



**Public Health**  
Prevent. Promote. Protect.

Hendricks County Health Department

### Permit Application

Send completed application with payment to:

Hendricks County Health Department  
355 South Washington St. #G30, Danville, IN  
46122

Phone (317) 745-9217 • Fax (317) 745-9218

System: New _____ Replacement _____			
Gravity Trench	\$150.00	New Well and Pump	\$45.00
Pump Assisted Trench	\$200.00	Replacement Pump	\$20.00
Sandmound	\$250.00		
System other than listed above	\$250.00		
Repair of System Component	\$50.00		
Re-inspection Fee	\$50.00	Description of Repair _____	
			Sewage Disposal _____
			Well/Pump _____
			Pump _____
			Receipt _____

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 _____	
<b>Builder/Owner Rep</b> _____	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 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  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

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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: