



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

**PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM**

|  |  |  |
|--|--|--|
| Issued to: <u>Cliff Vaughn</u><br><br><b>Location:</b><br>County: <u>Rutherford</u><br>Address: <u>2402 River Road</u><br>City: <u>Murfreesboro</u><br>Subdivision: _____<br>Lot #: _____<br><br>Map: <u>057</u> Group: _____ Parcel: <u>048.00</u>  | <b>Evaluation Based Upon:</b><br><input checked="" type="checkbox"/> 1. Soil Typing by Soil Scientist<br><input type="checkbox"/> a. General<br><input type="checkbox"/> b. High Intensity<br><input checked="" type="checkbox"/> c. Extra High Intensity<br><input type="checkbox"/> 2. Soil Percolation Test<br><input type="checkbox"/> 3. Environmental Scientist<br>Estimated Absorption Rate: <u>75</u> MPI  | <b>Type of System:</b><br><input checked="" type="checkbox"/> 1. Conventional<br><input type="checkbox"/> 2. Modified Conventional<br><input checked="" type="checkbox"/> 3. Conventional System Substitute<br><input checked="" type="checkbox"/> Chamber<br><input checked="" type="checkbox"/> Expanded Polystyrene<br><input checked="" type="checkbox"/> Large Diameter Gravelless<br>Pipe<br>Gravel backfill in a 24 in.<br>wide trench required? <u>Yes</u><br><input type="checkbox"/> 4. Low Pressure Pipe<br><input type="checkbox"/> 5. Mound<br><input type="checkbox"/> 6. Lagoon<br><input type="checkbox"/> 7. Subsurface Drip System<br><input type="checkbox"/> 8. Other: _____ |
| <b>Installation:</b><br><input type="checkbox"/> 1. New Installation<br><input type="checkbox"/> 2. Repair to Existing System<br><input checked="" type="checkbox"/> 3. System Modification<br><input type="checkbox"/> 4. Large System<br><br><b>Establishment:</b><br><input checked="" type="checkbox"/> 1. Residential: # Bedrooms <u>4</u><br><input type="checkbox"/> 2. Other: _____<br>Gal/Day: _____  | <b>Approval Based Upon: State No. T.C.A. 68-221-403</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (c) Percolation Test<br/> <input type="checkbox"/> (d) Grandfather Clause - Current standards except those specified<br/> <input type="checkbox"/> (f) 12" (karst) and 6" (non-karst) buffer required<br/> <input type="checkbox"/> (m) 3<sup>rd</sup> Party Permit Package           </div> <div style="width: 45%;"> <input type="checkbox"/> (i) 9" Buffer required (24"-36" total soil depth)<br/> <input type="checkbox"/> (k) Grandfather Clause - Meets June 30, 1990, standards (repair only)<br/> <input checked="" type="checkbox"/> Current Standards<br/> <input type="checkbox"/> Other: _____           </div> </div> |  |
| The system shall consist of a two-compartment septic tank holding <u>1000</u> (min) gallons, with <u>493</u> linear feet in <u>4+</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)<br><br><b>SIP Depth (in):</b> _____ <b>SIP Length (ft):</b> _____<br><b>SIP Comments:</b><br><b>General Comments:</b><br>See permit sketch for more details<br>Call with questions and final inspection 615-762-5153 |  | <b>Also Required:</b><br><input type="checkbox"/> 1. Soil Improvement Practice (SIP)<br><input type="checkbox"/> Curtain Drain<br><input type="checkbox"/> Drawdown Drain<br><input type="checkbox"/> Interceptor Drain<br><input type="checkbox"/> 2. Flow Diversion Valve<br><input type="checkbox"/> 3. Sewage Pump<br>Pump Flow Rate (gpm): _____<br>TDH (ft): _____<br><input type="checkbox"/> 4. Single Compartment Pump Tank, Volume (gal): _____<br><input type="checkbox"/> 5. Other: _____  |

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: 03/21/2025  
(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.

