WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash, Indiana 46992
Phone: (260) 563-0661 Ext. 1251; Fax: (260) 563-6082
E-mail: jscott@wabashcounty.in.gov; Website: *environmental.wabashcounty85.in*

ONSITE SEWAGE DISPOSAL SYSTEM APPLICATION

FEE: New / Replacement - $125.00 ____ Repair - $75.00 ____ **TODAY'S DATE:** _____/_____/_____
(Complete Second Page)

APPLICANT INFORMATION: **Owner ____ Other ____ - Specify _____**

Applicant Name: _____ Phone: (_____) _____-_____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

IF APPICANT IS NOT THE OWNER, PLEASE COMPLETE OWNER INFORMATION BELOW

Owner Name: _____ Phone: (_____) _____-_____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

SITE TO BE EVALUATED FOR: New Construction _____ Repair Existing _____ Replace Existing _____

NEW SITES ONLY: ***(Please note NO permit will be issued until address has been assigned)***

Address: _____ Parcel ID#: _____

City: _____ Property Size: _____ Water System: Well ____ City ____

DWELLING INFORMATION: Anticipated Start Date: ____/____/_____

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: Y _____ N _____ (If yes, number of gallons) _____ Garbage Disposal: Y _____ N _____

INSTALLER INFORMATION:

Company Name: _____ Business Phone: (_____) _____-_____

Contact Name: _____ Contact Phone: (_____) _____-_____

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 6-8.3, 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 diverted from the area for the system and the required fifty (50) foot down slope dispersal area.

As property owner, by signing below, you understand that the Wabash County Health Department in no way guarantees the functionality of either the proposed septic system or the work performed by the contractor that you hire.

I certify that all the information I have given is correct to the best of my knowledge.

APPLICANT SIGNATURE: _____ DATE: _____/_____/_____

Office Use Only:
Receipt Number: _____ *Approved By:* _____ *Date Approved:* _____/_____/_____

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FOR

REPAIRS ONLY

BASED ON YOUR KNOWLEDGE, PLEASE ANSWER THE QUESTIONS LISTED BELOW:

Describe the problems you are experiencing with your existing system: _____

_____

_____

CURRENT SEPTIC SYSTEM:

Do you know an approximate year when your system was installed? Y ___ N ___ If yes, when? _____

Do you know who installed your system? Y ___ N ___ If yes, who? _____

Have you had any repair work done on your system? Y ___ N ___ If so, when? _____/_____/_____

What type of repairs? _____

Do you know where your tank is located? Y ___ N ___ Does your septic tank have a riser? Y ___ N ___

Do you currently have a leach field? Y ___ N ___ Have you had your septic tank pumped? Y ___ N ___

If your tank has been pumped, company name: _____

Date Pumped: _____/_____/_____ Contact Phone Number: (_____)_____