

No. 1 Quality Realty

SUBSURFACE SEWAGE DISPOSAL SYSTEM PERMIT DISCLOSURE

1 Regarding: 1557 & 1505 Add Stafford Road Hilham TN 38568
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 3
4 (number of) bedrooms. A copy of the permit was obtained from the appropriate governmental permitting authority and
5 is attached to this disclosure. **Both homes share the septic system.**

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 <input type="checkbox"/> am/ <input type="checkbox"/> pm	23 _____ at _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm
Date	Date

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

26 	26 
SELLER Michael King	SELLER Elaine King
27 <u>05/17/26</u> at <u>7:05 PM CDT</u>	27 <u>05/17/26</u> at <u>7:37 PM CDT</u>
28 _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm	28 _____ o'clock <input type="checkbox"/> am/ <input type="checkbox"/> pm
Date	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.

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Primary Barcode:

* D W R S S D - 0 1 4 - 0 8 6 . % - 0 0 3 . 1 6 - P E R M - 0 3 2 3 2 0 1 7 - 2 4 0 3 *

Property Owner:

* I V A L U C A S *

Street Address:

* 1 5 5 7 A D D S T A F F O R D R D *

Zip Code:

* 3 8 5 6 8 *

Subdivision:

* B K O 1 P G 7 O L O T 2 *

Lot Number:

* 2 *

Nearest Town:

* H I L H A M *



**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	\$ <u>100.00</u>	78064 Yes
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	\$ _____	78032
Inspection Letter	2, 3, 5, 7, 8, 9	\$ _____	78030
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*		\$ _____	78099
Large Alternative System Plan Review*		\$ _____	78099
Experimental System Plan Review*		\$ _____	78072
Subdivision Evaluation: Lots: _____*		\$ _____	
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: Buck Halt Address: Add Stafford Rd Hillham TN 38568 Day Phone: 615-243-2037

APPLICANT "BreakFREE" Name: Iva Lucas Address: 75 Cabin Hill Rd Celina, TN 38551 Day Phone: 615-243-2037

ORIGINAL OWNER Name: _____

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

4. **FOR SSDS PERMIT ONLY:** a) Size of lot 3.05 Acres b) Number of Bedrooms 2
 c) How many occupants? _____ 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? ✓ If not, date it will be staked: _____
 Is the house staked? ✓ 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 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 PAGE SHOWING DIRECTIONS TO PROPERTY, PROPERTY LINES, HOUSE SITE, WELL LOCATION, SPRING LOCATION, PLANED DRIVEWAY AND UTILITIES.

8. ALL FEES DUE IN ADVANCE AND ARE NON-REFUNDABLE (except upon appeal). See Fee Schedule on reserve. 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: 10/10/96 SIGNATURE: Buck Halt AMOUNT PAID: \$ 100.00 RECEIPT NUMBER 6812

White: File Canary: Owner

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

Issued to: <u>IVA LUCAS</u> Owner, Developer, Contractor, Installer, Etc. Location: <u>LOT # 2 BREAK FREE</u> <u>ADD STAFFORD ROAD</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) Gal/Day _____	Evaluation Based Upon: <input checked="" type="checkbox"/> 1. Soil typing by Soil Scientist <input type="checkbox"/> a. General <input checked="" 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>45</u> MPI Approval based upon: Statute No. <u>T.C.A. 68-221-403</u> <input type="checkbox"/> (e) 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	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 Graveless 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 750 GALLONS gallons, with 200 linear feet in 2' 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: _____

