



WAYNE COUNTY
Health Department

Where Caring Meets the Community

100 S. 5th Street
Richmond, IN 47374
765-973-9245
www.co.wayne.in.us

APPLICATION FOR AN ONSITE SEWAGE DISPOSAL SYSTEM

NEW REPLACEMENT REPAIR

Date _____

Owner's Name _____ Day Phone _____

Mailing Address: _____

City, St, Zip _____

Email Address: _____

Parcel ID/ Map # _____

Proposed OSS Property Address: _____

Register Installer: _____ Installer Phone: _____

Number of Bedrooms _____ Number of Bedroom Equivalents (hot tubs, oversized tubs) _____

Building Plans _____ (Required for all New Construction)

Name of Home Builder: _____ Builder's Phone: _____

Will the proposed residence have: ___ sump pump ___ garbage disposal ___ water softener

I hereby certify that the above information is correct and that the sewage and drainage systems for this residence will be installed to meet or exceed the requirements 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. **This application is void after one year.**

Owner's Signature: _____ Date _____

THIS IS NOT A PERMIT. THE SEPTIC PERMIT WILL BE ISSUED AFTER DESIGN APPROVAL

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

Please send the completed application to health@co.wayne.in.us, or it can be mailed or brought into the office.