

Septic Permit Application

Lawrence County Health Department 2419 Mitchell Rd., Bedford Indiana 47421 Ph.(812)275-3234 Fax (812)275-1094 www.lawrencecounty.in.gov

Replacement System

Repair Existing System

Commercial System

For Office Use Only:
Application#
Receipt#
Date
Cash CCK
MO

INSTRUCTIONS:

- Please complete all items below by printing clearly in black ink
- Complete page 2 (back side) of this form, sign and initial where required
- For Application by mail, include copy of Driver's License or state issued ID
- Payment by cash, money order or cashier's check, no personal checks accepted
- Application to be made between 8:30 a.m. to 3:45 p.m., Monday Friday

• Please allow 7 business days for processing your application

Owner's Name	Home Phone # Cell Phone #				
	Email:				
Address of Property where system is being installed					
(Subdivision name and street address, lot #, etc.)	(City)	(State) (Zip Code)			
Owner's mailing address	(Only)				
(Street address)	(City)	(State) (Zip Code)			
Legal Description: T: R: S: Township: (Provide a copy of the property's recorded deed or abstract showing you as the current property owner)					
Parcel #(s)					
<u>A copy of the floor plan is required when filing this application</u> . Floor plan must show all levels of the dwelling and any other plumbed structures (ex: garage, workshop, barn, etc.) with rooms marked for use, size, doors, windows and closets along with the overall exterior dimensions of the home. Copies of legal description and floor plan must be no larger than 8 ½ X 11.					
Property features: # of Jetted tubs>125gal Water Supply (well, city, county, other) Number of acres					
Basement Level Sewer Outlet (Basement Plumbing) Yes No Garbage Disposal Yes No					
Washing Machine □ Yes □ No Dishwasher □ Yes □ No Water Softener □ Yes □ No					
Will additional structures be plumbed to this system (garage, workshop, barn, guest house, etc.)? Derived Yes Do					
Name of Installer (if known) Nam	ne of Builder (if known)				
Is there a specific type of system you would prefer to install, if possible? (i.e. chamber, sand-lined system, aggregate, etc.?					

If Repair/Replacement, what is the reason for this application (ex: failing system, building new home on existing site, replacing manufactured home, renovating to add bedrooms/bedroom equivalents to existing dwelling, etc.)?

Do you intend to use any or all of the existing septic system? **D** Yes **D** No (If no, skip to next section)

If yes, was a permit issued/applied for the original system? Dermit App#____

If there was no permit issued/applied for the existing system, have you had the septic system evaluated by a Lawrence County Licensed Installer? requirements given during this application process will be based on complete replacement of the septic system.)

(Please Note: A copy of the Lawrence County Licensed Installer's inspection report must accompany this application in order for us to determine suitability of the existing system for use in whole or in part and to issue a permit for repair/replacement including those components.)

Please Read and Initial Below:

I understand that changes to the property such as construction of a dwelling, renovation to increase the number of bedrooms/bedroom equivalents, placement of a manufactured home, etc. may not occur until the septic permit is issued (per 410 IAC 6-8.3 Sec. 53 and Lawrence County Ordinance 2006-04), and it is my responsibility to ensure the areas marked off for both primary and set aside systems (if required) are left undisturbed until installation of the system and inform all parties involved (contractors, builders, installers, etc.), of these requirements. Application for a permit **does not** mean a permit has or will be issued.

_____ I understand that if changes are made to the original documents submitted with this application (ex. change of floor plan, change of installer requiring review of additional drawings, etc.) that a fee will be charged for re-review and updating LCHD files and for re-issuing of a permit that has previously been issued or has expired.

<u>I understand that all wastewater must discharge to an approved onsite sewage system per</u> 410 IAC 6-8.3 Sec. 52, and will disclose to the septic installer all points of discharge so any plumbing issues can be addressed at, or prior to the time of installation.

_____ I certify that as owner of the above-mentioned property, the information and floor plan supplied by me for this property is true and correct; and that the system will be installed according to the proposed installation plan and state and county regulations.

Signature of property owner	property owner Dated			
	(This signature is required)			
Fill out this section only if giving permission to a second party to sign the permit when issued.				
I,	give permission to	_, to sign		
for septic permit #	, when it is issued.			
Signed	Dated			

Updated 11/8/19