

ELKHART COUNTY HEALTH DEPARTMENT

Environmental Health Services

4230 Elkhart Road

Goshen, Indiana 46526

Phone: 219-875-3391

Health Department Permit # 97-RC-02-1882

Date Received 11/17/97 Fee Paid \$ 70.00

Date 11/18/97 Receipt # 7209

Approved [check] Rejected [ ] By [signature]

FOR HEALTH DEPARTMENT USE ONLY

APPLICATION FOR PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT

CHECK ALL APPROPRIATE: NEW [ ] RESIDENTIAL [X] BZA VARIANCE [ ] REPAIR [X] COMMERCIAL/INDUSTRIAL [ ] EXISTING SYSTEM [ ]

LOCATION: TOWNSHIP NAME Osolo TAX CODE # 13-02-30-105-009 NAME OF SUBDIVISION Old Mill Estates LOT # 12 PROPERTY ADDRESS 54119 Old Mill Dr SECTION #

DIRECTIONS: N.S.E.W. (CORNER/SIDE) OF CR 15 .1 mi/ft N.S.E.W. OF Bristol St

OWNER: NAME Pat and Linn Mulroy PHONE NUMBER 219 262-3014 ADDRESS 54119 Old Mill Dr CITY Elkhart STATE IN ZIP CODE 46514

APPLICANT: NAME Pat and Linn Mulroy PHONE NUMBER 219 262-3014 ADDRESS 54119 Old Mill Dr CITY Elkhart STATE IN ZIP CODE 46514

REGISTERED INSTALLER: NAME Barnes Backhoe Svc PHONE NUMBER 219 848-4810 ADDRESS PO 463 CITY Bristol STATE Indiana ZIP CODE 46507

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

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

BUILDING: 1. RESIDENTIAL (NUMBER OF BEDROOMS) 4 1. a. COMMERCIAL (NUMBER OF EMPLOYEES) DESIGN FLOW RATE (GPD) 2. CHECK ANY OF FOLLOWING THAT WILL BE USED: SOFTNER [X] GARBAGE DISPOSAL [X] SPA/JACUZZI (Number Gal.) 3. INVERT ELEVATION OF BUILDING SEWER

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

SEPTIC TANK: CAPACITY OF TANK 1200 GALLONS ? I think WILL ACCESS OPENINGS EXTEND TO SURFACE [X] YES [ ] NO

ABSORPTION TYPE: TRENCH [ ] AT GRADE [ ] MOUND [ ] INFILTRATOR [ ] FLOOD DOSED [ ] PRESSURE DIST. [ ] Filter Bed

ABSORPTION LINES: TOTAL LENGTH 50 FT. X WIDTH 20 FT. = TOTAL AREA 1000 SQ. FT. MAXIMUM TRENCH DEPTH INCHES.

SOILS: SOIL TYPE OSA ? BY PERIMETER DRAIN REQUIRED [ ] YES [X] NO

THE APPLICANT/OWNER UNDERSTANDS AND ACKNOWLEDGES THAT THE COUNTY OF ELKHART, INDIANA AND THE ELKHART COUNTY HEALTH DEPARTMENT ASSUME NO LIABILITY OR RESPONSIBILITY FOR THE OPERATION OF THE PRIVATE SEWAGE DISPOSAL SYSTEM, ITS EFFECTIVENESS, OR ANY FAILURE OF THE SYSTEM.

SIGNATURE OF APPLICANT/OWNER [signature] DATE 11/14/97

REV. 2/97 (SEPTIC PERMITS ARE NON-TRANSFERABLE) [signature] 11-25-97 ORIGINAL

2-11-98

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

Date Inspection Request Received 12/30/97 SEPTIC PERMIT # 97-RC-02-1882  
Date (Time) Inspection Requested 12/30/97 BUILDING PERMIT # \_\_\_\_\_  
Name of Installer Bans Backhoe

Date Inspected	Environmentalist	Findings
12-30-97	Matthew Rippey	System Approved

Basement Partially new Bathroom \_\_\_\_\_ Laundry \_\_\_\_\_ Leakproof sump \_\_\_\_\_ Gravity sewer \_\_\_\_\_  
Sewer Line C.I. \_\_\_\_\_ Softener discharge \_\_\_\_\_ Footing drain gravity \_\_\_\_\_ pump \_\_\_\_\_  
Septic Tank Existing Gallons \_\_\_\_\_ C.I. \_\_\_\_\_ Sched. 40  Other \_\_\_\_\_  
Level  Baffles  "T" \_\_\_\_\_ Manhole   
Distance to foundation 12' Lot Line ±5' Well ±50'  
Lift Station Tank Size NA Gallons Pumped \_\_\_\_\_ Alarm Installed \_\_\_\_\_  
Distance to D box or highest line \_\_\_\_\_ Pipe size \_\_\_\_\_  
Field No. of lines \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Bed = 940 sq ft Gravel size  Washed  Level  Depth 18-16"  
Depth to top of Gravel 18-20" Total trench depth 40-36"  
Distribution box level  Lines level leaving "D" box   
Absorption line ends tied together Yes  
Distance to: Well 50' Adjacent Well 15' Lake \_\_\_\_\_ Stream \_\_\_\_\_  
Foundation 14' Lot line 7' Ditch \_\_\_\_\_ Edge of Fill \_\_\_\_\_  
Drainage Perimeter Drain NA Depth below lowest line \_\_\_\_\_ Pitch \_\_\_\_\_  
Free outfall \_\_\_\_\_ To \_\_\_\_\_  
Soils Type SL Filled No Depth \_\_\_\_\_ Stripped No Depth \_\_\_\_\_ Compacted No  
Depth to mottles >92" Moisture: Wet \_\_\_\_\_ Dry \_\_\_\_\_ Damp  Frozen \_\_\_\_\_

