

SULLIVAN COUNTY

HEALTH DEPARTMENT

27 South Main Street
Sullivan, IN 47882

Telephone (812) 268-0224
Fax (812) 268-0423

Onsite Sewage System Application

Application for: _____ New construction _____ Repair/Replacement _____ Component

Applicant Information

Owner _____
Mailing address _____
City/State/Zip _____

Home phone: _____
Work phone: _____
Cell phone: _____
Email address: _____

Installer Information (if known)

Name _____
Address _____
City/State/Zip _____

Work phone: _____
Cell phone: _____

Property Description

Address or location of property: _____

Parcel ID: _____
Civil Township _____ Subdivision _____
Lot _____ Parcel or Lot Size _____

Structure Description

of Bedrooms _____ Jetted Tub >125 gal? Yes / No If Yes, # _____ Capacity _____
Number of Occupants _____ Full Body/Waterfall Shower? Yes / No If Yes, GPM _____
Garbage Disposal? Yes / No Seasonal Use? Yes / No Year Structure Built _____
Water Softener? Yes / No Rental Property? Yes / No
Water Supply Source: _____ Private Well _____ Community water source _____ Other: _____

This application is not complete until an on-site soil evaluation, which meets the requirements of Rule 410 IAC6-8-3-56, has been submitted.

I, the undersigned, do now affirm under penalties of Perjury that the forgoing information and/or representations are true, and further do now certify that the On-site Sewage System for this facility will meet the laws and codes of the State of Indiana and the Sullivan County Health Department.

Date: _____

Signed: _____
I am the: _____ Property Owner _____ Property Owner's Agent

FOR INTERNAL USE ONLY: Received date: _____ Received by: _____