



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

St. Joseph County Department of Health

"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."

SEPTIC SYSTEM PERMIT APPLICATION

Type of Permit:

Check one: Residential: _____ Commercial: _____

Check one: New Construction: _____ Replacement: _____ Repair (specify type): _____

Property Owner:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Work #: _____ Fax #: _____

Applicant Information (Write same if same as property owner):

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Work #: _____ Fax #: _____

Contact Information:

Send specifications to: _____ Fax #: _____

Send permit to: _____ Telephone #: _____ Fax #: _____

Site Information:

Street address: _____ City: _____, State: IN Zip: _____

Subdivision: _____ Phase: _____ Lot #: _____

Detailed directions: _____

Soil borings are attached (check one): yes _____ no _____ Soil borings must be attached to process this application.

What is the reason for this permit application? Check all that apply. New construction: ___ System failure: ___ Remodeling: ___

Component failure (tank, d-box etc.): ___ Failed property transfer inspection: ___ Order of abatement: ___ Land acquisition: ___

Pool installation: ___ Landscaping changes: ___ Other (specify): _____

Dwelling Information: If there are any changes to this information, a revised application must be submitted.

Number of bedrooms: _____ Is there a jetted bathtub \geq 125 gal? Yes _____ No _____

Type of water supply: Well: _____ Municipal: _____ Is the existing Well to be used? Yes _____ No _____*

*(If no, a Well Application must be submitted with this application).

Is the property within the 100-Year Floodplain? Yes _____ No _____ Don't know _____

Certifications: I hereby certify that I am the property owner or the authorized representative of the property owner and that the above statements are true and accurate. I certify that I have the authority to and hereby grant permission and consent for the authorized representatives of the Department of Health to enter the property without prior notice to conduct inspections and collect soil and water data as necessary to assure compliance with all applicable laws and rules pertaining to the installation and function of the septic system. Failure to provide true and accurate information or to allow the Department of Health access will result in the immediate suspension of any permit and any work being conducted pursuant to this application. I understand that I am obligated to identify underground utilities (call "811") or other underground obstructions.

Please send all electronic correspondence to envirohd@sjcindiana.com

For Department of Health Use Only:

Application #: _____

Transaction # / Date: _____

Signature of Applicant

Date