



**Daviess County Health Department**  
 303 East Hebron Street  
 Washington, Indiana 47501  
 Phone (812) 254-8674  
 FAX (812) 254-8643

# **APPLICATION FOR ONSITE SEWAGE SYSTEM PERMIT**

- NEW SYSTEM     REPAIR     EXPANSION  
 RE-CONNECTION     REPLACEMENT

**Please complete the information on this page:**

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner's mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (If there is not an address #, PLEASE GIVE ROAD NAME)

***DIRECTIONS to site.* (THIS SECTION MUST BE COMPLETED **IF** SITE HAS NO 911 ADDRESS)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Nearest crossroads:** \_\_\_\_\_ **Distance to property:** \_\_\_\_\_

**Nearest mailbox number:** \_\_\_\_\_ **Distance to property:** \_\_\_\_\_

**Landmarks noticeable from road** (i.e. buildings, ponds, etc.) \_\_\_\_\_

**PLEASE PROVIDE US WITH A LEGAL DESCRIPTION FOR THIS PIECE OF PROPERTY IF KNOWN.**

Parcel # \_\_\_\_\_ T# \_\_\_\_\_ N \_\_\_\_\_ R # \_\_\_\_\_ W \_\_\_\_\_ Section # \_\_\_\_\_ Township \_\_\_\_\_

NUMBER OF ACRES \_\_\_\_\_ Water Supply:  CITY  COUNTY  Well  Spring  Other: \_\_\_\_\_

NUMBER OF BEDROOMS \_\_\_\_\_ NUMBER OF BATHROOMS \_\_\_\_\_ NUMBER OF PEOPLE IN HOME \_\_\_\_\_

NUMBER OF 125 GAL & OVER BATHTUBS (*whirlpool, two-person, ect*) \_\_\_\_\_ EST. SQ. FOOTAGE OF HOUSE \_\_\_\_\_

Plumbed Outbuildings:  YES  NO Garbage Disposal:  YES  NO Water Softener:  YES  NO

**Is there a specific type of system you would prefer to install, if possible?** (i.e. Sand Mound, Gravel, Sand-lined, etc.)  
 \_\_\_\_\_

**Name of installer** (if known): \_\_\_\_\_

**Name of builder** (if known): \_\_\_\_\_

**\$25 non-refundable application fee is due at the time this form is submitted.**

**\$75 non-refundable permit fee is required before a permit can be issued.**

I hereby certify that, to the best of my knowledge, information on this sheet is correct. In addition, the water supply and sewage facilities for this building will be installed strictly in accordance with all provisions of Indiana State Law 410 IAC 6-8.3, and with the Daviess County Sewage Disposal Ordinance, No. 2013-3.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_