Date: 3/21/2025

**General Notes:**

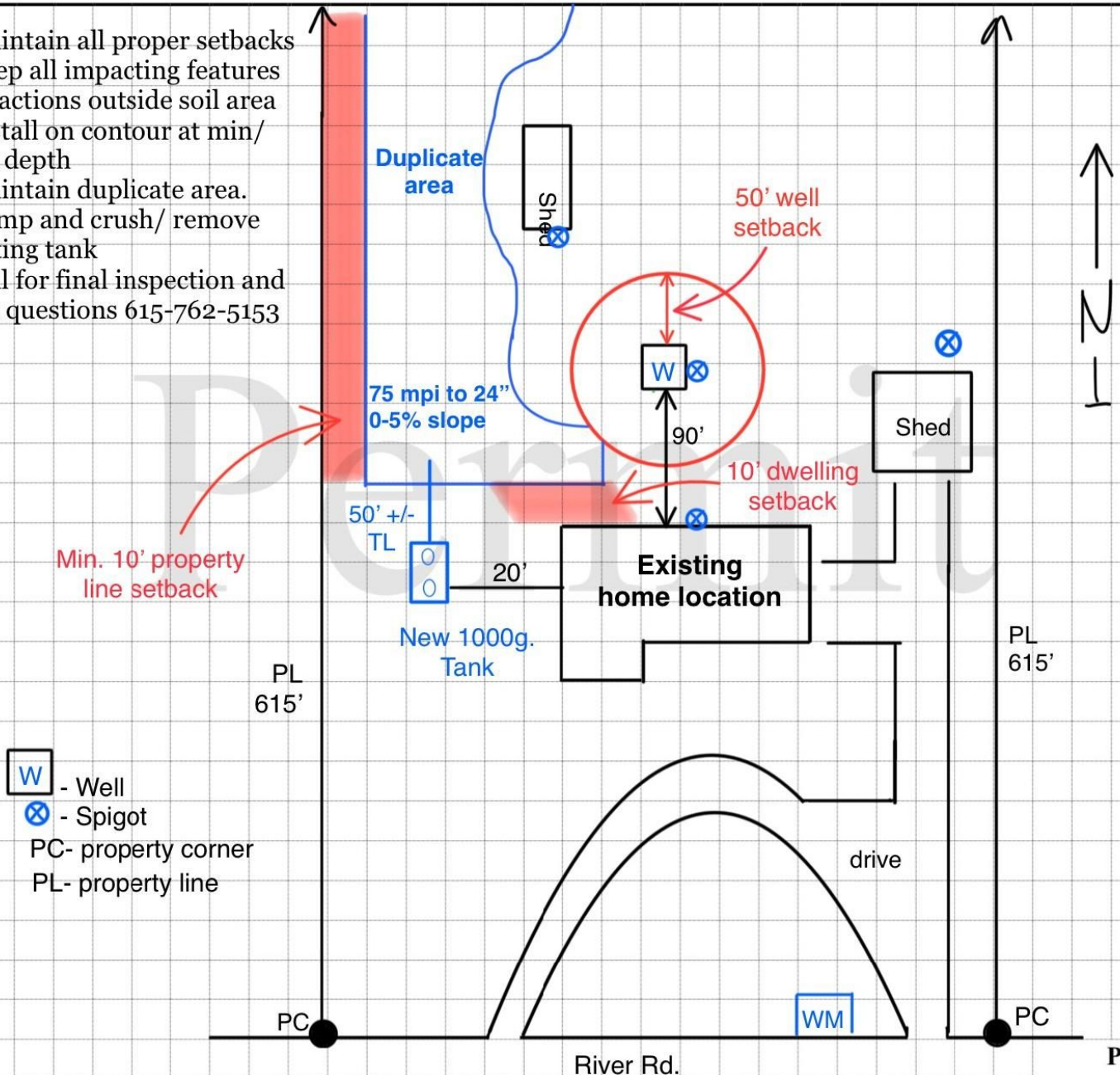
**- Please refer to the design specifications for the subsurface sewage disposal system on the first page of the construction permit.**

