

Morgan County Health Department

180 S. Main St., Suite 252
Martinsville, IN 46151-1988
Phone: 765-342-6621 Fax: 765-342-1062

****This Form Must Be Completed By The Property Owner****
Application for Septic Permit

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 ____

Bedrooms¹: ____ # 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: _____

THE SECTION BELOW IS TO BE FILLED OUT BY THE PROPERTY OWNER!

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.

Signature: _____ Date: _____

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: _____ Date: _____

¹ "Bedroom" means either any room:

(1) in a residence that the local health department and the owner agree could be occupied for the purpose of sleeping and contains:

- (A) an area of seventy (70) square feet or more;
- (B) at least one (1) operable window or exterior door for emergency egress or rescue; and
- (C) for new construction, a closet; or

(2) declared by the owner, by recorded affidavit supplied to the local health department, that will be occupied for sleeping, and that the owner further agrees within the affidavit not to occupy any additional rooms for the purpose of sleeping or otherwise represent to others that any room, beyond the number specified in the affidavit, may be utilized for sleeping without approval of the local health department. (410 IAC 6-8.3)