



Whitley County Health Department
 220 West Van Buren Street, Suite 111
 Columbia City, Indiana 46725
 Phone (260) 248-3121 – Fax (260) 248-3129

PERMIT APPLICATION FOR A PRIVATE SEWAGE DISPOSAL SYSTEM

Name: _____ Permit # _____

Current Address: _____

I hereby request a Permit to construct a private sewage disposal system at the following location: Lot # _____, Lot Size _____, Subdivision Name _____ TWP. _____

Site Address: _____, Sec. _____, T: _____, R: _____

I hereby certify that the facilities at the above location will be installed in compliance with Whitley County Ordinance # 0-93-08, and Indiana Code Rules 410 IAC 6-8.1, 410 IAC 6-10-1 and as outlined in this application. I further certify that to the best of my knowledge all information contained in this application is correct. Failure to comply with the provisions of Whitley County Ordinance # 0-93-08, and Indiana Code Rules 410 IAC 6-8.1, 410 IAC 6-10-1, is a misdemeanor and upon conviction is punishable by a fine up to five hundred dollars (\$500.00) for the first offense and subsequent offenses no more than one thousand dollars (\$1000.00) each.

Signature: _____ Date: _____

HOUSE: Bedroom # _____ Basement _____ Sump Pump _____ Remarks: _____
 SEPTIC SYSTEM: Septic Tank Manufacturer: _____

Septic Tank _____ gallons, Dosing Tank _____ gallons, Septic System Installer _____

Total Trench Area: _____ square feet, Maximum Trench Depth: _____ inches

Minimal Perimeter Drain Depth: _____ inches and aggregate filled with Geotextile Wrap

Perimeter Drain Location: _____ Outlet Depth (0.2'/100' of fall): _____

Required upslope diversion or swale: _____ Yes, _____ No; Type of System: _____

WATER SUPPLY: Type (dug, driven, drilled) _____, Depth _____
 Distance of WELL, PUMP, and Neighboring WELL to nearest buried sewer, septic tank, absorption field, and any part of this application's septic system, must be > _____ feet.

A PERMIT INSPECTION FEE MUST BE PAID AT THE TIME THIS APPLICATION IS FILED. CHECKS OR MONEY ORDERS MADE PAYABLE TO WHITLEY COUNTY HEALTH DEPARTMENT, WILL BE ACCEPTED. THIS PERMIT EXPIRES ONE YEAR FROM TODAY.

Sanitarian: _____ Date: _____ [Repair _____ New _____ Remodel _____]

Office Use Only:

Parcel # : _____, Permit # for year: _____, Check #: _____, Receipt #: _____

Phone #: _____