PERMIT APRIVATE Telephor Fax: 5	CO COUNTY HEALTH APPLICATION FOR SEWAGE DISPOSAL ne: 574/372-2349 74/269-2023	SYSTEM	Compliance Date Issued Issued By _ Well Permit	xisting Rebuild
	Applicant:			
	Mailing Address:			
City/Sta	ate/Zip:			
Telephor	ne: (home)		(day)	(Attach Site Plan)
	request a permit g location: (Give			disposal system at the ections.)
Property	, Kor, #•	т	loumahin.	Section:
	Installer:			
Lot Size	:		Number of	Bedrooms:
compliance 410 IAC applicate contained Indiana 8 county of	ce with Indiana Sta 6-10.1 and Kosciusk ion. I further cer I in this applicati State Department of	te Department o County Ordi tify that to on is correct Health 410 I (b)(5) is a m	of Health Rules 4 nance 16-1-13-13(b the best of my kno. Failure to compl. AC-6-8.3, and 410	will be installed in 10 IAC-6-8.3, and (5) and as outlined in this wledge, all information y with the provisions of IAC 6-10.1 and Kosciusko conviction is punishable by a
Signature of Applicant:				Date:
	TO BE COMPLE	TED BY KOSC	IUSKO COUNTY HEA	LTH DEPARTMENT
SEPTIC TANK		Distance Distance Working Pump sta Riser on	from septic tank to nearest dwell to property line capacity (ISDH ap tion (ISDH rule d Tank (child-proo Building	ing proved) esign) f)
SECONDAR TREATMEN	T 50 feet 5 feet 36 inch	Distance Distance Total le		
Addition	nal Instructions:			
			_	
THIS PER well sys	<u>MIT.</u> Since many ir tem or sewage dis <u>r</u>	terrelating : osal system, ee by the He	factors contribute acceptance does n alth Department t	HE SEPTIC SYSTEM MAY VOID to the failure of a water not imply approval and cannot nat successful operation is entation.
2 50 ———		com lake, cha	ble (bottom of st nnel, stream or d and more than 15%?	itch
	Site Inspect Final Inspect 50 Permit fee \$25.	ctor	Final Inspec	ion Date tion Date from date issued.

Copies: White/Health Dept. Yellow/Contractor Pink/Applicant