

**SHELBY COUNTY  
HEALTH DEPARTMENT  
Sewage Permit Application  
For Private Sewage Disposal System**

Permit Number \_\_\_\_\_  
 Issued Date \_\_\_\_\_  
 Township \_\_\_\_\_  
 Section \_\_\_\_\_ Map # \_\_\_\_\_  
 Community \_\_\_\_\_ Lot \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
 Location of Property \_\_\_\_\_  
 Present Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Septic Installer: \_\_\_\_\_ Reg. No. \_\_\_\_\_ Address \_\_\_\_\_  
 Absorption Field (New/Repair/Expansion) \_\_\_\_\_  
 Postal Address \_\_\_\_\_ Zip \_\_\_\_\_

**Soil Evaluation:**  
 Date of Soil Survey \_\_\_\_\_ Report Attached? \_\_\_\_\_  
 No. of Bedrooms \_\_\_\_\_ Is There A Basement? \_\_\_\_\_ Distance to nearest city sewer \_\_\_\_\_

**Septic Tank:** Commercial System? \_\_\_\_\_ Res/Comm Used For: \_\_\_\_\_  
 Distance to nearest well \_\_\_\_\_ ft. To nearest dwelling \_\_\_\_\_ ft. To property line \_\_\_\_\_ ft.  
 Working capacity of septic tank \_\_\_\_\_ gal. Using existing tank? \_\_\_\_\_ Dosing tank \_\_\_\_\_ gal.

All wastewater, including sinks, laundry and basement waste is to discharge into septic tank. Effluent from the septic tank is to discharge into the absorption field specified. Down spouts discharge to ground. No eave spouts or sump pump water is to discharge into septic tank.

**Absorption Area:**

Distance to nearest well \_\_\_\_\_ ft. To nearest dwelling \_\_\_\_\_ ft. To property line \_\_\_\_\_ ft.  
 Perimeter drain at \_\_\_\_\_ in. Perimeter Drain Configuration \_\_\_\_\_  
 Total square feet \_\_\_\_\_ Total lineal feet \_\_\_\_\_  
 Trench depth: Min \_\_\_\_\_ in. Maximum \_\_\_\_\_ in.

**Septic Other Requirements:**

Topsoil (fill) must cover the entire septic field area to a depth of 12" above aggregate.  
 The subsurface drainage tile must be a minimum of 36" deeper than the center trench of septic field.

**Absorption System Type** \_\_\_\_\_

I hereby certify that the sewage system for the above location will be installed in compliance with the regulation of the Shelby County Health Department and the Indiana State Department of Health. I shall notify the Shelby County Health Department when the work is ready for final inspection and at least forty-eight (48) hours or two (2) working days BEFORE any subsurface portions are to be covered.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The Shelby County Health Dept. shall not be held liable for any malfunction of said system. The herein described system meets current requirements as designated by Indiana Rule 410 IAC 6-8.3.

Approved/Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Inspection By \_\_\_\_\_

**Remarks**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Septic absorption systems have limited lives. In order to extend the life of the system, water conservation and periodic removal of solids from the septic tank is advised.