



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

**Putnam County Health Department**

PO Box 507  
1542 S Bloomington St Suite 1500  
Greencastle, IN 46135  
(765) 301-7660 / (765) 301-7665 (fax)

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

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

**ON-SITE SEPTIC SYSTEM PERMIT APPLICATION**

**PROPERTY OWNER/APPLICANT INFORMATION:**

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

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

Phone #: \_\_\_\_\_

**SITE LOCATION:**

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

Location: \_\_\_\_\_

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

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

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

**USE OF FACILITY:**

Commercial     Residential     Other: \_\_\_\_\_

**TYPE OF PERMIT:**

- New System - \$125                       Repair of Existing System - \$125
- New System with existing dwelling (system not previously installed) - \$125
- Remodel/Expansion of dwelling - \$125
- Replacement/Reconstruction of dwelling (increase system size) - \$125
- Resubmittal of septic permit - \$50
- Replacement of dwelling (no change to existing system) - \$25
- Replacement of Failed Septic Tank only - \$10
- Replacement of Failed Dose Tank only - \$15

**WATER SUPPLY:**

Public Water     Existing Well     Proposed Well

**HOUSE PLAN:**

Number of Bedrooms: \_\_\_\_\_      Number of Jetted Tubs (>125 gals): \_\_\_\_\_

For existing dwellings the number of bedrooms should match the Putnam County GIS property card information or a bedroom affidavit must be recorded.

**OVER**

**INSTALLER INFORMATION:**

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

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

Installer Phone #: \_\_\_\_\_

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

**REGISTERED PROFESSIONAL ENGINEER (IF INSTALLER IS NOT IOWPA CERTIFIED):**

Engineering Firm: \_\_\_\_\_

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

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

Engineer Phone #: \_\_\_\_\_

Engineer Email: \_\_\_\_\_

**ITEMS INCLUDED WITH THIS APPLICATION (must be submitted):**

Application Fee     House Floor Plans     Deed of Property     Plat

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 system for this facility will be installed to meet all State and Local requirements of the Health Department of Putnam County, Indiana. On-site systems must be maintained regularly as neglect or abuse of your system can cause failure. If sanitary sewers becomes available you may be required to connect.

\_\_\_\_\_  
Signature of Owner/Applicant

\_\_\_\_\_  
Date

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