

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 _____
FOR HEALTH DEPARTMENT USE ONLY

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 _____