

CLAY COUNTY HEALTH DEPT.
18 N WALNUT STREET
BRAZIL, IN 47834

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

Residential Septic System Permit Application

FEE: \$50.00 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.

Owner Information

Date: _____

Property Owner: _____

Current Mailing Address: _____

Phone: _____

Property Information

Property Address: _____
Street City State Zip

Directions to Site: _____

Township: _____ Section#: _____ Parcel#: _____

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 _____

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

Property Owner (Signature): _____

Installer/Contractor (Business Name): _____

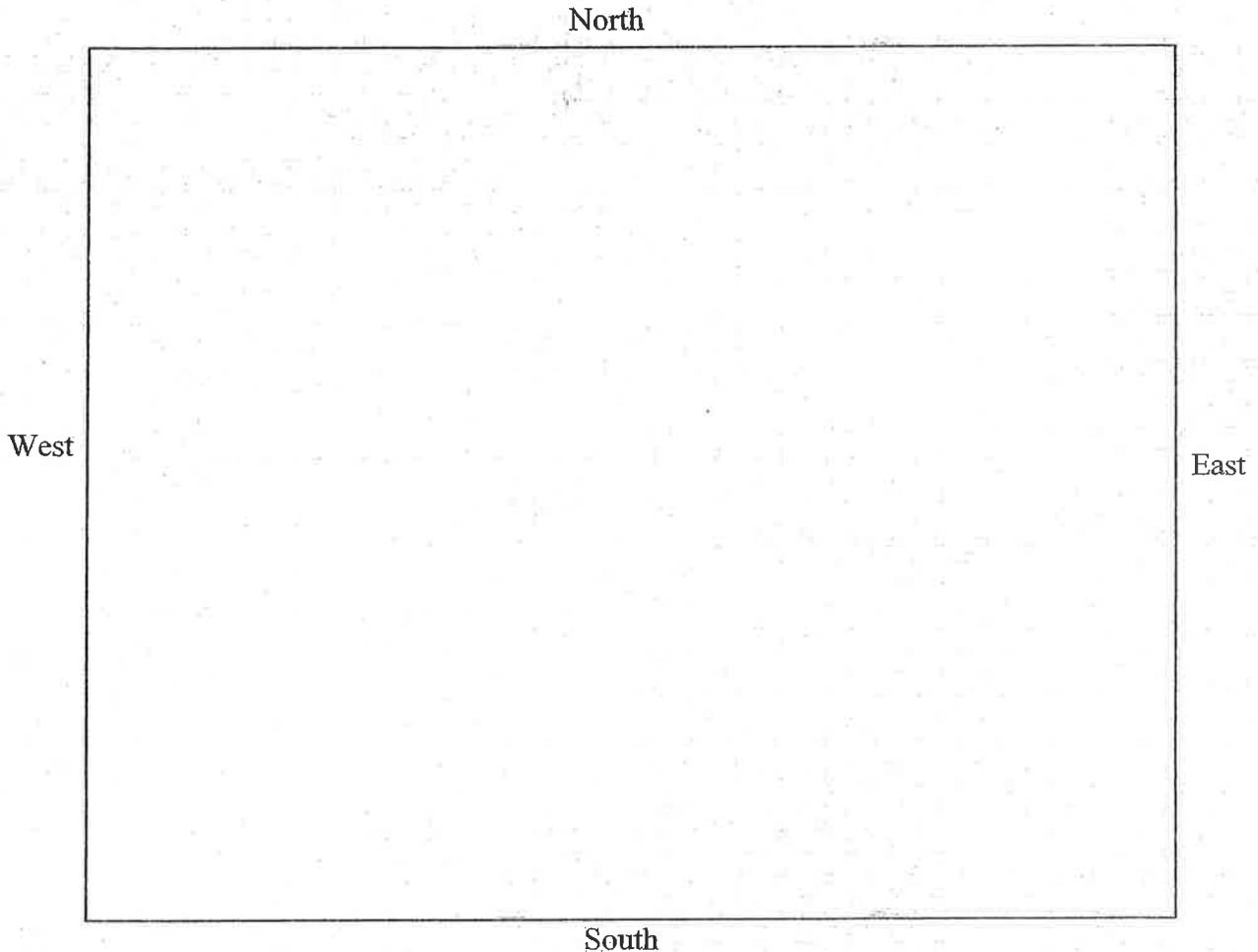
Installer/Contractor (Address/Phone): _____

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, 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 \$50.00 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.