



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: [ ] System Age | [ ] Damaged System | [ ] Illegal Discharge | [ ] Surface Failure | [ ] Other: \_\_\_\_\_

Previous permit #: \_\_\_\_\_ Original system date (yr.): \_\_\_\_\_

Permit Information

Owner Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

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

City: \_\_\_\_\_ Subdivision: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Lot #: \_\_\_\_\_ Township: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Installer Name: \_\_\_\_\_

Designer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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): \_\_\_\_\_

Is the property located within the 100 year floodplain? Yes [ ] No [ ] \*If yes, then base flood elevation must be noted on design\*

Basement Grinder Pump: Yes [ ] No [ ] \*If yes, then a 2 compartment septic tank is required\*

Water Supply: [ ] Public Water Supply | [ ] Proposed Well | [ ] Existing Well

Septic System and Secondary Disposal Description

Septic Tank: [ ] 1 or [ ] 2 compartment Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_ gal

Effluent Filter: Manufacturer: \_\_\_\_\_ Filter Model: \_\_\_\_\_

Distribution: Gravity Flow [ ] | Flood Dose [ ] | Pressure Distribution [ ]

Dosing Tank: Manufacturer: \_\_\_\_\_ Dosing Tank Size: \_\_\_\_\_ gal

Drain back: Drains to dose tank [ ] | Drains to distribution box [ ] | Other [ ] \*If other, dose line must be installed below 54" frost line\*

Alteration/Addition: Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

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

(if applicable) Manufacturer: \_\_\_\_\_ Model Type: \_\_\_\_\_

Disposal:

- [ ] Absorption Sq. Ft.: \_\_\_\_\_ Trench Depth: \_\_\_\_\_ Agg. Type: \_\_\_\_\_
[ ] Chamber Sq. Ft.: \_\_\_\_\_ Trench Depth: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_
[ ] Sand Line Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lineal Ft.: \_\_\_\_\_ Depth: \_\_\_\_\_ Basal Area: \_\_\_\_\_
[ ] Sand Mound Basal Area: \_\_\_\_\_ Agg. Bed Depth: \_\_\_\_\_
[ ] Drip Irrig. Lineal Ft.: \_\_\_\_\_ Make: \_\_\_\_\_

Drainage: [ ] Perimeter | [ ] Interceptor | [ ] Segment | [ ] N/A | Size: \_\_\_\_\_ Depth: \_\_\_\_\_ Agg. Type: \_\_\_\_\_ Textile 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: \_\_\_\_\_