

**ELKHART COUNTY HEALTH DEPARTMENT
ONSITE SEWAGE PROGRAM - REQUEST FOR ONSITE EVALUATION**

<p>1. PROPERTY OWNER: NAME _____ ADDRESS _____ CITY _____ ZIP _____ PHONE (____) _____</p>	<p>DATE RECEIVED ____/____/____ BY _____ DATE REQUESTED ____/____/____ DATE COMPLETED ____/____/____ BY _____ <p align="center">***FOR ECHD USE ONLY***</p> </p>
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<p>2. NAME OF APPLICANT: NAME _____ ADDRESS _____ CITY _____ ZIP _____ PHONE (____) _____ DAY PHONE (____) _____ FAX NUMBER(____) _____</p> <p>3. PROPERTY ADDRESS _____ _____ DRIVING DIRECTIONS: N.S.E.W. (CORNER/SIDE) OF _____, _____ MI/FT N.S.E.W. OF _____</p> <p>4. SIGNATURE _____</p> <p>By signing we hereby grant permission for representatives of the ECHD to enter onto the above named property for the purpose of determining minimum standards for an on-site sewage system and to make all associated tests and inspections.</p>	<p align="center">PROPERTY INFORMATION COMPLETE AS APPROPRIATE</p> <p>NEW CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> WRITE-OFF <input type="checkbox"/></p> <p>LOT NUMBER _____ YEAR BUILT _____ SUBDIVISION _____ TAX CODE NUMBER _____ WILL ANIMALS HINDER ACCESSABILITY? _____ BUILDER _____ ORIGINAL OWNER _____ INSTALLER NAME _____ GARBAGE DISPOSAL - YES <input type="checkbox"/> NO <input type="checkbox"/> TOWNSHIP _____ NO. OF BEDROOMS OR EMPLOYEES _____</p>
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Please provide a sketch of proposed or existing home, water well, and system locations

*****PLEASE NOTE: YOU MUST CALL THE APPROPRIATE UTILITY (1/800 382-5544 - INDIANA UNDERGROUND PLANT PROTECTION SERVICES) TO HAVE ALL UTILITY LINES (i.e., gas, electric) STAKED PRIOR TO OUR ONSITE EVALUATION. FAILURE TO DO SO WILL DELAY ALL WORK.**