

**WABASH COUNTY HEALTH DEPARTMENT**

**89 WEST HILL STREET  
WABASH, INDIANA 46992**

**PHONE: (260) 563-0661 EXT 1251  
FAX: (260) 563-6082**

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**ONSITE SEWAGE DISPOSAL SYSTEM APPLICATION**  
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**RECEIPT NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FEE:** NEW/REPLACE - \$125 \_\_\_\_\_ REPAIR - \$75 \_\_\_\_\_ OTHER: \_\_\_\_\_ - \$ \_\_\_\_\_

**\*\*PLEASE PRINT NEATLY\*\***

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**ARE YOU THE PROPERTY OWNER?** YES \_\_\_\_\_ NO \_\_\_\_\_ If not, what is your relationship to the property owner: \_\_\_\_\_

**SITE TO BE EVALUATED FOR:**

NEW CONSTRUCTION \_\_\_\_\_ REPAIR EXISTING \_\_\_\_\_ REPLACE EXISTING \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ SECTION: \_\_\_\_\_

**NEW SITES ONLY:**

PLEASE LIST AN APPROXIMATE ADDRESS: \_\_\_\_\_

PLEASE LIST DIRECTIONS TO PROPOSED SITE: \_\_\_\_\_  
\_\_\_\_\_

**PROPERTY SIZE:** \_\_\_\_\_ **WATER:** WELL \_\_\_\_\_ CITY \_\_\_\_\_

**FOR NEW CONSTRUCTION:**

CURRENT LAND USEAGE: \_\_\_\_\_

VEGETATION AT TIME OF EVALUATION: \_\_\_\_\_

**DWELLING INFORMATION:**

NUMBER OF BEDROOMS: \_\_\_\_\_

*\*\*If a room "looks like a bedroom" but you are going to use it another way, it's still considered a bedroom\*\**

JETTED TUB: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, NUMBER OF GALLONS: \_\_\_\_\_

GARBAGE DISPOSAL: YES \_\_\_\_\_ NO \_\_\_\_\_

ANTICIPATED START DATE OF PROJECT: \_\_\_\_\_

**INSTALLER INFORMATION:**

COMPANY OR INDIVIDUALS NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

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**PLEASE READ AND SIGN: PLEASE ASK QUESTIONS IF YOU DO NOT UNDERSTAND.**

I AM ADVISED AND FULLY AWARE THAT THIS IS NOT A SEPTIC PERMIT, BUT ONLY AN APPLICATION FOR THE EVALUATION OF THE ABOVE PROPERTY. ACCORDING TO INDIANA RULE 410 IAC 6-8.1-33, NO CONSTRUCTION OF THE RESIDENCE OR SYSTEM MAY BEGIN UNTIL THE EVALUATION IS COMPLETE, APPROVED, AND THE ACTUAL SEPTIC PERMIT IS ISSUED. ALL CONSTRUCTION TRAFFIC SHALL BE EXCLUDED FROM THE AREA FOR THE SYSTEM AND THE REQUIRED FIFTY (50) FOOT DOWN SLOPE DISPERSAL AREA.

I UNDERSTAND THAT A PRE-INSTALLATION WETNESS CONFERENCE WILL BE HELD AND THAT THE SOIL MUST PASS BEFORE THE ABSORPTION FIELD MAY BE INSTALLED. I UNDERSTAND THAT THE WETNESS CHECK HAS NO RELATIONSHIP TO THE COMPLETION DATE OF MY HOME. I AGREE TO COMPLY WITH THESE STIPULATIONS COMPLETELY AND TAKE RESPONSIBILITY FOR INFORMING ANY AND ALL CONTRACTORS, I MAY HIRE, OF THESE REQUIREMENTS. IF CONSTRUCTION TRAFFIC CROSSES THE AREA FOR THE SYSTEM, I WILL BE REQUIRED TO HIRE A SOIL SCIENTIST TO EVALUATE THE SITE FOR DAMAGE.

AS PROPERTY OWNER, BY SIGNING BELOW, YOU UNDERSTAND THAT THE WABASH COUNTY HEALTH DEPARTMENT IN NO WAY GUARANTEES THE FUNCTIONING OF EITHER YOUR PROPOSED SEPTIC SYSTEM OR THE WORK THE CONTRACTOR THAT YOU HIRE PERFORMS.

I CERTIFY, BY PENALTY OF PERJURY, THAT ALL THE INFORMATION I HAVE GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*APPLICATION WILL NOT BE COMPLETE UNLESS SIGNED AND DATED\*\***

## REPAIRS ONLY

IF THIS IS A REPAIR OF AN EXISTING SYSTEM, PLEASE DESCRIBE THE PROBLEMS YOU ARE EXPERIENCING:

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DO YOU KNOW APPROXIMATELY WHEN YOUR CURRENT SYSTEM WAS INSTALLED?

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IF YOU ARE NOT SURE, WHO WERE THE PRIOR OWNERS OF YOUR PROPERTY?

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HAVE YOU HAD YOUR SEPTIC TANK PUMPED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, SPECIFY DATE: \_\_\_\_\_

SEPTIC REMOVAL COMPANY: \_\_\_\_\_



PLEASE FEEL FREE TO CONTACT THE WABASH COUNTY HEALTH DEPARTMENT WITH  
ANY QUESTIONS OR CONCERNS AT (260) 563-0661 EXT 1251  
MONDAY – FRIDAY 8:00 AM TO 4:00 PM  
THANK YOU!

*... A HEALTHY COMMUNITY IS ONLY CREATED WHEN WE JOIN TOGETHER AND CONTROL  
OUR FUTURE ...*