**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 Code :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Application Type : New  Replacement  Repair  (☑ one)**
3. **Proposed System : Stone & Pipe \_\_\_\_ Chambers \_\_\_\_ Sand Lined \_\_\_\_ Other \_\_\_\_\_**
4. **Facility Type : Residential  Commercial  (☑ one)**
5. **Registered Installer Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Location and Address of Site :**

**Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Town : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code : \_\_\_\_\_\_\_\_\_\_ Lot Size : \_\_\_\_\_\_\_\_\_\_\_\_ ac.**

**Subdivision : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Directions to Site from Health Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Water Supply : City  Private (Well)  (☑ one)**
2. **Property within 300 feet of a sanitary sewer line : Yes  No  (☑ one)**
3. **Jetted Bathtub >125 Gal : Yes  No  Garbage Disposal : Yes  No**
4. **Total Number of Proposed or Existing Bedrooms : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **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 6-8.3 and Howard County Ordinance.

The property owner and/or his/her agent must understand that the Health Department has 30 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_