

**HAMILTON COUNTY  
DIVISION OF GROUNDWATER PROTECTION**

**Application for SSSDS Permit / Lot Reviews**

**APPLICANT  
COMPLETE QUESTIONS:                      FEES DUE**

1. **SERVICE REQUESTED:** (check service)

<input type="checkbox"/>	Septic system Construction Permit		
<input type="checkbox"/>	Dwelling . . . . .	2, 3, 4, 7, 8, 9	\$ 400.00 per permit
<input type="checkbox"/>	Commercial (gpd) . . . . .	2, 3, 4, 7, 8, 9	\$ 400.00 per permit
<input type="checkbox"/>	System modification . . . . .	2, 3, 4, 7, 8, 9	\$ 400.00 per permit
<input type="checkbox"/>	Repair . . . . .	2, 3, 4, 7, 8, 9	\$ <u>N/C</u>
<input type="checkbox"/>	Subdivision Evaluation: # of lots _____ . . .	1, 2, 3, 7, 8, 9	\$ 80.00 per lot
	Evaluated for maximum # of bedrooms: _____		
<input type="checkbox"/>	<b>Lot Review</b> . . . . .	2, 3, 4, 7, 8, 9	\$ 80.00 per lot

2. **APPLICANT**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

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 \_\_\_\_\_  
 Excavated basement? Yes \_\_\_\_\_ No \_\_\_\_\_ Basement Plumbing Fixtures? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Water supply: Public: \_ Well \_\_\_\_\_ Other \_\_\_\_\_

Please call (423-209-7876) or email ([gwp@hamiltontn.gov](mailto:gwp@hamiltontn.gov)) when house site is staked.

Installer, if known: \_\_\_\_\_

7. **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.**

8. **ALL NON-REFUNDABLE FEES ARE DUE IN ADVANCE.      Make check payable to: Hamilton County Trustee**

9. **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 #** \_\_\_\_\_