



**Public Health**  
Prevent. Promote. Protect.  
MORGAN COUNTY HEALTH DEPT.

**ON-SITE EVALUATION APPLICATION  
FOR MORGAN COUNTY HEALTH  
DEPARTMENT SEWAGE PERMIT  
ISSUANCE APPROVAL  
\$150 APPLICATION FEE**

PROPERTY ADDRESS: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

Structure Information: # Bedrooms: \_\_\_\_\_ OR # Employees and Type of Business: \_\_\_\_\_

Acres/Lot size: \_\_\_\_\_ CIRCLE: Private or Public Water Vacant Land: YES / NO

**\*PLEASE ATTACH A COPY OF SOIL ANALYSIS or NPDES PERMIT WITH THIS APPLICATION\***

**Property Owner or Owner Designee Information:**

Owner \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax OR Email \_\_\_\_\_

**Excavator Name:** \_\_\_\_\_

**APPLICATION FOR:** 0 New Installation 0 Replacement 0 Alteration 0 Small Flow

**TO BE COMPLETED BY THE HEALTH DEPARTMENT:**

The following items must be submitted, reviewed, and approved by this office to obtain a sewage system installation/alteration permit. Only a registered sewage system installer or a property owner who has taken and passed the sewage system installer's test can install or alter a sewage treatment system. **NOTE:** The area designated for sewage system installation must be protected from construction traffic, storage of materials, encroachment of any kind, or other potential damage. Stake or flag both primary and replacement septic area.

Initials	Date		FEE DUE
		Submit <b>Soil Report, Development Permit</b> , and Plat Map	
		Submit OR Request a <b>Design Plan (S/R)</b>	S-\$0 R-\$150
		Complete and submit Site Evaluation application	\$150
		Site Evaluation Scheduled	
		Site Evaluation completed and Design approved	
		Septic Installation Permit issued - PERMIT #	A-\$250 P-\$525
		Operation Permit Signed – New/Replacement OR Realty/Renewal	N/R-\$0 R/R-\$25
		Abandonment Permit issued – PERMIT #	\$50

**0 NEW INSTALLATION 0 REPLACEMENT 0 ALTERATION 0 SMALL FLOW 0 NPDES**

**Comments/Limitations of Site:**

**The above information has been approved. Septic Permits may now be issued.**

Sanitarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_