



On-Site Residential Septic System Application For Grant County

New: _____ Replacement: _____ Prev. Permit # (if on file) _____
Repair: _____ Component : _____
If repair, provide copy of inspection report.

Date of Application: _____

Repair Only- Is this resulting from a Real Estate Transaction or Health Department testing?

If yes, please explain : _____

Instructions: **All items** are to be completed by the homeowner or contractor. This application shall be considered **pending, and no permit will be issued** until all information necessary for approval has been provided as determined by the Health Department. Completion of this application **does not** guarantee the issuance of a permit.

Applicant/ Owner's Name: _____

Current Mailing Address: _____

Street Address

City

State

Zip

Telephone : _____

Email: _____

Address of Site: _____

Street Address

City

State

Zip

Lot Size: _____ Acres: _____ Parcel ID: _____

Township: _____ Section/ Range: _____

Location Description (if no address assigned):

Description

of bedrooms: _____ # of occupants: _____

Jetted Tub > 125 gal? Yes or No If yes, how many in home? _____ Gallon Capacity : _____

Garbage Disposal ? Yes or No Water Softener? Yes or No

Installer Information

Company Name: _____ Agent: _____

Contact : _____ Phone: _____

The property owner and/ or his/ her agent certifies that to his/her knowledge all the information submitted is correct, and the system will be installed as approved in compliance with ISDH Rule 410 IAC 6-8.3 and Grant County Ordinance. The property owner and/ or his/ her agent must understand that the Health Department has 30 days to issue or deny a permit in accordance with IC 16-41-25-1. You will be contacted when the permit is issued or if we have any questions for you.

Signature of Property Owner/ Installer

Print Name

Date