

**ORANGE COUNTY HEALTH DEPARTMENT
APPLICATION FOR ONSITE SEWAGE SYSTEM PERMIT**

APPLICANT'S NAME _____

DATE OF APPLICATION _____ Expires one year from receipt

APPLICANT'S ADDRESS _____

APPLICANT'S PHONE NUMBER _____

LOCATION OF PROPERTY _____

NAME OF PROPOSED INSTALLER _____

Residential _____ Commercial _____

Is this new construction? _____ \$100 Is this a replacement of a failed system? _____ \$50

Is this an addition to an existing system? _____ \$50

Number of bedrooms in residence/or gallons per day water usage for commercial? _____

Rooms other than bedrooms with a closet, over 70 sq ft, and means of egress? _____

Square footage of residence/business? _____

Water Softener discharge? Yes ☐ No ☐ Sewage Grinder Pump? Yes ☐ No ☐

How many jetted tubs exceeding 125 gallon capacity? _____

Type of water supply:

Rural (public): _____ Well: _____ Cistern: _____

I HEREBY, CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION ON THIS APPLICATION IS CORRECT.

Signature of applicant

Date

NOTE: THE SEWAGE DISPOSAL FACILITIES FOR A PROPERTY MUST BE INSTALLED AS OUTLINED ON THE SYSTEM REQUIREMENTS AND IN ACCORDANCE WITH 410 IAC 6-8.3 AND THE ORANGE COUNTY SEWAGE DISPOSAL ORDINANCE NO. 2012-3. THE ISSUANCE OF A PERMIT DOES NOT CONSTITUTE ASSUPMTION BY THE ORANGE COUNTY HEALTH DEPARTMENT OR ITS EMPLOYEES OF LIABILITY FOR THE IMPROPER INSTALLATION OR FAILURE OF ANY SEWAGE DISPOSAL SYSTEM.