

Adams County Health Department
Environmental Division
313 W. Jefferson St.
Decatur, IN 46733

_____ NEW SITE _____ REPAIR/REPLACE
ON-SITE SEWAGE DISPOSAL SYSTEM APPLICATION

APPLICANT'S PROPERTY OWNER'S

: F GH'NUa Y: _____ @ GH'NUa Y: _____

ADDRESS: _____ ADDRESS: SSS _____

PHONE NO.: _____ PHONE NO.: SSSSSSSSSSSSSSSSSSSSSSS

9 A 5 =@5 8 8 F 9 GG. 'SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS'

NEW SITES ONLY, GIVE AN APPROXIMATE ADDRESS:

DATE AND TIME OF SOILS EVALUATION:

SUBDIVISION AND LOT NUMBER:

WELL OR CITY WATER: _____ NO. ACRES: _____

NUMBER OF BEDROOMS IN HOME: _____ JETTED TUBS: _____

(NEW SITES REQUIRE FLOOR PLAN SUBMITTAL) (>125 gal. cap.)

BRIEFLY GIVE DIRECTIONS TO YOUR PROPERTY

By initialing below, I affirm that I have given a true and accurate statement for the
foregoing questions. Initials _____ Date _____