



Providing Education • Promoting Health • Preventing Illness

203 S. Prince Street, Suite A • Princeton IN 47670
(812) 385-3831 • (812) 386-8027
www.gibsoncountyhealth.org

Application for Septic Permit

Permit Number: _____ Date of Application: _____

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Location and Address (Directions): _____

All Sand Soil: (Circle One) Yes or No Lot Size: _____

Water Source: (Circle One) Public Proposed Well Private Well

Number of Bedrooms/Bedrooms Equivalent/150 gallon jetted bathtub: _____

Repair or New: _____

***New Permit Fee-\$30.00 *Repair Fee-\$15.00**

Office Use Only

Receipt Number: _____ Amount Paid: _____

Person Requesting Permit: _____

Staff Signature: _____ Date: _____