

Putnam County Health Department

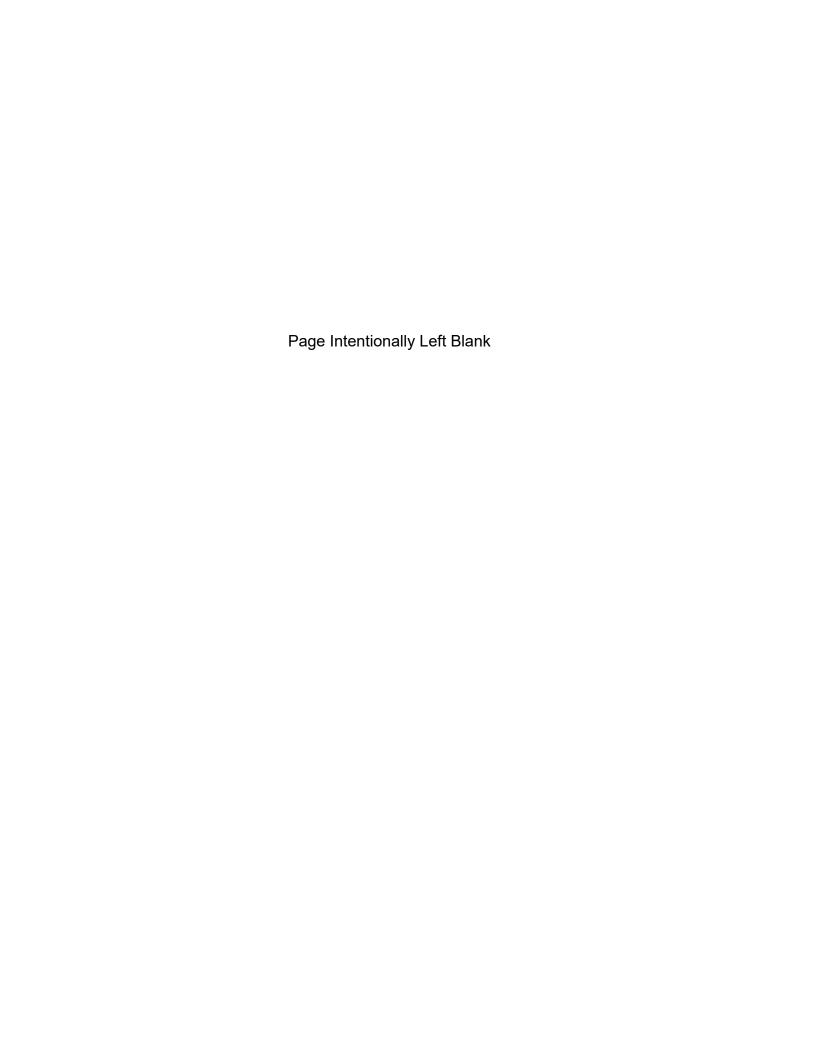
P.O. Box 507 Greencastle, IN 46135 Phone: (765) 653-0203 | Fax: (765) 653-0208 putnamcountyhealth.in.gov



Information Packet for Obtaining a Permit for an On-Site Sewage Disposal System

The following steps are required in order to obtain a permit for both Commercial and Residential On-Site Sewage Disposal Systems in Putnam County. Design specifications and approval are also required from the Indiana State Department of Health for all commercial systems installed in the state.

- A soil evaluation must be completed by a professional soil scientist registered with the Indiana Registry of Soil Scientist. A report of this soil evaluation must be submitted to the Putnam County Health Department by the registered soil scientist. We will be unable to accept a soil evaluation submitted by anyone else. A list of soil scientists in our area is provided with this packet.
- A permit application must be completed and returned to the Putnam County Health Department along with a check for \$225. Include house floor plans, recorded deed of property with legal description and copy of plat. The application is attached to this packet.
- A Soil Evaluation Review Sheet with the Minimum System Requirements will be completed after receiving the Soil Report, the permit application, and the application fee. This Review Sheet will be submitted to the applicant and/or designer.
- It is strongly recommended to submit the Review Sheet to either a Registered Professional Engineer or a Putnam County Health Department Registered Installer, who will then design the system based on the Soil Evaluation Review Sheet. A list of registered installers is available upon request.
- The designer will submit the system design plan to the Putnam County Health Department for review and approval.
- The Putnam County Health Department will contact the applicant when permit has been issued. NO WORK
 ON ANY SEPTIC SYSTEM NEW OR REPAIR IS ALLOWED UNTIL A PERMIT HAS BEEN
 ISSUED!
- Upon completion of all the steps the septic system may be installed. A final inspection conducted by the Putnam County Health Department will be completed and a copy will be provided for the homeowner, and a copy will be kept on file in our office. The registered installer is to contact the Health Department two (2) business days PRIOR TO STARTING THE INSTALLATION.





