



Division of Environmental Health  
865-429-1766 – Phone / 865-429-1965 - Fax  
envirhealth@seviercountyttn.org

APPLICATION FOR INFORMATION REGARDING

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

Complete the following information:

1. Current Owner's Name: \_\_\_\_\_
2. Address of Property: \_\_\_\_\_  
or  
Road Name of Lot Location: \_\_\_\_\_
3. Subdivision Name: \_\_\_\_\_  
Lot # \_\_\_\_\_ Block \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_  
Vacant Lot Yes \_\_\_\_\_ No \_\_\_\_\_
4. Date Home Constructed: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_
5. Original Owner: \_\_\_\_\_
6. Previous Owners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Number: \_\_\_\_\_ Email: \_\_\_\_\_

**For SCEH use only:**

Date Received: \_\_\_\_\_

**RESULT OF FILE SEARCH**

\_\_\_ SSD System Permit Issued: Date: \_\_\_\_\_ for a \_\_\_\_\_ Bedroom system.  
\_\_\_ SSD 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 SSD 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 SSD 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/ Office Personal \_\_\_\_\_ Date \_\_\_\_\_