

Parke County Health Dept.

116 W. High St., Room 12

Rockville, IN 47872

Phone (765) 569-4071

Fax (765) 569-4061

APPLICATION FOR ONSITE SEWAGE SYSTEM PERMIT

_____ NEW SYSTEM _____ REPAIR _____ EXPANSION
_____ RE-CONNECTION _____ REPLACEMENT

Please complete the information on this page:

Owner's Name _____ Phone _____

Owner's mailing address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Site Address: _____

City _____ State _____ Zip Code _____

DIRECTIONS to site:

Nearest crossroads: _____ Distance to property _____
Nearest mailbox number: _____ Distance to property _____
Landmarks noticeable from road (i.e. buildings, ponds, etc.) _____

We will need a copy of the deed.

Water supply: _____ City _____ County _____ Well _____ Spring _____ Other _____

Number of bedrooms _____ Number of bathrooms _____ Number of people in house _____

Number of jetted bathtubs (whirlpool-type 125 Gal & over) _____ Est. Sq. Footage of House _____

Name, address, phone# of installer _____

Name, address, phone# of builder _____

\$75 non-refundable application fee is required before a permit can be issued. This is an application only, not a permit.

I have read this application and hereby certify that, to the best of my knowledge, the information on this sheet is correct. In addition, the water supply and sewage facilities for this building will be installed strictly in accordance with all provisions of Indiana State Law 410 IAC 6-8.3, and with the Parke County Sewage Disposal Ordinance. I will allow Parke County Health Department personnel onto the property at any time for inspections of the septic system.

A permit may be revoked by the Parke County Health Department for failure to comply with Indiana State Department of Health Rule 410 IAC 6-8.3 and/or any other applicable regulations. (Revocation of the permit shall be in writing to the property owner and/or their agent; shall state the reasons for revoking the permit; remedial actions necessary; and upon written request afford the applicant the opportunity for a fair hearing.)

Applicant's Signature _____ Date _____