



**BLOUNT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
APPLICATION FOR SUBSURFACE SEWAGE DISPOSAL SYSTEM
INSTALLER PERMIT FOR BLOUNT COUNTY**

Pursuant to rules and regulations of the Blount County Health Department, Division of Environmental Health as required under TCA 68-13-409 et seq. The undersigned hereby applies for a permit as a Subsurface Sewage Disposal System Installer.

1) Name of Business _____ Phone(_____) _____

Mailing Address: _____

Street # & Name or PO Box #

City, State and Zip Code

2) _____

Owner's/Applicant's Name

Mailing Address (Street # & Name or PO Box)

City, State and Zip Code

Phone

3) Types of subsurface sewage disposal systems applicant applies for a permit to install:

Conventional_ Graveless Pipe_____ Chamber System_____

Low Pressure Pipe_____ Oxidation Lagoon_____ Mound _____

4) Do you currently have a permit to install subsurface sewage disposal systems in Tennessee?

Yes _____ No _____

5) _____

Owner's/Applicant Signature

Date of Application

(FOR OFFICE USE ONLY)

Date of Fee(s) Paid: _____ Fee(s) Paid: _____ Receipt Number: _____