

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 ☐ Holding Tank: \$100.00 ☐ Repair \$50.00 ☐ Existing **Fee:\$75.00

Applicant/Owner:		Phone Number:
Mailing Address:		Work 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: <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> Frame Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Manufactured Home		
Number of Bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Spa or Tub (125 Gal. or More): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Washing Machine: <input type="checkbox"/> Yes <input type="checkbox"/> No		Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, with Plumbing?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Well <input type="checkbox"/> Cistern		

Installer: _____ Phone Number: _____

Soil Scientist: _____ Phone Number: _____

Signature: _____ Date: _____

Permit #:	_____
Date Paid:	_____
Receipt #:	_____