

FLOYD COUNTY HEALTH DEPARTMENT
1917 BONO ROAD NEW ALBANY, IN 47150 (812) 948-4726
APPLICATION FOR ON-SITE WASTEWATER DISPOSAL SYSTEM

SITE SURVEY# _____ PERMIT # 05-729

DATE: 3-8-05 PROPOSED AGENT/INSTALLER: FASKE

APPLICANT/OWNER: Cheryl McKinley HOME PHONE: 752-3012

MAILING ADDRESS: 1358 LAZY CREEK RD ALT. PHONE: _____

CITY/TOWN: LANESVILLE STATE: IN ZIP: 47136

PROPOSED PROPERTY LOCATION AND DESCRIPTION:

THE PURPOSE OF THE DWELLING IS (CIRCLE ONE)

RESIDENTIAL DUPLEX COMMERCIAL

Parcel ID # _____

ADDRESS: SAME CITY: _____ ZIP: _____

ACREAGE: 1/4.75 ACRES SUBDIVISION: _____ LOT#: _____

WATER SOURCE: PBL # OF BEDROOMS: 1 SOIL RATING: 3

OF JETTED BATH TUBS (125 GAL. & OVER) 8 DESIGN DAILY FLOW: 300

ARE WELL OR CISTERNS LOCATED ON PROPERTY? no 300

PLUMBING OUTLET LOCATION: MAIN FLOOR BASEMENT

The undersigned applicant acknowledges and understands that the Floyd County Health Department may, at my request, propose a design for a septic system based upon state and local statutes, ordinances, rules and regulations; this applicant acknowledges that, due to the variations in soil types, terrain, and other factors, it is not possible for the Department to propose a design for a system that will be "failure proof"; that the action by the Department in proposing a design at my request is not, and shall not be considered by the undersigned, as a guarantee that the system so designed and installed will perform as required by applicable state and local statute, rules, and regulations; that the undersigned accepts the responsibility and liability for the failure of the system installed pursuant to this permit and will indemnify and hold harmless the Department for any such failure; and, the applicant understands that due to conditions known or believed to pertain to the site of installation of the septic system, the Department may decline to propose a system design and require that the proposed system be designed by a Registered Professional Engineer*.

The undersigned further acknowledges an understanding of all requirements and procedures for obtaining this permit as defined and set forth in the (FCHD form) Requirements and Procedures; does covenant and agree to conform to and abide by the same; and, does hereby expressly release the Department from any liability, cost, expense, charge, or damage to person or property, resulting from the failure of the septic system installed pursuant to this permit.

Signature: _____ Date: _____

* Certified Soil Scientist and Registered Professional Engineers are NOT employees of the Floyd County Health Department and are NOT septic installers. These professionals are privately employed by the Homeowner/Builder at their own cost.

Site survey application fee: \$25.00. This fee is to cover administrative cost and is not refundable.

02-02-00-700-006.000-002
Georgetown Top 9-3-5

05-729

THE FOLLOWING SECTION TO BE COMPLETED BY HEALTH DEPARTMENT

PERIMETER DRAIN 1/4" x 1/4" x 1/4" ROCK

SYSTEM TYPE CONV REPLACEMENT

OF DISTRIBUTION BOXES: 1

LIQUID CAPACITY OF SEPTIC TANK(S): 1000 gal.

