



# Hendricks County Health Department

355 South Washington Street #210  
Danville, Indiana 46122  
Phone (317) 745-9217 Fax (317) 745-9218



## Permit Application

System: New \_\_\_ Replacement \_\_\_

Gravity	75.00	New Well and Pump	40.00	Sewage Disposal	_____
Pump Assisted	125.00	Replacement Pump	15.00	Well/Pump	_____
Sandmound	200.00			Pump	_____
Repair of System Component	25.00				
Re-inspection Fee	50.00	Description of Repair	_____		

Please fill in blanks and check the appropriate spaces.

Property Owner	Site Location
Name _____	Address _____
Address _____	Location _____
City _____ State _____ Zip _____	City _____ Zip _____
Phone _____ or _____	Township _____
Email Address _____	Subdivision _____
<b>Builder/Owner Rep</b> _____	Minor Plat _____
Address _____ City _____	Lot Number _____ Acres _____
Phone _____ or _____	Parcel Number _____
Email Address _____	

**Use of Facility:** \_\_\_ Commercial \_\_\_ Restaurant \_\_\_ Daycare \_\_\_ School \_\_\_ Grocery Store  
 \_\_\_ Motel \_\_\_ Apartments \_\_\_ Campground \_\_\_ Church \_\_\_ Mobile Home Park  
 \_\_\_ 1 or 2 family dwelling \_\_\_ Other Please Specify \_\_\_\_\_

**Water Supply:** \_\_\_ Public Water Supply \_\_\_ Existing Well \_\_\_ Proposed Well

**House Plan:** Number of Bedrooms: \_\_\_\_\_ Number of Jetted Tubs (>125gals): \_\_\_\_\_

Well Driller/Pump Installer \_\_\_\_\_ Phone \_\_\_\_\_

Onsite Wastewater Disposal System Installer \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**The receipt and this application does not constitute a permit for construction.** I, the undersigned, do now affirm under penalties of perjury that the foregoing information and/or representations are true and further do now certify that onsite sewage disposal and water well for this facility will be installed to meet all state and local requirements of the Health Department of Hendricks County, Indiana. Onsite systems must be maintained regularly as neglect or abuse of your system can cause failure. If sanitary sewer becomes available you may be required to connect.

**ALL PERMITS ARE VALID FOR A PERIOD OF ONE YEAR AFTER DATE OF ISSUE. DRILLING LOGS AND PUMP TEST RESULTS ARE REQUIRED WITHIN THIRTY DAYS OF WELL DRILLING. WATER SAMPLES RESULTS ARE REQUIRED BEFORE OCCUPANCY.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (Applicant)

DO NOT WRITE BELOW THIS LINE

Previous permit #: \_\_\_\_\_ Original system date (yr.): \_\_\_\_\_

In emergency situations, the applicant for the well or pump permit shall notify the Health Officer or his agent by telephone of the pending installation prior to such installation. The well permit shall be obtained within 24 hours of the regular scheduled workday after the start of the emergency installation. **Location and construction of the well must comply with 312 IAC 13 and Hendricks county Groundwater Well Ordinance 2003-26.**

Please state the nature of the emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Well Driller: \_\_\_\_\_

Will an existing well be abandoned? Yes  No   
Will a new pump installed? Yes  No   
Will the upper terminal of the well be uncovered? Yes  No

*312 IAC 13-10-1 "A well that has not been used for more than three (3) months without being permanently abandoned, must be sealed at or above the land surface with a welded, threaded or mechanically attached watertight cap." The owner of land upon which is situated a well that is abandoned after December 31, 1987, must have the well plugged by a water well driller within one (1) year after it is abandoned. A well that poses a hazard to human health must also be plugged.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do Not Write Below This Line

---

---

Call Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Nature of the emergency as described: \_\_\_\_\_  
\_\_\_\_\_

Date of scheduled well/pump installation: \_\_\_\_\_

Proposed well driller or pump installer: \_\_\_\_\_

EHS \_\_\_\_\_ Date: \_\_\_\_\_