



Blackford County Health Department

*506 E Van Cleve St
Hartford City IN 47348
Phone (765) 348-4317
Fax (765) 348-3041*

The Blackford County Health Department has an established policy requiring/mandating an inspection of all residential septic systems built before 1985 if the property is offered for sale to the public. We are committed to making sure that residential septic systems do not contribute health issues in Blackford County.

The Blackford County Health Department requires an inspection of all existing residential septic systems to assure the septic system adheres to the local ordinance and state laws. The inspection must be conducted by a septic installer with credentials from Indiana On Site Wastewater Professionals Association (IOWPA) or licensed by Blackford County Health Department. **ALL** contractors must be registered with the Blackford County Health Department.

The contractor should submit a letter in writing to the Blackford County Health Department which provides results of the inspection with relevant information on the existing septic tank & leach field. It shall also include any other information pertaining to the inspection including a professional assessment of the system. These findings shall be retained by the Health Department to provide useful information to the seller/buyer stating the adequacy of the septic system and avoid future problems.

The Local Ordinances are: **2019-01 dated 05/29/2019, 02-01 dated 02/04/2002.**
The State Regulation: **Rule 410 IAC 6-8.2 revised 01/01/2021.**

Thank you for your cooperation in this matter.

If you have any questions, please contact us a:
ph:765-348-4317 Ext.502
or by email: dcarr@blackfordcounty.in.gov

Sincerely,

R. Dale Carr-EHS/FSIO

Blackford County Health Department/Environmental

Cc: Resident Owners
Auctioneers
Real Estate Agents
Lending Agencies: banks, etc.
Blackford County tax sales
Blackford County Sherrif foreclosure sales



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REQUIRED STEPS FOR SEPTIC PERMIT

- 1) CONTACT BLACKFORD COUNTY HEALTH DEPARTMENT FOR SEPTIC INFORMATION.
- 2) THIS INFORMATION INCLUDES APPLICATION REQUIREMENTS, APPLICATION, SOIL SCIENTIST LIST, INSTALLERS LIST, PLOT PLAN CRITERIA, SYSTEM DRAWING PAGE.
- 3) OWNER/SELLER HAS TO SET UP A SOIL ANALYSIS WITH A STATE REGISTERED SOIL SCIENTIST.
- 4) SOIL SCIENTIST MUST NOTIFY THE BLACKFORD COUNTY HEALTH DEPARTMENT THE DATE AND TIME OF THE SOIL TEST.
- 5) BLACKFORD COUNTY HEALTH DEPARTMENT UPON RECEIVING THE SOIL SCIENTIST, SOILS ANALYSIS, WILL USE A STATE RESIDENTIAL ON-SITE SEWAGE SYSTEMS RULE 410 IAC 6-8.3 REVISED MAY 9, 2014 TO DETERMINE THE TYPE OF SEPTIC SYSTEM REQUIRED TO BE INSTALLED.
- 6) OWNER WILL RECEIVE A COPY OF THE SOIL ANALYSIS FROM THE SOIL SCIENTIST.
- 7) OWNER THEN NEEDS TO CONTACT A BLACKFORD COUNTY HEALTH DEPARTMENT APPROVED REGISTERED SEPTIC INSTALLER.
- 8) SEPTIC INSTALLERS AND HOME OWNERS NOT REGISTERED WITH THE BLACKFORD COUNTY HEALTH DEPARTMENT. HAS TO DO THE FOLLOWING: SEPTIC INSTALLERS (HOME OWNERS) HAS TO BE IOWPA CERTIFIED OR TAKE AND PASS THE SEPTIC COMPETENCY TEST GIVEN BY THE BLACKFORD COUNTY HEALTH DEPARTMENT. ALL QUESTIONS ARE BASED ON THE RESIDENTIAL ON-SITE SEWAGE SYSTEMS RULE 410 IAC 6-8.3 REVISED MAY 9, 2014 (INDIANA DEPARTMENT OF HEALTH), INFILTRATOR AND PRESBY SYSTEMS.
- 9) THE SEPTIC PERMIT HAS TO BE COMPLETED ALONG WITH THE FOLLOWING ATTACHMENTS:
 - A) PROPERTY ID CARD / PRINT OUT FROM THE WEB.
 - B) LOCATION OF SITE (MAP) PRINT OUT FROM WEB.
 - C) FLOOR PLAN-NEW CONSTRUCTION ONLY.
 - D) SEPTIC SYSTEM DESIGN DRAWING.
- 10) ONCE THE APPLICATION/PERMIT IS COMPLETED BRING THE APPLICATION/PERMIT TO THE BLACKFORD COUNTY HEALTH DEPARTMENT SO THAT THE ENVIRONMENTALIST CAN REVIEW THE TYPE OF SYSTEM BEING REQUESTED BY THE INSTALLER.
- 11) UPON APPROVAL OF THE SEPTIC SYSTEM, A COST OF \$100.00 IS DUE. (BEFORE STARTING THE SEPTIC SYSTEM)
- 12) SEPTIC SYSTEM PERMIT NEEDS TO BE POSTED AT THE INSTALLATION SITE.



