



SEPTIC SYSTEM PERMIT APPLICATION

Type of Permit:

Check one: Residential: _____ Commercial: _____

Check one: New Construction: _____ Replacement: _____ Repair (specify type): _____

Property Owner:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Work #: _____ Fax #: _____

Applicant Information (Write same if same as property owner):

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Work #: _____ Fax #: _____

Contact Information:

Send specifications to: _____ Fax #: _____

Send permit to: _____ Telephone #: _____ Fax #: _____

Site Information:

Street address: _____ City: _____, State: IN Zip: _____

Subdivision: _____ Phase: _____ Lot #: _____

Detailed directions: _____

Soil borings are attached (check one): yes _____ no _____

What is the reason for this permit application? Check all that apply: ___New construction ___System failure ___Remodeling
___Component failure(tank, d-box etc.) ___ Failed property transfer inspection ___Order of abatement ___Land acquisition
___ Pool installation ___Landscaping changes ___Other: _____

Dwelling Information: If there are any changes to this information, a revised application must be submitted.

Number of bedrooms: _____ Is there a jetted bath tub \geq 125 gal? Yes _____ No _____

Type of water supply: Well _____ Municipal _____ Is the existing Well to be used? Yes _____ No _____

(If not, Well application must be submitted with this application).

Is the property within the 100 Year Floodplain? Yes _____ No _____ Don't know _____

Certifications: I hereby certify that I am the property owner or the authorized representative of the property owner and that the above statements are true and accurate. I certify that I have the authority to and I hereby grant permission and consent for the Health Department to enter onto the property without prior notice to conduct inspections and collect soil and water data as necessary to assure compliance with all applicable laws, rules, ordinances, etc. pertaining to the installation and function of the septic system. Failure to allow access to the Health Department will result in the immediate suspension of this application and the stoppage of any work being conducted pursuant to a permit issued in response to this application.

For Health Department Use Only:

Application #: _____

Transaction # / Date: _____

Signature of Applicant

Date