



WAYNE COUNTY  
**Health Department**  
 Where Caring Meets the Community

100 S. 5<sup>th</sup> Street  
 Richmond, IN 47374  
 765-973-9245  
[www.co.wayne.in.us](http://www.co.wayne.in.us)  
 David Jetmore, M.D., Health Officer

**NEW COMMERCIAL ON-SITE SEWAGE SYSTEM  
 APPLICATION**

Permit Fee: \$400.00 Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Name of Project \_\_\_\_\_

**ISDH Project # \_\_\_\_\_ (REQUIRED)**

Owner's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, St, Zip \_\_\_\_\_

E-Mail Address of Project Manager: \_\_\_\_\_

Parcel ID \_\_\_\_\_

Proposed OSS Property Address: \_\_\_\_\_

Registered Installer: \_\_\_\_\_ Installer Phone: \_\_\_\_\_

APPROVED TYPE OF SYSTEM \_\_\_\_\_ GPD; \_\_\_\_\_

I hereby certify that the above information is correct and the sewage and drainage systems for this residence will be installed to meet or exceed the requirement of the laws of the Indiana State Department of Health and Wayne County, Indiana. I also understand this application is not a guarantee of the issuance of an onsite sewage disposal system permit and if a permit is denied or revoked I have the right to appeal the decision through the proper methods describe in Wayne County Ordinance . This application is void after one year

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**THIS IS NOT A PERMIT. THE SEPTIC PERMIT. THE PERMIT WILL BE ISSUED ONLY AFTER THE WCHD HAS RECEIVED AND REVIEWED THE ISDH APPROVAL LETTER AND DESIGN**

**\*\* A satisfactory final OSS inspection (including alarm checks) must be obtained before scheduling your final building inspection for occupancy.**

**For Office Use Only**

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**Approved / Disapproved**