



SUBSURFACE SEWAGE DISPOSAL SYSTEM PERMIT DISCLOSURE

1 Regarding: 325 Oak Hammock Lane Parrottsville Tn 37843
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**

_____ at _____ o'clock am/ pm
Date

_____ at _____ o'clock am/ pm
Date

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

26 Hiram Fewox
27 **SELLER** Hiram Fewox

_____ Betty A. Fewox
SELLER Betty A. Fewox

28 6-28-24 at 12:4 o'clock am/ pm
29 **Date**

6-28-24 at 12:45 o'clock am/ pm
Date

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 Donna Fabrikant 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.





CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: ARD Coast
Owner, Developer, Contractor, Installer, Etc.

Location: Lot #30 Clear Creek Ec

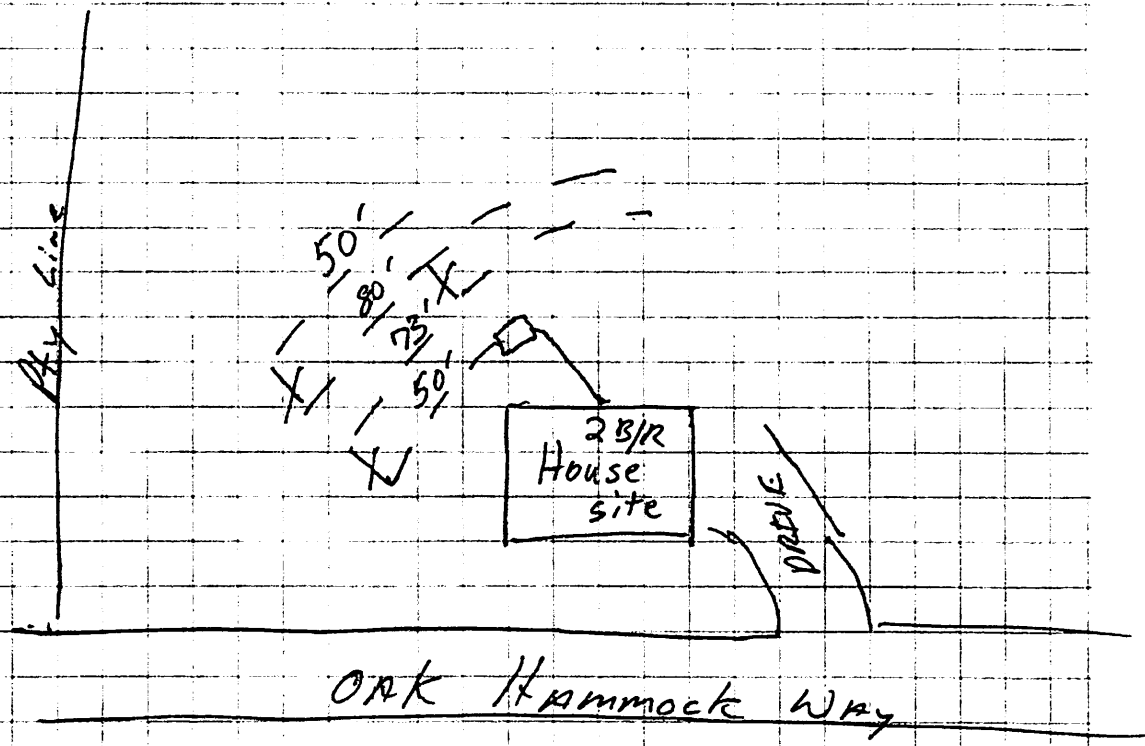
Type of system
 1. Conventional
 2. Low Pressure Pipe
 3. Mound
 4. Lagoon
 5. Large Diameter Gravelless Pipe
(a) Sand backfill required Yes () No ()
 6. Other _____
(type) Nailon (volume) 1000 Septic Tank

Estimated Absorption Rate 80
(minutes per inch)

New Installation Repair Other

Installed by: ARRY GROOMS

note: House not started.



Construction Approved By: Ben Harris ESI 5-16-02
(Name and Title) (date)

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

Issued to: <u>ARD Construction</u> Owner, Developer, Contractor, Installer, Etc. Location: <u>lot 30 Clear Creek Est. Drive II</u>	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 checked="" type="checkbox"/> 2. Soil Percolation Test <input checked="" type="checkbox"/> 3. Environmental Specialist Estimated Absorption Rate: <u>80</u> MPI	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 Gravelless Pipe <u>Gravel Backfill</u> <input checked="" type="checkbox"/> a. Sand backfill required <input type="checkbox"/> 6. Other
	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) Gal/Day _____	Approval based upon: Statute No. <u>T.C.A. 68-221-403</u> <input checked="" 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 (repair only) <input type="checkbox"/> Other _____

This system shall consist of a two compartment septic tank holding 750 gallons, with 253 linear feet in 4-6 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.