Putnam County Health Department

P.O. Box 507 Greencastle, IN 46135 Phone: (765) 653-0203 | Fax: (765) 653-0208 putnamcountyhealth.in.gov



ON - SITE SEPTIC SYSTEM PERMIT APPLICATION

PROPERTY OWNER/APPLICANT INFORMATION:		
Name:	Phone	e:
Current Address:		
Email Address:		
SITE LOCATION:		
Address:		
Directions:		
Township:	Subdivision:	
Lot #:	_ Acres:	Parcel #:
USE OF FACILITY: Commercial Residential Other TYPE OF PERMIT: New system - \$225 Remodel/expansion of dwelling (system not previously installed) - \$225 Replacement/reconstruction of dwelling (increase system size) - \$225 Resubmittal of septic permit - \$50 Replacement of dwelling (no change to existing system) - \$25 Replacement of failed dose tank only - \$15 Minor replacement - \$15 Replacement of failed septic tank only - \$10 Repair of existing system - \$225		
WATER SUPPLY: Public Water HOUSE PLAN: Number of bedrooms: Garbage disposal: Yes	 Existing Well Number of Jetted tubs No	Proposed Well s (>125 gals):

or a bedroom affidavit must be recorded. WATER SOFTENER: Utilizing a water softener? Yes \bigcap No If answered yes: Manufacturer: _____ Model: **Easements:** Are there any utility easements on the property? ☐ Yes □ No Are there any other easements on the property? ☐ Yes No REGISTERED SEPTIC INSTALLER INFORMATION: Installer Name: Installer Address: _____ Installer Phone: Installer Email: REGISTERED PROFESSIONAL ENGINEER: Engineering Firm: Engineer Name: Engineer Address: Engineer Phone: _____ Engineer Email: _____ Received by: _____ Date Received: Receipt #: _____ REQUIRED ITEMS INCLUDED WITH THIS APPLICATION: Application Fee House Floor Plans ☐ Deed of Property Plat I, the undersigned, do now affirm under penalties of perjury that the foregoing information and/or representations are true and further do now certify that an on-site sewage sytstem for this facility will be installed to meet all State and Local requirements of the Health Department of Putnam County, Indiana. On-site systems must be maintained regulary as neglect or abuse of your system can cause failure. If sanitary sewers become available you may be required to connect. Signature of Owner/or Owner's Agent Date

For existing dwellings, the number of bedrooms should match the Putnam County GIS property card

The receipt and this application do not constitue a permit for construction.

Certified Soil Scientist List

This is a list of Soil Scientists in and around Putnam County. This list is a courtesy and is not intended to favor one contractor over another.

Amber Willen 2658 Rey Cemetery Rd Freedom, IN 47431 Cell: (812) 585-0387 SoilScientist80@gmail.com

Thomas Ziegler
42 Canyon Creek Circle
Lafayette, IN 47909
PH: (765) 474-3041
Cell: (765) 714-0955
ThomasRZiegler@aol.com

Robert Jones PO Box 31 Carlisle, IN 47838 Ph: (812)-398-2952

Darin Willis 5646 Oak Ridge Dr Evansville, IN 47711 Ph: (812)-893-0910 Mark McClain 10740 Cheryl Court Carmel, IN 46033 Cell: (765) 212-7645 Mmcclain1313@gmail.com

Staley's Soil Service, Inc 71 W CR 650 S Clay City, IN 47841 (812) 939-2752 Toll-Free: (800)-773-3250

ON-SITE SYSTEM DESIGN REQUIREMENTS

System Design Criteria:

- Number of bedrooms in residence, including out buildings with plumbing
- Type of absorption field
- Provide any worksheets (including those provided by manufacturers) used for system design/sizing
- Drainage type required (both surface and subsurface)

Locations of all of the following:

- Easements including, but not limited to: utilities, roads, railroads, drainage
- Surface drainage characteristics of property
- All structures existing and proposed, including but not limited to, buildings, foundations, slabs, garages, patios, barns, pools (above/in ground), decks
- Lot lines (front, rear & side) as per County Zoning Ordinance
- Bodies of water, drainage ways, and drainage tiles
- Private or public wells
- Pressurized water lines
- Dispersal Area
- Soil boring
- Septic tank
- Dose tank
- Distribution box
- Soil absorption field
- System drainage
- Alternate (set-aside) Site

Specifications for:

- Tanks (septic & dose) including size, material & manufacturer, including gallons per inch for the dose tank
- Distribution box including size, material & manufacturer
- Pumps including size, material, model number, pump curve, and manufacturer
- Outlet Filter including manufacturer, model, GPD, and specification sheet
- All lines, pipes, and force mains including sizes and specifications
- Risers manufacturer, size, location
- Aggregate including sand
- Barrier material
- Soil absorption area product used in trench/bed, manufacturer, model #, lengths, widths, on center spacing, depths

Drawing of On-Site System Including Correct Elevations Provided For:

- Location and elevation of Temporary Benchmark (TBM)
- Identify whether shots are inverts or grade
- Land contours Soil Absorption Field Contours (minimum 3 shots per trench both ends & middle)
- House outlet
- Septic tank inlet

- Septic tank outlet
- Distribution box inlet
- Distribution box outlets
- Pump (Dose) tank inlet
- Pump on, off, and high-water alarm levels
- Pump (Dose) tank outlet
- Subsurface drainage inlet
- Subsurface drainage outlet
- Subsurface drain any other bends/corners

Cross Sections

- Septic tank
- Dose tank
- Distribution box
- Trench
- Subsurface drain
- Sand bed absorption area

If drawing is not to scale distances MUST be provided, including but not limited, to the following:

- House outlet to tank inlet
- Tank outlet to dose tank
- Dose tank to distribution box
- Distribution box to trenches
- Subsurface drain, including length between elevation points