



# TOWN OF HEBRON

**ESTABLISHED 1890**  
**BUILDING DEPARTMENT**

107 N. Main Street | P.O. Box 478 | Hebron, Indiana 46341

**BRADFORD LADWIG**  
**BUILDING COMMISSIONER**  
Office 219-996-4641  
Fax 219-996-7494

EMAIL:  
[hebronbuilding@hebronindiana.org](mailto:hebronbuilding@hebronindiana.org)

## SEWER TAP PERMIT GUIDE

### Application Requirements

1. Legal description of the property
2. Scale drawings, blueprints with elevation view showing all dimensions
3. Registered Town of Hebron Contractor and/or Subcontractor(s) for current year
4. Completed permit application

### Building Code and Zoning Requirements

#### **Residential:**

1. Contractor MUST CALL INDIANA811 before you dig.
2. In general, sewers shall be sufficiently deep so as to receive sewage from the first floor of all places served by the sewers. Laterals shall be installed at a normal slope of ¼-inch per foot. Minimum slope shall be 1/8-inch per foot.
3. Building sewers shall conform to the latest edition of the Uniform Plumbing Code, the Town's SANITARY SEWER DESIGN & CONSTRUCTION STANDARDS, and Town Ordinances.
4. No more than one (1) building will be permitted to connect to a building sewer.
5. Sewers with more than one (1) connection must be constructed as a sanitary sewer in a dedicated easement with a minimum sewer diameter of 8-inches and manholes.
6. All single-family, multi-family, commercial, institutional, and industrial dwellings will require 6-inch diameter laterals.
7. Building sewers shall have a 6-inch Wye cleanout located within 3-feet of the building's exterior wall and extended to grade.
8. If approved by the Town, a service may be cut into an existing public sewer using a mainline fitting and Fernco coupling or a saddle connection.
9. No person shall make connection of roof downspouts, exterior foundation drains, area way drains, or other sources of surface runoff or groundwater to a building sewer.
10. The contractor should notify the Sewer Department at least 24 hours prior to beginning construction or repair on any sewer service so that they can schedule an inspection. Call (219) 996-4641 to schedule an inspection, the contractor shall notify the Sewer Department approximately one hour before the inspection is required. The sanitary service must remain exposed for the inspection.

#### **Commercial or Industrial:**

1. Users shall be required to provide pretreatment for fats, oils, and grease (FOG) at all new, renovated, and reconstructed restaurants and food service establishments when, in the opinion of the Town, the facility has the potential to discharge FOG in concentrations deemed potentially detrimental to the Town's sewage works or POTW.



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2. The average daily flow for these facilities shall be based on Bulletin S.E. 13 from the Indiana State Board of Health, latest edition. The Town Engineer may allow modification of these guidelines based upon information submitted by the Owner/Contractor or developed by the Town Engineer.
3. Industrial buildings shall have a suitable control manhole for observation, sampling, and measurement of the waste stream located prior to the connection to the sanitary sewer, as required by the Town Engineer.
4. For industries which will have a process discharge, the Owner shall submit detailed flow estimates for each process, duration, and frequency.

Further details for design standards for sanitary sewers, can be found in the Sanitary Sewer Design & Construction Standards at [www.hebronindiana.org](http://www.hebronindiana.org).



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**SEWER TAP PERMIT APPLICATION**  
**(Residential - Commercial - Industrial)**

**PERMIT #** \_\_\_\_\_

**PERMIT FEE \$** \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

ESTIMATED DATE OF COMPLETION \_\_\_\_\_

**Residential** (Choose one):

Single-Family

Two-Family

Multi-family

**Commercial**

**Industrial**

**PROPERTY LOCATION**

SITE ADDRESS \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_

**PROPERTY OWNER**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

**GENERAL CONTRACTOR**

COMPANY NAME \_\_\_\_\_ LICENSE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ HOME # \_\_\_\_\_

E-MAIL \_\_\_\_\_

COMPANY OWNER'S NAME \_\_\_\_\_

COMPANY OWNER'S HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

