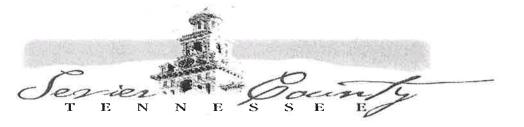
Division of Environmental Health 865-429-1766 – Phone / 865-1965 - Fax



429-

envirhealth@seviercountytn.org APPLICATION FOR INFORMATION REGARDING

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

	Complete	the	following	information:
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complete ti	The following information.
1	Current Owner's Name: <u>John Cuthbertson Buck Sr</u> Address of Property: <u>3521 Vonnie View Way, Sevierville, TN 37876</u>
2	or
	Road Name of Lot Location:
3,	Road Name of Lot Location: Subdivision Name: Top Of The World Tepee Village Lot # Block Phase: Section:
	Vacant Lot Yes No
4	Vacant Lot Yes No Date Home Constructed: Number of Bedrooms: 1 Original Owner:
•	
5	Previous Owners:
•	
6	nt the results of this file correblewed. Office Disk up. Mailed . E Mailed . V
Do you war	nt the results of this file search:Faxed Office Pick-up Mailed E-Mailed _x If mailed a stamped self-addressed envelope must be included in the application
Date: <u>5/8/</u> Number:	125 Signature Kuly Stwurg Phone Number: 865.310.4558 Fax Email: team@dweaverhomes.com
	For SCEH use only:Date Received:
	RESULT OF FILE SEARCH
CCD Cyct	
	tem Permit Issued: Date:for aBedroom systemSS tificate of Completion Approval: NoYes for a _ 0 Bedroom systemFi
search was	s unable to locate any record of this property based upon the information provide
	and the to reduce any record of this property based apon the information provides
	e visit has been made in regard to this request no comment or warranty about the current this request.
	future performance of the SSD system is given. This is not an INSPECTION LETTER and is not lost in the formula of the Division make any representation about whether unauthorized.
	ns have been made to either the SSD system or the original structure. This document on
	at the Division's records show about the number of bedrooms authorized in the subsurface
	oosal system permit based on the information provided in this application.
	Co Q 25-
Environmen	ntal Specialist/ Office PersonalDateDate

SEVIER COUNTY HEALTH DEPARTMENT • DIVISION OF ENVIRONMENTAL HEALTH CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM Type of system Owner, Developer, Contractor, Installer, Etc. 1. Conventional 21 Low Pressure Pipe Moustain Top Views Mound 4. Lagoon 5. In-32 Mound View War 5. Large Diameter Gravelless Pipe (a) Sand backfill required Yes () No () () 6, Other_ 750 Blalock Septic Tank (volume) (type) Estimated Absorption Rate (minutes per inch) (New Installation () Repair () Other Installed by: Black 15 2) Contrat Surface Water 2 32

Original—File

2-17-96

(date)