

UNION COUNTY HEALTH DEPARTMENT

2012

SEPTIC PERMIT PROCEDURE INFORMATION

Union County Ordinance 73-1

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

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RESIDENTIAL ON-SITE SEWAGE SYSTEMS (OSS) 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.	_____	Soil Evaluation
_____	Application	_____	System Design
_____	Site Plan	_____	

(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 OSS requirements after application, site plan and soil analysis is completed.

System Design: Applicant obtains a system design for the OSS 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 on-site sewage systems (OSS) must comply with Indiana State Department of Health Rule 410 IAC 6-8.2 Residential Sewage Disposal Systems and local ordinances.

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RESIDENTIAL **ON-SITE SEWAGE SYSTEM** **SITE PLAN REQUIREMENTS**

Applicant's Name _____

Owner's Name _____

Site Location (Address, Subdivision and Lot Number) _____

Site plans not drawn to scale must show the dimensions of all items on the plan.
Plans must show the following:

- Outline of property boundaries in feet
- Location of roads and names
- Location of dwelling and all other existing or proposed structures
- Front, rear and side yard set backs
- Location of proposed on-site sewage system
- Location of all soil borings
- Location of existing on-site sewage systems and any proposed changes to existing systems
- Location of any existing or proposed source of water supply
- Water service lines
- Gas service lines
- Sewer service lines
- Underground utility lines on subject property
- On-site sewage systems within fifty (50) feet of subject property
- Driveways
- Lakes, reservoirs and ponds on subject property or within fifty (50) feet of subject property
- Natural drainage ways, ditches and drainage tiles

Site plan drawing may be done on the reverse side of this sheet and submit with application.

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APPLICATION FOR SEPTIC PERMIT

CHECK ONE OF THE FOLLOWING

_____ **NEW CONSTRUCTION**

_____ **REPAIR**

_____ **ALTERATION**

Applicant _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Property Owner _____

Site Address _____ Phone _____

City _____ State _____ Zip _____

Tenant _____

Township Name _____ Township _____ Section _____ Range _____ Acres _____

Property Instrument Number: _____

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 on-site sewage disposal system for which I have applied.

Signature of Applicant

Date