



## Putnam County Health Department

P.O. Box 507  
Greencastle, IN 46135  
Phone: (765) 653-0203 | Fax: (765) 653-0208  
[putnamcountyhealth.in.gov](http://putnamcountyhealth.in.gov)



### Information about Obtaining a Permit for a Septic Holding Tank

The following steps are required to obtain a construction or operating permit for both Commercial and Residential holding tanks in Putnam County. The initial operating permit for a septic holding tank is issued as a construction permit and remains valid for two years. After this period, an application for an operating permit must be submitted every two years to maintain compliance.

- **Application submission-** A completed application form must be submitted to the Putnam County Health Department.
- **Permit Fee-** A non-refundable fee of \$250.00 is required at the time of application submission.

**Inspection** – An inspection must be completed to confirm compliance with Indiana Code 16-41-25-9 and Rule 410 IAC 6-8.3.

For the initial construction of a holding tank, the inspection must be completed and approved by the Putnam County Health Department.

For a continued operating permit, a system inspection must be conducted by a registered installer to verify the operational status of the holding tank and the functionality of the visual/audio alarm.

- **Septage Removal Contract-** A written contract with an operator of a septage management vehicle must be provided, ensuring the removal of septage at regular intervals.
- **Record-Keeping Agreement-** The property owner must submit a signed written statement indicating their commitment to maintaining copies of all receipts and any other records requested by the local health department. Those records must be submitted to the Putnam County Health Department within 30 days of service. Pump and haul receipts can be submitted to the Health Department in person at 1542 S Bloomington St., Suite 1500, Greencastle, IN 46135 or via email at [environmental@co.putnam.in.us](mailto:environmental@co.putnam.in.us).

**Failure to comply with the requirements of the operating permit may result in revocation of the permit. If the permit is revoked, the property owner will be required to install a full onsite sewage system or connect to sanitary sewer if available.**

For any questions regarding the application process or permit requirements, please contact the Putnam County Health Department at (765)653-0203 or the email address referenced above.



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

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### OPERATING HOLDING TANK PERMIT APPLICATION

#### PROPERTY OWNER/APPLICANT INFORMATION:

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

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

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

#### SITE LOCATION:

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

Directions: \_\_\_\_\_

Township: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_ Acres: \_\_\_\_\_ Parcel #: \_\_\_\_\_

#### USE OF FACILITY:

☐ Commercial ☐ Residential ☐ Other

#### TYPE OF PERMIT:

☐ Construction Permit \$250.00  
☐ Operating Permit \$250.00

#### HOUSE PLAN:

Number of bedrooms: \_\_\_\_\_ Number of Jetted tubs (>125 gals): \_\_\_\_\_

If commercial, did usage of facility change? ☐ Yes ☐ No

#### Qualified Septic Inspector Information:

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

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

Installer Phone: \_\_\_\_\_ Installer Email: \_\_\_\_\_

**\*\*Inspection of holding tank required and report detailing the holding tank/alarm is in compliance must be submitted to the Health Department. \*\***

**OVER**

Updated 03.25

**REQUIRED ITEMS INCLUDED WITH THIS APPLICATION:**

- ☐ Application Fee
- ☐ Holding Tank Inspection Report
- ☐ Signed Contract with Licensed Hauler
- ☐ Written Statement Signed by Owner

I, the undersigned, do now affirm under penalties of perjury that the foregoing information and/or representations are true and further do now certify that an on-site sewage systsem for this facility will be maintained to meet all State and Local requirements of the Health Department of Putnam County, Indiana. On-site systems must be maintained regulary as neglect or abuse of your system can cause failure. Failure to comply with the operating requirement could result in revocation of the operating permit. If revocation occurs, the owner will be required to connect to a full onsite sewage system or sanitary sewer.

\_\_\_\_\_  
Signature of Owner/or Owner's Agent

\_\_\_\_\_  
Date

**The receipt and this application do not constitute a permit for construction.**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_



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### Sewage Holding Tank Agreement

#### Property Owner Information:

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

Address of Property with Holding Tank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### Agreement Statement:

I, the undersigned property owner, understand that my property utilizes a septic holding tank system. I agree to comply with all applicable state and local regulations pertaining to the operation, maintenance, and servicing of this system, including but not limited to:

- Rule 410 IAC 6-8.3 or 410 IAC 6-10.1
- Indiana Code (IC) 16-41-25-9
- All relevant local regulations

Furthermore, I agree to provide the Putnam County Health Department with copies of all receipts and other records requested be submitted within thirty days of service. I understand that failure to comply with this agreement may result in enforcement action in accordance with applicable laws and regulations.

By signing below, I certify that I have read, understand, and agree to the terms outlined above.

Signature of Property Owner: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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