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HAMILTON COUNTY DIVISION OF GROUNDWATER PROTECTION

Modification Application

FEES DUE 1. **SERVICE REQUESTED**: (check service) \$ 440.00 per permit System modification All applications will include an issuance and admin fee of \$40.00 APPLICANT Name: Email address: City, State, Zip: 3. LOCATION OF PROPERTY / LOT: a) Subdivision Name:______ Lot # b) Address of property _ c) If property is not part of a subdivision, please give specific directions to property: 4. FOR SSSDS PERMIT ONLY: a) Dimensions of house ______ Number of bedrooms_____ **Basement Plumbing Fixtures?** Excavated basement? Water supply: Other: Is the lot staked? If not, date it will be stake _____ Is the House staked? If not, date it will be staked _____ Installer, if known: ____ Please call (423-209-7876) or email gwp@hamiltontn.gov when house site is staked 5. MAKE A ROUGH SKETCH ON BACK OF THIS PAGE SHOWING DIRECTIONS TO PROPERTY, PROPERTY LINES, HOUSE SITE, WELL LOCATION, SPRING LOCATION, AND ALL DRIVEWAYS, DECKS, POOLS, UTILITIES, ETC. 6. ALL NON-REFUNDABLE FEES ARE DUE IN ADVANCE. Make check payable to: Hamilton County Trustee 7. I certify that the above information is true and correct to the best of my knowledge, and that I have been authorized to submit this Application to the Division of Groundwater Protection. DATE: _____ SIGNATURE _____ AMOUNT PAID ____ RECEIPT # _____