



Perry County Health Department

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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 _____ 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.