

ELKHART COUNTY HEALTH DEPARTMENT
Environmental Health Services
4230 Elkhart Road
Goshen, Indiana 46526
ph. 219-875-3391

Health Department Permit # 94RL161561
Date Received 7/20/94 Fee Paid \$50
Date 7/21/94 Receipt # 2841
Approved ✓ Rejected By SM
For Health Department use only.

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL PERMIT

CHECK ALL APPROPRIATE: NEW RESIDENTIAL X BZA VARIANCE
REPAIR X COMMERCIAL/INDUSTRIAL EXISTING SYS. X

LOCATION: TOWNSHIP NAME CONCORD TAX CODE # 66-11-451-007
NAME OF SUBDIVISION Meadowood LOT #
PROPERTY ADDRESS 56884 CR13 SECTION # 13

DIRECTIONS: N.S.E.W. (Corner/Side) OF CR-13, 1/4 (mi.)/ft N.S.E.W. OF CR-16

OWNER: NAME O'BRIEN (ESTATE) PHONE NUMBER ()
ADDRESS 56884 CR-13 CITY ELKHART
STATE IN ZIP CODE 46516

APPLICANT: NAME DICK DOLPH PHONE NUMBER (219) 264-2820
ADDRESS 24925 CR4 CITY ELKHART
STATE IN ZIP CODE 46514

(APPROVED PERMIT APPLICATION WILL BE RELEASED TO APPLICANT ONLY)

REGISTERED INSTALLER: NAME DICK DOLPH CONST PHONE NUMBER (219) 264-2820
ADDRESS 24925 CR4 CITY ELKHART
STATE IN ZIP CODE 46514

LOT: Are any creeks, ditches, farm drainage tiles, ponds/rivers, located within 50 feet of seepage system? yes X no
Will existing grade in seepage area be changed? yes X no
If yes to either question please give details on plot plan.

WATER SUPPLY: (check appropriate): WELL X PUBLIC SUPPLY
NAME OF REGISTERED DRILLER UNKNOWN

BUILDING: 1. RESIDENTIAL (NUMBER OF BEDROOMS) 3
1.a. COMMERCIAL (NUMBER OF EMPLOYEES)
DESIGN FLOW RATE (GPD)
2. CHECK ANY OF FOLLOWING THAT WILL BE USED: SOFTENER
 GARBAGE DISPOSAL SPA/JACUZZI (Number Gal.)
3. INVERT ELEVATION OF BUILDING SEWER

BASEMENT: BASEMENT X YES NO DEPTH OF BASEMENT 2 FT.
WALKOUT BASEMENT YES X NO RAISED RANCH YES X NO
TOILET BELOW GRADE?

SEPTIC TANK: CAPACITY OF TANK 1000 GALLONS
WILL ACCESS OPENINGS EXTEND TO SURFACE YES NO

ABSORPTION LINES: TOTAL LENGTH 200 FT. X WIDTH 3 FT. = TOTAL AREA 600 SQ. FT.
MAXIMUM TRENCH DEPTH 18 INCHES.

SOILS: SOIL TYPE BY
PERIMETER DRAIN REQUIRED YES NO

SIGNATURE OF APPLICANT/OWNER Dick Dolph DATE 7- -94

Attn: Ann Connolly

2/10/94

ELKHART COUNTY HEALTH DEPARTMENT
ON-SITE SEPTIC SYSTEM
INSTALLATION INSPECTION REPORT

Infiltrator

Date Inspection Request Received 7/26/94 SEPTIC PERMIT # 94-RJ-06-1567
Date (Time) Inspection Requested 7/26/94 BUILDING PERMIT # _____
Name of Installer Dick Dolph Const

Date Inspected Environmentalist Findings

7/26/94 *Approved*

Basement Bathroom _____ Laundry _____ Leakproof sump _____ Gravity sewer _____
Softener discharge _____ Footing drain gravity _____ pump _____

