

INSTRUCTIONS FOR COMPLETING THE COMMERCIAL ON-SITE SEWAGE SYSTEM PRE-APPLICATION

Part of State Form 56275 (R / 8-19)

Section 1. Project Information – Provide the name of your proposed project or business.

Section 2. Project Location – Provide the location information of the proposed project:

1. If the proposed location does not have an address yet, provide location information (e.g. across the road from 555 CR 200 North; or northeast corner of SR 3 and CR 200 North intersection) that can be used to locate the property on web maps. Include city/town name and the county in which the project is located.

Section 3. Applicant / Agent Contact Information – Provide the information of applicant or agent who will be the main contact (e.g. project manager) of the project:

1. Include a postal address, city, state, ZIP code, telephone number and an email address.

Section 4. General Project Details – Complete the general project details section:

1. Provide the general project details regarding the business / facility hours (e.g. M – F, 8:00 AM to 5 PM).
2. Include the total number of employees for full time, part time, and seasonal for each shift. **If you are planning on expanding the business in the near future, include the additional employees in your numbers.**
3. If the facilities will have shower facilities on-site, please provide frequency of the shower use. If employees are required to shower before and/or after entering and/or exiting the facility (e.g. 2 times per day at the facility), note this in the applicable box. Check No if none or if only for emergency use.
4. If the facilities will include a washing machine(s), provide the maximum number of loads of laundry that would be done in one day.
5. Please indicate if there will be a residential sized washing machine(s) or if there will be a commercial/industrial sized washing machines.
6. For commercial facilities that include living quarters, bedrooms, or a residence to be included in the proposed on-site sewage system assessment, provide the number of bedroom units. An example would be the following: The apartment building will have five 1-bedroom apartments, ten 2-bedroom apartments, and four 3-bedroom apartments.
7. Provide the estimated peak amount of customers and the average length of stay (only if they have access to the facility's restrooms).
8. Provide a brief business narrative describing your proposed project / facility below. If you require additional space to complete the narrative, attach additional pages as needed.
9. Include a typed name or signature certifying the information provided is true, complete, and accurate to the best of your knowledge.
10. Please see the following brief business narrative examples.

The Lakeside Restaurant will have seating capacity of 22 patrons. We will staff up to 4 wait staff, 1 hostess, 3 chefs, 1 bartender, and 1 dishwasher. The kitchen equipment will include an eight top burner stove and convection oven.

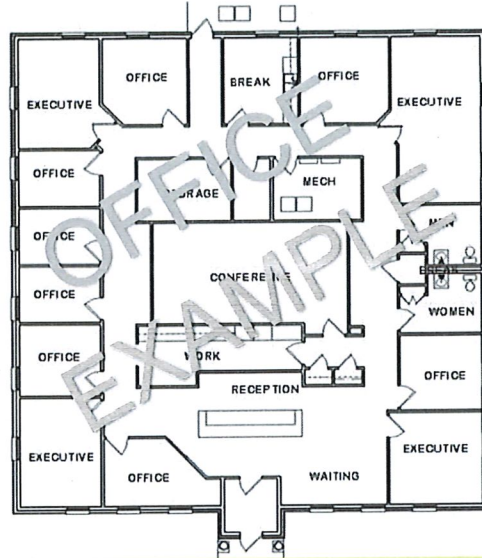
APPETIZER SPECIALS		FROM THE OYSTER BAR	
Lunch	Dinner	Lunch	Dinner
CLAM CHOWDER New England or Manhattan		SEAFOOD SAUTES	13 18
BREAD BOWL 8 7, REGULAR BOWL 7 7, CUP 6		CRAB CLOPPINO	22 22
CAMERONS PAN FRIED CALAMAR	9 9	OYSTER STEW	10 10
COLD SEAFOOD PLATTER	13 13	SEAFOOD MARINARA	19 19
HOUSE APPETIZER PLATTER	13 13	PASTA MARINARA	10 10
DUNGENESS CRAB COCKTAIL	10 10	PASTA CON SHRIMP & SCALLOPS	13 18
DUNGENESS CRAB CAKES	13 13	LINGUINI AND CLAMS	12 15
FRIED CLAMS	8 8	BAKED IDAHO PICNIC	13 15
CAMERONS FISH TACOS FULL ORDER	15 15		
JUMBO SHRIMP COCKTAIL	11 11	FRESH SHELLFISH OVER ICE	
SHRIMP SAMPLER	10 10	Blue Point Oysters 1/2 Dozen	12 11
CEVICHE	9 9	LITTLENECK CLAMS 1/2 DOZ	10 10
HOT OR COLD ARTICHOKE	8 8	STEAMED CLAMS (BU)	12 12
CALIFORNIA ROLLS	7 7	BAKED BLUE POINT OYSTER	
STEAMED ASPARAGUS	7 7	OYSTERS JACKFELLER	10 10
		OYSTERS SHAMP TOMAGA	10 10
		OYSTERS LAMERDA	10 10
SALADS		MEATS	
Lunch	Dinner	Lunch	Dinner
CAMERONS HOUSE SALAD	5 5	TOP TLOIN	
WEDGE SALAD	8 8	W. JACK DANIELS PEPPEROC N SAUCE	19
CAESARS SALAD	11 11	NY YORK STEAK	17 23
GRILLED SEAFOOD SALAD	14 17	RIB EYE STEAK	19 25
JUMBO PRAWNS SALAD	14 16	HAWAIIAN CHICK KABOB	13 16
SHRIMP LOUIE SALAD	14 14	BBO CHICKEN	13 16
GREEK SALAD WITH CAJUN SALMON	14 17	CHICKEN PARMESAI	13 16
DUNGENESS CRAB SALAD	15 17		
PAN CRUSTED & BAKED FISH		SIDE DISHES	
Lunch	Dinner	All side dishes are priced at \$3.95	
MACADAMIA NUT CRUSTED HALIBUT	16 23	BAKED POTATO - FRENCH FRIES - STEAK FRIES	
MACADAMIA NUT CRUSTED MAHI MAHI	15 20	RICE PIAF - COLESLAW	
BAKED PESTO ORANGE ROUGHY	18 19	SLICE ROMA TOMATOES - FRESH FRUIT	
PARMESAN CRUSTED SOLE	14 19		

