

# PCHD

## Pulaski County Health Department Application for On-Site Sewage Disposal System

DATE OF APPLICATION \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

\_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

NAME OF PROPERTY OWNER \_\_\_\_\_

ADDRESS OF PROPERTY OWNER \_\_\_\_\_

\_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

NAME OF INSTALLER \_\_\_\_\_

ADDRESS OF INSTALLER \_\_\_\_\_

\_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS OF SITE \_\_\_\_\_

LEGAL DESCRIPTION TWP. \_\_\_\_\_ SECTION \_\_\_\_\_ RANGE \_\_\_\_\_

TOWN \_\_\_\_\_ LOT NO. \_\_\_\_\_ SUB-DIVISION \_\_\_\_\_

DIRECTIONS FROM HEALTH DEPT. TO SITE \_\_\_\_\_

ON-SITE EVALUATION TO BE PROVIDED BY: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NEW SYSTEM \_\_\_\_\_ REPAIR \_\_\_\_\_ REPLACE \_\_\_\_\_ EXPAND \_\_\_\_\_

WATER SUPPLY: PUBLIC \_\_\_\_ SEMI-PUBLIC \_\_\_\_ PRIVATE \_\_\_\_

SEPARATION BETWEEN PROPOSED SYSTEM AND WELL \_\_\_\_\_

SEPARATION BETWEEN EXISTING SYSTEM AND WELL \_\_\_\_\_

TOTAL NUMBER OF EXISTING OR PROPOSED BEDROOMS \_\_\_\_\_

APPROVAL IS FOR:

**SUBSURFACE SYSTEM:**

- \_\_\_\_ Gravity feed trickle flow
- \_\_\_\_ Alternating fields
- \_\_\_\_ Pump assisted flood dose
- \_\_\_\_ Pump assisted pressure distribution
- \_\_\_\_ Distribution box
- \_\_\_\_ Other

**ABOVE GROUND SYSTEM**

- \_\_\_\_ Pump assisted at-grade pressure distribution
- \_\_\_\_ Pump assisted elevated mound pressure distribution

SEPTIC TANK SIZE \_\_\_\_ GAL. \_\_\_\_ NEW \_\_\_\_ EXISTING

DOSING TANK SIZE \_\_\_\_ GAL.

TOTAL SQUARE FEET OF APPROVED ABSORPTION FIELD \_\_\_\_

**DRAINAGE REQUIRED:**

- \_\_\_\_ Surface diversion
- \_\_\_\_ Subsurface drainage
  - \_\_\_\_ around whole system
  - \_\_\_\_ upslope side only (site slope \_\_\_\_ percent)
  - \_\_\_\_ required aggregate to within 6" of top of ground on upslope side
  - \_\_\_\_ wrapped with geotextile fabric or sock
  - \_\_\_\_ located \_\_\_\_ feet from sewage system

The plans/drawing (to be attached) must clearly depict lot size and dimensions, proposed type, size, design and location of the septic system. Show all separation distances from water supplies; all other wells in the immediate surrounding area, lakes, streams, ditches, drainage tile, lot line and all structures.

**APPROVED FOR THE FOLLOWING COMPONENTS THAT  
COMPLY WITH RULE 410 IAC 6-8.1 AND 2**

**SEPTIC TANK**  **yes**  **no**  **N/A**  
 size \_\_\_\_\_ gallons  
 based on number of bedrooms and equivalents  
 Manufacturer \_\_\_\_\_

**DOSING TANK**  **yes**  **no**  **N/A**  
 size \_\_\_\_\_ gallons  
 Manufacturer \_\_\_\_\_

**EFFLUENT PUMP**  **yes**  **no**  **N/A**  
 total dynamic head \_\_\_\_\_  
 applicable discharge rate \_\_\_\_\_ gpm  
 Manufacturer \_\_\_\_\_

**DISTRIBUTION BOX**  **yes**  **no**  **N/A/**  
 size (number of holds)  
 Manufacturer \_\_\_\_\_

**GRAVITY SEWER PIPING**  **yes**  **no**  **N/A**  
(from approved drawings and plans)  
 PVC ASTM  4"  **yes**  **no**; 6"  **yes**  **no**  
 ABS ASTM  4"  **yes**  **no**; 6"  **yes**  **no**  
 Other \_\_\_\_\_  
 Manufacturer \_\_\_\_\_

**GRAVITY DISTRIBUTION LATERALS**  **yes**  **no**  
PVC ASTM  4"; other  length \_\_\_\_\_'.  
ABS ASTM  4"; other  length \_\_\_\_\_'.  
 Manufacturer \_\_\_\_\_



**APPROVED DRAINAGE MATERIAL, IF APPLICABLE**

surface diversion  
 subsurface drainage  
 around whole system  
 upslope side only, site slope \_\_\_\_ %  
 aggregate to within 6" of top of ground on upslope side  
 Size of pipe \_\_\_\_\_  
 Material \_\_\_\_\_  
 Type \_\_\_\_\_  
 ASTM - D \_\_\_\_\_ yes \_\_\_\_ no  
 Wrapped with geotextile fabric \_\_\_\_ yes \_\_\_\_ no  
 Located \_\_\_\_\_ - 10' from septic system  
 Located \_\_\_\_\_ - 25' from septic system

**This application will be considered pending until the property owner or his/her agent to the local health department has provided all of the previous necessary information, as determined by the Health Officer or his/her designee. No permit will be issued until all information is provided by the property owner/agent and approved by the Health Officer of his/her designee.**

**Completion of this application will not guarantee the issuance of a permit. The property owner and/or his/her agent certifies that to his/her knowledge, all the information submitted is correct and the system will be installed as approved in compliance with ISDH Rule 410 IAC 6-8.1 and the Pulaski County Sewage Ordinance.**

\_\_\_\_\_ date \_\_\_\_\_ signature of property owner  
 This site is approved \_\_\_\_ yes \_\_\_\_ no  
 If not approved, state reasons \_\_\_\_\_

\_\_\_\_\_ date \_\_\_\_\_ Pulaski Co. Health Officer or  
 Environmental Health Specialist  
 Date of final inspection \_\_\_\_\_  
 Comments \_\_\_\_\_  
 Paid \_\_\_\_ yes \_\_\_\_ no \_\_\_\_\_  
 Environmental Health Specialist

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