

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



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

BOONE COUNTY
HEALTH DEPARTMENT

SEPTIC REPAIR PERMIT APPLICATION

Permit# _____

Fill out completely – application will **NOT**
be processed unless all information is filled in.

Replacement/Repair \$100

Date _____

Owner's Name _____ Phone _____

Address _____ City, State, Zip _____

Property Address _____

Previous Owner's Name (If Known) _____

Nearest Crossroads _____ Subdivision _____ Lot # _____

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

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

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

PARCEL # (Your Tax ID #) _____

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

Directions to Property _____

Please describe the conditions that have created the need for these requested repairs: _____

Number of current bedrooms _____ Number of additional bedrooms to be added _____

Is there an outlet for the Perimeter Drain? Yes No

Does surface water ever pond in the area where the absorption field will be located? _____ Yes _____ No

Name of Septic Contractor _____

Phone _____ Cell _____ Email _____

Name of Soil Scientist: _____

- Please fill out ALL of the above information and include a drawing of the septic system on the back of this application showing the indicated repairs.

BEDROOM

410 IAC 6-8.3-6 "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 6-8.3-6)