

FLOYD COUNTY HEALTH DEPARTMENT



1917 Bono Road
New Albany, Indiana 47150-4607
Telephone (812) 948-4726
Fax (812) 948-2208
www.floydcountyhealth.org

APPLICATION FOR REPAIR/REPLACEMENT ON-SITE SEWAGE SYSTEM PERMIT

FEE FOR PERMIT (Repair -\$75.00 Replacement \$100.00) *due after site survey inspection*

PERMIT # _____ DATE PERMIT ISSUED: _____ SENT TO BLDG DEPT. _____

DATE: _____ PROPOSED SEPTIC INSTALLER: _____

APPLICANT: _____ PHONE #: _____

APPLICANT EMAIL: _____

PROPERTY OWNER: _____ PHONE: _____

OWNER EMAIL: _____

CURRENT MAILING ADDRESS: _____

PROPOSED PROPERTY LOCATION AND DESCRIPTION:

(CHECK ONE) RESIDENTIAL DUPLEX COMMERCIAL

PROPERTY LOCATION (STREET AND/OR NEAREST HOUSE#--INCLUDE ADDRESS IF KNOWN):

SUBDIVISION: _____ LOT#: _____ ACREAGE: _____ ACRES

WATER SOURCE (PUBLIC WATER SYSTEM OR PRIVATE WELL): _____

OF PROPOSED BEDROOMS: _____ # OF JETTED BATH TUBS (125 GAL. & OVER) _____

WATER SOFTENER? YES or NO ARE WELLS OR CISTERNS LOCATED ON PROPERTY? YES or NO

PROPOSED GRINDER PUMP? YES or NO PROPOSED GEOTHERMAL WELL(S)? YES or NO

PLUMBING OUTLET LOCATION: MAIN FLOOR OR BASEMENT

The undersigned applicant acknowledges and understands that the Floyd County Health Department may, at my request, propose a design for a septic system and set-aside area based upon state and local statutes, ordinances, rules and regulations; this applicant acknowledges that, due to the variations in soil types, terrain, and other factors, it is not possible for the Department to propose a design for a system that will be failure proof; that the action by the Department in proposing a design at my request is not, and shall not be considered by the undersigned, as a guarantee that the system so designed and installed will perform as required by applicable state and local statute, rules, and regulations; that the undersigned accepts the responsibility and liability for the failure of the system installed pursuant to this permit and will indemnify and hold harmless the Department for any such failure; and, the applicant understands that due to conditions known or believed to pertain to the site of installation of the septic system, the Department may decline to propose a system design and require that the proposed system be designed by a Registered Professional Engineer*. The undersigned further acknowledges an understanding of all requirements and procedures for obtaining this permit as defined and set forth in the (FCHD form) Requirements and Procedures; does covenant and agree to conform to and abide by the same; and, does hereby expressly release the Department from any liability, cost, expense, charge, or damage to person or property, resulting from the failure of the septic system installed pursuant to this permit.

Applicant (print name): _____

Signature: _____ Date: _____