Miami County
Health Department
Environmental Division
25 Court Street, Room 211
Peru, Indiana 46970
7G5-473-0283 - Fax 765-473-0285

Permit to Connect to an Existing Onsite Sewage System

To be completed by certified septic installer

Name of Property Owner: _____ Inspection Date: _____

Address/Location: _____

City, State, Zip: _____

Distance of any portion of septic system including tank to well in feet: _____

Total Number of Bedrooms & potential bedrooms after new addition: _____

Any jetted bathtub with a capacity greater than 125 gallons must be treated as an extra bedroom.

Septic tank size in gallons: _____ Absorption ^{2}ft area: _____

I have located the septic tank and current absorption field and inspected same. I have found that the system is not in failure of any kind. The tank and the absorption field meet all current Indiana State Codes and is sized according to the number of bedrooms. The system meets Miami County Ordinance described on the reverse side of this form. I have marked the tank and each end of each finger for inspection by the Miami County Health Department.

A drawing indicating North and measurements of the well, tank, fingers and home is accompanying this form.

Miami County Certified Septic Installer: _____ Date: _____
Signed

Print Name: _____ Certification expiration date: _____

Miami County Health Department Approval

I have inspected the site and approved the above septic system for the number of stated bedrooms.

If at anytime the system malfunctions, the system shall be repaired or replaced and will meet all current applicable codes.

_____ _____
Kenneth Scott Date
Miami County Environmental Health Specialist