

Onsite Sewage System & Groundwater Well Permit Application

Hendricks County Health Department
355 South Washington St. G30, Danville, IN 46122
Phone (317) 745-9217 • Fax (317) 745-9218



Public Health
Prevent. Promote. Protect.

Hendricks County Health Department

System: New _____ Replacement _____

Gravity Trench \$150.00

Pump Assisted Trench \$200.00

Sandmound \$250.00

Permanent Holding Tank \$250.00

Temporary Holding Tank \$50.00

System other than listed above \$250.00

Repair of System Component \$50.00

New Well and Pump \$45.00

Replacement Pump \$20.00

Well Repair \$20.00

Sewage Disposal _____

Well/Pump _____

Pump _____

Receipt _____

Description of Repair _____

Property Owner

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ or _____

Email Address _____

Builder/Owner Rep _____

Address _____ City _____

Phone _____ or _____

Email Address _____

Site Location

Address _____

Location _____

City _____ Zip _____

Township _____

Subdivision _____

Minor Plat _____

Lot Number _____ Acres _____

Parcel Number _____

Use of Facility: 1 or 2 family dwelling _____ Commercial _____ 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 _____

Registered Onsite Sewage System Installer _____ Phone _____

Email Address _____

The receipt and this application do 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 groundwater well for this facility will be installed to meet all state and local requirements. This application will be construed as a request from the property owner for construction inspection(s).

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 Department of the pending installation prior to such installation. The well permit application shall be submitted with signatures within 24 hours of the first regular scheduled workday after the start of the emergency installation and the application shall provide details regarding the specific situation that mandated the emergency well installation. *Location and construction of the well must comply with 312 IAC 13 and Hendricks county Groundwater Well Ordinance 2016-37.*

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 be 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

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Call Date: _____ Time: _____

Nature of the emergency as described:

Date of scheduled well/pump installation:

Proposed well driller or pump installer:

EHS: _____ Date: _____