



Daviess County Health Department

Daviess County Government Center
300 East Hebron Street, Suite 150
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 _____