



## Morgan County Health Department

180 S. Main St., Ste. 252

Martinsville, IN 46151

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

### **Temporary Pump & Haul Application**

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

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

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

Septic Permit Number: \_\_\_\_\_

Pump & Haul Contractor: \_\_\_\_\_

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#### **Health Department Only:**

The home located at the address above is approved to go on a temporary pump & haul. We have inspected the tank but the installation of the onsite sewage system is delayed until the soil is appropriately dry.

EHS Signature: \_\_\_\_\_ Date of EHS Approval: \_\_\_\_\_

\*\* This is a conditional agreement. If the homeowner is found to be in violation of environmental codes, or not using a licensed pump & haul contractor, the Health Department reserves the right to void this agreement. \*\*