

St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

CONSULTATION REQUEST For Septic Specifications

Disclaimer:

The specifications, recommendations, and opinions issued in response to this consultation request are based on limited information and investigation. They are intended as a guide to the requestor and shall not be construed to be definitive determinations. The Department of Health shall not be held responsible for any decisions based on this Consultation Request or for changes in our guidance based on a reevaluation of the information or on additional information or investigation.

If the requestor requires a more definitive determination they should contact a contractor/consultant or submit a full application for a septic permit and supply all of the required information.

System Specifications (Soil borings must be attached) or Other (Specify below)			
Requested By: Name of Applicant:			
Address:	City:	City: State:Zip:	
Telephone #: Work #:	Work #: Fax #:		
Name of Land Owner:			
Address	Telephone		
Name of Person with interest in the land:	□ Prospective	owner 🗆 Other	
Address	Telephone		
Site Location: Street Address:		. City:	
Subdivision:	Phase:	Lot #:	
Directions:			
Type of Residential System: Check one:	New Construction	Replacement	
Dwelling Information:			
Number of Bedrooms/Equivalents: Type	of Water Supply (Check one):	Private well Public	
Is the property within the 100 Year Floodplain?	Yes No		
Is municipal sewer available within 100 feet of property?	Yes No		
Septic permit applications are processed prior to Consthan two weeks. Please send all electronic correspond		ou will receive a response in less	
to any included a significant com-			
to envirohd@sjcindiana.com	Date Received:		