



Perry County Health Department

William E. Marcum, M.D. Health Officer

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 _____

Address _____

Lot Location _____

Number of Bedrooms _____

Water softener _____

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.