



SUBSURFACE SEWAGE DISPOSAL SYSTEM PERMIT DISCLOSURE

Regarding: 881 Eagle Mountain Rd Granville TN 38564-5010
PROPERTY ADDRESS

The owner of this residential property discloses the following:

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

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

☐ The file could not be located.

OR

☐ A permit was not issued for this property.

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

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

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

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

BUYER

Date _____ at _____ o'clock ☐ am/ ☐ pm

BUYER

Date _____ at _____ o'clock ☐ am/ ☐ pm

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

Kendra Bryant
SELLER Kendra Bryant

10/8/15 at 5:00 o'clock ☐ am/ ☒ pm
Date

SELLER

Date _____ at _____ o'clock ☐ am/ ☐ pm

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TENNESSEE DEPARTMENT
APPLICATION FOR GROUND WATER PROTECTION

CHARTER NONE 04401
DATE 03/28/07 PAYOR 1 6
NAME SIGMUND MATTHEW 2
DOB 01/01/01 RC SEX
YRS 0 MON 0 DAYS 0 PLAN:
ADDR: 14104 CROWNE BROOK CR
CITY: FRANKLIN TN 37067
615-419-0000

1. SERVICE REQUESTED: (check service)

<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	\$		
<input type="checkbox"/> Repair	2, 3, 4, 7, 8, 9	\$		
<input type="checkbox"/> Inspection Letter	2, 3, 5, 7, 8, 9	\$	78030	
<input type="checkbox"/> Certificate of Verification	2, 3, 5, 7, 8, 9	\$	78032	Yes
<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"/> Alternative System Permit*		\$	78068	
<input type="checkbox"/> Large Conventional System Plan Review*		\$	78090	
<input type="checkbox"/> Large 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 Environmental Specialist prior to processing application.

2. LANDOWNER:

Names: MATTHEW R. SIGMUND

APPLICANT

Name: SAME

ORIGINAL OWNER

Name: _____

Address: 14104 CROWNE BROOK CR

Address: _____

FRANKLIN, TN 37067

Day Phone: 615 419-0000

Day Phone: _____

3. LOCATION OF LOT OR SITE: a) In a subdivision? _____ b) Name: _____ Lot # _____

b) Non-Subdivision ☒ Give specific directions and address to the lot or site: LOT 21 FACILITY RD GRANVILLE

4. FOR SDDS PERMIT ONLY: a) Size of lot 20+ ACRES 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: 4/1/07

i) Installer, if known: CARRIE M. BOWEN

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: 3/28/07 SIGNATURE: [Signature]

AMOUNT PAID: \$ 250

RECEIPT NUMBER 30934

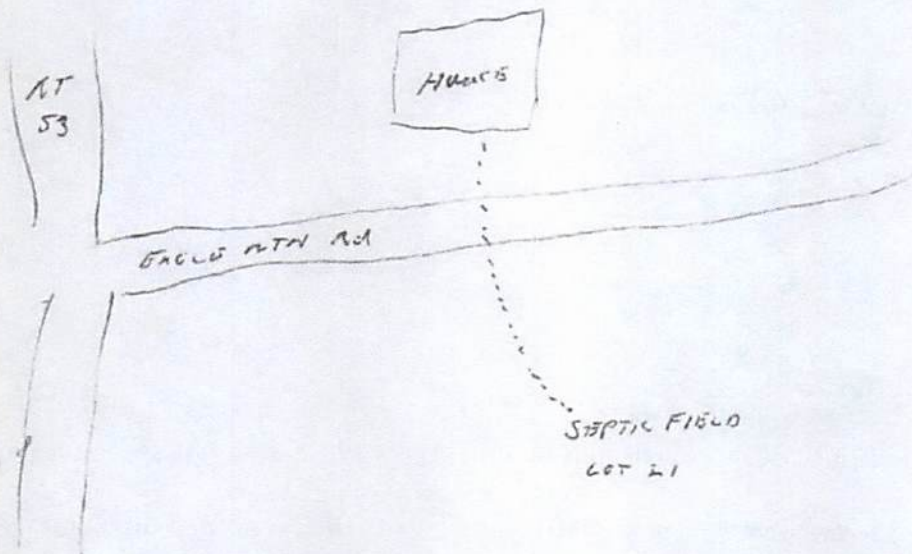
White: File

Canary: Owner

FEE SCHEDULE

		PTBMIS SUPP/CODE
Evaluation for Conventional, LDGP or Chamber Septic System Permit	\$250.00 up to 1000 gpd	
	\$100.00 for each additional 1000 gpd or portion thereof	78066
Repair	\$None	
Inspection Letter	\$200.00	
Subdivision Evaluation	\$ 65.00 per lot	
Water Samples:		
Total Coliform	\$ 115.00	78036P
Fecal Coliform	\$ 215.00	78036P
Soil Mapping:		
General Intensity	\$ 80.00 per acre — \$ 80.00 minimum	78078
High Intensity	\$200.00 per acre — \$200.00 minimum	78040
Extra High Intensity	\$250.00 per acre — \$250.00 minimum	78042
(Minimum is for each separate acre or part of acre to be mapped)		
Alternative System Application Processing	\$300.00 up to 1000 gpd	78071
	\$150.00 for each additional 1000 gpm or portion thereof	78070
Large Conventional or Large Alternative Plan Review	\$600.00 per proposed system	
Experimental System Application Processing	\$500.00	
Pumper Permit	\$200.00	
Installer Permit	\$200.00 for conventional, LDGP and chamber	
	\$100.00 for each alternative system	78080
Plat Approval — Individual Lots	\$ 65.00 per lot	78029
Domestic Septage Disposal Site Permit	\$400.00	78031
Certificate of Verification	\$100.00	78032

SKETCH



Official Use:

File Search _____
 Absorption Rate _____ At Depth _____
 Percolation Rate _____ At Depth _____
 Other Requirements _____

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

Issued to: <u>Walt Sigmund</u> Owner, Developer, Contractor, Installer, Etc. Location: _____ 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 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: _____ MPI 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	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 Gravelless Pipe <input type="checkbox"/> a. Sand backfill required <input type="checkbox"/> 6. Other _____ <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 _____
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This system shall consist of a two compartment septic tank holding 900 + gallons, with 37.5 linear feet in as needed 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.

