

**Elkhart County Health Department  
Environmental Health Services  
4230 Elkhart Road Goshen, IN 46526  
PHONE: 574/971-4600**

**APPLICATION FOR PRIVATE SEWAGE SYSTEM PERMIT**

**CHECK ALL APPROPRIATE:** NEW \_\_\_\_\_ REPAIR/REPLACEMENT \_\_\_\_\_ TANK ONLY \_\_\_\_\_  
RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ ATU \_\_\_\_\_

**LOCATION:** TOWNSHIP NAME \_\_\_\_\_ PARCEL NUMBER \_\_\_\_\_  
NAME OF SUBDIVISION \_\_\_\_\_  
SITE ADDRESS \_\_\_\_\_ LOT# \_\_\_\_\_

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

**PROPERTY 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 ( ) \_\_\_\_\_ - \_\_\_\_\_

SAMPLE