

ELKHART COUNTY HEALTH DEPARTMENT
ON-SITE SEWAGE PROGRAM – REQUEST FOR ON-SITE EVALUATION

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1. PROPERTY OWNER:

NAME _____
ADDRESS _____
CITY _____ ZIP _____
PHONE (____) _____

DATE RECEIVED ____ / ____ / ____ BY _____

DATE REQUESTED ____ / ____ / ____

DATE COMPLETED ____ / ____ / ____ BY _____

FOR ECHD USE ONLY

2. NAME OF APPLICANT:

NAME _____
ADDRESS _____
CITY _____ ZIP _____
PHONE (____) _____
DAY PHONE (____) _____
FAX NUMBER(____) _____
EMAIL ADDRESS _____

PROPERTY INFORMATION
COMPLETE AS APPROPRIATE

NEW CONSTRUCTION _____ REPAIR _____

WRITE-OFF _____ VERIFICATION VISIT _____

LOT NUMBER _____ YEAR BUILT _____

SUBDIVISION _____

TAX CODE NUMBER _____

WILL ANIMALS HINDER ACCESSABILITY? _____

BUILDER _____

ORIGINAL OWNER _____

INSTALLER NAME _____

GARBAGE DISPOSAL – YES _____ NO _____

TOWNSHIP _____

NO. OF BEDROOMS OR EMPLOYEES _____

3. PROPERTY ADDRESS _____

DRIVING DIRECTIONS: N.S.E.W. (CORNER/SIDE)
OF _____, _____ MI/FT
N.S.E.W. OF _____

4. SIGNATURE _____

By signing we hereby grant permission for representatives of the ECHD to enter onto the above named property for the purpose of determining minimum standards for an on-site sewage system and to make all associated tests and inspections.

Please provide a sketch of proposed or existing home, water well, and system locations

***PLEASE NOTE: ENVIRONMENTAL HEALTH WILL NOTIFY INDIANA 811 TO HAVE UTILITY LINES MARKED. THIS WILL REQUIRE 48 HOURS TO COMPLETE AFTER NOTIFICATION. UTILITIES MUST BE MARKED PRIOR TO ALL WORK.