

Clark County Health Department

1320 Duncan Avenue, Jeffersonville, IN 47130
812-282-7521 Fax 812-288-2711 www.clarkhealth.net

ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

Site Survey _____ NCP# _____ Bldg Permit# _____ Final Insp. Date _____

NEW DWELLING SITE **REPAIR/REPLACEMENT** **NO LIVING QUARTERS BUILDING**

Applicant: _____

Home Phone _____ Alternate Phone: _____

Mailing Address: _____

City/Town _____ State _____ ZIP _____

Proposed Property Description Location:

Road Location _____ Town / City _____

Township: _____ Section: _____ Acreage: _____

Subdivision: _____ Lot/Tract#: _____

Directions _____

Residential **< Proposed Land Use: [check (1)] >** **Commercial**

Residential Info:
(Local approval required)

(1) design unit per bedroom: (# of Bedrooms) = ** _____
(1) design unit per bathtub over (125 gal.): # of bathtubs over (125 gal) = ** _____
= _____ **Total Design units =** _____

** (Add no. of bedrooms and tubs over 125 gal. to get total design units.)

Commercial Info:
(State and Local approval required)

Food Service: (kitchen) _____
Restrooms Only: _____
Specify Other: _____

Plumbing Outlet Location: **Main Floor** **Basement Floor**

Water Supply: **Public** **Well** **Cistern**

Signature: _____ Date: _____

FEES ARE NOT REFUNDABLE ONCE OUR OFFICE HAS ATTEMPTED TO LOCATE THE PROPERTY

	DATE	RECEIPT
APPLICATION NEW SITE..... \$25.00	_____	_____
PERMIT REPAIR/REPLACEMENT..... \$50.00	_____	_____
PERMIT NEW CONSTRUCTION \$75.00	_____	_____
> 2 inspection visits \$20 per visit	_____	_____
> 1 Contractor Conf. \$20 per visit	_____	_____

** THIS APPLICATION FEE IS TO COVER ADMINISTRATIVE COST AND IS NOT REFUNDABLE. **

MARK FRONT OF PROPERTY WITH SIGN STATING NAME OR LOT NUMBER. ALSO MARK OFF THE HOUSE SITE AND OTHER STRUCTURES WITH COLORFUL FLAGS OR MARKINGS.

Septic System Disclosure Form

(rev. 10/8/2007)

The Clark County Health Department (**CCHD**) is willing to **recommend**, though **not guarantee**, the design for septic systems used in Clark County. This recommendation is **based on soil data** received from ****Certified Soil Scientist (this service is required by state code)** and **how this data applies to meet existing state codes (ISDH Rule 410 IAC 6-8.1)**. Our office performs recommendations to **save time and costs** for the **homeowner or builder**. It is **impossible** to design septic systems that are failure proof due to **many variables** that can affect septic system function. The chance of premature failure of a septic system is quite rare. However, the homeowner or builder can usually decrease the risk of failure by having a ****Registered Professional Engineer** design the septic system (**this is at the cost of the applicant and is not provided by the CCHD**). Again, **CCHD cannot guarantee** the septic system recommended will not prematurely fail.

****Certified Soil Scientists and Registered Professional Engineers are NOT employees of the CCHD and are NOT septic system installers. These professionals are privately owned companies which you can employ at your own cost.**

Please fill out the remainder of this form if you wish to proceed:

I, _____ have read and understand the above information and **WILL / WILL NOT**
(*please print your name*) (*circle one*)

use a **** Registered Professional Engineer** to design the septic system for the dwelling at

(*write the property **address and/or road***)

I release the Clark County Health Department (CCHD) from any liability should the septic system fail.

Signature (X) _____ *Date:* _____ / _____ / _____