

Henry County Health Department

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Public Health
Prevent. Promote. Protect.

On-site Sewage System (Septic) Permit Application

New Construction Replacement/Expansion/Repair Component Only Existing System Connection

Is on-site sewage system slow draining or visibly discharging? Yes No doesn't apply

Homeowner Name: _____

Address or Nearest Crossroads of Building Site: _____

Homeowner Current Mailing Address _____ City _____ Zip _____

Email Address: _____

Contact Telephone Number: _____

of Bedrooms/equivalents: _____ Parcel ID of Building Site: _____

Water Supply (select one): Public Private

Jetted Hot Tub (125 Gallons or more): Yes No

Basement: Yes No

Bath, Sink, or Washing Machine in Basement: Yes No doesn't apply

Is this property located within 300 feet of a municipal sewer? Yes No

Is this property located within a Regional Waste District? Yes No

Is this property located within a flood zone? Yes No

Agent Name: _____

Agent Address: _____

Agent Contact Telephone Number: _____

I (we), as the homeowner hereby certify that all information provided in this application is truthful and accurate and that there are no misrepresentations or falsifications herein. Any changes in this information without consultation with the Henry County Health Department will be considered grounds for revocation of an issued permit pursuant to Henry County Ordinance Number 2007-7-4-25. I (we) understand that as homeowner I (we) alone am responsible for securing any permits, assuring proper construction or repair, and maintaining in a functionally adequate state the private sewage disposal system for which I have applied. I (we) assure that this system complies with all applicable rules, regulation, orders, and statutes regarding private sewage disposal systems.

Signature of Homeowner _____ Date _____