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(continued)

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Office Solutions is a family based consulting firm for stream lining your business operations to help make your office run like a well-oiled machine. Our staff will consist of 8 sales people, 4 executives/managers, and 1 receptionist. The breakroom will consist of a refrigerator and microwave oven. There will be no showers on-site, no full meals will be prepared for the staff, and a single men's and women's restrooms. Customer visits will be rare and infrequent. Maximum of 1 on-site visit per month for conferences and/or meetings.



If your proposed business is a wedding venue / event center, church or religious facility, restaurant / food service provider, kennel, veterinarian clinic, or campground, complete applicable sections on page 2 of the pre-application form.

Section 5. For wedding venues / event centers:

1. Provide the number seats available for patrons. Do not put the fire / safety occupancy level. ISDH sizes wedding and event centers based on the maximum number of seats provided;
2. Indicate if the proposed facility will have an on-site kitchen where full meals will be prepared, cooked, and served on-site. If so, provide a full menu of the food to be cooked and the method of cooking (i.e. baked, grilled, and/or fried) of each food.
3. Indicate if you will be utilizing an outside catering service where food will be prepared off-site.
4. If so, indicate if the outside catering service will be taking the used dishes off-site to be washed or if dishes will be washed on-site.

Section 6. Churches and Religious Facilities:

1. Provide the number of sanctuary / worship area seats (not the average attendance);
2. If there are wooden pews, provide the total lineal feet of pew space (e.g. 300 feet);
3. Indicate if the proposed facility will have an on-site kitchen where full meals will be prepared, cooked and served on-site. If so, provide a full menu of the food to be cooked and the method of cooking (i.e. baked, grilled, and/or fried) of each food and how frequently this will occur and how many people could attend.
4. Indicate if food will be prepared off-site and brought in (e.g. potluck / carry-in / pitch-in). If so, will glasses, dishes and flatware be cleaned on or off-site?
5. Will there be any large gatherings or events?
6. If so, provide a projected number of events, attendees per event, and if food will be served.
7. Is there a day care facility operated outside of normal worship hours?
8. If so, provide the total number of children and employees.
9. Is there an accredited school (not Sunday school) on-site?
10. If yes, provide the total number of elementary students, secondary students, and educators / staff.

Section 7. Restaurant / Food Service Provider:

1. Indicate the type of restaurant (check the applicable box).
2. Are meals prepared from scratch or pre-made ready to cook?
3. Will glasses, dishes and flatware be washed on-site?

Section 8. Kennel and Veterinarian Clinics:

1. Provide applicable numbers for each of the categories found in this section. If your facility will not have any of that particular category, enter 0.

Section 9. Campgrounds:

1. Provide applicable numbers for each of the categories found in this section. If your facility will not have any of that particular category, enter 0.



