



***Blackford County Health Department***

506 E Van Cleve St

Hartford City IN 47348

Phone (765) 348-4317

Fax (765) 348-3041

<https://www.in.gov/localhealth/blackfordcounty>

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 at:

Phone: 765-348-4317 Ext.502

Or by email: [dcarr@blackfordcounty.in.gov](mailto:dcarr@blackfordcounty.in.gov)

Sincerely,

R. Dale Carr-EHS/FSIO

Blackford County Health Department/Environmental

Cc: Residential Owners

Auctioneers

Real Estate Agents

Lending Agencies: banks, etc.

Blackford County tax sales

Blackford County Sheriff 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 WITH 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 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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**SEPTIC SYSTEM LOCATION PLAN/DRAWING**

NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

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



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Please contact our office at 765-348-4317 for a complete and updated list of Indiana Registered Soil Scientist.



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Please contact our office at 765-348-4317 for a complete and updated list of Septic System Contractors.



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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 Business: \_\_\_\_\_

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

# 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 E VAN CLEVE STREET

HARTFORD CITY, IN 47348

PHONE: (765) 348-4317 FAX: (765) 348-3041

## 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 weep hole (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 \_\_\_\_\_
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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**

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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 \_\_\_\_\_