



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES**

PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

<p>Issued to: <u>Daniel Sellars</u></p> <p>Location: County: <u>Rutherford</u> Address: <u>706 Buford St</u> City: <u>Smyrna</u> Subdivision: <u>Bell Meade Block L</u> Lot #: <u>27</u></p> <p>Map: <u>049</u> Group: <u>J</u> Parcel: <u>016.00</u></p>	<p>Evaluation Based Upon:</p> <p><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 type="checkbox"/> 3. Environmental Scientist</p> <p>Estimated Absorption Rate: <u>80</u> MPI</p>	<p>Type of System:</p> <p><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"/> Expanded Polystyrene <input checked="" type="checkbox"/> Large Diameter Gravelless Pipe Gravel backfill in a 24 in. wide trench required? <u>Yes</u></p> <p><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: _____</p>
<p>Installation:</p> <p><input checked="" type="checkbox"/> 1. New Installation <input type="checkbox"/> 2. Repair to Existing System <input type="checkbox"/> 3. System Modification <input type="checkbox"/> 4. Large System</p>	<p>Approval Based Upon: State No. T.C.A. 68-221-403</p> <p><input checked="" type="checkbox"/> (c) Percolation Test <input checked="" 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"/> (m) 3rd Party Permit Package</p> <p><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"/> Current Standards <input type="checkbox"/> Other: _____</p>	
<p>Establishment:</p> <p><input checked="" type="checkbox"/> 1. Residential: # Bedrooms <u>1</u> <input type="checkbox"/> 2. Other: _____ Gal/Day: _____</p>	<p>The system shall consist of a two-compartment septic tank holding <u>750</u> (min) gallons, with <u>127</u> linear feet in <u>2+</u> trenches, <u>36</u> inches wide and <u>24</u> (min) to <u>24</u> (max) inches in depth. (Depth of gravel: <u>12</u> inches)</p> <p>SIP Depth (in): _____ SIP Length (ft): _____</p> <p>SIP Comments:</p> <p>General Comments: No duplication area required. See permit sketch for more details Call for questions and final inspection 615-762-5153</p>	
<p>Also Required:</p> <p><input type="checkbox"/> 1. Soil Improvement Practice (SIP) <input type="checkbox"/> Curtain Drain <input type="checkbox"/> Drawdown Drain <input type="checkbox"/> Interceptor Drain <input type="checkbox"/> 2. Flow Diversion Valve <input type="checkbox"/> 3. Sewage Pump Pump Flow Rate (gpm): _____ TDH (ft): _____ <input type="checkbox"/> 4. Single Compartment Pump Tank, Volume (gal): _____ <input type="checkbox"/> 5. Other: _____</p>		

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

Please see attached drawing and supporting documentation.

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 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.**

By: Mandy Bolzman
(DWR Staff)

Date: 03/24/2025
(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.

Tennessee Department of Environment and Conservation - Division of Water Resources
Permit for Construction of a Subsurface Sewage Disposal System



Issued To: Daniel Sellars

Location: 706 Buford St.

Belle Meade Block L, Lot 27

Inspector: Mandy Bolzman *Mandy Bolzman*

Date: 3/24/2025

General Notes:

