



Clay County Health Department
 18 N Walnut Street Brazil, IN 47834
 812-448-9021(office) 812-448-9018 (Fax)

Paid _____

Public Health
 Prevent. Promote. Protect.

www.ClayCountyHealth.IN.Gov

Receipt # _____

Onsite Sewage System (OSS) Application

Please complete the information on this page and attach the floor plan of design location.

- New Install
 Modification
 Repair
 Residential
 Commercial

PROPERTY OWNER INFORMATION

Name _____
 Address _____
 City, Zip _____
 Phone _____
 Email _____

APPLICATIONS ARE NOT ACCEPTED WITHOUT A PARCEL ID NUMBER AND OFFICIAL ADDRESS

Parcel ID _____ Township _____
 Address, City, Zip _____, IN, _____
 Lot size / acres _____

INSTALLER INFORMATION

Company Name _____ Phone _____
 Email _____
 Installer Name _____ Phone _____

BUILDER INFORMATION (if new construction)

Name _____ Phone _____
 Email _____ Construction Date _____

BUILDING/ RESIDENCE INFORMATION

_____ Number of Bedrooms
 Jetted Tubs over 125GPM
 Actual Capacity _____ GPMs
 _____ Number of Occupants
 Full body shower over 125 GPM
 Actual Capacity _____ GPMs

- Garbage Disposal?
 Grinder Pump?
 Water Softener?
 Seasonal Use?
 Rental

Water Supply Source:

- Community Well
 Private Well
 Other _____

This application is not complete until an on-site soil evaluation has been submitted {410 IAC 6-8-3-56}

Property Owner Signature Printed Name Date

Application expires one year from date of purchase. Any changes after minimum specifications are issued shall result in a voided application. This fee is non-refundable. NO Personal Checks.