

ORDINANCE NO. 1973-3-4
AS AMENDED BY 1973-5

PERMIT NO.
NEW
REPAIR

POSEY COUNTY HEALTH DEPARTMENT
APPLICATION FOR SEWAGE DISPOSAL PERMIT

NOTE: APPLICATION MUST BE FILLED OUT COMPLETELY BEFORE SUBMITTING FOR APPROVAL.

PROPERTY LOCATION _____

SUBDIVISION NAME _____ LOT NO. _____ TOWNSHIP _____

OWNER'S NAME _____ ADDRESS _____ PHONE NO. _____

INSTALLER _____ PHONE NO. _____ BUILDER _____ PHONE NO. _____

TYPE OF CONSTRUCTION NEW _____ REPAIR _____ RESIDENTIAL _____ COMMERCIAL _____ NO. BEDROOMS _____

WATER SUPPLY CITY _____ CISTERN _____ WELL _____ DISTANCE FROM HOUSE _____ FT

DISTANCE FROM SEWAGE FACILITIES _____ FT

SEPTIC TANK LIQUID CAPACITY _____ GALS TYPE OF CONSTRUCTION _____

DISTANCE FROM HOUSE _____ FT

ABSORPTION FIELD SIZE OF FIELD _____ SQ. FT LENGTH OF FIELD _____ LINEAL FT

NO. OF LATERALS PER FIELD _____

JETTED TUB _____

OTHER: _____

PERMIT NO. _____

NEW _____

REPAIR _____

APPROVAL BY THE POSEY COUNTY HEALTH DEPARTMENT, MT. VERNON, INDIANA OF THIS PROPOSED SEWAGE DISPOSAL SYSTEM IS NOT A WRITTEN GUARANTEE THAT IT WILL PROVIDE TROUBLE FREE SERVICE.

ANY CHANGE OF PLAN REQUIRES RESUBMISSION

THIS APPLICATION IS VOID AFTER ONE YEAR, RESUBMISSIONS NECESSARY

I hereby certify that, to the best of my knowledge, the attached information is correct and that the private sewage disposal system for this residence will be installed strictly as defined on the application, AND THAT I WILL NOTIFY THE HEALTH DEPARTMENT BEFORE THE SYSTEM IS COVERED.

APPLICANT, OWNER, OR AGENT	ADDRESS	PHONE NUMBER
----------------------------	---------	--------------

DATE APPROVED _____ BY _____
POSEY COUNTY SANITATION OFFICER

MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE POSEY COUNTY HEALTH DEPARTMENT.

PHONES { 838.1328
838.1330

POSEY COUNTY HEALTH DEPARTMENT
100 Vista Dr.
Mt. Vernon, Indiana 47620

DATE _____

THIS PERMIT IS BEING ISSUED WITH THE UNDERSTANDING THAT THE POSEY COUNTY HEALTH DEPARTMENT IS NOT LIABLE FOR THE TYPE OF SEWAGE SYSTEM INSTALLED BY THE OWNER AND/OR CONTRACTOR.

OWNER AND/OR CONTRACTOR

ADDRESS

**POSEY COUNTY HEALTH DEPARTMENT
100 Vista Dr.
MT. VERNON, IN 47620**

SYSTEM REQUIREMENTS: equivalent to _____ bedrooms

SEPTIC TANK: AT LEAST _____ GALLON WITH RISER/MANHOLE

DOSING TANK: AT LEAST _____ GALLON CAPACITY WITH MANHOLE/RISER with an appropriately sized pump and both an audible and visual pump failure alarm.

ABSORPTION FIELD OPTIONS:

_____ subsurface gravity flow; _____ subsurface gravity feed flood dosed;

_____ subsurface pressure distribution; _____ mound; _____ at-grade

A. _____ square feet; _____ linear feet of 4" pipe + gravel with 24" trench width & at least 7.5 centers

B. _____ square feet; _____ linear feet of 4" wide pipe plus gravel with 36" trench width & at least 7.5' centers

C. _____ square feet; _____ linear feet of 8" graveless pipe with 18"-36" trench width & at least 7.5' centers

D. _____ square feet; _____ linear feet of 10" graveless pipe with 18"-36" trench width & at least 7.5' centers

E. _____ mound system _____ ft Basal Area _____ ft Aggregate Bed

F. _____ at-grade may only be approved through the Indiana State Department of Health .

GRAVELESS PIPE SHALL NOT BE USED

DRAINAGE

CURTAIN

PERIMETER

On slopes between 6% and 15%, the upslope portion of the perimeter drain shall have gravel extending to within 6" of the ground surface.