

Wells County Health Department

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

**THIS IS NOT THE
PERMIT
APPLICATION**

Receipt No. _____ Date: _____

Copy _____

SITE EVALUATION FORM Fee: \$25.00

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 _____ Work phone _____

City _____ zip _____

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 6-8.2-52, **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 \$25.00 fee is enclosed.

Only one signature is required.

Signature _____ Date _____

Signature _____ Date _____

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