



Hendricks County Health Department

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



Permit Application

Gravity Trench	75.00	New Well and Pump	40.00	Sewage Disposal _____
Pump Assisted Trench	125.00	Replacement Pump	15.00	Well/Pump _____
Sandmound	200.00			Pump _____
System other than listed above	250.00			
Repair of System Component	25.00	Description of Repair	_____	
Re-inspection Fee	50.00			

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 _____	
Builder/Owner Rep _____	Subdivision _____
Address _____ City _____	Minor Plat _____
Phone _____ or _____	Lot Number _____ Acres _____
Email Address _____	Parcel Number _____

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 <input type="checkbox"/>	No <input type="checkbox"/>
Will a new pump installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the upper terminal of the well be uncovered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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: _____