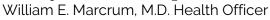
Perry County Health Department



3214 Tell Street Tell City, Indiana 47586 Phone: 812.547.2746 Fax: 812.547.0415

www.perrycounty.in.gov

| On-site Sewage System Permit Application Form – 2019 | |
|--|--------------|
| New Construction | |
| Repair/Replace | |
| Other | |
| | |
| Name of Applicant | _ |
| Name of Owner | _ |
| Phone Number Applicant | - |
| Phone Number Owner | _ |
| E-mail Address of Applicant | _ |
| Address | |
| Lot Location | |
| Number of Bedrooms Water source | |
| Number of jetted bath tubs greater than 125 gallons | Grinder pump |
| | |

I hereby certify that to the best of my knowledge information provided on this form is correct. In addition, the sewage facilities for this building will be installed strictly as outlined in this application, in accordance with all provisions of the Perry County Sewage Disposal Ordinance, and Rule 410 IAC 6-8.3

Date_____

Signature of Applicant/Owner_____

Warning: This permit in no way guarantees the operation of this on-site sewage system. It only affirms that the system was installed according to prescribed standards.

