



## Morgan County Health Department

180 S. Main St., Ste. 252

Martinsville, IN 46151

765-342-6621 ehs@morgancounty.in.gov

### **Holding Tank Permit Application**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address Where Holding Tank Will Be Installed: \_\_\_\_\_

Installer Name: \_\_\_\_\_ Installer Phone: \_\_\_\_\_

Septic Tank Size & Manufacturer: \_\_\_\_\_

Pump Alarm Information- Manufacturer & Model Number: \_\_\_\_\_

\_\_\_\_\_

**\*\* Provide a written contract with a septage management vehicle operator for regular removal of septage from the tank. Records of removal of septage may be required by the Health Department. \*\***

I acknowledge that failure to follow these guidelines may result in revocation of the holding tank permit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_