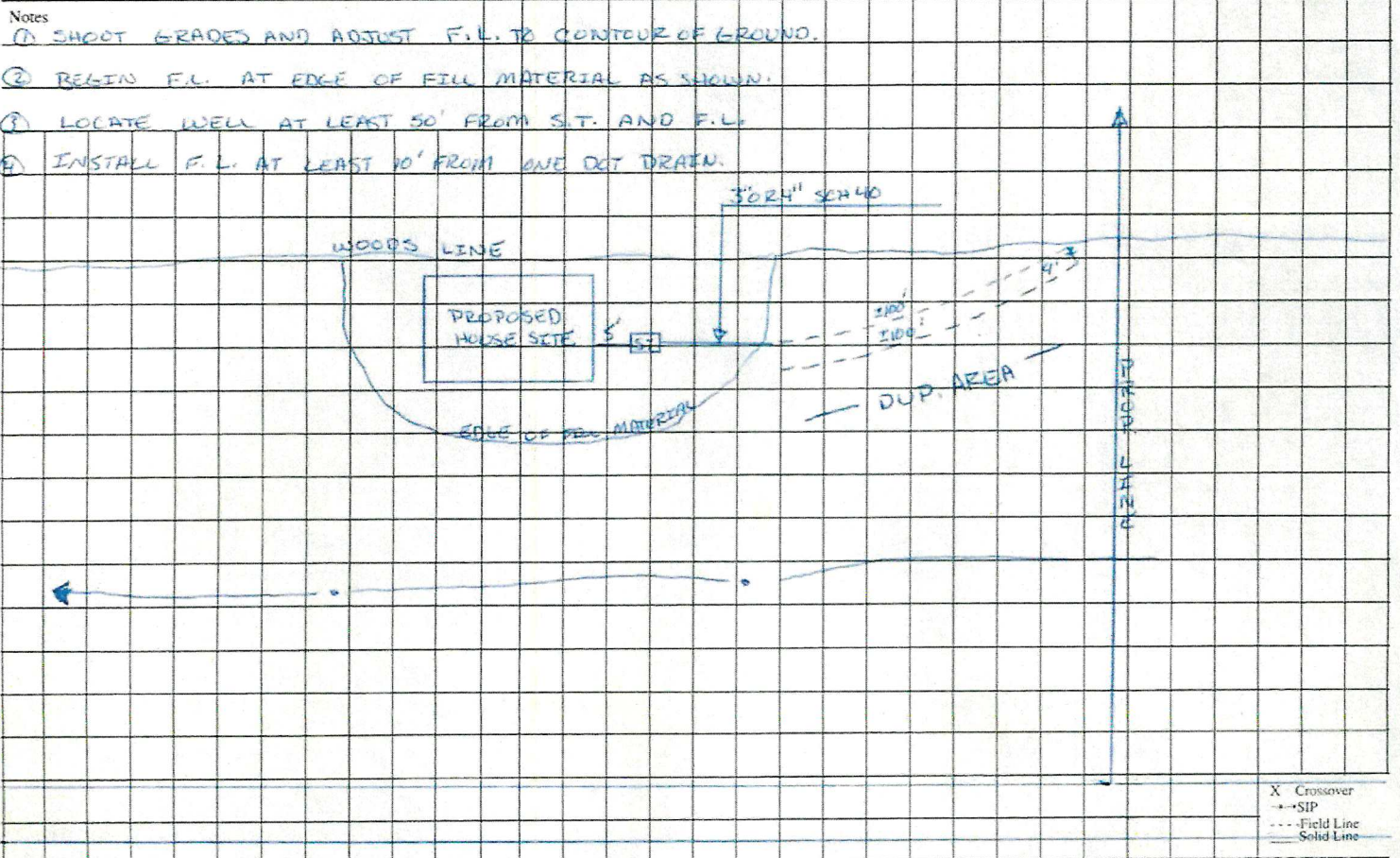
All installers of subsurface sewage disposal systems must hold a valid annual license from the Tennessee Department of Environment and Conservation.

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.

Iva Lucas (Signature of Recipient) REC # 6812 Date 10-15-96
 Issued at CELINA Tennessee, in CLAY County
 By Brian Houston (Name and Title) E.S.I. Date 14 OCT 96 (Date of Issue)

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

(NOT TO SCALE)



This is a permit to construct and is not intended to imply approval of any work proposed or completed on this lot.



