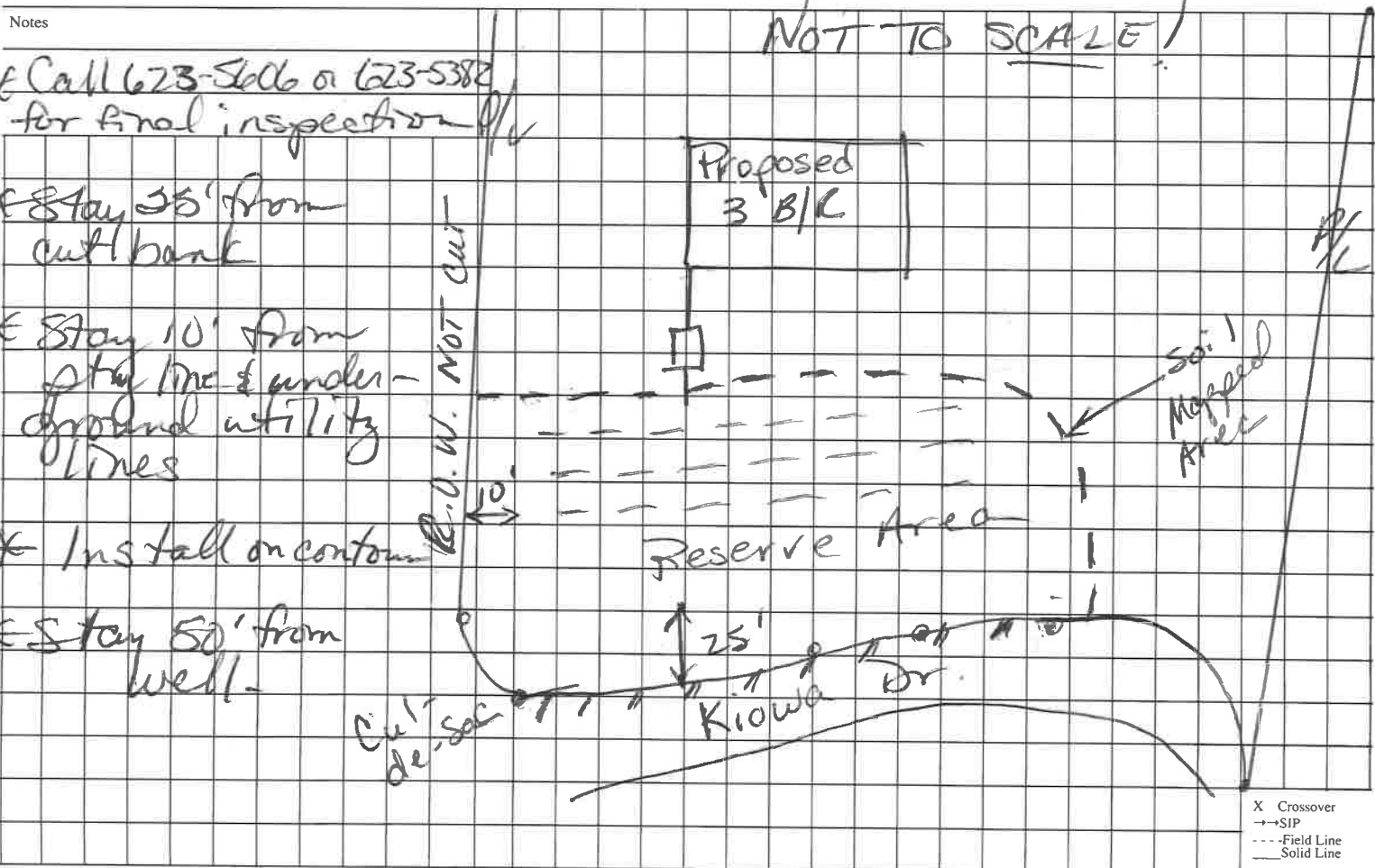
The recipient of this permit agrees to construct or have constructed the above described system in accordance with T.C.A. 68-221-401 et. seq. and The Regulations To Govern Subsurface Sewage Disposal Systems. If any part of the system is covered before being inspected and approved, it shall be uncovered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

 (Signature of Recipient) Date _____

Issued at Newport Tennessee, in Cocke County

By Barbara Scott Date 5/25/07
 (Name and Title) (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.

Cocke County
Emergency Communications District (E-911)
145 Mineral Street
Newport, Tennessee 37821

Kathy Cody, Director
Crystal Ottinger, Assistant Director
E-mail: cocke911@planetcc.com

Office: 423-623-5978
Fax: 423-623-4071

Change of Address Form

Date: May 2, 2007

Re: *Newport Utilities, Health Department and Post Office*

Resident: _____

Address: 230 Kiowa Way City: Del Rio Zip: 37727

Property Owner Tracy/Tony Berry Phone#: _____

Tax Map#: 59 Parcel #: _____ Lot #: 24

Address is for: House Mobile Home _____ Business _____ Temporary Pole _____ Barn/Garage _____

Please take this form with you to the Newport Utilities for electric/water and Health Department for your septic tank permit. You will also need to contact the Post Office in order to establish mail service, new 911 addressees must contact the appropriate Post Office to discuss proper and correct placement of your mailbox. Please do so prior to erecting your mailbox. For your convenience, we have listed the Post Office phone numbers:

- | | | |
|----------------------------|--|----------------------------------|
| _____ Newport 423-623-6136 | <u> </u> Del Rio 423-623-6082 | _____ Cosby 423-487-2421 |
| _____ Bybee 423-623-5605 | _____ Hartford 423-487-2180 | _____ Parrottsville 423-623-5500 |

The 911 Office requires that you place house numbers at least 3" on your home visible from your driveway, failure to place your house number could result in a fine of five dollars per day from the 911 Office. If your home will not be in sight of the start of your driveway, please post your house number on a post or sign at the start of your driveway.

Failure to bring this form with you to the Newport Utilities, Health Department or contacting the Post Office could result in a delay for services. In effort to provide better emergency service these service providers are working with us to assure correct addressing. If you should have any questions or need further assistance please don't hesitate to call.

Thank you,
