



Division of Environmental Health
(865)429-1766
envirhealth@seviercountyttn.org

**REQUEST FOR INFORMATION REGARDING
Subsurface Sewage Disposal (SSD) System Permit**

All fields must be completed below:

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:** _____

Please fill out the information below on where to send SSDS:

EMAIL: _____

DATE: _____ **SIGNATURE:** _____

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 _____