APPLICATION FOR INFORMATION

Complete this form, only if: ***-You need to know the # of bedrooms for which a septic system is approved;***
AND
-There is an existing residence on the property;
AND
-The property is located in Davidson County, Tennessee.

1. Owner's Name: _____

2. Property Address: _____

3. Property Map & Parcel Number: _____

4. Subdivision Name: _____ Lot Number: _____

5: Requested By: Name: _____

Mailing Address: _____

Email Address: _____ Fax Number: _____

Phone Number: _____

6. How would you like to receive the results of the file search? Please mark the appropriate box.

☐ Office Pick up ☐ Email ☐ Fax ☐ Mail

7. Signature: _____ Date: _____

For Departmental use only:

☐ It appears that public sanitary sewer is available to this property. Contact Metro Water Services at (615) 862-7225 or the responsible utility company to determine the availability and location of the sewer line. Metropolitan Code of Laws, section 15.40.040, requires connection to public sanitary sewer within sixty days after being notified that sewer is available to the property.

☐ Septic System Approval Granted: Date:_____ for a _____ bedroom system.

☐ Metro Public Health Department records are inconclusive. This department cannot determine the approved number of bedroom for this property at this time.

☐ Metro Public Health Department records contain no information regarding the septic system approval for this property.

Comments:_____

_____

_____

_____

_____

Septic system design (permit): ☐ Attached. ☐ No record in the file.

Septic system construction inspection drawing (as-built): ☐ Attached. ☐ No record in the file.

Since no site visit has been made in regard to this request, no comment or warranty about the current condition or future performance of any SSDS is given. This is NOT an assessment or evaluation of the system. This document only reflects what Departmental records indicate about the number of bedrooms authorized in the subsurface sewage disposal system approval based on the information provided in this application.

Departmental Representative: _____ Date: _____

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https://www.nashville.gov/Health-Department.aspx

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Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health