COMMERCIAL ON-SITE SEWAGE SYSTEM PRE-APPLICATION

State Form 56275 (R / 8-19)
INDIANA STATE DEPARTMENT OF HEALTH
ENVIRONMENTAL PUBLIC HEALTH

FOR INTERNAL USE ONLY

Project number

- INSTRUCTIONS:**
1. All commercial applicants must complete the questions below and submit with the soil report.
 2. Provide accurate information and factor in long term use of the site.
 3. E-mail questions to soil@isdh.in.gov or call (317) 233-7811.
 4. Completed applications may be submitted via e-mail at soil@isdh.in.gov; via fax at (317) 233-7047; or via mail at: Environmental Public Health Division, Indiana State Department of Health
100 N. Senate Ave., Room N855, Indianapolis, IN 46204

1. PROJECT INFORMATION			
Name of project / business			
2. PROJECT LOCATION (If no address exists, please use an approximate location - e.g. 1/2 miles west of 123 W. Hwy 20 or the nearest intersection.)			
Project / business location			
Project / business city		County location of project / business	
3. APPLICANT / AGENT CONTACT INFORMATION			
Name of applicant / agent representative			
Postal address of applicant / agent (number and street, city, state, and ZIP code)			
E-mail address of applicant / agent		Telephone number of applicant / agent ()	Extension ()
Fax number of applicant / agent ()			
4. GENERAL PROJECT DETAILS			
Specify the days and hours of operation for the facility.			
Number of employees at peak staffing: (Include any anticipated future growth.)			
First Shift:	Full time	Part Time	Seasonal
Second Shift:	Full time	Part Time	Seasonal
Third Shift:	Full time	Part Time	Seasonal
Are there shower facilities on-site? (Check no if none or if only for emergency use.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Frequency of shower use (Note if facility requires showers before and after shifts.)	
Are there washing machines on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type(s) of machine(s) <input type="checkbox"/> Residential washing machine <input type="checkbox"/> Commercial / industrial washing machine		Number of laundry loads per day
For commercial facilities with bedrooms, list number of bedrooms (e.g. five (5) 1-bedroom, ten (10) 2-bedroom and four (4) 3-bedroom units)			
If customers have access to a restroom while at the business, provide the estimated peak customers per day and average length of stay.			
Provide a brief business narrative describing your proposed project / facility. Please see example.			
CERTIFICATION			
I certify to the best of my knowledge the information is true, complete, and accurate.			
Signature / typed name of applicant		Printed / typed name of applicant	Date signed (month, day, year)

**Continue to page 2 if your proposed business is one of the following:
wedding venue, event center, church, religious facility, restaurant / food service element,
kennel, veterinarian clinic, campground, or youth camp.**

5. WEDDING VENUES / EVENT CENTERS

Provide the number seats available for patrons (not the fire / safety occupancy level).

Will there be a kitchen where meals will be prepared from scratch on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, include a menu of items and method of cooking.</i>
Will meals will be catered and prepared off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will dishes, glasses, and flatware be cleaned on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. CHURCHES AND RELIGIOUS FACILITIES

Number sanctuary / worship area seats (not average attendance) – If pews, provide total length of a pew and the total number of pews.

Will there be a kitchen where meals will be prepared from scratch on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how frequently?	How many people will be served?
Are meals prepared off-site and brought-in (e.g. potluck / carry-in / pitch-in)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, will dishes, glasses, and flatware be cleaned on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be any large gatherings or events? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, projected number of events	Number of attendees per event
Is there a day care facility outside of normal worship hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many children?	Will food be served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an accredited school (not Sunday school) on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of elementary students	Number of secondary students
		Number of educators / staff

7. RESTAURANT / FOOD SERVICE ELEMENT

Indicate the type of restaurant. <input type="checkbox"/> Fast Food <input type="checkbox"/> Restaurant open 24 hours <input type="checkbox"/> Restaurant not open 24 hours <input type="checkbox"/> Tavern / bar / cocktail lounge	Number of seats
Are meals prepared from scratch or pre-made ready to cook? <input type="checkbox"/> Scratch <input type="checkbox"/> Pre-made ready to cook	Will glasses and dishes be washed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a commercial dish washer? <input type="checkbox"/> Yes <input type="checkbox"/> No

8. KENNELS AND VETERINARY CLINICS

Provide the following numbers for the proposed kennel:

Cages	Inside runs	Outside runs	Groomings per day	Veterinary doctors	Veterinary assistants	Support staff	Surgery rooms
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9. CAMPGROUNDS / YOUTH CAMPS

Provide the following applicable numbers for the proposed campground:

Day campers and staff	Youth campers and staff	RV sites with or without sewer hookup	RV dump stations
Cabins within campgrounds:	Without a restroom	With a restroom	With a restroom and kitchen
Will there be a mess / dining hall? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the number of seats	Will there be a bath house? <input type="checkbox"/> Yes <input type="checkbox"/> No	