

Daviess County Health Department  
303 East Hefron Street  
Washington, IN 47501  
(812) 254-8674

\$75 Permit Fee \_\_\_\_\_  
Non-Refundable

**Sewage Disposal System Permit No-** \_\_\_\_\_

A construction permit is hereby issued to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

For a private sewage disposal system which is to be constructed on/at:

Site Location: \_\_\_\_\_

Legal description:

T# \_\_\_\_\_ R # \_\_\_\_\_ Section # \_\_\_\_\_ Township \_\_\_\_\_.

***This permit is valid for two (2) years from the date of issue.***

***Either the system must be installed and approved within this two-year period, or the permit must be re-issued.***

Soil analysis data: Name of soil consultant \_\_\_\_\_ Date \_\_\_\_\_ Soil Survey Atlas Sheet No# \_\_\_\_\_

Loading Rate \_\_\_\_\_ GPD/ft<sup>2</sup> Drinking water source \_\_\_\_\_

Type of approved system:  New  Repair  Expansion

Absorption System: \_\_\_\_\_

**The sewage disposal system is to be constructed as specified  
by the site plan prepared and submitted by:** \_\_\_\_\_

Installer: Name & Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Builder: Name & Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**This permit may be revoked by the Daviess County Health Department or Health Officer if:**

- a. The installation of the system is not completed according to approved plans or drawings and in compliance with Indiana State Department of Health Rule 410 IAC 6-8.2.
- b. If it is determined from inspection by the Health Officer, Sanitarian, or ISDH that the system was installed during periods of wet weather when the soil was sufficiently wet at the depth of installation to exceed its plastic limit as defined in IAC 6-8.2-72 (o); 73(n); 75(l).
- c. If it is determined from inspection by the Health Officer, Sanitarian, or ISDH that the site for the septic system was altered or damaged due to: cutting and/or scraping, compacting, or smearing of the soil conditions by construction equipment or vehicles as stated in IAC in IAC 6-8.2-72; 73; 75.
- d. The Health Officer or Sanitarian was denied reasonable notice for final inspection and approval of the installation as stated in IAC 6-8.2-52 (h).
- e. Upon final inspection by the Health Officer or Sanitarian subsurface portions of the system are covered to the extent that a satisfactory inspection and approval cannot be made.

Revocation of this permit shall be in writing to the property owner and/or his 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 \_\_\_\_\_

Health Officer or Sanitarian's Signature \_\_\_\_\_ Date \_\_\_\_\_