



**Allen County**  
**Onsite Wastewater Management District**  
 Operating Permit Application

Receipt # _____
Date _____
Amt Pd _____
Ini _____
OSS Permit # _____

- Please complete the remaining information below -

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Site Address: \_\_\_\_\_

System Type: \_\_\_\_\_ Design Daily Flow: \_\_\_\_\_

Type of Pretreatment Device / Manufacturer: \_\_\_\_\_

Date Tank Was Last Pumped: \_\_\_\_\_ Name of Company That Pumped Tank: \_\_\_\_\_

*(We are not asking you to pump the tank at this time. You will be notified after the inspection if the tank needs to be pumped.)*

OSS Construction Permit (OSS) #: \_\_\_\_\_

Service Contract Required?  Yes  No

Signed Copy Provided\*:  Yes  No

\*Required prior to renewal of Operating Permit

Service Contract Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Authorized Service Provider Name: \_\_\_\_\_ Provider Telephone: \_\_\_\_\_

For Permit Renewal: Attach all of the following that has not already been submitted:

1. Proof of Inspection & Maintenance required by previous operating permit.
2. Other reports required by the previous operating permit.

Other Information Regarding System Operation: \_\_\_\_\_

Application Fee Enclosed: \_\_\_\_\_ Check Number: \_\_\_\_\_

By signing below I am indicating that I have enclosed the above fee and am requesting the renewal of the Operating Permit for the on-site sewage treatment system for the above address. The information provided on this form is accurate to the best of my knowledge. If there are any changes of the Authorized Service Provider I will notify the Allen County On-Site Wastewater Management District at the time of the change (at 260-449-4181). Per Allen County Ordinance, I understand it may be necessary for a representative of either the Allen County On-Site Wastewater Management District or the Allen County Department of Health to visit my property during normal business hours to inspect the functioning of my septic system and I consent to this inspection. I further understand that this permit will expire and that a renewal application, along with applicable fees, will be required prior to renewal per Allen County Ordinance and I understand there are penalties associated with non-compliance in this regard.

**NOTE:** *Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 5 business days. If payment is not received within 5 business days of notification, the application process will be on hold until fees are paid in full.*

**COLLECTIONS NOTICE:** *Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.*

Signature of Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to be present during the inspection (9a-3p):  Yes  No Please contact me at: (\_\_\_\_) \_\_\_\_\_ to set a time/date.

I do have a fence with a locked gate around the area where the onsite system is located:  Yes  No