

ZONING CLEARANCE \_\_\_\_\_

ELKHART COUNTY HEALTH DEPARTMENT

Environmental Health Services

4230 Elkhart Road

Goshen, Indiana 46526

Phone: 574-875-3391

Health Department Permit # _____
Date Received ____/____/____ Fee Paid \$ _____
Date ____/____/____ Receipt # _____ Cash _____
Approved _____ Rejected _____ By _____
<b>FOR HEALTH DEPARTMENT USE ONLY</b>

APPLICATION FOR PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT

**CHECK ALL APPROPRIATE:** NEW \_\_\_\_\_ REPAIR/REPLACEMENT \_\_\_\_\_  
 RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ EXISTING SYSTEM \_\_\_\_\_

LOCATION: TOWNSHIP NAME \_\_\_\_\_ PARCEL CODE: \_\_\_\_\_  
 NAME OF SUBDIVISION \_\_\_\_\_ SECTION # \_\_\_\_\_  
 SITE ADDRESS \_\_\_\_\_ LOT# \_\_\_\_\_

DIRECTIONS: N.S.E.W. (CORNER/SIDE) OF \_\_\_\_\_, \_\_\_\_\_ mi./ft. N.S.E.W. OF \_\_\_\_\_

OWNER NAME \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APPLICANT: NAME \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

REGISTERED INSTALLER: NAME \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LOT: PROPERTY DIMENSIONS: \_\_\_\_\_ OR PROPERTY SURVEY INCLUDED: \_\_\_\_\_

WATER SUPPLY: WELL \_\_\_\_\_ PUBLIC SUPPLY \_\_\_\_\_  
 NAME OF REGISTERED DRILLER \_\_\_\_\_

BUILDING: 1. RESIDENTIAL (NUMBER OF BEDROOMS) \_\_\_\_\_  
 COMMERCIAL (NUMBER OF EMPLOYEES) \_\_\_\_\_  
 MAXIMUM DESIGN DAILY FLOW RATE (GPD) \_\_\_\_\_  
 2. CHECK ANY OF FOLLOWING THAT WILL BE USED: SOFTENER \_\_\_\_\_  
 GARBAGE DISPOSAL \_\_\_\_\_ SPA/JACCUZI (Number Gal.) \_\_\_\_\_  
 3. OUTLET FILTER ON TANK: \_\_\_\_\_ YES \_\_\_\_\_ NO

BASEMENT: BASEMENT \_\_\_\_\_ YES \_\_\_\_\_ NO DEPTH OF BASEMENT \_\_\_\_\_ FT  
 WALKOUT BASEMENT \_\_\_\_\_ YES \_\_\_\_\_ NO RAISED RANCH \_\_\_\_\_ YES \_\_\_\_\_ NO  
 TOILET BELOW GRADE \_\_\_\_\_ YES \_\_\_\_\_ NO

SEPTIC TANK: CAPACITY OF TANK \_\_\_\_\_ GALLONS  
 WILL ACCESS OPENINGS EXTEND TO SURFACE \_\_\_\_\_ YES \_\_\_\_\_ NO

ABSORPTION TYPE: TRENCH \_\_\_\_\_ INFILTRATION CHAMBER \_\_\_\_\_ TIRE CHIPS \_\_\_\_\_ FLOOD DOSED \_\_\_\_\_  
 PRESSURE DIST. \_\_\_\_\_ AT GRADE \_\_\_\_\_ MOUND \_\_\_\_\_ EXPERIMENTAL/ALT TECHNOLOGY \_\_\_\_\_

FIELD/BASAL AREA: TOTAL LENGTH \_\_\_\_\_ FT. X WIDTH \_\_\_\_\_ FT. = TOTAL AREA \_\_\_\_\_ SQ. FT.  
 MAXIMUM TRENCH DEPTH \_\_\_\_\_ INCHES.

SOILS: SOIL TYPE \_\_\_\_\_ BY \_\_\_\_\_  
 PERIMETER DRAIN REQUIRED \_\_\_\_\_ YES DEPTH \_\_\_\_\_ NO

THE APPLICANT/OWNER UNDERSTANDS AND ACKNOWLEDGES THAT THE COUNTY OF ELKHART, INDIANA AND THE ELKHART COUNTY HEALTH DEPARTMENT ASSUME NO LIABILITY OR RESPONSIBILITY FOR THE OPERATION OF THE PRIVATE SEWAGE DISPOSAL SYSTEM, ITS EFFECTIVENESS, OR ANY FAILURE OF THE SYSTEM.

SIGNATURE OF APPLICANT/OWNER \_\_\_\_\_ DATE \_\_\_\_\_