



Monroe County Health Department

Monroe County, Indiana

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|-------------------------------------|-------------------------------------|---------------------------------------|
| Health Department | Futures Family Planning Clinic | Public Health Clinic |
| 119 W. 7th Street (812) 349-2543 | 119 W. 7th Street (812) 349-7343 | 333 E. Miller Drive (812) 353-3244 |

Receipt #: _____

Septic Permit #: _____

Issue Date: _____ (PERMIT EXPIRES 2 YEARS FROM ISSUE DATE)

RENEWAL OR MODIFICATION OF A SEPTIC PERMIT APPLICATION

Please read the following instructions.

1. Enter your parcel number, if known.
2. You MUST enter total number of bedrooms.
3. Fee required at the time you apply.
4. An applicant may request a Septic Inspector to meet them at the site during the time of inspection.
5. All septic systems in Monroe County must be repaired, replaced, or installed by registered Monroe County installers, and inspected and approved by Monroe County Health Department Septic Inspectors.

***MUST BE FILLED OUT FOR APPLICATION TO BE PROCESSED**

*Today's Date ____/____/____

State Parcel # **53** - ____ - ____ - ____ - ____ . ____ - ____

Tax ID # ____ - ____ - ____

*Owner _____

*Telephone No. _____

*Mailing Address _____

Email: _____

*Site Address _____

Lot No. _____

Subdivision (if applicable) _____

Acreage _____

Original Septic Permit # _____

- (1) *# Bedrooms/Equivalent (**Required**) _____
- (2) IN or OUT of Watershed _____
- (3) IN or OUT County MS4 Area _____

• *Reinstatement or Renewal of Expired Permit - \$100*

* *Duplicate Permit - \$25*

Give directions to property and location of proposed home:



TO BE COMPLETED BY HEALTH DEPARTMENT SEPTIC INSPECTOR:

SPECIFICATIONS:

Septic Tank Size: 1,000 gal 1,500 gal 2,000 gal Other

Filter on septic tank required Use existing

Pump Tank Size: 750 gal 1,000 gal 1,500 gal No Pump Needed

Use standard pump package with alarm on separate electrical circuit.

PRESBY ADVANCE _____

Bed Size: _____ ft. X _____ ft.

Depth of cut: _____ inches.

of Pipes _____ Length _____ ft .

Total Linear foot of pipe, _____ ft.

Minimum Depth of spec # 23 sand _____ inches.

_____ # of Bedrooms

Low vent 18 inches from ground surface

High vent 10 ft. elevation difference from low vent (see plan for details).

Subsurface Drainage:

Perimeter drain on ALL sides

Curtain drain on upper 3 sides only

Depth: _____ inches

All subsurface drains are to be installed at a minimum 12 inches wide, to the depth stated above, and filled within 6 inches of the ground surface with a state approved material. ALL subsurface drains must have a hard outlet with critter guard.

* Seed and straw must be placed prior to approval.

Additional Comments:

CERTIFIED INSTALLERS: FOR ADDITIONAL BED VARIATIONS OR PRODUCT, CONTACT EITHER RANDY OR RYAN. HAVE SEPTIC PERMIT NUMBER ON HAND BEFORE CALLING.

INSPECTED BY: _____

SIGNATURE OF OWNER/AGENT

PRINT NAME

DATE

