



Morgan County Health Department
180 S. Main St., Ste. 252
Martinsville, IN 46151
765-342-6621

Application for Septic Permit

****This Form Must Be Completed By The Property Owner or Owner's Agent****

New Construction ____ OR Repair ____ OR Expansion ____

Residential ____ OR Commercial ____

Required Documents: Installer's Application ____ Legal Description of Property ____
Floor Plans w/ Elevations ____ Plot Plan of Site ____ Installer's Drawing ____
Site Evaluation ____ Flood Plain Designation Yes/ No

Water Source: Public ____ Proposed Well ____ Existing Well ____

Bedrooms: ____ # Bathtubs Over 125 gallons: ____

Property Owner/ Applicant Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Alt. Phone: _____

Site Address: _____

Subdivision Name: _____ Lot #: _____

Parcel #: _____ Township: _____

Installer Name: _____ Installer Phone: _____

Installer Address: _____

I, the undersigned applicant, understand that I alone am responsible for the proper construction, maintenance and repair of the on-site sewage disposal system for which I have applied. An inspection of the system will be completed prior to backfilling by notifying the Morgan County Health Department. This permit is valid 2 years from the date of issue and is nontransferable.

I, _____, affirm under the penalties of perjury that my home is considered to be a ____ (#) **bedroom home**, as described in the bedroom definition* and accepted by the Morgan County Health Department. I understand that my septic system has been issued and sized correctly for my home in regard to the number of bedrooms and large bathtubs. I understand that if my septic system is not in compliance with the permit issued the permit will be null & void.

Signature of Property Owner or Owner's Agent: _____

Date: *Definition of Bedroom: (410 IAC 6-8.3-6)*