

Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

STEPS TO OBTAIN CONNECTION TO HOLDING TANK OPERATING PERMIT

ALL CRITERIA BELOW MUST BE MET TO BE CONSIDERED FOR A HOLDING TANK OPERATING PERMIT.

1. THE HOLDING TANK WILL BE TREATED LIKE A SEPTIC TANK IN RELATION TO SEPARATION DISTANCES, RISER REQUIREMENTS, AND INLET BAFFLE REQUIREMENTS.
2. THE HOLDING TANK MUST BE INSTALLED BY A REGISTERED INSTALLER.
3. THE HOLDING TANK IS REQUIRED TO HAVE AT LEAST A THREE (3) DAY HOLDING CAPACITY, I.E. 3X DAILY DOSE VOLUME.
4. THE HOLDING TANK IS REQUIRED TO HAVE AN ALARM, AUDIO AND VISUAL, SET AT 95% CAPACITY. THE ALARM'S ELECTRIC MAY ALSO NEED TO BE INSPECTED BY THE BUILDING INSPECTOR.
5. THE OWNER OF THE HOLDING TANK IS REQUIRED TO HAVE A CONTRACT WITH A SEPTAGE PUMPER FOR REGULAR SERVICES. THE RECEIPTS OF SUCH SERVICES MUST BE SUBMITTED TO THE HEALTH DEPARTMENT.
6. THE HOLDING TANK WILL BE INSTALLED UNDER AN OPERATING PERMIT WITH A TWO (2) YEAR TERM WITH ANNUAL INSPECTION OF THE TANK BY THE HEALTH DEPARTMENT. FAILURE TO RENEW THE OPERATING PERMIT WILL RESULT IN A HEALTH ORDER UPON THE PROPERTY.

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APPLICATION FOR CONNECTION TO HOLDING TANK OPERATING PERMIT

DATE:

WHAT IS REASON FOR APPLICATION? CHECK ALL THAT APPLY.

☐ NEW CONSTRUCTION

☐ SYSTEM FAILURE

☐ REMODELING

TYPE OF WATER SUPPLY:

☐ WELL

☐ MUNICIPAL

NUMBER OF BEDROOMS:

BEDROOM EQUIVALENTS:

PROPERTY OWNER:

PHONE:

ADDRESS:

E – MAIL:

APPLICANT:

PHONE:

ADDRESS:

E – MAIL:

CERTIFIED ONSITE SEWAGE SYSTEM INSTALLER:

SITE ADDRESS:

SUBDIVISION:

PARCEL #:

CERTIFICATIONS: I HEREBY CERTIFY THAT I AM THE PROPERTY OWNER OR THE AUTHORIZED REPRESENTATIVE OF THE PROPERTY OWNER AND THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE. I CERTIFY THAT I HAVE THE AUTHORITY TO AND HEREBY GRANT PERMISSION AND CONSENT FOR THE AUTHORIZED REPRESENTATIVES OF THE HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY WITHOUT PRIOR NOTICE TO CONDUCT INSPECTIONS AND COLLECT SOIL AND WATER DATA AS NECESSARY TO ASSURE COMPLIANCE WITH ALL APPLICABLE LAWS AND RULES PERTAINING TO THE INSTALLATION AND FUNCTION OF THE SEPTIC SYSTEM. FAILURE TO PROVIDE TRUE AND ACCURATE INFORMATION OR TO ALLOW THE HEALTH DEPARTMENT ACCESS WILL RESULT IN THE IMMEDIATE SUSPENSION OF ANY PERMIT AND ANY WORK BEING CONDUCTED PURSUANT TO THIS APPLICATION. I UNDERSTAND THAT I AM OBLIGATED TO IDENTIFY UNDERGROUND UTILITIES (CALL "811") OR OTHER UNDERGROUND OBSTRUCTIONS. ANY CHANGES TO THE ONSITE SEWAGE HOLDING TANK DESIGN PLANS AFTER THE ISSUANCE OF THE ONSITE SEWAGE HOLDING TANK OPERATING PERMIT MUST BE APPROVED AND SUBMITTED TO THE PULASKI COUNTY HEALTH DEPARTMENT IN WRITING PRIOR TO THE START OF CONSTRUCTION. THE APPROVAL OF A SITE BY THE LOCAL PLAN COMMISSION OR THE COUNTY RECORDER DOES NOT CONSTITUTE APPROVAL BY THE PULASKI COUNTY HEALTH DEPARTMENT. BY SIGNING THIS APPLICATION, YOU ARE CERTIFYING THE APPLICATION INFORMATION PROVIDED ABOVE AND DESIGN PLANS ARE CORRECT ACCURATE, AND THAT THE SYSTEM WILL BE INSTALLED ACCORDING TO ALL APPLICABLE RULES AND REGULATIONS AS SET FORTH IN RULE 410 IAC 6-8.3. APPROVAL OF THE ONSITE SEWAGE SYSTEM BY THE PULASKI COUNTY HEALTH DEPARTMENT DOES NOT GUARANTEE THE FUNCTIONALITY, LONGEVITY, OR A TROUBLE-FREE HOLDING TANK. UNFORESEEN VARIATIONS IN THE SOIL, TERRAIN AND OR OTHER FACTORS MAY IMPACT THE SYSTEM. BY SIGNING BELOW YOU ALSO AGREE TO THE POLICY FOR CONNECTION TO A HOLDING TANK.

SIGNATURE OF APPLICANT

DATE

(574) 946 – 6080

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(219) 567 – 2175

101 Constitution Drive – Francesville, IN 47946

www.in.gov/localhealth/pulaskicounty/