
LETTER OF NON-OBJECTION

KOSCIUSKO COUNTY HEALTH DEPARTMENT
COURTHOUSE – THIRD FLOOR – W. CENTER ST.
WARSAW, IN 46580-2877
Phone: (574) 372-2349 Fax: (574) 269-2023

Date Issued: ___/___/___
Issued by: _____

PROPERTY OWNER

Name: _____
Mailing Address: _____

PHONE NUMBER

Home: ___-___-___
Day Time: ___-___-___
Cell: ___-___-___

I hereby request a letter of non-objection for the proposed construction/changes/modifications to be made at the following location:

Key Number: _____ - _____ - _____ Legal Address: _____
Township: _____
Section: _____
Lot Size: _____

- Yes, additional living space is being added. Current number of bedrooms: _____
- No, additional living space is not being added.

Project description (Check one or more)

- Bedrooms Dimensions: _____
- Car Port Dimensions: _____
- Deck Dimensions: _____
- Garage Dimensions: _____
- Pole Barn Dimensions: _____
- Pool (Type) Above _____ or In the ground _____ Dimensions: _____
- Porch Dimensions: _____
- Room Addition Dimensions: _____
- Second Story Dimensions _____
- Tear Down Rebuild Use Existing Well/Applying for New Septic _____
- Other Dimensions: _____
- _____
- _____

(ex. Total removal of structure, partial removal of structure, slab, silo, grain bin, etc.)

EXISTING UTILITIES: (Check all that apply)

Private water well _____ Existing septic system _____ Public water supply _____ City sewer _____

Septic permit # _____ Date of last septic installation or repair ___/___/___
Well permit # _____ Date of last well installation ___/___/___

Please **attach a detailed drawing of your property** indicating dimensions of the property, all structures and driveways. Also include the current location of you septic tank, leach field and water well.

I affirm under penalties of perjury that to the best of my knowledge the above information is true and correct, including the sketch provided herein. I understand that failure to comply with provisions of the Kosciusko County Ordinances and/or Indiana State Board of Health 410 IAC 6-8.1 and/or 410 IAC 6-10 is a misdemeanor and upon conviction is punishable by a fine up to \$500.00 for the first offense.

DATE ___/___/___ SIGNATURE _____

Site requires inspection YES _____ NO _____ Objection to above proposed changes YES _____ NO _____

NOTES: _____

Kosciusko County Health Dept. _____ Date: ___/___/___

Many interrelating factors contribute to the failure of a water well system or sewage disposal system. Acceptance does not imply approval and cannot be considered as a guarantee by the Health Department that successful operation is assured.