

**EXEMPTION CLAIM FORM**

To claim an exemption from the requirement to discontinue the use of your current septic system and the requirement to connect to the district sanitary sewer, please fill out, sign and return this Exemption Claim Form to the Wells County Regional Sewer District at the address set forth below **within 60 days** from the date of this notice.

To: Wells County Regional Sewer Department  
223 Washington Street  
Room 208  
Bluffton, IN 46714

Name: (All owners of property should be listed)

\_\_\_\_\_

Address of site for which exemption is claimed: \_\_\_\_\_

Contact phone# \_\_\_\_\_

Approximate date the current system was installed new \_\_\_\_\_

Date \_\_\_\_\_  
\_\_\_\_\_ (Owner)

Date \_\_\_\_\_  
\_\_\_\_\_ (Owner)

**To finalize your claim for exemption, you must provide the following written determination to the District within 120 days from the date you send your Exemption Claim Request to the District.** The property owner, at the property owner's own expense, must obtain a written determination from the local health department or the department's designee that the septic tank soil absorption system is not failing. The owner, at the owner's expense, may also obtain such a written determination from a qualified inspector. The system must meet the eligibility requirements.