

Subsurface Sewage Disposal System File Search Application

To obtain records for a system on a specific property, complete the application below. Address listed below must match address as it is assigned in KGIS.

Current Owner's Name:	RH LLC
Street Address:	4716 Strawberry Plains Pike
City:	Knoxville
Zip Code:	37914
Tax Map ID Number and Parcel Number:	083NA015
Application Information Completed form to be returned to:	
Applicant Name:	Phillip Hopper
Applicant Phone Number:	
Applicant Email:	
Result of File Search	
Is there an approved SSDS Certificate of Completion?	No
RESULT:	No record of the original SSDS construction or approval found

Office Comments:

2 repairs documented listing property as 2 bedrooms. Please see comments on permit from 2024 about repair status.

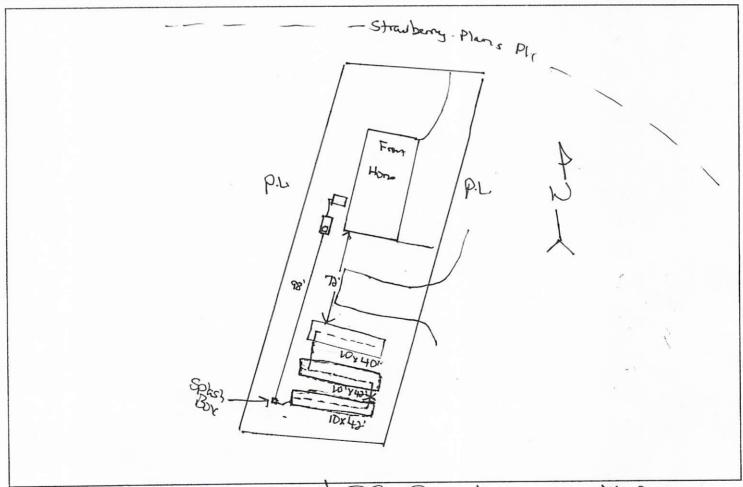
Since no site visit has been made regarding this request, no comment or warranty about the current condition or future performance of the SSDS System is given. THIS IS NOT AN INSPECTION LETTER AND IS NOT TO BE USED FOR LOAN CLOSINGS OR BUILDING PERMITS. Nor can the Division make any representation about whether authorized 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.

File Search Completed On:	Thursday, November 13, 2025
File Search Completed By:	Sharon Beam



KNOX COUNTY HEALTH DEPARTMENT - DIVISION OF ENVIRONMENTAL HEALTH CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

Issued to: Monsour Hobertag Owner, Developer, Contractor, Installer, Etc. Location: HMILO Strawberry Aus Pite Notes: See NUtes on Signed Permit	Type of System: () 1.Conventional () 2 Alternating () 3 Chapter () 4.Low Pressure Pipe () 5.Mound () 6.Lagoon () 7.Large Diameter Gravelless Pipe () 8" () 10" () 8.Chamber () 2' () 3' () 9.Sewage Pump
	()New installation () Repair () Other Installed by: TOP Choice



Construction Approved By:

(Name and Title)

JOD En Spe

M-9-24

(date)

KNOX COUNTY HEALTH DEPARTMENT - DIVISION OF ENVIRONMENTAL HEALTH PERMIT FOR CONSTRUCTION OF SUBSURFACE SEWAGE DISPOSAL Permit Requirements Based Upon: Evaluation Based Upon: Soil Texture/Structure) 1. Soll typing by Soil Scientist) 2. Soil Percolation Tests Soil Dapth Owner, Developer, Contractor, Installer, Etc. Soil Drainage) 3. Environmental Specialist Presence of Restrictive Layers Location: Position Estimated Absorption Rate:) TCA 68-221-403 Section Alternative Systems:) 1. Low Pressure Pipe Installation: Conventional Systems: 11. New Installation 2. Mound Type of Systems: 3. Lagoon 42. Repair to Existing System 1. Standard (A2. Repair to Establishment:)4. Other) 2. Alternating (X1. Residential: # of Bedrooms 3. Chamber ()2' ()3') 3. Chamber ()2' ()3') 4. Large Diameter Gravellese Pipe See attached design package 2. Other: (specify)) 5, Others Gal/day Also required:) 1. Curtain Drain) 2. Flew Diversion Valve This system shall consist of a two compartment septic tank holding) 3. Sewage Pump 135 possiblymear feet in_) 4. Other: All installers of subsurface sewage disposal systems must hold a valid annual license from the Knox County Health Department. The recipient of this permit agrees to construct or have constructed the above described system in accordance with 68-13-401 et, seq. and The Regulations To Govern Subsurface Sewage Disposal Systems. If any part of the system is covered before being inspected and approved, it shall be uncovered by the recipient of the permit at the direction of personnel of the Knox County Health Department. Any cutting, filling or alterations of the soil condition on the aforementioned Must sign date and For permit to be us property after this day may render this approval null and void. Signature of Recipient issued in Knox County, Tennesses Hotes: (9) 25' from out banks and natural drains (10) Call 215-5200, 8:00-9:00 a.m. for inspection (5) 10' from properly lines (6) 10' trenches from house (2) Install trenches on contour of land (3) Maintain a 100% Reserve Area () (7) 5' septic tank from house (8) 15' septic tank from out bank (4) Keep well 50 ft. or more from sewage system This permit is an attempt to repair a system that has been repaired before.

Should this alternat to repair Fails this department has no other options, Check pump to make sure Operating property install splash both to repair system. Forms Should this attempt to repair fail possible only often option would be an alternative system IF System can't be repaired ed Gt eward 11:11 and 1)Cicolor

KNOX COUNTY HEALTH DEPARTMENT

CERTIFICATE OF COMPLETION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM Type of System: 1. Standard Pate WAIKER WOUTERS
OWNER, Developer, Contractor, Ensaller, Esc. () 2. Alternating (16. Lagnon () 3. Chapter ____ () 7. Large Diameter Gravelless Pipe 1 18. Other

24 LOCK
(Yolume) () 4. Low Pressure Pipe 4716 Straw Plains PK (Drainfield Size) Estimated Absorption Rate 6 (minutes per inch) () New Installation Repair () Other Installed by: Construction Approved By: KC-2344 (0595)