



510 W. Adams Street, Suite GL-30  
Plymouth, IN 46563  
Phone: 574-935-8565  
www.co.marshall.in.us

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**

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**Design Received Date:** \_\_\_\_\_

**Design Approval Date:** \_\_\_\_\_

**Permit Issued Date:** \_\_\_\_\_

**Construction Start Date:** \_\_\_\_\_

**Final Inspection Date:** \_\_\_\_\_

**Alarm Check Date:** \_\_\_\_\_

**Approved / Disapproved**