**Martin County Health Department**

**Procedure for Installation of Residential Sewage Disposal Systems**

Have a soil test completed. Attached is a list of soil scientists. They will send a copy to this department for you.

Enclosed is an application for a permit to construct a residential sewage disposal system. Please complete as much of the application as possible and return it to this department with the required $50.00 permit fee. Make check payable to the Martin County Health Department.

This department will evaluate the soil test and prescribe septic system options according to Indiana State Department of Health rules.

Also included in this packet is a list of area installers who have requested their names be placed on this list. This listing is not an endorsement of contractors and you are not required to choose a contractor from this list.

After you have received your residential sewage disposal permit from this department and decide upon your installer, I would like to do an on-site evaluation with your installer. Call to schedule this appointment.

Please give this department at least one (1) day notice of when the system will be installed so arrangements can be made for the final inspection. The system needs to be uncovered for this inspection.

Colonel Child

Environmental Specialist

Phone: (812) 247-3303 office (406) 672-4701 cell

**MARTIN COUNTY HEALTH DEPARTMENT**

127 WATER STREET

P.O. BOX 368, SHOALS, IN 47581

PHONE: (812) 247-3303 FAX: (812) 247-2009

**Application for Residential Sewage Disposal System**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone No. Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions to property & address, if assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Builder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Installer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Size of Lot: \_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acres

Source of Drinking Water: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of jetted tubs: \_\_\_\_\_\_\_\_\_\_\_ and capacity of each in gallons \_\_\_\_\_\_\_\_\_\_

Number of bedrooms in home: \_\_\_\_\_\_\_ Number of people in home: \_\_\_\_\_\_\_\_

Will an automatic washer be used: \_\_\_\_ Will a garbage disposal be used: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, information on this application is correct. I further certify if a residential sewage disposal permit is issued for this application, installation will strictly follow guidelines within the permit and in accordance with all provisions of Indiana State Department of Health Rule 410 IAC 6-8.1 regarding residential sewage disposal systems.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A $50.00 fee must be paid when application is submitted. Make check payable to the Martin County Health Department.

THE FOLLOWING CONTRACTORS/SOIL SCIENTISTS LIST IS PROVIDED FOR YOUR CONVENIENCE.

YOU ARE NOT RESTRICTED TO THIS LIST.

THIS DOES NOT CONSTITUTE AN ENDORSEMENT OF ANY LISTED CONTRACTORS/CONSULTANTS.

**Installation Contractors** TYPE OF SYSTEM INSTALLED

Gary Burris Gravity Flow & Flood Dosing Systems

200 SW 1st St, Loogootee, IN 47553 812-295-4348

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David Gaither Gravity Flow & Flood Dosing Systems

PO Box 6B, Williams, IN 47470 812-388-6743

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Perry Graber Gravity Flow & Flood Dosing Systems

10819 Brooks House Rd, Loogootee, IN 47553 812-295-2982

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VanHoy & Sons Contracting Gravity Flow Systems

PO Box 101, Loogootee, IN 47553 812-295-4601 812-295-6444

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Jerry Breedlove

PO Box 224 West Baden, IN 47469 812-653-1462

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Mark Bailey Gravity Flow Systems

Green County, Bloomfield, IN 47424 812-381-3040

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Gary Schlabach Construction Conventional & Presby Systems

812-388-5506 / 812-653-8488

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Joe Graber Construction

Lester Joe Graber 812-257-4411

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Heavy Equipment Specialist

Andrew Jones / Darrin Hovis 812-675-6161 / 812-388-6686

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**Soil Science Consultants**

COULTER CONSULTING SOIL HORIZONS, INC STALEY SOIL SERVICES

Jack Coulter Mark S. McClain Randy Staley

Paoli, IN 47454. Lafayette, IN 47905 Clay City, IN 47841

812-525-1896 317-449-1665 / 1-800-288-7645 812-939-2752 / 812-236-6132

STEVEN L. WADE ROBERT C. JONES JIM BROWN

Carlisle, IN 47838 Carlisle, IN 47838 Campbellsburg, IN 47108

812-398-2952 812-398-2952 812-755-4195 / 620-3170

PROFESSIONAL ENGINEER

Trevor Shepard, PE (812) 890-3775

[Trevor.shepardpe@gmail.com](mailto:Trevor.shepardpe@gmail.com)