

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