Issued at _____ Date _____
 (Signature of Recipient) Gainesboro Tennessee, in Jackson County
 By John Wil E.S. III Date 3-30-07
 (Name and Title) (Date of Issue)

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

Notes <u>For final inspection</u> <u>call 268-3473 between</u> <u>8:00 a.m. Tues-Wed-Friday</u> <u>Shoot grades and</u> <u>adjust field lines</u> <u>to the contour</u> <u>of the ground</u> <u>Keep each line 10 feet</u> <u>from water line and</u> <u>50 feet from wells</u> <u>Install field lines 10 feet</u> <u>from property lines and</u> <u>structures</u> <u>Protect Reserve Area</u>	
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This is a permit to construct and is not intended to imply approval of any work proposed or completed on this lot.

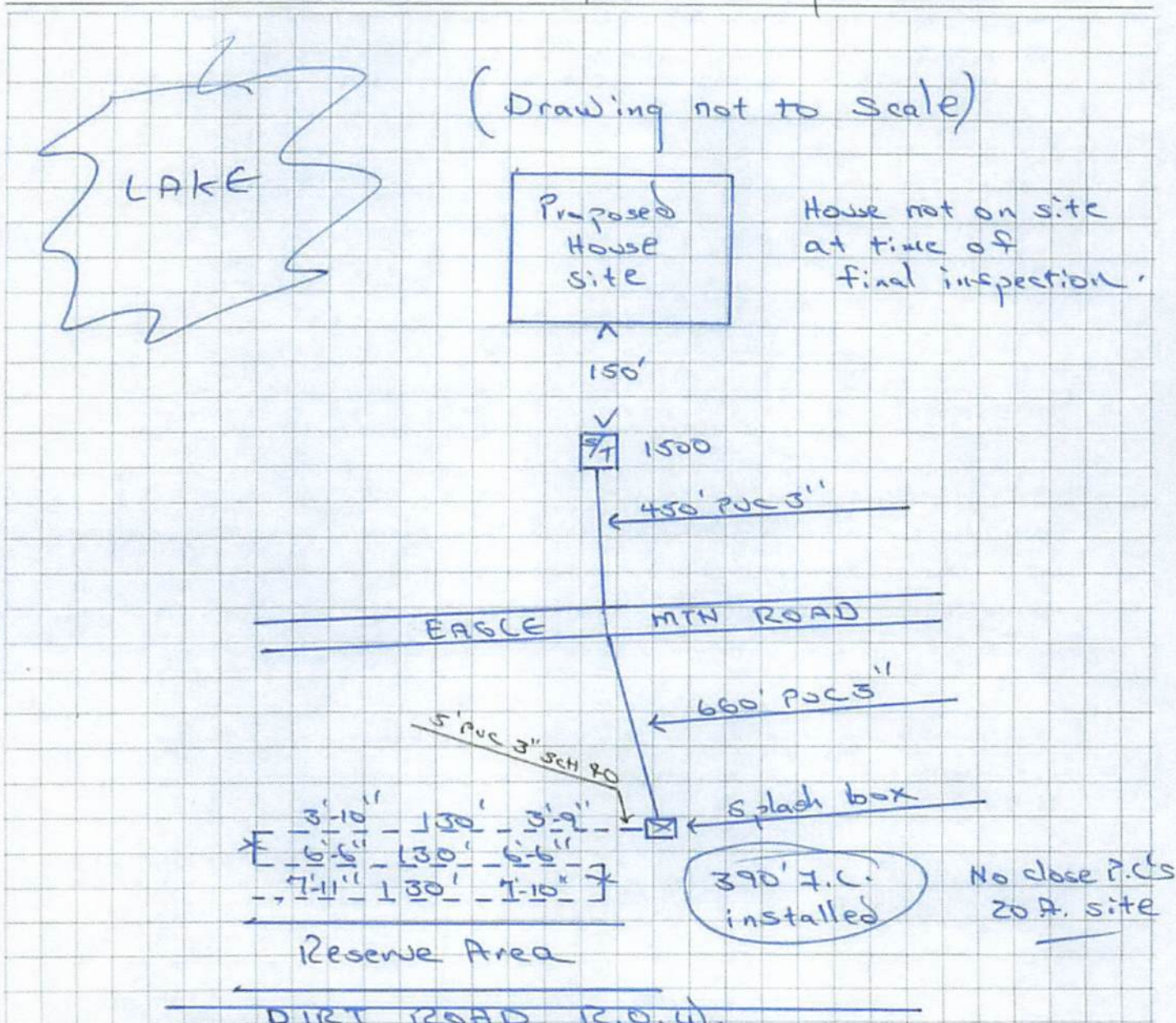




CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: Matt Sigmund
 Owner, Developer, Contractor, Installer, Etc.
 Location: Eagle Mtn RD

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) _____ (volume) CUM - 1500 GAL. Septic Tank
 Estimated Absorption Rate Perk-76
 (minutes per inch)
☐ New Installation ☐ Repair ☐ Other
 Installed by: Barry Meadows



Construction Approved By:

Jack Wal ES. III
 (Name and Title)

4-10-07
 (date)

