

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

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(____) _____

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 s stem 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.