



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

REQUEST 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 _____ Fax Number: _____
Phone 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 _____