

Health Department Letter of Non-Objection

Applicant Name: _____

Applicant Phone #: _____

Project Property Address: _____

Property lot size: _____ Current # of bedrooms _____ Additional bedrooms Yes ___ No ___

Scope of Project (please include dimensions & details)

EXISTING UTILITIES: (Check all that apply)

Private water well ___ Existing septic system ___ Public water supply ___ City sewer ___

Please **attach a detailed drawing of your property** indicating dimensions of the property, all structures and driveways. Include the current location of your septic tank, leach field and water well.

I affirm under penalties of perjury that to the best of my knowledge the above information is true and correct, including the sketch provided herein. I understand that failure to comply with provisions of the Kosciusko County Ordinances and/or Indiana State Board of Health 410 IAC 6-8.1 and/or 410 IAC6-10 is a misdemeanor and upon conviction is punishable by a fine up to \$500.00 for the first offense.

Date: ___ / ___ / ___ Signature: _____

OFFICE USE ONLY

Parcel ID # _____ Septic Permit# _____ Well Permit# _____

Site requires inspection Yes ___ No ___ Objection to above proposed changes Yes ___ No ___

Notes: _____

Kosciusko County Health Dept: _____ Date: ___ / ___ / ___

Many interrelating factors contribute to the failure of a water well system or sewage disposal system. Acceptance does not imply approval and cannot be considered as a guarantee by the Health Department that successful operation is assured.

