

# Wells County Health Department

223 W. Washington Street  
Bluffton, IN 46714  
Phone: 260-824-6489, Fax: 260-824-8803

**THIS IS NOT A  
PERMIT**

Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Copy \_\_\_\_\_

## SITE EVALUATION FORM Fee: \$15.00

Complete this form to the best of your ability. Anything you don't know, leave blank. If the information is absolutely necessary, I will ask. This form must be submitted before the soil report can be processed.

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Current address \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_ Work phone \_\_\_\_\_

Email \_\_\_\_\_ Pager \_\_\_\_\_

Best times to contact: \_\_\_\_\_

Please list the name, address, telephone #'s, pager and/or email of the main contact person. \_\_\_\_\_

Site Information TO BE EVALUATED FOR: New Repair Expansion Replacement Other \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ SECTION \_\_\_\_\_, TOWNSHIP \_\_\_\_\_ N, RANGE \_\_\_\_\_ E PROPERTY SIZE \_\_\_\_\_

ADDRESS OF OR DIRECTIONS TO PROPERTY \_\_\_\_\_

CURRENT LAND USE: Agriculture Set aside Wooded Other \_\_\_\_\_ Current vegetation \_\_\_\_\_

POSSIBLE DRAINAGE OUTLETS \_\_\_\_\_

## Dwelling Information

NUMBER OF BEDROOMS \_\_\_\_\_ (If a room "looks" like a bedroom but you are going to use it another way, it's still considered a bedroom)

GARBAGE DISPOSAL Yes or No JETTED BATHTUB Yes or No If yes, list gallons \_\_\_\_\_ (specification sheet required for the permit)

BASEMENT: None Standard Walkout Daylight Windows with egress Other \_\_\_\_\_ Size \_\_\_\_\_

OVER ►►►

ANTICIPATED START DATE OF PROJECT \_\_\_\_\_

TYPE OF CONSTRUCTION: Stick Modular Mobile home Pre-fab Undecided Don't know Other \_\_\_\_\_

NAME AND ADDRESS OF BUILDER OR MANUFACTURING COMPANY \_\_\_\_\_

**PLEASE READ AND SIGN:** Ask questions if you do not understand.

- I am advised and am fully aware that this is **neither a septic permit nor the application for a septic permit**. It is only an application for the evaluation of the above referenced property.
- According to Rule 410 IAC 6-8.1-33, **NO CONSTRUCTION OF THE RESIDENCE OR SYSTEM** may begin until the evaluation is complete, approved, and the **actual septic permit is issued**.
- All construction traffic shall be excluded from the area for the system and any required down slope dispersal area. If construction traffic crosses the area for the system or dispersal area, I will be required to hire a soil scientist to evaluate the site for damage.
- I understand that a pre-installation wetness conference will be held with the installer and that the soil must pass before the absorption field may be installed. I understand that the wetness check has no relationship to the completion date of my home, the status of my construction loan, or etc.

I agree to comply with these stipulations completely and take responsibility for informing any and all contractors, I may hire, of these requirements. The \$15.00 fee is enclosed.

Only one signature is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: Is there any other information you think would be helpful? \_\_\_\_\_

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