**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.