

Shelby County Health Department

20 West Polk St., Ste. 202

Shelbyville, IN 46176

Phone: 317-392-6470

PRIVATE SEWAGE DISPOSAL SYSTEM BEDROOM AFFIDAVIT

(PROPERTY ADDRESS)

This Bedroom Affidavit is submitted pursuant to **410 IAC 6-8.3**, specifically **410 IAC 6-8.3-31** and **410 IAC 6-8.3-51**, which regulate the determination of bedroom count and the design capacity of private sewage disposal systems, as enforced by the Shelby County Health Department under its authority as the local health officer.

This affidavit is being submitted to attest that the property listed below is a ____ **bedroom residence**, and that the home contains ____ **room(s)** that will be used for sleeping purposes. No other rooms within the dwelling shall be used, designed, or represented as sleeping rooms.

The undersigned further affirms that the residence shall not be advertised, described, conveyed, or represented to others, including prospective purchasers, tenants, lenders, or real estate professionals, as having more than ____ **bedrooms**, unless and until the private sewage disposal system is altered, repaired, or replaced and approved by the Shelby County Health Department in accordance with **410 IAC 6-8.3**.

No Future Conversion Acknowledgment

The undersigned acknowledges and agrees that no existing or future rooms, areas, basements, lofts, bonus rooms, or other spaces within the dwelling shall be converted, finished, furnished, or used as additional sleeping rooms or bedrooms, nor shall any such space be marketed or represented as a bedroom, unless and until approval is obtained from the Shelby County Health Department verifying that the private sewage disposal system is adequate for the increased bedroom count pursuant to **410 IAC 6-8.3**.

The undersigned further acknowledges that any future increase in the number of bedrooms or sleeping rooms shall require the execution and recording of a **Release of Bedroom Affidavit**, approved by the Shelby County Health Department, certifying that the private sewage disposal system has been modified, replaced, or verified to comply with **410 IAC 6-8.3** for the increased bedroom count, prior to such use, representation, or occupancy.

We _____, hereby depose and say that all the above
(PRINTED PROPERTY OWNERS NAME)

statements are true in reference to the number of bedrooms at the property located at:

(PROPERTY ADDRESS)

(DATE)

(SIGNATURE/PROPERTY OWNER)

(PROPERTY OWNERS CURRENT ADDRESS)

(CITY, STATE, ZIP CODE)

STATE OF INDIANA, COUNTY OF SHELBY

I, a Notary Public, hereby certify that _____ whose name is signed to the foregoing instrument or conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he/she/they executed the same voluntarily on the day the same bears date.

Subscribed and Sworn to before me on this _____ day of _____ .

My commission expires _____

Notary Public Signature

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

NAME

PREPARED BY: _____ CROSS REFERENCE TO DEED: _____