

UNION COUNTY HEALTH DEPARTMENT

SEPTIC PERMIT PROCEDURE INFORMATION

**CAUTION!
PLEASE READ CAREFULLY
BEFORE YOU PROCEED**

Union County Health Department
6 West South Street – Suite 2
Liberty, IN 47353
(765) 458-5393
Fax (765) 458-5582
www.uchd.com

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RESIDENTIAL ONSITE SEWAGE SYSTEMS PLAN SUBMITTAL PROCEDURES FOR PERMIT

The following items comprise a **plan submittal** and must be included to perform a plan review.

_____	Letter of Availability for Sanitary Sewer Service Required if property is located within the district boundary and must accompany application. This is obtained from Brookville Lake Regional Waste District, 21 East Union Street, Liberty, IN Telephone: 765-458-7461.	
_____	Application	_____ Soil Evaluation
_____	Site Plan	_____ System Design

(Record the date you submitted each item to the Health Department for your information.)

Elements of the Plan Submittal

Application: Applicant submits application to the Union County Health Department.
Application is last page of this booklet.

Soil Evaluation: Applicant obtains soil evaluation prepared by an ARCPAC certified soil scientist.

Site Plan: Applicant submits Site Plan to the Union County Health Department.

Requirements: The Union County Health Department issues *Residential Onsite Sewage System* requirements after application, site plan and soil analysis is completed.

System Design: Applicant obtains a system design for the *Residential Onsite Sewage System* requirements from a registered contractor and submits the design to the Union County Health Department. A list of registered contractors is available in the Union County Health Office.

Site plans, system design and installation of a *Residential Onsite Sewage Systems* must comply with Indiana State Department of Health Rule 410 IAC 6-8.3 *Residential Onsite Sewage Systems* and local ordinances.

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APPLICATION FOR SEPTIC PERMIT

CHECK ONE OF THE FOLLOWING

NEW CONSTRUCTION REPLACEMENT/ALTERATION REPAIR

Applicant _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email: _____

Property Owner _____

Site Address _____ Phone _____

City _____ State _____ Zip _____

Township Name _____ Township No. _____ Range _____ Section _____ Acres _____

Deed Book of Record _____ Page(s) of Record _____

INFORMATION:

NUMBER OF BEDROOMS _____ JETTED HOT TUB _____ YES _____ NO

BASEMENT _____ YES _____ NO BATHROOM/SINK IN BASEMENT _____ YES _____ NO

WATER SUPPLY: PUBLIC WATER SUPPLY _____ WELL _____

DIRECTIONS/COMMENTS _____

I, hereby certify that there are no misrepresentations or falsifications of these statements and answers to questions. I am aware that any such misrepresentation, falsifications, and/or changes in information without consulting the Union County Health Department are grounds for revocation of the issued permit and possible legal action.

Further, I understand I alone am responsible for the receipt of any permits, the proper construction, and the maintenance and repair of the residential onsite sewage system for which I have applied.

Signature of Applicant

Date