



COMMERCIAL ON-SITE SEWAGE SYSTEM PRE-APPLICATION

State Form 56275 (4-17)

INDIANA STATE DEPARTMENT OF HEALTH

- INSTRUCTIONS:**
1. All commercial applicants must complete the questions below and submit with the soil report.
 2. Provide accurate information and estimate factoring in long term use of the site.
 3. E-mail questions to soil@isdh.in.gov or call (317) 233-7811.

Name of project		County
Name of applicant / agent		
Telephone number ()	E-mail address	

1. Specify the days and hours of operation of the facility.			
2. Number of employees at peak staffing: Full time: _____ Seasonal: _____ Part time: _____			
Shifts per day		Number of staff per shift	
3. Will food be prepared in this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, attach a typical menu (see example).</i>	If no, will food be catered in and/or served in the facility?	
4. Will there be a kitchen in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of kitchen will this be? <input type="checkbox"/> Full <input type="checkbox"/> Warming	Will glasses and dishes be washed there? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, will there be a commercial dishwasher? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will there be showers in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	Describe frequency of shower use (e.g. number of showers per day).	
6. Will there be washing machines in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many loads per day?	
7. Will there be floor drains in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and how many? (<i>Note location on the attached floor plan.</i>)		
8. Is your facility located on/near an interstate highway? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. For commercial facilities with bedrooms (e.g. apartment buildings), how many units and number of bedrooms (e.g. five (5) 1-bedroom, ten (10) 2-bedroom and three (3) 3-bedroom units)?			
10. Provide estimated peak customers per day and average length of stay.			
11. Include a written business plan and floor plan of building(s) for your facility (<i>see attached example</i>). Include the type of facility and information related to the specific use of the facility (e.g. any special events that include large gatherings and the number of attendees). Some examples of types of facilities are: church, convenience store, event center, kennel, restaurant, winery, etc. If your facility has seats, provide the number of seats available for patrons. E-mail the completed pre-application, business plan, and floor plan with the soils report to soil@isdh.in.gov .			