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Fax (765) 348-30*

INDIANA REGISTERED SOIL SCIENTIST WORKING IN BLACKFORD COUNTY

Thomas F. Adams
Professional 72 Available
Adams Environmental Corp.
P.O. Box 3206
Anderson, In. 46018
PH# 765-609-7810
Toll Free# 1-877-377-4743
Fax# 765-609-7812
E-Mail: adamssoilseptic@gmail.com

Gregory Buckingham
Professional 96 Available
419 North High Street
Union City, In. 47390
PH# 765-964-3323
E-Mail: gbuckingham@woh.rr.com

Mark McClain
CPSS/CPSC/CPESC/RPSS-IN/PWS
Soils1 Soils Science Experts
10740 Cheryl Court
Carmel, IN 46033
765-212-7645
E-Mail: mmclain1313@gmail.com



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APPLICATION FOR SEPTIC INSTALLERS

Registration application for those engaged in installation, construction, and repair of sewage disposal systems in Blackford County, Indiana.

Name of Buisness: _____

Address of Business: _____

Name of Applicant: _____

Mailing Address: _____

Business Phone: _____ Cell: _____

E-mail Address: _____

.....

Name of Employee(s)

Equipment list:

1) _____ 1) _____

2) _____ 2) _____

3) _____ 3) _____

4) _____ 4) _____

I, the applicant, hereby state that to the best of my knowledge, the information provided on this application is true and accurate. I further understand and agree to abide by the Blackford County Sewage Ordinance and the Indiana Department of Health, rule and regulations related to installation of current private Sewage Disposal Systems. (Application Fees are \$75.00 year)

Signature of Applicant: _____ Date: _____

Revised 11/05/2020



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2022

BLACKFORD COUNTY'S REGISTERED SEPTIC SYSTEM CONTRACTORS LIST:

Connerstone Enterprises

Brian Conner
4396 N 200 W
6483 East 400 North
Montpelier, In. 47359
PH# 765-348-8523

Fisher Excavating

Steve Fisher
7121 East 100 North
Hartford City, In. 47348
PH# 765-499-0924

Ramseyer Excavating Inc.

Rick Ramseyer
4371 West 900 South
Poneto, In. 46781
PH# 765-728-5571

Taylor & Sons

Jake & Jared Taylor
10580 E 500 N
Van Buren, In. 46991
Ph# 765-934-3823
taylorandsonswell@gmail.com

Beck's Excavating

Brady Beck
8183 E Bal Bee Rd
Pennville, In. 47369
PH# 765-499-9911
21bradybeck@gmail.com

Blackford County Health Dept.

506 EAST VAN CLEVE STREET
HARTFORD CITY, INDIANA 47348
PHONE (765) 348-4317 FAX (765) 348-3041

Permit # _____

Date: _____

On-Site Septic System Permit Application

Please check the appropriate spaces and fill in all additional information or insert N/A if not applicable.

