

Hamilton County Health Dept.

18030 Foundation Drive, Suite A
Noblesville, Indiana 46060

Permit Number: _____

Completed System

Approved: _____

Date: _____

On-Site Septic System Permit Application

Please check the appropriate spaces and fill in all additional information or insert N/A if not applicable.

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

If Repair, Reason for Repair: Damaged System Seasonal Water Table System Age Illegal Discharge
 Improper Const. Improper Design Lack of Maintenance
 System Depth Undersized system Surface Failure

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

Permit Information

Owner Name: _____ Site Address: _____
Address: _____ City: _____ Subdivision: _____
City, State, Zip: _____ Lot: _____ Township: _____
Phone: _____ Or _____ Parcel# _____
Installer Name: _____ Company Name: _____

Property & Water Supply Description

Use of facility: 1 or 2 family dwelling Commercial Restaurant Daycare School
 Mobile Home Park Campground Other

Of Bedrooms _____ # of Jetted Tubs (>125gals): _____ Lot Size: _____

Basement Grinder Pump: Yes or No (circle one) **If yes, then a 2 compartment septic tank is required**

Water Supply: Public Water Supply Proposed Well
 Existing Well Size: _____ Depth: _____

Septic System and Secondary Disposal Description

Septic Tank: 1 or 2 compartment (circle) Manufacturer: _____ Size: _____ gal

Effluent Filter: Manufacturer: _____ Filter Model: _____

Dosing Tank: Manufacturer: _____ Dosing Tank Size: _____ gal

Distribution: Gravity Flow Flood Dosing Pressure Distribution

Alteration/Addition: Manufacturer: _____ Model: _____

Secondary Treatment: Single Pass Media Filter Recirculating Media Filter Aerobic Treatment Unit
(if applicable) Manufacturer: _____ Model Type: _____

Disposal: Absorption field Sq.Ft. _____ Trench Depth: _____ Agg. Type: _____
 Gravelless Sq.Ft. _____ Trench Depth: _____
 Sand Mound Basal Area: _____ Agg. Bed Area: _____
 Drip Irrigation Ln.Ft: _____ Manufacturer _____
 Sand Line Type: _____ Ln.Ft: _____ Depth: _____ Basal Dimension _____

Perimeter Drain: Size: _____ Depth: _____ Stone: _____ Textile Wrapped: Y or N

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 installation for this property will be installed to meet State and local requirements of the Health Department of Hamilton County, Indiana.

Date: _____ Signed: _____