

**WELLS COUNTY HEALTH DEPARTMENT
APPLICATION FOR WASTEWATER DISPOSAL SYSTEM
SEPTIC CONSTRUCTION PERMIT**

<p>1. OWNER Name _____ Address _____ _____ Phone _____</p>	<p>4. REGISTERED INSTALLER Name _____ Address _____ _____ Phone _____</p>
<p>2. OWNER'S DESIGNATED AGENT Name _____ Title _____ Address _____ _____ Phone _____</p>	<p>5. APPLICATION FOR: ____ New System ____ Repair of Existing System ____ Expansion of Existing System ____ Privy</p>
<p>3. FACILITY OR LOCATION Name _____ _____ City _____ County _____ Zip _____ Phone _____</p>	<p>6. The following Documents Are Attached (CHECK WHERE APPLICABLE) ____ A. Plans and Specifications ____ B. Legal Description of the Property ____ C. Drainage Map ____ D. Soil Survey Report ____ E. Property Record Card (Verify Ownership) ____ F. Floor Plan ____ G. \$75.00 Permit Inspection Fee</p>

SIGNATURE

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.

PRINTED NAME OF PERSON SIGNING

Title

SIGNATURE OF OWNER OR DESIGNATED AGENT

Date

For office use only

Comments:

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INSTRUCTIONS FOR COMPLETION

1. **OWNER:** Name and address of person, company, firm, municipality, authority, etc. which proposes the construction, installation or modification of any septic system or water pollution control facility.
2. **AUTHORIZED AGENT:** Name, title, address, and phone number of person who is designated to act for the owner and who is familiar with the project and can furnish additional information as required.
3. **NAME OF FACILITY OR PROJECT:** State its name, location, and nearest possible address.
4. **NAME OF REGISTERED INSTALLER:** Name, title, company, address, and phone number of installer registered in the County of Wells, State of Indiana.
5. **APPLICATION FOR:** Check whether a new, repair, expansion of disposal, or privy.
6. **CHECK THE DOCUMENTS ATTACHED TO APPLICATION. ALL DOCUMENTS ARE REQUIRED EXCEPT WHERE *INAPPLICABLE*.**
 - A. Plans and specifications shall be prepared by a registered installer or professional engineer qualified under applicable laws of the State of Indiana and a site plan from the builder/homeowner showing the location of the residence and other proposed lot features.
 - B. Detailed legal description (survey) of the property proposed for the permitted residence or facility. May also obtain a detailed legal description from a deed.
 - C. Copy of drainage maps for legal drains from the County Surveyor's office or www.wellscountygis.org.
 - D. Report of an on-site soil survey identifying soils at the site of the proposed absorption field, including texture and structures at each soil horizon and depth to seasonal high water table, bedrock or limiting layer.
 - E. Copy of Property Record Card from County Assessor's office. If the card is not in your name, include a recorded deed in your name to show that you own the property.
 - F. Detailed floor plan of proposed facility or home to be permitted. Preferably on an 8.5X11 sheet of paper.
 - G. \$75.00 check made payable to Wells County Health Department.
7. **SIGNATURE:** An application submitted for a private residence should be signed by the OWNER or AUTHORIZED AGENT. An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation of the facility where the construction described in the form will occur. In the case of a partnership or a sole proprietorship, a general partner or the proprietor must sign the application, respectively.