Application for: New construction Repair or improvement of current system

If Repair, Reason for Repair: Damaged System Seasonal Water Table Illegal Discharge
 Improper Const. Improper Design System Age/Lack of Maintenance
 System Depth Undersized system Surface Failure

Owner Info: _____
Name Address City, State, Zip

Phone: _____ or _____ Fax: _____

Site Info: _____
Address Township/Section

Septic Contractor: _____

Of Bedrooms _____ Jetted Tub (>125 Gallons) _____ Lot/Acreage _____

Water Supply: Public Water Supply Proposed Well Existing Well: Size: _____ Depth: _____

The Following Documents Are Required. Please Attach to Application.

- A.** Property Record Card/Legal Description of Property (assessor's office) [] **B.** Floor Plan []
C. System Design [] **D.** Location Map (auditor's office) []

Septic System and Secondary Disposal Description

Septic Tank Manufacturer: _____ Septic Tank Size: _____ gal.
Dosing Tank Manufacturer: _____ Dosing Tank Size: _____ gal.

Distribution: Gravity Flow Flood Dosing Pressure Distribution

Disposal: _____ Absorption field.....Sq.Ft. _____ Trench Depth: _____
_____ Gravelless..... Sq.Ft. _____ Trench Depth: _____
_____ At-Grade..... Basal Area: _____
_____ Sand Mound..... Basal Area: _____

Perimeter Drain: Size: _____ Depth: _____ Stone: _____

I, the undersigned, do now affirm under penalties of Perjury that the foregoing information and/or representations are true to the best of my knowledge and do now certify that this facility will be installed to meet State and local requirements of the Health Department of Blackford County, Indiana.

Date: _____ Signature of property owner: _____

Date: _____ Signature of contractor: _____

System Approved: System Denied:

Signed: _____
Registered Environmental Health Specialist

Corrections Required _____ (See Reverse Side)

Date: _____

BLACKFORD COUNTY HEALTH DEPARTMENT

506 EAST VAN CLEVESTREET
HARTFORD CITY, IN 47348
PHONE: (765) 348-4317 FAX: (765) 348-3041

SEPTIC PLAN REVIEW CHECKLIST

Property Owner: _____

Property Location: _____

Installer & Builder: _____

Type of System: Elevated Trench Chamber Other: _____

Method of Distribution: Gravity Alternating-Field Flood-Dosing Pressure

Square Footage of Absorptive Area: _____

SYSTEM COMPONENTS

1. RESIDENTIAL SEWER

- Direction from residence _____; Distance to closest well _____
- Size _____" PVC or ABS ASTM# _____ SDR _____
- Total length in lineal feet _____
- All joints sealed according to manufacturer's recommendation Yes or No

2. SEPTIC TANK

- Approved manufacturer _____ Other _____ (include plans)
- Number of tanks ____ & Compartments ____; Liquid capacity _____ gallons
- Tank Material _____; Water tight and drain hole plugged Yes or No
- Diameter of riser(s) _____ inches
- Location of riser(s) _____; Type _____
- Plug or cap installed in riser below securely fastened lid/top Yes (only option)

3. GRAVITY SEWER FROM SEPTIC TANK TO DISTRIBUTION BOX

- Size _____" PVC or ABS ASTM# _____ SDR _____
- Total length in lineal feet _____
- Positive slope of at least 2.4 inches per 100 feet Yes or No
- All joints sealed according to manufacturer's recommendation Yes or No

4. GRAVITY SEWER FROM SEPTIC TANK TO DOSING TANK

- Size _____" PVC or ABS ASTM# _____ SDR _____
- Total length in lineal feet _____
- Positive slope of at least 2.4 inches per 100 feet Yes or No
- All joints sealed according to manufacturer's recommendation Yes or No

5. DOSING TANK

- Approved manufacturer _____ Other _____ (include plans)
- Tank liquid capacity _____ gallons; Drain hole plugged Yes or No
- Tank Material _____
- Diameter of riser _____ inches; Type of riser _____
- Plug or cap installed in riser below securely fastened lid/top Yes (only option)

