

# Hancock County Health Department

## Septic System Permit Application

Please Check the appropriate spaces and fill in all additional information or insert N/A if not applicable.

**\*\*\*THIS APPLICATION IS NON-REFUNDABLE.\*\*\***

**Application for:** New Construction \_\_\_\_\_ Repair/Replacement \_\_\_\_\_

Tank Only \_\_\_\_\_ Perimeter Drain Only \_\_\_\_\_

**Applicant:** Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Property Owner:** Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Builder:** Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Septic Installer:** Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Location

Name of subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Address if known \_\_\_\_\_

If no address, location by two county roads \_\_\_\_\_

Number of acres \_\_\_\_\_

### Project Specifications

1 to 2 family dwelling \_\_\_\_ Commercial building \_\_\_\_ Number of bedrooms if 1 to 2 family dwelling \_\_\_\_

Will there be a jetted tub with more than 125 Gallons \_\_\_\_\_

Have soil borings been done yet? \_\_\_\_\_ If yes, who did them \_\_\_\_\_

- **If access to construction area is not by way of driveway you must obtain a temporary driveway permit. If you have any questions please call Dave Butler w/ the Highway Dept. 317-477-1156**

Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_