

WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash, Indiana 46992
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INSTALLER MATERIALS DATA SHEET

PARCEL ID NUMBER: _____ **DATE:** ____ / ____ / ____

PROPERTY OWNER: _____ ()
NAME CONTACT PHONE NUMBER

PROPERTY ADDRESS: _____ **CITY:** _____

PIPE INFORMATION	House to Tank RESIDENTIAL SEWER	Tank to D-Box EFFLUENT SEWER	Dose Tank to D-Box EFFLUENT MAIN FORCE	D-Box to Field GRAVITY HEADER
ASTM TYPE				
PIPE SIZE				
LENGTH				
ASTM #				
SDR				
POSITIVE GRADE	Y or N	Y or N	Y or N	Y or N
Aggregate free backfill at least 5 feet of solid pipe:				Y or N

SEPARATION DISTANCES:

Private Water Supply or Geothermal Well >= 50':	Y	N	N/A
Commercial Water Supply or Geothermal Well >= 100':	Y	N	N/A
Public Water Supply Well, Lake, or Reservoir >= 200':	Y	N	N/A
Pond, Retention Pond, Lake, Reservoir >= 50':	Y	N	N/A
Storm Water Detention Area >= 25':	Y	N	N/A
River, Stream, Ditch, or Drainage Tile >= 25':	Y	N	N/A
Buildings, Foundations, Pools, Driveways, etc. >= 10':	Y	N	N/A
Front, Side, Rear Property Lines >= 5':	Y	N	N/A
Water Lines Continually Under Pressure >= 10':	Y	N	N/A
Suction Water Lines >= 50':	Y	N	N/A
Private Water Supply , properly abandoned >= 10':	Y	N	N/A

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SEPTIC TANK

Septic Tank Condition: _____	(If existing, please attach a copy of inspection report)
Capacity: _____	Compartments: _____
Manufacturer: _____	Material: _____

EFFLUENT FILTER N/A

Manufacturer: _____	Model: _____	Location: <input type="checkbox"/> Outlet <input type="checkbox"/> Separate Compartment
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PRE-TREATMENT

Utilize Pre-Treatment: Y N	If yes, list type of manufacturer: _____
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DOSE TANK N/A

Capacity: _____	Manufacturer: _____	Material: _____	Drainback To: <input type="checkbox"/> Tank <input type="checkbox"/> Field
Effluent Pump Manufacturer: _____	Effluent Pump Model: _____		

DISTRIBUTION BOX N/A

Material: _____	Manufacturer: _____
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DRAINAGE

Drain Type: _____	Outlet Type: _____
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FIELD

Field Type: _____	Number of Trenches: _____	Maximum Trench Depth: _____
Materials Used: _____		
Trench Length: _____	Plan Meets Minimum Requirements: Y N	

FINAL COVER

Who will be responsible for seeding and grading site: _____	
Required Design Worksheet Completed: Y N	Site Plan Attached: Y N

SYSTEM DESIGNED BY: _____

Compliance Requirements and Comments: _____

**NO work may be done on site without a permit.
Request for final inspection must be a minimum of 48 business hours BEFORE completion.**

_____/_____/_____
Applicant Signature Date Reviewed By Date