

Jackson County Health Department



801 W. 2nd Street, Seymour, IN 47274

812 522-6474 (ofc) 812 522-2916 (fax)

ON-SITE SEWAGE DISPOSAL SYSTEM APPLICATION

Name(s): _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Agent / Building Contractor Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Property Location / Directions: (example: N, S, E, W of a known address and/or current owner of parcel)

911 Address (if available): _____

Township: _____

Type of Construction

New System Replace Existing System Repair Existing System Reconnect to Existing

for a

Custom Built Home Modular Home Mobile Home Other: _____

of Bedrooms*: _____ # of Bathrooms: _____ Jetted Tub (125 gal or greater)

Basement w/plumbing Garbage Disposal Water Softener

of Persons to be Living in Home: _____

Water Supply Public / Rural Water Well Other: _____

Signature of Property Owner / Agent / Contractor

Date

The above signature affirms under the penalties of perjury that my home is considered to have no more than the above stated bedrooms described by the bedroom definition* and accepted by the Jackson County Health Department. I understand that the septic system has been issued and sized correctly for my home in regard to the number of bedrooms as defined by the septic code. I understand that if my septic system is not in compliance with said permit, the permit issued will be void.

*Bedroom means either any room: (1) in a residence that the local health department and the owner agree could be occupied for the purpose of sleeping and contains: (A) an area of seventy (70) square feet or more; (B) at least one (1) operable window or exterior door for emergency egress or rescue; and (C) for new construction, a closet; or (2) declared by the owner, by recorded affidavit supplied to the local health department, that will be occupied for sleeping, and that the owner further agrees within the affidavit not to occupy any additional rooms for the purpose of sleeping or otherwise represent to the others that any, beyond the number specified in the affidavit, may be utilized for sleeping without approval of the local health department (State Code 410 IAC 6-8.3-6)

Application fee is not refundable or transferable.