

**ELKHART COUNTY HEALTH DEPARTMENT  
ON-SITE SEWAGE PROGRAM – REQUEST FOR ON-SITE EVALUATION**

**1. PROPERTY OWNER:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_

DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ BY \_\_\_\_  
 DATE REQUESTED \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE COMPLETED \_\_\_\_/\_\_\_\_/\_\_\_\_ BY \_\_\_\_

\*\*\*FOR ECHD USE ONLY\*\*\*

**2. NAME OF APPLICANT:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_  
 DAY PHONE (\_\_\_\_) \_\_\_\_\_  
 FAX NUMBER(\_\_\_\_) \_\_\_\_\_

**PROPERTY INFORMATION  
COMPLETE AS APPROPRIATE**

NEW CONSTRUCTION \_\_\_\_\_ REPAIR \_\_\_\_\_  
 WRITE-OFF \_\_\_\_\_ VERIFICATION VISIT \_\_\_\_\_  
 LOT NUMBER \_\_\_\_\_ YEAR BUILT \_\_\_\_\_  
 SUBDIVISION \_\_\_\_\_  
 TAX CODE NUMBER \_\_\_\_\_  
 WILL ANIMALS HINDER ACCESSABILITY? \_\_\_\_\_  
 BUILDER \_\_\_\_\_  
 ORIGINAL OWNER \_\_\_\_\_  
 INSTALLER NAME \_\_\_\_\_  
 GARBAGE DISPOSAL – YES \_\_\_\_\_ NO \_\_\_\_\_  
 TOWNSHIP \_\_\_\_\_  
 NO. OF BEDROOMS OR EMPLOYEES \_\_\_\_\_

**3. PROPERTY ADDRESS** \_\_\_\_\_

DRIVING DIRECTIONS: N.S.E.W. (CORNER/SIDE)  
 OF \_\_\_\_\_, \_\_\_\_\_ MI/FT  
 N.S.E.W. OF \_\_\_\_\_

**4. SIGNATURE** \_\_\_\_\_

*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.*

Please provide a sketch of proposed or existing home, water well, and system locations

**\*\*\*PLEASE NOTE:** ENVIRONMENTAL HEALTH WILL NOTIFY INDIANA 811 TO HAVE UTILITY LINES MARKED. THIS WILL REQUIRE **48 HOURS** TO COMPLETE AFTER NOTIFICATION. UTILITIES MUST BE MARKED PRIOR TO ALL WORK.