

Montgomery County Health Department



1580 Constitution Row STE G
Crawfordsville, IN 47933

On-Site Septic System Application Packet Permit Process Guidelines and Application

New Construction Septic System

1. Soil Test Report is required (see soil scientist listing attached)
2. Completed application for file
3. Floor plan of the home or building being constructed to include all walls, closets, windows and doors
4. Know the intent for drainage of a perimeter tile if needed
5. Plot plan with well, house, other out-buildings and planned system locations (preferably by contractor)
6. Flood, Storm Water Review from the *County Building Commissioner's Office* at (765) 364-6490. After you apply for a Building permit, their office will forward a copy of the SWR to our office
7. Legal site survey, if available. Lot reasonably cleared. Lot corners and house placement flagged or staked
8. Well location - Must be 50 feet from any part of the septic system components. (Commercial 100 feet)
9. If perimeter tile is required, the site must have an available legal drain outlet
10. Owner, owner's agent or Contractor must sign permit when issued
11. **Septic Contractor must be certified and registered w/Montgomery County Health Dept.**
12. **Permit must be on-site during installation**
13. **We require a final as-installed drawing of the completed system. NO EXCEPTIONS**

Repair/Replacement Septic System

1. Soil Test Report is required (see soil scientist listing attached)
2. Completed application for file
3. Know the intent for drainage of a perimeter tile if needed
4. Legal site survey if available. Lot cleared and Lot corners flagged in proposed repair area
5. Well location - Must be 50 feet from any part of the septic system components. (Commercial 100 feet)
6. If perimeter tile is required, the site must have an available legal drain outlet
7. Owner, owner's agent or Contractor must sign permit
8. **Contractor must be certified and registered w/ Montgomery County Health Dept.**
9. **Permit must be on-site during installation**
10. **We require a final as-installed drawing of the completed system. NO EXCEPTIONS**

Fees:

<u>Residential</u> Installation; New, Replacement, or Repair Permits:	\$ 200
<u>Commercial</u> Installation; New, Replacement, or Repair Permits:	\$ 300
Revisions to Issued Permits or Renewal of Expired Permits:	\$ 50

Montgomery County Health Department

1580 Constitution Row STE G

Crawfordsville, IN 47933

Phone: 765-364-6440

Fax: 765-361-3239

APPLICATION FOR ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT

Property Owner: _____ Phone number: _____

Property Owner mailing address: _____

City/Town: _____ State: _____ Zip: _____

Use of the dwelling or structure - circle one: **RESIDENTIAL** or **COMMERCIAL**
 New System Construction or **Existing System Repair**

Property location or nearest address: _____

Township _____ Section _____ Range _____ Parcel # _____

Subdivision: _____ Lot # _____ **# of Bedrooms including Bedroom equivalents*** _____

*Bedroom definition by IDOH Code is: A room of 70sqft in area with a closet and operable exterior door or window for egress.

Construction (circle one): **Frame-built home** **Mobile home** **Manufactured home** **Acreage:** _____

Public water? **Y** **N** Well on property? **Y** **N** Water Softener? **Y** **N** Jetted bathtub -125 gallons or more? **Y** **N**

Basement? **Y** **N** Plumbing outlet location (circle one): **MAIN FLOOR** **BASEMENT**

Registered Septic Contractor: _____ (if known at this time)

The undersigned applicant acknowledges and understands that the Montgomery County Health Department (hereafter referred to as the Department) may, at my request, propose a design for a septic system based upon state and local statutes, ordinances, rules and regulations. This applicant acknowledges that due to variations in soil types, terrain, and other factors, it is not possible for the Department to propose a septic system design that will be “failure proof”, and that the action by the Department, in proposing a design at my request, is not and shall not be considered as a guarantee that the system so designed and installed will perform as required by applicable state and local statute, rules, and regulations. The undersigned accepts the regulations and accepts the responsibility and liability for the failure of the system installed pursuant to this permit and will indemnify and hold harmless the Department for any such failure. The applicant understands that due to conditions known or believed to pertain to the site of installation of the septic system, the Department may decline to propose a system design and/or require that the proposed system be confirmed and designed by a Registered Professional Engineer. The property owner will be responsible for providing correct information regarding property lines and easements that must be considered when selecting the location of the system to be installed. The undersigned does hereby expressly release the Department from any liability, cost, expense, charge, or damage to person or property, resulting from the failure of the septic system installed pursuant to this permit.

