

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 #:	_____