



Septic Permit Application

Lawrence County Health Department
2419 Mitchell Rd., Bedford Indiana 47421
Ph.(812)275-3234
Fax (812)275-1094
www.lawrencecountyin.com

<input type="checkbox"/> New System
<input type="checkbox"/> Repair/Replace
<input type="checkbox"/> Commercial

For Office Use Only:
Application# _____
Receipt# _____
Date _____
Cash ___ CK _____
MO _____

INSTRUCTIONS:

- Please complete all items below by printing clearly in black ink
- Complete page 2 (back side) of this form and sign where required
- For Application by mail, include copy of Driver's License
- Payment by cash, money order or cashier's check, no personal checks accepted
- Please allow 7 business days for processing your application

Owner's Name	Home Phone #
	Cell Phone #
	Email:
Address of Property where system is being installed	
_____	_____
(Subdivision name and street address, lot #, etc.)	(City) (State) (Zip Code)
Owner's mailing address	
_____	_____
(Street address)	(City) (State) (Zip Code)
Legal Description: T: R: S: Township:	
(Provide a copy of the property's deed or abstract showing you as the current property owner)	
A copy of the floor plan is required when filing this application. Floor plan must show all levels of the dwelling and any other plumbed structures (ex: garage, workshop, barn, etc.), rooms marked for use, size, doors, windows and closets along with the overall exterior dimensions of the home. Copies of legal description and floor plan must be no larger than 8 ½ X 11.	
Property features: # of Jetted tubs > 125gal. _____ Water Supply (well, city, county, other) _____	
Number of acres _____ Basement Level Sewer Outlet (Basement Plumbing) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Washing Machine <input type="checkbox"/> Yes <input type="checkbox"/> No Dishwasher <input type="checkbox"/> Yes <input type="checkbox"/> No Water Softener <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will additional structures be plumbed to this system (garage, workshop, barn, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Directions to site including noticeable landmarks near property that can be seen from the road. (Application may be returned if this section is not complete.)	
Nearest Crossroads:	Distance from crossroads to property:
Nearest Mailbox number:	Distance from nearest mailbox to property:
Name of Installer (if known)	Name of Builder (if known)

Is there a specific type of system you would prefer to install, if possible? (i.e. chamber, sand-lined system, aggregate, etc.?)

If Repair/Replacement, what is the reason for this application (ex: failing system, building new home on existing site, replacing manufactured home, renovating to add bedrooms/bedroom equivalents to existing dwelling, etc.)?

Do you intend to use any or all of the existing septic system? Yes No (If no, skip to next section)

If yes, was a permit issued/applied for the original system? Yes No Permit App# _____

If there was no permit issued/applied for the existing system, have you had the septic system evaluated by a Lawrence County Licensed Installer? Yes No (If not, the system requirements given during this application process will be based on complete replacement of the septic system.)

(Please Note: A copy of the Lawrence County Licensed Installer's inspection report must accompany this application in order for us to determine suitability of the existing system for use in whole or in part and to issue a permit for repair/replacement including those components.)

I understand that changes to the property such as construction of a dwelling, renovation to increase the number of bedrooms/bedroom equivalents, placement of a manufactured home, etc. may not occur until the septic permit is issued (per 410 IAC 6-8.3 Sec. 53 and Lawrence County Ordinance 2006-04), and it is my responsibility to maintain the property and inform all parties involved (contractors, builders, installers, etc.), of this code requirement. Application for a permit does not mean a permit has or will be issued.

I understand that if changes are made to the original documents submitted with this application (ex. change of floor plan, change of installer requiring review of additional drawings, etc.) that a fee will be charged for re-review and updating LCHD files and for re-issuing of a permit that has previously been issued or has expired.

I certify that as owner of the above mentioned property, the information and floor plan supplied by me for this property is true and correct; and that the system will be installed according to the proposed installation plan and state and county regulations.

Signature of property owner _____

Dated _____

Fill out this section only if giving permission to a second party to sign the permit when issued.

I, _____ give permission to _____, to sign

for septic permit # _____, when it is issued.

Signed: _____

Dated _____