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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
_____ Pipe and Gravel _____ Chamber _____ Presby _____ ATL _____ Sandmound

<p align="center">Property Owner</p> <p>Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ or _____ Email _____</p>	<p align="center">Site Location</p> <p>Address _____ City _____ State _____ Zip _____ Township _____ T _____ N _____ R _____ E Part of the _____ ¼ of the _____ ¼ of the _____ ¼ of Section _____ Subdivision _____ Lot # _____ Acres _____ Parcel Number _____</p>
<p align="center">Septic Installer</p> <p>Name _____ Address _____ City _____ Phone _____ or _____ Email _____</p>	

Type of Building: _____ Residential _____ Commercial
_____ Other (please specify) _____

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

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. _____
Does surface water ever pond or stand in the area where the absorption area is to be located? _____

Drainage: Perimeter Drain Depth (select one): _____ 2" into the deepest compact till shall be _____
_____ 36" below the adjacent trench for subsurface
_____ 32" below the original grade for elevated systems

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: _____