Primary Barcode:

* D W R S S D - 0 1 4 - 0 8 6 . X - 0 0 3 . 1 6 - P E R M - 0 3 2 9 2 0 1 7 - 2 4 0 3 *

Property Owner:

* J A M E S S E A T H E N *

Street Address:

* 2 2 9 A D D S T A F F O R D R D *

Zip Code:

* 3 8 5 6 8 *

Subdivision:

* X *

Lot Number:

* X *

Nearest Town:

* H I L L H A M *



**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	\$ 200.00	78064	Yes
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	\$	78032	
Inspection Letter	2, 3, 5, 7, 8, 9	\$	78030	
Water Sample				
Total Coliform	2, 3, 6, 7, 8, 9	\$	78036	Yes
Fecal Coliform				Yes
Alternative System Permit*				
Large Conventional System Plan Review*				
Large Alternative System Plan Review*				
Experimental System Plan Review*				
Subdivision Evaluation: Lots:				
Soil Mapping: Type _____ Acres _____				
Installer Permit: Type(s) _____				
Pumper Permit*				
Plat Approval — Individual Lot				
Domestic Septage Disposal Site Permit		\$	78031	

[Redacted] 014
 DATE 05/06/02 PAYOR 1
 NAME SNEATHEN, JAMES 2
 [Redacted]
 YRS 0 MON 0 DAYS 0 PLAN:
 ADDR: 229 AD STAFFORD
 CITY: HILHAM TN 38568

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

2. **LANDOWNER:** Names: James Sneathen **APPLICANT** Name: _____ **ORIGINAL OWNER** Name: _____
 Address: 229 Ad Stafford Rd Address: _____
Hilham TN 38568
 Day Phone: 407-319-0604 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: 56 S toward Jackson Co. Turn
left on Dry Mill Creek Rd -
 4. **FOR SSDS PERMIT ONLY:** a) Size of lot 3 ACRES b) Number of Bedrooms 3
 c) How many occupants? 5 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: _____
TAKE right on Turkey Town Rd - then immediately Turn right on Ad Stafford Rd - Go 1.5 miles - unfinished house is on the left.

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.

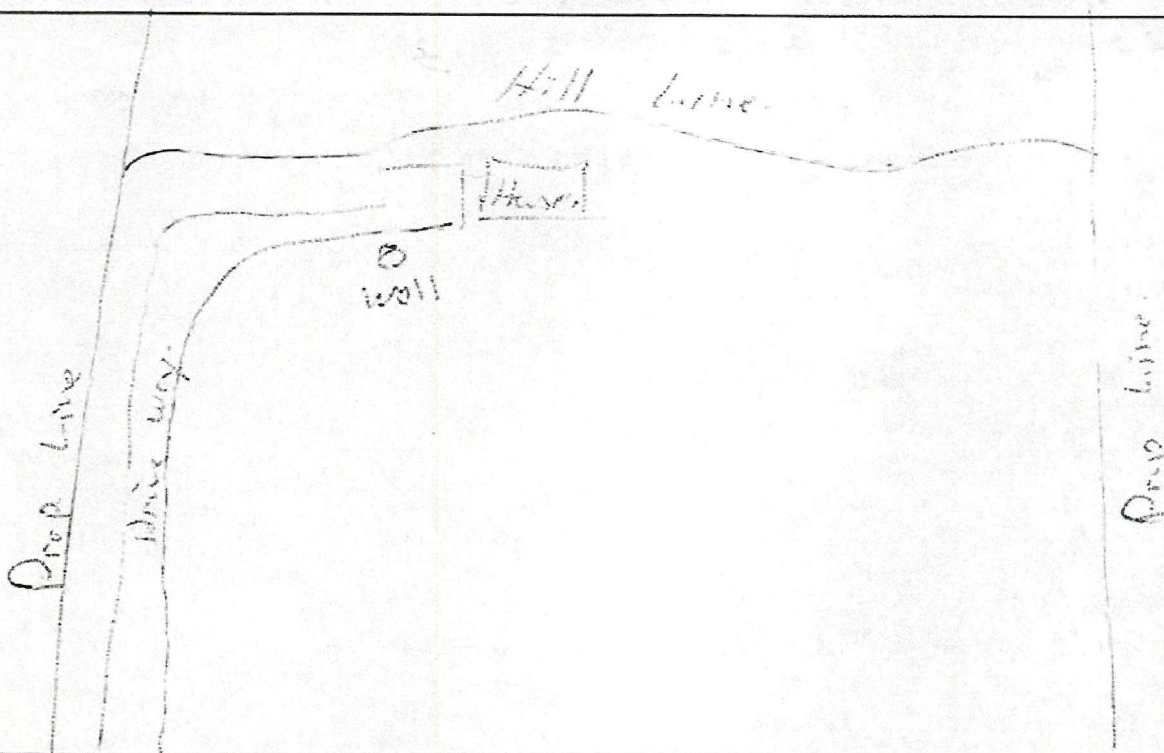
DATE: 5/6/02 SIGNATURE: [Signature] AMOUNT PAID: \$ 200.00 RECEIPT NUMBER 17865

