

Jefferson County Health Department

715 Green Road
Madison, Indiana 47250
PHONE: (812)273-1942
FAX: (812)273-1955

ON-SITE WASTE WATER DISPOSAL SYSTEM PERMIT APPLICATION

NEW SITE REPAIR/REPLACEMENT UPGRADE

Applicant: _____

Home Phone: _____ Alternate Phone: _____

Mailing Address: _____

City/Town _____ State _____ Zip _____

Proposed Property Description Location:

Road Name _____ Nearest Intersecting Road _____

Town/City _____ Township _____ Acreage _____

Subdivision _____ Lot/Tract# _____

Parcel ID # 39 - _____

Driving Directions _____

Residential: _____ Commercial: _____ (Commercial applicants must have Indiana State Department of Health and Jefferson County Health Department approval)

Residential

of bedrooms / bedroom equivalents _____ # of baths _____ # of bathtubs over 125 gallon capacity _____

Plumbing Outlet Location: Main Floor Basement Floor

Water Supply: Public Well Cistern

Commercial

Food Service: _____ Retail: _____ Wholesale: _____ Other:(specify type of Business) _____

(Please complete the reverse side of this form)

Soil Wetness: Septic systems may **NOT** be installed in wet soil conditions. Installation of the absorption field may cause damage to the soil structure and cause the site to be unusable.

DESIGN, LAYOUT AND INSTALLATION MUST BE PERFORMED BY A CONTRACTOR CERTIFIED BY JEFFERSON COUNTY HEALTH DEPARTMENT.

By signing below I agree that I have received a complete list of contractors certified to install septic systems in Jefferson County, Indiana.

A permit fee of one hundred dollars (\$100.00) payable after onsite soil evaluation with contractor, home owner, soil scientist and a representative from the Jefferson County Health Department and prior to issuance of the Septic System permit.

The undersigned also agrees to allow the County Health Officer or his agent to enter up on all properties and structures at reasonable times for purposes to include, but not limited to Inspection, Observation, Measurements, Sampling and Testing for the purpose of obtaining information necessary to the issuance of the onsite private sewage disposal system permit pursuant to 410 IAC 6-8.3.

Home may **NOT** be occupied until final inspection has been made and approved by the Jefferson County Health Department.

By signing below, I/We acknowledge that I/We have read and understood the contents of this Affidavit and I/we have signed truthfully to the best of my/our knowledge and information.

Signature(s): _____

Printed Name(s): _____

Date: _____

SUBSCRIBED and SWORN to before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 20____.

My Commission expires: _____

_____, Notary Public
County of Residence, Jefferson

* This document must be signed by all title holders of the subject property.