VANDERBURGH COUNTY HEALTH DEPARTMENT

APPLICATION FOR AN ONSITE SEWAGE DISPOSAL PERMIT

Please complete the entire application. **Incomplete applications will not be processed**

Date:_____ **Permit number**_____

Purpose of Application:☐ New Subdivision ☐ New home construction ☐ Repair/Replace existing sys.

Property Information

Property Address_____

Located within 100 year flood zone? ☐ Yes ☐ No (no permits will be issued to sites in flood zone)

Lot Size_____Lot in a Subdivision?☐ Yes ☐ No Name_____ Lot # _____

Directions to site:_____

Owner/Agent Information

Owners Name:_____

Mailing Address:_____City_____Zip_____

Phone # Home:_____Day time:_____Fax:_____

Applicant's Name:_____

Mailing Address:_____City_____Zip_____

Phone # Home:_____Day time:_____Fax:_____

Dwelling Information

Number of Bedrooms or Equivalents* in Home_____ Number of full and half baths_____

Water Supply: ☐Public ☐Private Well ☐Cistern Jetted Bath Tub >125 gls ☐Yes ☐No

Plumbing Fixtures (e.g. sinks) in Basement? ☐ Yes ☐ No Total Square Footage _____Ft^2

Certification

I hereby certify that to the best of my knowledge, the above information is correct. All installations will be made as outlined in this application and in accordance with all provisions of the Indiana State Board of Health Regulation 410 IAC 6-8.1, the Vanderburgh County Code of Ordinances providing standards for private sewage disposal, and amendments thereto.

Print Name:_____

Signature:_____ Date:_____/_____/_____

* bedroom equivalent is defined as any room equal to or greater than 45 square feet, with a closet and a window or door for emergency egress.

MEMO

_____

_____

OFFICE USE ONLY

Received Completed Application	___/___/___	Plans Reviewed	___/___/___
Soil Test Completed	___/___/___	Onsite Consultation	___/___/___
Requirement Sheet Sent	___/___/___	Permit Issued	___/___/___

FEES PAID

Soils $ _____ Check # _____ Receipt #: _____ Date: ____/___/____

Permit $_____Check #_____Receipt #: _____Date: ____/___/_____

Vanderburgh County Health Department
Onsite Sewage Disposal System
Permit Application Progress Sheet

Keep this check sheet for reference.
The following steps must be completed before a permit will be issued.

□ **Obtain an application packet from the Health Department.**
The application must be filled out, signed and returned to the department. The property owner must sign repair applications. ***Incomplete applications*** *will delay processing*.
Contact the Health Department at 435-5695 should you have any questions.

□ **Contract with a soil scientist to prepare a site/soil evaluation.**
Soil borings must be done at the proposed system location.
Disturbing the soil after the evaluation is done may invalidate the test and require retesting.

□ **After reviewing the application and soil report, the department will issue MINIMUM specifications for the onsite sewage disposal system.** These specifications will be mailed or faxed to the applicant or may be picked up at the health department office.

□ **Submit an onsite sewage disposal system plan to the department.**
The plans must contain all applicable information requested on the site plan requirement sheet in the application packet. An engineer or the contractor installing the system may prepare the drawing.
Plans may be faxed to 812.435.5871 or mailed to:

Vanderburgh County Health Department
420 Mulberry St Ste 303
Evansville IN 47713

□ **The department will review all submitted materials.**
Please allow seven (7) working days for this process. After reviewing the materials, the department will grant the permit, deny the application or request additional information.
The permit fee must be submitted prior to the issuance of the OSDS permit.
Permit fees are: $30 for a new construction and $20 for repair or replacement of an existing system.

□ The installer is to **notify the department 24 hours prior to the completion of the system** so an inspection may be scheduled. The department will make multiple inspections as needed.

□ **The department conducts inspection of all system components prior to covering** and orders any needed corrections. If the corrections are made, the system is granted approval. If the corrections are not made the permit will be revoked.

□ **The homeowner is responsible** for insuring the final grading and vegetative cover meet state and county requirements.

Vanderburgh County Health Department

Site Plan Criteria for Residential Onsite Sewage Disposal Systems

FOR ALL INSTALLERS

The site plan must include all of the required elements. The plan may be drawn by an engineer or the contractor installing the system. Please use the form provided. All site plans must be drawn in ink.

1. The lot size, dimensions, and configuration.
2. North, South, East, West directions.
3. Location of dwelling, other structures, driveways, well, etc.
4. Location and type of all onsite system components. Note the tank size and measurements in feet of all piping.
5. Show any drainage characteristics, such as lakes, ditches or swales that could impact the system.
6. All applicable setbacks required by 410 IAC 6-8.1-36 (a) and 37 (a) must be shown. (e.g., wells, property lines, etc.)
7. Show locations of utilities and easements that could impact the system.
8. Elevations at the four corners and the center of the purposed fieldbed or mound site.
9. Extent of 100 year flood zone if applicable. Flood zone information is available from the Building Commissioner office at 436-7867
10. A cross section of the trench and subsurface drain if applicable.

