

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: Jeffrey & Sharon Johnson
2. Address of Property: 2909 W Gallaher Ferry Rd, Knoxville, TN 37932
3. Subdivision Name: Gallaher Ferry Lot/Block/Unit _____
4. Original Owner: Charlton Atlee Hammaker Builder _____
5. Date Home Constructed: 1990
6. Previous Owners: Michael Costello
7. Property Map and Parcel Number: Map _____ Parcel 11601001

Alternate: 5488387327

Do you want the results of this file search:

Faxed Office Pick-up _____ Mailed _____ E-mailed

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

Date: 3-23-09 Signature: Kathleen Kurcien Phone Number: (865) 862-6161
Fax: (865) 862-6160 E-mail: katie@slymagorealestate.com

For EH use only:

Date Received: _____

RESULT OF FILE SEARCH

SSDS System Permit Issued: Date 01-26-90 for a 3 bedroom system

SSDS System Certificate of Completion Approval: No _____ Yes for a 3 bedroom system 11-15-90

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. Roach County: Knox Date: 03-26-09