White: File Canary: Owner

FEE SCHEDULE

		PTBMIS SUPP/CODE
Evaluation for Conventional, LDGP or Chamber Septic System Permit	\$200.00 up to 1000 gpd	
	\$100.00 for each additional 1000 gpd or portion thereof	78066
Repair	\$None	
Inspection Letter	\$200.00	
Subdivision Evaluation	\$ 40.00 per lot	
Water Samples:		
Total Coliform	\$ 50.00	78036P
Fecal Coliform	\$ 100.00	78036P
Soil Mapping:		
General Intensity	\$ 80.00 per acre — \$ 80.00 minimum	78078
High Intensity	\$130.00 per acre — \$130.00 minimum	78040
Extra High Intensity (Minimum is for each separate acre or part of acre to be mapped)	\$200.00 per acre — \$200.00 minimum	78042
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	\$ 40.00 per lot	78029
Domestic Septage Disposal Site Permit	\$400.00	78031

SKETCH



Official Use:

File Search

Absorption Rate _____ At Depth _____

Percolation Rate _____ At Depth _____

Other Requirements



DATE 05/10/02 PAYOR 1
 NAME SNEATHEN 2
 DOB 02/06/35 RC W SEX M
 YRS 0 MON 0 DAYS 0 PLAN:
 ADDR: 229 AD STAFFORD
 CITY: HILHAM TN 38568

PTBMIS CODES V689
 Code Supp/Code

1. SERVICE REQUESTED: (check service)

<input checked="" type="checkbox"/> Septic System Construction Perr.				
_____ Dwelling.....	2, 3, 4, 7, 8, 9	\$ 200.00 ^P	78064	Yes
_____ 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	\$ _____	78032	
_____ Inspection Letter.....	2, 3, 5, 7, 8, 9	\$ _____	78030	
_____ 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: James Sneathen
 Address: 229 Ad Stafford Rd
 Hilham TN 38568
 Day Phone: _____

APPLICANT

Name: _____
 Address: _____
 Day Phone: _____

ORIGINAL OWNER

Name: _____

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

b) Non-Subdivision Give specific directions and address to the lot or site. Turn left on Dry mill Creek Rd - TAKE Right on Turkey Town Rd - immediately turn right on AD-Stafford Rd - GO -1.5-miles
 Lot # _____

4. FOR SSO'S PERMIT ONLY:

a) Size of lot _____ 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: Mobil Home

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: 5/10/02 SIGNATURE: [Signature] AMOUNT PAID: \$ 200.00 RECEIPT NUMBER: 17875

White: File Canary: Owner

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

Issued to: <u>James Sneath</u> Owner, Developer, Contractor, Installer, Etc. Location: <u>ADD Stafford Road</u> <u># 229 & #</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>5</u> <input type="checkbox"/> 2. Other: _____ (specify) Gal/Day _____	Evaluation Based Upon: <input checked="" type="checkbox"/> 1. Soil typing by Soil Scientist <input type="checkbox"/> a. General <input checked="" 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>45</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 type="checkbox"/> (f) 12" (karst) and 6" (non-karst) buffer required <input checked="" type="checkbox"/> (i) 9" buffer required (24"-36" total soil depth) <input type="checkbox"/> (k) Grandfather clause -- meets June 30, 1990 standards (repair only) Other: <u>Meets Reqs</u>	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 Graveless Pipe <input type="checkbox"/> a. Sand backfill required <input type="checkbox"/> 6. Other
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This system shall consist of a two compartment septic tank holding 1250 gallons, with 500 linear feet in 5 1/2 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]
 (Signature of Recipient)

