

Clay County Health Department
18 North Walnut Street
Brazil, IN 47834

Phone: (812) 448-9021
Fax: (812) 448-9018

Residential Septic System Permit Application

FEE: \$75.00 with application
(CASH OR MONEY ORDER)

****IMPORTANT**** The Clay County Health Department does not guarantee trouble-free operation of the sewage disposal system by issuance of a permit or final inspection of the installation. The Property Owner assumes full responsibility for any nuisance or health hazard that may be created by the system.

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Owner Information

Date: _____
Property Owner: _____
Current Mailing Address: _____
Phone: _____

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Property Information

Property Address: _____
Street City State Zip
Directions to Site: _____

Township: _____ Section # _____ Parcel # _____

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Home Construction Specifications

Type of System (check one) New Home: _____ Existing Home: _____ Remodel: _____
Number of Bedrooms: _____ Number of Baths: _____ Number of whirlpools/jet tubs: _____
Water Supply (check one): Municipal Connection: _____ Private Well: _____ Other: _____
Is Municipal Sewer connection available within 300 feet of property lines: (check one) Yes ___ No ___

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I hereby agree to comply with Clay County Health Departments Wastewater Regulations:
Ordinance #1-1972

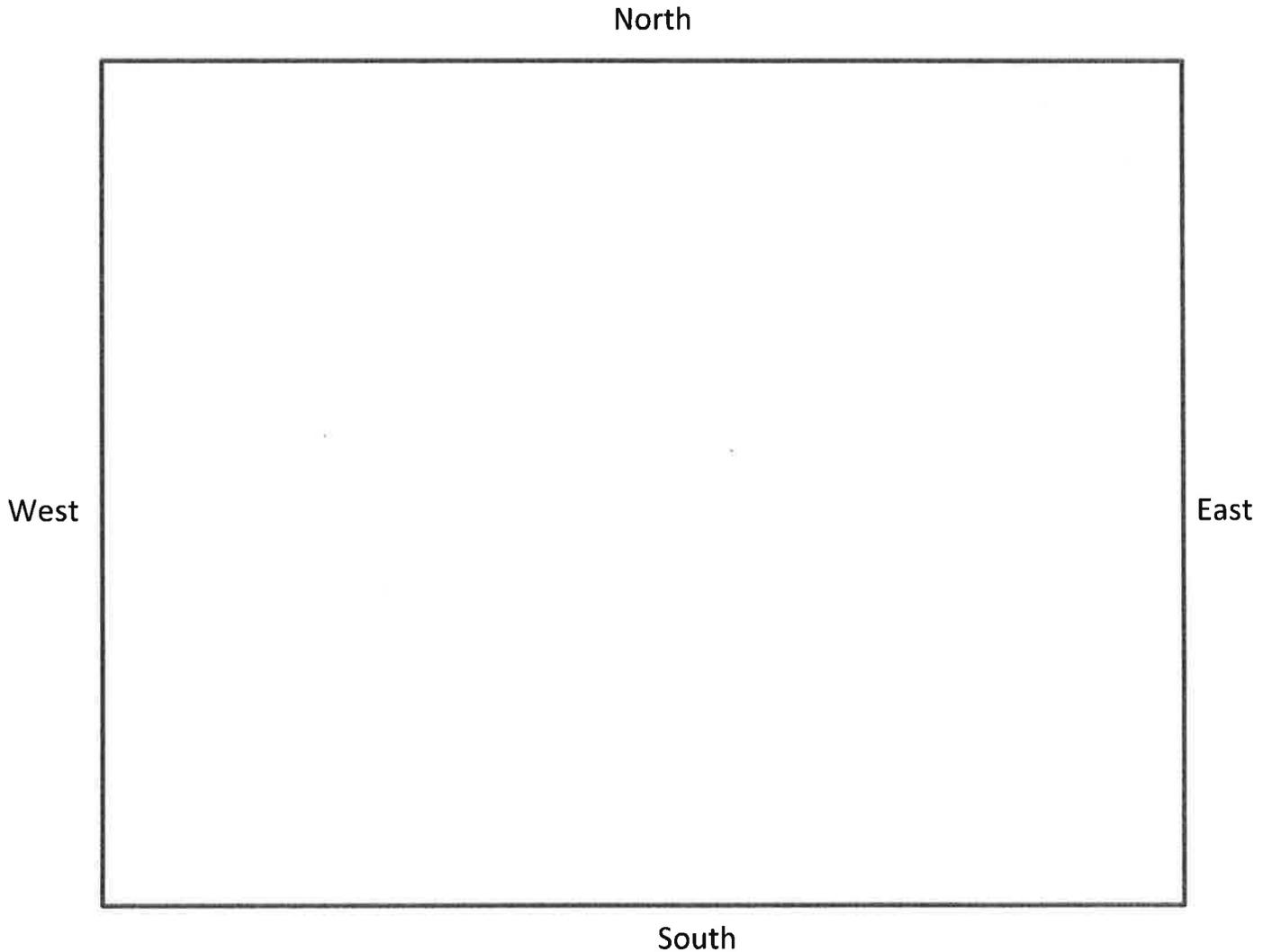
Property Owner:(signature) _____
Installer/Contractor (Business Name): _____
Installer/Contractor (Address): _____
Soil Report performed by: _____ Date: _____

Note: Site Plan must be sketched on the reverse side or separate drawing attached.

Proposed Site Plan Drawing

Instructions:

In the space below, please sketch a site plan indicating the property lines and dimensions, location of the home, buildings, septic system area and reserve area, water wells and municipal water lines, drives, roads, lakes, streams and other pertinent landmarks.



Steps for Obtaining Septic System Permit:

- 1.) Complete the Application and provide a site plan drawing.
- 2.) Submit **application** with **\$75.00 permit fee** and **soil scientist soil report**.
- 3.) The Clay County Health Department will perform a site evaluation of the property.
- 4.) System specifications and installation Permit will be mailed to property owner.
- 5.) Upon selection of a contractor/installer, the name must be provided to the Clay County Health Department.
- 6.) Upon completion of the system, the Clay County Health Department must be notified at least 24 hours in advance. A final inspection of the septic system will be conducted. Installer must submit system drawing as installed.