



BLOUNT COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

APPLICATION FOR SUBSURFACE SEWAGE SYSTEM PERMIT

OWNER OF PROPERTY: _____

CURRENT MAILING ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE # (DURING WORKING HOURS): _____

SUBDIVISION OR PROPERTY NAME: _____

LOT #: _____ BLOCK: _____ UNIT: _____

911 ADDRESS FOR PROPERTY: _____

YOU WILL NEED TO CALL (865) 981-7113 FOR THIS INFORMATION.
APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.

DIRECTIONS: _____

MAP #: _____ PARCEL #: _____ IS HOUSE SITE STAKED? _____

SIZE OF LOT: _____ BASEMENT: YES ___ NO ___ BASEMENT PLUMBING: _____

NUMBER OF BEDROOMS _____ WATER SUPPLY: UTILITY ___ WELL ___ SPRING ___

**DRAW DIAGRAM OF LOT WITH LOCATION OF STRUCTURE AND DRIVEWAY ON
BACK OF THE WHITE COPY OF THIS APPLICATION.**

NOTES (LIST INTENTIONS FOR FUTURE ADDITIONAL STRUCTURE(S), POOL(S)
ETC.): _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE: _____

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

DATE SOIL CHECKED: _____

DATE FEES PAID: _____

RETAIN YELLOW COPY
FOR ELECTRICAL INSPECTION

AMOUNT PAID: _____

RECEIPT #: _____