

**Jennings County Health Department**

**P.O. Box 323**

**Vernon, IN 47282**

**PHONE # 812-352-3024**

**FAX # 812-352-3030**

**APPLICATION FOR PRIVATE SEWAGE DISPOSAL SYSTEM**

DATE : \_\_\_\_\_

NAME OF APPLICANT : \_\_\_\_\_

MAILING ADDRESS OF APPLICANT : \_\_\_\_\_

PHONE : \_\_\_\_\_

LOCATION OF PROPERTY : \_\_\_\_\_

ACRES : \_\_\_\_\_ LOT SIZE : \_\_\_\_\_

NAME OF SUBDIVISION : \_\_\_\_\_ LOT # \_\_\_\_\_

NAME OF SEPTIC INSTALLER : \_\_\_\_\_

NEW HOME : \_\_\_\_\_ MOBILE HOME : \_\_\_\_\_ REPAIR : \_\_\_\_\_

REPLACEMENT : \_\_\_\_\_ COMMERCIAL : \_\_\_\_\_

NUMBER OF BEDROOMS : \_\_\_\_\_ JETTED BATHTUBS : \_\_\_\_\_

PROPOSED SWIMMING POOL : \_\_\_\_\_ GEOTHERMAL HEAT : \_\_\_\_\_

DRINKING SOURCE - PUBLIC : \_\_\_\_\_ PRIVATE WELL : \_\_\_\_\_

WELL TYPE : \_\_\_\_\_ WELL LOCATION : \_\_\_\_\_

This application will be considered pending until all of the above necessary information, as determined by the Environmental Health Specialist or his/her designee, has been provided by the property owner or his/her agent to the local health department. No permit will be issued until **ALL** information is provided by the property owner/agent and approved by the Environmental Health Specialist or designee. Completion of this application **WILL NOT** guarantee the issuance of a permit.

I hereby agree that as a consideration for the issuance of a permit for the construction of a private sewage disposal system as provided by the Jennings County Sewage Ordinance and Indiana State Code 410 6-8.1, which regulates private sewage systems, that I will subscribe to and abide by the regulations governing to the same.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_