

**Tennessee Department of Environment and Conservation
Division of Ground Water Protection**

**APPLICATION FOR INFORMATION REGARDING
Subsurface Sewage Disposal (SSD) System Permit and Certificate of Completion**

Complete the following information:

1. Current Owner's Name: _____
Date of Ownership: _____
2. Address of Property: _____

- Road Name of Home Location _____
3. Subdivision Name: _____ Lot Number _____
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 _____
If mailed a stamped self-addressed envelope must be included in the application

Date _____ Signature _____ Phone Number _____ Fax _____

* Note: Some counties do not file by Map & Parcel. This information may not be necessary.
Contact the county Ground Water Protection office to determine if needed.

For GWP 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 _____ County _____ Date _____