

KNOX COUNTY HEALTH DEPARTMENT

Division of Environmental Health

140 Dameron Avenue

Knoxville, TN 37917-6413

Phone: 865-215-5200 Fax: 865-215-5221

APPLICATION FOR INFORMATION REGARDING

Subsurface Sewage Disposal System (SSDS) Permit and Certificate of Completion

Complete the following information:

1. Current Owner's Name: _____
2. Address of Property: _____
3. Subdivision Name: _____ Lot/Block/Unit _____
4. Original Owner: _____ Builder _____
5. Date Home Constructed: _____
6. Previous Owners: _____
7. Property Map and Parcel Number: Map _____ Parcel _____

Do you want the results of this file search:

Faxed _____ Office Pick-up _____ Mailed _____ E-mailed _____

If mailed a stamped self-addressed envelope must be included in the application

Date: _____ Signature: _____ Phone Number: _____

Fax: _____ E-mail: _____

For EH use only:

Date Received: _____

RESULT OF FILE SEARCH

___SSDS System Permit Issued: Date _____ for a _____ bedroom system

___SSDS System Certificate of Completion Approval: No_ Yes__ for a _____ bedroom system

___File search was unable to locate any record of this property based upon the information provided

Comment: _____

Since no site visit has been made in regard to this request no comment or warranty about the current condition or future performance of the SSDS System is given. This is not an INSPECTION LETTER and is not to be used for loan closings. Nor can the Division make any representation about whether unauthorized modifications have been made to either the SSDS system or the original structure. This document only reflects what the Division's records show about the number of bedrooms authorized in the subsurface sewage disposal system permit based on the information provided in this application.

Environmental Specialist _____ County: Knox Date: _____