LIQUID CAPACITY OF PUMP TANK: _____ gal. PUMP SIZE: _____

TRENCH/BED DEPTH: 24" TRENCH/BED WIDTH: 36" TOTAL LENGTH OF
OUTLET FILTER TYPE: _____ LATERAL: 2.00

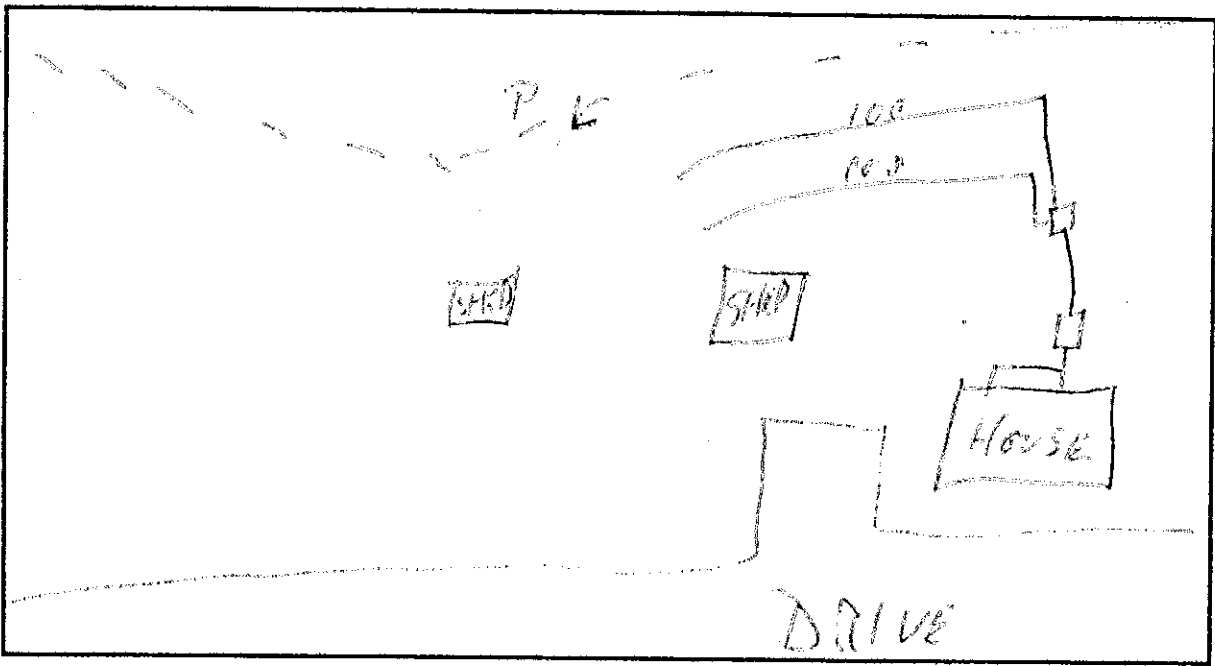
274MB RS

AMOUNT OF FILL REQUIRED: _____ TYPE OF PIPE: ASTM

ALL TRENCHES MUST BE INSTALLED WITH 12 (6 in. Under pipe) INCHES OF GRAVEL, EQUALING APPROX. 18 TON OF GRAVEL PER 100 FT OF TRENCH:

REMARKS, EXCLUSIONS: RE ROWE WASH R/ in r

SYSTEM DIAGRAM



I FASKE AM A LICENSED INSTALLER IN FLOYD COUNTY AND AGREE TO INSTALL THIS SYSTEM PER INDIANA CODE AND LOCAL ORDINANCE. LASTLY, I HAVE READ AND UNDERSTOOD THE (FCHD FORM) "REQUIREMENTS AND PROCEDURES FOR OBTAINING AN ON-SITE WASTEWATER DISPOSAL PERMIT IN FLOYD COUNTY" AND I WILL ABIDE BY THEM. I UNDERSTAND THAT DEVIATION FROM ANY OF THE ABOVE CONDITIONS MAY RESULT IN REVOCATION OF THIS PERMIT.

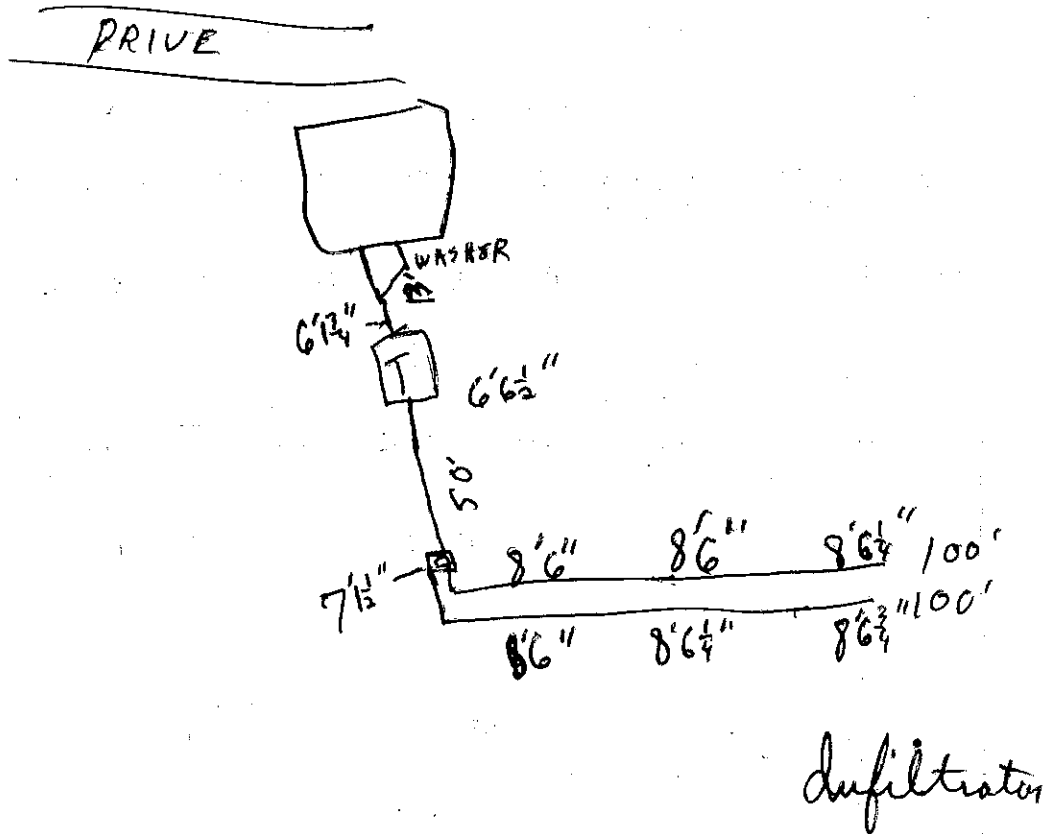
INSTALLER SIGNATURE: [Signature] DATE: 3-8-05

INSTALLER SIGNATURE: _____ DATE: _____

EHS: [Signature] SITE SURVEY APPROVED: 3-8-05 DISAPPROVED: _____

FINAL SCHEMATIC

05-729



FINAL INSPECTION(S):	REMARKS:
PERFORMED BY: <u>Jack Truller</u>	DATE: <u>7/10/07</u>
PERFORMED BY: _____	DATE: _____
PERFORMED BY: _____	DATE: _____