

# BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052  
www.boonecounty.in.gov

ENVIRONMENTAL DIVISION  
SUITE B201  
(765) 483-4458  
(765) 483-5243 FAX



BOONE COUNTY  
HEALTH DEPARTMENT

NURSING & VITAL RECORDS DIVISION  
SUITE B202  
(765) 482-3942  
(765) 483-4450 FAX

## APPLICATION FOR WELL AND SEPTIC PERMITS NEW CONSTRUCTION

Application Fee:	\$150 _____
Residential Septic Permit:	\$100 _____
Commercial Septic Permit:	\$200 _____
Well & Well Pump:	\$60 _____
Well Only:	\$30 _____
Well Pump Only:	\$30 _____

**Fill out completely** — application will **NOT** be processed unless all information is filled in. Permit# \_\_\_\_\_

Owner \_\_\_\_\_ Day Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Property Address \_\_\_\_\_ Subdivision/Lot \_\_\_\_\_

Nearest Crossroads \_\_\_\_\_ #Bedrooms/Equivalents \_\_\_\_\_

Legal Description Circle the civil township, township and range. Fill in the section number.

Center Clinton Eagle Harrison Jackson Jefferson Marion Perry Sugar Creek Union Washington Worth

Section \_\_\_\_\_ Township 17N 18N 19N 20N Range 1W 2W 1E 2E

\*PARCEL # (Your Tax ID #) \_\_\_\_\_

\*Can contact the Auditor's office to get the parcel # - 765-482-2940

Would you like us to fax/email the LOR to your registered Engineer/Surveyor? YES \_\_\_\_\_ NO \_\_\_\_\_

Engineer/Surveyor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Would you like to receive an emailed copy of the LOR? YES \_\_\_\_\_ NO \_\_\_\_\_ Email \_\_\_\_\_

Circle the type of Septic System planned: Gravel Chamber Other \_\_\_\_\_

Septic Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Builder \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

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, Ordinance #2012-04. 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.**

# BEDROOM

## **410 IAC 6-8.-6 "Bedroom" defined**

Authority: IC 16-19-3-4; IC 16-19-3-5

Affected: IC 16-19-3

### **Sec. 6. "Bedroom" means either any room:**

(1) in a residence that the local health department and the owner agree could be occupied for the purpose of sleeping and contains an area of seventy (70) square feet or more, at least one (1) operable window or exterior door for emergency egress or rescue, and, for new construction, a closet; or

(2) declared by the owner, by recorded affidavit supplied to the local health department, that will be occupied for sleeping, and that the owner further agrees within the affidavit not to occupy any additional rooms for the purpose of sleeping or otherwise represent to others that any room, beyond the number specified in the affidavit, may be utilized for sleeping, without approval of the local health department.

(Indiana State Department of Health; 410 IAC 6-8.-6)