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TIPTON COUNTY HEALTH DEPARTMENT

Permit # _____

101 E. Jefferson St. Tipton, Indiana 46072
Phone 765-675-8741 Fax 765-675-6952**Application for Approval of an On-Site Sewage Disposal System**

Type of Installation: _____ New (\$200.00) _____ Replacement (\$150.00) _____ Repair (\$150.00)
 _____ New Commercial (\$400.00) _____ Repair/Replace Commercial (\$300.00)
 _____ Gravity _____ Flood Dosed _____ Holding Tank
 _____ Pipe and Gravel _____ Chamber _____ Presby _____ ATL _____ Sandmound

Property Owner	Site Location
Name _____	Address _____
Address _____	City _____ State _____ Zip _____
City _____ State _____ Zip _____	Township _____ T _____ N _____ R _____ E
Phone _____ or _____	Part of the _____ 1/4 of the _____ 1/4 of the _____ 1/4
Email _____	Subdivision _____
Septic Installer	Lot # _____ Acres _____
Name _____	Parcel Number _____
Address _____ City _____	
Phone _____ or _____	
Email _____	

Type of Building: _____ **Residential** _____ Single Family Dwelling _____ Dual Family Dwelling
 _____ **Commercial** _____ Mobile Home Park _____ Restaurant _____ Campground
 _____ Grocery Store _____ Apartments _____ Church
 _____ Motel _____ Daycare _____ School

Manufacturers: Septic Tank: _____ Size _____ gal.
 Dosing Tank: _____ Size _____ gal.
 Chamber System: _____ Model # _____
 Effluent Filter: _____ Brand _____

House Plan: Number of Bedrooms: _____ Number of Jetted Tubs (>125gals) _____
 _____ Public Water Supply _____ Existing Well _____ Proposed Well

Absorption Area: # of Trenches _____ Length of Trenches _____ Depth of Trenches _____ SAF Sq. Ft. _____
 Type of system: Elevated _____ Sub Surface _____

I, the undersigned, affirm that the above information and/or representations are true, and I do certify that the On-Site Sewage Disposal System will be installed to meet the State requirements Rule 410 IAC 6-8.1, and requirements of Tipton County Health Department.

Date _____ Applicant/Agent Signature _____

I hereby issue a permit for the installation of an On-Site Sewage Disposal System for the above-mentioned location as prescribed by the Indiana State Dept. of Health Rule 410 IAC 6-8.3 and Tipton County Septic Ordinance.

Date _____ Sanitarian: _____ Health Officer: _____

This Tipton County Septic Permit, when issued, is valid for Two (2) years or until the septic has been inspected and approved by Tipton County Health Department, whichever comes first.

I have this _____ day of _____, 20____ inspected the On-Site Sewage Disposal System at the above-mentioned location and find it to be in compliance with the Rules and Regulations of Indiana State Dept. of Health and Tipton County Health Department.

Sanitarian's Signature: _____