



ALLEN COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT
FOR ON-SITE SEWAGE SYSTEM
(RESIDENTIAL)

Receipt: _____
Date: _____
Amount: _____
Initials: _____

OFFICE USE ONLY: (INSTALLER): _____

APPLICANT NAME: _____ PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PROPERTY OWNER NAME: _____ PHONE: _____ EMAIL: _____

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

I hereby request a permit to construct an On-Site Sewage System at the following location:

NUMBERED ADDRESS OF SITE: _____ CITY: _____

STATE: _____ ZIP CODE: _____ LOT NUMBER: _____ SUBDIVISION NAME: _____

SECTION NUMBER: _____ TOWNSHIP NAME: _____

PLEASE PLACE YOUR INITIALS ON EACH LINE BELOW AFTER READING THE SENTENCE (REQUIRED).

- I hereby certify that facilities at the above location will be installed in compliance with 410 IAC 6-8.3 and Allen County Code Title 10-4.5, and as outlined in this application.
I hereby certify that to the best of my knowledge all information contained in this application is correct (including information referenced below regarding number of bedrooms and house components and locations).
I understand it will be necessary for a representative of the Allen County Department of Health to visit my property during normal business hours (as authorized by State Code) to inspect the construction of my system and I consent to these inspections.
I understand it will be necessary for a representative of the Allen County Department of Health to conduct a walk-thru of any existing and new structures on my property to verify if plumbing is/is not present and to verify the number of bedrooms. I consent to these inspections and will allow them once provided with the Department's request to do so.
I further understand that this permit will expire in one year from the date of issue if the system has not been substantially completed by that time. I understand I must then reapply and pay for a new permit at that time.

PROPERTY OWNER SIGNATURE (REQUIRED, indicating full agreement with above statements as initialed): _____

When installation has been inspected and approved, an Operational Permit will be issued from the Allen County On-Site Wastewater Management District.

CHECK ONE:

[] NEW INSTALL [] REPLACEMENT [] ALTERATION [] REPAIR [] MAJOR REVISION [] PRIVY

IF AN ALTERATION, REPAIR OR MAJOR REVISION, WHAT IS PROPOSED: _____

WILL THE SYSTEM HAVE PRETREATMENT: [] YES [] NO IF YES, WHAT TYPE PRETREATMENT: _____

TYPE OF SYSTEM PROPOSED:

[] AT GRADE [] DRIP IRRIGATION [] ELEVATED SAND MOUND [] ELJEN/GRAVITY
[] ELJEN/PUMP [] ENVIROSEPTIC/PRESBY/GRAVITY [] ENVIROSEPTIC/PRESBY/PUMP [] FLOOD DOSE TRENCH
[] GRAVITY TRENCH [] INFILTRATOR ATL/GRAVITY [] INFILTRATOR ATL/PUMP [] PERMITTED DISCHARGE
[] PRESSURED TRENCHES [] VAULT PRIVY [] OTHER: _____

NUMBER OF BEDROOMS (CURRENT/PROPOSED): _____ LOT SIZE (ACRES): _____

BASEMENT: [] YES [] NO ARE THERE ANY BATHROOMS IN THE BASEMENT? [] YES [] NO SUMP PUMP: [] YES [] NO

WHERE DOES BASEMENT FLOOR DRAIN DISCHARGE? _____

IS THE EXISTING SUMP PUMP TIED IN TO THE SEWER PLUMBING LINE? [] YES [] NO [] N/A

SEE NEXT PAGE

IF IN THE BASEMENT, WHERE DOES THE SINK AND LAUNDRY WASTE DRAINAGE DISCHARGE? _____

IS THE EXISTING WATER SOFTENER BACKFLUSH TIED IN TO THE SEWER PLUMBING LINE? YES NO N/A

BASEMENT/LOWER LEVEL PLUMBING FIXTURES DRAIN TO SEPTIC TANK: VIA GRAVITY VIA SEWAGE EJECTOR PIT N/A

HOW MANY SEWER LINES ARE/WILL BE EXITING THE HOUSE? _____

DOES THE EXISTING HOUSE HAVE JETTED TUBS/WILL THE NEW HOUSE HAVE JETTED TUBS (>125 GALLONS)? YES NO

WHERE DOES EFFLUENT FROM THE EXISTING SEPTIC TANK DISCHARGE? _____

WHERE DO DOWNSPOUTS DISCHARGE? _____

IS A CISTERN IN USE ON THE PROPERTY? YES NO IF YES, WHERE DOES THE CISTERN OVERFLOW DRAIN TO? _____

ARE THERE CURRENTLY ANY SANITARY VAULT PRIVIES OR OUTHOUSES ON THE PROPERTY? YES NO

IF YES, WILL IT/THEY: BE PROPERLY ABANDONED (PUMPED/FILLED IN) REMAIN IN USE

CONVERTED TO A FLUSH TOILET & CONNECTED TO NEW SYSTEM OTHER: _____

ARE THERE ANY OTHER STRUCTURES ON THE PROPERTY WITH PLUMBING (INCLUDING A SLOP SINK)? YES NO

IF YES, WHICH STRUCTURES HAVE PLUMBING? _____

ARE THERE FUTURE PLANS TO BUILD ANY STRUCTURES ON THE PROPERTY WITH PLUMBING/BEDROOMS? YES NO

IF YES, WHAT WILL THE STRUCTURES BE? _____

ARE THERE ANY BUSINESSES ON THE PROPERTY THAT WOULD GENERATE INCREASED WASTEWATER? YES NO

IF YES, CHILD CARE COOKING CLOTHES WASHING

SUBMIT LOT LAYOUT OF RESIDENCE. Show location of septic tank, dosing tank absorption field (or other secondary system), all pipes connecting the various parts of the system, well(s) drains, drainage ditches, driveways, roads, property lines, out-buildings and rough floor plan of house. All of the above-mentioned items should be sufficiently labeled and dimensioned. Layout must be drawn to scale and scale shown. **A LEGAL DESCRIPTION IS ALSO NECESSARY.**

<u>Permit Fee Schedule</u>	
<u>Permit Type</u>	<u>Fee</u>
(Payable to Allen County Department of Health)	
Septic Construction Permit (New or Replacement) (Must obtain prior to the commencement of any excavation, construction, modification or addition to any existing or new private sewage disposal system.)	\$250.00
Septic Construction Permit (Alteration, Repair, Major Revision or Sanitary Privy) (Must obtain prior to the commencement of any alteration, repair, modification, or addition to any existing private sewage disposal system that does not involve the replacement or modification of the soil absorption field, or permitted discharge system.)	\$125.00

NOTE: Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 5 business days. If payment is not received within 5 business days of notification, the application process will be on hold until fees are paid in full.

COLLECTIONS NOTICE: Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.