## **Washington County Health Department**

806 Martinsburg Road, Suite 100 Salem, IN 47167 (812) 883-5603 ext. 8

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## **Application to Install Private Sewage Disposal System**

(ALL Items MUST be Completed)

□ New **Fee: \$100.00 □	☐ Repair ☐	Existing	**Fee:\$75.00			
Applicant/Owner:		Phor	ne Number:			
Mailing Address:		Worl	Phone:			
City:	State:	Zip:				
Email:						
Proposed Property Location:						
Address if different from above:						
City:	State:		Zip:			
Parcel No.:			Acreage:			
Are there any Existing Dwellings on the Property: □ YES □ NO						
Closest Address number to the Property if no current address:						
(**Please mark property with a sign, colorful flags, or similar markings will help**)						
Home Description:						
Dwelling: 🗆 Frame Home	☐ Mobile Home ☐ I	Manufac	tured Home			
Number of Bedrooms: □ 1	□2 □3 □4	□5				
Spa or Tub (125 Gal. or More):	☐ Yes ☐ No					
Washing Machine: ☐ Yes ☐ No			Disposal: 🗆 Yes	3 <b></b>	No	
Basement: ☐ Yes ☐ No	If	yes, wit	h Plumbing?: □	Yes	□No	O
Water Supply: ☐ Public ☐	☐ Well ☐ Cistern					
Installer:	Phone Number:			Rec	Dat	Per
Soil Scientist:	Phone Number			Receipt #	Date Paid:	Permit #:
			<del></del>	#	<b>ä</b> :	
Signature:	Date:					