

St. Joseph County Department of Health

"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."

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 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.

Type of Consultation Requested: C System Specifications		Other (Specify below	
Requested By: Name of Applicant:			
Address:	City:		_ State:Zip:
Telephone #:	Work #:	Fax #:	
Name of Land Owner:			
Address	Telephone		
Name of Person with interest in the	land:	□ Prospective owner	□ Other
Address	Tel	ephone	
Street Address:		City:	
Subdivision:		Phase:	Lot #:
Directions:			
Type of Residential System: Che	ck one:New Constr	ructionReplace	ement
Dwelling Information:			
Number of Bedrooms/Equivalents:	Type of Water Supply	(Check one): Private	well Public
Is the property within the 100-Year Fl	oodplain? Yes	No	
Is municipal sewer available within 10	00 feet of the property? Yes	No	
Septic permit applications are proce than two weeks. Please send all elec			receive a response in less

Date Received: _	
Submitted by:	