



510 W. Adams Street, Suite GL-30
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Byron Holms, M.D., Health Officer
Christine Stinson, Administrator

APPLICATION FOR AN ONSITE SEWAGE DISPOSAL SYSTEM

ONSITE REPAIR/REPLACEMENT CONSTRUCTION

Permit Fee: \$30.00 Receipt #_____

Date_____

Owner's Name_____ Day Phone_____

Mailing Address: _____ City, St, Zip_____

Email Address: _____ (Required)

Parcel ID_____ (Required)

Proposed OSS Property Address: _____

Nearest Crossroads: _____ Subdivision: _____ Lot: _____

Civil Township_____

Legal Description: Section_____ Township; _____ Range _____ Civil Township_____

Driving Directions from Downtown Plymouth: _____

Register Installer: _____ Installer Phone: _____

Number of Bedrooms _____ Number of Bedroom Equivalents _____ Building Plans _____

Name of Builder: _____ Builder's Phone: _____

Does the residence have: sump pump garbage disposal water softener _____

I hereby certify that the above information is correct and the sewage and drainage systems for this residence will be installed to meet or exceed the requirement of the laws of the Indiana State Department of Health and Marshall County, Indiana. I also understand this application is not a guarantee of the issuance of an onsite sewage disposal system permit and if a permit is denied or revoked I have the right to appeal the decision through the proper methods describe in Section 12 of Ordinance No. 2013-03. This application is void after one year. (A copy of the building floor plans must be submitted prior to the issuance of the permit to determine bedrooms and bedroom equivalents.)

Owner's Signature: _____ Date_____

THIS IS NOT A PERMIT. THE SEPTIC PERMIT WILL BE ISSUED AFTER DESIGN APPROVAL.

For Office Use Only

Design Received Date: _____

Design Approval Date: _____

Permit Issued Date: _____

Construction Start Date: _____

Final Inspection Date: _____

Alarm Check Date: _____

Approved / Disapproved