

**Elkhart County Health Department
Environmental Health Services
4230 Elkhart Road Goshen, IN 46526
PHONE: 574/971-4600**

APPLICATION FOR PRIVATE SEWAGE SYSTEM PERMIT

CHECK ALL APPROPRIATE: NEW _____ REPAIR/REPLACEMENT _____ TANK ONLY _____
RESIDENTIAL _____ COMMERCIAL _____ ATU _____

LOCATION: TOWNSHIP NAME _____ PARCEL NUMBER _____
NAME OF SUBDIVISION _____
SITE ADDRESS _____ LOT# _____

DIRECTIONS: N.S.E.W. (CORNER/SIDE) OF _____, _____ mi./ft N.S.E.W. OF _____

PROPERTY OWNER: NAME _____ PHONE NUMBER () _____ - _____
MAILING ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____

APPLICANT: NAME _____ PHONE NUMBER () _____ - _____
MAILING ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____

REGISTERED INSTALLER: NAME _____ PHONE NUMBER () _____ - _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____

WATER SUPPLY: DRINKING WELL _____ SPRINKLER WELL _____ PUBLIC SUPPLY _____
NAME OF REGISTERED WELL DRILLER _____

BUILDING: 1. RESIDENTIAL: (NUMBER OF BEDROOMS) _____ **
CHECK ANY OF FOLLOWING THAT WILL BE USED: SOFTENER _____
GARBAGE DISPOSAL _____ JETTED BATH TUB (GALLONS) _____
2. COMMERCIAL: (NUMBER OF EMPLOYEES) _____
MAXIMUM DAILY FLOW RATE (GPD) _____

BASEMENT: BASEMENT: YES _____ NO _____ HABITABLE BASEMENT: YES _____ NO _____
WALKOUT BASEMENT: YES _____ NO _____ ROUGH PLUMBING: YES _____ NO _____
TOILET BELOW GRADE: YES _____ NO _____

SEPTIC TANK: NEW TANK _____ EXISTING TANK _____ CAPACITY _____ (GALLONS)
TWO TANKS IN SERIES _____ ATU _____ MAKE/MODEL _____
OUTLET FILTER ON TANK? YES _____ NO _____ **NOTE: A/V ALARM REQUIRED WITH FILTER**
FILTER MAKE/MODEL: _____ ALTERNATING VALVE _____

DOSING CHAMBER: (Please circle number of Gallons) 800 1000 1250 1500 2000 OTHER: _____

ABSORPTION TYPE: TRENCH _____ TIRE CHIPS _____ FLOOD DOSED _____ PRESSURE DISTRIBUTION _____
ELEVATED SAND MOUND _____ CHAMBER/MAKE/MODEL _____
EXPERIMENTAL/ALT TECHNOLOGY _____

FIELD/BASAL AREA: TOTAL LENGTH _____ FT. X WIDTH _____ FT. = TOTAL AREA _____ SQ. FT.
MAXIMUM TRENCH DEPTH _____ INCHES RESERVE AREA REQUIRED YES _____ NO _____
PERIMETER DRAIN REQUIRED? NO _____ YES _____ DEPTH _____

THE APPLICANT/OWNER UNDERSTANDS AND ACKNOWLEDGES THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUTHFUL AND THE COUNTY OF ELKHART, INDIANA AND THE ELKHART COUNTY HEALTH DEPARTMENT ASSUME NO LIABILITY OR RESPONSIBILITY FOR THE OPERATION OF THE PRIVATE SEWAGE DISPOSAL SYSTEM, ITS EFFECTIVENESS, OR ANY FAILURE OF THE SYSTEM. **THIS PERMIT IS NOT TRANSFERABLE OR REFUNDABLE ONCE PROCESSING BEGINS.**

****SIGNATURE ON APPLICATION WILL SUFFICE AS AFFIDAVIT FOR THE NUMBER OF BEDROOMS FOR THE HOME AS PER ORDINANCE.**

SIGNATURE OF APPLICANT/OWNER DATE

ZONING CLEARANCE _____
Septic Permit # _____
Date Rcvd _____ By _____
Fee Paid \$ _____ Receipt# _____
Date: Apvd _____ Rejected _____ By _____
Prev. Permit #/Comments _____
<i>Health Department Use Only (v. 5/14/13)</i>