Date: 5-14-02

Issued at Gainesboro Tennessee, in Jackson County

By Pat Wilk E.S. III Date 14 May 02
 (Name and Title) (Date of Issue)

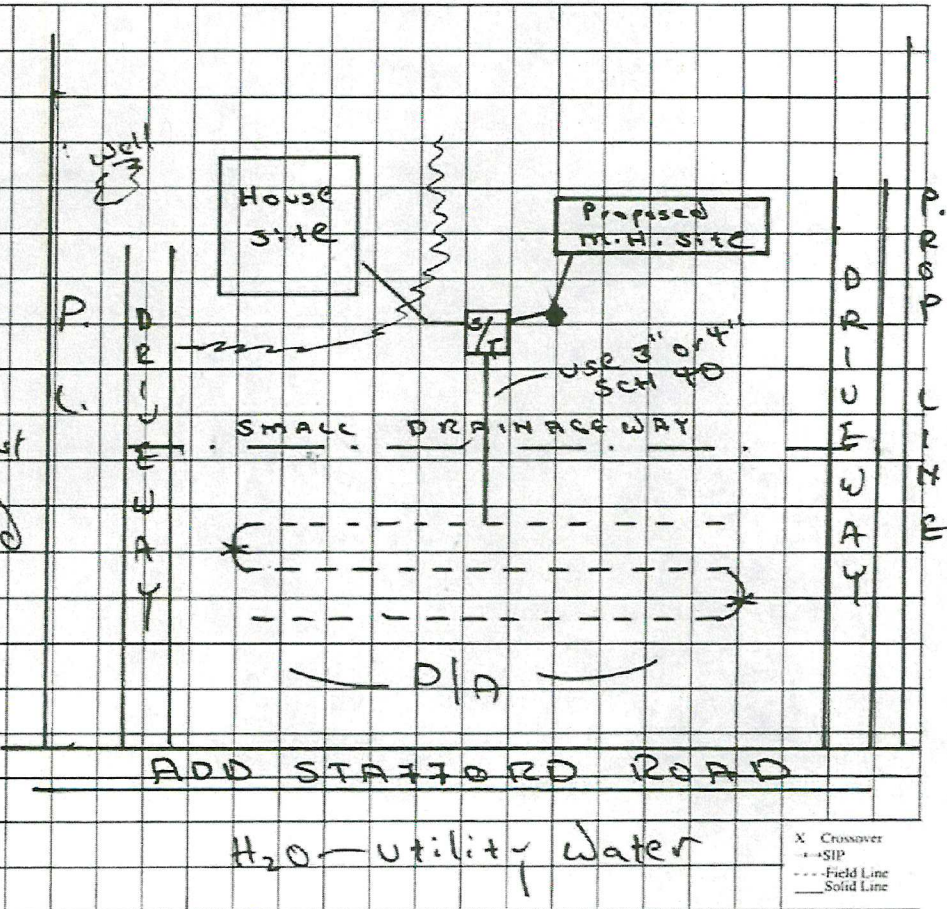
This permit is valid for 3 years from date of issue.

Notes
For final inspection
Call 268-3473 between
8-9 a.m. Mon-Wed-Friday

- Soils - SEE ATTACHMENT
Install field lines in the area approved by your Soil Scientist

- Shoot grades and adjust field lines to the contour of the ground

- Install field lines at least 10 feet from H₂O line, property lines and structures



This is a permit to construct and is not intended to imply approval of any work proposed or completed on this lot.

