

# Brown County Health Department

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## FOR OFFICE USE ONLY

Permit # \_\_\_\_\_ Card # \_\_\_\_\_ Date of Issue \_\_\_\_\_  
# Bedrooms \_\_\_\_\_ System \_\_\_\_\_  
Septic Contractor \_\_\_\_\_ Scanned/Mapped \_\_\_\_\_

### **APPLICATION FOR SEPTIC PERMIT AND BEDROOM AFFIDAVIT**

(This form must be completed by property owner.)

\_\_\_\_ New Construction      \_\_\_\_ Repair      \_\_\_\_ Alteration  
\_\_\_\_ Residential      \_\_\_\_ Commercial      \_\_\_\_ Tourist Home/Bed & Breakfast      \_\_\_\_ Addition

**Required documents:** \_\_\_\_ Application/Affidavit    \_\_\_\_ Property Deed    \_\_\_\_ Floor Plans/Elevations  
\_\_\_\_ Plot Plan of Site    \_\_\_\_ Contractor's Drawing    \_\_\_\_ Contractor's Site/Septic Information Sheet    \_\_\_\_ Site Evaluation  
*Note: If the Site Evaluation cannot be completed because of a locked gate, overgrown septic area, etc., a \$100 re-inspection fee will be charged to the property owner.*

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Acreage: \_\_\_\_\_

Township:    \_\_\_\_ Washington    \_\_\_\_ Van Buren    \_\_\_\_ Hamblen    \_\_\_\_ Jackson

Water Source:    \_\_\_\_ Cistern    \_\_\_\_ Drilled Well    \_\_\_\_ Lake Well    \_\_\_\_ Public Name: \_\_\_\_\_

Is a municipal sewer located within 300 feet of the property? \_\_\_\_ Yes    \_\_\_\_ No

Please check if applicable:

\_\_\_\_ Basement    \_\_\_\_ 1<sup>st</sup> Floor    \_\_\_\_ 2<sup>nd</sup> Floor    \_\_\_\_ Loft    \_\_\_\_ Den    \_\_\_\_ Bonus Room    \_\_\_\_ Water Softener

Number of bedrooms: \_\_\_\_\_ # of jetted bathtubs over 125 gallons: \_\_\_\_\_

Will this be the only dwelling on this parcel of land? \_\_\_\_ Yes    \_\_\_\_ No

I, the undersigned applicant, understand I am responsible for the maintenance and repair of the on-site sewage disposal system for which I have applied. I further understand that this permit is valid one year from the date of issue, is nontransferable, and must be available on site at the time of final inspection.

**SYSTEM MUST BE INSTALLED PRIOR TO ABOVEGROUND CONSTRUCTION OR PLACING A MOBILE HOME ON THE PROPERTY.**

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### **BEDROOM AFFIDAVIT**

I, \_\_\_\_\_, affirm under the penalties of perjury that my home is considered to be a  bedroom home, as described by the bedroom definition\* and accepted by the Brown County Health Department. I understand that this septic system **has been issued and sized correctly for my home in regards 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.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

\*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 others that any room, 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)