

# Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

## APPLICATION FOR ON – SITE SEWAGE SYSTEM PERMIT

DATE:

RESIDENTIAL

COMMERCIAL

NEW CONSTRUCTION

REPLACEMENT

REPAIR

TYPE OF WATER SUPPLY:

WELL

MUNICIPAL

PROPERTY OWNER:

PHONE:

ADDRESS:

E – MAIL:

APPLICANT:

PHONE:

ADDRESS:

E – MAIL:

SITE LOCATION:

INSTALLER (MUST BE INSURED AND BONDED):

PHONE:

E – MAIL:

INSTALLER – THIS PERMIT MAY BE REVOKED BY THE PULASKI COUNTY HEALTH DEPARTMENT OR HEALTH OFFICER IF:

- A. THE INSTALLATION OF THE SYSTEM IS NOT COMPLETED ACCORDING TO APPROVED PLANS OR DRAWINGS AND IN COMPLIANCE WITH 410 IAC 6-8-3.
- B. IF IT DETERMINED FROM INSPECTION BY THE HEALTH OFFICER OR HIS DESIGNEE OR I.S.D.H. THAT THE SYSTEM WAS INSTALLED DURING PERIODS OF WET WEATHER WHEN THE SOIL WAS SUFFICIENTLY WET AT THE DEPTH OF INSTALLATION TO EXCEED ITS PLASTIC LIMIT AS DEFINED IN 410 IAC 6-8-3-58.
- C. IF IT DETERMINED FROM INSPECTION BY THE HEALTH OFFICER OR HIS DESIGNEE OR I.S.D.H. THAT THE SITE FOR THE SEPTIC SYSTEM WAS ALTERED OR DAMAGED DUE TO CUTTING, SCRAPING, COMPACTING OR SMEARING OF THE SOIL CONDITIONS BY CONSTRUCTION EQUIPMENT OR VEHICLES AS STATED IN 410 IAC 6-8-3-53 (H).
- D. THE HEALTH OFFICER OR HIS DESIGNEE WAS DENIED REASONABLE NOTICE FOR FINAL INSPECTION AND APPROVAL OF THE INSTALLATIONS AS STATED IN 410 IAC 6-8-3-53 (I).
- E. UPON FINAL INSPECTION BY THE HEALTH OFFICER OR HIS DESIGNEE SUBSURFACE PORTIONS OF THE SYSTEM ARE COVERED TO THE EXTENT THAT A SATISFACTORY INSPECTION AND APPROVAL CAN BE MADE.

REVOCATION OF THIS PERMIT SHALL BE IN WRITING TO THE PROPERTY OWNER AND/HIS OR HER AGENT: SHALL STATE THE REASONS FOR REVOKING THE PERMIT; REMEDIAL ACTIONS NECESSARY AND UPON WRITTEN REQUEST AFFORD THE APPLICANT THE OPPORTUNITY FOR A FAIR HEARING.

EXPIRATION DATE:

THIS PERMIT SHALL EXPIRE ON THE ABOVE DATE IF THE PROPERTY OWNER AND/HIS OR HER AGENT HAS NOT COMPLETED THE INSTALLATION OF THE ON-SITE RESIDENTIAL SEWAGE DISPOSAL SYSTEM AS APPROVED AND IN COMPLIANCE WITH 410 IAC 6-8-3.

UPON CONDITIONAL APPROVAL, THE BELOW SIGNATURE WILL ACCEPT THE RESPONSIBILITY THAT THE PROPOSED SYSTEM MAY NOT FUNCTION PROPERLY AT TIMES. FINAL APPROVAL SHALL NOT BECOME EFFECTIVE UNTIL THE INSTALLATION IS COMPLETED TO THE SATISFACTION OF THE HEALTH OFFICER OR HIS DESIGNEE. APPROVAL OF THIS INSTALLATION IS NOT GUARANTEE THAT THE PROPOSED SYSTEM WILL PROVIDE TROUBLE FREE SERVICE. PROPER INSTALLATION AND MAINTENANCE WILL DECREASE THE POSSIBILITY OF FAILURE.

APPLICANT SIGNATURE:

DATE:

SANITARIAN SIGNATURE:

DATE:

(574) 946 – 6080

(219) 567 – 2175

125 S Riverside Drive – Winamac, IN 46996

101 Constitution Drive – Francesville, IN 47946