

Spencer County Health Department

Application for Private/Residential Sewage Disposal System

Date of Application _____

Applicant Name _____

Applicant Mailing Address - Street _____

City _____ State _____ Zip _____

Phone _____ email _____

PROPERTY ADDRESS/Driving Directions _____

Parcel No. _____ Township _____

New Home _____ Replacement _____ Repair _____ Reconnection _____

Number of Bedrooms or Bedroom Equivalents _____ Size of Lot (acres) _____

Water Supply: Public Private Grinder Pump: Yes No Jetted Tub: Yes No

[This application will be considered pending until all of the above necessary information as determined by the health officer or his authorized agent has been provided by the property owner or his/her agent to the local health officer or designee. Completion of this application will not guarantee the issuance of a permit.]

NO CONSTRUCTION MAY BEGIN PRIOR to ISSUANCE of WRITTEN PERMIT.

I hereby agree that as consideration for the issuance of a permit for the construction of a private sewage disposal system as provided by 410 IAC 6-8.3, which regulates private sewage systems, that I will subscribe to and abide by the regulations governing the same.

I will notify the Spencer County Health Department for inspection and approval before covering the earth.

I fully acknowledge and agree that the Spencer County Health Department has made no representations as to the existence or non-existence of a public sewage system in the area of the above-described property and the responsibility for determining the availability of these services is left to the applicant.

I fully acknowledge and agree that the Spencer County Health Department has made no representations as to the accuracy of the property boundaries of the described property. The responsibility for determining these boundaries and location of the on-site sewage system within those boundaries is left to the applicant.

I, _____, the owner of the above listed property agrees to assume all responsibility for the proper installation, maintenance and operation of the system.

Date _____ Signed _____

Note: Two (2) day advance notice is necessary before final inspection. [Receipt No. _____]

WARNING:

No guarantee is expressed or implied by the issuance or approval of this application. This application in no way guarantees the operation of the private sewage disposal system at the above referenced location, it only affirms that the system was applied to be installed according to prescribed standards.

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Apply by submitting the following to the Health Department:

- Completed application \$50.00 application fee (made payable to SCHD)
- Copy of property deed Copy of house plans (letter size 8.5x11)

NAME OF REGISTERED INSTALLER:
