

ON-SITE SEWAGE DISPOSAL SYSTEM APPLICATION

INSTRUCTIONS: All items are to be completed by the homeowner or contractor. This application shall be considered pending until all information necessary for approval has been provided as determined by the health department. No permit shall be issued until the property owner or agent has provided all required information to the health department, and the health department has given approval. Completion of this application does not guarantee the issuance of a permit.

1. Date of Application: _____
2. Applicant / Owner's Name: _____
3. Current Mailing Address _____ City _____ Zip _____
4. Telephone: _____ Alternate Phone: _____
5. Application Type: New Replacement Repair (one)
6. Facility Type: Residential Commercial (one)
7. Licensed Installer Name _____
8. Location and Address of Site:
Address _____
Town _____ Zip code _____ Lot Size _____ ac.
Subdivision _____ Lot # _____
9. Directions to Site from Health Dept. _____

10. Water Supply: (one) City Private (well)
11. Property within 300 feet of a sanitary sewer line: Yes No (one)
12. Jetted Bathtub >125 Gal.: Yes No Garbage Disposal: Yes No
13. Total Number of Proposed or Existing Bedrooms _____

14. Commercial Only
Use of Structure _____ # of Employees _____
Name / Address of Professional Engineer or Registered Architect:

The property owner and/or his/her agent certifies that to his/her knowledge all the information submitted is correct, and the system will be installed as approved in compliance with ISDH Rule 410 IAC 6-8.2 and Howard County Ordinance 2006-BCC-23.

The property owner and/or his/her agent must understand that the health department has 45 days to issue or deny a permit in accordance with IC 16-41-25-1. You will be contacted when the permit is issued or if we have any questions for you.

Signature of Property Owner or Agent

Date Signed

Print Name _____