**- 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.**

(4) four bedroom 500' 24" min/max depth  
1000 gal septic tank

- Maintain all proper setbacks
- Keep all impacting features and actions outside soil area
- Install on contour at min/max depth
- Maintain duplicate area.
- Pump and crush/ remove existing tank
- Call for final inspection and with questions 615-762-5153



**\*Not to Scale**





High Intensity Soil Map  
Notes:  
Legend:  
WD - with interceptor drain; recommend installing 15' or more every upslope of disposal system  
— Edge of evaluation

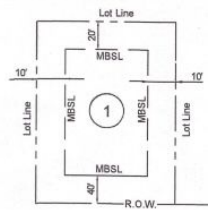
Any disturbance to these soils after this date can void their favorability.  
Soil site stakes on ground are for ground control purposes only and do not necessarily designate favorability.  
The Soil Consultant's signature does not constitute approval by the Environmental Dept.

Randy Dickerson  
Soil Scientist, License #055  
Date: 7-26-24

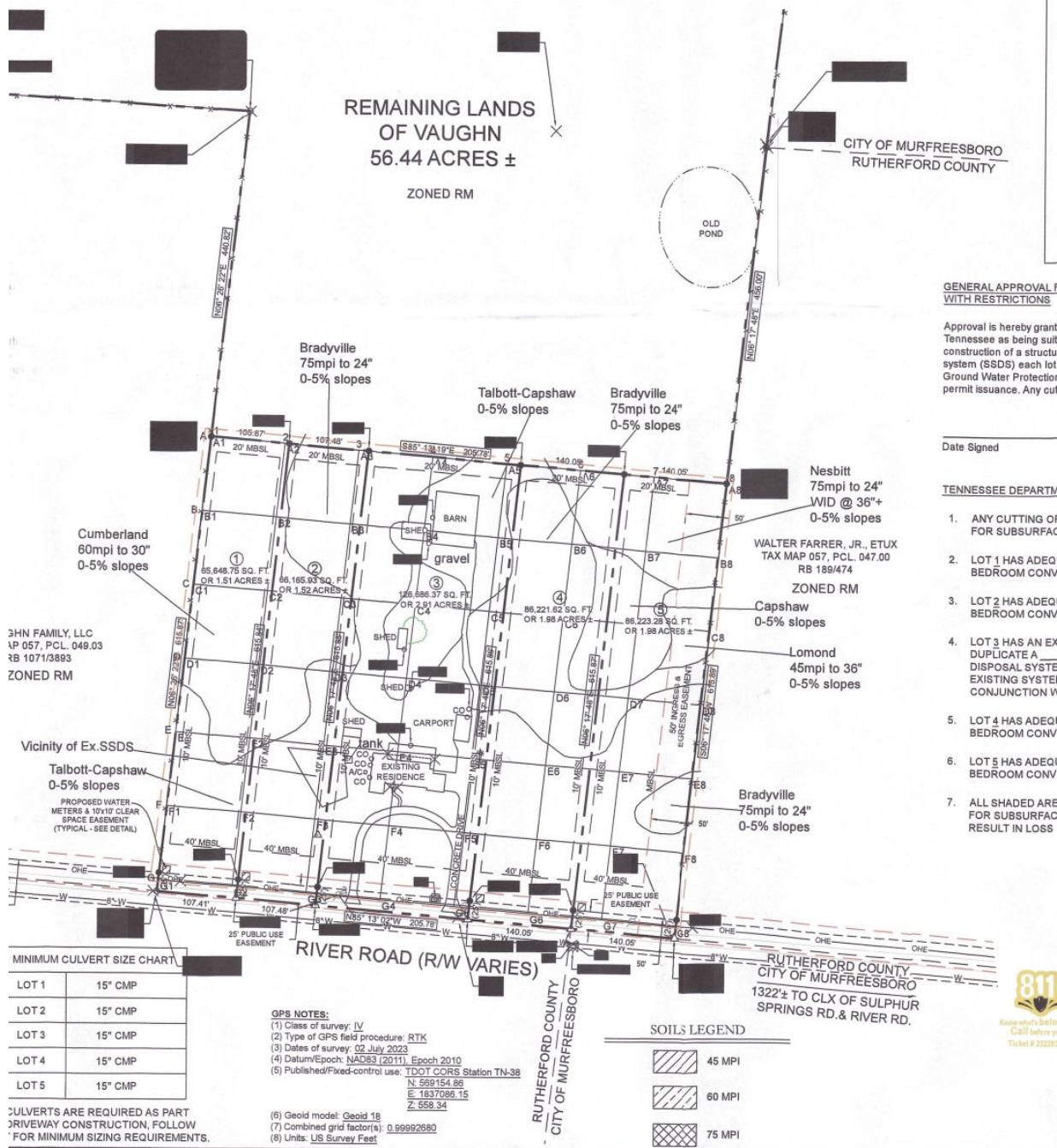
I, Randy S. Dickerson, affirm that this soil map was prepared in accordance with the standards and practices of the Soil Science profession, and that the soil map is a true and accurate representation of the soil conditions as they exist on the date of the map.



