



APPLICATION FOR CONSTRUCTION PERMIT

State Form 50098 (R4 / 4-11)
Approved by State Board of Accounts, 2011
INDIANA STATE DEPARTMENT OF HEALTH
Environmental Public Health Division

DATE RECEIVED _____

RECEIPT NUMBER _____

PROJECT NUMBER _____

- INSTRUCTIONS:
1. Send check or money order along with plans to:
Indiana State Department of Health
P O Box 7236
Indianapolis, IN 46207-7236
 2. Direct questions to 317/233-7177.

**FAX COPIES OF APPLICATIONS
WILL NOT BE ACCEPTED.**

<p>1. OWNER _____ Name _____ Address _____ _____ Telephone Number _____ Email _____</p>	<p>5. The Following Documents are Attached: (CHECK WHERE APPLICABLE)</p> <p>A. Location Map <input type="checkbox"/></p> <p>B. Plans and Specifications certified by Architect or Engineer <input type="checkbox"/></p> <p>C. Documents Required by 410 IAC 6-10 (1) Report of Soil Survey Conducted by a Soil Scientist – <input type="checkbox"/> Applicable if soil Report Not Already Submitted (2) Wastewater Characteristics and Flow Calculations</p> <p>D. Fees Required by 410 IAC 6-12-17 (see other side) <input type="checkbox"/></p>
<p>2. OWNER'S DESIGNATED AGENT Name _____ Title _____ Address _____ _____ Telephone Number _____ Email _____</p>	<p>6. SIGNATURE Application is hereby made for a Permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief such information is true, complete, and accurate.</p> <p>_____ Printed Name of Person Signing</p> <p>_____ Title</p> <p>_____ Signature of Owner or Designated Agent</p> <p>_____ Date of Application (month, day, year)</p>
<p>3. FACILITY (TYPE OF PROJECT) _____ Name _____ Address _____ _____ City _____ County _____</p>	
<p>4. ENGINEER/ARCHITECT Name _____ _____ Address _____ _____ _____ Telephone Number _____ License Number _____ Email _____</p>	

INSTRUCTIONS FOR COMPLETION OF CONSTRUCTION PERMIT

1. Owner
Name and address of person, company, firm, municipality, authority, etc., which proposes the construction, installation, or modification of any water pollution control facility.
2. Authorized Agent
Name, title, address, and telephone number of person who is designated to act for owner and who is familiar with the project and can furnish additional information as required.
3. Name of Facility or Project
State its name, location, and nearest possible address.
4. Name of Engineer/Architect
Name, title, company, address and telephone number of engineer or architect registered in the State of Indiana who certified and sealed the construction plans and specifications.
5. Check the squares indicating name of documents attached to Application. All documents are required except where inapplicable.
 - A. A USGS topographic map or a county highway map with the exact site indicated.
 - B. Plans and specifications shall be prepared, certified and sealed by an individual qualified under applicable laws of the State of Indiana.
 - C. Report of an on-site survey identifying soils at the site of the proposed absorption field including textures, and structures at each soil horizon and depth to seasonal high water table or bedrock.
 - D. **Fees required** by 410 IAC 6-12-17

Commercial on-site	\$200
Community Wastewater Disposal Facility	\$700
Mobile Home Community or Mobile Home Community Addition	\$300
6. Signature
An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or his duly authorized representative, if such a representative is responsible for the overall operation at the facility from which the construction described in the form will originate. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively.