KOSCIUSKO COUNTY HEALTH DEPARTMENT
PERMIT APPLICATION FOR
PRIVATE SEWAGE DISPOSAL SYSTEM
Telephone: 574/372-2349
Fax: 574/269-2023

Permit # _____
New ____ Existing ____ Rebuild ____
Compliance _____
Date Issued _____
Issued By _____
Well Permit # _____

Name of Applicant: _____

Present Mailing Address: _____

City/State/Zip: _____

Telephone: (home) _____ (day) _____ (Attach Site Plan)

I hereby request a permit to construct a private sewage disposal system at the following location: (Give legal address or driving directions.)

_____

_____

Property Key #: _____ Township: _____ Section: _____

Name of Installer: _____

Lot Size: _____ Number of Bedrooms: _____

I hereby certify that the facilities at the above location will be installed in compliance with Indiana State Department of Health Rules 410 IAC-6-8.3, and 410 IAC 6-10.1 and Kosciusko County Ordinance 16-1-13-13(b)(5) and as outlined in this application. I further certify that to the best of my knowledge, all information contained in this application is correct. Failure to comply with the provisions of Indiana State Department of Health 410 IAC-6-8.3, and 410 IAC 6-10.1 and Kosciusko county ordinance 16-1-13-13(b)(5) is a misdemeanor and on conviction is punishable by a fine up to $500 for the first offense.

Signature of Applicant: _____ **Date:** _____

- - - - - - TO BE COMPLETED BY KOSCIUSKO COUNTY HEALTH DEPARTMENT - - - - - -

SEPTIC TANK	50	feet	Distance from septic tank to nearest well
	10	feet	Distance to nearest dwelling
	5	feet	Distance to property line
	____	gal.	Working capacity (ISDH approved)
	____	gal.	Pump station (ISDH rule design)
	X	yes	Riser on Tank (child-proof)
	SDR 21 or 26 gasket		Building sewer line pipe
SECONDARY TREATMENT	_____		Soil type/water table
	50	feet	Distance to nearest well
	5	feet	Distance to nearest property line
	____	feet	Total length of tile
	36	inches	Width of trenches
	____	inches	**MAXIMUM TRENCH DEPTH BELOW EXISTING SITE GRADE**

Additional Instructions: _____

_____

_____

_____

_____

_____

_____

SERIOUS SITE DISTURBANCE PRIOR TO THE INSTALLATION OF THE SEPTIC SYSTEM MAY VOID THIS PERMIT. Since 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. The inspector's signature makes no such representation.

2	feet	Distance above water table (bottom of stone)
50	feet	Distance from lake, channel, stream or ditch
____ yes	X no	Is slope of land more than 15%?

_____ Site Inspector _____ Site Inspection Date
_____ Final Inspector _____ Final Inspection Date

Permit fee $~~25~~ 50.00 Permit expires one year from date issued.

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