Sewer Line C.I. _____ Sched. 40 _____ Other _____

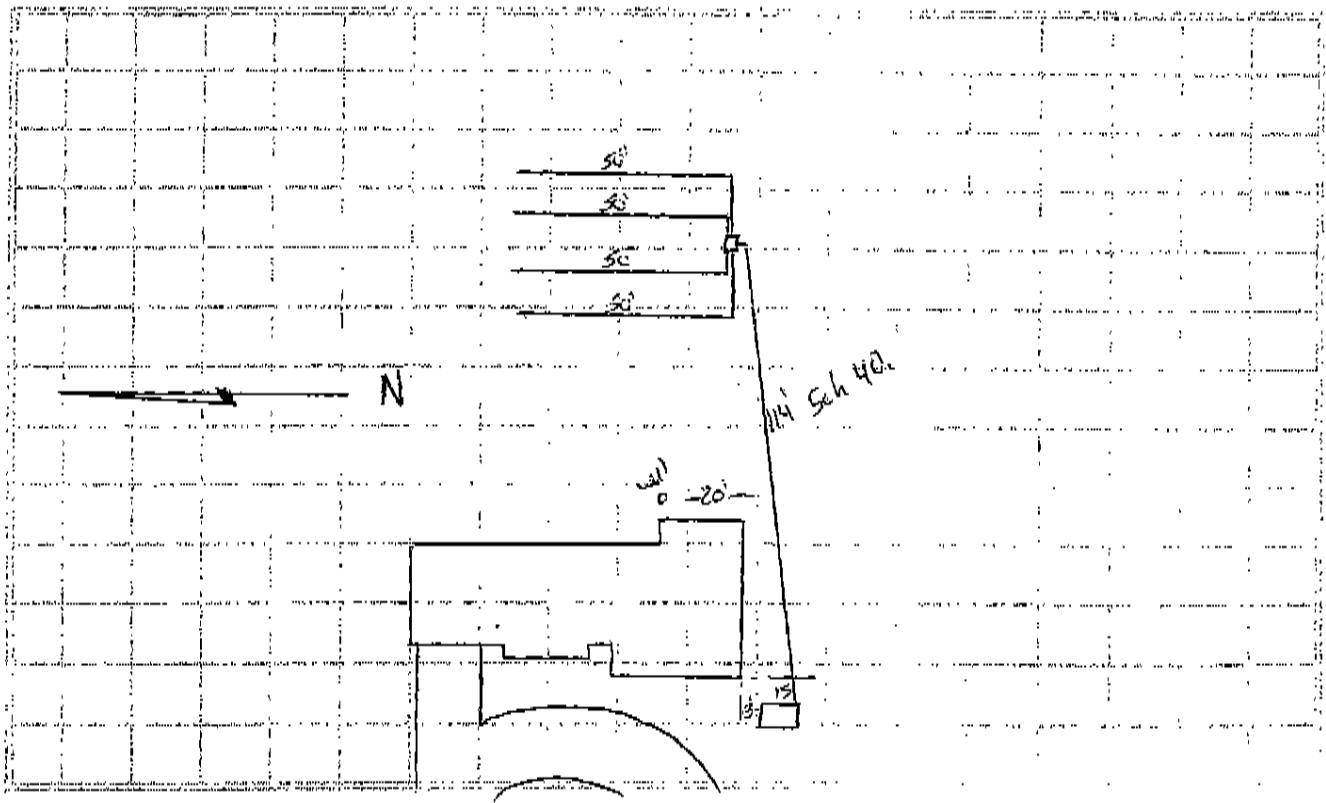
Septic Tank Gallons 1000 Compartments _____
Level Baffles "T" Manhole
Distance to foundation 15' Lot Line >10' Well >50'

Lift Station Tank Size N/A Gallons Pumped _____ Alarm Installed _____
Distance to D box or highest line _____ Pipe size _____

Field No. of lines 4 Length 200 Width 3 Sq. Ft. 600
Gravel size bone Washed none Level _____ Depth _____
Depth to top of Gravel N/A Total trench depth 48"
Distribution box level Lines level leaving "D" box yes
Absorption line ends tied together NO
Distance to: Well 20' Adjacent Well >50' Lake N/A Stream N/A
Foundation >10' Lot line >10' Ditch N/A Edge of Fill N/A

Drainage Perimeter Drain N/A Depth below lowest line _____ Pitch _____
Free outfall _____ To _____

Soils Type LS Filled N/A Depth _____ Stripped N/A Depth _____ Compacted N/A
Depth to mottles >72" Moisture: Wet _____ Dry Damp _____ Frozen _____



Sanders located

*Meadowood Sub.
by Concord School*

STATEMENT
Dolph Septic Service

MAIL TO: P.O. Box 609 • Elkhart, IN 46515
(574) 264-6384

Name Michael & Dawn Neffrey
Address 56884 CR13
City Elkhart State _____ Zip 46517
Phone: Home 298-7694 Work _____

TANK: Open Closed Date: 9-29-04

Pumping Tank:	100	-
Opening Tank:		
Extra Hose:		
Disposal Fee:		50-
Other		
<i>Please send check to above address</i>		
<i>Thank you</i>		
	152	10/20.00
	10	15
Gallons	100	Thank You
	TOTAL	150 00

WE ARE NOT RESPONSIBLE FOR ANY
DAMAGE INCURRED WHILE ATTEMPTING
TO LOCATE & OPEN TANKS.