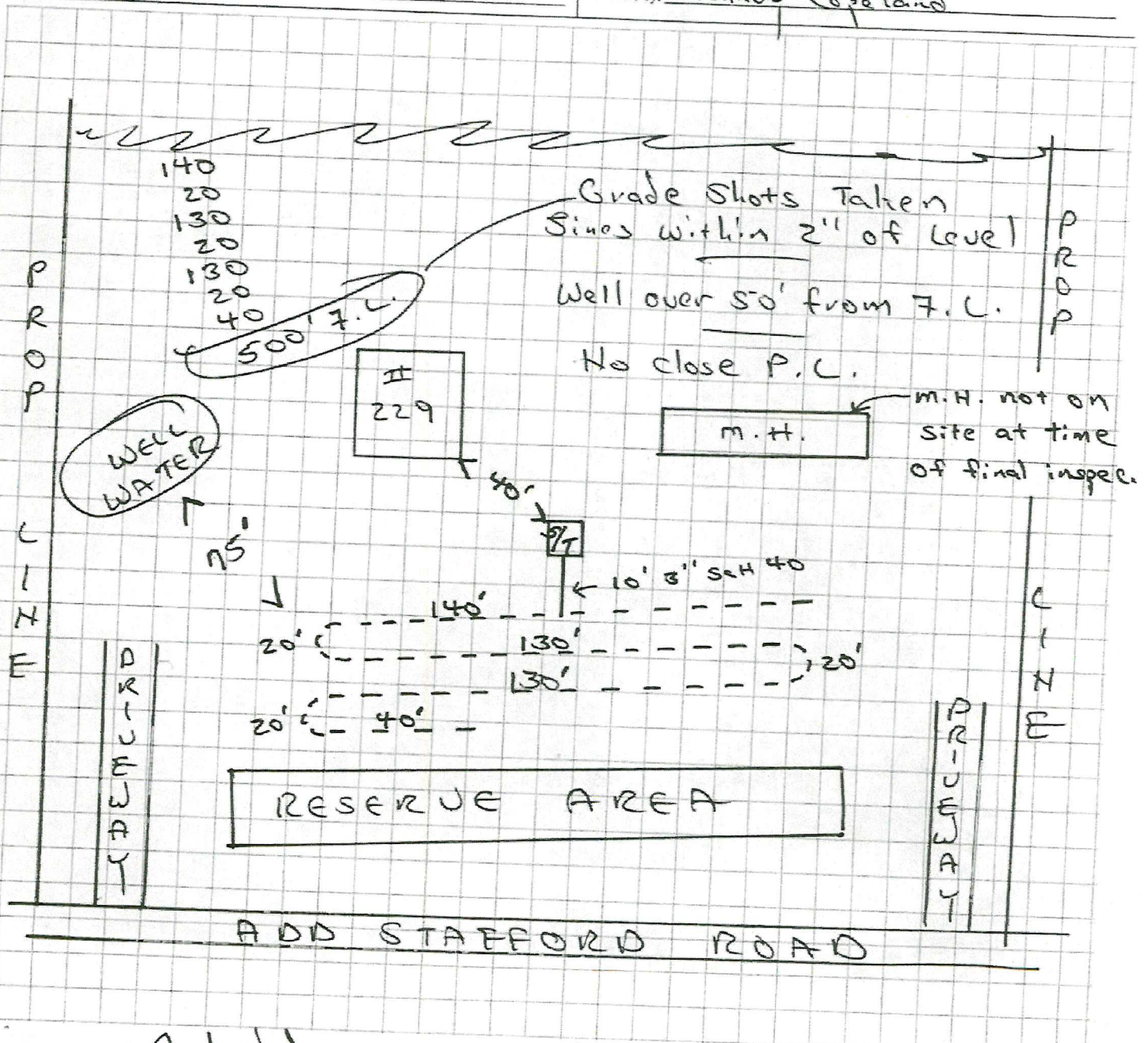


CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: James Sneathen
Owner, Developer, Contractor, Installer, Etc.

