



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

Clark County Health Department  
1201 Wall Street, Jeffersonville, IN 47130  
Phone: 812-282-7521 Fax 812-288-2711  
Website: www.clarkhealth.net

**APPLICATION  
PRIVATE SEWAGE DISPOSAL SYSTEM  
INSTALLER PERMIT**

HEALTH DEPARTMENT RECORDS INDICATE THAT YOUR PERMIT # \_\_\_\_\_  
TO INSTALL/REPAIR ON-SITE SEWAGE DISPOSAL SYSTEMS WITHIN CLARK COUNTY, EXPIRES ON:

\_\_\_\_\_

INFORMATION YOU PROVIDE ON THIS APPLICATION WILL BE MADE AVAILABLE TO THE PUBLIC. IF REQUESTED, THIS DEPARTMENT WILL FURNISH THE PUBLIC A LIST CONTAINING CURRENT PERMIT HOLDERS, THEIR NAMES, ADDRESSES AND PHONE NUMBERS (BUT NOT E-MAIL ADDRESSES).

IF YOU WISH TO CONTINUE TO BE PERMITTED TO INSTALL WITHIN CLARK COUNTY, PLEASE COMPLETE THIS APPLICATION AND CORRECT ANY ERRORS APPEARING ON THE FORM AND RETURN IT ALONG WITH YOUR PAYMENT OF \$50.00 FOR THE NEW PERMIT FEE.

**BUSINESS NAME:** \_\_\_\_\_

**OWNERS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

CHAPTER 7-1-1 (A) OF THE CLARK COUNTY SANITARY CODE (CCSC) HAS ESTABLISHED, "NO PERSON SHALL INSTALL, CONSTRUCT, ALTER OR REPAIR AN ON-SITE SEWAGE DISPOSAL SYSTEM UPON ANY PROPERTY IN CLARK COUNTY, INDIANA, WITH OR WITHOUT CHARGE: (1) WITHOUT FIRST OBTAINING AND POSSESSING A CURRENT, UNREVOKED PERMIT FROM THE HEALTH OFFICER, EXCEPT AS PROVIDED BY 7-2-2; OR , (2) UPON ANY PROPERTY FOR WHICH AN ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT HAS NOT BEEN ISSUED BY THE BOARD OF HEALTH AS REQUIRED BY CHAPTER 6 OF THE SANITARY CODE."

CHAPTER 7-2-1 (B) OF THE (CCSC) STATES, "ONLY ONE (1) LICENSE SHALL BE REQUIRED FOR EACH PERSON OR OTHER SEPARATE LEGAL ENTITY ENGAGED IN THE INSTALLATION, ALTERATION OR REPAIR, WITH OR WITHOUT CHARGE, OF THE ON-SITE SEWAGE DISPOSAL SYSTEM."

EACH PERMIT REQUIRED BY CHAPTER 7 OF THE SANITARY CODE, SHALL BE ISSUED BY THE BOARD OF HEALTH FOR A TERM OF ONE (1) YEAR BEGINNING ON THE DATE OF ISSUANCE AND EXPIRING ON DECEMBER 31ST AND MAY BE RENEWED ON JANUARY 1ST UPON RECEIPT OF APPLICATION AND ALL APPLICABLE FEES AS REQUIRED BY CHAPTER 2 OF THE SANITARY CODE.

*ANNUAL PERMIT FEE .....\$50.00*

**PLEASE PRINT: [ please provide e-mail address ]** \_\_\_\_\_

**NAME / TITLE OF APPLICANT** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**<<<<<<<<<<<< FOR HEALTH DEPARTMENT USE ONLY >>>>>>>>>>>>>>**

**DATE ISSUED** \_\_\_\_\_ **ISSUED BY:** \_\_\_\_\_ **PERMIT#** \_\_\_\_\_

**RECEIPT#:** \_\_\_\_\_