KNOX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
140 Dameron Avenue
Knoxville, TN 37917-6413
Phone: 865-215-5200 Fax: 865-215-5221

APPLICATION FOR INFORMATION REGARDING

Subsurface Sewage Disposal System (SSDS) Permit and Certificate of Completion

Complete the following information:

1. Current Owner's Name: Rocky Top Development LLC
2. Address of Property: ~~4913 Raper~~ 2300 W Gallaher Ferry Rd
3. Subdivision Name: James A Hart Property Lot/Block/Unit 1R
4. Original Owner: Harley E Biddle III Builder
5. Date Home Constructed: 1964
6. Previous Owners: James A Hart & Julia A,
7. Propety Map and Parcel Number: Map 129 Parcel 03507

Do you want the results of this file search:
Faxed X Office Pick-up ____ Mailed ____ E-mailed ____

If mailed a stamped self-addressed envelope must be included in the application

Date: 12/23/08 Signature: Norman A Teasley Jr Phone Number: 865-207-9875
Fax: 865-691-5122 E-mail: norman@judyteasley.com

For EH use only: Date Received: ____

RESULT OF FILE SEARCH

X SSDS System Permit Issued: Date 10-25-67 for a 3 bedroom system

X SSDS System Certificate of Completion Approval: No ___ Yes X for a 3 bedroom system 02-27-68

___ 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 SSDS 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 SSDS 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 L. A. Rochet County: Knox Date: 12-24-08

FIRST VISIT ☐

SUBSEQUENT VISIT ☐

UNKNOWN ☐

INSTALLATION OR REPAIR RECORD OF SEPTIC TANK SYSTEM

New

RESIDENCE
TYPE OF ESTABLISHMENT

OWNER H. H. DAVIS ADDRESS Cincinnati Ferry Rd.