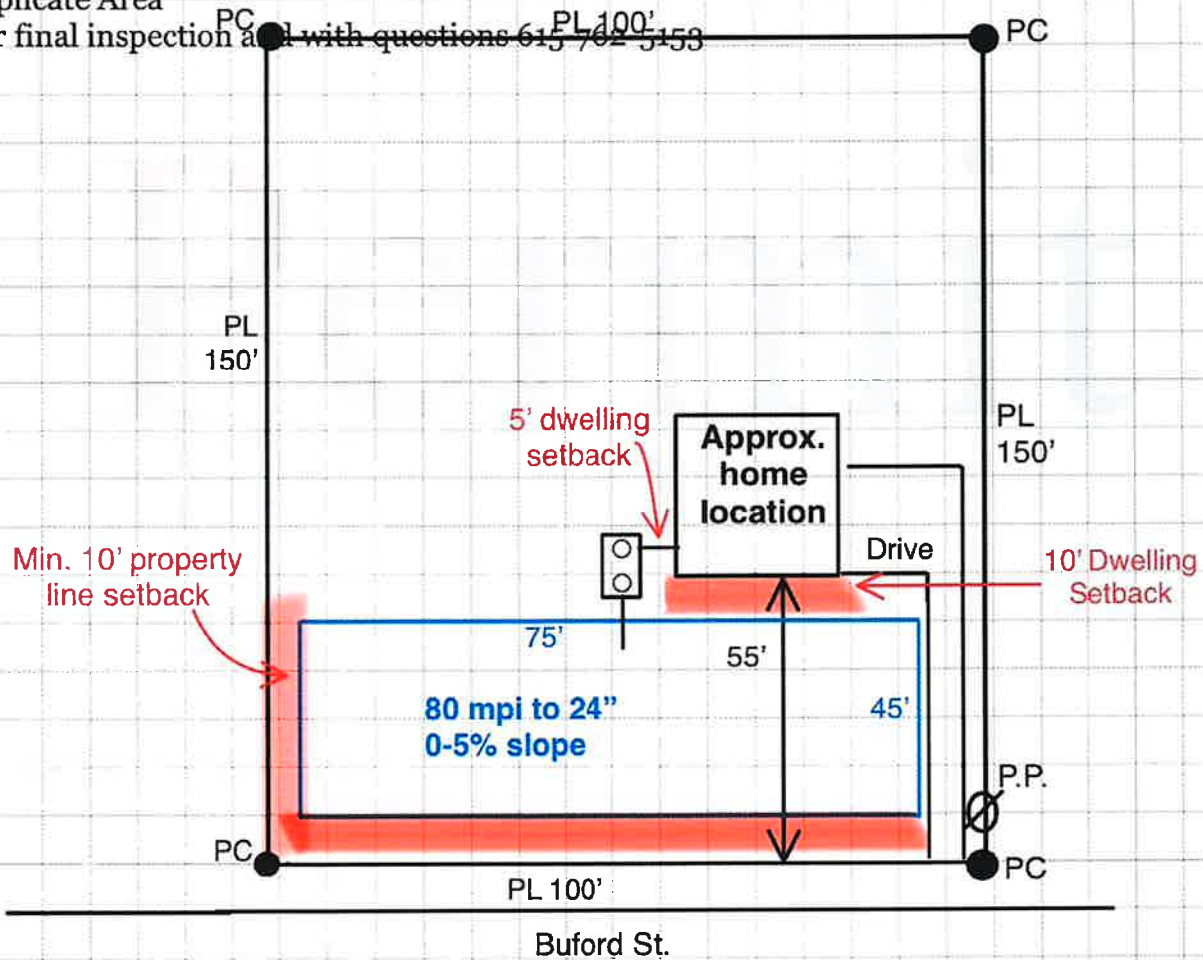
- Please refer to the design specifications for the subsurface sewage disposal system on the first page of the construction permit.
- Contact the local Division of Water Resources representative to schedule a final inspection.
- All electric components (e.g., pump, alarm, etc.) for the subsurface sewage disposal system must be inspected and approved by the appropriate electrical inspector prior to requesting a final inspection. Documentation of the electrical inspection must be available during the final inspection.

(1) one bedroom 127' 24" min/max depth

750 gal septic tank

PL- property line
 PC- property corner
 P.P.- power pole

- Maintain all proper setbacks
- Keep all impacting features and actions outside soil area
- Install on contour at min/max depth
- No Duplicate Area
- Call for final inspection and with questions 615-762-5153







**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 37243-110**

**APPLICATION FOR WATER RESOURCES SERVICES
APPLICANT
COMPLETE QUESTIONS**

I. Service Requested (Check Service)	Fees Due
<input checked="" type="checkbox"/> Septic System Construction Permit	
<input checked="" type="checkbox"/> Dwelling	\$ 400.00 PAID
Commercial: gdp	\$ _____
System Modification	\$ _____
Repair	\$ _____
<input checked="" type="checkbox"/> Conventional Construction Inspection	\$ 100.00 PAID
Inspection Letter	\$ _____
Certificate of Verification	\$ _____
Water Sample	
Total Coliform	\$ _____
Fecal Coliform	\$ _____
Alternative System Permit	\$ _____
Alternative Construction Inspection	\$ _____
Large Conventional System Plan Review	\$ _____
Large Alternative System Plan Review	\$ _____
Experimental System Plan Review	\$ _____
Subdivision Evaluation: Lots: _____	\$ _____
Pumping Contractor – Septage Application	\$ _____

2. LANDOWNER:	APPLICANT:	Site Address:
Names: <u>Daniel Sellars</u>	Names: <u>Daniel Sellars</u>	Address: <u>706 Buford St</u>
Address: <u>7691 Del Thomas Rd</u>	Address: <u>7691 Del Thomas Rd</u>	<u>Smyrna, Tennessee 37167</u>
<u>Smyrna, Tennessee 37167</u>	<u>Smyrna, Tennessee 37167</u>	
Day Phone: <u>6158121371</u>	Day Phone: <u>6158121371</u>	
Original Owner: <u>Tammv Sellars</u>	Email: <u>brewerscomfort@bellsouth.net</u>	

3. LOCATION OF LOT OR SITE: a) Subdivision Name: Homewood Park- Bell Mead Lot # 27
 b) In a subdivision? Yes Give specific directions and address to the lot or site _____
 c) Tax Map 049 Parcel 016.00

FOR SSDS PERMIT

4. ONLY: a) Size of lot 1.00 b) Number of Bedrooms 1 Bedrooms Added _____
 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? Yes If not, date it will be staked: _____
 Is the house staked? no If not, date it will be staked: Jun 01, 2025
 i) Installer, if known: _____

5. FOR INSPECTION LETTER ONLY AND CERTIFICATE OF VERIFICATION ONLY:

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 _____ Other _____
 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. I certify that the above information is true and correct to the best of my knowledge: I have been authorized by the above name landowner to submit this application for Environmental Services to the Division of Water Resources.

DATE: Feb 26, 2025 SIGNATURE: Tammv Sellars AMOUNT PAID: 500.00 RECEIPT NUMBER: 3892718887