



HARRISON COUNTY HEALTH DEPARTMENT

241 ATWOOD STREET, SUITE 200 CORYDON, INDIANA 47112

PHONE (812) 738-3237 – FAX (812) 738-4292

WWW.HARRISONCOUNTYHEALTH.COM

APPLICATION FOR ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Please print all

Date: _____ Soil analysis by: _____

Property owner: _____ Owner phone number: _____

Property owner mailing address:

City/Town: _____ State: _____ Zip: _____

The purpose of the dwelling - circle one: RESIDENTIAL DUPLEX COMMERCIAL

New Dwelling Site () Repair / Replacement ()

Property location or nearest address:

Subdivision: _____ Lot # _____ # of bedrooms _____

Public water? (Y) (N) Well on property? (Y) (N) Acreage: _____

Number of jetted bathtubs (125 gallons or more): _____

Dwelling (check one): Frame house () Mobile home () Manufactured home ()

Basement? (Y) (N) Plumbing outlet location (check one): MAIN FLOOR () BASEMENT ()

The undersigned applicant acknowledges and understands that the Harrison County Health Department (hereafter referred to as the Department) may, at my request, propose a design for a septic system based upon state and local statutes, ordinances, rules and regulations. This applicant acknowledges that due to variations in soil types, terrain, and other factors, it is not possible for the Department to propose a septic system design that will be "failure proof", and that the action by the Department, in proposing a design at my request, is not and shall not be considered as a guarantee that the system so designed and installed will perform as required by applicable state and local statute, rules, and regulations. The undersigned accepts the regulations and 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. 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/or require that the proposed system be confirmed and designed by a Registered Professional Engineer*. The undersigned 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.

* Certified Soil Scientists and Registered Professional Engineers are NOT employees of the Harrison County Health Department and are NOT septic installers. These professionals are privately employed by the homeowner / builder at their own cost.

Printed name of homeowner or builder

Date: _____

THIS SECTION TO BE COMPLETED BY THE HEALTH DEPARTMENT

SEPTIC PERMIT # _____

SOIL RATING _____ DESIGN DAILY FLOW _____ SYSTEM TYPE _____

CAPACITY OF SEPTIC TANK _____ CAPACITY OF PUMP TANK _____

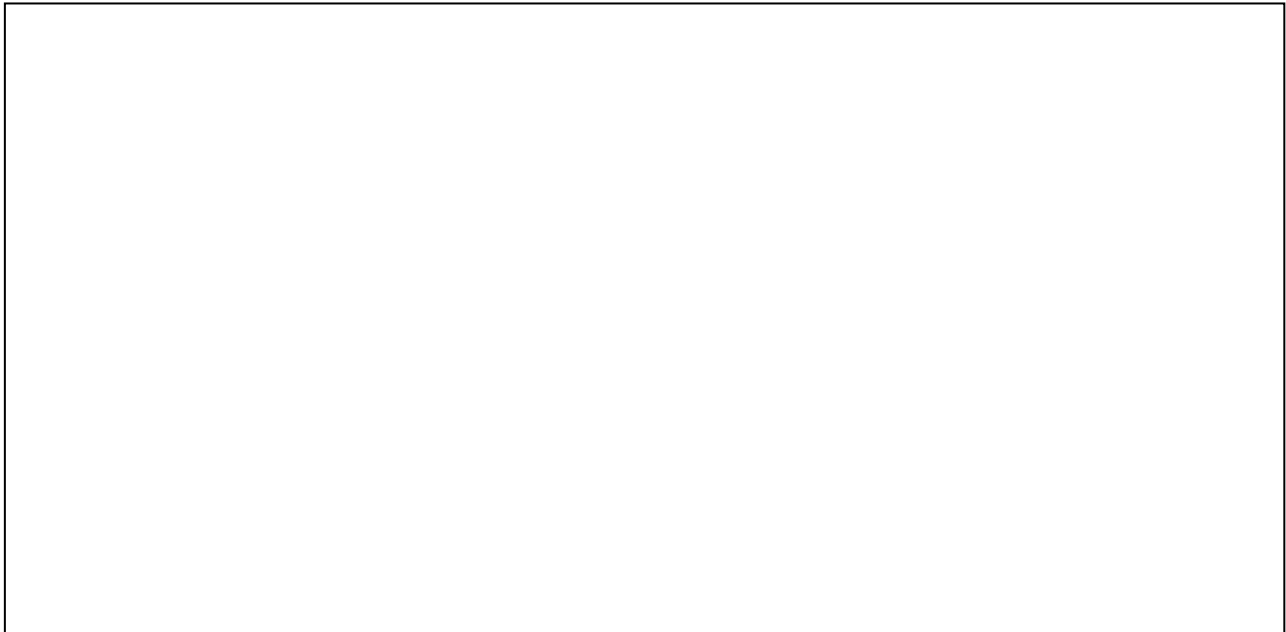
TRENCH / BED WIDTH: _____ TRENCH / BED DEPTH: _____

OF DISTRIBUTION BOXES: _____ TOTAL LENGTH OF LATERALS: _____

AMOUNT OF FILL: _____ PERIMETER DRAIN: _____

Remarks, exclusions: _____

Site Plan Drawing of SUFFICIENT CLARITY This section to be completed by the septic system installer



Indicate North. If property lines are within 50 feet of the septic system, record distances to the property lines on your drawing.

I have taken and passed the Harrison County Health Department and/or the IOWPA installer's exam and am in good standing with the Harrison County Health Department. I agree to install this septic system per Indiana Code and Local Ordinances. Lastly, I understand that deviation from any of the above conditions may result in revocation of this application/permit.

Printed name of septic system installer: _____

Installer's phone number: _____ Date: _____

Environmental Health Specialist: _____ APPROVED _____ REJECTED _____