

HUNTINGTON COUNTY

DEPARTMENT OF HEALTH

1330 S. Jefferson St.
Huntington, IN 46750

Telephone (260) 358-4831
Fax (260) 358-4899

Residential Onsite Sewage System Application

Application for: New construction [] Repair*/Replacement [] Component []

*If repair: Damaged system [] Seasonal water table [] System age [] Surface failure [] Illegal discharge []
Improper construction [] Improper design [] Lack of Maintenance [] System depth [] Undersized system []

*Previous permit # _____ Original system date (yr.) _____

Applicant Information

Owner/Agent _____
Address _____
City/State/Zip _____

Home phone: _____
Work phone: _____
Cell phone: _____

Installer Information

Owner/Agent _____
Address _____
City/State/Zip _____

Home phone: _____
Work phone: _____
Cell phone: _____

Property Description

Location: _____

Parcel ID (required): _____ Zoning Classification _____
Township _____ Subdivision _____ Lot _____
Parcel or Lot Size _____

Structure Description

of Bedrooms _____ Jetted Tub >125 gal? Yes/No If Yes, # _____ Capacity _____

Number of Occupants _____ Full Body/Waterfall Shower? Yes/No If Yes, GPM _____

Garbage Disposal? Yes/No Seasonal Use? Yes/No Year Structure Built _____

Water Softener? Yes/No Rental Property? Yes/No

Water Supply Source: Private Well [] Community water source [] Other []

This application is not complete until an on-site soil evaluation, which meets the requirements of Rule 410 IAC6-8-3-56, has been submitted.

I, the undersigned, do now affirm under penalties of Perjury that the forgoing information and/or representations are true, and further do now certify that the Onsite Sewage System and Well construction pump/installation for this facility to meet the laws and codes of the State of Indiana and the Huntington County Department of Health.

Date: _____ Signed: _____

FOR INTERNAL USE ONLY: Received date: _____ Received by: _____ Fee Paid? Yes/No \$ _____