Boone County Health Department
Environmental Division

116 West Washington St. B201 **"On The North Side of The Square"** **Telephone 765-483-4458**
Lebanon, IN 46052 **Fax 765-483-5243**

APPLICATION FOR WELL AND SEPTIC PERMITS
NEW CONSTRUCTION

Date _____ **Cost $200**

Owner's Name _____ **Day Phone** _____

Mailing Address _____ **City/State/Zip** _____

Property Address at Building Site _____

Nearest Crossroads _____ **Subdivision** _____ **Lot #** ____

Legal Description Section _____ **CivilTownship** (circle one) Center Clinton Eagle Harrison

Township (circle one) 17N 18N 19N 20N Jackson Jefferson Marion Perry Sugar Creek

Range (circle one) 1W 2W 1E 2E Union Washington Worth

Directions to Property (from Lebanon): _____

_____

Septic Contractor's Name _____ **Phone** _____

Number of Bedrooms or Equivalent _____

Builder's Name _____ **Phone** _____

Well/Pump Installer _____ **Phone** _____

I hereby certify that the above information is correct and that sewage and drainage systems for this residence will be installed to meet requirements of the Health Department of Boone County, Indiana in compliance with the Boone County Commissioners, May 1994, as per Ordinance #94-7. I further agree that the proposed water supply will meet the requirements of Ordinance #94-12.

Signed _____ **Date** _____

*** A satisfactory septic inspection (including alarm checks) and satisfactory water test MUST be on file with the Boone County Health Department prior to scheduling your final building inspection.**

FOR OFFICIAL USE ONLY

Well Test Letter _____ Well Log _____ Well Water Test Results _____
Septic LOR _____ Septic Final Inspection _____
Notes _____

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