Location: ADD Stafford Road

Type of system
 1. Conventional
 2. Low Pressure Pipe
 3. Mound
 4. Lagoon
 5. Large Diameter Gravelless Pipe 10"
 (a) Sand backfill required Yes No
 6. Other
LANE 1500 Septic Tank
 (type) (volume)
 Estimated Absorption Rate 45
 (minutes per inch)
 New Installation Repair Other
 Installed by: Rand Copeland

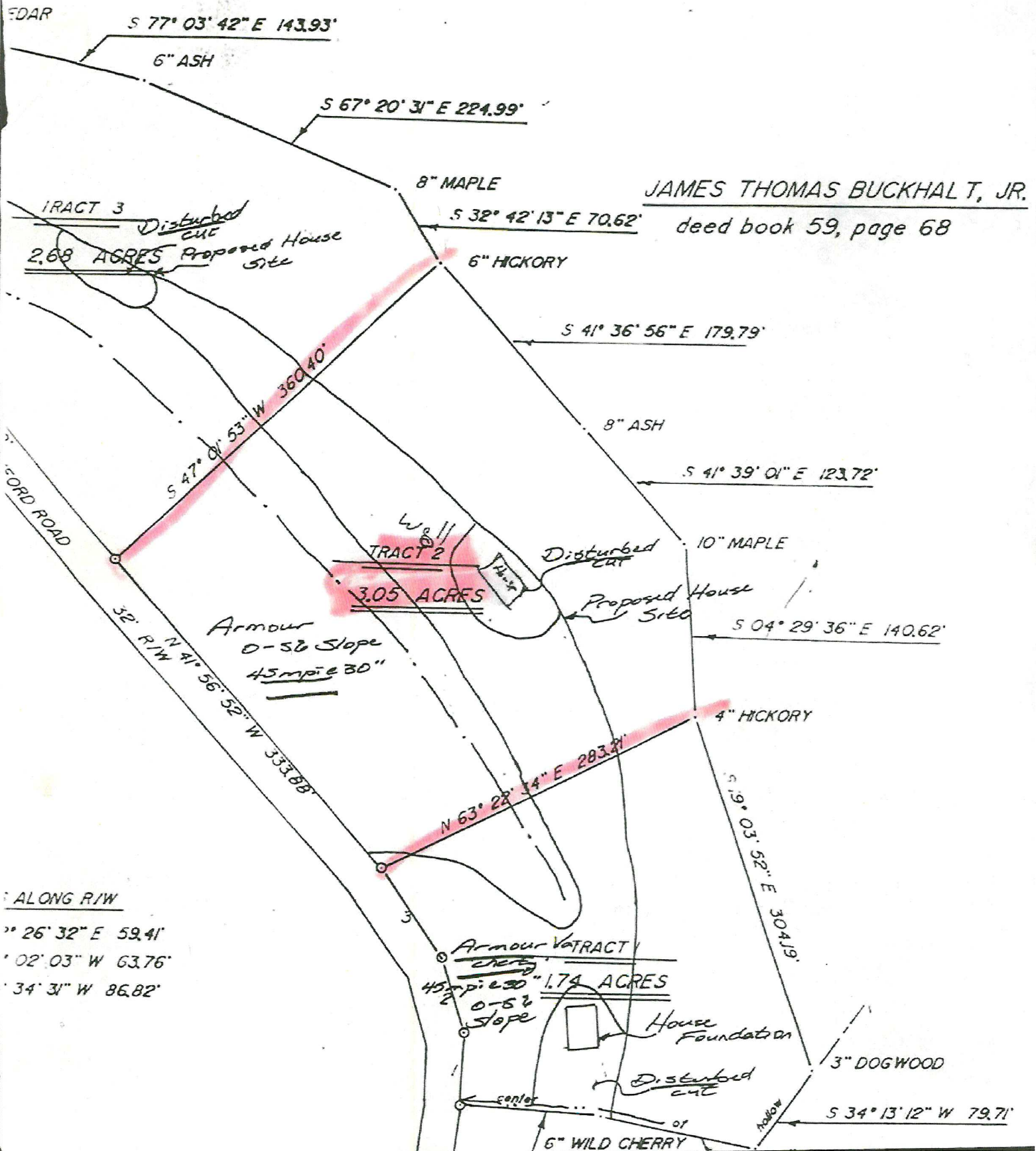


Construction Approved By: Jack Welch E.S. III
(Name and Title)

5-21-02
(date)

PROPERTY LOCATION

James Sneathen



JAMES THOMAS BUCKHALT, JR.
deed book 59, page 68