



On-Site Sewage System Permit Application

Application for: New construction | Alteration or Replacement of Existing | Tank Only | Drain Only

If Repair, Reason for Repair: System Age | Damaged System | Illegal Discharge | Surface Failure | Other: _____

Previous permit #: _____ Original system date (yr.): _____

Owners Name: _____ Site Address: _____

Address: _____ City: _____ Subdivision: _____

City, State, Zip: _____ Lot #: _____ Township: _____

Phone: _____ Email: _____ Parcel #: _____

Installer: _____ Designer: _____ Email: _____

Phone: _____ Contact: _____ Phone: _____

1 or 2 family dwelling # of Bedrooms _____ | Commercial DDF: _____ IDOH Project #: _____
+ jetted tubs ≥ 125 gal

Is the property located within the 100-year floodplain? Yes No

Water Source: Public Water Supply | Proposed Well | Existing Well

Septic System & Secondary Disposal Information

Septic Tank: 1 or 2 compartment | Manufacturer/Model: _____ Size: _____ gal
Basement Grinder Pump: Yes | No **If yes, then a 2-compartment septic tank is required**

Effluent Filter: Manufacturer: _____ Model: _____

Dose Tank: Manufacturer/Model: _____ Size: _____ gal

Combo Septic/Dose: Manufacturer: _____ Septic: _____ gal Dose: _____ gal

Secondary Treatment: Single Pass Media Filter Recirculating Media Filter Aerobic Treatment Unit

Make/Model: _____

Distribution: Gravity Flow | Flood Dose | Pressure Distribution

Absorption ft²: _____ Trench Depth: _____ Aggregate Spec: _____

Chamber ft²: _____ Trench Depth: _____ Make/Model: _____

Sand Line Make/Model: _____ Lineal Ft: _____ Depth: _____ Basal Area: _____ x _____

Sand Mound Basal Area: _____ x _____ Aggregate Bed Depth: _____

Drip Irrigation Lineal Ft: _____ Make/Model: _____

Drainage

Perimeter Interceptor Segment N/A | Size: 4" 6" | Depth: _____ Agg. Type: _____ Text. Wrapped: Yes No

I, the undersigned, do now affirm under penalties of perjury that the foregoing information and/or representations are true and further do now certify that septic construction for this parcel will be installed to meet State and local requirements of the Health Department of Hamilton County, Indiana.

Date: _____ Signed: _____