

Spencer County Health Department

Application for COMMERCIAL Sewage Disposal System

Date of Application _____

Business Name _____

Applicant Name _____

Applicant Mailing Address - Street _____

City _____ State _____ Zip _____

Home Phone _____ Day/Office Phone _____

Location of Property/Driving Directions _____

_____ Township _____

New _____ Replacement _____ Repair _____

Capacity/Seating _____ Size of Lot (acres) _____

Water Supply: Public _____ Private _____ Basement Plumbing: _____ Yes _____ No

[This application will be considered pending until all of the above necessary information as determined by the health officer or his designee has been provided by the property owner or his/her agent to the local health officer or designee. Completion of this application will not guarantee the issuance of a permit.]

NO CONSTRUCTION MAY BEGIN PRIOR to ISSUANCE of WRITTEN PERMIT.

I hereby agree that as consideration for the issuance of a permit for the construction of a commercial sewage disposal system as provided by the Spencer County Health Department Ordinance 1998-7 and 410 IAC 6-10, which regulates commercial sewage systems, that I will subscribe to and abide by the regulations governing the same.

I fully realize the penalties established for the violation of any provisions of Ordinance 1998-7 and 410 IAC 6-10, and I will notify the Spencer County Health Department for inspection and approval before covering the earth.

I fully acknowledge and agree that the Spencer County Health Department has made no representations as to the existence or non-existence of a public sewage system in the area of the above described property and the responsibility for determining the availability of these services is left to the applicant.

I, _____, the owner of the above listed property agrees to assume all responsibility for the proper installation, maintenance and operation of the system.

Date _____ Signed _____

Note: Two (2) day advance notice is necessary before final inspection.

WARNING:

No guarantee is expressed or implied by the issuance or approval of this application. This application in no way guarantees the operation of the commercial sewage disposal system at the above referenced location, it only affirms that the system was applied to be installed according to prescribed standards.

Apply by submitting the following to the Health Department:

- Completed application
- \$50.00 application fee (made payable to SCHD)

NAME OF INSTALLER: _____
