3:00

Washington County Health Department
Courthouse Annex, 35 Public Square
Salem, IN 47167
812-883-5603

Application $15.00 ( )
Receipt No. ______
Permit $35.00 ( )
Receipt No. ______

Application For
Private Sewage Disposal System

Date: 2-18-98

Applicant/Owner: Amzie D Troyer   Phone: 812-755-4217

Mailing Address: 5702 S. Rosebud Rd.   Work: Same.

Salem In. 47167

PROPOSED PROPERTY DESCRIPTION/LOCATION:

Road Location: ______   Address No: 5702 Rosebud Rd.

Township: Madison   Town/City: Salem

Subdivision: ______   Section: 13

Acreage: 55 1/2   Lot/Tract No.: ______

Are There Any Existing Dwellings on the Property? Y (✓) N ( )

Directions to Property: W.W. school Rd. To Rosebud Rd. West on Rosebud to Corner turn LEFT First drive on Right. UP The hill To end of drive.

HOME DESCRIPTION: (check one)

Dwelling: House (✓) Modular ( ) Mobile Home ( )
No. of Bedrooms: 1 ( ) 2 ( ) 3 ( ) 4 (x) Specify Other: ______
Washer: Y (*) N ( ) Garbage Disposal Y ( ) N (✓) *wringer washer
Basement: Y ( ) N (x) w/Plumbing Y ( ) N ( )
Water Supply: Public ( ) Well (✓) Cistern ( )

SIGNATURE: Amzie D Troyer DATE: 2-18-98

PERMIT # 9865

Please Mark Front Of Property With A Sign Stating Name Or Lot Number. Also Mark Off Area Where The House Will Be Located. Colorful Flags Or Markings Would Be Appreciated.

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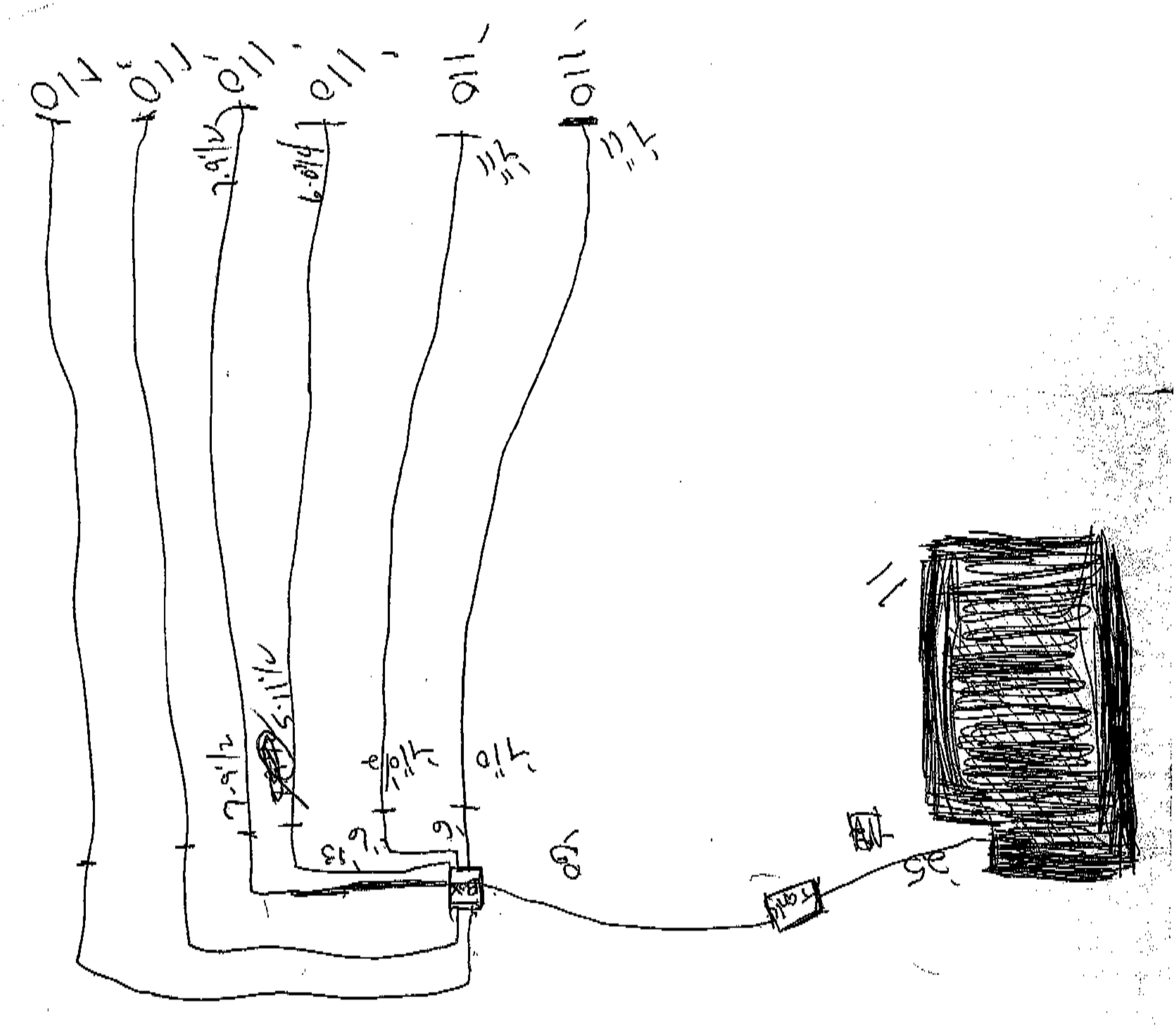
THE FOLLOWING SECTION TO BE COMPLETED BY HEALTH DEPARTMENT

Septic tank minimum capacity 1250 gallons
Field minimum distance to nearest well 50 feet
minimum total effective absorption area 2000 sq. ft.
total length of 3 foot trench lines ______

type Has PGV Soils Evaluation sites (1,2,3)
Remarks [illegible]



Monday
late appt.