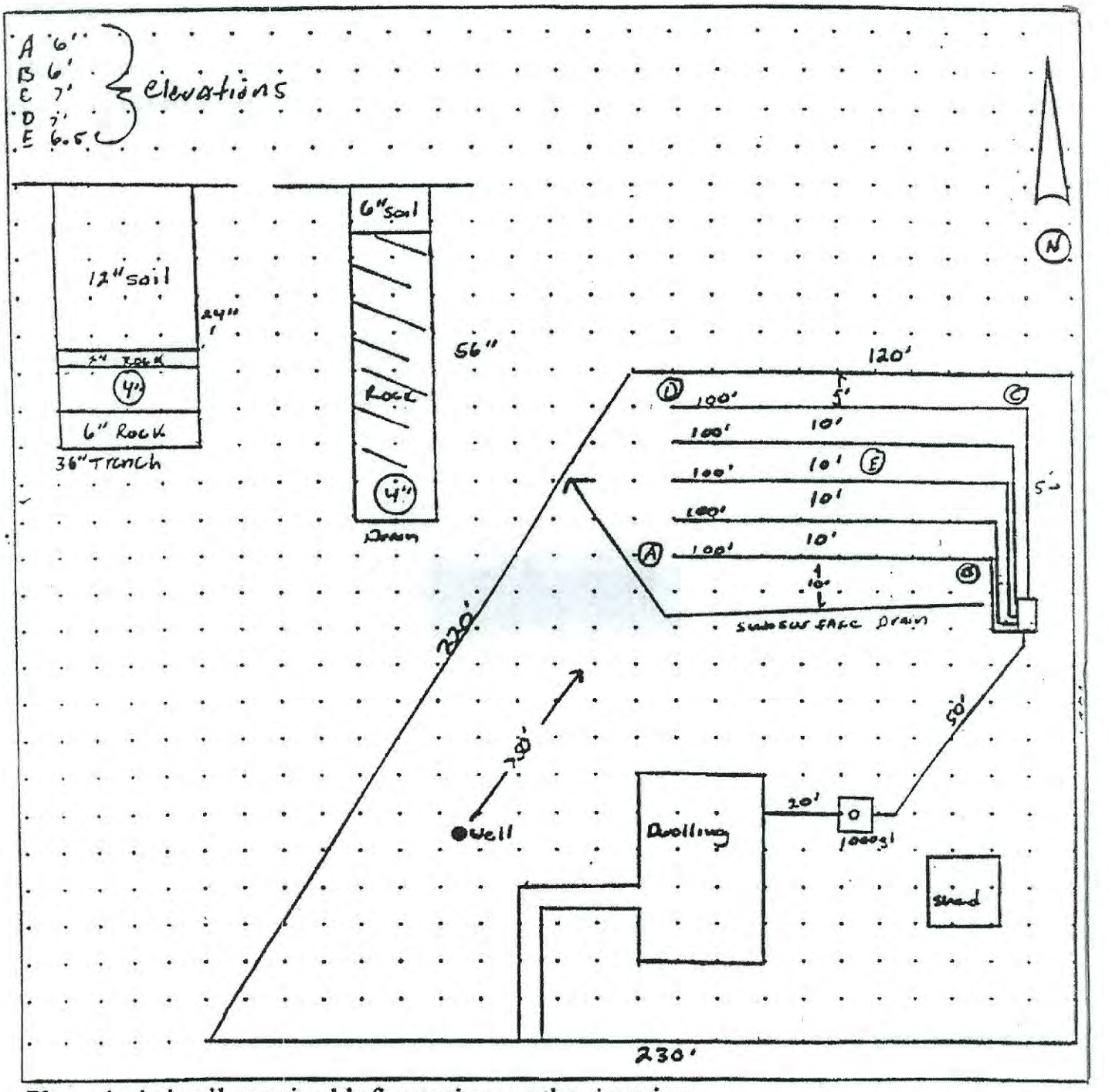
Please fax all information to (812) 435-5871

Or mail to:
Vanderburgh County Health Department
Oak Park Professional Building
420 Mulberry Street
Evansville, IN 47713

If you have an question, please call (812) 435-5695

Vanderburgh County Health Department
Onsite system Site Plan

Location of proposed system: 1313 mockingbird lane



Please include all required information on the drawing

Prepared by John Q. Installer Date:

Reviewed By: Jim RFHS Date:

Comments:

Vanderburgh County Health Department

Onsite System Site Plan

Location of proposed system_____

Please include all required information on the drawing.

Prepared by:_____ Date: _____

Reviewed by:_____ Date:_____

Comments:_____

_____