

**PRE-INSTALLATION PROPERTY OWNER MEETING  
WAYNE LAKES PROPERTY SEWER INSTALLATION**

MEETING DATE \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

OWNER OR RENTER OCCUPIED \_\_\_\_\_

OWNER/CONTACT NAME \_\_\_\_\_

CELL / HOME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_ (Y or N) LOCATION OF PROPOSED TANK AND PUMP DETERMINED

\_\_\_\_\_ (Y or N) LOCATION OF EXISTING SEPTIC TANK VERIFIED

\_\_\_\_\_ (Y or N) PROPERTY OWNER PROVIDED "DO'S AND DON'TS" HANDOUT

\_\_\_\_\_ (Y or N) HEALTH DEPARTMENT INSPECTION COMPLETED

\_\_\_\_\_ (Y or N) IF NO, PROPERTY OWNER AGREES TO CONTACT THE  
DARKE COUNTY HEALTH DEPARTMENT AT 937-548-  
4196 TO SCHEDULE AN INSPECTION. **BRICE NEEDS TO  
CONFIRM THIS NUMBER OR IF THEY SHOULD CALL  
MIAMI COUNTY.**

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Wayne Lakes Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Degen Excavation Representative Signature

\_\_\_\_\_  
Printed Name