*Certified Soil Scientists and Registered Professional Engineers are NOT employees of the Montgomery County Health Department and are NOT septic installers. These professionals are privately employed by the homeowner / builder at their own cost.

Date: _____

Signature of Homeowner or General Contractor or Registered/Certified Septic Contractor

Site Plan Drawing

THIS SECTION To Be Completed By The SEPTIC CONTRACTOR/INSTALLER

Indicate North. Indicate well location. If property lines are within 50 feet of the septic system, record these distances on your drawing. A revised final drawing will be required if any approved variation to this plan is installed.

I have taken and passed the Montgomery County Health Department and/or the IOWPA installer's exam and currently in good standing with the Montgomery County Health Department. I agree to install this septic system per Indiana Code and Local Ordinances. Lastly, I understand that deviation from any of the above conditions may result in revocation of this application/permit.

Signature of septic system installer: _____ Date: _____

Environmental Health Specialist: _____ APPROVED _____ REJECTED _____

THIS SECTION TO BE COMPLETED BY THE HEALTH DEPARTMENT

(After the soil evaluation has been conducted by a registered Soil Scientist and obtained by the Health Department)

SEPTIC PERMIT # _____ SOIL LOADING RATE _____ # BEDROOMS _____ DESIGN DAILY FLOW _____ GPD

SYSTEM TYPE _____ CAPACITY OF SEPTIC TANK _____ CAPACITY OF DOSING TANK _____

CONCRETE D - BOX _____ TRENCH or BED DEPTH: _____ TRENCH (Width) or BED (Width x Length) _____

PERIMETER DRAIN _____ CURTAIN DRAIN _____

COMBINED LENGTH OF TRENCHES: _____ Stone & Pipe _____ Chambers _____ AMOUNT OF COVER: _____

NOTE: All trenches using stone must be installed with 12 inches (6 inches under pipe) of aggregate that meets 410-IAC 6-8.3 specs and equaling 16-18 tons of gravel per 100 lineal feet of trench length.

Remarks, exclusions: _____

State of Indiana Certified Soil Scientists

Thomas Ziegler

Professional 33, **Available**
Ziegler Soil Consulting, Inc.
42 Canyon Creek Circle
Lafayette, IN 47909
Work Telephone: 765-474-3041
Toll-Free: 800-621-4400
Fax: 765-474-7741
E-mail: ThomasRZiegler@aol.com
Work Area: **Central and NW Ind.**

Mark S. McClain

Professional 79, **Available**
CPSS/CPSC/CPESC/RPSS-IN/PWS
Soils1® Soil Science Experts
10740 Cheryl Court
Carmel, IN 46033
(765) 212-7645 (SOIL)
E-mail: mmcclain1313@gmail.com
Work Area: **Central Indiana**

Randy E. Staley

Professional 71, **Available**
Staley's Soil Service, Inc.
8034 S SR 157, Clay City, IN 47841
Work Telephone/Fax: 812-939-2752
Toll-Free: 800-773-3250
Work Area: **Morgan, Parke, Owen, Vigo,
Hendricks, Johnson, West Central Ind.**

Mike Wigginton

Professional 62, **Available**
Minnehaha Soil Consulting LLC
8425 W 85th Street
Indianapolis, IN 46278
Work Telephone: 317-297-8679;
E-mail: mlwiggin@sbcglobal.net
Work Area: **Central Indiana**

*****This list is provided as a service only by the
Montgomery County Health Dept. of local area Soil
Scientists.***

Obtained from State records as of Jan. 2020.

***A complete listing of Soil Scientists for the State of
Indiana is available at***

<http://www.oisc.purdue.edu/irss/index.html>