Wastewater Consultants  
2158 C.A.N. Thompson Lane  
Murfreesboro, TN 37129  
615-848-2702 Fax 615-848-2762 email: rsoilsgroup@comcast.net  
This drawing has been electronically produced from an original map and has been reviewed for the purpose of soil mapping and should not be used for any other purpose.  
August 2015 Edition: R/S/D



Minimum Building Setback  
Detail for RM Zoning  
NOT TO SCALE







**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**

**1. Service Requested (Check Service)**

**Fees Due**

|  |                |
|--|----------------|
| <input checked="" type="checkbox"/> Septic System Construction Permit    |                |
| _____ Dwelling   | \$ _____       |
| _____ Commercial: gdp  | \$ _____       |
| <input checked="" type="checkbox"/> System Modification                  | \$ 400.00 PAID |
| _____ 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: Charles C. Vaughn  
Address: 2402 River Rd  
Murfreesboro, Tennessee 37129  
Day Phone: 6159956556  
Original Owner: Charles C. Vaughn

Names: Cliff Vaughn  
Address: 1729 Rigsby Ave  
Murfreesboro, Tennessee 37129  
Day Phone: 6159956556  
Email: cliffvaughn@icloud.com

Address: 2402 River Road  
Murfreesboro, Tennessee 37129

**3. LOCATION OF LOT OR SITE:**

a) Subdivision Name: \_\_\_\_\_

Lot # \_\_\_\_\_

Application for a modification permit to 2402 River Rd. Murfreesboro, TN 37129. A new tank and fill lines need to be installed to be fully on lot #3 so that the other lots can be sold soon. The lots are currently staked and soil sites have been located. I am not able to attach PDF's to this section but I will be happy to email them.

b) In a subdivision? No

Give specific directions and address to the lot or site \_\_\_\_\_

c) Tax Map 057

Parcel 048.00

**FOR SSDS PERMIT**

**4. ONLY:**

a) Size of lot 2.79

b) Number of Bedrooms 3

Bedrooms Added 1

c) How many occupants? \_\_\_\_\_

d) Excavated Basement? Yes \_\_\_\_\_ No X

e) Basement Plumbing Fixtures? Yes \_\_\_\_\_ No X

f) Amount of water used monthly (gallons) \_\_\_\_\_

g) Water Supply: Public X Well \_\_\_\_\_ Spring \_\_\_\_\_

h) Is the lot staked? Yes \_\_\_\_\_

If not, date it will be staked: \_\_\_\_\_

Is the house staked? \_\_\_\_\_

Existing Structure

If not, date it will be staked: \_\_\_\_\_

i) Installer, if known: Mike Graves

**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 10, 2025

SIGNATURE: Cliff Vaughn

AMOUNT PAID: 500.00

RECEIPT NUMBER: 3891745479