

STAKED
WILL CALL
UNCOVERED
PUMPED

**HAMILTON COUNTY
DIVISION OF GROUNDWATER PROTECTION**

Modification Application

FEES DUE

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

_____ System modification \$ 440.00 per permit

All applications will include an issuance and admin fee of \$40.00

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 _____
 Is the lot staked? _____ If not, date it will be staked _____
 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

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 # _____