6. EFFLUENT PUMP

- Manufacturer _____; Model _____
- Pump curve provided by the supplier Yes or Attached
- Required pump capacity _____ gallons/minute
- Equipped with high water alarm and alarm switch (audio and visual) Yes or No
- Alarm on separate circuit from pump Yes or No
- Mercury equivalent switches on pump floats Yes or No
- Approved means of quick disconnect from piping Yes or No
- Approved NEMA 4X electrical box Yes or No
- Can be accessed without entering tank Yes or No

7. EFFLUENT FORCE MAIN

- Size _____" PVC or ABS ASTM# _____ SDR _____
- Total length in lineal feet _____
- All Joints sealed according to manufacturer's recommendation Yes or No
- Pipe drains to Dose Tank or D-Box or at least 60 inches deep (circle one)
- Friction loss calculated _____(B) feet
- Effluent force main pipe volume _____gallon (multiply length of delivery line times gallons for pipe diameter)

Pipe diameter in inches	1¼	1½	2	3	4
Gallons per foot of pipe	.064	.092	.16	.37	.65

8. CALCULATIONS

- Daily design flow in gallons _____ (multiply # of bedrooms/equivalents times 150)
- Drain back from Effluent force main, if any _____ gallons
- Total dose volume _____ (Design Flow plus Drain Back)
- Static head _____(A) Friction head _____(B) Design head _____(C)
- TOTAL DYNAMIC HEAD (A + B + C) _____

9. OUTLET FILTER

- Approved manufacturer _____ Daily Flow Rate _____ Model # _____
- Location to be used: septic tank outlet or structure after septic tank (circle one)
- Installed according to manufacturer's recommendation Yes or No

10. DISTRIBUTION BOX

- Approved manufacturer _____ Material _____ Other _____ (include plans)
- Number of boxes to be used _____; Holes per box _____
- Will a riser be used Yes or No
- Designed to split effluent flow equally among the effluent ports Yes or No
- Plastic distribution box is bolted to cement base Yes or No
- At least 5 feet from the proximal end of each absorption trench Yes or No
- Inlet pipe; Baffled Sanitary Tee Elbow with weephole (circle one)

11. DISTRIBUTION LINES FROM D-BOX TO TRENCHES

- Size _____" PVC or ABS ASTM# _____ SDR _____
- All joints sealed according to manufacturer's recommendation Yes or No
- Positive slope of at least 2.4 inches per 100 feet Yes or No
- First five feet from D-box is solid and laid with gravel free back-fill Yes or No
- Unperforated pipe and laid with gravel free back-fill Yes or No

12. TRENCHES

- Number _____ Length _____ Width _____ Depth Range _____
- Installed on the contour Yes or No; _____ feet on center
- Bottom of each trench level Yes or No
- Excess vegetation removed prior to trench installation Yes or No

13. DISTRIBUTION LATERALS

- Size _____" PVC or ABS ASTM# _____ SDR _____
- Number of rows or holes _____ Size of holes _____
- Installed level throughout length Yes or No
- Holes placed at 4 and 8 O'clock Yes or No
- Rows of holes separated by 120 degrees Yes or No
- Laterals capped on the ends Yes or No

14. AGGREGATE

- Material: Washed crushed limestone Gravel Other _____
 - Tons to be used in trenches: _____ in perimeter drain _____
 - Size: _____ inch minimum to _____ inch maximum; Free of fines Yes or No
 - Aggregate is larger than the holes in the distribution laterals Yes or No
 - List all possible suppliers of the aggregate _____
-

