



# St. Joseph County Health Department

*"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"*

## SEPTIC SYSTEM PERMIT APPLICATION

### Type of Permit:

Check one: Residential:  Commercial:

Check one: New Construction:  Replacement:  Repair (specify type): \_\_\_\_\_

### Property Owner:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Applicant Information (Write same if same as property owner):

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Contact Information:

Send specifications to: \_\_\_\_\_ Fax #: \_\_\_\_\_

Send permit to: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Site Information:

Street address: \_\_\_\_\_ City: \_\_\_\_\_, State: IN Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot #: \_\_\_\_\_

Detailed directions: \_\_\_\_\_

Soil borings are attached (check one): yes  no  Soil borings must be attached to process this application.

What is the reason for this permit application? Check all that apply. New construction:  System failure:  Remodeling:

Component failure (tank, d-box etc.):  Failed property transfer inspection:  Order of abatement:  Land acquisition:

Pool installation:  Landscaping changes:  Other (specify): \_\_\_\_\_

### Dwelling Information: If there are any changes to this information, a revised application must be submitted.

Number of bedrooms: \_\_\_\_\_ Is there a jetted bath tub  $\geq$  125 gal? Yes  No

Type of water supply: Well:  Municipal:  Is the existing Well to be used? Yes  No \*

\*(If no, a Well Application must be submitted with this application).

Is the property within the 100 Year Floodplain? Yes  No  Don't know

**Certifications:** I hereby certify that I am the property owner or the authorized representative of the property owner and that the above statements are true and accurate. I certify that I have the authority to and hereby grant permission and consent for the authorized representatives of the Health Department to enter onto the property without prior notice to conduct inspections and collect soil and water data as necessary to assure compliance with all applicable laws and rules pertaining to the installation and function of the septic system. Failure to provide true and accurate information or to allow the Health Department access will result in the immediate suspension of any permit and any work being conducted pursuant to this application. I understand that I am obligated to identify underground utilities (call "811") or other underground obstructions.

### For Health Department Use Only:

Application #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date