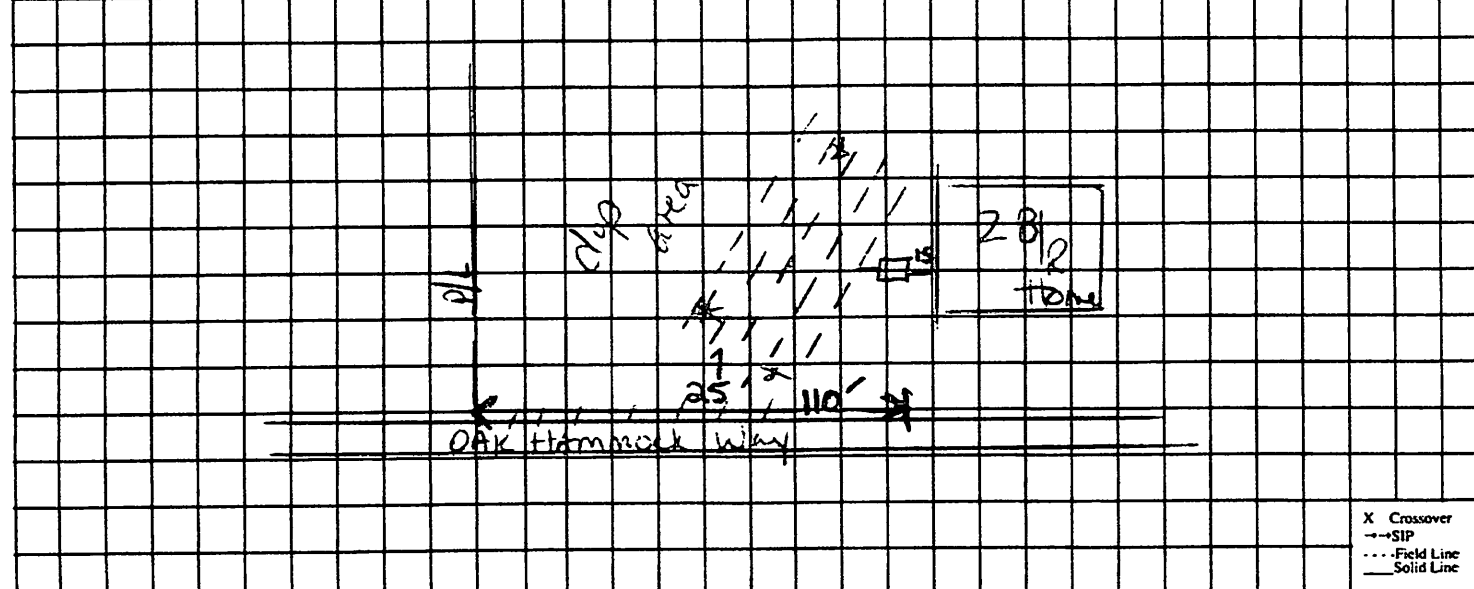
 (Signature of Recipient) Date 9/17/01
 Issued at Newport Tennessee, in Cocke County
 By Shelby Weston Date 9/14/01
 (Name and Title) (Date of Issue)

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

Notes: Note: location of field-line area from left pt. is 110'. Field-line location is designated by shaded area on plat.

Note: 30" depth restriction for field-lines
Stay 25' from any out bank, driveway, don't cut etc.

Call 623 8871 for inspection
- Stay 10' from pt. + water lines
- Install on contour



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			
<input checked="" type="checkbox"/> Dwelling.....	2, 3, 4, 7, 8, 9	\$ _____	78064 Yes
<input type="checkbox"/> Commercial: gpd.....	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	\$ _____	78032
<input type="checkbox"/> Inspection Letter.....	2, 3, 5, 7, 8, 9	\$ _____	78030
<input type="checkbox"/> Water Sample			
<input type="checkbox"/> Total Coliform.....	2, 3, 6, 7, 8, 9	\$ _____	78036 Yes
<input type="checkbox"/> Fecal Coliform.....	2, 3, 6, 7, 8, 9	\$ _____	78038 Yes
<input type="checkbox"/> Alter [redacted] MCO: _____		\$ _____	78068
<input type="checkbox"/> Larg [redacted] NAME: CONSTRUCTION, ARD- _____		\$ _____	78099
<input type="checkbox"/> Larg [redacted] DOB _____ RC SEX _____		\$ _____	78099
<input type="checkbox"/> Expe [redacted] YRS: 0 MON: 0 DAYS: 0 -423-613-8352		\$ _____	78072
<input type="checkbox"/> Subr [redacted] ADDR: 3180 HWY 321		\$ _____	
<input type="checkbox"/> Soil [redacted] CITY: PARROTTSVILLE TN 37843		\$ _____	Yes
<input type="checkbox"/> Instz _____		\$ _____	78026 Yes
<input type="checkbox"/> Pum _____		\$ _____	78028
<input type="checkbox"/> Plat _____		\$ _____	78029
<input type="checkbox"/> Domestic Septage Disposal One Permit.....		\$ _____	78031

*Applicant may review these service requests with Environmental Specialist prior to processing application.

2. LANDOWNER: Names: HIRAM FEWOX Address: 107 AZALEA CT KINGSLAND GA 31508 Day Phone: 912-729-1459

APPLICANT Name: ARD CONSTRUCTION Address: 3180 HWY 321 PARROTTSVILLE, TN 37843 Day Phone: 423-613-8352

ORIGINAL OWNER Name: _____

3. LOCATION OF LOT OR SITE: a) In a subdivision? YES b) Name: CLEAR CREEK II Lot # 30

b) No [redacted] Give specific directions and address to the lot or site: _____

4. FOR SDDS PERMIT ONLY: a) Size of lot 1.5 ACRES b) Number of Bedrooms 2

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? YES If not, date it will be staked: _____

i) Installer, if known: _____

CALL TO MEET AT SITE
613-8352 or 487-3880

325 Oak Hammock
Way
Parrottsville
TN

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 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: 9/11/01 SIGNATURE: [Signature] AMOUNT PAID: \$ 200.00 RECEIPT NUMBER 21474

White: File Canary: Owner