



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

**NEW CONSTRUCTION**

Permit Fee: \$60.00      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: \_\_\_\_\_

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: \_\_\_\_\_

Will the proposed 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.**

\*\* A satisfactory final OSS inspection (including alarm checks) must be obtained before scheduling your final building inspection for occupancy.

**For Office Use Only**

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 Letter of Requirements: \_\_\_\_\_ Design Received Date: \_\_\_\_\_  
 Design Approval Date: \_\_\_\_\_ Permit Issued Date: \_\_\_\_\_  
 Construction Start Date: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_  
 Alarm Check Date: \_\_\_\_\_

**Approved / Disapproved**