

**HAMILTON COUNTY  
DIVISION OF GROUNDWATER PROTECTION**

**Application for SSSDS Permit / Lot Reviews**

**APPLICANT  
COMPLETE QUESTIONS:                      FEES DUE**

1. **SERVICE REQUESTED:** (check service)
- |   |                  |                      |
|---|------------------|----------------------|
| _____ Septic system Construction Permit                 |                  |                      |
| _____ Dwelling . . . . .                                | 2, 3, 4, 7, 8, 9 | \$ 400.00 per permit |
| _____ Commercial (gpd) . . . . .                        | 2, 3, 4, 7, 8, 9 | \$ 400.00 per permit |
| _____ System modification . . . . .                     | 2, 3, 4, 7, 8, 9 | \$ 400.00 per permit |
| _____ Repair . . . . .                                  | 2, 3, 4, 7, 8, 9 | \$ <u>N/C</u>        |
| _____ Subdivision Evaluation: # of lots _____ . . . . . | 1, 2, 3, 7, 8, 9 | \$ 80.00 per lot     |
| Evaluated for maximum # of bedrooms: _____              |                  |                      |
| _____ Lot Review . . . . .                              | 2, 3, 4, 7, 8, 9 | \$ 80.00 per lot     |

2. **APPLICANT**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

3. **LOCATION OF PROPERTY / LOT:** a) Subdivision Name: \_\_\_\_\_ Lot # \_\_\_\_\_

b) Address of property \_\_\_\_\_  
 c) If property is not part of a subdivision, please give specific directions to property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. **FOR SSSDS PERMIT ONLY:** a) Dimensions of house \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

Excavated basement? Yes \_\_\_\_\_ No \_\_\_\_\_ Basement Plumbing Fixtures? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Water supply: Public: \_ Well \_\_\_\_\_ Other \_\_\_\_\_  
 Is the lot staked? \_\_\_\_\_ If not, date it will be staked: \_\_\_\_\_  
 Is the house staked? \_\_\_\_\_ If not, date it will be staked: \_\_\_\_\_  
 Installer, if known: \_\_\_\_\_

7. **MAKE A ROUGH SKETCH ON BACK OF THIS PAGE SHOWING DIRECTIONS TO PROPERTY, PROPERTY LINES, HOUSE SITE, WELL LOCATION, SPRING LOCATION, AND ALL DRIVEWAYS, DECKS, POOLS, UTILITIES, ETC.**

8. **ALL FEES ARE DUE IN ADVANCE. Make check payable to: Hamilton County Trustee**

9. **I certify that the above information is true and correct to the best of my knowledge, and that I have been authorized to submit this Application to the Division of Groundwater Protection.**

**DATE:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **AMOUNT PAID** \_\_\_\_\_ **RECEIPT #** \_\_\_\_\_