LOCATION

CIVIL DISTRICT 6th

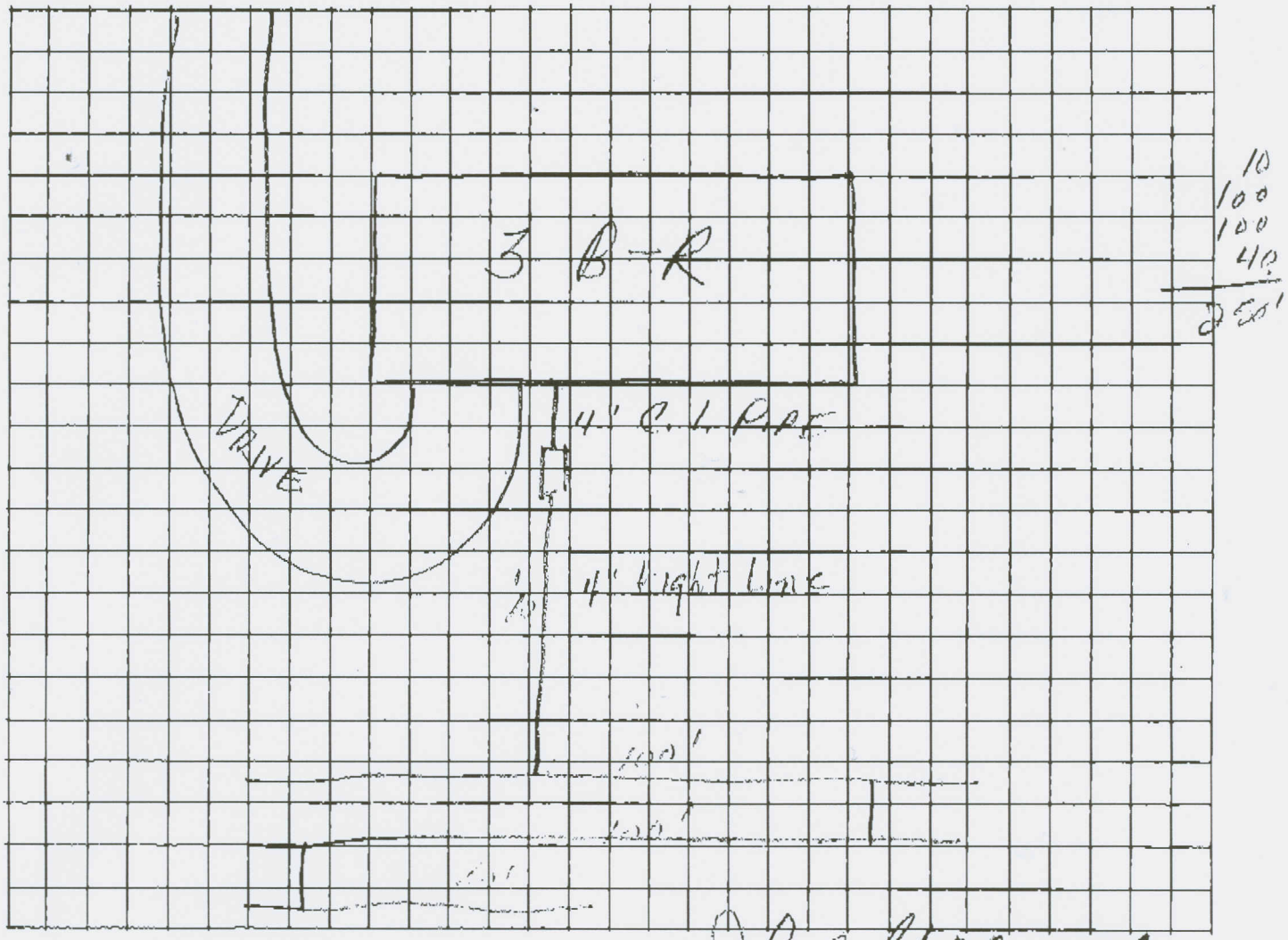
OCCUPANT Same ADDRESS

TANK: TYPE LIQUID CAPACITY (GALS.) 900'

FIELD LINE: LINEAR FEET OF TILE 250' WIDTH OF TRENCH 3' LENGTH OF TRENCH 250 X 3'

DEPTH OF TRENCH 32" DEPTH OF STONE 12" GARBAGE GRINDER PROPOSED: YES ( ) NO (X)

SKETCH OF SYSTEM: BY GILBREATH DATE 2-25-67 INSTALLED BY TYLER



FINAL APPROVAL: YES (X) NO ( ) DATE 2-27-68 John E. Gilbreath
SIGNATURE

REMARKS: D-F OK- NO HTT HTT OK- 2-27-68

NOTE: Plumber must notify the _____ Health Department (Phone _____) when the septic tank system is ready for inspection. If any septic tank system or part thereof is covered before being regularly inspected and approved, it shall be uncovered by the plumber at the direction of the Health Officer or his authorized representative.

SUBSURFACE SEWAGE DISPOSAL SYSTEM PERMIT DISCLOSURE

Regarding: 2304 W. Gallaher Ferry Road
PROPERTY ADDRESS

The owner of this residential property discloses the following:

☒ According to the subsurface sewage disposal system permit issued for this property, this property is permitted for 2 (number of) bedrooms. A copy of the permit was obtained from the appropriate governmental permitting authority and is attached to this disclosure.

☐ I/We have requested a copy of the subsurface sewage disposal system permit issued for this property from the appropriate governmental permitting authority. However, I/We were informed that such permit

☐ could not be located.

OR

☐ was destroyed.

OR

☐ was not issued for this property. As a result, I/we do not have any knowledge as to the number of bedrooms this property has been permitted.

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate and acknowledge receipt of a copy:

SELLER
DATE 12/21/08 at 1:30 o'clock ☐ am/ ☒ pm

SELLER
DATE _____ at _____ o'clock ☐ am/ ☐ pm

LICENSEE Andy Teasley
DATE 12/21/08 at 1:30 o'clock ☐ am/ ☒ pm

I/We acknowledge receiving the information contained in this disclosure and any document attached hereto. I/We further acknowledge that we may consult with an inspector / expert if we have any questions regarding this property's subsurface sewage disposal system.

BUYER
DATE _____ at _____ o'clock ☐ am/ ☐ pm

BUYER
DATE _____ at _____ o'clock ☐ am/ ☐ pm

LICENSEE
DATE _____ at _____ o'clock ☐ am/ ☐ pm

NOTE: This form is provided by TAR to its members for their use in real estate transactions and is to be used as is. By downloading and/or using this form, you agree and covenant not to alter, amend, or edit said form or its content except as where provided in the blank fields, and agree and acknowledge that any such alteration, amendment or edit of said form is done at your own risk. Use of the TAR logo in conjunction with any form other than standardized forms created by TAR is strictly prohibited. This form is subject to periodic revision and it is the responsibility of the member to use the most recent available form.

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