



# Pulaski County Health Department

125 S Riverside Drive – Suite 205  
Winamac, IN 46996

Telephone: (574) 946.6080 Fax: (574) 946.6654

[eguffey@pulaskicounty.in.gov](mailto:eguffey@pulaskicounty.in.gov)

Office Use  
Permit #

**Public Health**  
Prevent. Promote. Protect.

## APPLICATION FOR AN ONSITE SEWAGE SYSTEM PERMIT

Date \_\_\_\_\_

Type of Permit Residential \_\_\_\_\_ Commercial \_\_\_\_\_

New Construction \_\_\_\_\_ Replacement \_\_\_\_\_ Repair \_\_\_\_\_

### Property Owner:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Applicant Information: (Write same if same as property owner)

Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

**Certified Onsite Sewage System Installer** \_\_\_\_\_

### Site Information:

Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Parcel # \_\_\_\_\_ Township \_\_\_\_\_

### What is the reason for this permit application? Check all that apply

New Construction \_\_\_\_\_ System Failure \_\_\_\_\_ Remodeling \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Jetted Tubs \_\_\_\_\_ Water Softener \_\_\_\_\_ Garbage Disposal \_\_\_\_\_

Type of Water Supply Well \_\_\_\_\_ Municipal \_\_\_\_\_

**Certifications:** I hereby certify that I am the property owner or the authorized representative of the property owner and that the above statements are true and accurate. I certify that I have the authority to and hereby grant permission and consent for the authorized representatives of the Health Department to enter onto the property without prior notice to conduct inspections and collect soil and water data as necessary to assure compliance with all applicable laws and rules pertaining to the installation and function of the septic system. Failure to provide true and accurate information or to allow the Health Department access will result in the immediate suspension of any permit and any work being conducted pursuant to this application. I understand that I am obligated to identify underground utilities (call "811") or other underground obstructions. Any changes to the onsite sewage system design plans after the issuance of the onsite sewage system permit must be approved and submitted to the Pulaski County Health Department in writing prior to the start of construction. The approval of a site by the local plan commission or the county recorder does not constitute approval by the Pulaski County Health Department. By signing this application, you are certifying the application information provided above and design plans are correct accurate, and that the system will be installed according to all applicable rules and regulations as set forth in County Ordinance passed 2.7.1994 and Rule 410 IAC 6-8.3. Approval of the onsite sewage system by the Pulaski County Health Department does not guarantee the functionality, longevity, or a trouble-free system. Unforeseen variations in the soil, terrain and or other factors may impact the system.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_