

**SHELBY COUNTY HEALTH DEPARTMENT  
WATER QUALITY BRANCH**

1826 Sycamore View Road

Memphis, Tennessee 38134

(901) 222-9599 and Fax (901)222-9561

[waterqualityseptic@shelbycountyttn.gov](mailto:waterqualityseptic@shelbycountyttn.gov)

**SEPTIC SYSTEM & REPAIR APPLICATION (1/13/2022)**

**Type of Work:**      New System \_\_\_\_\_      Repair \_\_\_\_\_      Modification \_\_\_\_\_

**I.    Septic System Owner**

Name of Owner \_\_\_\_\_

Contact Person \_\_\_\_\_      Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip Code \_\_\_\_\_

Business or Home Number \_\_\_\_\_      Fax Number \_\_\_\_\_

Email \_\_\_\_\_

---

**II.    Septic System Installer**

Name \_\_\_\_\_      Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip Code \_\_\_\_\_

Business Number \_\_\_\_\_      Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of contact: Email \_\_\_\_\_      Phone Call \_\_\_\_\_      Text Message \_\_\_\_\_

---

**III.    Septic System Location**

Address \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip Code \_\_\_\_\_

How many occupants? \_\_\_\_\_      How many Bedrooms? \_\_\_\_\_

How many field lines \_\_\_\_\_      How many acres? \_\_\_\_\_

In a Subdivision?      Name \_\_\_\_\_      Lot# \_\_\_\_\_

Non-Subdivision      Give specific directions and Address to the lot or site \_\_\_\_\_

Parcel ID \_\_\_\_\_

---

**IV.    Type of Septic System to Be Installed (check all that apply)**

Residential \_\_\_\_\_      Commercial \_\_\_\_\_

Septic Tank \_\_\_\_\_ Size \_\_\_\_\_      Pump Tank \_\_\_\_\_ Size \_\_\_\_\_

Conventional \_\_\_\_\_      3ft Chamber \_\_\_\_\_      2ft Chamber \_\_\_\_\_

EZ Flow \_\_\_\_\_ Size \_\_\_\_\_      LPP \_\_\_\_\_      Mound \_\_\_\_\_

Other \_\_\_\_\_

**V. Additional Information Required Prior to Inspection**

1. Is Public Water Available? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are there wells on the property? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Number of wells on the property? (if applicable) \_\_\_\_\_
4. Status of Well(s) Active \_\_\_\_\_ Inactive \_\_\_\_\_ None \_\_\_\_\_

---

**The following must accompany any application that is submitted:**

- A. Plot plan that includes all information required as stated in the Regulations.
- B. A \$175.00 (\$300.00 for LPP, Mounds & Alternative Systems) application processing fee. All fees due in advance and are non-refundable.
- C. Septic Tank and Field Lines must be marked prior to inspection.
- D. Soil Map must be submitted with sketch.
- E. A sketch or diagram of the property, property line, house site, well location, spring location, planned driveway and utilities.

---

By signing this application, the owner and septic tank installer agree to comply with all regulations outline by the Septic Tank Program. All applicable fees and submitted paperwork must be complete and accurate.

---

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Septic System Installer \_\_\_\_\_ Date \_\_\_\_\_

---

Remarks: The Health Department reserves the right to supplement the general requirements by an addendum as may be required. If the application is approved by the Health Department, a septic tank permit will be issued in writing to the selected septic tank installer with a copy to the applicant. No work is to begin until the permit has been received.

**FOR DEPARTMENT USE ONLY**

**Date Application Received** \_\_\_\_\_ **Approval/Denial Date** \_\_\_\_\_

**Date Soil Map Submitted** \_\_\_\_\_ **Permit Number** \_\_\_\_\_

**Conditions** \_\_\_\_\_

---

**Departmental Signature** \_\_\_\_\_