

Wells County Health Department
 Application for On-Site Sewage System
 Septic Construction Permit

<p>OWNER: (Must be listed)</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p>	<p>PROPERTY INFORMATION:</p> <p>Name on Deed: _____</p> <p>_____</p> <p>Address / Nearest Crossroads: _____</p> <p>_____</p>
<p>APPLICATION FOR:</p> <p>_____ New System</p> <p>_____ Repair of Existing System</p> <p>_____ Expansion of Existing System</p> <p>_____ Other</p> <p style="padding-left: 20px;">___ Holding Tank</p> <p style="padding-left: 20px;">___ Privy</p> <p style="padding-left: 20px;">___ Pump & Haul</p>	<p>Office Use:</p> <p>Site Evaluation #: _____</p> <p>Permit Fee: _____</p> <p>Date Received: _____</p>

Application is hereby made for a Permit to authorize the activities herein. I certify that I am familiar with the information contained in this application and to the best of my knowledge and belief, such information is true, complete, and accurate.

 Applicant Signature: _____ Date: _____

PERMIT ISSUANCE DATE: _____ PERMIT #: _____

TYPE OF SYSTEM: _____

AUTHORITY TO CONSTRUCT: _____

This permit expires two (2) years from date of issuance.
 Important information: Please keep Permit as a permanent record.