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FARRIS MATHEWS BOBANGO PLC

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June 6, 2008

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TN REGULATORY AUTHORITY  
UTILITIES DIVISION

**Via Electronic Delivery**

Ms. Darlene Standley, Chief  
Utilities Division  
Tennessee Regulatory Authority  
460 James Robertson Parkway  
Nashville, Tennessee 37219

**Re: Tennessee Department of Environment and Conservation  
("TDEC") Permits Pursuant to Tenn. Comp. R. & Regs. 1220-4-  
13.04(1)(c).**

Dear Ms. Standley:

We are in receipt of your letter dated May 23, 2008 requesting final copies of the TDEC permits issued to Integrated Resource Management, Inc. d/b/a IRM Utility, Inc. (IRM") and accordingly submit same for your consideration. I have numbered the respective territories as exhibits to this document as follows:

<u>Service Territory</u>	<u>TRA Docket No.</u>	<u>Permit No.</u>
1. Valley Mart Exxon	03-00467	SOP-03012
2. Emory Pointe Subdivision	04-00101	SOP-04012
3. Lot 23 (The River Club)	04-00152	SOP-07056
4. Wild Pear Shores	04-00153	TNR-132117
5. Compass Pointe Subdivision	04-00266	SOP-04027 <sup>1</sup>
6. Wild Briar Ridge	05-00056	SOP-04067
7. Mtn. Shangrila Wastewater Fac.	06-00156	SOP-06001 <sup>2</sup>
8. Landing at Bird's Creek	07-00090	SOP-07004

<sup>1</sup> The permit for Compass Pointe remains unsigned because this document is in the Division of Groundwater Protection for TDEC.

<sup>2</sup> Mtn. Shangrila Wastewater Facility's SOP number is actually 06-001, not 05-0001. Apparently, there's been a typo somewhere along the line. We apologize for any inconvenience this has caused and would appreciate the TRA making the correction.

FARRIS MATHEWS BOBANGO PLC

Ms. Darlene Standley

June 6, 2008

Page 2 of 2

If I may be of further assistance in this matter, please do not hesitate to contact me. I am

Very truly yours,

FARRIS MATHEWS BOBANGO, PLC

A handwritten signature in black ink, appearing to read 'JRH', is written over the typed name.

Jamie R. Hollin

Cc: Jeffrey Cox (via email)  
Sharla Dillion (via email)  
Michelle Ramsey (via email)

**KNOX COUNTY HEALTH DEPARTMENT -- DIVISION OF ENVIRONMENTAL HEALTH  
PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL**

Issued to: <u>Dew, Robert</u> Owner, Developer, Contractor, Installer, Etc. Address: <u>3534 Captains Way</u> <u>River Club Lot 23</u> Acreage <u>1.25</u> Installation: <input checked="" type="checkbox"/> 1. New Installation <input type="checkbox"/> 2. Repair to Existing System Establishment: <input checked="" type="checkbox"/> 1. Residential: # of Bedrooms <u>Four</u> <input type="checkbox"/> 2. Other: _____ (specify) Gall/day _____	Evaluation Based Upon: <input checked="" type="checkbox"/> 1. Soil typing by Soil Scientist <input type="checkbox"/> 2. Soil Percolation Tests <input type="checkbox"/> 3. Environmental Specialist Estimated Absorption Rate: <u>60</u> m.p.i.	Permit Requirements Based Upon: <input type="checkbox"/> 1. Soil Texture/Structure <input type="checkbox"/> 2. Soil Depth <input type="checkbox"/> 3. Soil Drainage <input type="checkbox"/> 4. Presence of Restrictive Layers <input type="checkbox"/> 5. Position <input type="checkbox"/> 6. TCA 68-221-403 Section Alternative Systems: <input type="checkbox"/> 1. Low Pressure Pipe <input checked="" type="checkbox"/> 2. Mound <input type="checkbox"/> 3. Lagoon <input type="checkbox"/> 4. Other _____ See attached design package
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This system shall consist of a two compartment septic tank holding _____ gallons, with _____ linear feet in _____ trenches, _____ wide and _____ inches deep.	Also required: <input type="checkbox"/> 1. Curtain Drain <input type="checkbox"/> 2. Flow Diversion Valve <input type="checkbox"/> 3. Sewage Pump <input type="checkbox"/> 4. Other: _____
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**All installers of subsurface sewage disposal systems must hold a valid annual license from the Knox County Health Department.**

The recipient of this permit agrees to construct or have constructed the above described system in accordance with 68-13-401 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 Knox County Health Department. Any cutting, filling or alterations of the soil condition on the aforementioned property after this day may render this approval null and void.

Signature of Recipient: <u>[Signature]</u>	Date: <u>8-18-03</u>	Issued In Knox County, Tennessee By: <u>Lamine A. Rochat, Env Spec 3</u>
		Date Issued: <u>6-24-03</u>

- Notes:**
- |   |  |  |
|---|--|--|
| (1) _____<br>(2) _____<br>(3) maintain a 100% Reserve Area <input checked="" type="checkbox"/><br>(4) Keep well 50 ft. or more from sewage system | (5) 10' from property lines<br>(6) 10' trenches from house<br>(7) 5' septic tank from house<br>(8) 15' septic tank from cut bank | (9) 25' from cut banks and natural drains<br>(10) Call 215-5200, 8:00-9:00 a.m. for inspection |
|---|--|--|

*See attached design packet*

*Mound system to be inspected and approved by certified designer of system.*



ANOKA COUNTY HEALTH DEPARTMENT - DIVISION OF ENVIRONMENTAL HEALTH  
CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: <u>Robert Dew</u> Owner, Developer, Contractor, Installer, Etc.	Type of System: ( ) 1. Conventional ( ) 2. Alternating ( ) 3. Chapter _____ ( ) 4. Low Pressure Pipe <input checked="" type="checkbox"/> 5. Mound (600 gal/day) ( ) 6. Lagoon ( ) 7. Large Diameter Gravelless Pipe ( ) 8" ( ) 10" ( ) 8. Chamber ( ) 2' ( ) 3' ( ) 9. Other _____
Location: <u>3534 Captains Way</u> <u>River Club S/D, Lot 23</u>	Septic Tank (Drainfield Size) (Volume) Estimated Absorption Rate <u>60</u> Bedrooms <u>Five</u> <input checked="" type="checkbox"/> New installation ( ) Repair ( ) Other Installed by: <u>Aquatics Resources (Jeffrey)</u> (x)
Notes: _____ _____ _____	

See As Built Plans for system location and  
O + M Information.

Also included is letter from Sost Solutions  
indicating system was installed in accordance  
to plans.

Construction Approved By: Lawrence A. Rochet, Env. Spec 3 2-13-04  
(Name and Title) (date)