

Randolph County Health Department  
325 S. Oak Street, Suite 202  
Winchester, IN 47394  
Phone: 765-584-1155 Fax: 765-584-3226

Permit# \_\_\_\_\_  
Date: \_\_\_\_\_  
Property Key: \_\_\_\_\_

### ON-SITE SEPTIC SYSTEM PERMIT APPLICATION

*Please check the appropriate spaces and fill in all additional information or insert N/A if not applicable.*

- Application for:  New Construction  Repair or improvement of current system
- Reason for repair:  Damaged System  Seasonal Water Trouble  Illegal Discharge  
 System Depth  Undersized System  System Age/Lack of Maintenance  
 Surface Failure  Improper Design  Improper Construction

#### OWNER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ or \_\_\_\_\_ Fax: \_\_\_\_\_

#### SITE INFORMATION

Address: \_\_\_\_\_ Township/Section: \_\_\_\_\_  
Septic Contractor: \_\_\_\_\_  
Number of bedrooms:  Jetted Tub (> 125 Gallons)  Lot/Acreage:   
 Public Water Supply  Proposed Well  Existing Well: Size:  Depth:

**The following documents are required. Please attach to application.**

- Property record card/legal description of property or website (assessor's office)  
 Floor Plan  System Design  Location Map (auditor's office) or surveyor/or website

I, the undersigned, do now affirm under penalties of Perjury that the foregoing information and/or representations are true to the best of my knowledge and do now certify that this facility will be installed to meet State and local requirements of the Health Department of Randolph County, Indiana.

Date: [Click here to enter a date.](#) Signature of Property Owner: \_\_\_\_\_

Date: [Click here to enter a date.](#) Signature of Contractor: \_\_\_\_\_

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#### FOR OFFICE USE ONLY:

System Approved: \_\_\_\_\_ System Denied: \_\_\_\_\_ Signed: \_\_\_\_\_  
Registered Environmental Health Specialist

Corrections Required: \_\_\_\_\_

Date: \_\_\_\_\_