15. SUBSURFACE DRAIN AND SURFACE DRAINAGE

- Slope at site _____
- Placement of drain: surrounds or up-slope only or segmented (circle one)
- 36 inches below the elevation of any adjacent soil absorption trench bottom Yes or No
- Depth of installation from soil surface _____ inches; Width of trench _____
- Upslope drain backfilled with aggregate to;
Surface or within 6" of final grade with geo-fabric (circle one)
- Separation from edge of the absorption trenches _____ feet
- Type of equipment used to dig trench _____
- Drain tile: Size _____" ASTM# _____ Other _____
- Connecting tile: Size: _____" ASTM# _____ Other _____
- Outlet tile: Size _____" ASTM# _____ Other _____
- Outlet tile has been located, inspected and is free flowing Yes (only option)
- Distance to outlet _____' Rodent guard provided Yes or Not Applicable
- Subsurface drain and outlet tile installed without sags Yes or No
- Minimum fall for drain and connecting tile 0.2 feet per 100 feet when using 4 inch pipe or 0.1 feet per 100 feet when using a 6 inch pipe Yes or No
- Drain pipe wrapped with geotextile fabric Yes or No
- Inspection port provided on outlet tile Yes or No Location of outlet _____
- Surface diversions required at this site Yes or No
 - Positive grade of at least 0.2% Yes or No
 - Sufficient depth and width to move surface water away Yes or No

16. BARRIER MATERIAL

- Geotextile fabric manufacturer _____ Width _____
- Aggregate in aggregate trenches and sand mound aggregate beds are covered from side-side and end-end Yes (only option)

17. SOIL AND VEGETATIVE COVER

- Minimum soil cover of _____ inches; Crowned to shed water Yes or No
- Final cover will be placed and graded using what equipment _____
- Sources of soil cover: check all that apply
 _____ On-site top-soil _____ On-site soil from basement or pond excavation
 _____ Topsoil trucked from off-site Other _____
- Who is responsible for the placement of vegetative cover: _____ Installer _____ Homeowner
 _____ Builder _____ Landscaper _____ Other
- Will sod or seed be used for vegetative cover _____

18. DRAWINGS:

- Show the location of all components of the on-site sewage system and the borings/backhoe pits by the soil scientist** (location of the absorption field must match the area described by the soil scientist)
- Show all drainage characteristics for the lot and adjoining landscape.**
- Show all applicable separation distances as outlined in 410 IAC 6-8.3-57(a) and (b) and (c) Such as: well and water lines for this lot and adjoining lots; buildings and other structures; lot lines; streams, ditches and drainage tile; bodies of water; and etc.**
- Show the location of the proposed or existing house, other structures, driveways, all the utilities and other easements.**

19. ELEVATIONS: *You may indicate these elevations on your drawing*

- Invert of residential sewer (at exit from home) _____
- Invert of septic tank inlet _____
- Pump off in dosing tank _____
- Invert of D-Box inlet _____

*Elevation measurements should be indicated at the beginning, middle and end of each trench below (you may indicate this on your drawing or below).

Soil Absorption trenches

I, THE UNDERSIGNED, DO HEREBY AFFIRM, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS PLAN REVIEW IS TRUE AND CORRECT.

Printed Name _____ Title _____

Signed Name _____ Date _____



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PLOT PLAN CRITERIA FOR RESIDENTIAL SEWAGE DISPOSAL SYSTEMS FOR BLACKFORD COUNTY

- 1) LOT SIZE WITH ALL DIMENSIONS.
- 2) DIRECTION-NORTH, EAST, SOUTH, WEST (N-E-S-W).
- 3) LOCATION OF ALL PROPOSED /EXISTING BUILDINGS, DRIVEWAYS, UTILITY LINES, OTHER EASEMENTS.
- 4) CONTURE (TOPO) OF THE PROPERTY FOR DRAINAGE.
- 5) CHARACTERISTICS OF THE PROPERTY AND ADJOINING. PROPERTIES ESPECIALLY IF THERE IS AN IMPACT ON THE INSTALLED SYSTEM.
- 6) SHOW ALL SEPARATION DISTANCES AS OUTLINED IN RESIDENTIAL ON-SITE SEWAGE SYSTEMS RULE 410 IAC 6-8.3 REVISED MAY 9, 2014, SECTION 410 IAC 6-8.3-57 SEPARATION DISTANCES (PG 12).
- 7) LOCATIONS OF ALL SOIL SCIENTIST BORING SITES OF THE PROPOSED PROPERTY.



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SEPTIC SYSTEM LOCATION PLAN / DRAWING

NAME: _____

SITE ADDRESS _____

INCLUDE ALL DISTANCES (PROPERTY LINES, ALL BUILDING, WELL, UTILITIES, ECT.)