



WAYNE COUNTY
Health Department
 Where Caring Meets the Community

100 S. 5th Street
 Richmond, IN 47374
 765-973-9245
www.co.wayne.in.us
 Christine Stinson, Executive Director
 David Jetmore, M.D., Health Officer

APPLICATION FOR AN ONSITE SEWAGE DISPOSAL SYSTEM

NEW REPLACEMENT REPAIR CONSTRUCTION

Permit Fee: _____ Receipt # _____

Date _____

Owner's Name _____ Day Phone _____

Mailing Address: _____ City, St, Zip _____

Email Address: _____ (required)

Parcel ID _____ (Required)

Proposed OSS Property Address: _____

Nearest Crossroads: _____ Subdivision: _____ Lot: _____

Legal Description: Section _____ Township; _____ Range _____ Civil Township _____

Register Installer: _____ Installer Phone: _____

Number of Bedrooms _____ Number of Bedroom Equivalents _____ Building Plans _____

Name of Builder: _____ Builder's Phone: _____

Will the proposed residence have: ___ sump pump ___ garbage disposal ___ water softener

I hereby certify that the above information is correct and the sewage and drainage systems for this residence will be installed to meet or exceed the requirement of the laws of the Indiana State Department of Health and Wayne County, Indiana. I also understand this application is not a guarantee of the issuance of an onsite sewage disposal system permit and if a permit is denied or revoked I have the right to appeal the decision through the proper methods describe in _____. This application is void after one year. (A copy of the building floor plans must be submitted prior to the issuance of the permit to determine bedrooms and bedroom equivalents.)

Owner's Signature: _____ Date _____

THIS IS NOT A PERMIT. THE SEPTIC PERMIT WILL BE ISSUED AFTER DESIGN APPROVAL

**** A satisfactory final OSS inspection (including alarm checks) must be obtained before scheduling your final building inspection for occupancy.**

For Office Use Only

 Letter of Requirements: _____ Design Received Date: _____
 Design Approval Date: _____ Permit Issued Date: _____
 Construction Start Date: _____ Final Inspection Date: _____
 Alarm Check Date: _____

Approved / Disapproved